



STATE OF  
**OHIO**  
BOARD OF PHARMACY

## Ohio Medical Marijuana Control Program



### Ohio Medical Marijuana Dispensary Application COLUMBIA CARE OH LLC Application ID 781

#### 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

COLUMBIA CARE OH LLC

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

*No response provided by applicant*

**A-1.3** Business Street Address

600 Vine Street, Suite 2700

**A-1.4** City

Cincinnati

**A-1.5** State

OH

**A-1.6** Zip Code

45202

**A-1.7** Phone

8003092153

**A-1.8** Email

licensing@col-care.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

Nicholas

**A-2.3** Middle Name

*No response provided by applicant*

**A-2.4** Last Name

Vita

**A-2.5** Street Address

600 Vine Street, Suite 2700

**A-2.6** City

Cincinnati

**A-2.7** State

OH

**A-2.8** Zip Code

45202

**A-2.9** Phone

8003092153

**A-2.10** Email

nkiv@col-care.com

## Demographic Information(Applicant Organization and Tax Status)

### A-3.1 Select One

Limited Liability Company

### A-3.1A If other, explain

*No response provided by applicant*

### A-3.2 State of Incorporation or Registration

OH

### A-3.3 Date of Formation

04/27/2017

### A-3.4 Business Name on Formation Documents

Columbia Care OH LLC

### A-3.5 Federal Employer ID number

**This response has been entirely redacted**

### A-3.6 Ohio Unemployment Compensation Account Number

*No response provided by applicant*

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

*No response provided by applicant*

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

*No response provided by applicant*

**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

Affiliates include:

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852  
[REDACTED]

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652  
[REDACTED]

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630  
[REDACTED]

Apelles Investment Management LLC  
6523 Chillum Place NW  
Washington, DC 20011  
[REDACTED]

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002  
[REDACTED]

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018  
[REDACTED]

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151  
[REDACTED]

203 Organix DBA SWC Prescott  
123 E Merritt Street  
Prescott, AZ 86303  
[REDACTED]

Salubrious Wellness Clinic Inc DBA SWC Tempe  
2009 E 5th St., Suite #11  
Tempe, AZ 85281  
[REDACTED]

Oveom LLC  
5672 Second St NE  
Washington, DC 20002

[REDACTED]  
Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR  
[REDACTED]

Columbia Care MD LLC  
5904 Searl Terrace  
Bethesda, Maryland 20816  
[REDACTED]

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657  
[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 8

#### A-6.1 First Name

Nicholas

#### A-6.2 Middle Name

Keane

#### A-6.3 Last Name

Vita

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

CEO/President of Columbia Care

#### A-6.6 Title in the Applicant's business

CEO/President, Director, Owner

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

2500

#### A-6.9 Types of shares owned

Class A

#### A-6.10 Percent interest in Applicant's business

25%

#### A-6.11 Voting percentage

25%

#### A-6.12 Proposed Role

OWNER

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

Medical marijuana dispensary operations expertise and executive management expertise



**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

9 Woodbury Ln

**A-6.17** City

Nantucket

**A-6.18** State

MA

**A-6.19** Zip Code

02554

**A-6.20** Phone

2126347100

**A-6.21** Email

nkx@col-care.com

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

*No response provided by applicant*

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

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 8

#### A-6.1 First Name

Michael

#### A-6.2 Middle Name

James

#### A-6.3 Last Name

Abbott

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

Chairman of Columbia Care

#### A-6.6 Title in the Applicant's business

Chairman of the Board, Owner

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

2500

#### A-6.9 Types of shares owned

Class A

#### A-6.10 Percent interest in Applicant's business

25%

#### A-6.11 Voting percentage

25%

#### A-6.12 Proposed Role

OWNER

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

Medical marijuana operational expertise and executive management expertise

**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

17 East 80 St. #11

**A-6.17** City

New York

**A-6.18** State

NY

**A-6.19** Zip Code

10075

**A-6.20** Phone

2126347100

**A-6.21** Email

mja@col-care.com

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

*No response provided by applicant*

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

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 3 of 8

#### A-6.1 First Name

Rosemary

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Mazanet

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

Chair of Scientific Advisory Board of Columbia Care

#### A-6.6 Title in the Applicant's business

VP Research

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

n/a

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

OFFICER

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

Medical marijuana research expertise

**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

2442 Beacon St.

**A-6.17** City

Brighton

**A-6.18** State

MA

**A-6.19** Zip Code

02135

**A-6.20** Phone

2032730572

**A-6.21** Email

rmazanet@rmazanet.com

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

*No response provided by applicant*

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

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](#)

*No response provided by applicant*



## Demographic Information(Prospective Associated Key Employees Details)

### Item 4 of 8

#### A-6.1 First Name

Walter

#### A-6.2 Middle Name

Edward

#### A-6.3 Last Name

Homan

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

Business owner

#### A-6.6 Title in the Applicant's business

Director, Owner

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

2500

#### A-6.9 Types of shares owned

Class A

#### A-6.10 Percent interest in Applicant's business

25%

#### A-6.11 Voting percentage

25%

#### A-6.12 Proposed Role

OWNER

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

Business management expertise

**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

974 Pavilion St

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45202

**A-6.20** Phone

5133250283

**A-6.21** Email

choman@auveco.com

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

*No response provided by applicant*

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

65

**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 5 of 8

#### A-6.1 First Name

Walter

#### A-6.2 Middle Name

Edward

#### A-6.3 Last Name

Homan

#### A-6.4 Suffix

Jr.

#### A-6.5 Occupation

Business owner

#### A-6.6 Title in the Applicant's business

Director, Owner

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

2500

#### A-6.9 Types of shares owned

Class A

#### A-6.10 Percent interest in Applicant's business

25%

#### A-6.11 Voting percentage

25%

#### A-6.12 Proposed Role

OWNER

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

Business management experience

**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

1134 B Belevedere St

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45202

**A-6.20** Phone

5133250282

**A-6.21** Email

weshjr@gmail.com

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

*No response provided by applicant*

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

33

**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 6 of 8

#### A-6.1 First Name

George

#### A-6.2 Middle Name

Charles

#### A-6.3 Last Name

Agganis

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

VP Security of Columbia Care

#### A-6.6 Title in the Applicant's business

VP Security

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

n/a

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

OFFICER

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

Medical marijuana dispensary security expertise

**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

21 Barton St.

**A-6.17** City

Newburyport

**A-6.18** State

MA

**A-6.19** Zip Code

01950

**A-6.20** Phone

9783144344

**A-6.21** Email

gagganis@col-care.com

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

*No response provided by applicant*

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

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](#)

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 7 of 8

#### A-6.1 First Name

Patricia

#### A-6.2 Middle Name

Diana

#### A-6.3 Last Name

Reed

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

VP Pharmacist Standards at Columbia Care

#### A-6.6 Title in the Applicant's business

VP Pharmacist Standards

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

N/A

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

OFFICER

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

Medical marijuana dispensary best practices and pharmacy standards expertise

**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

43-38 41st St. #3R

**A-6.17** City

Sunnyside

**A-6.18** State

NY

**A-6.19** Zip Code

11104

**A-6.20** Phone

2126347100

**A-6.21** Email

treed@col-care.com

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

*No response provided by applicant*

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

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](#)

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 8 of 8

#### A-6.1 First Name

Robert

#### A-6.2 Middle Name

Keith

#### A-6.3 Last Name

Mayerson

#### A-6.4 Suffix

N/A

#### A-6.5 Occupation

COO of Columbia Care

#### A-6.6 Title in the Applicant's business

Chief Operating Officer

#### A-6.7 Applicant's business related compensation

None at this time

#### A-6.8 Number of shares owned

0

#### A-6.9 Types of shares owned

n/a

#### A-6.10 Percent interest in Applicant's business

0

#### A-6.11 Voting percentage

0

#### A-6.12 Proposed Role

OFFICER

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

Medical marijuana dispensary operational expertise

**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

70 Industrial Ave East Suite B

**A-6.17** City

Lowell

**A-6.18** State

MA

**A-6.19** Zip Code

01852

**A-6.20** Phone

9787711434

**A-6.21** Email

bmayerson@col-care.com

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

*No response provided by applicant*

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

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](#)

*No response provided by applicant*

### **Compliance(Compliance with Applicable Laws and Regulations)**

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

YES

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

YES



## Compliance(Civil and Administrative Action)

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

NO

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

NO

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

NO

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

NO

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

*No response provided by applicant*

## Compliance(Prospective Associated Key Employee Compliance)

### Item 1 of 8

#### B-3.1 First Name

Nicholas

#### B-3.2 Middle Name

Keane

#### B-3.3 Last Name

Vita

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

CEO/President, Director, Owner

#### B-3.6 Brief description of role

Ultimate responsibility for all day-to-day management decisions and the implementation of the company's short- and long-term objectives

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630

Apelles Investment Management LLC  
6523 Chillum Place NW

Washington, DC 20011

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151

203 Organix DBA SWC Prescott  
123 E Merritt Street  
Prescott, AZ 86303

Salubrious Wellness Clinic Inc DBA SWC Tempe  
2009 E 5th St., Suite #11  
Tempe, AZ 85281

Oveom LLC  
5672 Second St NE  
Washington, DC 20002

Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR

Columbia Care MD LLC  
5904 Searl Terrace  
Bethesda, Maryland 20816

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630

Apelles Investment Management LLC  
6523 Chillum Place NW  
Washington, DC 20011

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151

203 Organix DBA SWC Prescott  
123 E Merritt Street  
Prescott, AZ 86303

Salubrious Wellness Clinic Inc DBA SWC Tempe  
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Tempe, AZ 85281

Oveom LLC  
5672 Second St NE  
Washington, DC 20002

Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR

Columbia Care MD LLC  
5904 Searl Terrace  
Bethesda, Maryland 20816

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657

**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 8

#### B-3.1 First Name

Michael

#### B-3.2 Middle Name

James

#### B-3.3 Last Name

Abbott

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Chairman of the Board, Owner

#### B-3.6 Brief description of role

Responsible for leading the Board of Directors and setting the Board agenda

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852  
[REDACTED]

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652  
[REDACTED]

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630  
[REDACTED]

Apelles Investment Management LLC  
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Washington, DC 20011  
[REDACTED]

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Washington, DC 20002  
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Prescott, AZ 86303  
[REDACTED]

Salubrious Wellness Clinic Inc DBA SWC Tempe  
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[REDACTED]

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Washington, DC 20002  
[REDACTED]

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Cidra, PR  
[REDACTED]

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[REDACTED]

Columbia Care Delaware LLC  
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Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657

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

YES

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

Patriot Care Corp  
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Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657  
[REDACTED]

**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 8

#### B-3.1 First Name

Rosemary

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Mazanet

#### B-3.4 Proposed Role

OFFICER

#### B-3.5 Position/Title

VP Research

#### B-3.6 Brief description of role

Design and implement research strategies, plans and procedures

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852  
[REDACTED]

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652  
[REDACTED]

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630  
[REDACTED]

Apelles Investment Management LLC  
6523 Chillum Place NW



Washington, DC 20011  
[REDACTED]

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002  
[REDACTED]

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018  
[REDACTED]

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151  
[REDACTED]

203 Organix DBA SWC Prescott  
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[REDACTED]

Salubrious Wellness Clinic Inc DBA SWC Tempe  
2009 E 5th St., Suite #11  
Tempe, AZ 85281  
[REDACTED]

Oveom LLC  
5672 Second St NE  
Washington, DC 20002  
[REDACTED]

Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR  
[REDACTED]

Columbia Care MD LLC  
5904 Searl Terrace  
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[REDACTED]

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657

**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 8

#### B-3.1 First Name

George

#### B-3.2 Middle Name

Charles

#### B-3.3 Last Name

Agganis

#### B-3.4 Proposed Role

OFFICER

#### B-3.5 Position/Title

VP Security

#### B-3.6 Brief description of role

Develop and implement policies and initiatives to ensure the physical safety of all Employees, property and assets owned by the company

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

YES

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

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Columbia Care Pennsylvania  
7 Marion Street



Tunkhannock, PA 18657

**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 5 of 8

#### B-3.1 First Name

Robert

#### B-3.2 Middle Name

Keith

#### B-3.3 Last Name

Mayerson

#### B-3.4 Proposed Role

OFFICER

#### B-3.5 Position/Title

Chief Operating Officer

#### B-3.6 Brief description of role

Design and implement business strategies, plans and procedures

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852  
[REDACTED]

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652  
[REDACTED]

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630  
[REDACTED]

Apelles Investment Management LLC  
6523 Chillum Place NW

Washington, DC 20011  
[REDACTED]

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002  
[REDACTED]

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018  
[REDACTED]

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151  
[REDACTED]

203 Organix DBA SWC Prescott  
123 E Merritt Street  
Prescott, AZ 86303  
[REDACTED]

Salubrious Wellness Clinic Inc DBA SWC Tempe  
2009 E 5th St., Suite #11  
Tempe, AZ 85281  
[REDACTED]

Oveom LLC  
5672 Second St NE  
Washington, DC 20002  
[REDACTED]

Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR  
[REDACTED]

Columbia Care MD LLC  
5904 Searl Terrace  
Bethesda, Maryland 20816  
[REDACTED]

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630

Apelles Investment Management LLC  
6523 Chillum Place NW  
Washington, DC 20011

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151

203 Organix DBA SWC Prescott  
123 E Merritt Street  
Prescott, AZ 86303

Salubrious Wellness Clinic Inc DBA SWC Tempe

2009 E 5th St., Suite #11  
Tempe, AZ 85281  
[REDACTED]

Oveom LLC  
5672 Second St NE  
Washington, DC 20002  
[REDACTED]

Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR  
[REDACTED]

Columbia Care MD LLC  
5904 Searl Terrace  
Bethesda, Maryland 20816  
[REDACTED]

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street  
Tunkhannock, PA 18657  
[REDACTED]

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

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

YES

**B-3.22 By selecting “Yes”, you attest to the following statement:**

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

YES



## Compliance(Prospective Associated Key Employee Compliance)

### Item 6 of 8

#### B-3.1 First Name

Patricia

#### B-3.2 Middle Name

Diana

#### B-3.3 Last Name

Reed

#### B-3.4 Proposed Role

OFFICER

#### B-3.5 Position/Title

VP Pharmacist Standards

#### B-3.6 Brief description of role

Oversee daily operations of dispensary to ensure we exceed standard retail pharmaceutical standards of practice

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

YES

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

Patriot Care Corp  
70 Industrial Ave East, Suite B  
Lowell, MA 01852

Columbia Care NY LLC  
Eastman Kodak Business Park, Building 12, 4th floor  
1669 Lake Ave  
Rochester, NY 14652

Curative Health, DBA Columbia Care IL  
4758 N. Milwaukee Ave  
Chicago, IL 60630

Apelles Investment Management LLC

6523 Chillum Place NW  
Washington, DC 20011  
[REDACTED]

Capital City Care LLC  
1334 North Capitol St NW  
Washington, DC 20002  
[REDACTED]

Capital City Cultivation LLC  
2210 Channing St NE  
Washington, DC 20018  
[REDACTED]

Columbia Care LLC  
745 5th Ave, Suite 1701  
New York, NY 10151  
[REDACTED]

203 Organix DBA SWC Prescott  
123 E Merritt Street  
Prescott, AZ 86303  
[REDACTED]

Salubrious Wellness Clinic Inc DBA SWC Tempe  
2009 E 5th St., Suite #11  
Tempe, AZ 85281  
[REDACTED]

Oveom LLC  
5672 Second St NE  
Washington, DC 20002  
[REDACTED]

Columbia Care Puerto Rico LLC  
Parque Industrial Zona Urbana, Solar #2  
Cidra, PR  
[REDACTED]

Columbia Care MD LLC  
5904 Searl Terrace  
Bethesda, Maryland 20816  
[REDACTED]

Columbia Care Delaware LLC  
971 East Masten Circle  
Milford DE 19963  
[REDACTED]

Columbia Care Pennsylvania  
7 Marion Street

Tunkhannock, PA 18657

**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 7 of 8

#### B-3.1 First Name

Walter

#### B-3.2 Middle Name

Edward

#### B-3.3 Last Name

Homan

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Director, Owner

#### B-3.6 Brief description of role

Responsible for leading the Columbia Care OH in its relationships with Ohio business leaders, government officials, educational and research institutions and other Medical Marijuana Control Program stakeholders

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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



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

NO

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

*No response provided by applicant*

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

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

YES

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

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

YES

## Compliance(Prospective Associated Key Employee Compliance)

### Item 8 of 8

#### B-3.1 First Name

Walter

#### B-3.2 Middle Name

Edward

#### B-3.3 Last Name

Homan, Jr.

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Director, Owner

#### B-3.6 Brief description of role

Responsible for leading the Columbia Care OH in its relationships with Ohio business leaders, government officials, educational and research institutions and other Medical Marijuana Control Program stakeholders

#### 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

## **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 Evidence of Right to Use Property and Property Owner Statement.pdf**

NOTE: This applicant uploaded document is the next 7 page(s) of this document.

## PROPERTY OWNER ACKNOWLEDGEMENT

I, **MARY BETH SCHELL**, do hereby attest, under the pains and penalties of perjury, that:

1. I am an authorized representative of **MR. JZ M. E. C. LLC** ("Owner") with a business address of 3673 Paxton Avenue, Cincinnati, OH.
2. Owner is the current owner of the property located at **3673 PAXTON AVENUE, CINCINNATI, OHIO** (the "Premises").
3. Owner hereby acknowledges that it has been sufficiently notified that **COLUMBIA CARE OH LLC** ("Applicant") intends to use the Premises for the purposes of operating a licensed medical marijuana dispensary.
4. Owner has granted Applicant authorization to operate a medical marijuana dispensary at the Premises for, at a minimum, the term of the initial provisional license.

I swear that the above representations are true and correct to the best of my knowledge and I hereby sign under the pains and penalties of perjury.

Mary Beth Schell  
Signature

11-7-17  
Date

MARY BETH SCHELL

The undersigned, a Notary Public in and for the County of Hamilton, in the State of Ohio, certified that the above-named individual appeared in person, and before me, either known to me or satisfactorily proved to be the individual whose name subscribed to the within instrument and signed the Affidavit.

This 7 day of November, 2017, and to which witness my hand and seal.

Theresa A. Zenz  
Notary Public

Theresa A. Zenz  
Printed Name

Stamp or Seal

My Commission Expires: 10-22, 2022

**THERESA A. ZENZ**  
Notary Public, State of Ohio  
My Commission Expires 10-22-2022

## OPTION TO LEASE & LETTER OF INTENT

TENANT: Columbia Care OH LLC

LANDLORD: MR JZ M E C, LLC

PREMISES: Landlord will lease to Tenant approximately 2,850 square feet of space (1,750 sf principal building plus 1,100 sf garage) within buildings located at 3673 Paxton Avenue, Cincinnati, OH ("Premises") (See Exhibit "A" Site Plan).

USE: Premises are to be used by Tenant as a licensed medical marijuana dispensary in accordance with and pursuant to all statutes, rules, regulations, and other laws applicable to the State of Ohio's medical marijuana program (Chapter 3796 of the Revised Code and the rules promulgated in accordance with Chapter 3796 of the Revised Code). Tenant shall be responsible for determining and be responsible for compliance regarding: all state and local laws, regulations and codes, including but not limited to, regulations as to zoning and permitting for the intended use; building safety and fire codes, and architectural barriers. Tenant will have 24-hours per day, 7 days per week, 52 weeks per year access to the Premises. Landlord shall cooperate with Tenant in its pursuit of all necessary approvals to operate a medical marijuana dispensary on the Premises and provide limited access for the purpose of planning, estimates, and bidding purposes.

TERM: Five (5) Years from the date of Lease Commencement indicated herein

LEASE  
COMMENCEMENT: The first day following the date Tenant has received all required approvals, governmental or otherwise, for its intended use (defined below as "Tenant's Approvals").

RENT  
COMMENCEMENT: Tenant shall provide Landlord with sixty (60) days from the date Tenant exercises its right to lease the Premises to allow Landlord to cease its current operations and vacate the Premises. Base Rent payments shall commence on the first day of the month following the expiration of this sixty (60) day period, provided Landlord has completely vacated the



Premises and Tenant may take actual possession of the Premises.

**HOLDING PERIOD:** Landlord shall hold the Premises exclusively for Tenant to lease, at Tenant's option, from the date both parties execute this Option to Lease & Letter of Intent until February 28, 2018 ("Holding Period"). During the Holding Period, Landlord shall not market, lease, sell, or otherwise transfer any interest in the Premises to any other party and Tenant shall pay Landlord a monthly fee of \$1,500. If Tenant wishes to exercise its option to lease the property, Tenant shall provide notice to Landlord at any time during the Holding Period. Tenant may extend the Holding Period for an additional thirty (30) days. If the Holding Period expires and the Tenant has not exercised its right to lease the Premises, all obligations of the parties shall cease. Tenant may terminate this Option to Lease & Letter of Intent agreement for any reason at any time during the Holding Period upon written notice to Landlord.

**BASE RENT:** \$5,500/month gross, with 2% annual increases.

**ADDITIONAL RENT:** N/A

**PRE PAID RENT:** On the date Tenant and Landlord execute the Lease Agreement, Tenant will pay the first month's Gross Rent.

**TERMINATION RIGHT:** Tenant shall have the right to immediately terminate this Option to Lease Agreement at any time and for any reason, without penalty, by written notice to Landlord. In the event Tenant exercises its option to Lease the Premises, Tenant may terminate the Lease at any time by written notice to Landlord should it not receive the required approvals or permits (or in good faith determines it will not receive the same) from the State of Ohio, Ohio Department of Commerce, and any other county, municipal, or other governmental or quasi-governmental authority which are required to operate a medical marijuana dispensary at the Premises or any other function otherwise related to such use ("Tenant's Approvals"). In the event Tenant exercises its right to lease the Premises and thereafter terminates the Lease pursuant to this section, Landlord may, at its option, require Tenant to remove any or all improvements and renovations which Tenant has made to the Premises (if any) and Tenant shall be required to pay Landlord the amount of \$5,500, as a penalty, and reimburse Landlord for payments

actually made, with acceptable documentary evidence thereof, for the cost of broker fees.

**CONDITION OF  
PREMISES:**

Landlord will deliver the premises broom clean in its existing condition, with all utilities and other systems fully operational and in good working order. Landlord will deliver the premises with all structural, mechanical, lighting, plumbing, electrical, HVAC and building systems as required in a lease agreement and in compliance with all applicable code. Tenant shall be responsible to comply with all state and municipal codes for its use of the premises. Landlord will be responsible for all structural issues with the building including roof, exterior walls, floors, and foundation.

**TENANT WORK:**

Tenant will have the right to make interior non-structural alterations to the Premises with the oral or written approval of Landlord, not to be unreasonably withheld. All fencing installed by the Tenant to remain with the Premises at the end of the Lease. When Tenant vacates the Premises, it will perform all repairs to the Premises resulting from the removal of their trade fixtures and security equipment.

**LANDLORD  
RESPONSIBILITY:**

Landlord is responsible for the cost of all roof and structural repairs to the building.

**PARKING:**

Tenant shall be entitled to exclusive use of the existing parking field for its use.

**OPTION TO EXTEND:**

Tenant shall have the right to extend the lease for two additional five (5) year periods, provided Tenant is not in default of its obligations under the lease and Landlord is provided one hundred eighty (180) days written notice prior to the date any lease term terminates. Base Rent will continue to increase at 2% annually through any Option Terms exercised by the Tenant.

**OPTION TO PURCHASE: N/A**

**ASSIGNMENT AND  
SUBLETTING:**

Landlord agrees that the Tenant shall have right to sublet or assign a portion of the Premises to any other party. Subleases to any other party by Tenant shall only be with Landlord's prior approval, not to be unreasonably withheld. Any

sublease must contain terms which do not contradict the terms of the Lease between the parties.

**TENANT**

**RESPONSIBILITIES:**

Tenant shall be responsible for all maintenance, repairs and janitorial services within the Premises including any and all maintenance, repair and replacement of the HVAC system serving the Premises. HVAC unit was installed in 2015. Tenant shall enter into a quarterly maintenance agreement with a certified HVAC contractor and provide proof of such upon request by the Landlord.

**UTILITIES:**

Premises shall have separately metered gas and electric utilities and Tenant shall be responsible for all payments for its use thereunder.

**SIGNAGE:**

Tenant shall have the right to install, at Tenant's cost, building signage which complies with applicable law.

**SECURITY SYSTEM:**

Tenant shall the right to install security systems at the Premises, including card key and CCTV systems and any other security systems it deems necessary to protect their business and comply with state or local law.

**HOLDOVER:**

In the event Tenant is required to holdover, holdover rent shall be 150% of the then applicable rent.

**NON-DISTURBANCE:**

Landlord will use best efforts to secure a Non-Disturbance agreement on Lender's form from any lenders or mortgagor as a condition to any subordination of its interests.

**CONFIDENTIALITY:**

The parties agree that the Lease, and any information provided by Tenant are intended to be confidential, and the parties shall not disclose them to third parties, including, but not limited to, any member of the press or the public, including print, electronic, broadcast media, or on the internet. In addition, neither party will make any statements, written, verbal or otherwise, or cause or encourage others to make any statements, written, verbal, or otherwise, that defame, disparage or in any way criticize the personal or business reputation, practices, or conduct of the other party(ies), its employees, contractors, members, directors, officers, and/or affiliates.

BROKERAGE:

Landlord and Tenant acknowledge that they used no broker to locate the Premises, except Peter Borchers of Midland Retail, LLC and Andrew Sellet of Cushman Wakefield. Landlord shall pay any brokerage fees per a separate agreement.

This Option to Lease & Letter of Intent Agreement is **binding** to the extent of the parties' obligations during the Holding Period and the parties' termination rights outlined herein, but the remaining terms are non-binding and shall be incorporated, in good faith, into any lease agreement which is finally executed by the parties and which lease shall be expressly conditional on the receipt of all Tenant's Approvals cited above. All costs incurred by either party in connection with these negotiations shall be the responsibility of the party incurring such costs.

Signed:

LANDLORD  
MR JZ M E C, LLC.

MB Schell 9-28-17

Date:

Duly Authorized

TENANT  
COLUMBIA CARE OH, LLC

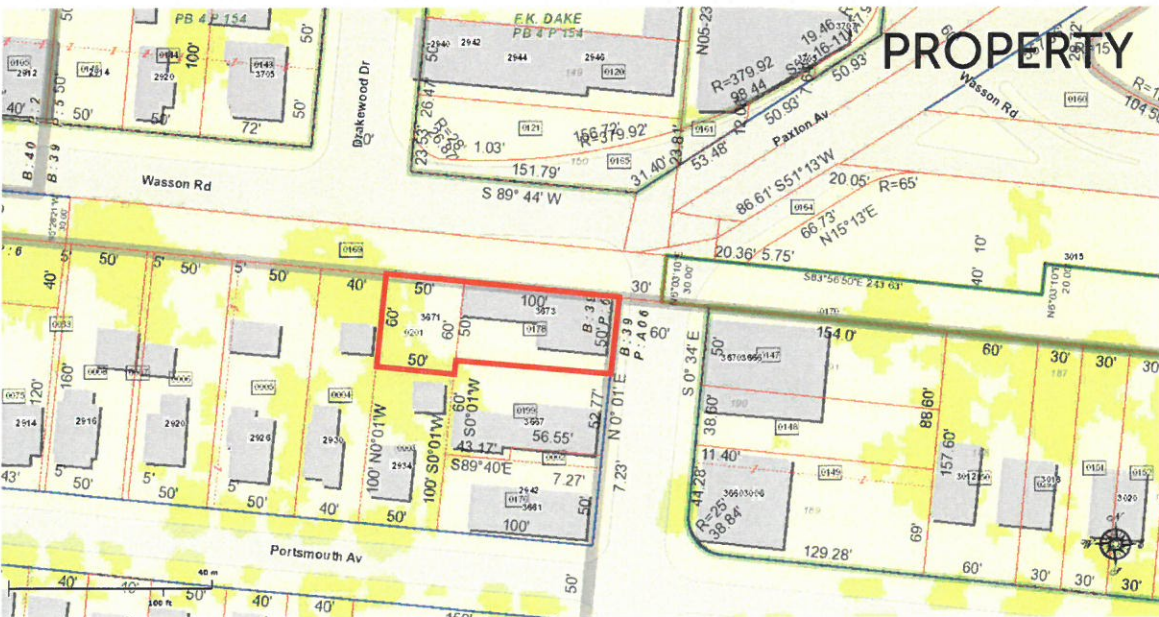
Nick R. Vitz

Date: sept 26, 2017

Duly Authorized



# EXHIBIT A



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

Columbia Care OH LLC

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

*No response provided by applicant*

**C-1.4** Business Address

3673 Paxton Avenue

**C-1.5** City

Cincinnati

**C-1.6** State

OH

**C-1.7** Zip Code

45208

**C-1.8** Phone

8003092153

**C-1.9** Email

licensing@col-care.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 Floor Plans.pdf**

NOTE: This applicant uploaded document is the next 5 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\_Notice of Proper Zoning (Cincinnati).pdf**

NOTE: This applicant uploaded document is the next 5 page(s) of this document.



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: <b>Columbia Care OH LLC</b>		
Physical Address and Name of Proposed Medical Marijuana Dispensary: <b>3673 Paxton Ave Columbia Care OH LLC</b>		
City: <b>Cincinnati</b>		County: <b>Hamilton</b>
State: <b>Ohio</b>	Zip Code: <b>45208</b>	Phone Number: <b>1-800-309-2153</b>
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of <u>CITY OF CINCINNATI</u> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. <i>*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.</i>		
<input checked="" type="checkbox"/> The area of <u>CITY OF CINCINNATI</u> 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:

*Matthew Shad*

Date:

*11/9/17*

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

*HE Sheldon*



November 08, 2017

NICHOLAS K VITA  
600 VINE ST SUITE 2700  
CINCINNATI OHIO 45154

SUBJECT:      Record Number:      ZV17000176  
.....      Parcel:      003900060178  
                 Address:      3673 PAXTON AV  
                 Zoning District:      CC-P      Commercial Community  
                 Request:      ZVL

Dear    NICHOLAS K VITA

I have received and reviewed your request for zoning verification of the parcel 039-0006-0178-00 at 3673 Paxton Avenue. 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.

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



November 08, 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,

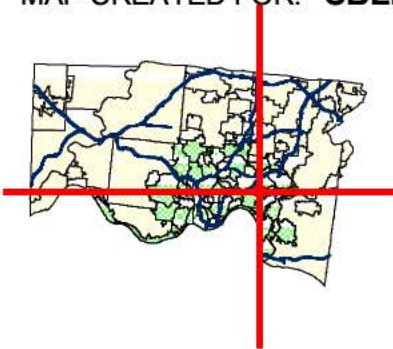
A handwritten signature in black ink, appearing to read "DOUG OWEN". The signature is fluid and cursive, with a large initial "D" and "O".

Doug Owen  
Zoning Plans Examiner





MAP CREATED FOR: **CBLDADMIN AT COCA** DATE: **11/06/2017 11:25:47**



*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



**C-2.3** Provide a location map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a [prohibited facility](#) or a community addiction services provider as defined under [section 5119.01 of the Revised Code](#). In establishing the distance between a proposed dispensary and such a facility, the distance shall be measured linearly and shall be the shortest distance between the closest point of the property lines of the proposed dispensary and the prohibited facility or community addiction services provider. The map must be clearly legible and labeled and may be divided into 8.5\*11 inch sections. [OAC 3796:5-5-01](#)

Uploaded Document Name: **C-2.3 Location Map.pdf**

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

# BERGMANN ASSOCIATES

Bergmann Associates, Architects, Engineers,  
Landscape Architects & Surveyors, D.P.C.

COLUMBIA CARE OH, LLC

3673 PAXTON AVE.  
CINCINNATI, OHIO 45208

DRAWING TITLE:  
SITE SENSITIVITY MAP - DISPENSARY FACILITY

BY:  
TSB

CHK'D BY:  
SDM

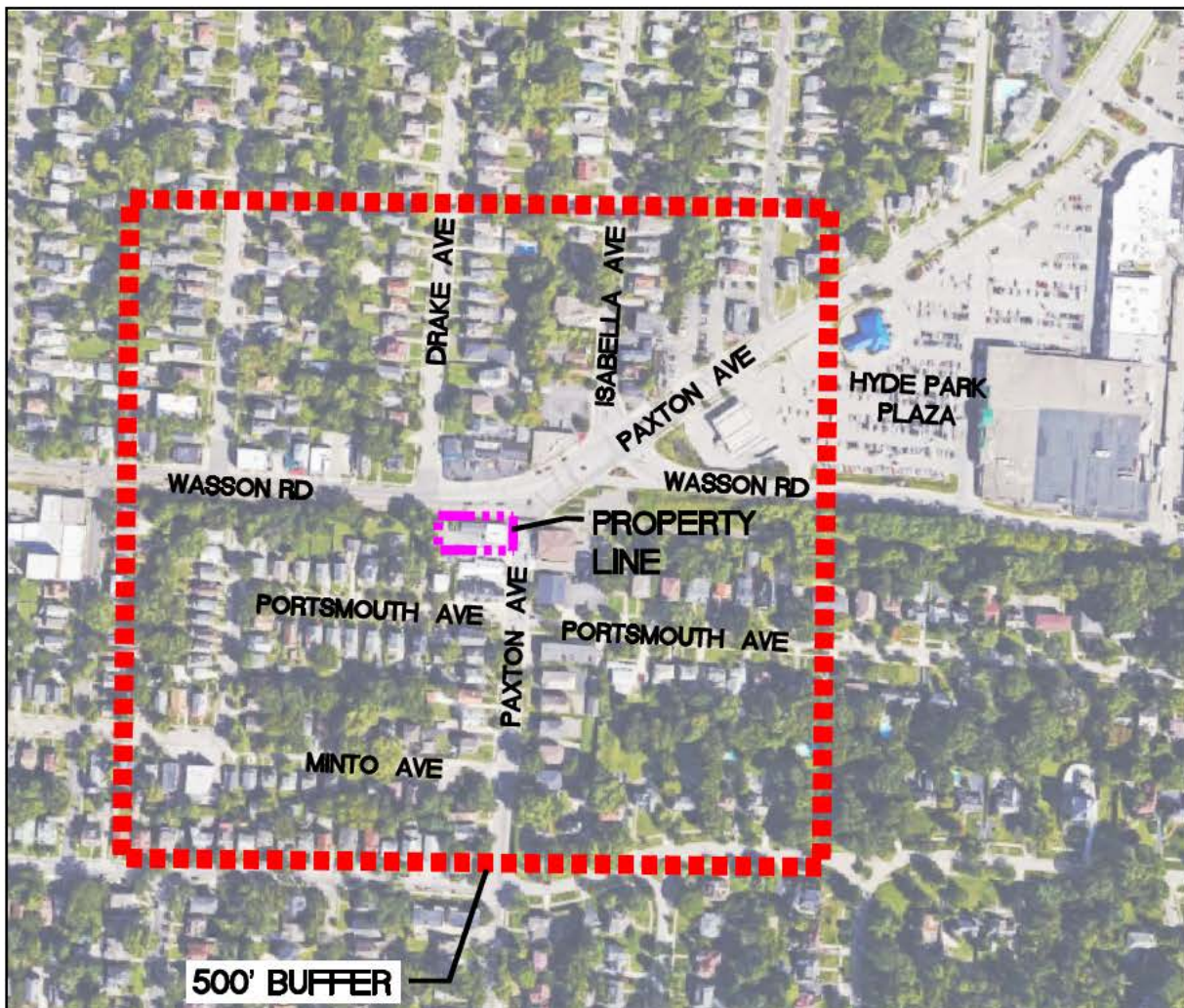
DATE:  
09/27/17

SCALE:  
1" = 300'

DRAWING NO.:  
EXHIBIT A

## LEGEND

	SCHOOL
	DAYCARE
	PARKS
	CHURCH
	PUBLIC LIBRARY
	COMMUNITY ADDICTION SERVICES PROVIDER



## 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 content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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 Timeline.pdf**

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



# DISPENSARY OPERATIONAL TIMELINE



**C-3.2** The Business Startup Plan also must describe how the Applicant's proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation of the facility including, but not limited to:

1. Security and surveillance
2. Employee qualifications and training
3. Storage of medical marijuana products
4. Inventory management
5. Record-keeping
6. Prevention of medical marijuana diversion

[REDACTED]

[REDACTED]

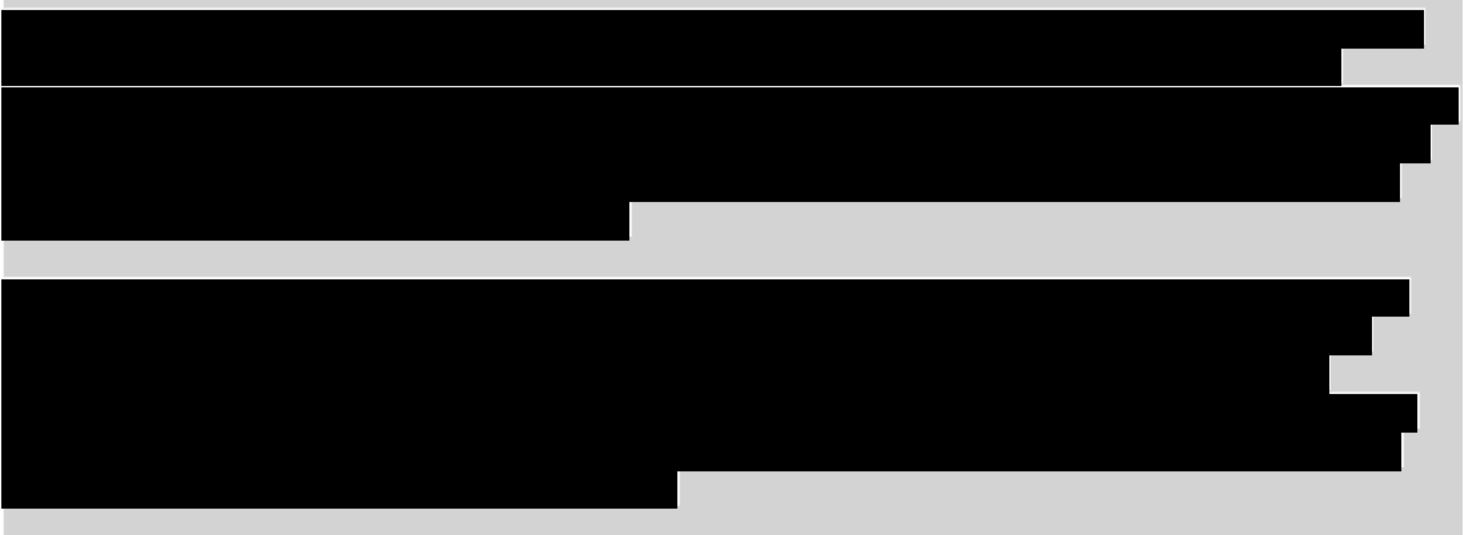
[REDACTED]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## **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.

Columbia Care OH's affiliates have been safely and securely dispensing medical marijuana for 5+ years without incident in highly-regulated jurisdictions across the nation. Consistent with our clinical focus, we do not participate in the production or distribution of marijuana for recreational use, even in markets where such sales are permissible. Our senior leadership team are experts in operating in regulated industries, creating and implementing business and financial plans, facility construction, security and diversion prevention protocols and clinical community engagement.

Having been selected in highly competitive application processes following rigorous reviews of our qualifications, including NY, DC, AZ, MA, IL, DE, PR, MD and PA. We now own and/or oversee 16 medical marijuana dispensaries at various stages of development and operations and forecast to complete 400,000+ patient interactions in 2017. We boast an affiliate network of cultivators, processors and dispensaries spanning 9 highly regulated jurisdictions and employ hundreds of highly trained staff who have experience in dispensing top quality medical marijuana, many of whom are licensed pharmacists.

Our network's dispensary management practices have evolved over several iterations and enhancements since inception based on our increasing experience coupled with feedback from patients as well as retail, scientific and security experts, and these practices continue to progress in keeping with our dedication to continuous quality improvement. We thus possess the requisite experience, expertise and resources to train and empower local Ohio residents to excel in our Dispensary should we be awarded a license.

Through their executive level oversight, our Prospective Associated Key Employees (PAKEs) will ensure that day-to-day operations in our proposed Ohio Dispensary are carried out in a safe, secure and professional manner in accordance with all applicable regulations.

See Attachment C-4.1 Table of Organization and Control for a graphic depiction of our organizational and reporting structure.

### **Duties, Responsibilities and Roles of Each PAKE**

Michael Abbott, Chairman

- Responsible for leading the Board of Directors and setting the Board agenda
- Responsible for leading the Columbia Care OH in its relationships with the Columbia Care national affiliate network, shareholders and financial institutions
- Effectively position the company with customers and partners to facilitate our growth, financial well being and operational effectiveness
- Facilitate the relationship with Col. Care Delaware, an affiliate committing unconditioned financing to cover costs and expenses related to our Ohio dispensaries should we be awarded a license

Nicholas Vita, CEO/President, Director

- Ultimate responsibility for all day-to-day management decisions and the implementation of the company's short- and long-term objectives
- Act as a direct liaison between the Board of Directors and company management and communicate to the Board on behalf of management
- Set day-to-day strategy, direction and vision in collaboration with the Board of Directors

- Model and set the company's culture, values and behavior
- Build and lead the senior executive team
- Allocate capital to the company's priorities and oversee budgets
- Ensure compliance with all regulatory requirements
- Make strategic decisions regarding future growth, partnerships and contracting opportunities
- Attend Board of Director meetings and ensure sound business decisions are made

Walter Homan, Director

- Responsible for leading the Columbia Care OH in its relationships with Ohio business leaders, government officials, educational and research institutions and other Medical Marijuana Control Program stakeholders
- Effectively position the company with customers and partners to facilitate our growth, financial well being and operational effectiveness
- Attend Board of Director meetings and ensure sound business decisions are made
- Provide unconditioned financial capital to the company pursuant to the commitment included in the response to Section C-5.5 of this application

Walter Homan, Jr., Director

- Responsible for leading the Columbia Care OH in its relationships with Ohio business leaders, government officials, educational and research institutions and other Medical Marijuana Control Program stakeholders
- Effectively position the company with customers and partners to facilitate our growth, financial well being and operational effectiveness
- Attend Board of Director meetings and ensure sound business decisions are made
- Provide unconditioned financial capital to the company pursuant to the commitment included in the response to Section C-5.5 of this application

Bob Mayerson, COO

- Design and implement business strategies, plans and procedures
- Set comprehensive goals for performance and growth
- Establish policies that promote the organization's culture and vision
- Oversee the daily operations of the organization and the work of executives (IT, Finance, Legal, etc.)
- Motivate Employees to encourage maximum performance and dedication
- Evaluate organizational performance by analyzing and interpreting data and metrics
- Submit reports to the CEO and Board of Directors in all matters of importance
- Participate in growth and expansion activities
- Manage relationships with partners/vendors

Dr. Rosemary Mazanet, VP Research

- Design and implement research strategies, plans and procedures
- Build and maintain relationships with local education, healthcare and research institutions
- Review and analyze medical marijuana related research findings and facilitate the incorporation of new/updated policies and procedures developed as a result of findings
- Assist Columbia Care affiliates in designing clinical trials with the Dana Farber Cancer Center and the Icahn School of Medicine at Mount Sinai, as well as non-treatment observational trials at Columbia Presbyterian and Albert Einstein/Montefiore
- Chair Columbia Care OH's Scientific Advisory Board

Tricia Reed PharmD, VP of Pharmacist Standards

- Oversee daily operations of dispensary to ensure we exceed standard retail pharmaceutical standards of practice

- Analyze and recommend inventory management procedures to ensure unbroken chain of custody for all medical marijuana
- Assure proper implementation of internal controls
- Develop pharmacy dispensing policies and procedures to ensure regulatory compliance
- Design physician and patient educational materials, consultative manuals and dosing guidelines based on specific medical conditions and patient feedback
- Instruct Employees on pharmaceutical standards during required annual training sessions
- Develop and submit operations-related reports to the CEO and Board of Directors

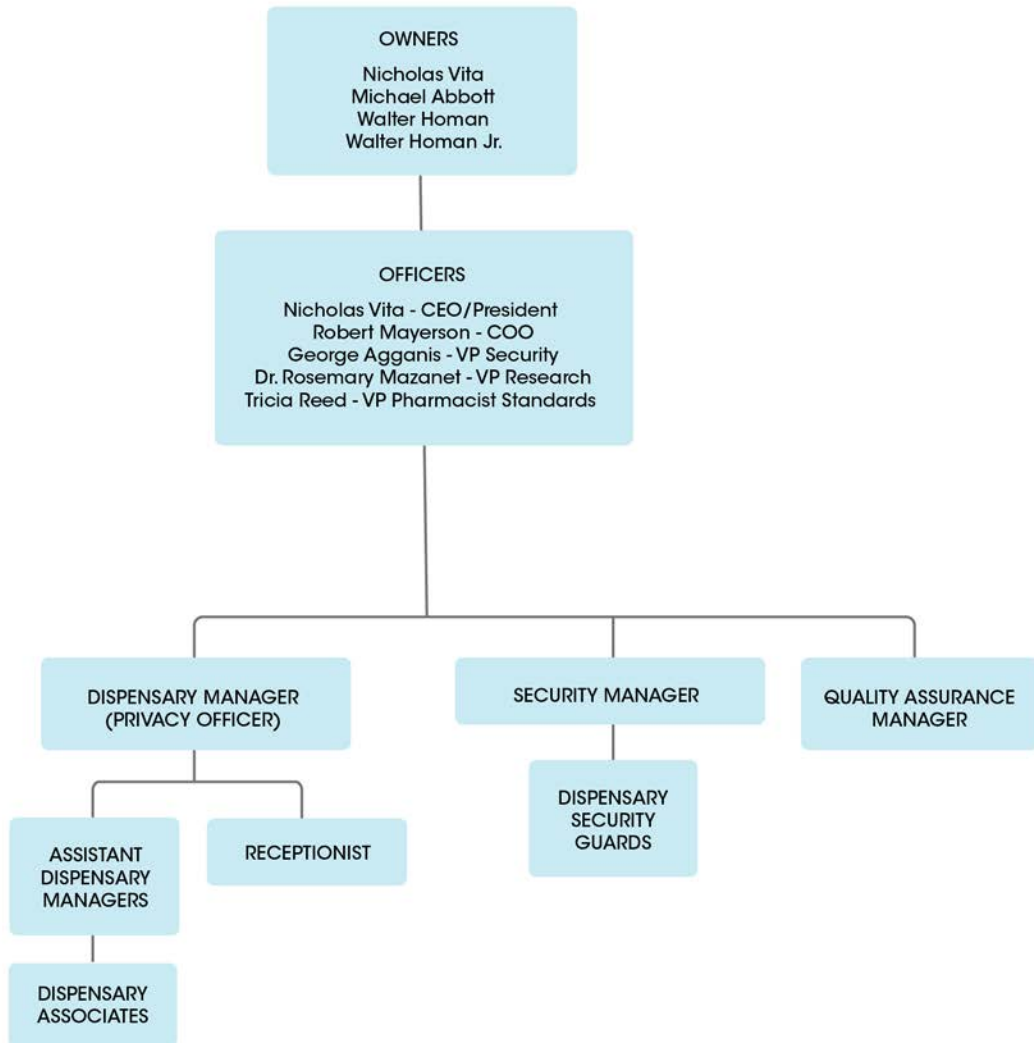
George Agganis, VP Security,

- Develop and implement policies and initiatives to ensure the physical safety of all Employees, property and assets owned by the company
- Oversee the administration and operation of the company's security equipment and staff
- Work collaboratively with Netwatch, Columbia Care's primary security contractor, to ensure compliance with all state regulatory requirements
- Develop and oversee the recruitment, training and ongoing operations of internal security personnel
- Keep abreast of all security-related technological advances and techniques
- Develop and maintain positive working relationships with law enforcement entities and governmental agencies
- Evaluate our security performance and address any identified issues and opportunities for improvement
- Develop and submit security-related reports to the CEO and Board of Directors

**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.





## Business Plan(Capital Requirements)

### Item 1 of 1

#### C-5.1 Type of Capital

Unconditioned loan (cash)

#### C-5.2 Source of Capital

Col. Care Delaware LLC

#### C-5.3 Name and Address of financial institution

**This response has been entirely redacted**

#### C-5.4 Account Number

**This response has been entirely redacted**

**C-5.5** Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than \$250,000. Provide **unredacted** documentation from the Applicant's financial institution to support these capital requirements. ([ORC 3796:6-2-02](#))

**This response has been entirely redacted**

**C-5.5.1** Please attach a **redacted** copy of documentation from the Applicant's financial institution to support the capital requirements. ([ORC 3796:6-2-02](#))

Uploaded Document Name: **C-5.5\_Bank Statement\_Redacted.pdf**

NOTE: This applicant uploaded document is the next 5 page(s) of this document.

## Letter of Commitment

This Letter of Commitment, dated **November 10, 2017**, memorializes the conditional financing agreement ("Agreement") by and between [REDACTED] LLC, whose address is [REDACTED], and [REDACTED] LLC, whose address is [REDACTED]. [REDACTED] LLC hereby agrees to provide an unconditional line of credit to [REDACTED] LLC for up to **EIGHT MILLION US DOLLARS (\$8,000,000.00)**, representing the required capital to finance the commencement of operations of [REDACTED] LLC, including but not limited to covering all on-going operational losses and expenses until [REDACTED] LLC becomes self-sustainable in its operation of up to 5 licensed medical marijuana dispensaries in the State of Ohio pursuant to its Medical Marijuana Control Program, within a reasonable amount of time after the award of the license from the Ohio Board of Pharmacy (the "Board").

This Agreement is contingent upon [REDACTED] LLC obtaining a license as a medical marijuana dispensary from the Board pursuant to the law, rules and regulations governing the Ohio Medical Marijuana Control Program. The loan amount shall then become available to [REDACTED] LLC, within a reasonable amount of time, but in no case later than thirty (30) days from the successful award of license of [REDACTED] LLC, upon which time the loan amount shall then become subject to [REDACTED] LLC's control.

If commercially necessary, [REDACTED] LLC will take all reasonable efforts to lend additional sums to [REDACTED] LLC under substantially similar terms as this Agreement to ensure the company's financial health and long-term operational viability.

[REDACTED] LLC shall notify [REDACTED] LLC within seventy two (72) hours of the Board's notice of its award or denial of license as a medical marijuana dispensary.

The undersigned hereby attests that he has the authority to sign on behalf of [REDACTED] LLC and to lawfully bind the same to this Letter of Commitment.

By: [REDACTED] LLC

[REDACTED]  
[REDACTED], Executive Chairman  
[REDACTED] LLC

11/10/17  
Date

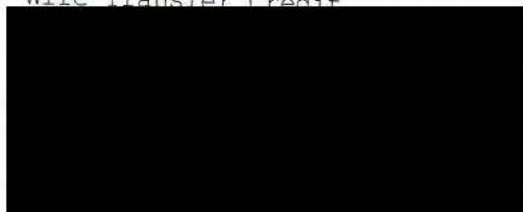


-----CHECKING ACCOUNT-----

Platinum Business Checking		Number of Enclosures	0
Account Number	57713057	Statement Dates 10/02/17 thru 10/31/17	
Previous Balance	6,051,104.36	Days in the Statement Period	30
1 Deposits/Credit	4,000,000.00	Avg. Ledger Balance	7,624,514.01
4 Checks/Debits	1,621,640.62	Avg. Collected Balance	7,624,514.01
Service Charge	.00		
Interest Paid	.00		
Ending Balance	8,429,463.74		

----- DEPOSITS AND CREDITS ----- Amount

10/12	Wire Transfer Credit	4,000,000.00
-------	----------------------	--------------



----- MISCELLANEOUS DEBITS ----- Amount

10/04	ACH PMT	AMEX EPAYMENT	46,126.43-
-------	---------	---------------	------------



10/12	Wire Transfer Debit	585,000.00-
-------	---------------------	-------------



10/12	Wire Transfer Debit	990,000.00-
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Platinum Business Checking

57 (Continued)

----- MISCELLANEOUS DEBITS ----- Amount

10/20 Account Analysis Charge 514.19-

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance
10/02	6,051,104.36	10/12	8,429,977.93
10/04	6,004,977.93	10/20	8,429,463.74

State of Ohio Board of Pharmacy  
77 South High Street, 17th Floor  
Columbus, OH 43215

To Whom It May Concern:

Pursuant to the State of Ohio Board of Pharmacy's requirement regarding the liquid capital to be invested in and available to a medical marijuana dispensary licensee, we hereby affirm that the funds we are personally investing in [REDACTED]'s medical marijuana dispensary(ies) in the amount of \$5,000,000 are unconditionally committed to [REDACTED] (i.e., the dispensary license applicant), to be used by [REDACTED] in the event the Board of Pharmacy issues a provisional dispensary license to [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]



CBank Office Park  
8050 Hosbrook Rd  
Suite 220  
Cincinnati, Ohio 45236  
PH 513-651-3000  
FAX 513-651-3030  
[www.cbankusa.com](http://www.cbankusa.com)

November 13, 2017

To Whom it May Concern:

Please be advised that [REDACTED] and [REDACTED] are valued private banking customers of CBank. The [REDACTED]s and related business enterprises have maintained accounts at CBank since 2007.

Currently, the [REDACTED]'s control accounts at CBank with immediately available funds in excess of \$5 million. All of the accounts are in good standing.

Should you have any additional questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in black ink, reading 'R. Dean Meiszer'.

R. Dean Meiszer  
President and Chief Executive Officer

## Business Plan(Business History and Experience)

### Item 1 of 4

#### C-6.1 First Name

Walter

#### C-6.2 Middle Name

Edward

#### C-6.3 Last Name

Homan, Jr.

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

Vice President, Owner

#### C-6.5 Business Name

Auto Fastener Group

#### C-6.6 Business Address

200 Homan Dr., Cold Spring, KY 41076

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

YES

#### C-6.8 Dates

6/2006-present

## Business Plan(Business History and Experience)

### Item 2 of 4

#### C-6.1 First Name

Walter

#### C-6.2 Middle Name

Edward

#### C-6.3 Last Name

Homan

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

Owner, CEO

#### C-6.5 Business Name

Auto Fastener Group

#### C-6.6 Business Address

200 Homan Dr., Cold Spring, KY 41076

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

YES

#### C-6.8 Dates

1981-present



## Business Plan(Business History and Experience)

### Item 3 of 4

#### C-6.1 First Name

Nicholas

#### C-6.2 Middle Name

Keane

#### C-6.3 Last Name

Vita

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

CEO, President, Owner

#### C-6.5 Business Name

Columbia Care LLC

#### C-6.6 Business Address

745 Fifth Ave, Suite 1701, New York, NY 10151

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

YES

#### C-6.8 Dates

2012-present

## Business Plan(Business History and Experience)

### Item 4 of 4

#### C-6.1 First Name

Michael

#### C-6.2 Middle Name

James

#### C-6.3 Last Name

Abbott

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

Chairman, Owner

#### C-6.5 Business Name

Columbia Care LLC

#### C-6.6 Business Address

745 Fifth Ave, Suite 1701, New York, NY 10151

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

YES

#### C-6.8 Dates

2012-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.

Columbia Care OH's affiliates have been safely and securely dispensing medical marijuana for 5+ years without incident or administrative discipline in highly-regulated jurisdictions across the nation. Consistent with our clinical focus, we do not participate in the production or distribution of marijuana for recreational use.

Having been selected in 9 highly competitive application processes following rigorous reviews, including NY, DC, AZ, MA, IL, DE, PR, MD and PA, we now oversee 16 medical marijuana dispensaries at various stages of development and operations and forecast to assist tens of thousands of patients in 2017. We boast an affiliate network of cultivators, processors and dispensaries and employ hundreds of highly trained staff who have experience in dispensing medical marijuana. Columbia Care OH affiliates have experienced dozens of regulatory audits and successfully completed license and permitting renewal processes.

Our network's dispensary management practices have evolved over several iterations and enhancements based on our increasing experience coupled with feedback from patients as well as retail, scientific and security experts, and these practices continue to progress in keeping with our dedication to continuous quality improvement. We thus possess more than sufficient experience, expertise and resources to train Ohio residents to excel in our Dispensary should we be awarded a license.

### **National Network of Dispensary Experts**

Through the collective experience of our national network of industry leaders, we have developed unmatched expertise in operating dispensaries. Having had successful careers working for leading organizations in a host of for-profit and non-profit sectors, our team is comprised of experts from every field involved with dispensary operations. Key members include:

- Bob Mayerson, COO, has 30+ years of experience increasing enterprise productivity in consumer products and retail. At Columbia Care, he is responsible for overseeing all national operational aspects of our business, including the cultivation, processing, testing and dispensing of medical marijuana. Prior to Columbia Care, he served as President, COO and CFO of EMS, a leading retailer of outdoor equipment and apparel. Earlier, Mayerson served as Senior VP and Treasurer of Staples and played a key role in developing their rapid growth from less than \$1B in revenue to over \$20B. Prior, he spent 11 years in increasingly responsible roles with PepsiCo. Mayerson served on several non-profit Boards, including 9 years as a Trustee for the Harvard Conservation Trust. He also served as a Trustee and an Officer of Fruitlands Museum. He served on the University of Massachusetts Business Advisory Council and on the Board of the Staples Foundation. He holds an MBA in Finance from UMass.

- Dr. Rosemary Mazanet, VP Research, is a hematologist and oncologist responsible for assisting Columbia Care affiliates in designing clinical trials with the Dana Farber Cancer Center and the Icahn School of Medicine at Mount Sinai, as well as non-treatment observational trials at Columbia Presbyterian and Albert Einstein/Montefiore. She is Chairwoman of Columbia Care's Scientific

Advisory Board and is a member of the External Commercialization Advisory Group of The Center for Cell and Organ Biotechnology. She earned her BA from the University of Virginia, a PhD and MD from the University of Pennsylvania School of Medicine, served her residency in Internal Medicine at Brigham & Women's Hospital (Harvard Medical School), completed a clinical oncology fellowship at the Dana Farber Cancer Institute and served as an attending physician. She is a Trustee of the University of Pennsylvania School of Medicine/Hospital.

- Tricia Reed PharmD, VP of Pharmacist Standards, oversees daily operations of Columbia Care's affiliate dispensaries, analyzes and recommends inventory management procedures and assures proper implementation of internal controls. She develops pharmacy dispensing policies, procedures and inventory to ensure regulatory compliance. Reed works in concert with regulatory agencies to establish physician and patient educational materials, consultative manuals and dosing guidelines based on specific medical conditions and patient feedback. Her technical background includes a Doctor of Pharmacy degree from Purdue University, and she is a registered pharmacist and an ACPE Diabetic and Medication Therapy Management Educator. She maintains certification in HIV Therapeutic Treatment Plans, NY State Practitioner Education in the Medical Use of Marijuana – Endocannabinoid Systems and Phytocannabinoids, the Administration and Dosing of Cannabis Products and the Physiological Effects and Adverse Effects of Cannabis.
- George Agganis, VP Security, is a retired Deputy Chief from MA with 30+ years of law enforcement experience at the state, federal and local level. Since joining Columbia Care in 2013, Agganis has become a recognized expert in the security industry associated with dozens of medical marijuana facilities providing security solutions that have been thoroughly vetted and adopted by state regulators. His experience in this market dealing with physical and electronic security measures have been successfully implemented and operational. Utilizing state-of-the-art security systems, he has provided total security solutions across the country in multiple markets in compliance with state and local regulations.

#### PAKEs with 10% Ownership

Through their oversight, our Prospective Associated Key Employees (PAKEs) will ensure that day-to-day operations in our proposed Dispensary are carried out in a safe, secure and professional manner in accordance with all applicable regulations. Columbia Care OH has four PAKEs with at least 10% ownership:

- Michael Abbott is Chairman of Columbia Care and all its affiliates and is responsible for setting the Board's agenda, representing the company with stakeholders to facilitate growth, financial well-being and operational effectiveness. His career started at Swiss Bank Corporation/SBC O'Connor in 1990, first in the Capital Markets Group in London, and then in Chicago as a Director responsible for both Capital Markets and Corporate Derivatives. From 1996-2002, he worked at Goldman Sachs, initially in the convertible bond department, where he helped develop the first on-line convertible bond trading system for retail investors. In 2002, he co-founded Elysium Capital, a macro FX hedge fund for which he served as the COO and member of the investment committee. Additionally, Abbott sits on the Trustee Board and Audit Committee of the Registered Investment Company of European Advisors.
- Nicholas Vita serves as CEO/President of Columbia Care and its affiliates and is responsible for overseeing all day-to-day operations. This includes supervising the activities 300+ employees who handle 35,000+ patient interactions per month. Vita has 25+ years of experience serving in corporate leadership roles, investing capital, structuring and funding public/private partnerships, providing strategic advisory services to Fortune 500 companies and negotiating joint ventures and partnerships across the world. Prior to Columbia Care, he was Partner and IC Chairman at Apelles Investment

Management LLC, a cross-capital structure, credit and stressed/distressed debt investing within the healthcare and privatized military infrastructure sectors. Before Apelles, he was a General Partner and the Portfolio Manager for the Healthcare Sector at ARX Investment Management. Previously, he worked at Goldman Sachs as an Analyst, Associate and VP in the Healthcare Department. He began his career in investment banking at S.G. Warburg & Co. Vita serves on a number of corporate and philanthropic advisory boards including GENNEXT (NY), Street Soccer Group, US Attorney (Eastern District, NY) Counterterrorism Working Group and is a Member of the Sovereign Order of Malta.

- Walter Homan, Director, currently serves as Principal and CEO of Auto Vehicle Parts Company, a local family-owned business that has been in continuous operations for 100+ years and has grown to become one of the largest fastener and automotive clip manufacturer and suppliers in the US. Along with operating multiple manufacturing and distribution companies over the last 35 years, Homan has an extensive history of engaging in successful real estate developments, including large condominium complexes, the renovation of a Cincinnati Landmark Hotel, and the development of one of the largest marina, resort and residential on Lake Erie. He also serves as the Executive Trustee of the Homan Foundation, which has contributed to the support of hundreds of noteworthy Ohio based charitable organizations for almost 50 years.

- Walter Homan, Jr., Director, is a lifetime resident of Cincinnati. He graduated Southern Methodist University in 2006 with a Bachelor of Business Administration and Finance as an academic All American. Since graduating, Homan has played golf professionally for 9 years on tours around the world, including The PGA Tour. Contemporaneously, he worked in the family business as VP of the Auto-Fastener Group. Homan is an investor and an advisor in many real estate ventures, including one of the largest marina and summer residential communities located on Lake Erie. Additionally, he has significant investments in many companies, including a bank chartered in the state of Ohio. Homan is a Principal and oversees the Naples Auto Collection in Naples, Florida, a car dealership specializing in locating, buying and selling rare and exotic cars. He is an owner and Board Member of Protein Ventures International, a protein company serving a medical need in bariatric health procedures. He also serves on the Board of The Homan Foundation (established 1968), which focuses on Cincinnati charities. Notable donations have included Xavier University, The Christ Hospital, and many other worthy causes.

### 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.

*No response provided by applicant*

**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

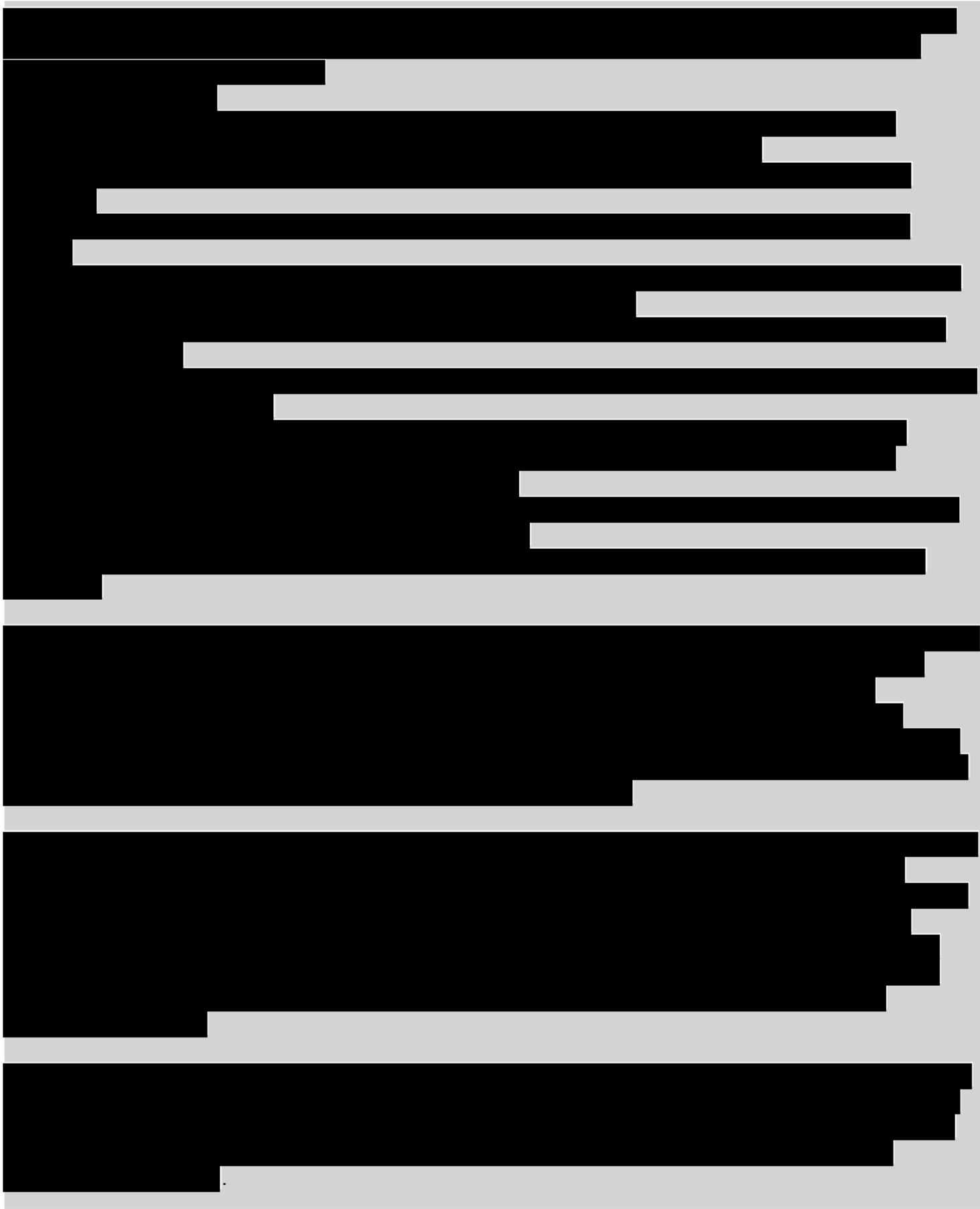
**D-3.2** By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded 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 content]





**D-3.3.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

## Operations Plan(Storage of Product)

**D-4.1** There will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator, or processor, destroyed or otherwise disposed.

YES

**D-4.2** All storage areas will be maintained in a clean and orderly condition and free from infestation by insects, rodents, birds, and pests.

YES

**D-4.3** A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

YES

**D-4.4** Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

1. Oversight of medical marijuana storage
2. Physical security measures
3. Record maintenance
4. Persons who will have access to medical marijuana
5. Climate control and lighting maintenance, including any necessary equipment
6. Sanitation of storage areas

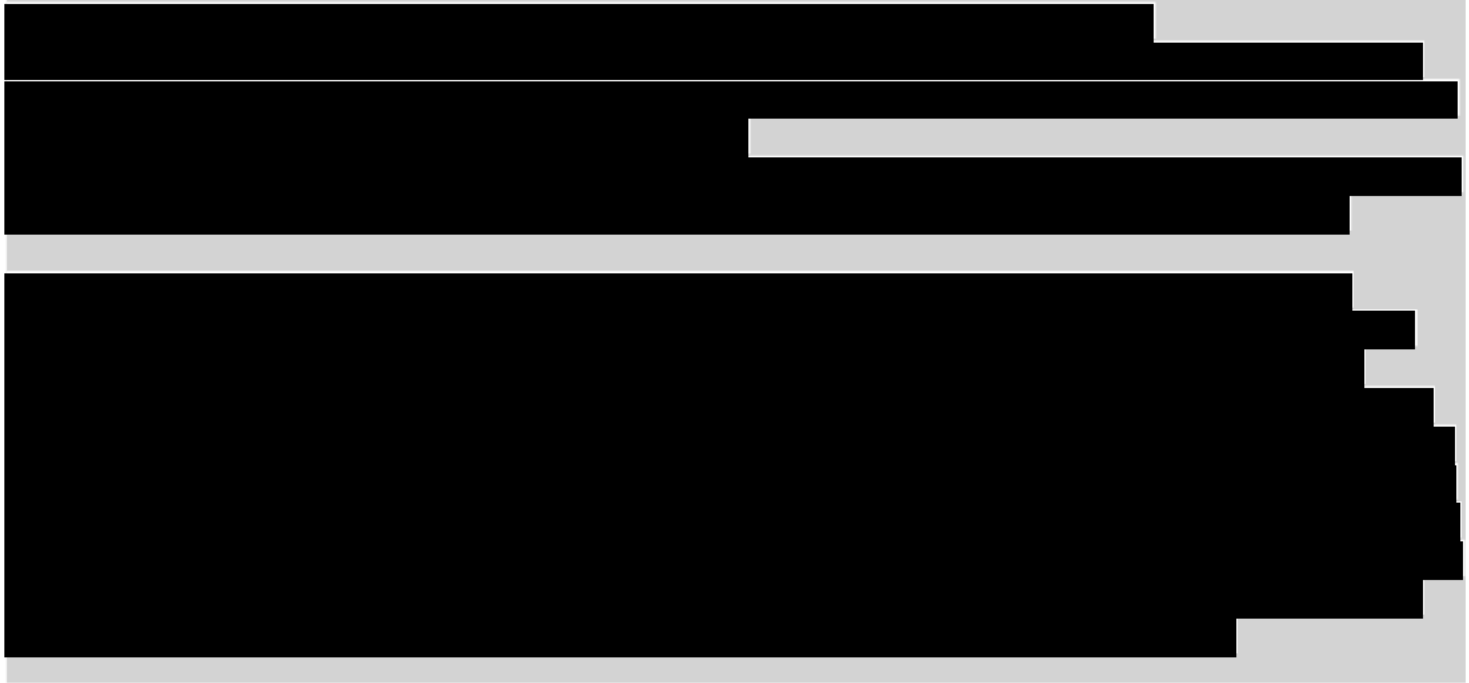
Please reference [OAC 3796:6-3-07](#) for more information.

[REDACTED]

[REDACTED]

[REDACTED]





**D-4.4.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

## Operations Plan(Dispensing of Product)

**D-5.1** By selecting "**Yes**", the Applicant attests that it is prepared and willing to join the American Society for Automation in Pharmacy (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). [American Society for Automation in Pharmacy](#); [OAC 3796:6-3-08](#); [OAC 3796:6-3-10](#)

YES

**D-5.2** By selecting "**Yes**", the Applicant attests that it will use the patient registry to verify the registration of a patient or caregiver. [OAC 3796:6-3-08](#)

YES

**D-5.3** Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

5

**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]

[REDACTED]

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[REDACTED]



[REDACTED]

**D-5.5.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-5.5. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-5.5.1\_Sample Product Label.pdf**

NOTE: This applicant uploaded document is the next 3 page(s) of this document.

2.375"

6.5"

MEDICAL MARIJUANA

ORAL CAPSULES

MEDIHAZE

1T:1C-HYBRID

EQUAL .25mg THC | per  
THC/CBD .25mg CBD | capsule

12 CAPSULES

MEDIHAZE

1T:1C-HYBRID

EQUAL .25mg THC | per  
THC/CBD .25mg CBD | capsule

1T:1C-HYBRID

EQUAL .25mg THC | per  
THC/CBD .25mg CBD | capsule

Tetrahydrocannabinol (THC): 0.729 %

Cannabidiol (CBD): 0.041 %

Tetrahydrocannabinol acid (THCA): 0.035 %

Tetrahydrocannabinol (THCV): <0.1 %

Cannabinadiolic acid (CBDA): <0.1 %

Cannabidiol (CBDV): <0.1 %

Cannabinol (CBN): <0.1 %

Cannabigerol (CBG): <0.1 %

Cannabichromene (CBC): <0.1 %

Harvest Batch B234L232

Process Lot A2B3C4

Package Date 02/30/17

Employee ID Number

SHIP: E14 PACK: E17

Date Dispensed 3/15/18

Date Manuf. 3/15/18

Date Harvested 3/15/18

Quantity dispensed 12 CAPS

Product Identifier ABC1234

Dispensary:

1234 Ave I ABC, OH 12345

License Number: MM0301M

Patient: Jane Doe, Registry number: 123456

WARNINGS

This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant's pediatrician. This product might impair the ability to drive or operate heavy machinery. KEEP OUT OF REACH OF CHILDREN. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed. Medical marijuana must be kept in the original container in which it was dispensed. Unauthorized use is unlawful and will subject the purchaser to criminal penalties.

Keep stored at room temperature and in a dark place.

EXPIRES 4/18/18

INGREDIENTS

Extraction Process: Supercritical CO2

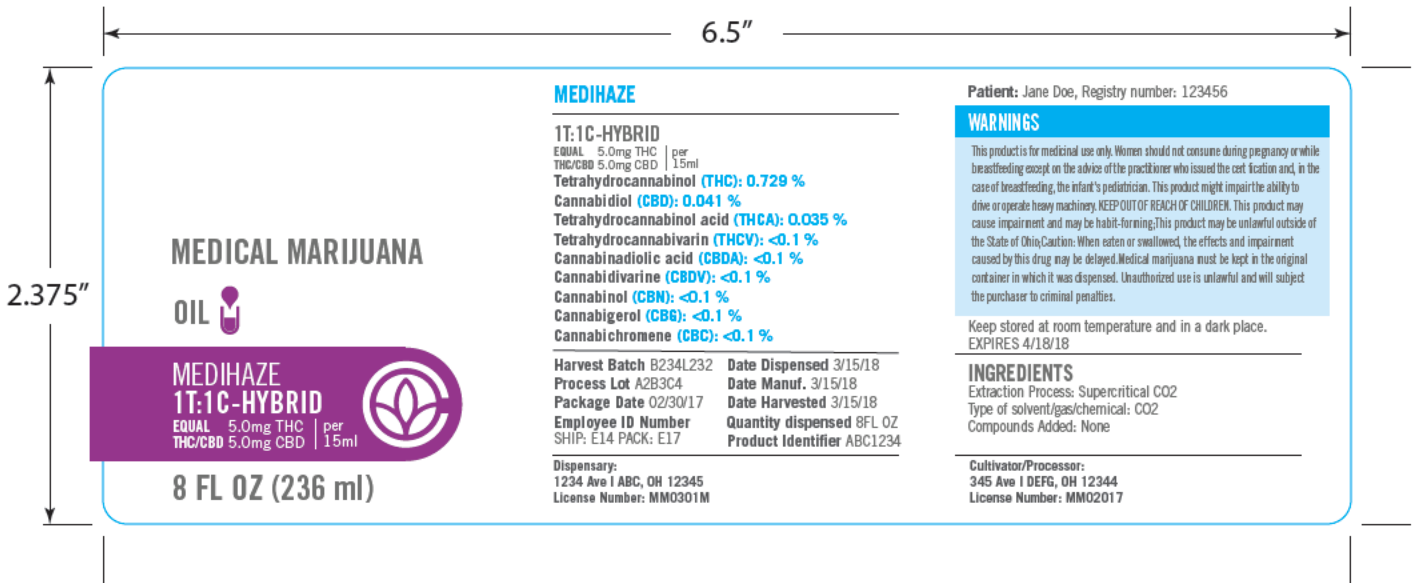
Type of solvent/gas/chemical: CO2

Compounds Added: CO2 extracted cannabis oil and Microcrystalline Cellulose

Cultivator/Processor:

345 Ave I DEFG, OH 12344

License Number: MM02017



MEDICAL MARIJUANA

OIL

MEDIHAZE  
1T:1C-HYBRID

EQUAL 5.0mg THC | per  
THC/CBD 5.0mg CBD | 15ml



8 FL OZ (236 ml)

MEDIHAZE

1T:1C-HYBRID

EQUAL 5.0mg THC | per  
THC/CBD 5.0mg CBD | 15ml

Tetrahydrocannabinol (THC): 0.729 %

Cannabidiol (CBD): 0.041 %

Tetrahydrocannabinol acid (THCA): 0.035 %

Tetrahydrocannabinol (THCV): <0.1 %

Cannabinadiolic acid (CBDA): <0.1 %

Cannabidivarin (CBDV): <0.1 %

Cannabinol (CBN): <0.1 %

Cannabigerol (CBG): <0.1 %

Cannabichromene (CBC): <0.1 %

Harvest Batch B234L232

Process Lot A2B3C4

Package Date 02/30/17

Employee ID Number

SHIP: E14 PACK: E17

Dispensary:

1234 Ave I ABC, OH 12345

License Number: MM0301M

Date Dispensed 3/15/18

Date Manuf. 3/15/18

Date Harvested 3/15/18

Quantity dispensed 8FL OZ

Product Identifier ABC1234

Patient: Jane Doe, Registry number: 123456

WARNINGS

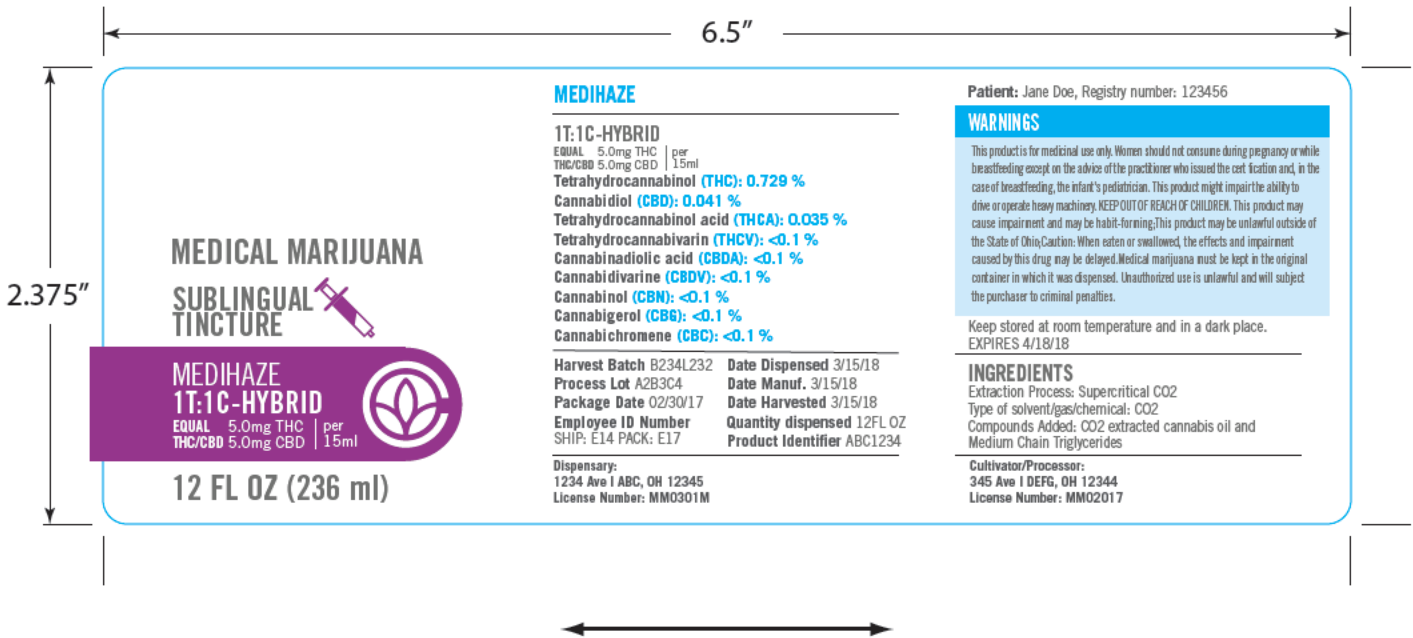
This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant's pediatrician. This product might impair the ability to drive or operate heavy machinery. KEEP OUT OF REACH OF CHILDREN. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed. Medical marijuana must be kept in the original container in which it was dispensed. Unauthorized use is unlawful and will subject the purchaser to criminal penalties.

Keep stored at room temperature and in a dark place.  
EXPIRES 4/18/18

INGREDIENTS

Extraction Process: Supercritical CO2  
Type of solvent/gas/chemical: CO2  
Compounds Added: None

Cultivator/Processor:  
345 Ave I DEFG, OH 12344  
License Number: MM02017



MEDICAL MARIJUANA  
SUBLINGUAL  
TINCTURE



MEDIHAZE  
1T:1C-HYBRID  
EQUAL 5.0mg THC | per  
THC/CBD 5.0mg CBD | 15ml



12 FL OZ (236 ml)

#### MEDIHAZE

##### 1T:1C-HYBRID

EQUAL 5.0mg THC | per  
THC/CBD 5.0mg CBD | 15ml

**Tetrahydrocannabinol (THC): 0.729 %**

**Cannabidiol (CBD): 0.041 %**

**Tetrahydrocannabinol acid (THCA): 0.035 %**

**Tetrahydrocannabinarin (THCV): <0.1 %**

**Cannabinadiolic acid (CBDA): <0.1 %**

**Cannabidivarin (CBDV): <0.1 %**

**Cannabinol (CBN): <0.1 %**

**Cannabigerol (CBB): <0.1 %**

**Cannabichromene (CBC): <0.1 %**

**Harvest Batch** B234L232

**Process Lot** A2B3C4

**Package Date** 02/30/17

**Employee ID Number**

**SHIP:** E14 **PACK:** E17

**Dispensary:**

1234 Ave I ABC, OH 12345

**License Number:** MM0301M

**Date Dispensed** 3/15/18

**Date Manuf.** 3/15/18

**Date Harvested** 3/15/18

**Quantity dispensed** 12FL OZ

**Product Identifier** ABC1234

**Patient:** Jane Doe, Registry number: 123456

#### WARNINGS

This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant's pediatrician. This product might impair the ability to drive or operate heavy machinery. KEEP OUT OF REACH OF CHILDREN. This product may cause impairment and may be habit-forming. This product may be unlawful outside of the State of Ohio. Caution: When eaten or swallowed, the effects and impairment caused by this drug may be delayed. Medical marijuana must be kept in the original container in which it was dispensed. Unauthorized use is unlawful and will subject the purchaser to criminal penalties.

Keep stored at room temperature and in a dark place.  
EXPIRES 4/18/18

#### INGREDIENTS

Extraction Process: Supercritical CO2

Type of solvent/gas/chemical: CO2

Compounds Added: CO2 extracted cannabis oil and  
Medium Chain Triglycerides

**Cultivator/Processor:**

345 Ave I DEFG, OH 12344

**License Number:** MM02017

## 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]



[illegible]

[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.

*No response provided by applicant*

**D-6.9** Please describe the Applicant's processes, procedures and controls regarding a patient or caregiver's ability to return unused medical marijuana for the purpose of dispossession and destroying. Include, at a minimum, a description of

- 1. How patients and caregivers will be charged for such returns
- 2. How returns will be tracked
- 3. How any returned medical marijuana will be secured at the facility
- 4. The maximum amount of time that returned medical marijuana will be stored at the facility

[REDACTED]

[REDACTED]

[REDACTED]



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**D-6.9.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

## Operations Plan(Diversion Prevention of Product)

**D-7.1** Please provide a summary of the procedures and controls that the Applicant will implement at the dispensary for the prevention of the unlawful diversion of medical marijuana, along with the process that will be followed when evidence of theft/diversion is identified. [OAC 3796:6-3-01](#); [OAC 3796:6-3-05](#); [OAC 3796:6-3-16](#)

[REDACTED]

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[illegible][illegible]

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[illegible]

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[REDACTED]

[REDACTED]

[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.

[Redacted content]

[REDACTED]

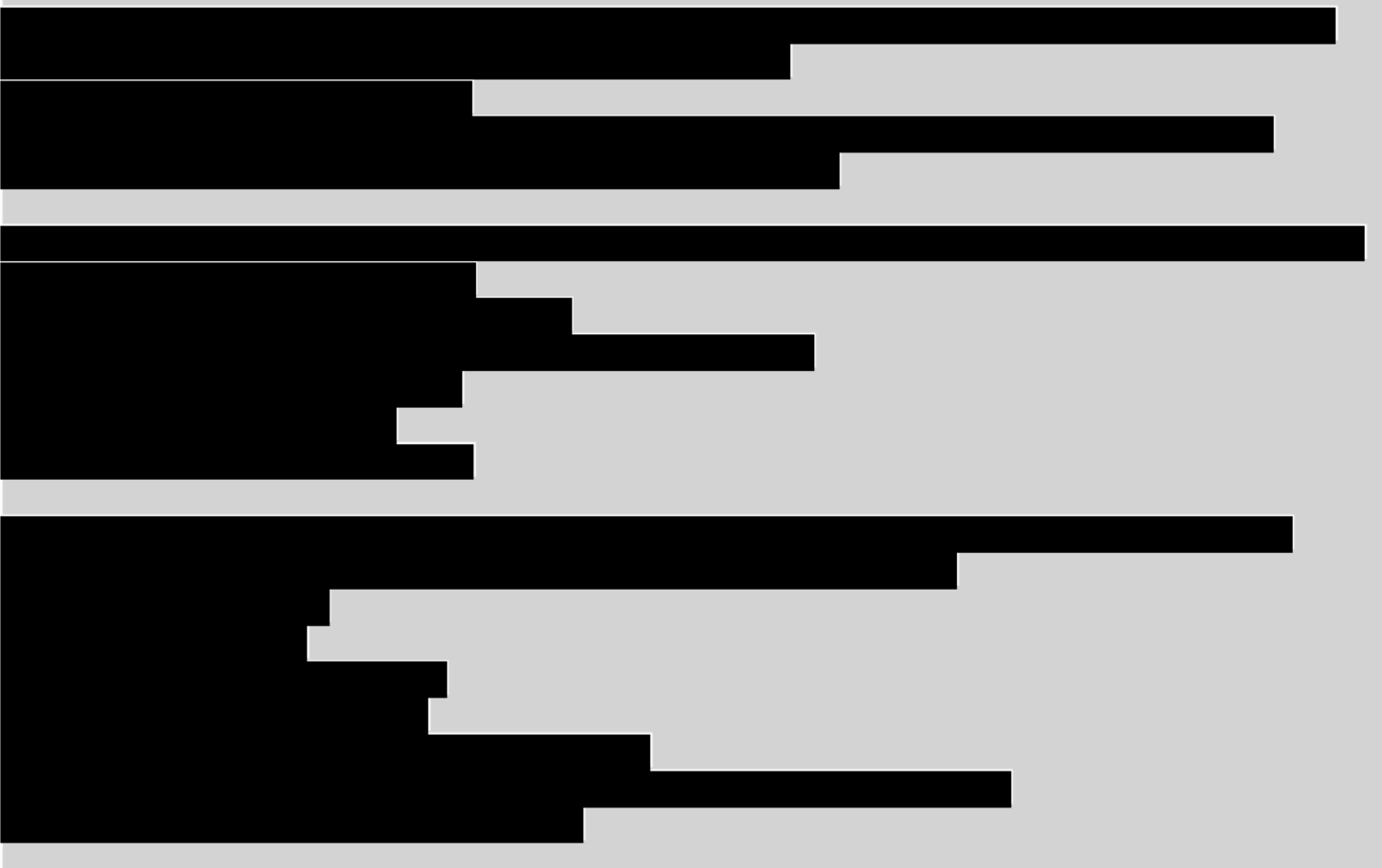
[REDACTED]

\_\_\_\_\_

Age Group	Percentage
18-24	25%
25-34	20%
35-44	15%
45-54	10%
55-64	8%
65-74	5%
75+	3%

\_\_\_\_\_

\_\_\_\_\_





## Operations Plan(Record-Keeping)

**D-9.1** By selecting "Yes," the Applicant attests that it will notify State Board of Pharmacy at least 7 days prior to rendering medical marijuana unusable. All waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. [OAC 3796:6-3-14](#)

YES

**D-9.2** Please provide a summary of the Applicant's record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

1. Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary
2. Operating procedures and controls
3. Audit records
4. Staffing plans; Business records
5. Surveillance records
6. Attendance logs
7. Quality assurance review logs

Please reference [OAC 3796:6-3-17](#) for more information.

[Redacted content]

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[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 content]

[illegible]

[REDACTED]

**D-10.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*No response provided by applicant*

**D-10.2** Please provide a summary of intended services for veterans and/or the indigent. [OAC 3796:6-2-02](#); [OAC 3796:6-3-22](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

**D-10.3** Describe the Applicant's efforts to minimize the environmental impact of the proposed dispensary. [OAC 3796:6-2-02](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

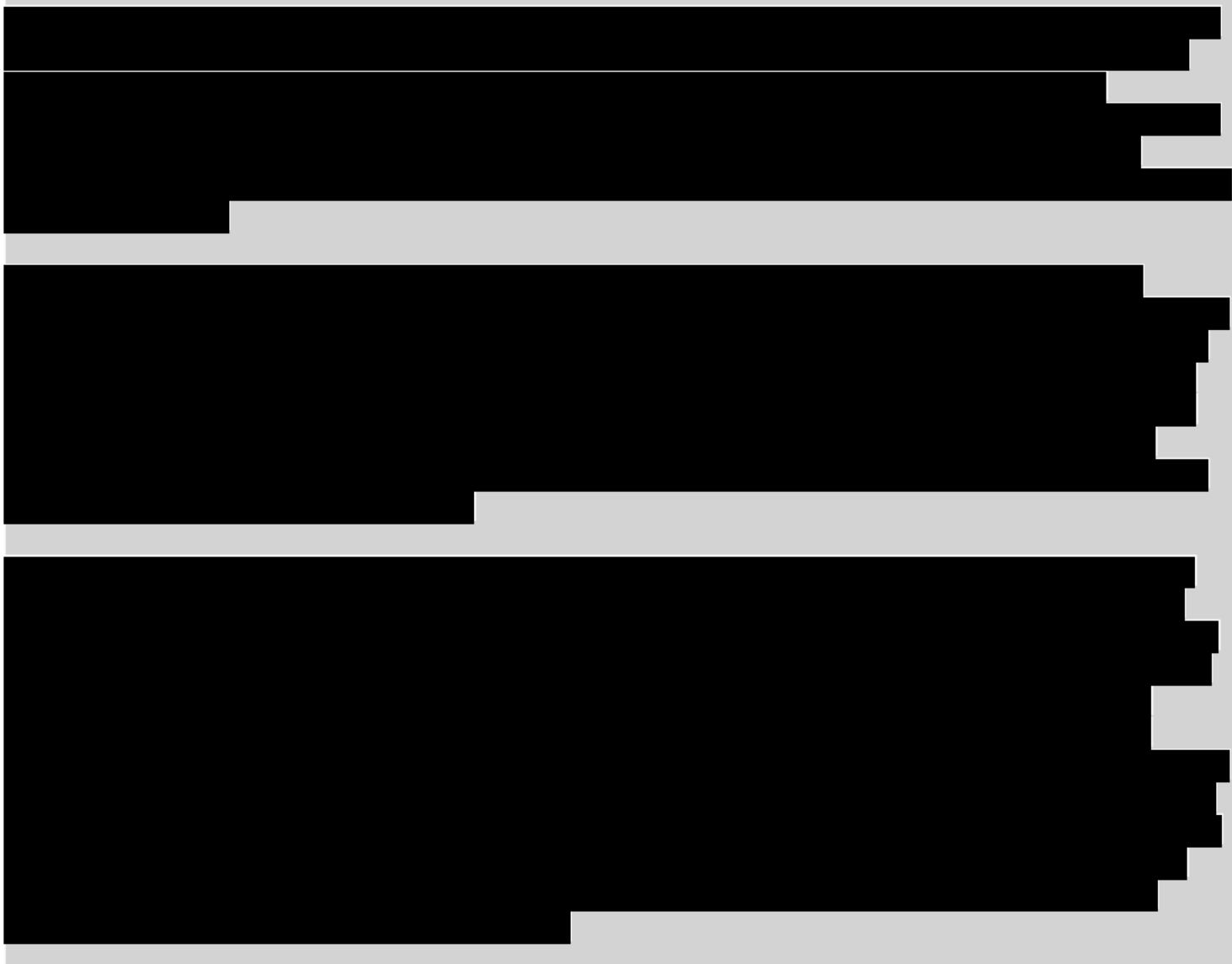
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





**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](#)

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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*

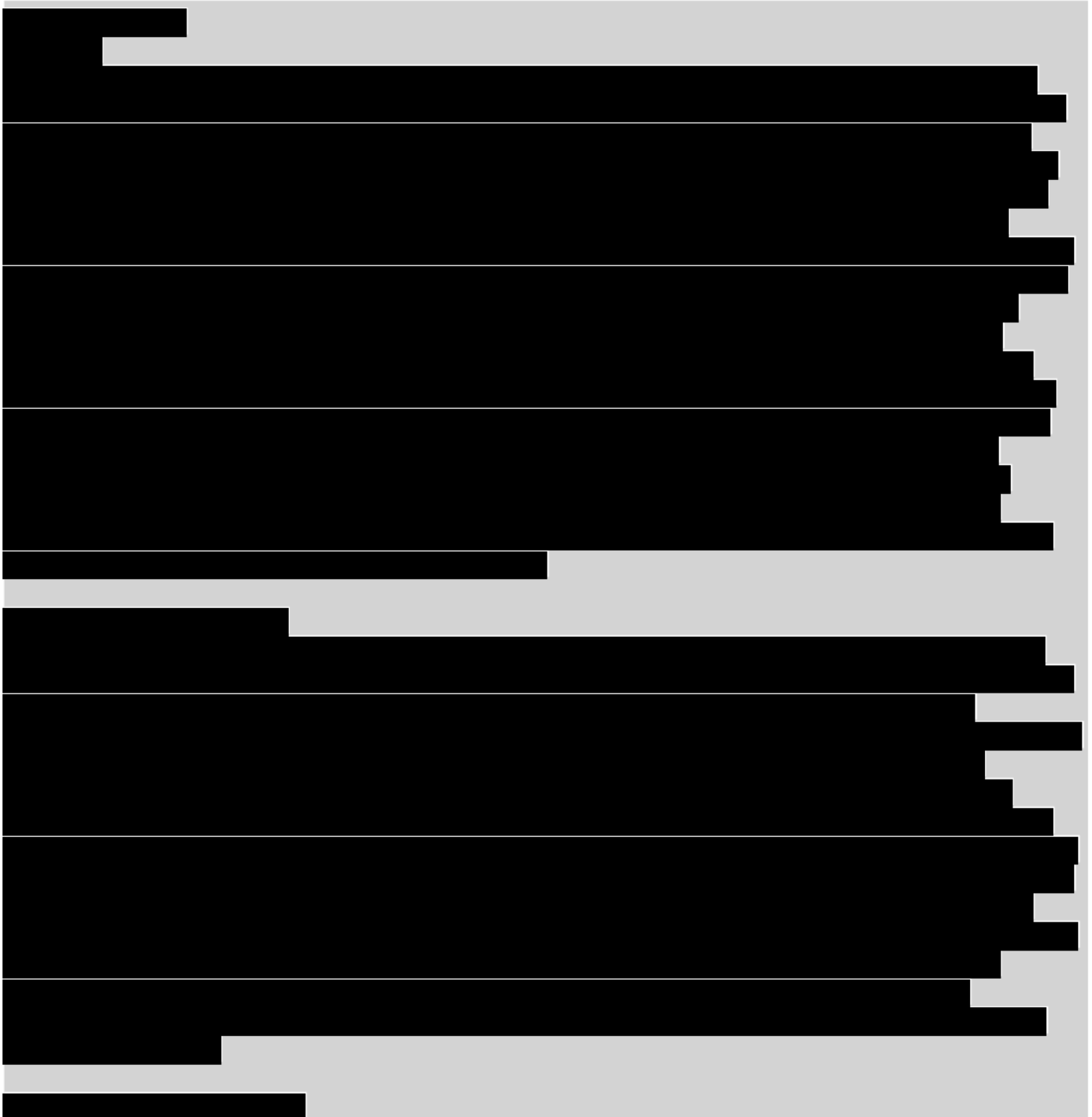


## Patient Care(Patient Care and Education)

**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]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**E-2.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

*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,

3. The time frame for which to provide such reports

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

## Patient Care(Patient Care Facilities)

**E-3.1** Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary location:

1. The dispensary department
2. Restricted access areas
3. Waiting room
4. Patient care areas or other areas designated for patient and caregiver consultation and instruction. Include a summary of the patient flow through each area, the maximum patient and caregiver occupancy in each area at any given time, the amount of time the Applicant expects to interact with both new and returning patients, and the number of dispensary employees who will staff each area

Please reference [OAC 3796:6-2-02](#) for more information.

[Redacted content]

[illegible]

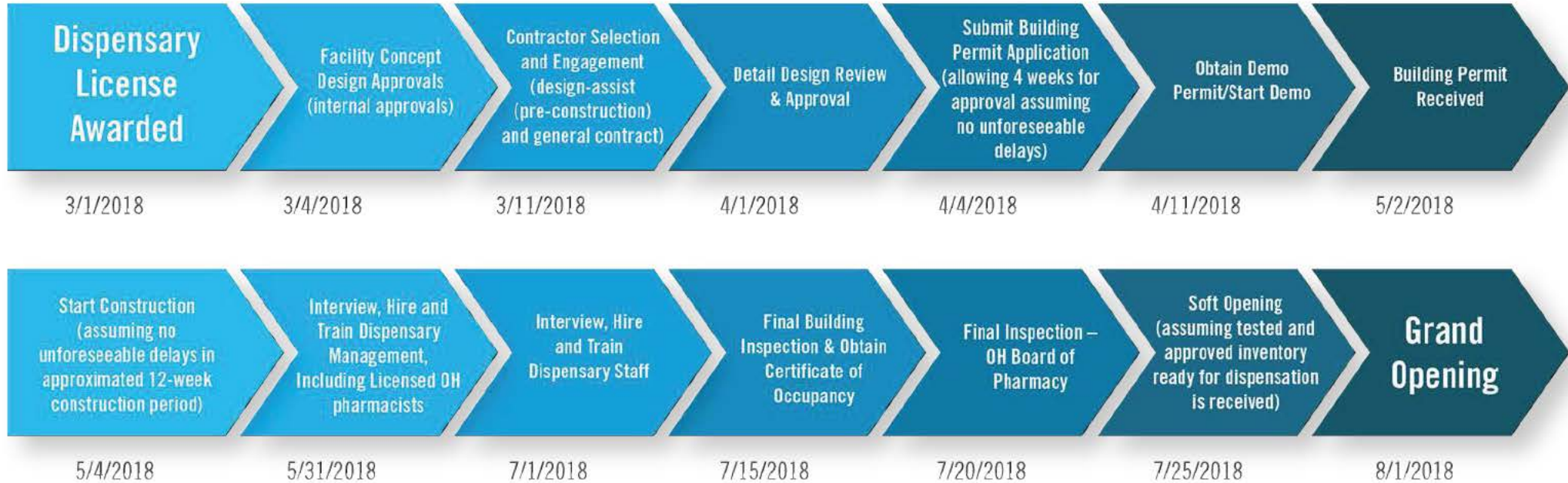


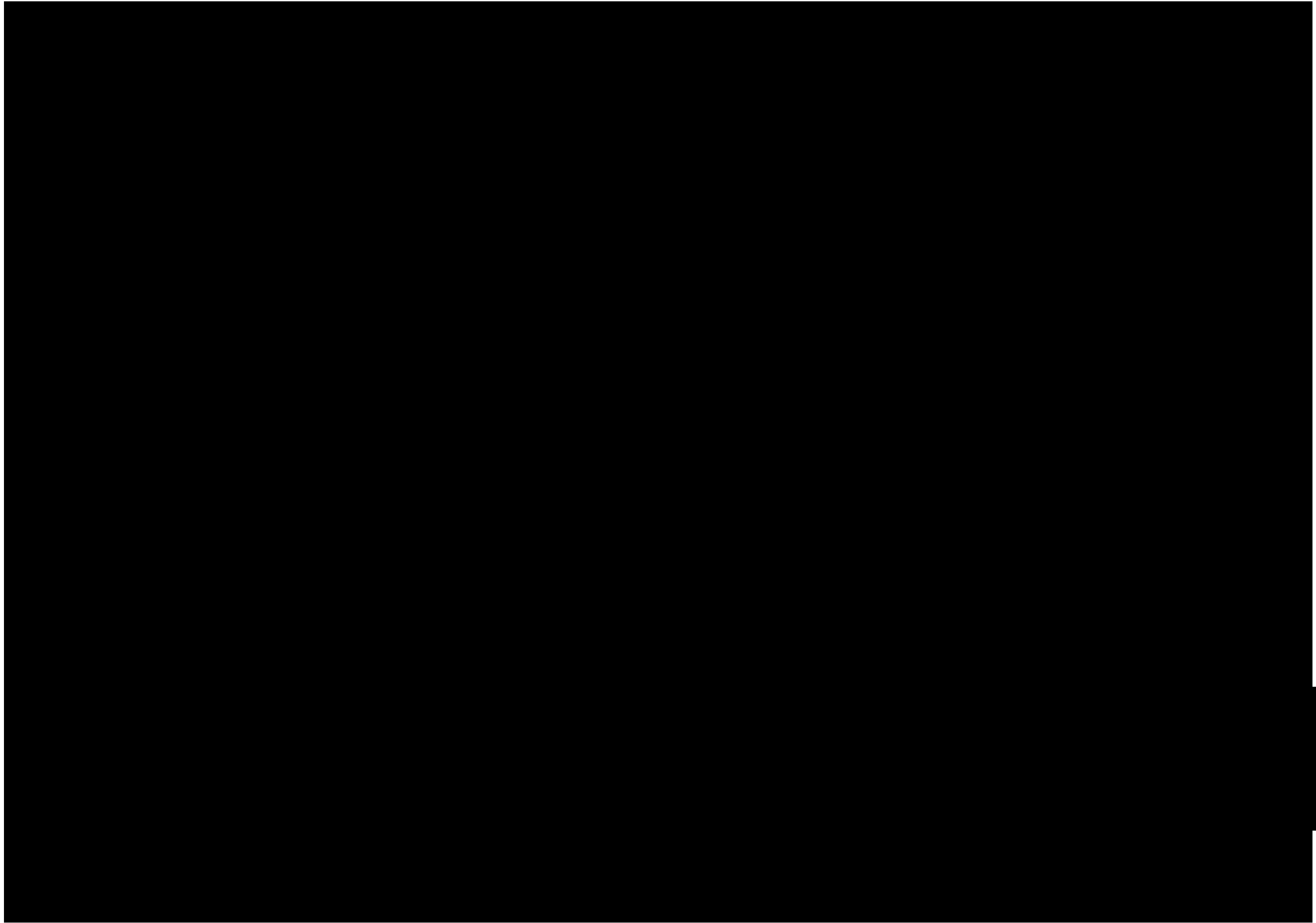


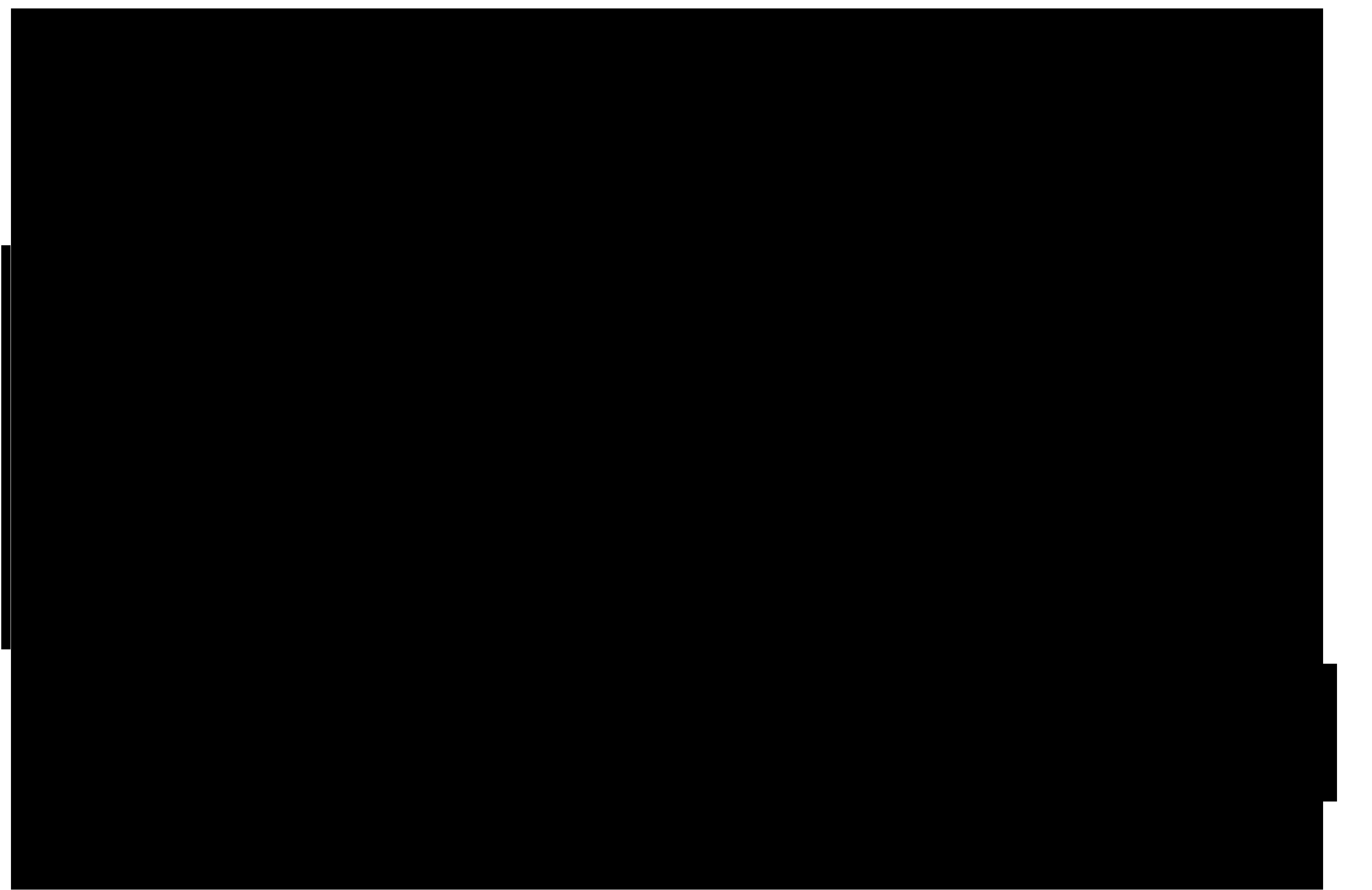
**E-3.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-3.1 Timeline & Floor Plans.pdf**  
NOTE: This applicant uploaded document is the next 4 page(s) of this document.

# DISPENSARY OPERATIONAL TIMELINE









### 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](#)

8am-8pm

### **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 5 page(s) of this document.





## Ohio Medical Marijuana Control Program Dispensary Application



### Trade Secret Form

*(Attachment to Application Section F-1.1)*

This form must be signed by an individual who may legally sign for the Applicant. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question F-1.1 of the online Application.

Business Name of Applicant:

Columbia Care OH LLC

The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.

While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.

Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.

Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.

Printed Name of Authorized Representative

Nicholas K Vita

Signature

Date

Nov 10/17



## Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-3.1		Trade Secret- see reasoning #2 on attached page
C-3.2		Trade Secret- see reasoning #2 on attached page
D-2.2		Security & Infrastructure- see reasoning #1 on attached page
D-3.3		Trade Secret- see reasoning #2 on attached page
D-4.4		Trade Secret- see reasoning #2 on attached page
D-5.5		Trade Secret- see reasoning #2 on attached page
D-6.8		Trade Secret- see reasoning #2 on attached page
D-6.9		Trade Secret- see reasoning #2 on attached page
D-7.1		Security & Infrastructure- see reasoning #1 on attached page
D-8.1		Trade Secret- see reasoning #2 on attached page
D-9.2		Trade Secret- see reasoning #2 on attached page
D-10.1		Trade Secret- see reasoning #2 on attached page
D-10.2		Trade Secret- see reasoning #2 on attached page
D-10.3		Trade Secret- see reasoning #2 on attached page



## Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
E-1.1		Trade Secret- see reasoning #2 on attached page
E-1.2		Trade Secret- see reasoning #2 on attached page
E-2.1		Trade Secret- see reasoning #2 on attached page
E-2.2		Trade Secret- see reasoning #2 on attached page
E-3.1		Trade Secret- see reasoning #2 on attached page
	C-2.1	Security & Infrastructure- see reasoning #1 on attached page
	A-6.24	Personal, sensitive information (drivers license)
	A-6.25	Personal, sensitive information (SSN)
	C-5.5	Personal, sensitive financial information (bank statement)
	E-3.1	Security & Infrastructure- see reasoning #1 on attached page

## Ohio Public Records Act Exemptions

### **Reason #1: Protection of Security & Infrastructure-Related Information**

This section contains highly confidential information detailing Applicant's security plans, surveillance equipment, and infrastructure. This information constitutes trade secrets and is exempt from disclosure under the Ohio Public Records Act and applicable Ohio law. R.C. 149.43(A)(1)(v). See *State ex rel. Besser v. Ohio State Univ.*, 89 Ohio St.3d 396 (2000). This information is not known outside of the Applicant's organization and only a limited number of individuals within the Applicant's organization have access to this information. Applicant's security plans are subject to commercially reasonable efforts within the Applicant's organization to maintain the information's secrecy. Pursuant to company policy, Applicant strictly limits access to these plans to only those employees or contractors who have a need to know such information for operations and bidding purposes. Applicant advises these individuals that they are viewing confidential information and requires all employees and contractors who view such information to sign confidentiality and non-disclosure agreements. Applicant's security and surveillance plans derive independent economic value from not being known to and not being readily ascertainable by proper means to Applicant's competitors and any person seeking to provide security advice to Applicant's competitors. Third parties would derive substantial economic value from use of the security plans of one of the most successful medical cannabis companies in the United States in their own operations and bids for licensure, or in advising such an organization on such security plans. Applicant has developed best practices for security protocols at great cost and through extraordinary efforts using information obtained from its own operations, which are not known to the public, in operating cannabis dispensary, cultivation, and manufacturing facilities in multiple jurisdictions throughout the United States and through the retention of experts to advise Applicant on security procedures. Applicant realizes substantial value in using this information in its own operations and in the highly competitive pursuit of licenses against its competitors. Furthermore, disclosure of this information would create a reasonable risk of endangering the safety or security of Applicant's building, products, information, employees, patients, and other invitees because the information may be used to breach Applicant's security systems. Such a breach may cause substantial damage to Applicant in numerous ways, including loss of valuable products, cash, and patient information, as well as irreparable injury to Applicant's reputation which would affect Applicant's ability to secure licensure and expand into additional jurisdictions.

### **Reason #2: Protection of Trade Secrets and Operations-Related Information**

This section contains highly confidential information detailing Applicant's operational plans, policies, and procedures. This information constitutes trade secrets and is exempt from disclosure under the Ohio Public Records Act and applicable Ohio law. R.C. 149.43(A)(1)(v). See *State ex rel. Besser v. Ohio State Univ.*, 89 Ohio St.3d 396 (2000). This information is not known outside of the Applicant's organization and only a limited number of individuals within the Applicant's organization have access to this information. Applicant's operations plans are subject to commercially reasonable efforts within the Applicant's organization to maintain the

information's secrecy. Pursuant to company policy, Applicant strictly limits access to these plans to only those employees or contractors who have a need to know such information for operations and bidding purposes. Applicant advises these individuals that they are viewing confidential information and requires all employees and contractors who view such information to sign confidentiality and non-disclosure agreements. Applicant's operations plans derive independent economic value from not being known to and not being readily ascertainable by proper means to Applicant's competitors and any person seeking to provide advice to Applicant's competitors. Third parties would derive substantial economic value from use of the operating plans of one of the most successful medical cannabis companies in the United States in their own operations and bids for licensure, or in advising such an organization on such operating plans. Applicant has developed best practices for operations at great cost and through extraordinary efforts using information obtained from its own operations, which are not known to the public, in operating cannabis dispensary, cultivation, and manufacturing facilities in multiple jurisdictions throughout the United States and through the retention of experts to advise Applicant on operating procedures. Applicant realizes substantial value in using this information in its own operations and in the highly competitive pursuit of licenses against its competitors. Disclosure of this information may eliminate Applicant's competitive advantage against other medical marijuana organizations.

**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**