



STATE OF  
**OHIO**  
BOARD OF PHARMACY

## Ohio Medical Marijuana Control Program



### Ohio Medical Marijuana Dispensary Application **GREEN RX, LLC** Application ID 642

#### 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

Green Rx, LLC

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

Have A Heart Cincy

**A-1.3** Business Street Address

675 Hyacinth Road

**A-1.4** City

Cincinnati

**A-1.5** State

OH

**A-1.6** Zip Code

45245

**A-1.7** Phone

5138436491

**A-1.8** Email

revdl3rd@aol.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

Damon

**A-2.3** Middle Name

*No response provided by applicant*

**A-2.4** Last Name

Lynch III

**A-2.5** Street Address

675 Hyacinth Road

**A-2.6** City

Cincinnati

**A-2.7** State

OH

**A-2.8** Zip Code

45245

**A-2.9** Phone

5138436491

**A-2.10** Email

revdl3rd@aol.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

10/30/2017

### A-3.4 Business Name on Formation Documents

Green Rx, 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.

NO

**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

*No response provided by applicant*



### **Demographic Information(Economically Disadvantaged Business)**

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

YES

### Demographic Information(District Information )

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

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 11

#### A-6.1 First Name

Damon

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Lynch

#### A-6.4 Suffix

III

#### A-6.5 Occupation

Pastor

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

President

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**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

675 Hyacinth Road

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45245

**A-6.20** Phone

5138436491

**A-6.21** Email

revdl3rd@aol.com

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

Black or African American

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

57 years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 2 of 11

#### A-6.1 First Name

James

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Wilson

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Pastor

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**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

2659 Jackson Rue

**A-6.17** City

Union

**A-6.18** State

KY

**A-6.19** Zip Code

41091

**A-6.20** Phone

5024151248

**A-6.21** Email

drjlw@me.com

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

Black or African American

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*



## Demographic Information(Prospective Associated Key Employees Details)

### Item 3 of 11

#### A-6.1 First Name

Harry

#### A-6.2 Middle Name

Leon

#### A-6.3 Last Name

Hewitt

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Attorney & Pharmacist

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Legal experience & Capital contributions

**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

8044 Montgomery Road, Suite 700

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45236

**A-6.20** Phone

5137314247

**A-6.21** Email

hewitthl@gmail.com

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

Black or African American

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

35 years

**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 11

#### A-6.1 First Name

Tondra

#### A-6.2 Middle Name

Michelle

#### A-6.3 Last Name

Newman

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Physician

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

Advisory Board Member

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions & medical expertise (physician)

**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

144 Price Avenue

**A-6.17** City

Columbus

**A-6.18** State

OH

**A-6.19** Zip Code

43201

**A-6.20** Phone

7069510302

**A-6.21** Email

tondranewman@aol.com

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

Black or African American

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

5 years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 5 of 11

#### A-6.1 First Name

Kimberly

#### A-6.2 Middle Name

Deneen

#### A-6.3 Last Name

Walker

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Medical Technologist

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

2947

#### A-6.9 Types of shares owned

Voting units

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

2.947%

#### A-6.11 Voting percentage

2.947%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**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

7955 Hoy Ct

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45231

**A-6.20** Phone

5134846490

**A-6.21** Email

kimwalker@fuse.net

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

Black or African American

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

53 years

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

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

**This response has been entirely redacted**

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



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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 6 of 11

#### A-6.1 First Name

Shonetina

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Benson

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Medical Billing

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

1840

#### A-6.9 Types of shares owned

Voting units

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

1.84%

#### A-6.11 Voting percentage

1.84%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**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

1100 Timberland Drive

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45215

**A-6.20** Phone

5138353950

**A-6.21** Email

bbnsn898@aol.com

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

Black or African American

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

14 years

**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 11

#### A-6.1 First Name

Ty

#### A-6.2 Middle Name

Alexis

#### A-6.3 Last Name

Bobo-Pooler

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

*No response provided by applicant*

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**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

5900 Culzean Drive, Apt 208

**A-6.17** City

Dayton

**A-6.18** State

OH

**A-6.19** Zip Code

45426

**A-6.20** Phone

9373216454

**A-6.21** Email

boboty5@gmail.com

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

Black or African American

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

34 years

**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 11

#### A-6.1 First Name

Reffinia

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

Kelley

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Retired

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

2948

#### A-6.9 Types of shares owned

Voting units

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

2.948%

#### A-6.11 Voting percentage

2.948%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions



**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

9287 Bluegate Dr.

**A-6.17** City

Cincinnati

**A-6.18** State

OH

**A-6.19** Zip Code

45231

**A-6.20** Phone

5135221346

**A-6.21** Email

fenya@zoomtown.com

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

Black or African American

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

71 years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 9 of 11

#### A-6.1 First Name

Sara

#### A-6.2 Middle Name

*No response provided by applicant*

#### A-6.3 Last Name

McConnell

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

*No response provided by applicant*

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

Investor/Owner

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions

**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

1237 FRANKLIN AVENUE

**A-6.17** City

CINCINNATI

**A-6.18** State

OH

**A-6.19** Zip Code

45237

**A-6.20** Phone

5135446745

**A-6.21** Email

saramcconnell37@yahoo.com

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

Black or African American

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

45 years

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*

## Demographic Information(Prospective Associated Key Employees Details)

### Item 10 of 11

#### A-6.1 First Name

Ryan

#### A-6.2 Middle Name

Steven

#### A-6.3 Last Name

Kunkel

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Chief Executive Officer

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

Chief Operating Officer

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

Dividends

#### A-6.8 Number of shares owned

5895

#### A-6.9 Types of shares owned

Voting Units

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

5.895%

#### A-6.11 Voting percentage

5.895%

#### A-6.12 Proposed Role

OWNER

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

Dispensary operations, ownership and 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

3809 Shore Avenue

**A-6.17** City

Everett

**A-6.18** State

WA

**A-6.19** Zip Code

98203

**A-6.20** Phone

4252684391

**A-6.21** Email

ryan@haveaheartcc.com

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

Non-Minority

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

*No response provided by applicant*

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

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

**This response has been entirely redacted**

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

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

*No response provided by applicant*



## Demographic Information(Prospective Associated Key Employees Details)

### Item 11 of 11

#### A-6.1 First Name

Stephen

#### A-6.2 Middle Name

L

#### A-6.3 Last Name

Hightower

#### A-6.4 Suffix

*No response provided by applicant*

#### A-6.5 Occupation

Chief Executive Officer

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

Chief Executive Officer

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

Dividends

#### A-6.8 Number of shares owned

51000

#### A-6.9 Types of shares owned

Voting units

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

51%

#### A-6.11 Voting percentage

51%

#### A-6.12 Proposed Role

OWNER

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

Capital contributions and extensive business ownership and 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

4700 Deer Creek

**A-6.17** City

Middletown

**A-6.18** State

OH

**A-6.19** Zip Code

45042

**A-6.20** Phone

5132171949

**A-6.21** Email

Steve@hightowerspetroleum.com

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

Black or African American

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

60 years

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

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

**This response has been entirely redacted**

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

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

**This response has been entirely redacted**

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

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

YES

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

YES

## Compliance(Civil and Administrative Action)

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

NO

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

NO

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

NO

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

NO

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

*No response provided by applicant*

## Compliance(Prospective Associated Key Employee Compliance)

### Item 1 of 11

#### B-3.1 First Name

Ryan

#### B-3.2 Middle Name

Steven

#### B-3.3 Last Name

Kunkel

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Chief Operating Officer

#### B-3.6 Brief description of role

Accountable for ensuring initial development and oversight ensuring that the dispensary meets all the governmental and business requirements applicable under all relevant laws and regulations as well as training and development of overall operations management

#### 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.

Have a Heart Greenwood  
300 NW 85th St a, Seattle, WA 98117 King County  
Registered as Have A Heart Compassion Care, Inc.  
License 421409, UBI 603106440

Have a Heart Skyway:  
12833 Martin Luther King Jr Way S, Seattle, WA 98178 King County  
Registered as Tierra Real Estate Group LLC  
License 415333, UBI 603190983

Have a Heart Ocean Shores  
668 Ocean Shores Blvd NW, Ocean Shores, WA 98569 Grays Harbor County  
Registered as Green Outfitters LLC  
License 413798, UBI 603351170

#### 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.

Have a Heart Greenwood  
300 NW 85th St a, Seattle, WA 98117 King County  
Registered as Have A Heart Compassion Care, Inc.  
License 421409, UBI 603106440

Have a Heart Skyway:  
12833 Martin Luther King Jr Way S, Seattle, WA 98178 King County  
Registered as Tierra Real Estate Group LLC  
License 415333, UBI 603190983

Have a Heart Ocean Shores  
668 Ocean Shores Blvd NW, Ocean Shores, WA 98569 Grays Harbor County  
Registered as Green Outfitters LLC  
License 413798, UBI 603351170

**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?



YES

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

Have a Heart Skyway:

12833 Martin Luther King Jr Way S, Seattle, WA 98178 King County

Registered as Tierra Real Estate Group LLC

License 415333, UBI 603190983

Infraction Date: 09/02/2015

Infraction Type: Sale or service to minor

Explanation: Although we received a citation for sale to a minor, our employees checked the person's ID. In this incident, the minor came in the day before her 21st birthday. Apparently, the guard was confused as the security video footage showed him looking at her ID for almost 20 seconds, but he incorrectly let her in anyway. The guard involved in this incident was immediately fired. All our employees are put through dozens of hours of ID training and over the 2.25+ million transactions we've consummated, these are the only 2 infractions.

Have a Heart Ocean Shores

668 Ocean Shores Blvd NW, Ocean Shores, WA 98569 Grays Harbor County

Registered as Green Outfitters LLC

License 413798, UBI 603351170

Infraction Date: 07/20/2016

Infraction Type: Sale or service to minor & Allowing a minor to frequent a restricted area

Explanation: Although we received a citation for Sale to a minor & Allowing a minor to frequent a restricted area in this incident, our employees checked the person's ID. In this incident, the error resulted from an employee's confusion since in the state of Washington they have vertical and horizontal IDs. Vertical IDs typically have a "will be 21 on this date" area on the ID. When the employee checked the ID for that date, she missed the fact that it said "will be 18 on this date" instead of the "will be 21 on this date" she expected. The employee involved in this incident was immediately fired. All our employees are put through dozens of hours of ID training and over the 2.25+ million transactions we've consummated, these are the only 2 infractions.

**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.

Have a Heart Skyway:

12833 Martin Luther King Jr Way S, Seattle, WA 98178 King County

Registered as Tierra Real Estate Group LLC

License 415333, UBI 603190983

Infraction Date: 09/02/2015

Infraction Type: Sale or service to minor

Explanation: Although we received a citation for sale to a minor, our employees checked the person's ID. In this incident, the minor came in the day before her 21st birthday. Apparently, the guard was confused as the security video footage showed him looking at her ID for almost 20 seconds, but he incorrectly let her in anyway. The guard involved in this incident was immediately fired. All our employees are put through dozens of hours of ID training and over the 2.25+ million transactions we've consummated, these are the only 2 infractions.

Have a Heart Ocean Shores

668 Ocean Shores Blvd NW, Ocean Shores, WA 98569 Grays Harbor County

Registered as Green Outfitters LLC

License 413798, UBI 603351170

Infraction Date: 07/20/2016

Infraction Type: Sale or service to minor & Allowing a minor to frequent a restricted area

Explanation: Although we received a citation for Sale to a minor & Allowing a minor to frequent a restricted area in this incident, our employees checked the person's ID. In this incident, the error resulted from an employee's confusion since in the state of Washington they have vertical and horizontal IDs. Vertical IDs typically have a "will be 21 on this date" area on the ID. When the employee checked the ID for that date, she missed the fact that it said "will be 18 on this date" instead of the "will be 21 on this date" she expected. The employee involved in this incident was immediately fired. All our employees are put through dozens of hours of ID training and over the 2.25+ million transactions we've consummated, these are the only 2 infractions.

**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 11

#### B-3.1 First Name

Stephen

#### B-3.2 Middle Name

L

#### B-3.3 Last Name

Hightower

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Chief Executive Officer

#### B-3.6 Brief description of role

Strategic leadership and oversight of business implementation, management and execution

**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.

Blu Script - 3577 Commerce Dr., Middletown, Ohio 45005

**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.

Blu Script - 3577 Commerce Dr., Middletown, Ohio 45005

**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 11

#### B-3.1 First Name

DAMON

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

LYNCH, III

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

PRESIDENT

#### B-3.6 Brief description of role

Participate in leadership of corporate operations and head community outreach

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO



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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

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

YES

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

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

YES

## Compliance(Prospective Associated Key Employee Compliance)

### Item 4 of 11

#### B-3.1 First Name

James

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Wilson

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

*No response provided by applicant*

#### B-3.6 Brief description of role

Investor/Owner, Community outreach

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

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

YES

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

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

YES

## Compliance(Prospective Associated Key Employee Compliance)

### Item 5 of 11

#### B-3.1 First Name

Harry

#### B-3.2 Middle Name

Leon

#### B-3.3 Last Name

Hewitt

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Investor/Owner

#### B-3.6 Brief description of role

Investor/Owner

**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.

YES

**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

Name: H Leon Hewitt, R.PH.

Name/Address of Licensing Board: State of Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy Disciplinary Subcommittee

License #: 53-02-025082

Nature of Charge or Complaint: Not enough continuing education credits, paid \$1500 fine

Date of Charge or Complaint: 5/17/17

File #: 53-17-145273

**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?

YES

**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)

Name: H Leon Hewitt, R.PH.

Name/Address of Licensing Board: State of Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Pharmacy Disciplinary Subcommittee

License #: 53-02-025082

Nature of Charge or Complaint: Not enough continuing education credits, paid \$1500 fine

Date of Charge or Complaint: 5/17/17

File #: 53-17-145273

**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 11

#### B-3.1 First Name

Tondra

#### B-3.2 Middle Name

Michelle

#### B-3.3 Last Name

Newman

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

Advisory Board Member

#### B-3.6 Brief description of role

Advise on medical and patient related matters

**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 7 of 11

#### B-3.1 First Name

Kimberly

#### B-3.2 Middle Name

Deneen

#### B-3.3 Last Name

Walker

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

*No response provided by applicant*

#### B-3.6 Brief description of role

Investor/Owner

**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 11

#### B-3.1 First Name

Shonetina

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Benson

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

*No response provided by applicant*

#### B-3.6 Brief description of role

Investor/Owner

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

YES

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

NO

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

*No response provided by applicant*

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

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

YES

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

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

YES

## Compliance(Prospective Associated Key Employee Compliance)

### Item 9 of 11

#### B-3.1 First Name

Ty

#### B-3.2 Middle Name

Alexis

#### B-3.3 Last Name

Bobo-Pooler

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

*No response provided by applicant*

#### B-3.6 Brief description of role

Investor/Owner

**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 10 of 11

#### B-3.1 First Name

SARA

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

MCCONNELL

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

*No response provided by applicant*

#### B-3.6 Brief description of role

Investor/Owner

**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 11 of 11

#### B-3.1 First Name

Reffinia

#### B-3.2 Middle Name

*No response provided by applicant*

#### B-3.3 Last Name

Kelley

#### B-3.4 Proposed Role

OWNER

#### B-3.5 Position/Title

*No response provided by applicant*

#### B-3.6 Brief description of role

Investor/Owner

**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\_Green Rx Lease.pdf**

NOTE: This applicant uploaded document is the next 12 page(s) of this document.

**Contingent Commercial Lease**

**JAKO LAND GROUP IS IN RECEIPT OF A \$7000.00 NON REFUNDABLE PAYMENT FROM GREEN RX DBA HAVE A HEART CINCYNATI TO HOLD THE PREMISES (Approximately 7000 sq. ft.) AT 8420 VINE STREET, CINCINNATI, OHIO 45216 UNTIL MARCH 31, 2018. GREEN RX DBA HAVE A HEART CINCYNATI HAS AN OPTION TO HOLD THE PREMISES FOR UP TO TWO ADDITIONAL MONTHS FOR A NON-REFUNDABLE PAYMENT OF \$1000.00 PER MONTH ALL PAYMENTS ARE SUBJECT TO ARTICLE XXVI BELOW:**

Lease Date: November 14, 2017

**Parties to the Lease**

Lessor: JAKO Land Group

Lessor Address: 3665 Erie Avenue  
Cincinnati, Ohio 45208

Lessee: Green Rx DBA Have a Heart Cincy

Lessee Contact:

Lessee Address: 8420 Vine Street  
Cincinnati, Ohio

**Demised Premises**

Address of Demised Premises: 8420 Vine Street (Approximately 7000 sq. ft.)  
Cincinnati, Ohio

Lessee's Use: Medical Marijuana Dispensary

Lessee's Business Name: Green Rx dba Have a Heart Cincy

Lease Term: Five Year

Beginning Date: To be determined based on Licensing Date but no Later than  
May 31, 2018. subject to Article XXVI

**Rent for the Demised Premises**

**Rent Commencement Date:** To be determined based on Licensing Date and completion of Landlord Work per Article XXVII.

**Initial Term Monthly Rental:** \$6,500.00

**Prepaid Rent:** None

**Security Deposit:** \$6,500.00

**Number of Options to Renew:** One Five Year Option

**Option Term Monthly Rent:** \$6,500.00 plus any increase in the Consumer Price Index over the previous term.

## **I. Parties**

This Lease is made between JAKO Land Group, herein referred to as "Lessor" and Green Rx DBA Have a Heart Cincy. referred to as "Lessee."

## **II. Demised Premises**

- II.1. Lessor represents that it is the owner of the Demised Premises and hereby demises unto Lessee and Lessee hereby leases from Lessor, for the term and specifically upon the terms and conditions set forth in this Lease.
- II.2. The use and occupation by the Lessee of the Demised Premises shall include the right to non-exclusive use of all such automobile parking areas, driveways, truck and service courts, walks and other facilities within the Property.

## **III. Possession**

- III.1. To be determined based on Licensing Date and completion of Landlord Work per Article XXVII. and subject to Article XXVI

## **IV. Use**

IV.1. Lessee shall use and occupy the Demised Premises solely and exclusively for the conduct of a Medical Marijuana Dispensary and it is the Lessee's responsibility to ensure that the property is zoned for their use and to comply with all requirements of any of the constituted public authorities having or purporting to have jurisdiction and with the terms of any State, Federal, or local statute, ordinance and or regulation applicable.

IV.2. Lessee covenants and agrees that it will not use or suffer or permit any person, persons, corporation or other such entity to use any of the Demised Premises for any use or purpose in violation of the laws, ordinances, regulations and requirements of any governing body, including but not limited to, federal (with the sole exception of a medical marijuana dispensary), state, local, or any bodies under the jurisdiction of any of those governmental entities.

**V. Term**

V.1. Five Years

**VI. Rent**

VI.1. Lessee covenants and agrees to pay Lessor the Monthly Rental (as set forth on page 1 of the Lease) in advance on the first day of each calendar month during the term of this Lease. Rent shall be deemed late if it is not received by the fifth day of each calendar month. If rent is received after the fifth day then there will be a late charge due in the amount of \$500.00.

Rent to be mailed or delivered to Lessor's address: 3665 Erie Ave. Cincinnati, OH 45208

**VII. Utilities Services**

VII.1. Lessee shall pay, as directly billed, as and when they shall be due and payable, all water bills, meter charges, sewer charges, and utility charges such as, but not limited to, electric, telephone services, or others, consumed within the Demised Premises. There is only one water meter for the entire premises therefore Lessee will be responsible for 60% of the GCWW invoice. Lessor will invoice the Lessee quarterly for the amount due and will include the GCWW bill.

**VIII. Taxes**

VIII.1. Lessor shall be responsible for all annual real estate taxes for the Demised Premises.

**IX. Maintenance and Repairs**

**IX.1.** Lessor shall deliver the premises in broom-clean condition subject to Lessor work to be performed per Article XXVII. Except as where noted elsewhere in this lease, Lessee shall, at Lessee's own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical, HVAC (including HVAC Filter replacement), wiring, plumbing (excepting underground sewer and drainage system) and shall surrender the same at termination hereof in as good condition as received, normal wear and tear excepted. Lessee's limit to HVAC repairs to be capped at \$500.00 per occurrence. Lessee shall be responsible for all repairs required, excepting roof, exterior walls, underground sewage and drainage systems, and structural foundations, which shall be maintained by Lessor. Lessor warrants that the existing plate glass, electrical, roof, HVAC, and plumbing are in good working condition at the time of execution of this lease. Lessor represents and warrants that any and all repairs and maintenance made to or on the premises in the aforementioned areas were made in a good, workman-like manner. Lessee shall be responsible for its own snow removal, grass and weed cutting and Landscape maintenance.

**X. Lessee's Right to Make Alterations**

**X.1.** The parties agree and acknowledge that Lessee will be performing improvements to the Demised Premises to accommodate Lessee's use. Lessee shall have the right to make said alterations and improvements to the Demised Premises subject to the approval of local authorities and consent of the Lessor, which consent shall not be unreasonably withheld.

**XI. Signs**

**XI.1.** Lessee has the right to display, erect, paint, or affix to the interior or exterior of the premises, any signs, lettering, and/or advertisements, which do not violate any laws, regulations, and ordinances pertaining thereto, and Lessee does not need Lessor's prior consent for such purposes. Lessee shall have the sole right to utilize all existing signage areas on the Demised Premises. Lessee is responsible for all repair and maintenance to any signage it uses. Upon vacating the Demised Premises, Lessee, at its sole expense, shall remove all of its signage within thirty (30) days of vacation.

**XII. Affirmative Covenants of Lessee**

Lessee Agrees:

- XII.1.** To comply with any and all requirements of any of the constituted public authorities having, or purporting to have jurisdiction and with the terms of any State, Federal, or local statute, ordinance, and/or regulation applicable to Lessee or its use of the Demised Premises; and
- XII.2.** To keep the Demised premises, clean, orderly, sanitary, and free from objectionable odors, and from insects, vermin, and other pests and, with affirmative action, not to permit any usage or possession of any illegal substance in, on or upon the Demised Premises.

XII.3. To be responsible for and to pay before delinquency all municipal, county, or state taxes, assessments, and license fees assessed or imposed during the term of this lease, against any leasehold interest, trade fixtures, merchandise or personal property of any kind, owned or placed in, upon, or about the Demised Premises by Lessee; and

XII.4. Lessee will in the event of the sale, transfer, or assignment of Lessor's interest in the Demised Premises, or in the event any proceedings are brought for the foreclosure of or for the exercise of any power of sale under any mortgage on the Demised Premises, at the option of the mortgagee the Lessee shall attorn to the respective transferee, assignee, or purchaser and recognize such party as Lessor under this Lease. In no event however, so long as Lessee is not in breach of this Lease, shall Lessee tender or waive its right to possession of the Demised Property. Further, Lessor agrees that, in the event of sale, transfer, or assignment of Lessor's interest in said Demised Property, whether voluntary or involuntary, Lessee's occupancy shall be continuous and not disturbed or interrupted by Lessee or any transferee.

### **XIII. Negative Covenants of Lessee**

Lessee agrees that it will not do any of the following without the prior written consent of the Lessor; which consent shall not be unreasonably withheld:

XIII.1. Do, or suffer to be done, any act, manner, or thing objectionable to the fire insurance companies whereby the fire insurance or other insurance now in force or hereafter to be placed on the Demised Premises or any part thereof shall become void or suspended, or whereby the same shall be rated at a more hazardous risk than at the date when Lessee received possession hereunder; and/or

XIII.2. NA

XIII.3. Enter any Sub-Lease without prior Lessor approval except if the subletting or assignment would be to or for the benefit of any a subsidiary, parent, or affiliated company of Lessee, then no prior written consent shall be required; and/or

XIII.4. To handle, store, or dispose of any hazardous or toxic waste or substance upon the Demised Premises that is prohibited by any federal, state, or local statutes, ordinances, or regulations.

### **XIV. Damage (Partial or Total) to the Demised Premises**

XIV.1. If the Demised Premises are rendered temporarily untenable because of any damage or destruction by fire or other casualty, the rent shall be equitably adjusted to the extent that the Demised Premises are tenantable, and the rent shall be abated to the extent that the Demised Premises are untenable, for the period from the date of such damage or destruction until the Demised Premises have been fully repaired and the Lessee may again make full use of the Demised Premises.



XIV.2. If the Demised Premises are substantially damaged or destroyed by fire or other casualty, then the Lessor or the Lessee may terminate this lease by giving the other party notice to such effect within sixty (60) days after the casualty causing the damage. The term of this lease shall terminate and expire upon the thirtieth (30<sup>th</sup>) day after the termination notice is given and Lessee shall vacate the demised premises and surrender the same to the Lessor, on or before such date. The Demised Premises shall be deemed substantially damaged or destroyed; (1) if the costs of repair and restoration after insurable casualty occurs is fifty (50%) percent or more of the then full replacement cost of the Demised Premises; or (2) if the cost of repair and restoration after any non-insurable casualty occurs is twenty (20%) percent or more of the then full replacement costs of the Demised Premises, as applicable. In the event of such termination, the insurance proceeds (except for loss of business) shall first be paid to the Lessee for its unamortized improvements and the balance shall be paid to the Lessor.

XIV.3. If the Lessor and Lessee mutually elect not to terminate this lease after a casualty, then the Demised Premises shall be repaired and restored according to terms agreed upon by the parties.

**XV. Mutual Indemnification, Public Liability and Other Insurance**

XV.1. Lessee agrees to indemnify and hold Lessor harmless from all claims for damages or losses resulting from any act, or failure to act, of Lessee, or any breach by Lessee or any obligation under this lease. Lessor agrees to indemnify and hold Lessee harmless from all claims for damages or losses resulting from the act, or failure to act, of Lessor, or any breach by Lessor of any obligation under this lease.

XV.2. Lessee, at its expense, at all times during the term of this lease shall maintain public liability insurance including bodily injury and property damage insuring Lessee and Lessor as follows: Five Hundred Thousand Dollars (\$500,000.00) Combined Single Limits each occurrence, for bodily injury, and their party property damage. Lessee shall provide Lessor with a certificate of insurance showing Lessor as additional insured. This certificate shall provide for a thirty (30) day written notice to Lessor in the event of cancellation or material change in the coverage.

XV.3. Lessee, at its expense, shall always during the term of this lease maintain insurance upon the betterments and improvements in and on the Demised Premises, in an amount equal to the replacement costs of such betterments and improvements, including but not limited to, Lessee's trade fixtures, furnishings, wall covering, interior partitions, carpeting, drapes, and equipment.

XV.4. Lessor, at its expense, shall at all times during the term of this lease, obtain and maintain insurance covering the Demised Premises.

**XVI. Trade Fixtures and Personal Property**

XVI.1. Any trade fixtures, signs, and other personal property of Lessee not permanently affixed to the Demised Premises shall remain the property of the Lessee. Lessor agrees that Lessee shall have the right, provided Lessee is not in default under the terms of this lease, to remove all its trade fixtures, sign, and other personal property which it may have stored or installed in the Demised Premises, including, without limitation, signs, counters, desks, computers, shelving, filing cabinets, refrigerators, and other movable personal property.

XVI.2. All improvements to the Demised Premises by Lessee, including but not limited to mechanical systems (excluding computer, printer, fax, phone, and other related systems), light fixtures, floor coverings and partitions, and any other items comprising Lessee's work, but excluding removable trade fixtures and signs, shall become the property of Lessor upon the expiration or earlier termination of this lease.

#### **XVII. Estoppel Certificate**

XVII.1. Lessee shall at any time and from time to time, without charge, within thirty (30) days after receipt of written notice from Lessor or any mortgagee of Lessor, execute, acknowledge, and deliver to Lessor or such mortgagee, a statement in writing (1) certifying that this lease represents the entire agreement between Lessor and Lessee, and is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying this lease is so modified, is in full force and effect) and the dates to which the rental and other charges are paid in advance, if any; (2) certifying that there has been no assignment or other transfer by Lessee of this lease, or any interest therein; and (3) acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of the Lessor hereunder and that Lessee has no right of offset, counterclaim or deduction against rent, or specifying such defaults if any are claimed together with the amount of any offset, counterclaim, or deduction alleged by Lessee. Any prospective purchaser or lender upon the security of the Demised Premises may rely upon any such statement.

XVII.2. Provided Lessee is in good standing under the terms of this lease and has complied with each and every covenant and condition hereof, and no event has occurred that with the passage of time and/or the giving of notice would result in a default hereunder, Lessor agrees, upon written notice from Lessee, to execute, acknowledge, and deliver to Lessee a statement in writing certifying that this lease represents the entire agreement between the Lessor and Lessee, and is unmodified and in full force and effect, if appropriate (or, if modified, is in full force and effect, if appropriate) and the dates to which rental and other charges are paid in advance, if any.

#### **XVIII. Events of Lessee Default**

The occurrence of any one or more of the following, not cured within an applicable cure period, if any, shall constitute an event of default by Lessee hereunder:

XVIII.1. The failure by Lessee to pay when due any installment of rent hereunder or other sum hereunder required to be paid by Lessee after the herein stated applicable grace period per Section 6.01.

XVIII.2. Lessee's failure to perform or abide by any other term, provision covenant, agreement, undertaking or condition of this lease within thirty (30) days after notice, shall constitute an event of default. In the event that Lessee, in good faith, shall begin to remedy a non-monetary default within such thirty (30) days and shall proceed diligently to cure fully and completely, then Lessee shall have an additional sixty (60) days to so cure. Lessor and Lessee may agree to an extension of the cure period if one is necessary to complete the curing of a non-monetary default even with Lessee's diligent efforts.

**XIX. Lessor's Rights Upon Lessee Default**

XIX.1. If any event of default by Lessee occurs, then the Lessor shall terminate this lease and re-let the Demised Premises. Furthermore, if this lease shall be so terminated by Lessor, Lessor may at any time thereafter resume possession of the premises by any lawful means and remove Lessee or other occupants and their effects.

**XX. Custom and Usage**

XX.1. It is hereby covenanted and agreed, any law, usage, or custom to the contrary notwithstanding, that either party to this lease shall have the right at all times to enforce each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions of this lease in strict accordance with the terms hereof, notwithstanding any conduct or custom on the part of either of the parties to this lease in refraining from so doing at any time or times.

XX.2. In the event that in this lease it is provided that the exercise of any right by lessee or the performance of any obligations of Lessee shall be subject to the consent or approval of Lessor and that the consent or approval of Lessor shall not be unreasonably withheld or delayed, Lessor shall have ten (10) days after request for approval or consent from Lessee to give his or her consent.

**XXI. Condemnation**

XXI.1. Lessor states that to the best of its knowledge that there are no current, pending, or threatened eminent domain, condemnation, taking, blighting, or similar actions pending on the demised premises.

**XXI.2.** Lessee does not waive any claim of loss or damage to Lessee or right to claim to any part of the award as the result of the exercise of the power of eminent domain of any governmental body, whether such loss or damage results from condemnation of part or portion all the Demised Premises. Should any power of eminent domain be exercised after Lessee is in possession, this lease shall terminate on the date when title vests pursuant to such taking. Lessee shall not be entitled to any part of the award for such taking or any payment in lieu thereof, but Lessee may file a claim for any taking of fixtures and improvements owned and/or paid for by Lessee, and for moving expenses.

**XXI.3.** The rent shall be apportioned as of the termination date, and any rent paid for any period beyond that date shall be repaid to Lessee.

**XXII. Notices**

**XXII.1.** Any notice to be given hereunder to either party to this lease, may be personally delivered, delivered via Federal Express or other national overnight contract carrier, or may be deposited in the United States mail, registered or certified, postage prepaid and return receipt requested, addressed to the party for whom intended. Service of any notice pursuant hereto shall be deemed completed (1) at the time of delivery or attempted delivery if personally delivered, (2) the date following the date upon which the notice was delivered to Federal Express or other national overnight contract carrier, or (3) two days after the date upon which the notice was deposited with the United States mail as described above.

**XXII.2.** The addresses to which notices are to be delivered are set forth below:

**LESSOR**

JAKO Land Group

3665 Erie Avenue

Cincinnati, Ohio 45208

**LESSEE:**

Green Rx DBA Have a Heart Cincy

8420 Vine Street

Cincinnati, Ohio 45216

---

Either party may change such address by written notice to the other party.

**XXIII. Lessor's Liability**

**XXIII.1.** Notwithstanding any other provisions of this lease, Lessor shall be liable to and indemnify Lessee for any loss, damage, or injury caused by Lessor's negligence or disregard for Lessee's rights or the rights of Lessee's patrons. In such event, any insurance held by Lessee shall be secondary to the liability of Lessor, which shall in all such circumstances be primary.

**Article XXIII Options**

Section 23.01 Provided that Lessee is not in default in the performance of this lease, Lessee shall have one option to renew the lease for an additional five (5) year term. If the option is exercised, the renewal terms shall commence at the expiration of the previous term. Lessee must provide Lessor with at least sixty (60) days notice prior to the expiration of the current term in order to exercise its option contained herein. All of the terms and conditions of the lease shall apply during the renewal terms, except the monthly rental for the renewal term which is defined above under Option Term Monthly Rent.

#### **XXIV. Attorney's Fees**

XXIV.1. If any suit should be brought for recovery of the Demised Premises, or for any sum due hereunder, or because of any other breach of any term of this lease, by either party, the prevailing party shall be entitled to reasonable costs incurred in connection with such action, including attorney's fees.

#### **Article XXVI First Right Refusal**

Section 26.01 Lessor has the right to continue to market the property throughout the entire time that the Lessee has a hold on the property as first written above. Should the Lessor enter into an LOI with another Lessee other than Green Rx Dba Have a Heart Cincy has 48 hours (two days from receiving written notice from Lessor) to either remove all contingencies from this lease or release all rights to Lease the premises. In either case the first written above non-refundable payments remain non-refundable.

#### **Article XXVII. Lessor Work to be performed**

Section 27.01 Refurbish the space to deliver a First floor "Vanilla Box" to Lessee.

#### **Article XXVIII. Miscellaneous**

Section 28.01 (Captions) Any heading preceding the text of paragraphs and/or subparagraphs hereof are inserted solely for the convenience of the reference and shall not constitute a part of this lease nor shall any of the same affect its meaning, construction, or effect.

Section 28.02 (Severability) If any term or provision of this lease or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of the lease and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of this lease shall be valid and enforceable to the fullest extent permitted by law.

Section 28.03 (Successors and Assigns) This lease is binding upon and inures to the benefit of the heirs, assigns, and successors in interest to the parties.

Section 28.04 (Quiet Enjoyment) Upon the payment by the Lessee of the rent herein provided, and upon the observance by Lessee of each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions on the Lessee's part to be observed and performed, Lessee shall peaceably and quietly hold and enjoy the Demised Premises for the term of this lease without hindrance or interruption by Lessor or any other person or persons lawfully or equitably claiming by, through or under the Lessor, subject, nevertheless, to each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions of this lease.

Section 28.05 (Force Majeure) The Lessor and Lessee shall be excused for the period of any delay in the performance of any obligation hereunder when prevented from so doing by cause or causes beyond Lessor's or Lessee's control which shall include, without limitation, all labor disputes, civil commotion, civil disorder, riot, civil disturbance, ware, war-like operations, acts of terrorism, invasion, rebellion, hostilities, military or usurped power, sabotage, moratoriums or controls, fire or other casualty, inability to obtain any material, services, or financing or through Acts of God.

Section 28.07 – N/A

Section 28.08 (Scope and Interpretation of the Agreement) This lease is and shall be deemed, construed, and considered to be the only agreement between the parties hereto pertaining to the Demised Premises. All negotiations and oral agreements acceptable to both parties are included herein. There are no verbal understandings not contained herein. The laws of the state in which the demised premises are located shall govern the validity, interpretation, performance, and enforcement of this lease. This lease constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties.

Signed this the 14 day of November, 2017.

LESSOR:

JAKO Land Group

Tedd Am-

By:

MCMBOL

LESSEE:

Green Rx DBA Have a Heart Cincy

Ja Y. Little

By:

PRESIDENT

## MUTUAL RELEASE

Jako Land Group And Green Rx DBA Have a Heart Cincy hereby release each other from any further obligations as of November 14, 2017 regarding the Contingent Lease of November 9, 2017 for the Property at 8420 Vine Street, Cincinnati, Ohio 45216

Jako Land Group

Tedd M. MooreDate 11/14/17

Green Rx DBA Have a Heart Cincy

Jon L. SmithDate 11/14/17

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

Green Rx, LLC

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

Have A Heart Cincy

**C-1.4** Business Address

8420 Vine Street

**C-1.5** City

Cincinnati

**C-1.6** State

OH

**C-1.7** Zip Code

45216

**C-1.8** Phone

5138436491

**C-1.9** Email

revdl3rd@aol.com



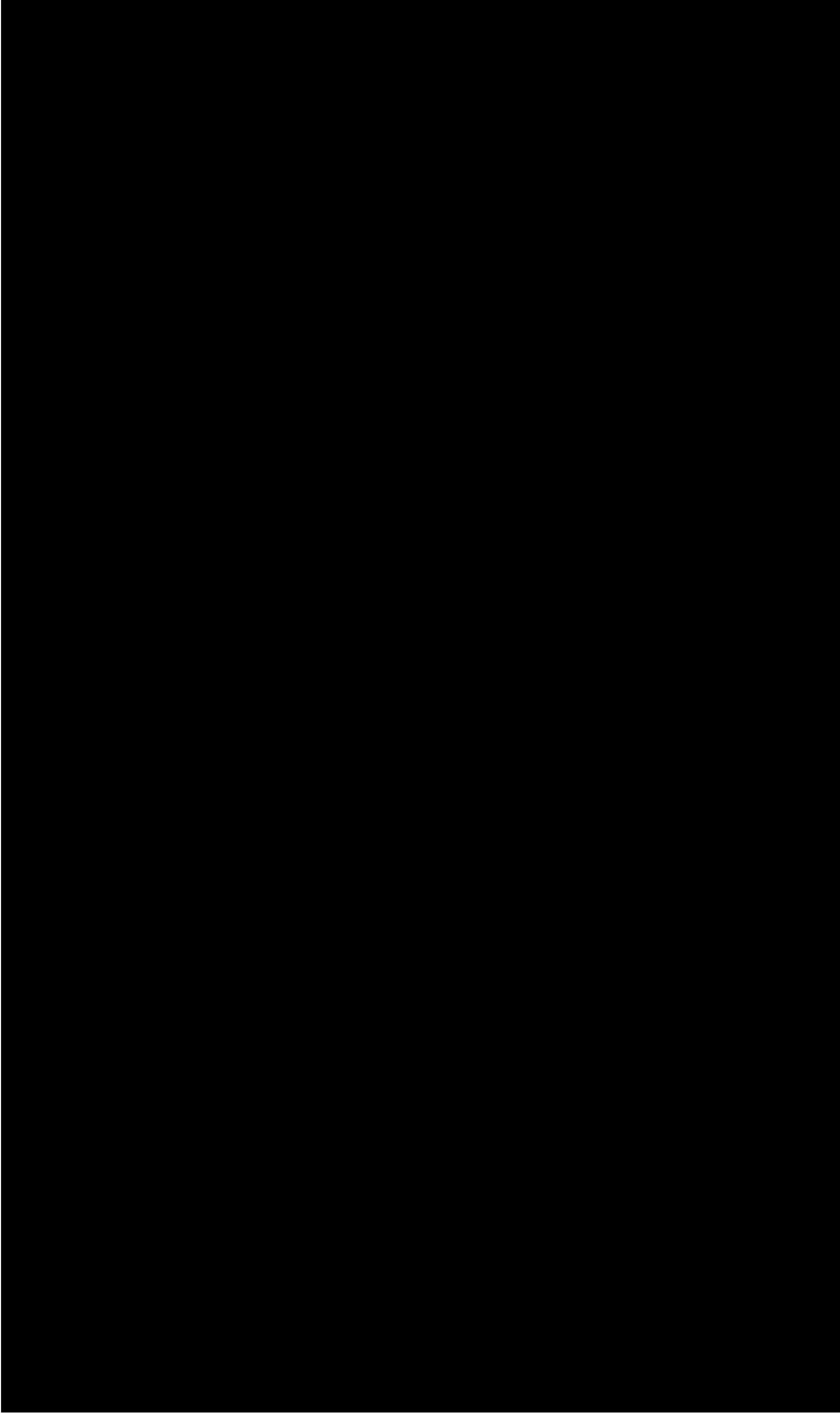
## **Business Plan(Site and Facility Plan)**

**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\_GreenRx Design.pdf**

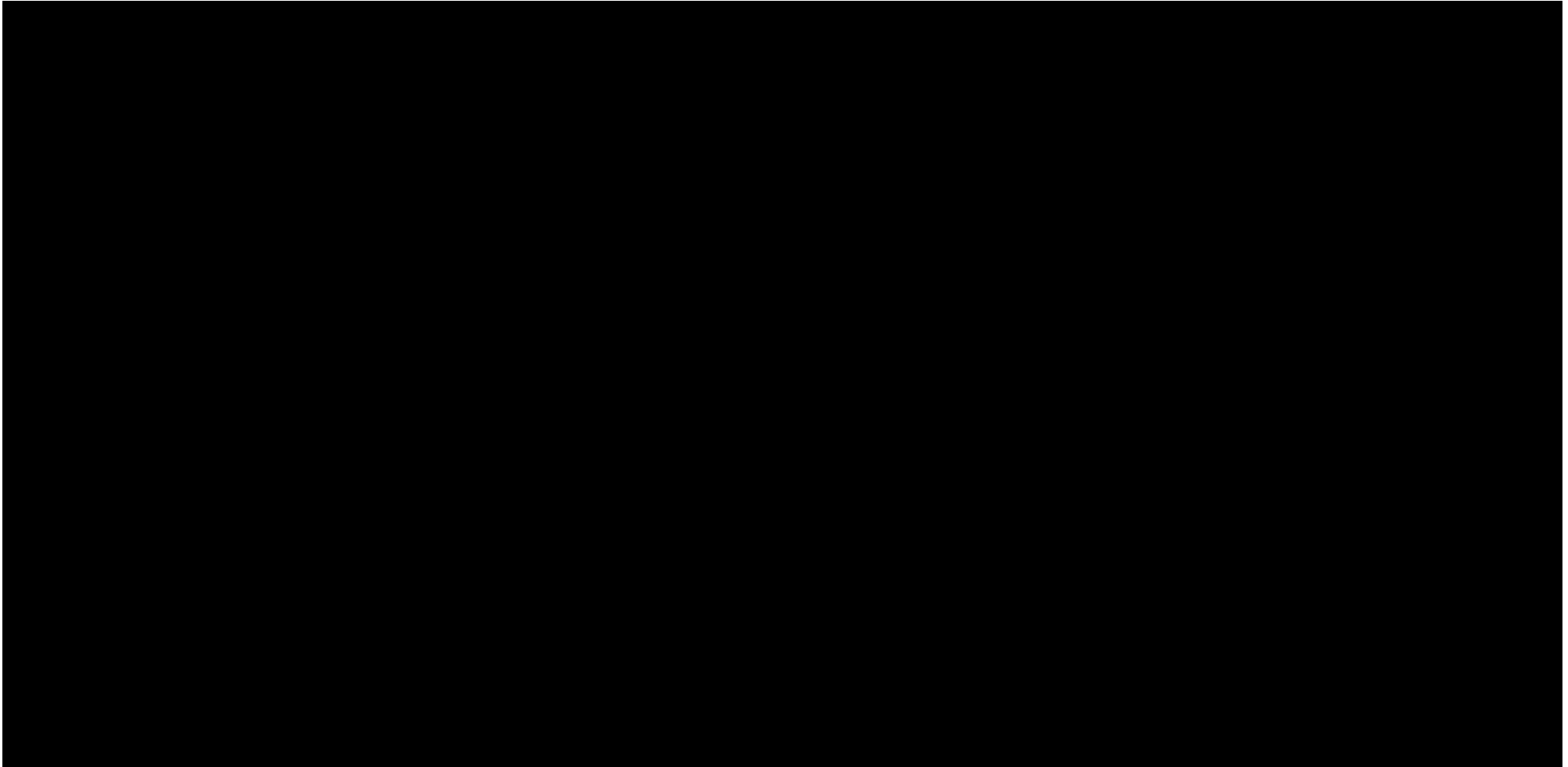
NOTE: This applicant uploaded document is the next 3 page(s) of this document.



Have a Hear Cincinnati Waiting

TRADE SECRET  
SECURITY AND INFRASTRUCTURE

Have a Heart Cincinnati Dispensary



TRADE SECRET  
SECURITY AND INFRASTRUCTURE

**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\_Green Rx Zoning Verification Letter City of Cincinnati.pdf**

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

November 14, 2017

DAMON LYNCH  
1821 SUMMIT  
CINCINNATI OH

SUBJECT:     Record Number:     ZV17000190  
.....     Parcel:     024500030081     .....  
                 Address:     8420 VINE ST  
                 Zoning District:     CC-A     Commercial Community  
                 Request:     zoning verification

Dear     DAMON LYNCH

I have received and reviewed your request for zoning verification of the parcel 245-0003-0081 at 8420 Vine Street. The subject property is located in the CC- A (Commercial Community Automobile-oriented District (§ 1409-03 (b))).

The purpose of a CC-A 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-A 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.

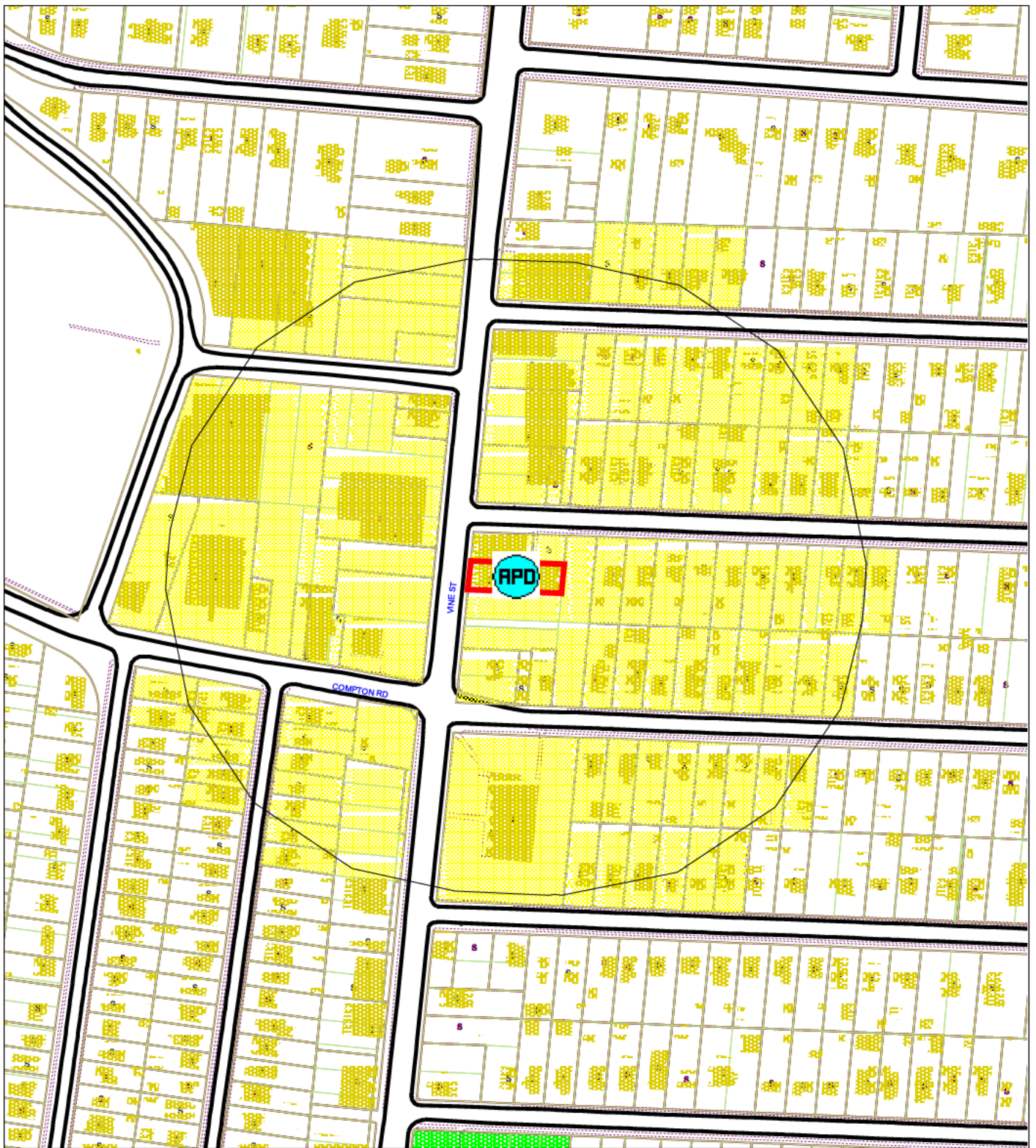
November 14, 2017

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.

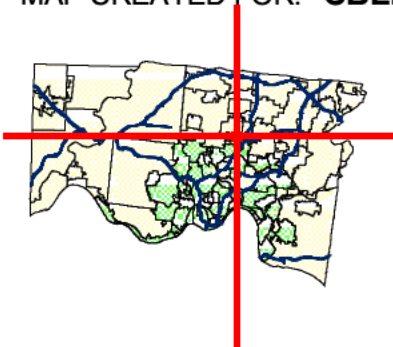
Sincerely,

A handwritten signature in black ink, appearing to read "DOUG OWEN". The signature is fluid and cursive, with the first name "Doug" and last name "Owen" clearly distinguishable.

Doug Owen  
Zoning Plans Examiner



MAP CREATED FOR: **CBLDADMIN AT COCA** DATE: **11/13/2017 04:14:43**



*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





## 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.


<b>To be Completed by Applicant</b>		
Business Name of Applicant: Green Rx, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 8420 Vine Street (Have A Heart Cincy)		
City: Cincinnati		County: Hamilton
State: Ohio	Zip Code: 45216	Phone Number: 513-843-6491
<b>To be Completed by Zoning Authority or Local Government</b>		
Jurisdiction of Zoning Office or Local Government City of Cincinnati		
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)	
<input type="checkbox"/> The Applicant has received local zoning approval and was issued a permit. <i>*If Applicant checks this box, Applicant must attach the permit issued.</i>	
<input type="checkbox"/> The Applicant has applied for local zoning approval, but was not yet issued a permit.	
<input checked="" type="checkbox"/> No zoning approval was applied for and no permit was received at this time.	
Printed Name of Local Government Representative: <b>MATTHEW SHAD</b>	Title: <b>ZONING ADMINISTRATOR</b>
Signature: 	Date: <b>11/14/17</b>

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



**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\_500ft Map Green Rx Final.pdf**

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

## EXHIBIT A



0 400' 800'  
GRAPHIC SCALE

NOTE: PARCELS AS IDENTIFIED IN HAMILTON COUNTY AUDITOR'S GIS VIEWER, [HTTP://CAGISONLINE.HAMILTON-CO.ORG/CAGISONLINE/INDEX.HTML#](http://CAGISONLINE.HAMILTON-CO.ORG/CAGISONLINE/INDEX.HTML#)

PAGE 1 OF 1



929 Eastwind Drive,  
Suite 201  
Westerville, Ohio 43081  
Ofc: 614.899.0079  
email: [info@saminc.biz](mailto:info@saminc.biz)

### PREPARED FOR GREEN Rx

8420 VINE STREET, CITY OF CINCINNATI,  
HAMILTON COUNTY, OHIO

DRAWN: MG

CHKD. BA

APP'D. JM

SAM JOB No.  
1017041755

## 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]

[illegible]





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

Uploaded Document Name: **C-3.1.1\_Projected financials\_Redacted.pdf**

NOTE: This applicant uploaded document is the next 4 page(s) of this document.



# Start-Up Budget & Pre-Operation Pro Forma

			Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sept. 7, 2018	Total
<b>A Pre-construction Design Contractor Expense</b>										
1 Architect	7,500.00	33.33%	5,000.00	2,500.00	-	-	-	-	-	7,500.00
2 Interior Design	5,000.00	22.22%	3,500.00	1,500.00	-	-	-	-	-	5,000.00
3 Mechanical Engineering	5,000.00	22.22%	3,500.00	1,500.00	-	-	-	-	-	5,000.00
4 Electrical Engineering	5,000.00	22.22%	3,500.00	1,500.00	-	-	-	-	-	5,000.00
5 Design Total	22,500.00	100.00%	15,500.00	7,000.00	-	-	-	-	-	22,500.00
<b>B Construction Expenses</b>										
1 Permits & Fees	3,500.00	1.81%	3,500.00	-	-	-	-	-	-	3,500.00
2 Administration & Management	7,500.00	3.89%	-	1,000.00	1,500.00	1,500.00	1,500.00	2,000.00	-	7,500.00
3 Demolition	7,500.00	3.89%	-	7,500.00	-	-	-	-	-	7,500.00
4 Building Labor & Supplies	35,000.00	18.13%	-	5,000.00	10,000.00	10,000.00	10,000.00	-	-	35,000.00
5 Carpentry	20,000.00	10.36%	-	5,000.00	15,000.00	-	-	-	-	20,000.00
6 Drywall	10,000.00	5.18%	-	-	5,000.00	5,000.00	-	-	-	10,000.00
7 Masonry	5,000.00	2.59%	-	-	-	-	5,000.00	-	-	5,000.00
8 Electrical	15,000.00	7.77%	-	5,000.00	10,000.00	-	-	-	-	15,000.00
9 HVAC	7,500.00	3.89%	-	2,500.00	5,000.00	-	-	-	-	7,500.00
10 Plumbing	4,000.00	2.07%	-	-	4,000.00	-	-	-	-	4,000.00
11 Lighting	4,000.00	2.07%	-	-	1,000.00	3,000.00	-	-	-	4,000.00
12 Ceiling	4,000.00	2.07%	-	-	-	-	1,000.00	3,000.00	-	4,000.00
13 Flooring	20,000.00	10.36%	-	-	-	-	15,000.00	5,000.00	-	20,000.00
14 Paint	7,500.00	3.89%	-	-	-	-	5,000.00	2,500.00	-	7,500.00
15 Wall Covering	7,500.00	3.89%	-	-	-	-	5,000.00	2,500.00	-	7,500.00
16 Doors & Hardware	6,000.00	3.11%	-	-	-	-	6,000.00	-	-	6,000.00
17 Storerfront Doors	6,000.00	3.11%	-	6,000.00	-	-	-	-	-	6,000.00
18 Signage	7,500.00	3.89%	-	-	-	-	2,500.00	5,000.00	-	7,500.00
19 General Conditions	5,000.00	2.59%	-	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	-	5,000.00
20 Contingency	10,500.00	5.44%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	10,500.00
21 Construction Total	193,000.00	100%	5,000.00	34,500.00	54,000.00	22,000.00	53,500.00	22,500.00	1,500.00	193,000.00
<b>C Equipment &amp; Supplies</b>										
1 Dispensary Items, Displays, & POS Systems										
2 Operating Supplies (e.g. Racking & Tables)	5,000.00	10.13%	-	-	-	-	2,500.00	2,500.00	-	5,000.00
3 Security Cameras Equipment	5,000.00	10.13%	-	5,000.00	-	-	-	-	-	5,000.00
4 Security Camera Installation	5,000.00	10.13%	-	5,000.00	-	-	-	-	-	5,000.00
5 Rolling Carts	750.00	1.52%	-	-	-	-	-	750.00	-	750.00
6 Tracking Systems (e.g. Measuring Scales Scanners Software)	750.00	1.52%	-	-	-	-	750.00	-	-	750.00
7 Dehumidifiers	750.00	1.52%	-	-	-	-	750.00	-	-	750.00
8 Display Monitors	3,500.00	7.09%	-	-	-	-	3,500.00	-	-	3,500.00
9 Computers	5,000.00	10.13%	-	-	-	-	5,000.00	-	-	5,000.00
10 Printer	500.00	1.01%	-	-	-	-	500.00	-	-	500.00
11 POS Hardware	2,800.00	5.67%	-	-	-	-	2,800.00	-	-	2,800.00
12 Office Supplies										
13 Furnishings (e.g. Desk Chairs File Cabinet)	15,000.00	30.40%	-	-	-	-	7,500.00	7,500.00	-	15,000.00
14 Office Supplies (e.g. Printer Ink Badge Covers Cleaning Supplies)	1,500.00	3.04%	-	-	-	-	750.00	750.00	-	1,500.00
15 Electronics (e.g. HDMI Cords Surge Protectors Speaker System)	1,500.00	3.04%	-	-	-	-	1,000.00	500.00	-	1,500.00
16 Payment Management Supplies										
17 Bill Counter	1,200.00	2.43%	-	-	-	-	1,200.00	-	-	1,200.00
18 Secure Filing and Storage System	1,000.00	2.03%	-	-	-	-	1,000.00	-	-	1,000.00
19 Fire Insulation Steel Construction Lockbox	100.00	0.20%	-	-	-	-	100.00	-	-	100.00
20 Equipment & Supplies Total	49,350.00	100%	-	10,000.00	-	-	27,350.00	12,000.00	-	49,350.00
<b>D Inventory</b>										
1 Flower Product (Cannabis)	50,000.00	96.62%	-	-	-	-	-	50,000.00	-	50,000.00
2 Inventory Handling Supplies (Storage Bins Ziploc Bags)	1,750.00	3.38%	-	-	-	-	1,750.00	-	-	1,750.00
3 Inventory Total	51,750.00	100%	-	-	-	-	1,750.00	50,000.00	-	51,750.00
<b>E Operating Pre-Revenue Capital</b>										
1 Payroll, Recruitment, Training, Professional Fees	60,000.00	25.62%	5,000.00	5,000.00	7,500.00	7,500.00	15,000.00	15,000.00	5,000.00	60,000.00
2 Lease	45,500.00	19.43%	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	45,500.00
3 Utilities	15,750.00	6.72%	1,500.00	1,750.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	15,750.00
4 License Fee	70,000.00	29.89%	-	-	-	-	-	70,000.00	-	70,000.00
5 Marketing & Advertising	16,875.00	7.20%	-	-	-	-	7,500.00	7,500.00	1,875.00	16,875.00
6 Travel Budget (Business Meetings Conferences Training)	10,000.00	4.27%	1,666.00	1,666.00	1,666.00	1,666.00	1,666.00	1,670.00	-	10,000.00
7 Insurance	10,500.00	4.48%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	10,500.00
8 Misc.	5,600.00	2.39%	800.00	800.00	800.00	800.00	800.00	800.00	800.00	5,600.00
9 Operating Pre-Revenue Capital Total	234,225.00	100%	16,966.00	17,216.00	20,466.00	20,466.00	35,466.00	105,470.00	18,175.00	234,225.00
<b>F TOTAL START-UP COST</b>										
	550,825.00	100%	37,466.00	68,716.00	74,466.00	42,466.00	118,066.00	189,970.00	19,675.00	550,825.00

# Profit & Loss Statement - 18 Month Operational

A Sales			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
1	Marijuana Sales		4,091,781.47 77.00%	51,033.29	64,122.32	77,211.30	101,587.80	116,312.90	131,037.99	161,958.99	178,320.21	194,681.42	232,146.90	250,144.24	268,141.58
2	Edible Sales		903,380.33 17.00%	11,267.09	14,156.88	17,046.65	22,428.48	25,679.47	28,930.47	35,757.18	39,369.40	42,981.61	51,253.21	55,226.65	59,200.09
3	Other Sales		318,840.11 6.00%	3,976.62	4,996.54	6,016.46	7,915.93	9,063.34	10,210.75	12,620.18	13,895.08	15,169.98	18,089.37	19,491.76	20,894.15
4	Equity Received		- 0.00%	-	-	-	-	-	-	-	-	-	-	-	-
5	Loans Received		- 0.00%	-	-	-	-	-	-	-	-	-	-	-	-
6	Total Sales		5,314,001.91 100.00%	66,277.00	83,275.75	100,274.41	131,932.21	151,055.71	170,179.21	210,336.35	231,584.68	252,833.02	301,489.48	324,862.65	348,235.82
7	Cost of Goods Sold		1,753,620.63 92.52%	21,871.41	27,481.00	33,090.56	43,537.63	49,848.39	56,159.14	69,411.00	76,422.95	83,434.90	99,491.53	107,204.67	114,917.82
8	Packaging /Testing / Other		98,309.04 5.19%	1,226.12	1,540.60	1,855.08	2,440.75	2,794.53	3,148.32	3,891.22	4,284.32	4,677.41	5,577.56	6,009.96	6,442.36
9	Lost / Damaged		43,489.79 2.29%	542.41	681.53	820.65	1,079.73	1,236.24	1,392.75	1,721.39	1,895.29	2,069.19	2,467.39	2,658.68	2,849.96
10	Subtotals		1,895,419.46 100.00%	23,639.95	29,703.13	35,766.28	47,058.11	53,879.16	60,700.20	75,023.61	82,602.55	90,181.49	107,536.47	115,873.31	124,210.14
11	Net Sales		3,418,582.45 64.33%	42,637.05	53,572.62	64,508.13	84,874.10	97,176.56	109,479.01	135,312.74	148,982.13	162,651.52	193,953.01	208,989.34	224,025.67
B General & Administration			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19
1	Bank Charges		18,593.69 1.13%	231.90	291.38	350.86	461.63	528.54	595.46	735.97	810.31	884.66	1,054.91	1,136.69	1,218.48
2	License Renewal		104,994.00 6.37%	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00
3	Dues & Subscriptions		1,800.00 0.11%	300.00	-	-	300.00	-	-	300.00	-	-	300.00	-	-
4	Equipment Rent		13,500.00 0.82%	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
5	POS Systems		27,000.00 1.64%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
6	Insurance		22,500.00 1.36%	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00
7	Store Supplies		3,600.00 0.22%	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
8	Office Supplies		1,800.00 0.11%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
9	Cleaning Supplies		1,350.00 0.08%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
10	Cleaning		5,400.00 0.33%	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
11	Management		162,540.00 9.86%	6,720.00	6,720.00	6,720.00	8,820.00	8,820.00	8,820.00	8,820.00	8,820.00	10,080.00	10,080.00	10,080.00	10,080.00
12	Sales Reps		377,703.22 22.90%	15,288.00	15,288.00	15,288.00	16,744.00	16,744.00	16,744.00	16,744.00	16,744.00	24,024.00	24,024.00	24,024.00	24,024.00
13	Security		124,723.62 7.56%	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00
14	Payroll Taxes		249,758.09 15.14%	3,115.02	3,913.96	4,712.90	6,200.81	7,099.62	7,998.42	9,885.81	10,884.48	11,883.15	14,170.01	15,268.54	16,367.08
15	Workers Comp		6,214.64 0.38%	270.45	270.45	270.45	303.68	303.68	303.68	303.68	303.68	383.50	383.50	383.50	383.50
16	Benefits		172,173.66 10.44%	2,147.37	2,698.13	3,248.89	4,274.60	4,894.21	5,513.81	6,814.90	7,503.34	8,191.79	9,768.26	10,525.55	11,282.84
17	Legal / Accounting / Professional Fees		27,000.00 1.64%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
18	Consultants & Contractors		159,420.06 9.67%	1,988.31	2,498.27	3,008.23	3,957.97	4,531.67	5,105.38	6,310.09	6,947.54	7,584.99	9,044.68	9,745.88	10,447.07
19	Rent		117,000.00 7.09%	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00
20	Repairs & Maintenance		13,500.00 0.82%	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
21	Reconstruction and Design		3,600.00 0.22%	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
22	Internet / Phone		9,000.00 0.55%	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
23	Utilities		10,800.00 0.65%	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
24	Vehicle		9,000.00 0.55%	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
25	Other		6,300.00 0.38%	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00
26	Total G & A Expenses		1,649,270.98 100%	57,899.06	59,518.20	61,437.33	68,900.70	70,759.72	72,918.75	77,752.45	79,851.36	90,870.09	96,663.36	99,002.16	101,640.97
C Taxes			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19
1	State Sales Tax		305,555.11 36.21%	3,810.93	4,788.36	5,765.78	7,586.10	8,685.70	9,785.30	12,094.34	13,316.12	14,537.90	17,335.65	18,679.60	20,023.56
2	County Sales Tax		66,425.02 7.87%	828.46	1,040.95	1,253.43	1,649.15	1,888.20	2,127.24	2,629.20	2,894.81	3,160.41	3,768.62	4,060.78	4,352.95
3	Federal Income Tax		471,764.38 55.91%	5,883.91	7,393.02	8,902.12	11,712.63	13,410.36	15,108.10	18,673.16	20,559.53	22,445.91	26,765.52	28,840.53	30,915.54
4	Total Taxes		843,744.51 100%	10,523.30	13,222.32	15,921.33	20,947.88	23,984.26	27,020.65	33,396.70	36,770.46	40,144.22	47,869.78	51,580.91	55,292.05
D Sales & Marketing			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19
4	Social Media Marketing		9,300.00 15.42%	1,000.00	1,000.00	1,000.00	500.00	500.00	500.00	400.00	400.00	400.00	400.00	400.00	400.00
5	Advertising		30,000.00 49.75%	2,500.00	2,500.00	2,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
6	Conference & Trade Shows		12,000.00 19.90%	-	-	2,000.00	-	-	2,000.00	-	-	2,000.00	-	-	2,000.00
7	Promotion Materials		9,000.00 14.93%	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
8	Total Sales & Marketing Expenses		60,300.00 100.00%	4,000.00	4,000.00	6,000.00	2,500.00	2,500.00	4,500.00	2,400.00	2,400.00	4,400.00	2,400.00	2,400.00	4,400.00
9	Total Expenses		2,553,315.50	72,422.36	76,740.52	83,358.66	92,348.58	97,243.99	104,439.39	113,549.15	119,021.82	135,414.31	146,933.14	152,983.08	161,333.02
E Net Income			865,266.96 16.28%	(29,785.30)	(23,167.90)	(18,850.53)	(7,474.47)	(67.43)	5,039.62	21,763.59	29,960.31	27,237.21	47,019.87	56,006.26	62,692.65

Year 1 Total	Sep-19	Nov-19	Oct-19	Nov-19	Dec-19	Jan-20	18 Mth. Total
1,826,698.95	312,151.55	331,785.01	351,418.47	401,972.92	423,242.50	444,512.08	4,091,781.47
403,297.17	68,916.58	73,251.24	77,585.90	88,747.27	93,443.15	98,139.03	903,380.33
142,340.18	24,323.50	25,853.38	27,383.26	31,322.57	32,979.94	34,637.31	318,840.11
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
2,372,336.30	405,391.62	430,889.62	456,387.62	522,042.75	549,665.59	577,288.42	5,314,001.91
782,870.98	133,779.23	142,193.57	150,607.91	172,274.11	181,389.64	190,505.18	1,753,620.63
43,888.22	7,499.74	7,971.46	8,443.17	9,657.79	10,168.81	10,679.84	98,309.04
19,415.20	3,317.73	3,526.40	3,735.08	4,272.40	4,498.46	4,724.53	43,489.79
846,174.40	144,596.70	153,691.43	162,786.16	186,204.30	196,056.92	205,909.54	1,895,419.46
1,526,161.90	260,794.91	277,198.19	293,601.46	335,838.46	353,608.67	371,378.88	3,418,582.45
	-	-	-	-	-	-	-
Year 1 Total	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19	18 Mth. Total
8,300.80	1,418.47	1,507.68	1,596.90	1,826.63	1,923.28	2,019.93	18,593.69
69,996.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	104,994.00
1,200.00	300.00	-	-	300.00	-	-	1,800.00
9,000.00	750.00	750.00	750.00	750.00	750.00	750.00	13,500.00
18,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	27,000.00
15,000.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	22,500.00
2,400.00	200.00	200.00	200.00	200.00	200.00	200.00	3,600.00
1,200.00	100.00	100.00	100.00	100.00	100.00	100.00	1,800.00
900.00	75.00	75.00	75.00	75.00	75.00	75.00	1,350.00
3,600.00	300.00	300.00	300.00	300.00	300.00	300.00	5,400.00
104,580.00	8,820.00	8,820.00	10,080.00	10,080.00	10,080.00	10,080.00	162,540.00
225,680.00	20,950.36	22,268.07	23,585.79	26,978.80	28,406.33	29,833.86	377,703.22
83,160.00	6,913.62	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	124,723.62
111,499.81	19,053.41	20,251.81	21,450.22	24,536.01	25,834.28	27,132.56	249,758.09
3,863.74	342.84	355.31	379.40	411.11	424.45	437.79	6,214.64
76,863.70	13,134.69	13,960.82	14,786.96	16,914.19	17,809.17	18,704.14	172,173.66
18,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	27,000.00
71,170.09	12,161.75	12,926.69	13,691.63	15,661.28	16,489.97	17,318.65	159,420.06
78,000.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	117,000.00
9,000.00	750.00	750.00	750.00	750.00	750.00	750.00	13,500.00
2,400.00	200.00	200.00	200.00	200.00	200.00	200.00	3,600.00
6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	9,000.00
7,200.00	600.00	600.00	600.00	600.00	600.00	600.00	10,800.00
6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	9,000.00
4,200.00	350.00	350.00	350.00	350.00	350.00	350.00	6,300.00
937,214.13	104,003.12	107,928.39	113,408.90	124,546.02	128,805.48	133,364.94	1,649,270.98
	-	-	-	-	-	-	-
	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19	18 Mth. Total
136,409.34	23,310.02	24,776.15	26,242.29	30,017.46	31,605.77	33,194.08	305,555.11
29,654.20	5,067.40	5,386.12	5,704.85	6,525.53	6,870.82	7,216.11	66,425.02
210,610.34	35,989.70	38,253.35	40,517.00	46,345.71	48,798.00	51,250.29	471,764.38
376,673.88	64,367.11	68,415.62	72,464.13	82,888.70	87,274.59	91,660.47	843,744.51
	-	-	-	-	-	-	-
	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19	18 Mth. Total
6,900.00	400.00	400.00	400.00	400.00	400.00	400.00	9,300.00
21,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	30,000.00
8,000.00	-	-	2,000.00	-	-	2,000.00	12,000.00
6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	9,000.00
41,900.00	2,400.00	2,400.00	4,400.00	2,400.00	2,400.00	4,400.00	60,300.00
1,355,788.02	170,770.23	178,744.01	190,273.03	209,834.72	218,480.07	229,425.41	2,553,315.50
170,373.88	90,024.68	98,454.17	103,328.42	126,003.74	135,128.60	141,953.46	865,266.96

## Profit & Loss Statement - 5 Year Projections

A Sales		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
1	Marijuana Sales	34,225,967.47	77.00%	1,826,698.95	5,972,215.40	7,166,658.47	8,958,323.09	10,302,071.56	34,225,967.47
2	Edible Sales	7,556,382.43	17.00%	403,297.17	1,318,541.06	1,582,249.27	1,977,811.59	2,274,483.33	7,556,382.43
3	Other Sales	2,666,958.50	6.00%	142,340.18	465,367.43	558,440.92	698,051.15	802,758.82	2,666,958.50
4	Equity Received	-	0.00%	-	-	-	-	-	-
5	Loans Received	-	0.00%	-	-	-	-	-	-
6	<b>Total Sales</b>	<b>44,449,308.40</b>	<b>100.00%</b>	<b>2,372,336.30</b>	<b>7,756,123.89</b>	<b>9,307,348.67</b>	<b>11,634,185.83</b>	<b>13,379,313.71</b>	<b>44,449,308.40</b>
7	Cost of Goods Sold	14,668,271.77	92.52%	782,870.98	2,559,520.88	3,071,425.06	3,839,281.33	4,415,173.52	14,668,271.77
8	Packaging /Testing / Other	822,312.21	5.19%	43,888.22	143,488.29	172,185.95	215,232.44	247,517.30	822,312.21
9	Lost / Damaged	363,773.14	2.29%	19,415.20	63,476.12	76,171.34	95,214.18	109,496.30	363,773.14
10	<b>Subtotals</b>	<b>15,854,357.12</b>	<b>100.00%</b>	<b>846,174.40</b>	<b>2,766,485.29</b>	<b>3,319,782.35</b>	<b>4,149,727.94</b>	<b>4,772,187.13</b>	<b>15,854,357.12</b>
11	<b>Net Sales</b>	<b>28,594,951.28</b>	<b>64.33%</b>	<b>1,526,161.90</b>	<b>4,989,638.60</b>	<b>5,987,566.32</b>	<b>7,484,457.89</b>	<b>8,607,126.58</b>	<b>28,594,951.28</b>
B General & Administration		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
1	Bank Charges	155,528.13	1.47%	8,300.80	27,138.68	32,566.41	40,708.02	46,814.22	155,528.13
2	License Renewal	481,368.33	4.56%	69,996.00	75,829.00	90,994.80	113,743.50	130,805.03	481,368.33
3	Dues & Subscriptions	4,455.00	0.04%	1,200.00	600.00	720.00	900.00	1,035.00	4,455.00
4	Equipment Rent	61,893.75	0.59%	9,000.00	9,750.00	11,700.00	14,625.00	16,818.75	61,893.75
5	POS Systems	123,787.50	1.17%	18,000.00	19,500.00	23,400.00	29,250.00	33,637.50	123,787.50
6	Insurance	103,156.25	0.98%	15,000.00	16,250.00	19,500.00	24,375.00	28,031.25	103,156.25
7	Store Supplies	16,505.00	0.16%	2,400.00	2,600.00	3,120.00	3,900.00	4,485.00	16,505.00
8	Office Supplies	8,252.50	0.08%	1,200.00	1,300.00	1,560.00	1,950.00	2,242.50	8,252.50
9	Cleaning Supplies	6,189.38	0.06%	900.00	975.00	1,170.00	1,462.50	1,681.88	6,189.38
10	Cleaning	24,757.50	0.23%	3,600.00	3,900.00	4,680.00	5,850.00	6,727.50	24,757.50
11	Management	801,801.00	7.59%	104,580.00	128,520.00	154,224.00	192,780.00	221,697.00	801,801.00
12	Sales Reps	2,400,188.46	22.73%	225,680.00	400,831.05	480,997.26	601,246.58	691,433.57	2,400,188.46
13	Security	571,898.25	5.42%	83,160.00	90,090.00	108,108.00	135,135.00	155,405.25	571,898.25
14	Payroll Taxes	2,089,117.49	19.79%	111,499.81	364,537.82	437,445.39	546,806.73	628,827.74	2,089,117.49
15	Workers Comp	35,269.98	0.33%	3,863.74	5,789.17	6,947.00	8,683.75	9,986.32	35,269.98
16	Benefits	1,440,157.59	13.64%	76,863.70	251,298.41	301,558.10	376,947.62	433,489.76	1,440,157.59
17	Legal / Accounting / Professional Fees	123,787.50	1.17%	18,000.00	19,500.00	23,400.00	29,250.00	33,637.50	123,787.50
18	Consultants & Contractors	1,333,479.25	12.63%	71,170.09	232,683.72	279,220.46	349,025.58	401,379.41	1,333,479.25
19	Rent	536,412.50	5.08%	78,000.00	84,500.00	101,400.00	126,750.00	145,762.50	536,412.50
20	Repairs & Maintenance	61,893.75	0.59%	9,000.00	9,750.00	11,700.00	14,625.00	16,818.75	61,893.75
21	Reconstruction and Design	16,505.00	0.16%	2,400.00	2,600.00	3,120.00	3,900.00	4,485.00	16,505.00
22	Internet / Phone	41,262.50	0.39%	6,000.00	6,500.00	7,800.00	9,750.00	11,212.50	41,262.50
23	Utilities	49,515.00	0.47%	7,200.00	7,800.00	9,360.00	11,700.00	13,455.00	49,515.00
24	Vehicle	41,262.50	0.39%	6,000.00	6,500.00	7,800.00	9,750.00	11,212.50	41,262.50
25	Other	28,883.75	0.27%	4,200.00	4,550.00	5,460.00	6,825.00	7,848.75	28,883.75
26	<b>Total G &amp; A Expenses</b>	<b>10,557,327.86</b>	<b>100%</b>	<b>937,214.13</b>	<b>1,773,292.85</b>	<b>2,127,951.42</b>	<b>2,659,939.28</b>	<b>3,058,930.17</b>	<b>10,557,327.86</b>
C Taxes		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
1	State Sales Tax	2,555,835.23	36.21%	136,409.34	445,977.12	535,172.55	668,965.69	769,310.54	2,555,835.23
2	County Sales Tax	555,616.36	7.87%	29,654.20	96,951.55	116,341.86	145,427.32	167,241.42	555,616.36
3	Federal Income Tax	3,946,103.28	55.91%	210,610.34	688,570.13	826,284.15	1,032,855.19	1,187,783.47	3,946,103.28
4	<b>Total Taxes</b>	<b>7,057,554.87</b>	<b>100%</b>	<b>376,673.88</b>	<b>1,231,498.80</b>	<b>1,477,798.56</b>	<b>1,847,248.20</b>	<b>2,124,335.43</b>	<b>7,057,554.87</b>
D Sales & Marketing		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
4	Social Media Marketing	35,110.00	11.37%	6,900.00	5,200.00	6,240.00	7,800.00	8,970.00	35,110.00
5	Advertising	126,787.50	41.06%	21,000.00	19,500.00	23,400.00	29,250.00	33,637.50	126,787.50
6	Conference & Trade Shows	105,650.00	34.21%	8,000.00	18,000.00	21,600.00	27,000.00	31,050.00	105,650.00
7	Promotion Materials	41,262.50	13.36%	6,000.00	6,500.00	7,800.00	9,750.00	11,212.50	41,262.50
8	<b>Total Sales &amp; Marketing Expenses</b>	<b>308,810.00</b>	<b>100.00%</b>	<b>41,900.00</b>	<b>49,200.00</b>	<b>59,040.00</b>	<b>73,800.00</b>	<b>84,870.00</b>	<b>308,810.00</b>
9	<b>Total Expenses</b>	<b>17,923,692.73</b>		<b>1,355,788.02</b>	<b>3,053,991.65</b>	<b>3,664,789.98</b>	<b>4,580,987.48</b>	<b>5,268,135.60</b>	<b>17,923,692.73</b>
E	<b>Net Income</b>	<b>10,671,258.56</b>	<b>24.01%</b>	<b>170,373.88</b>	<b>1,935,646.94</b>	<b>2,322,776.33</b>	<b>2,903,470.42</b>	<b>3,338,990.98</b>	<b>10,671,258.56</b>

Operational - 5 Year Projections

**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

[illegible]





## Business Plan(Description of Employee Duties and Roles)

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

### TRADE SECRET

Prospective Associated Key Employees (PAKEs) will oversee the dispensary operations for compliance with the Board of Pharmacy (BoP) and Medical Marijuana Control Program (MMCP) regulations. PAKEs provided proof of eligibility and fingerprints to the Ohio Bureau of Criminal Identification and Investigation and FBI for a criminal records check, and will hold MMCP I.D. cards at all times on dispensary property.

Chairman & CEO (Stephen Hightower): Executive leadership to meet company directives and goals within timelines/budgets, oversight of policy changes, Ohio state BoP regulations compliance, and overall company performance; creation of value through strategic partnerships and cannabis industry networking.

President (Damon Lynch III): Executive leadership to meet company directives and goals within timelines/budgets, oversight of policy changes, Ohio state BoP regulations compliance, and overall company performance; chief funding partner with emphasis on the creation of value through procedures leading to outcomes in line with business goals.

Chief Operating Officer (Ryan Kunkel): Oversight of dispensary operations (compliance, staffing, product quality assurance, inventory tracking, patient care); guidance of employees and process communication; quality assurance accountability for record keeping, patient confidentiality, security, IT, human resources, and product consistency/safety; financial document drafting and review, and efficiency. Plan and monitor implementation of security systems; hire, train, and supervise new security employees.

Pharmacy Advisor and BoP Liaison (H. Leon Hewitt BSPharm, JD Esq.): As Doctors of Pharmacy, will act as special advisors to executive management to ensure pharmacy-like conditions of the dispensary. Strategic implementation of anti-diversion protocols, abuse detection, and adverse response initiatives.

Clinical/Medical Director (Dr. Tondra Newman): Accountability for patient care standards, dispensary staff conduct; physician and employee educational material and training material development; patient education and support improvement; guidance and product recommendations; research; education on risks, benefits, and side effects of products; and substance abuse guidelines and enforcement.

Owner/Investors (James L. Wilson, Kim Walker, Shonetina Benson, Ty Bobo, Sara McConnell, Reffinia Kelley): Strategic investment partners making capital contributions to organizational growth and financial viability.

**C-4.2** Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

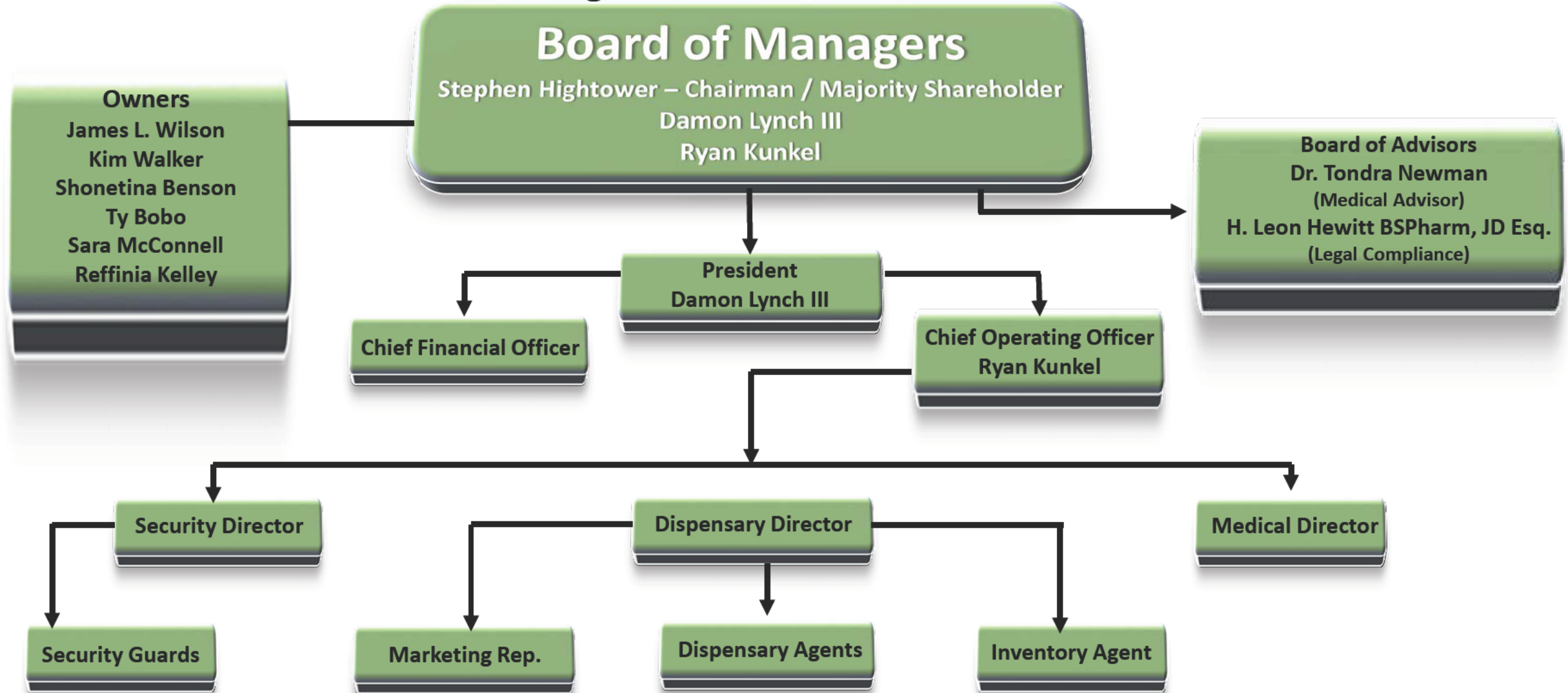
Uploaded Document Name: **C-4.2\_Green Rx Organizational Chart.pdf**

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



# Green Rx – Have A Heart Cincy

## Organizational Structure



## Business Plan(Capital Requirements)

### Item 1 of 1

#### C-5.1 Type of Capital

Liquid Reserves

#### C-5.2 Source of Capital

Liquid savings account and money market

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

**This response has been entirely redacted**

#### C-5.4 Account Number

**This response has been entirely redacted**

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

**This response has been entirely redacted**

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

Uploaded Document Name: **C-5.5.1\_Proof of Funds\_Redacted.pdf**

NOTE: This applicant uploaded document is the next 11 page(s) of this document.



Account (Click for Details)	Status	Current Balance	Available Balance
██████████		5,341,138.32	5,011,252.90
██████████		431,468.94	0.00

Options

[Select Option](#)[Select Option](#)

31 Deposit accounts with a total balance of 599,953.71

2 Loan accounts with a total balance of 5,772,607.26

You last accessed your Online Banking account on Wednesday, November 15, 2017 4:13:30 PM Eastern Time



Another step on the path to success

first financial bank

Date 10/31/17  
Account Number

#### SUMMARY OF ACCOUNT

Account Number	Account Title	Current Balance
	Deposit Controlled	.00

#### CHECKING ACCOUNT(S)

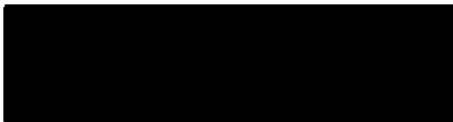
Account Title:

Deposit Controlled		Images Included	0
Account Number		Statement Dates	10/02/17 thru 10/31/17
Application Code	D	Product Code	A5
Previous Balance	.00	Number of Days for A.P.Y.E.	30
254 Deposits	28,535,450.64	Average Ledger	302,351.50
21 Withdrawals	28,535,450.64	Average Collected	9,780.74
Service Charge	.00		
Interest Paid	.00		
Current Balance	.00		

#### DEPOSITS AND ADDITIONS

Date	Description	Amount
10/02		870.34
10/02		1,911.80
10/02		2,291.48
10/02		5,990.81
10/02		8,411.92
10/02		9,203.85
10/02		27,721.69

THE HUNTINGTON NATIONAL BANK  
PO BOX 1558 EA1W37  
COLUMBUS OH 43216-1558



Have a Question or Concern?

Stop by your nearest  
Huntington office or  
contact us at:

1-800-480-2001

www.huntington.com/  
businessresources

### Huntington Analyzed Checking

Account:

Statement Activity From:  
10/01/17 to 10/31/17

Days in Statement Period 31

Average Ledger Balance\* 130,481.70  
Average Collected Balance\* 130,481.70

\* The above balances correspond to the  
service charge cycle for this account.

Beginning Balance	\$50,865.09
Credits (+)	680,442.70
Electronic Deposits	679,204.62
Other Credits	1,238.08
Debits (-)	611,794.10
Regular Checks Paid	359,153.43
Electronic Withdrawals	79,145.58
Wire Transfer Debits	170,000.00
Service Charges	3,495.09
Ending Balance	\$119,513.69

### Other Credits (+)

Account:

Date	Amount	Description
10/02	40,826.17	
10/03	18,396.47	
10/04	27,410.49	
10/04	9,153.43	
10/11	37,767.79	
10/12	16,560.62	
10/13	335.50	
10/16	49,681.37	
10/17	1,238.08	
10/18	38,970.78	
10/19	17,884.80	
10/23	19,129.85	
10/25	12,734.08	
10/26	16,757.80	
10/27	307,720.32	
10/30	65,875.15	

### Checks (-)

Account:

Date	Amount	Check #	Date	Amount	Check #
10/05	9,153.43	19314	10/30	350,000.00	19315

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. and Huntington are federally registered service marks of Huntington Bancshares Incorporated. ©2017 Huntington Bancshares Incorporated.



(\*) Indicates the prior sequentially numbered check(s) may have 1) been voided by you 2) not yet been presented 3) appeared on a previous statement or 4) been included in a list of checks.

### Other Debits (-)

Account: [REDACTED]

Date	Amount	Description
10/04	150.50	
10/05	32,506.81	
10/13	21,593.26	
10/16	130,000.00	
10/16	3,495.09	
10/16	18,197.47	
10/20	173.94	
10/23	30,000.00	
10/23	10,000.00	
10/23	272.65	
10/26	6,250.95	

### Balance Activity

Account: [REDACTED]

Date	Balance	Date	Balance	Date	Balance
09/30	50,865.09	10/12	159,169.32	10/20	93,820.09
10/02	91,691.26	10/13	137,911.56	10/23	72,677.29
10/03	110,087.73	10/16	35,900.37	10/25	85,411.37
10/04	146,501.15	10/17	37,138.45	10/26	95,918.22
10/05	104,840.91	10/18	76,109.23	10/27	403,638.54
10/11	142,608.70	10/19	93,994.03	10/30	119,513.69

**In the Event of Errors or Questions Concerning Electronic Fund Transfers** (electronic deposits, withdrawals, transfers, payments, or purchases), please call either 1-614-480-2001 or call toll free 1-800-480-2001, or write to The Huntington National Bank Research - EA4W61, P.O. Box 1558, Columbus, Ohio 43216 as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic fund transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name, your business's name (if appropriate) and the Huntington account number (if any).
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error. We will investigate your complaint or question and will correct any error promptly.

**Verification of Electronic Deposits** If you authorized someone to make regular electronic fund transfers of money to your account at least once every sixty days, you can find out whether or not the deposit has been received by us, call either 1-614-480-2001 or call toll free 1-800-480-2001.

**Balancing Your Statement** - For your convenience, a balancing page is available on our web site <https://www.huntington.com/pdf/balancing.pdf> and also available on Huntington Business Online.

## **Pledge Letter**

**WHEREAS** [REDACTED] is a member of [REDACTED] (the "Company");

**WHEREAS** the Company is applying for a State of Ohio medical marijuana dispensary license (the "License" or "Intended Purpose") in accordance with Chapter 3796 of the Ohio Revised Code ("ORC 3796") and Chapter 3796 of the Ohio Administrative Code ("OAC 3796") (sometimes collectively referred to as the "Medical Marijuana Control Program" or "MMCP");

**WHEREAS** [REDACTED] wish to pledge money to the Company for purposes of the License and owning and operating a Medical Marijuana Dispensary in the State of Ohio;

**WHEREAS** [REDACTED] owns and controls [REDACTED] with unrestricted and unfettered access to its bank accounts for use of funds at his own discretion for whatever purposes [REDACTED] may choose;

**THEREFORE** The Owners agree to the following:

1. The assets contained in the [REDACTED] deposit accounts submitted as evidence of liquid assets for the Ohio Medical Marijuana Dispensary Application for \$1,890,426 are unencumbered and are under the unfettered control of [REDACTED]
2. The assets contained in the deposit accounts referenced in section 1 are cash or similar liquid assets.
3. [REDACTED] unconditionally pledges the liquid assets identified in section 1 to the Company for the operation of a medical marijuana dispensary in the event that a dispensary license or licenses are awarded to the Company.

***[Balance of Page Intentional Left Blank]***



IN WITNESS WHEREOF, [REDACTED] has executed this Pledge Letter as of the \_\_\_\_ day of November, 2017.



Subscribed and sworn to before me this 15<sup>th</sup> day of November, 2017

(SEAL)



Diane D. Paige *Diane Paige*  
Notary Public, State of Ohio  
My Commission Expires 11-18-2020

# Start-Up Budget & Pre-Operation Pro Forma

			Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sept. 7, 2018	Total
<b>A Pre-construction Design Contractor Expense</b>										
1 Architect	7,500.00	33.33%	5,000.00	2,500.00	-	-	-	-	-	7,500.00
2 Interior Design	5,000.00	22.22%	3,500.00	1,500.00	-	-	-	-	-	5,000.00
3 Mechanical Engineering	5,000.00	22.22%	3,500.00	1,500.00	-	-	-	-	-	5,000.00
4 Electrical Engineering	5,000.00	22.22%	3,500.00	1,500.00	-	-	-	-	-	5,000.00
5 Design Total	22,500.00	100.00%	15,500.00	7,000.00	-	-	-	-	-	22,500.00
<b>B Construction Expenses</b>										
1 Permits & Fees	3,500.00	1.81%	3,500.00	-	-	-	-	-	-	3,500.00
2 Administration & Management	7,500.00	3.89%	-	1,000.00	1,500.00	1,500.00	1,500.00	2,000.00	-	7,500.00
3 Demolition	7,500.00	3.89%	-	7,500.00	-	-	-	-	-	7,500.00
4 Building Labor & Supplies	35,000.00	18.13%	-	5,000.00	10,000.00	10,000.00	10,000.00	-	-	35,000.00
5 Carpentry	20,000.00	10.36%	-	5,000.00	15,000.00	-	-	-	-	20,000.00
6 Drywall	10,000.00	5.18%	-	-	5,000.00	5,000.00	-	-	-	10,000.00
7 Masonry	5,000.00	2.59%	-	-	-	-	5,000.00	-	-	5,000.00
8 Electrical	15,000.00	7.77%	-	5,000.00	10,000.00	-	-	-	-	15,000.00
9 HVAC	7,500.00	3.89%	-	2,500.00	5,000.00	-	-	-	-	7,500.00
10 Plumbing	4,000.00	2.07%	-	-	4,000.00	-	-	-	-	4,000.00
11 Lighting	4,000.00	2.07%	-	-	1,000.00	3,000.00	-	-	-	4,000.00
12 Ceiling	4,000.00	2.07%	-	-	-	1,000.00	3,000.00	-	-	4,000.00
13 Flooring	20,000.00	10.36%	-	-	-	-	15,000.00	5,000.00	-	20,000.00
14 Paint	7,500.00	3.89%	-	-	-	-	5,000.00	2,500.00	-	7,500.00
15 Wall Covering	7,500.00	3.89%	-	-	-	-	5,000.00	2,500.00	-	7,500.00
16 Doors & Hardware	6,000.00	3.11%	-	-	-	-	6,000.00	-	-	6,000.00
17 Storerfront Doors	6,000.00	3.11%	-	6,000.00	-	-	-	-	-	6,000.00
18 Signage	7,500.00	3.89%	-	-	-	-	2,500.00	5,000.00	-	7,500.00
19 General Conditions	5,000.00	2.59%	-	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	-	5,000.00
20 Contingency	10,500.00	5.44%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	10,500.00
21 Construction Total	193,000.00	100%	5,000.00	34,500.00	54,000.00	22,000.00	53,500.00	22,500.00	1,500.00	193,000.00
<b>C Equipment &amp; Supplies</b>										
1 Dispensary Items, Displays, & POS Systems										
2 Operating Supplies (e.g. Racking & Tables)	5,000.00	10.13%	-	-	-	-	2,500.00	2,500.00	-	5,000.00
3 Security Cameras Equipment	5,000.00	10.13%	-	5,000.00	-	-	-	-	-	5,000.00
4 Security Camera Installation	5,000.00	10.13%	-	5,000.00	-	-	-	-	-	5,000.00
5 Rolling Carts	750.00	1.52%	-	-	-	-	-	750.00	-	750.00
6 Tracking Systems (e.g. Measuring Scales Scanners Software)	750.00	1.52%	-	-	-	-	750.00	-	-	750.00
7 Dehumidifiers	750.00	1.52%	-	-	-	-	750.00	-	-	750.00
8 Display Monitors	3,500.00	7.09%	-	-	-	-	3,500.00	-	-	3,500.00
9 Computers	5,000.00	10.13%	-	-	-	-	5,000.00	-	-	5,000.00
10 Printer	500.00	1.01%	-	-	-	-	500.00	-	-	500.00
11 POS Hardware	2,800.00	5.67%	-	-	-	-	2,800.00	-	-	2,800.00
12 Office Supplies										
13 Furnishings (e.g. Desk Chairs File Cabinet)	15,000.00	30.40%	-	-	-	-	7,500.00	7,500.00	-	15,000.00
14 Office Supplies (e.g. Printer Ink Badge Covers Cleaning Supplies)	1,500.00	3.04%	-	-	-	-	750.00	750.00	-	1,500.00
15 Electronics (e.g. HDMI Cords Surge Protectors Speaker System)	1,500.00	3.04%	-	-	-	-	1,000.00	500.00	-	1,500.00
16 Payment Management Supplies										
17 Bill Counter	1,200.00	2.43%	-	-	-	-	1,200.00	-	-	1,200.00
18 Secure Filing and Storage System	1,000.00	2.03%	-	-	-	-	1,000.00	-	-	1,000.00
19 Fire Insulation Steel Construction Lockbox	100.00	0.20%	-	-	-	-	100.00	-	-	100.00
20 Equipment & Supplies Total	49,350.00	100%	-	10,000.00	-	-	27,350.00	12,000.00	-	49,350.00
<b>D Inventory</b>										
1 Flower Product (Cannabis)	50,000.00	96.62%	-	-	-	-	-	50,000.00	-	50,000.00
2 Inventory Handling Supplies (Storage Bins Ziploc Bags)	1,750.00	3.38%	-	-	-	-	1,750.00	-	-	1,750.00
3 Inventory Total	51,750.00	100%	-	-	-	-	1,750.00	50,000.00	-	51,750.00
<b>E Operating Pre-Revenue Capital</b>										
1 Payroll, Recruitment, Training, Professional Fees	60,000.00	25.62%	5,000.00	5,000.00	7,500.00	7,500.00	15,000.00	15,000.00	5,000.00	60,000.00
2 Lease	45,500.00	19.43%	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	45,500.00
3 Utilities	15,750.00	6.72%	1,500.00	1,750.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	15,750.00
4 License Fee	70,000.00	29.89%	-	-	-	-	-	70,000.00	-	70,000.00
5 Marketing & Advertising	16,875.00	7.20%	-	-	-	-	7,500.00	7,500.00	1,875.00	16,875.00
6 Travel Budget (Business Meetings Conferences Training)	10,000.00	4.27%	1,666.00	1,666.00	1,666.00	1,666.00	1,666.00	1,670.00	-	10,000.00
7 Insurance	10,500.00	4.48%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	10,500.00
8 Misc.	5,600.00	2.39%	800.00	800.00	800.00	800.00	800.00	800.00	800.00	5,600.00
9 Operating Pre-Revenue Capital Total	234,225.00	100%	16,966.00	17,216.00	20,466.00	20,466.00	35,466.00	105,470.00	18,175.00	234,225.00
<b>F TOTAL START-UP COST</b>										
	550,825.00	100%	37,466.00	68,716.00	74,466.00	42,466.00	118,066.00	189,970.00	19,675.00	550,825.00

# Profit & Loss Statement - 18 Month Operational

A Sales			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
1	Marijuana Sales		4,091,781.47 77.00%	51,033.29	64,122.32	77,211.30	101,587.80	116,312.90	131,037.99	161,958.99	178,320.21	194,681.42	232,146.90	250,144.24	268,141.58
2	Edible Sales		903,380.33 17.00%	11,267.09	14,156.88	17,046.65	22,428.48	25,679.47	28,930.47	35,757.18	39,369.40	42,981.61	51,253.21	55,226.65	59,200.09
3	Other Sales		318,840.11 6.00%	3,976.62	4,996.54	6,016.46	7,915.93	9,063.34	10,210.75	12,620.18	13,895.08	15,169.98	18,089.37	19,491.76	20,894.15
4	Equity Received		- 0.00%	-	-	-	-	-	-	-	-	-	-	-	-
5	Loans Received		- 0.00%	-	-	-	-	-	-	-	-	-	-	-	-
6	Total Sales		5,314,001.91 100.00%	66,277.00	83,275.75	100,274.41	131,932.21	151,055.71	170,179.21	210,336.35	231,584.68	252,833.02	301,489.48	324,862.65	348,235.82
7	Cost of Goods Sold		1,753,620.63 92.52%	21,871.41	27,481.00	33,090.56	43,537.63	49,848.39	56,159.14	69,411.00	76,422.95	83,434.90	99,491.53	107,204.67	114,917.82
8	Packaging /Testing / Other		98,309.04 5.19%	1,226.12	1,540.60	1,855.08	2,440.75	2,794.53	3,148.32	3,891.22	4,284.32	4,677.41	5,577.56	6,009.96	6,442.36
9	Lost / Damaged		43,489.79 2.29%	542.41	681.53	820.65	1,079.73	1,236.24	1,392.75	1,721.39	1,895.29	2,069.19	2,467.39	2,658.68	2,849.96
10	Subtotals		1,895,419.46 100.00%	23,639.95	29,703.13	35,766.28	47,058.11	53,879.16	60,700.20	75,023.61	82,602.55	90,181.49	107,536.47	115,873.31	124,210.14
11	Net Sales		3,418,582.45 64.33%	42,637.05	53,572.62	64,508.13	84,874.10	97,176.56	109,479.01	135,312.74	148,982.13	162,651.52	193,953.01	208,989.34	224,025.67
B General & Administration			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19
1	Bank Charges		18,593.69 1.13%	231.90	291.38	350.86	461.63	528.54	595.46	735.97	810.31	884.66	1,054.91	1,136.69	1,218.48
2	License Renewal		104,994.00 6.37%	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00
3	Dues & Subscriptions		1,800.00 0.11%	300.00	-	-	300.00	-	-	300.00	-	-	300.00	-	-
4	Equipment Rent		13,500.00 0.82%	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
5	POS Systems		27,000.00 1.64%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
6	Insurance		22,500.00 1.36%	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00
7	Store Supplies		3,600.00 0.22%	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
8	Office Supplies		1,800.00 0.11%	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
9	Cleaning Supplies		1,350.00 0.08%	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00
10	Cleaning		5,400.00 0.33%	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
11	Management		162,540.00 9.86%	6,720.00	6,720.00	6,720.00	8,820.00	8,820.00	8,820.00	8,820.00	8,820.00	10,080.00	10,080.00	10,080.00	10,080.00
12	Sales Reps		377,703.22 22.90%	15,288.00	15,288.00	15,288.00	16,744.00	16,744.00	16,744.00	16,744.00	16,744.00	24,024.00	24,024.00	24,024.00	24,024.00
13	Security		124,723.62 7.56%	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00
14	Payroll Taxes		249,758.09 15.14%	3,115.02	3,913.96	4,712.90	6,200.81	7,099.62	7,998.42	9,885.81	10,884.48	11,883.15	14,170.01	15,268.54	16,367.08
15	Workers Comp		6,214.64 0.38%	270.45	270.45	270.45	303.68	303.68	303.68	303.68	303.68	383.50	383.50	383.50	383.50
16	Benefits		172,173.66 10.44%	2,147.37	2,698.13	3,248.89	4,274.60	4,894.21	5,513.81	6,814.90	7,503.34	8,191.79	9,768.26	10,525.55	11,282.84
17	Legal / Accounting / Professional Fees		27,000.00 1.64%	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
18	Consultants & Contractors		159,420.06 9.67%	1,988.31	2,498.27	3,008.23	3,957.97	4,531.67	5,105.38	6,310.09	6,947.54	7,584.99	9,044.68	9,745.88	10,447.07
19	Rent		117,000.00 7.09%	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00
20	Repairs & Maintenance		13,500.00 0.82%	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
21	Reconstruction and Design		3,600.00 0.22%	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
22	Internet / Phone		9,000.00 0.55%	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
23	Utilities		10,800.00 0.65%	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00	600.00
24	Vehicle		9,000.00 0.55%	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
25	Other		6,300.00 0.38%	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00	350.00
26	Total G & A Expenses		1,649,270.98 100%	57,899.06	59,518.20	61,437.33	68,900.70	70,759.72	72,918.75	77,752.45	79,851.36	90,870.09	96,663.36	99,002.16	101,640.97
C Taxes			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19
1	State Sales Tax		305,555.11 36.21%	3,810.93	4,788.36	5,765.78	7,586.10	8,685.70	9,785.30	12,094.34	13,316.12	14,537.90	17,335.65	18,679.60	20,023.56
2	County Sales Tax		66,425.02 7.87%	828.46	1,040.95	1,253.43	1,649.15	1,888.20	2,127.24	2,629.20	2,894.81	3,160.41	3,768.62	4,060.78	4,352.95
3	Federal Income Tax		471,764.38 55.91%	5,883.91	7,393.02	8,902.12	11,712.63	13,410.36	15,108.10	18,673.16	20,559.53	22,445.91	26,765.52	28,840.53	30,915.54
4	Total Taxes		843,744.51 100%	10,523.30	13,222.32	15,921.33	20,947.88	23,984.26	27,020.65	33,396.70	36,770.46	40,144.22	47,869.78	51,580.91	55,292.05
D Sales & Marketing			18 Mth. Total	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19
4	Social Media Marketing		9,300.00 15.42%	1,000.00	1,000.00	1,000.00	500.00	500.00	500.00	400.00	400.00	400.00	400.00	400.00	400.00
5	Advertising		30,000.00 49.75%	2,500.00	2,500.00	2,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
6	Conference & Trade Shows		12,000.00 19.90%	-	-	2,000.00	-	-	2,000.00	-	-	2,000.00	-	-	2,000.00
7	Promotion Materials		9,000.00 14.93%	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00	500.00
8	Total Sales & Marketing Expenses		60,300.00 100.00%	4,000.00	4,000.00	6,000.00	2,500.00	2,500.00	4,500.00	2,400.00	2,400.00	4,400.00	2,400.00	2,400.00	4,400.00
9	Total Expenses		2,553,315.50	72,422.36	76,740.52	83,358.66	92,348.58	97,243.99	104,439.39	113,549.15	119,021.82	135,414.31	146,933.14	152,983.08	161,333.02
E Net Income			865,266.96 16.28%	(29,785.30)	(23,167.90)	(18,850.53)	(7,474.47)	(67.43)	5,039.62	21,763.59	29,960.31	27,237.21	47,019.87	56,006.26	62,692.65

Year 1 Total	Sep-19	Nov-19	Oct-19	Nov-19	Dec-19	Jan-20	18 Mth. Total
1,826,698.95	312,151.55	331,785.01	351,418.47	401,972.92	423,242.50	444,512.08	4,091,781.47
403,297.17	68,916.58	73,251.24	77,585.90	88,747.27	93,443.15	98,139.03	903,380.33
142,340.18	24,323.50	25,853.38	27,383.26	31,322.57	32,979.94	34,637.31	318,840.11
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
2,372,336.30	405,391.62	430,889.62	456,387.62	522,042.75	549,665.59	577,288.42	5,314,001.91
782,870.98	133,779.23	142,193.57	150,607.91	172,274.11	181,389.64	190,505.18	1,753,620.63
43,888.22	7,499.74	7,971.46	8,443.17	9,657.79	10,168.81	10,679.84	98,309.04
19,415.20	3,317.73	3,526.40	3,735.08	4,272.40	4,498.46	4,724.53	43,489.79
846,174.40	144,596.70	153,691.43	162,786.16	186,204.30	196,056.92	205,909.54	1,895,419.46
1,526,161.90	260,794.91	277,198.19	293,601.46	335,838.46	353,608.67	371,378.88	3,418,582.45
	-	-	-	-	-	-	-
Year 1 Total	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19	18 Mth. Total
8,300.80	1,418.47	1,507.68	1,596.90	1,826.63	1,923.28	2,019.93	18,593.69
69,996.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	5,833.00	104,994.00
1,200.00	300.00	-	-	300.00	-	-	1,800.00
9,000.00	750.00	750.00	750.00	750.00	750.00	750.00	13,500.00
18,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	27,000.00
15,000.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	22,500.00
2,400.00	200.00	200.00	200.00	200.00	200.00	200.00	3,600.00
1,200.00	100.00	100.00	100.00	100.00	100.00	100.00	1,800.00
900.00	75.00	75.00	75.00	75.00	75.00	75.00	1,350.00
3,600.00	300.00	300.00	300.00	300.00	300.00	300.00	5,400.00
104,580.00	8,820.00	8,820.00	10,080.00	10,080.00	10,080.00	10,080.00	162,540.00
225,680.00	20,950.36	22,268.07	23,585.79	26,978.80	28,406.33	29,833.86	377,703.22
83,160.00	6,913.62	6,930.00	6,930.00	6,930.00	6,930.00	6,930.00	124,723.62
111,499.81	19,053.41	20,251.81	21,450.22	24,536.01	25,834.28	27,132.56	249,758.09
3,863.74	342.84	355.31	379.40	411.11	424.45	437.79	6,214.64
76,863.70	13,134.69	13,960.82	14,786.96	16,914.19	17,809.17	18,704.14	172,173.66
18,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	27,000.00
71,170.09	12,161.75	12,926.69	13,691.63	15,661.28	16,489.97	17,318.65	159,420.06
78,000.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	6,500.00	117,000.00
9,000.00	750.00	750.00	750.00	750.00	750.00	750.00	13,500.00
2,400.00	200.00	200.00	200.00	200.00	200.00	200.00	3,600.00
6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	9,000.00
7,200.00	600.00	600.00	600.00	600.00	600.00	600.00	10,800.00
6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	9,000.00
4,200.00	350.00	350.00	350.00	350.00	350.00	350.00	6,300.00
937,214.13	104,003.12	107,928.39	113,408.90	124,546.02	128,805.48	133,364.94	1,649,270.98
	-	-	-	-	-	-	-
	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19	18 Mth. Total
136,409.34	23,310.02	24,776.15	26,242.29	30,017.46	31,605.77	33,194.08	305,555.11
29,654.20	5,067.40	5,386.12	5,704.85	6,525.53	6,870.82	7,216.11	66,425.02
210,610.34	35,989.70	38,253.35	40,517.00	46,345.71	48,798.00	51,250.29	471,764.38
376,673.88	64,367.11	68,415.62	72,464.13	82,888.70	87,274.59	91,660.47	843,744.51
	-	-	-	-	-	-	-
	Mar-19	Apr-18	May-19	Jun-19	Jul-19	Aug-19	18 Mth. Total
6,900.00	400.00	400.00	400.00	400.00	400.00	400.00	9,300.00
21,000.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	30,000.00
8,000.00	-	-	2,000.00	-	-	2,000.00	12,000.00
6,000.00	500.00	500.00	500.00	500.00	500.00	500.00	9,000.00
41,900.00	2,400.00	2,400.00	4,400.00	2,400.00	2,400.00	4,400.00	60,300.00
1,355,788.02	170,770.23	178,744.01	190,273.03	209,834.72	218,480.07	229,425.41	2,553,315.50
170,373.88	90,024.68	98,454.17	103,328.42	126,003.74	135,128.60	141,953.46	865,266.96

## Profit & Loss Statement - 5 Year Projections

A Sales		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
1	Marijuana Sales	34,225,967.47	77.00%	1,826,698.95	5,972,215.40	7,166,658.47	8,958,323.09	10,302,071.56	34,225,967.47
2	Edible Sales	7,556,382.43	17.00%	403,297.17	1,318,541.06	1,582,249.27	1,977,811.59	2,274,483.33	7,556,382.43
3	Other Sales	2,666,958.50	6.00%	142,340.18	465,367.43	558,440.92	698,051.15	802,758.82	2,666,958.50
4	Equity Received	-	0.00%	-	-	-	-	-	-
5	Loans Received	-	0.00%	-	-	-	-	-	-
6	<b>Total Sales</b>	<b>44,449,308.40</b>	<b>100.00%</b>	<b>2,372,336.30</b>	<b>7,756,123.89</b>	<b>9,307,348.67</b>	<b>11,634,185.83</b>	<b>13,379,313.71</b>	<b>44,449,308.40</b>
7	Cost of Goods Sold	14,668,271.77	92.52%	782,870.98	2,559,520.88	3,071,425.06	3,839,281.33	4,415,173.52	14,668,271.77
8	Packaging /Testing / Other	822,312.21	5.19%	43,888.22	143,488.29	172,185.95	215,232.44	247,517.30	822,312.21
9	Lost / Damaged	363,773.14	2.29%	19,415.20	63,476.12	76,171.34	95,214.18	109,496.30	363,773.14
10	<b>Subtotals</b>	<b>15,854,357.12</b>	<b>100.00%</b>	<b>846,174.40</b>	<b>2,766,485.29</b>	<b>3,319,782.35</b>	<b>4,149,727.94</b>	<b>4,772,187.13</b>	<b>15,854,357.12</b>
11	<b>Net Sales</b>	<b>28,594,951.28</b>	<b>64.33%</b>	<b>1,526,161.90</b>	<b>4,989,638.60</b>	<b>5,987,566.32</b>	<b>7,484,457.89</b>	<b>8,607,126.58</b>	<b>28,594,951.28</b>
B General & Administration		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
1	Bank Charges	155,528.13	1.47%	8,300.80	27,138.68	32,566.41	40,708.02	46,814.22	155,528.13
2	License Renewal	481,368.33	4.56%	69,996.00	75,829.00	90,994.80	113,743.50	130,805.03	481,368.33
3	Dues & Subscriptions	4,455.00	0.04%	1,200.00	600.00	720.00	900.00	1,035.00	4,455.00
4	Equipment Rent	61,893.75	0.59%	9,000.00	9,750.00	11,700.00	14,625.00	16,818.75	61,893.75
5	POS Systems	123,787.50	1.17%	18,000.00	19,500.00	23,400.00	29,250.00	33,637.50	123,787.50
6	Insurance	103,156.25	0.98%	15,000.00	16,250.00	19,500.00	24,375.00	28,031.25	103,156.25
7	Store Supplies	16,505.00	0.16%	2,400.00	2,600.00	3,120.00	3,900.00	4,485.00	16,505.00
8	Office Supplies	8,252.50	0.08%	1,200.00	1,300.00	1,560.00	1,950.00	2,242.50	8,252.50
9	Cleaning Supplies	6,189.38	0.06%	900.00	975.00	1,170.00	1,462.50	1,681.88	6,189.38
10	Cleaning	24,757.50	0.23%	3,600.00	3,900.00	4,680.00	5,850.00	6,727.50	24,757.50
11	Management	801,801.00	7.59%	104,580.00	128,520.00	154,224.00	192,780.00	221,697.00	801,801.00
12	Sales Reps	2,400,188.46	22.73%	225,680.00	400,831.05	480,997.26	601,246.58	691,433.57	2,400,188.46
13	Security	571,898.25	5.42%	83,160.00	90,090.00	108,108.00	135,135.00	155,405.25	571,898.25
14	Payroll Taxes	2,089,117.49	19.79%	111,499.81	364,537.82	437,445.39	546,806.73	628,827.74	2,089,117.49
15	Workers Comp	35,269.98	0.33%	3,863.74	5,789.17	6,947.00	8,683.75	9,986.32	35,269.98
16	Benefits	1,440,157.59	13.64%	76,863.70	251,298.41	301,558.10	376,947.62	433,489.76	1,440,157.59
17	Legal / Accounting / Professional Fees	123,787.50	1.17%	18,000.00	19,500.00	23,400.00	29,250.00	33,637.50	123,787.50
18	Consultants & Contractors	1,333,479.25	12.63%	71,170.09	232,683.72	279,220.46	349,025.58	401,379.41	1,333,479.25
19	Rent	536,412.50	5.08%	78,000.00	84,500.00	101,400.00	126,750.00	145,762.50	536,412.50
20	Repairs & Maintenance	61,893.75	0.59%	9,000.00	9,750.00	11,700.00	14,625.00	16,818.75	61,893.75
21	Reconstruction and Design	16,505.00	0.16%	2,400.00	2,600.00	3,120.00	3,900.00	4,485.00	16,505.00
22	Internet / Phone	41,262.50	0.39%	6,000.00	6,500.00	7,800.00	9,750.00	11,212.50	41,262.50
23	Utilities	49,515.00	0.47%	7,200.00	7,800.00	9,360.00	11,700.00	13,455.00	49,515.00
24	Vehicle	41,262.50	0.39%	6,000.00	6,500.00	7,800.00	9,750.00	11,212.50	41,262.50
25	Other	28,883.75	0.27%	4,200.00	4,550.00	5,460.00	6,825.00	7,848.75	28,883.75
26	<b>Total G &amp; A Expenses</b>	<b>10,557,327.86</b>	<b>100%</b>	<b>937,214.13</b>	<b>1,773,292.85</b>	<b>2,127,951.42</b>	<b>2,659,939.28</b>	<b>3,058,930.17</b>	<b>10,557,327.86</b>
C Taxes		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
1	State Sales Tax	2,555,835.23	36.21%	136,409.34	445,977.12	535,172.55	668,965.69	769,310.54	2,555,835.23
2	County Sales Tax	555,616.36	7.87%	29,654.20	96,951.55	116,341.86	145,427.32	167,241.42	555,616.36
3	Federal Income Tax	3,946,103.28	55.91%	210,610.34	688,570.13	826,284.15	1,032,855.19	1,187,783.47	3,946,103.28
4	<b>Total Taxes</b>	<b>7,057,554.87</b>	<b>100%</b>	<b>376,673.88</b>	<b>1,231,498.80</b>	<b>1,477,798.56</b>	<b>1,847,248.20</b>	<b>2,124,335.43</b>	<b>7,057,554.87</b>
D Sales & Marketing		5 Year Total		Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
4	Social Media Marketing	35,110.00	11.37%	6,900.00	5,200.00	6,240.00	7,800.00	8,970.00	35,110.00
5	Advertising	126,787.50	41.06%	21,000.00	19,500.00	23,400.00	29,250.00	33,637.50	126,787.50
6	Conference & Trade Shows	105,650.00	34.21%	8,000.00	18,000.00	21,600.00	27,000.00	31,050.00	105,650.00
7	Promotion Materials	41,262.50	13.36%	6,000.00	6,500.00	7,800.00	9,750.00	11,212.50	41,262.50
8	<b>Total Sales &amp; Marketing Expenses</b>	<b>308,810.00</b>	<b>100.00%</b>	<b>41,900.00</b>	<b>49,200.00</b>	<b>59,040.00</b>	<b>73,800.00</b>	<b>84,870.00</b>	<b>308,810.00</b>
9	<b>Total Expenses</b>	<b>17,923,692.73</b>		<b>1,355,788.02</b>	<b>3,053,991.65</b>	<b>3,664,789.98</b>	<b>4,580,987.48</b>	<b>5,268,135.60</b>	<b>17,923,692.73</b>
E	<b>Net Income</b>	<b>10,671,258.56</b>	<b>24.01%</b>	<b>170,373.88</b>	<b>1,935,646.94</b>	<b>2,322,776.33</b>	<b>2,903,470.42</b>	<b>3,338,990.98</b>	<b>10,671,258.56</b>

Operational - 5 Year Projections

## Business Plan(Business History and Experience)

### Item 1 of 1

#### C-6.1 First Name

Stephen

#### C-6.2 Middle Name

L

#### C-6.3 Last Name

Hightower

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

Owner

#### C-6.5 Business Name

Hightowers Petroleum Co.

#### C-6.6 Business Address

3577 Commerce Drive, Middletown, OH 45005

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

YES

#### C-6.8 Dates

1984 - 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.

Green Rx, doing business in Ohio as Have A Heart Cincy, is a truly minority owned business that is fully funding the project from all African American residents of Ohio. Have A Heart Cincy has partnered with the largest and most respect fully vertically-integrated medical marijuana company in Washington state, Have A Heart. We are led by an executive ownership group that includes the following individuals, all of whom have demonstrated tremendous leadership skills and entrepreneurial expertise in their respective fields. The goal of our group is to ensure medical marijuana in Ohio is dispensed in the most professional, safest and secure manner possible. Additionally, we have come together to ensure that the African American population of Ohio is truly represented in the Medical Marijuana Control Program and can positively impact the local southwest Ohio and Cincinnati community for which our group calls home.

Stephen L. Hightower is the founder and CEO of Hightowers Petroleum Co. based in Middletown, Ohio, the petroleum products distribution company earned revenues of \$350 million in 2015 after landing at No. 17 on the Black Enterprise 100s list of the nation's largest Black-owned industrial/service companies in 2011.

Pastor Damon Lynch, III is a lifetime resident of the city of Cincinnati, Ohio. He was educated in the Cincinnati Public School system and holds a Bachelor of Science degree from Cincinnati Bible College. He is a faculty member of the Asset-Based Community Development (ABCD) Institute at Northwestern University in Chicago Illinois. He has conducted workshops and seminars throughout the United States to many organizations on the Asset-Based approach to problem solving and development.

Ryan Kunkel is a leading figure in the cannabis industry with one of the top cannabis enterprises in the Northwest, spanning 3 states and grossing \$45 million annually. As CEO of Have A Heart Compassionate Care, Ryan has set the foundation for success through his focus on culture, vision, and rapid expansion; prior to the passage of Washington Initiative 502. Ryan has operated 10 businesses in the cannabis market, including 5 medical marijuana dispensaries, a delivery and logistics company, and two lounges. Following this, in under 3 years, he was able to build and grow six lucrative recreational stores that currently hold the #1 revenue position in the State of Washington. Ryan has managed an operation that has seen \$45million in seed to sale transactions over the last 2.5 years, 2.25 million transactions, and developed an online training platform - [haveaheartcertification.com](http://haveaheartcertification.com) – that has had over 385 trainees enrolled.

H. Leon Hewitt has always had a passion to be of service to others. Over his 13 years of legal practice he recognizes that every case is different with its own set of problems but also its own set of solutions. Attorney Hewitt believes that listening is a skill that is key to helping clients achieve their goals. He will always be a fierce advocate in representing your case and believes in positive client outcome. Prior to entering the field of law, he worked for over twenty years as a licensed pharmacist. He has volunteered his time as a Big Brother and literacy partner at his church. Mr. Hewitt served as Vice-President and Treasurer for the Black Law Student Association at the University of Dayton School of Law and the Cincinnati Pharmaceutical Association. He holds memberships in the Cincinnati Bar Association and the Federal Bar, Southern District of Ohio. Attorney Hewitt has a J.D. from the University of Dayton

School of Law and a B.S. from the College of Pharmacy at the University of Michigan.

Dr. Tondra Newman specializes in pre-natal diagnosis in diabetes management and pregnancy and currently is serving on the Greater Columbus Infant Mortality Task Force. She is a Board eligible Maternal Fetal Medicine Physician. She will be focusing her efforts, along with Mr. Hewitt, on ensuring our operations have the highest standards of patient and staff education, compassionate care, and professional medically driven dispensation of medical marijuana.



### Operations Plan(Dispensary Oversight)

**D-1.1** By selecting "Yes", the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment. [OAC 3796:6-3-05](#)

YES

## Operations Plan(Security and Surveillance )

**D-2.1** By checking “Yes,” the Applicant attests that it is able to continuously maintain effective security, surveillance and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical marijuana and medical marijuana products.

YES

**D-2.2** Please provide a summary of the Applicant's proposed security and surveillance equipment and measures that will be in place at the proposed facility and site. These measures should cover, but are not limited to, the following:

1. General overview of the equipment, measures and procedures to be used
2. Alarm systems
3. Surveillance system
4. Surveillance storage
5. Recording capability
6. Records retention
7. Premises accessibility
8. Inspection/servicing/alteration protocols

Please reference [OAC 3796:6-3-16](#) for more information.

**This response has been entirely redacted**

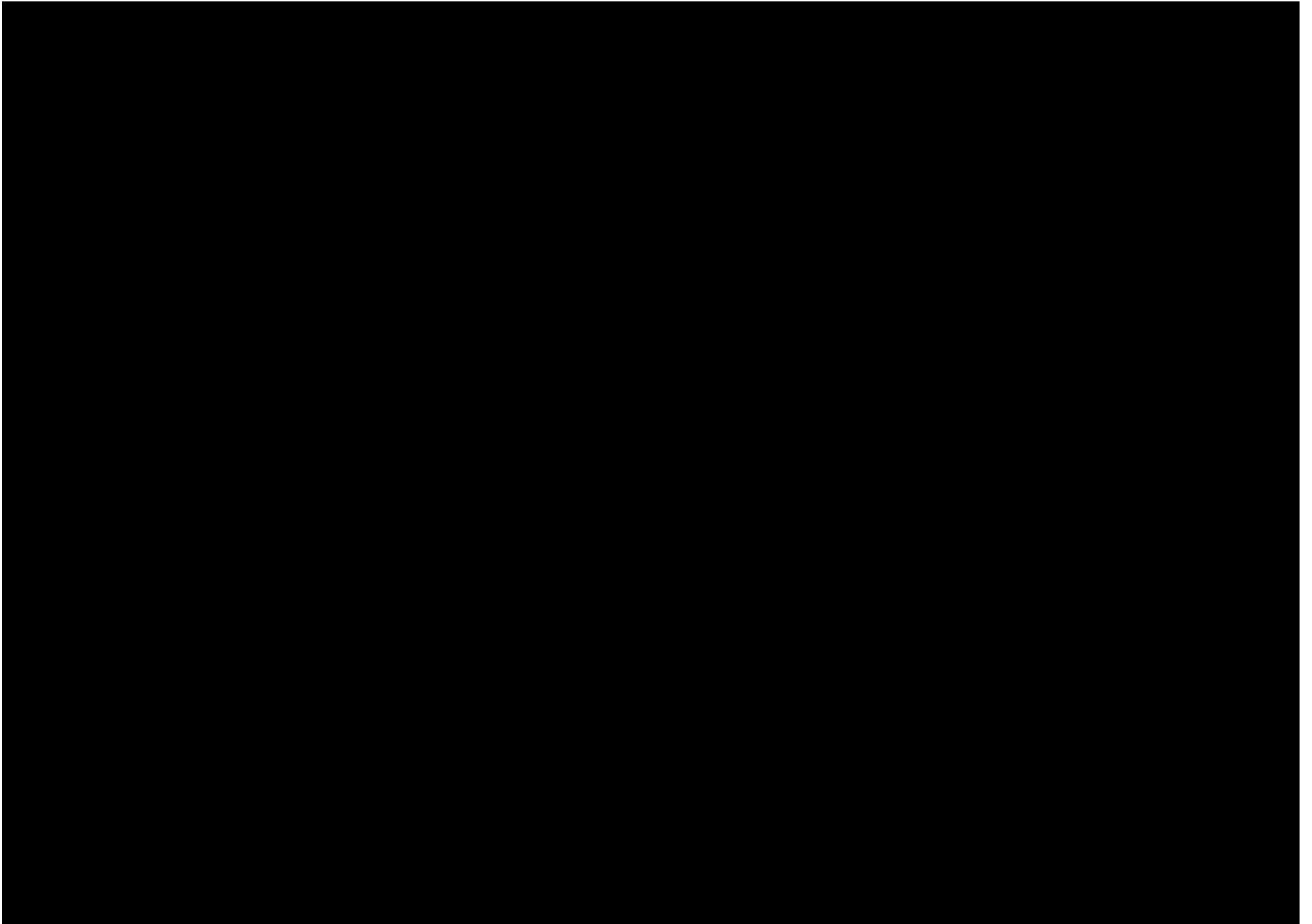
**D-2.2.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

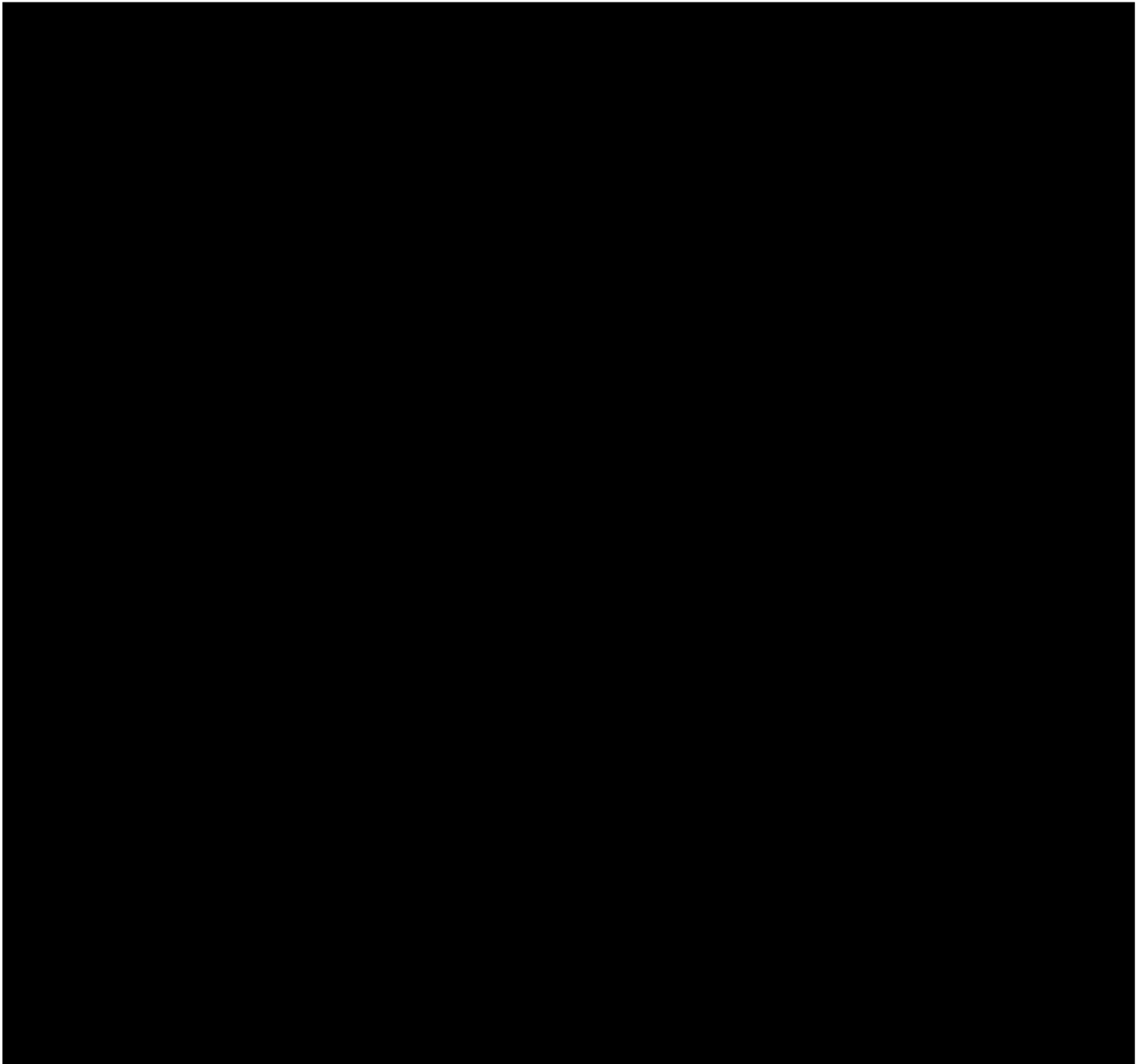
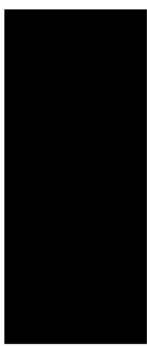
Uploaded Document Name: **D-2.2.1\_Security Plan\_Redacted.pdf**

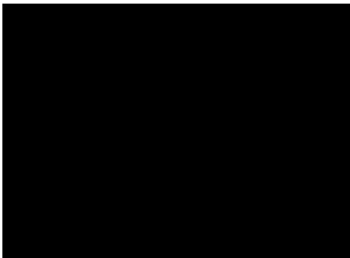
NOTE: This applicant uploaded document is the next 5 page(s) of this document.

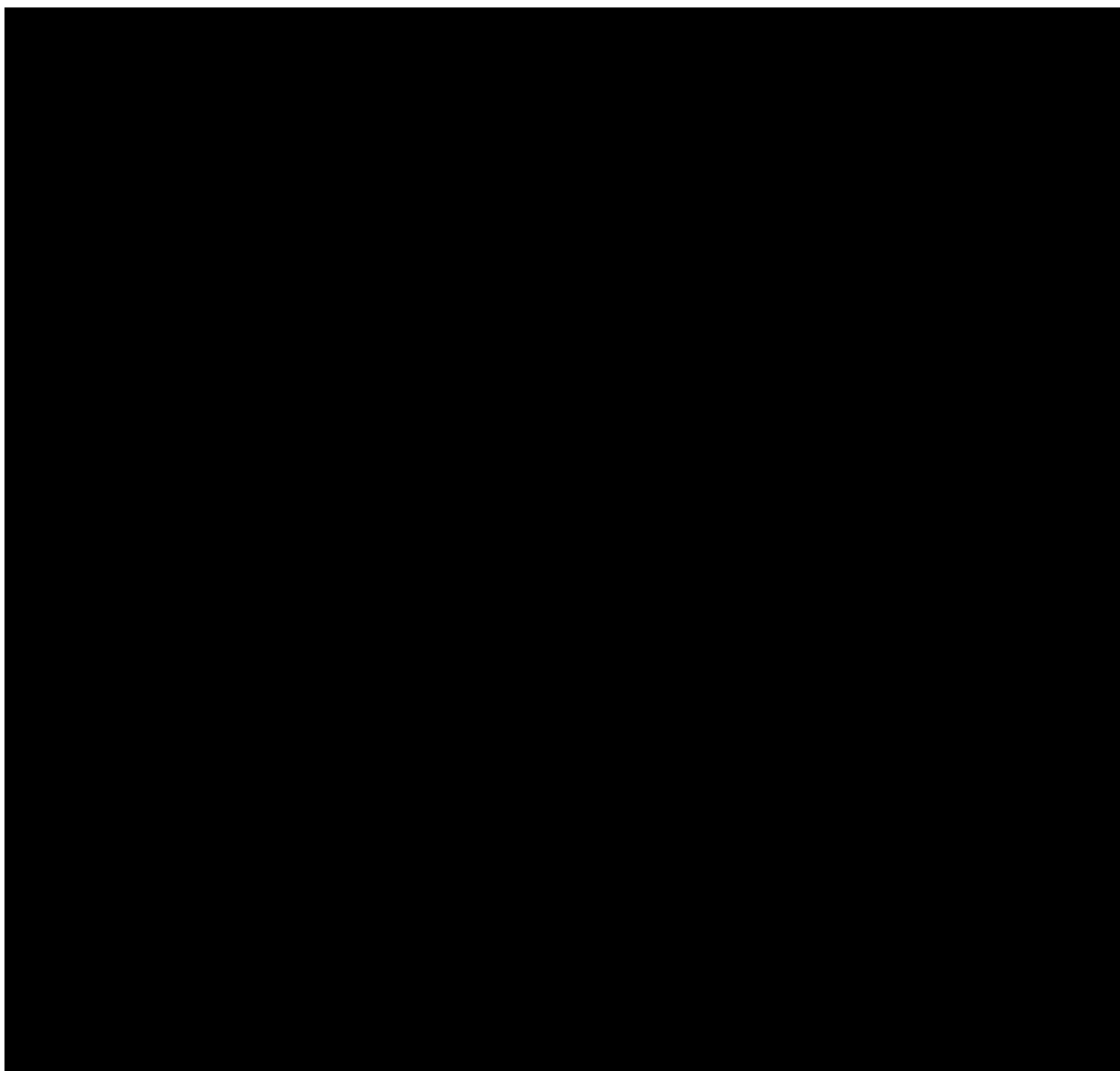
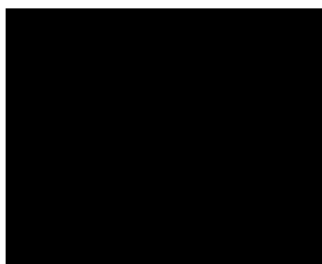


## SECURITY AND INFRASTRUCTURE









**D-2.3** By selecting “**Yes**”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by [section 149.433 of the Revised Code](#).

YES



## Operations Plan(Receiving of Product)

**D-3.1** By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

YES

**D-3.2** By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana. [OAC 3796:6-3-06](#); [OAC 3796:8](#)

YES

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

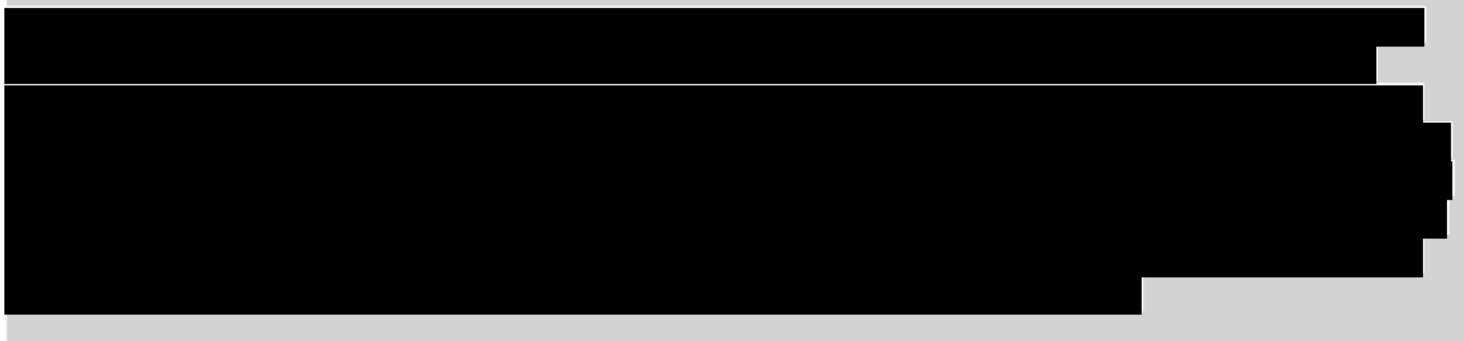
[REDACTED]

[REDACTED]

[REDACTED]

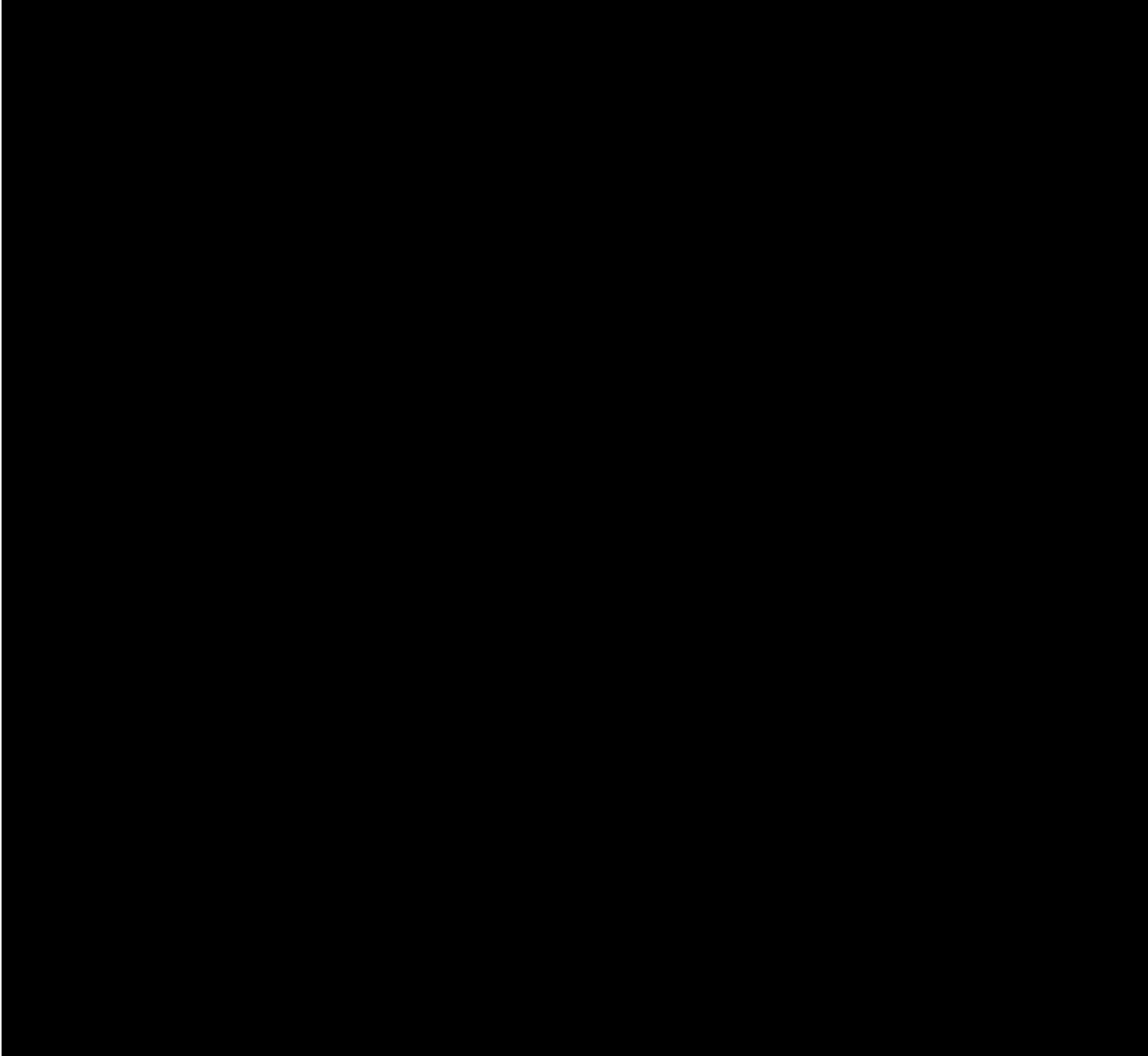
[REDACTED]

[REDACTED]



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

Uploaded Document Name: **D-3.3.1\_Facility Plan Redacted.pdf**  
NOTE: This applicant uploaded document is the next 3 page(s) of this document.



1 Furniture Plan  
A1 Scale: 1/16" = 1'-0"

**TRADE SECRET**  
**SECURITY INFRASTRUCTURE**

**Design Intent Drawing:** Not Intended for  
Architectural, Engineering or Construction  
Use.



PAGE: Furniture Plan  
DATE: 11/15/17  
SCALE: 1/16" = 1' - 0"

A1

Waiting

TRADE SECRET  
SECURITY AND INFRASTRUCTURE

Dispensary

TRADE SECRET  
SECURITY AND INFRASTRUCTURE

## 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.

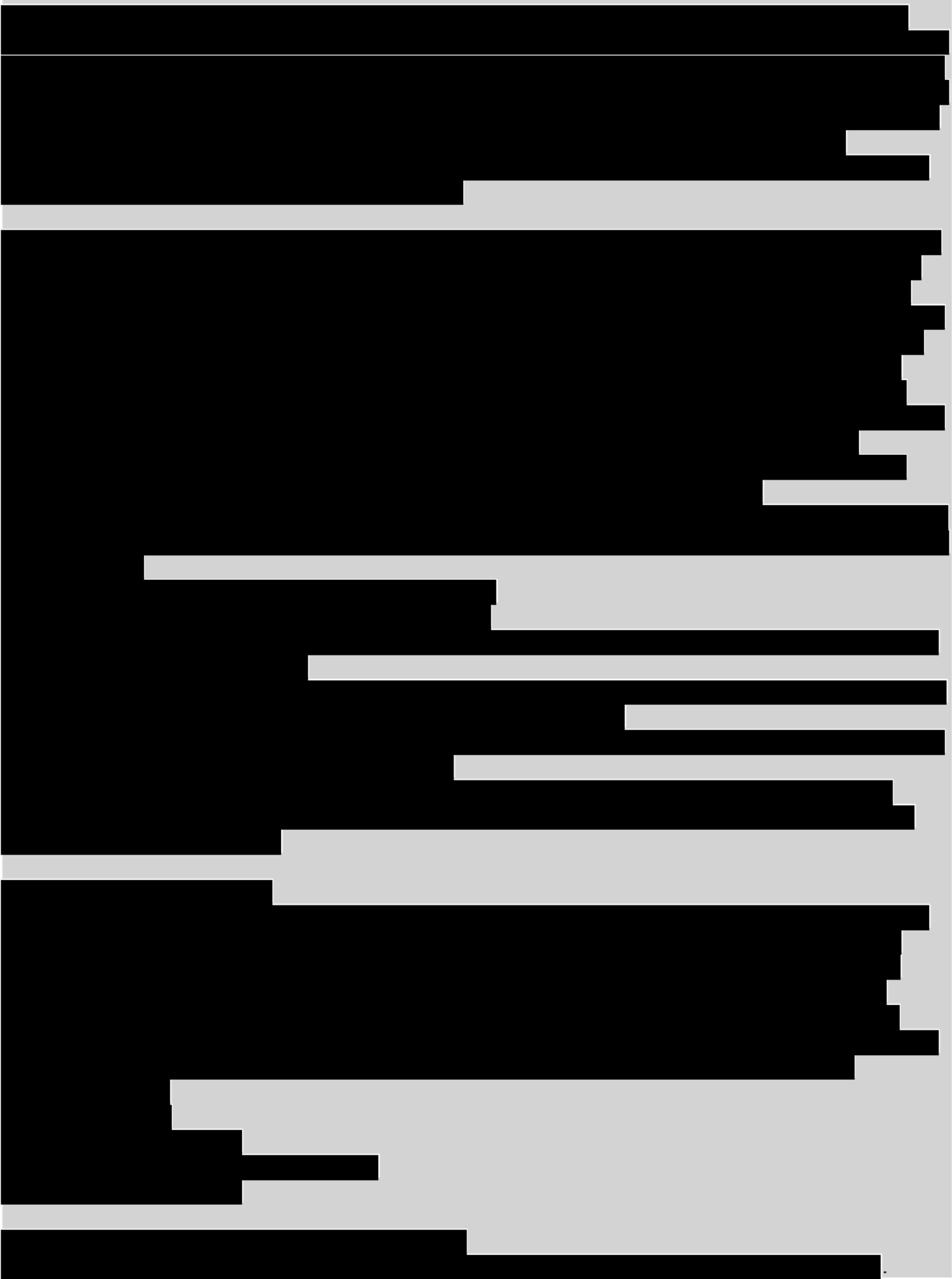
YES

**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:

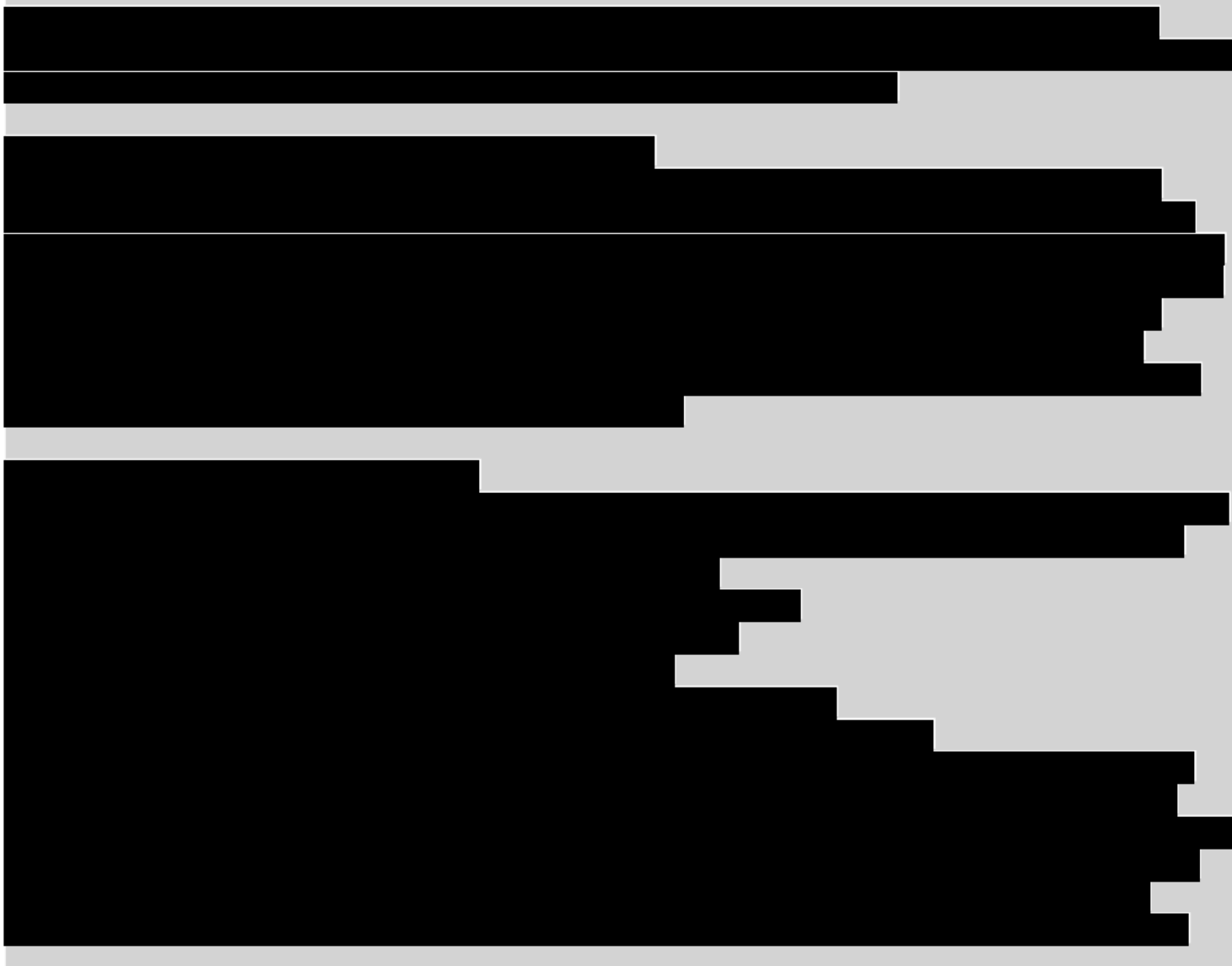
1. Oversight of medical marijuana storage
2. Physical security measures
3. Record maintenance
4. Persons who will have access to medical marijuana
5. Climate control and lighting maintenance, including any necessary equipment
6. Sanitation of storage areas

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

[Redacted content]







**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).

4

**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]





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

Lot# :1234  
Date of Harvest : 8.28.17  
UBI: 123 456 789 001 001



Generic Dispensary  
**Blueberry Haze**

16.7% THC // 16.45 THCA // 1.5% CBD // 0.3% CBDA

**This product is for medical use and not for resale or transfer**

The contents may be lawfully consumed only by the qualifying patient named on the attached label;

It is illegal for any person to possess or consume the contents of the package other than the qualifying patient; and

It is illegal to transfer the package or contents to any person other than for a caregiver to transfer it to a qualifying patient;

KEEP AWAY FROM CHILDREN

National Poison Control Center emergency telephone number: 800-222-1222

The label will bear the telephone number of the licensee to call to report an adverse patient event;

WARNING: MAY CONTAIN ALLERGENS  
NON-MEDICAL CANNABIS INGREDIENTS (IF EDIBLE)

The label will bear a conspicuous itemization, including weight of all  
cannabinoid and terpene ingredients specified for the product

Bear a personalized label for the qualifying patient.

The amount of product and form;

- The genetic lineage of the product (including medicinal variety);
  - Weight (for medical cannabis);
- Date the product was packaged and expiration date (if applicable);
  - Laboratory testing results;
  - Legal disclosures;
  - Medical disclosures (if applicable);

## 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](#)

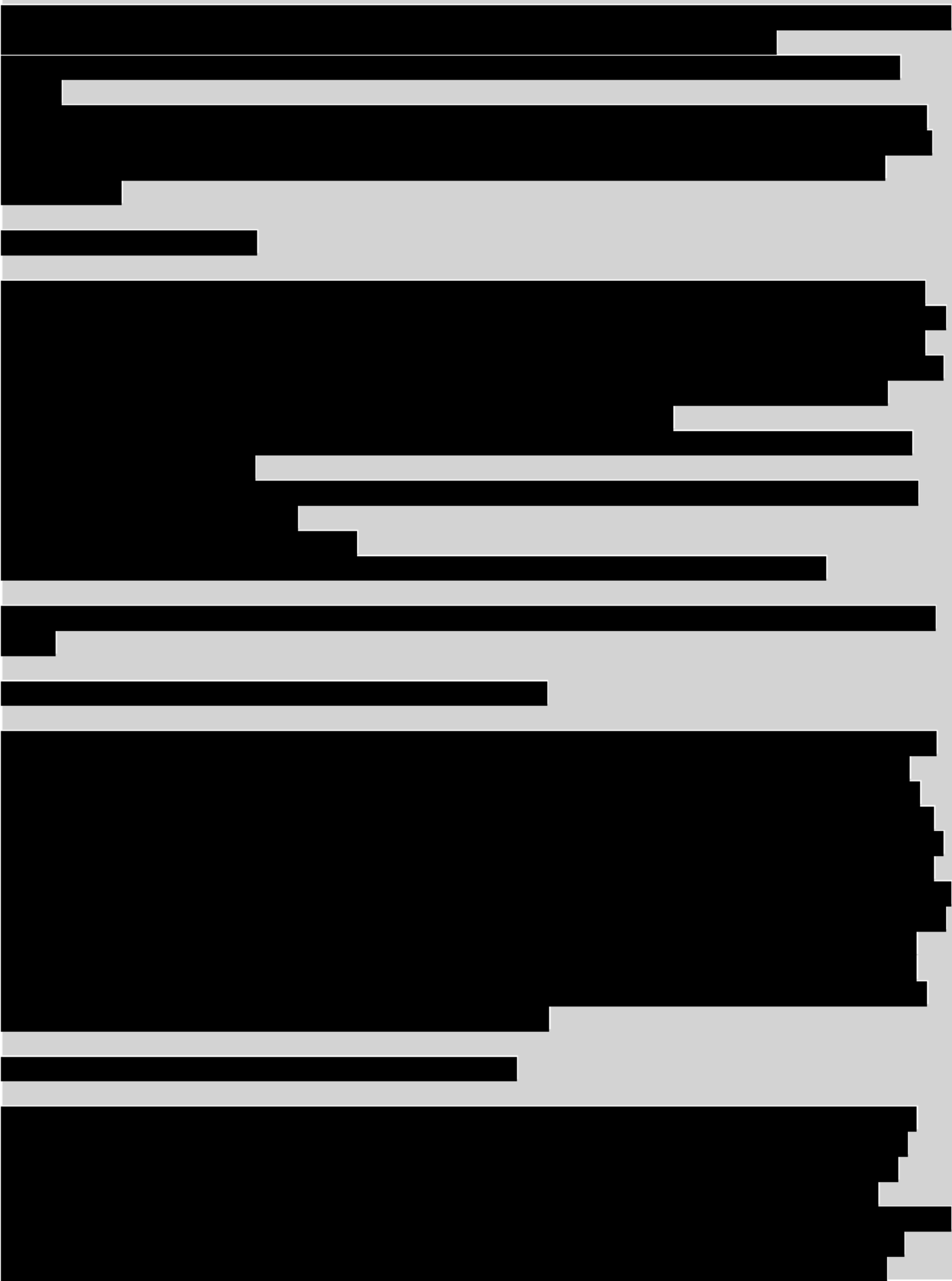
YES

**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](#)







at least 51% non-marijuana waste. These procedures will be discussed more fully in D-6.9.

**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.

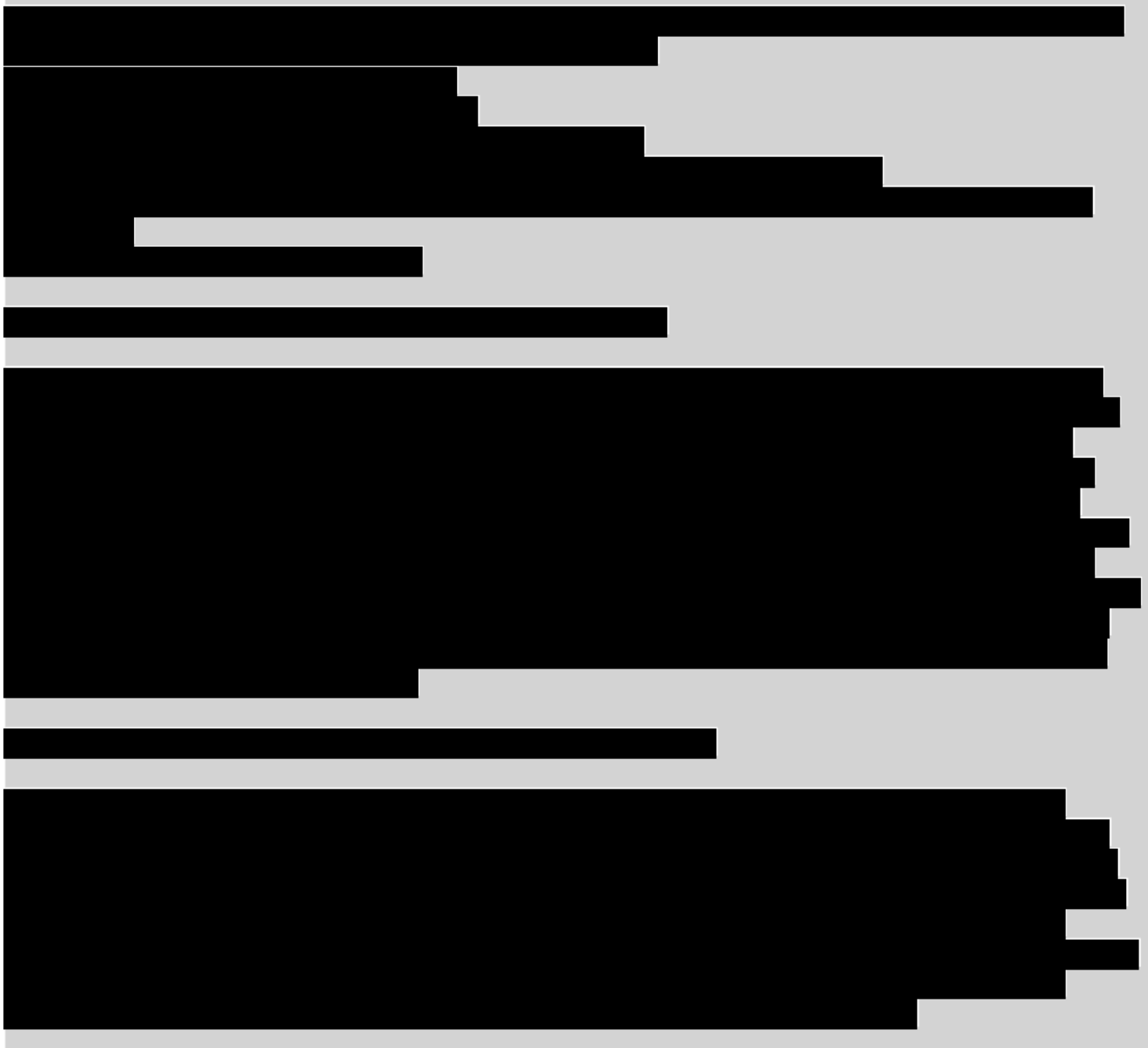
*No response provided by applicant*

**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

[illegible]

[illegible]



**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.

Uploaded Document Name: **D-6.9.1\_ returned products log sheet.pdf**  
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

**OPTIONAL ATTACHMENT**

**RETURNED MARIJUANA PRODUCTS LOG SHEET**

<b>Date</b>	<b>Receiving Employee</b>	<b>Patient/Caregiver Name/ID Number</b>	<b>Marijuana Product Returned (Barcode or other label</b>	<b>Quantity/Weight</b>	<b>Reason for Product Return</b>

### 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](#)

[illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

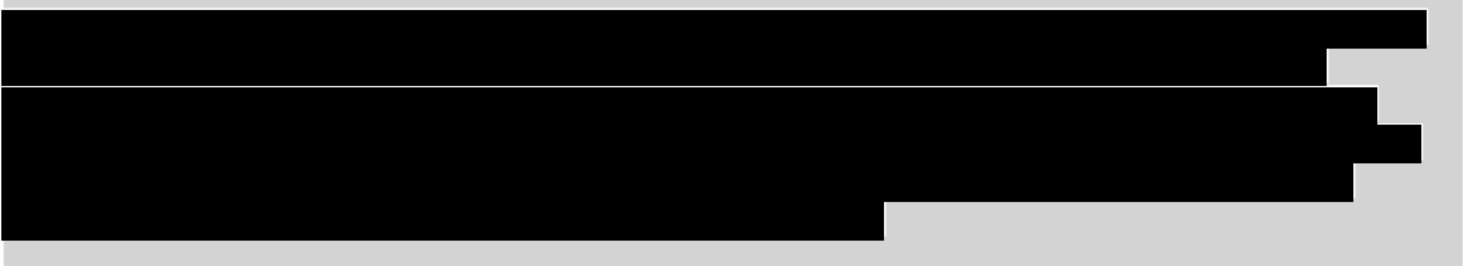
[REDACTED]

[REDACTED]

[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:

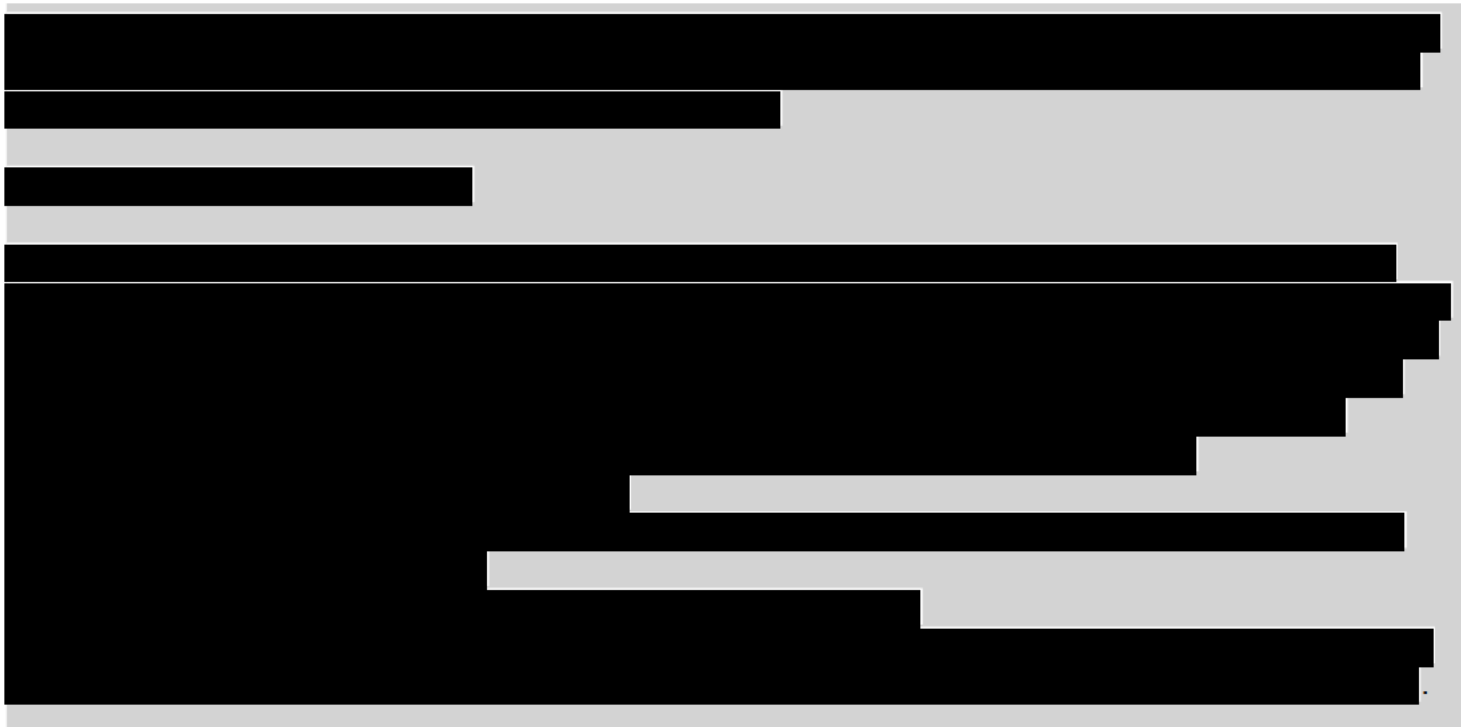
1. Processes for contamination prevention
2. Pest protection procedures
3. Instruction to dispensary employees regarding the handling of medical marijuana
4. Hand-washing facilities

Please reference [OAC 3796:6-3-02](#) for more information.

[Redacted content]







## 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]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[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]



[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]

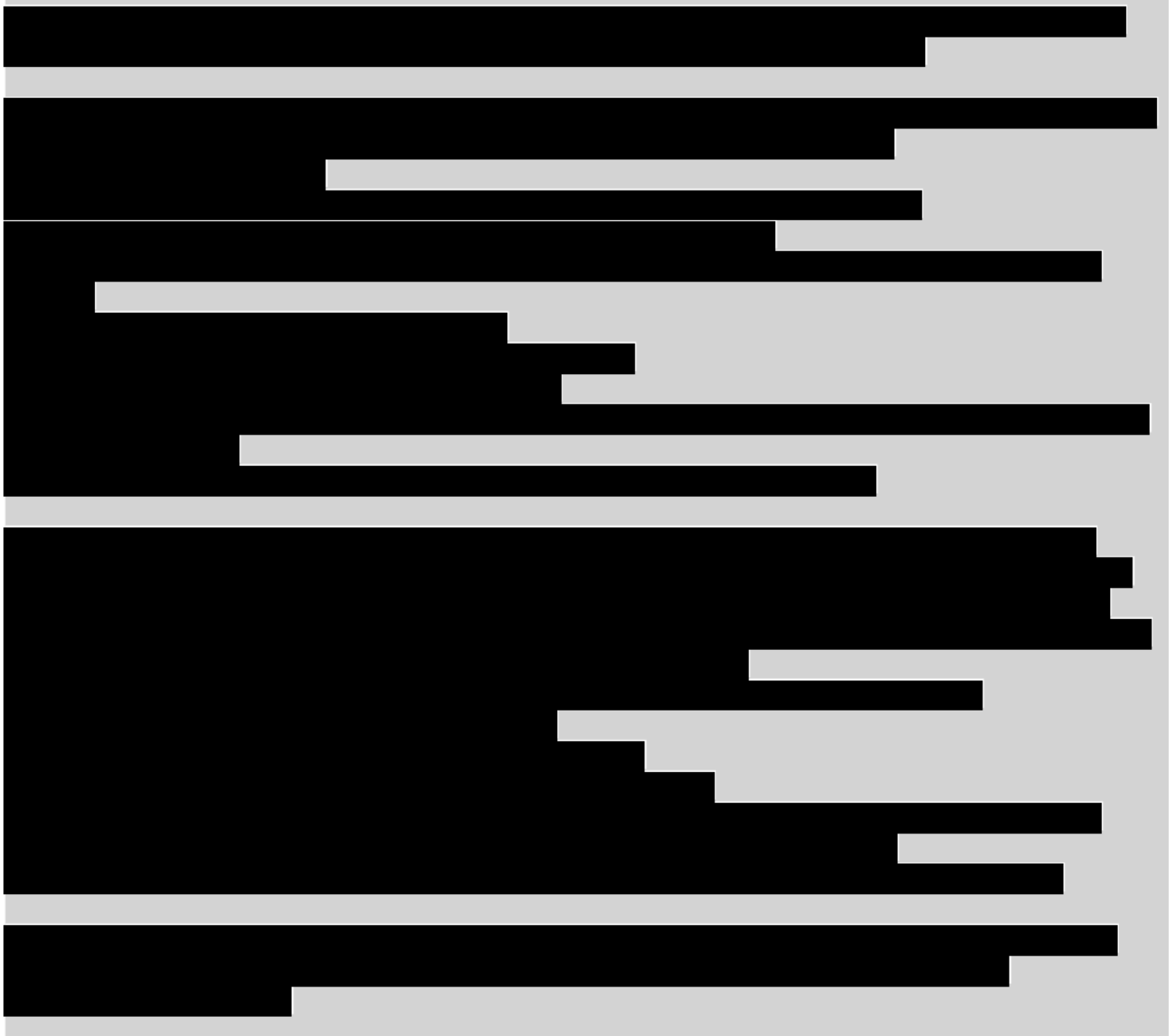


[illegible]

[REDACTED]

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

[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](#).

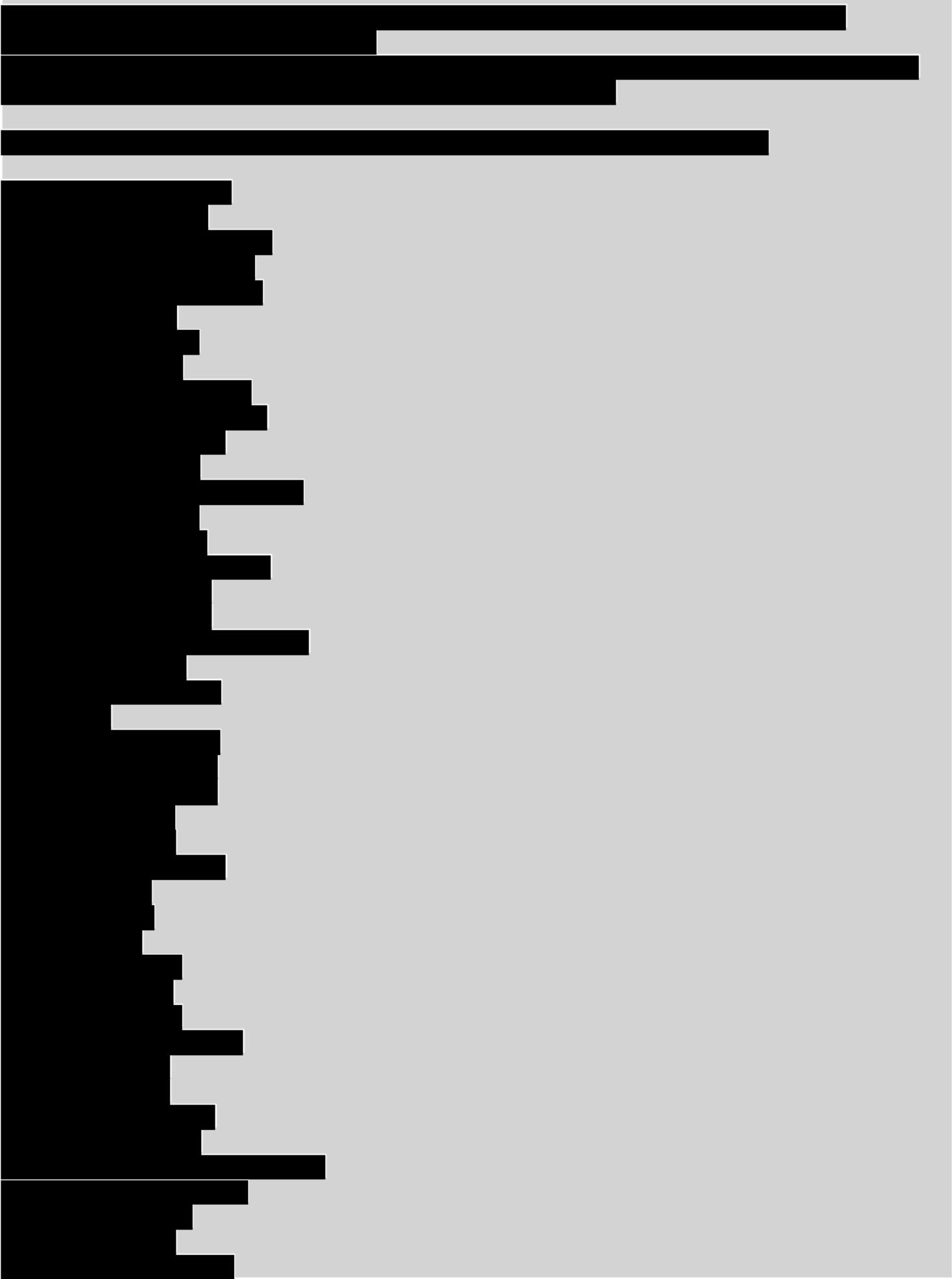
YES

## 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](#)

[Redacted content]





[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*

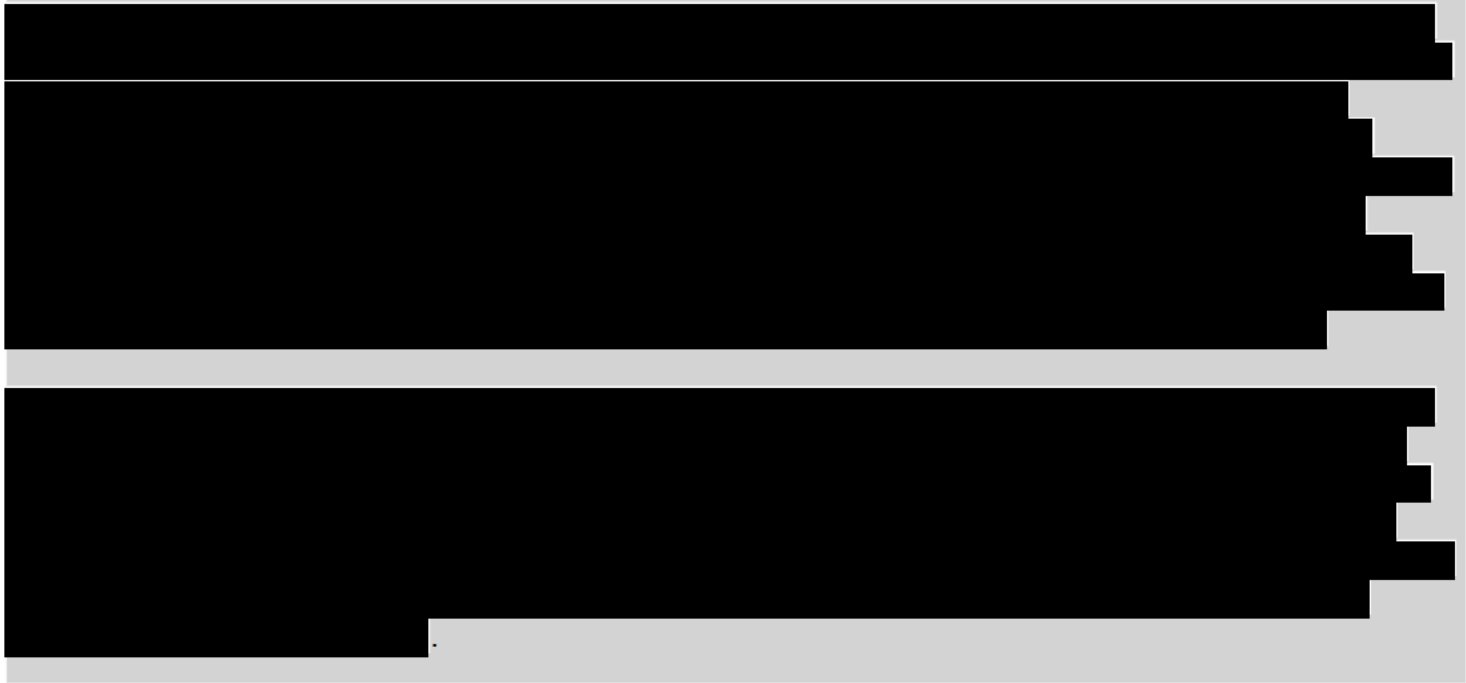
**E-1.2** Summarize how the Applicant's training plan will identify and incorporate advancements in medical marijuana research. Include a description of the frequency with which the training plan will be updated, how new information will be incorporated into the training plan, the method for providing updated training to dispensary employees, and the frequency with which updated training will be provided to dispensary employees. [OAC 3796:6-3-19](#)

[REDACTED]









**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)

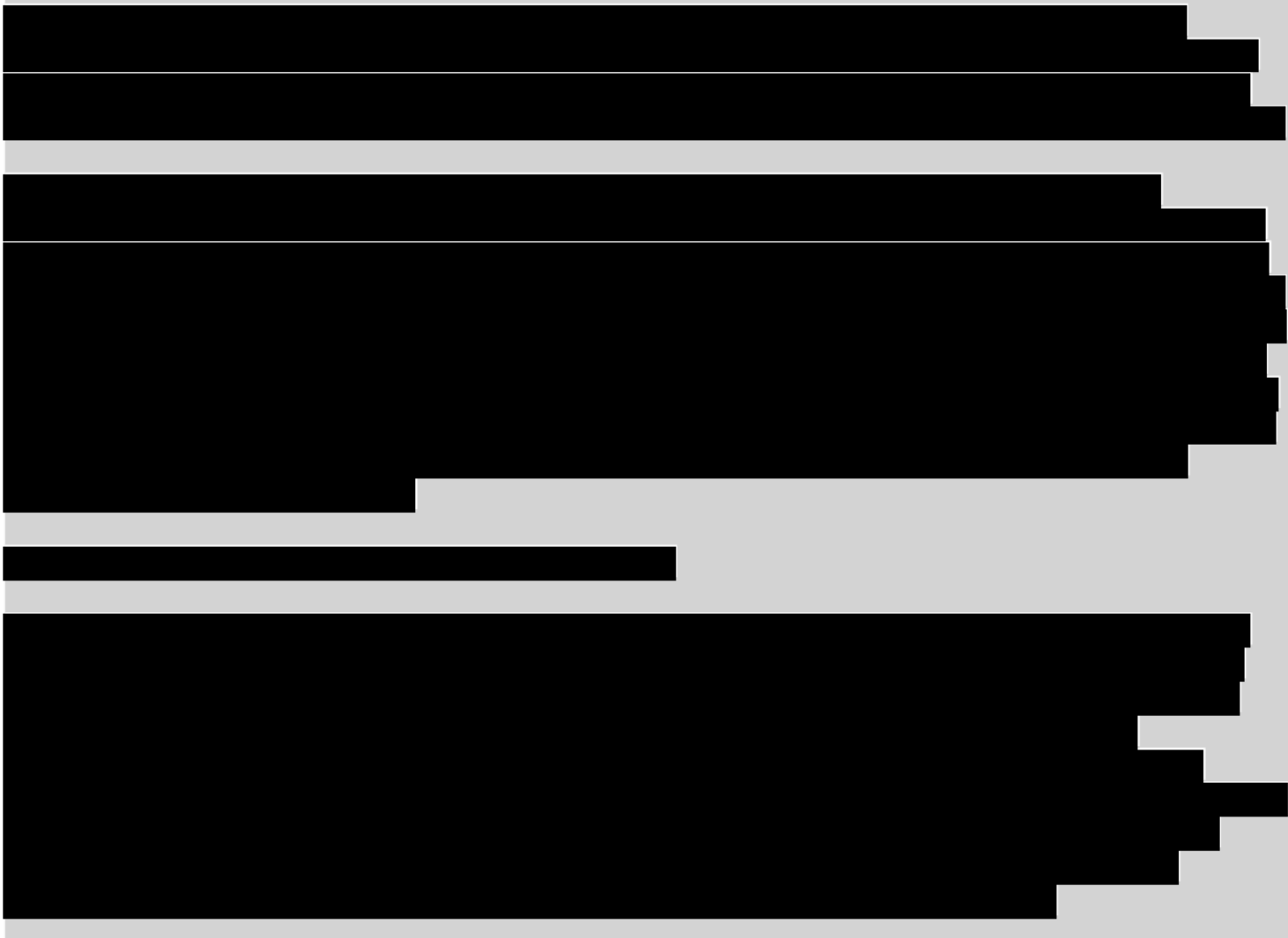
**E-2.1** Describe how dispensary employees will be trained to provide patient education regarding:

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 content]





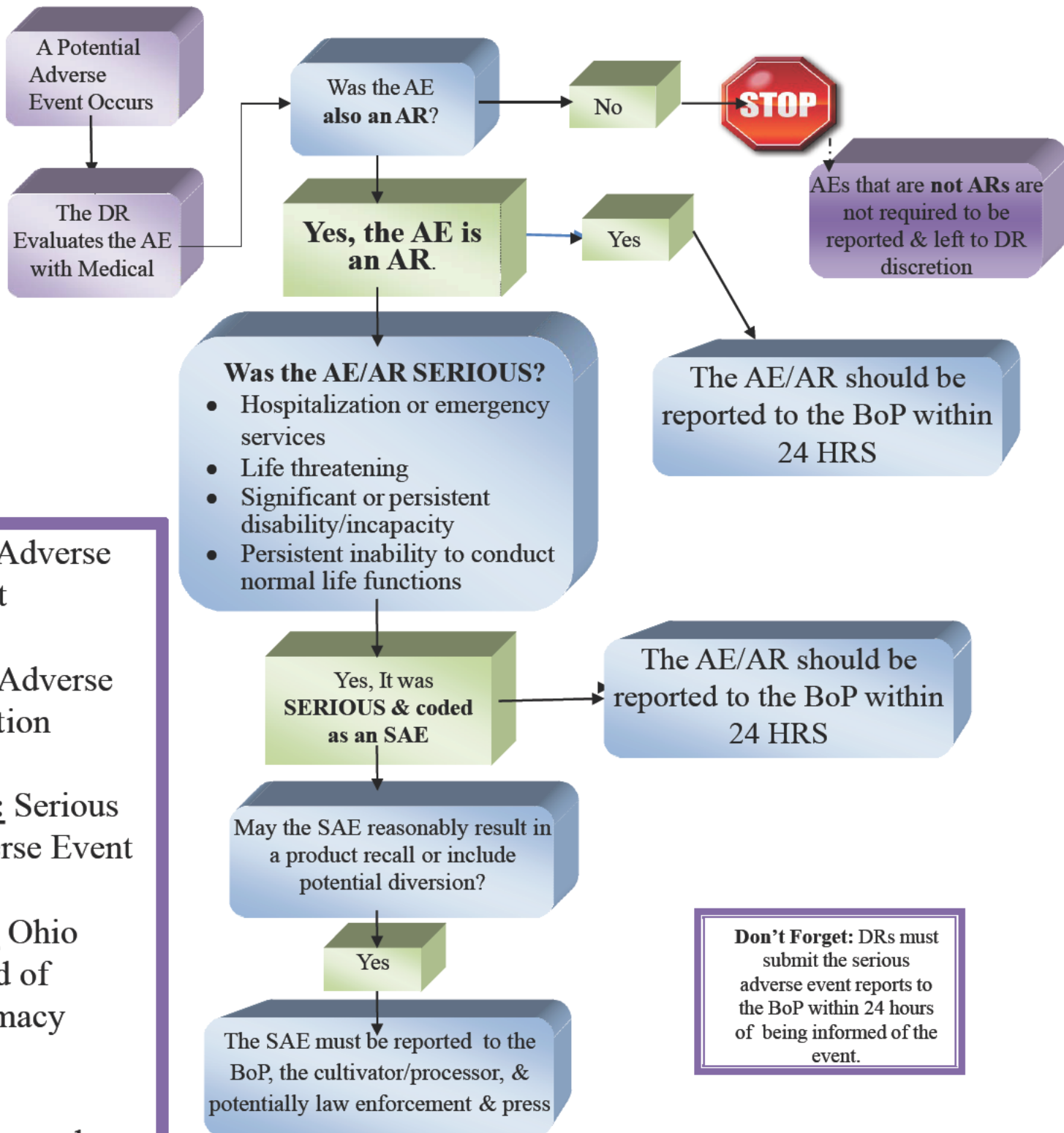
**E-2.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-2.1.1\_Recognizing-Reporting Adverse Events Flowchart.pdf**  
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

# RECOGNIZING & REPORTING ADVERSE EVENTS FLOWCHART

## Description:

Not all potential adverse events need to be reported to the BoP. So, how do you determine whether or not to submit a report?



**AE:** Adverse Event

**AR:** Adverse Reaction

**SAE:** Serious Adverse Event

**BoP:** Ohio Board of Pharmacy

**DR:** Designated Representative

[illegible]

1. How reports will be documented
2. The circumstances that will require reports of adverse events will be reported to a cultivator, processor, and / or the State Board of Pharmacy
3. The time frame for which to provide such reports



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## Patient Care(Patient Care Facilities)


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

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

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

[Redacted content]

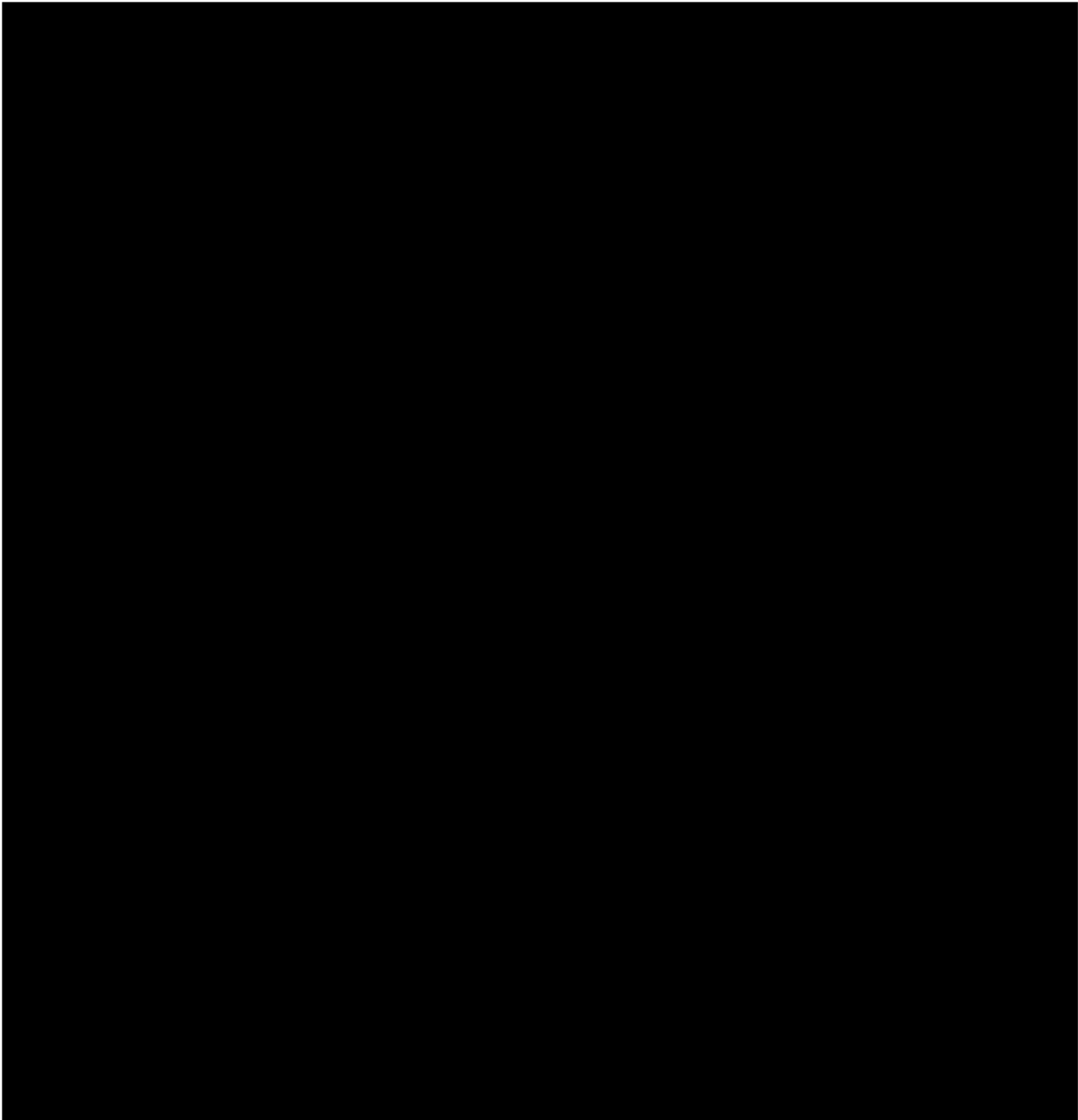




**E-3.1.1** Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-3.1.1\_Facility Plan Redacted.pdf**

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



1  
A1 Furniture Plan  
Scale: 1/16" = 1'-0"

**TRADE SECRET**  
**SECURITY INFRASTRUCTURE**

**Design Intent Drawing:** Not Intended for  
Architectural, Engineering or Construction  
Use.



PAGE: Furniture Plan  
DATE: 11/15/17  
SCALE: 1/16" = 1' - 0"

A1

Waiting

TRADE SECRET  
SECURITY AND INFRASTRUCTURE

TRADE SECRET  
SECURITY AND INFRASTRUCTURE



### 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](#)

9:00AM - 9:00PM 7 days a week/every day

### **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 GreenRx.pdf**

NOTE: This applicant uploaded document is the next 4 page(s) of this document.



STATE OF  
**OHIO**  
BOARD OF PHARMACY



### Trade Secret Form

(Attachment to Application Section F-2.1)

Business Name of Applicant: <b>GREEN RX</b>	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Printed Name of Authorized Representative <b>DAMON LYNCH III</b>	
Signature <b>Damon Lynch III</b>	Date <b>11-13-17</b>



## Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-1.1	C.1.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-2.1	C-2.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information. INFRASTRUCTURE RECORD AS WELL
C-2.2	C-2.2.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-3.1	C-3.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-3.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-4.1	C-4.2	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
C-5.5	C-5.5.1	the extent to which the information is known outside the business
D-2.2	D-2.2.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information. INFRASTRUCTURE RECORD AS WELL
D-3.3		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-4.4		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-5.1	D-5.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-6.8		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-6.9	D-6.9.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-7.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-8.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-9.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information
D-10.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-10.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.





Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-10.3		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-1.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-1.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-2.1	E-2.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-2.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
E-3.1.	E-3.1.1	the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information. INFRASTRUCTURE RECORD AS WELL
D-9.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information
D-10.1		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.
D-10.2		the savings effected and the value to the holder in having the information as against competitors; the amount of effort or money expended in obtaining and developing the information; and the amount of time and expense it would take for others to acquire and duplicate the information.

**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**