Ohio Medical Marijuana Control Program

Ohio Medical Marijuana Dispensary Application
MEDICAL MARIJUANA 513, LLC
Application ID 94

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

Medical Marijuana 513, LLC

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

No response provided by applicant

A-1.3 Business Street Address

4661 Kugler Mill RD.

A-1.4 City

Cincinnati

A-1.5 State

OH

A-1.6 Zip Code

45236

A-1.7 Phone

5136757459

A-1.8 Email

nat.brodziak@gmail.com

Demographic Information(Primary Contact/Registered Agent)

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

PRIMARY CONTACT

A-2.2 First Name

Nathaniel

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Brodziak

A-2.5 Street Address

4661 Kugler Mill RD

A-2.6 City

Cincinnati

A-2.7 State

OH

A-2.8 Zip Code

45236

A-2.9 Phone

5136757459

A-2.10 Email

nat.brodziak@gmail.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

01/11/2017

A-3.4 Business Name on Formation Documents

Medical Marijuana 513, 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

NO

Demographic Information(District Information)

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

SOUTHWEST-1

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

Hamilton

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 4

A-6.1 First Name

Nathaniel

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Brodziak

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant’s business

PAKE - General Manager

A-6.7 Applicant's business related compensation

$1.00

A-6.8 Number of shares owned

25

A-6.9 Types of shares owned

Membership Units

A-6.10 Percent interest in Applicant's business

25%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

OWNER

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

No response provided by applicant

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

4661 Kugler Mill Rd

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45236

A-6.20 Phone

5136757459

A-6.21 Email

nat.brodziak@gmail.com

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

No response provided by applicant

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

29

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 4

A-6.1 First Name

John

A-6.2 Middle Name

Basil

A-6.3 Last Name

Mattingly

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Entrepreneur

A-6.6 Title in the Applicant’s business

PAKE - Advisory Director / Financial Backer

A-6.7 Applicant's business related compensation

$1.00

A-6.8 Number of shares owned

25

A-6.9 Types of shares owned

Membership Units

A-6.10 Percent interest in Applicant's business

25%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

OWNER

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

No response provided by applicant

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

201 Edgemont Rd.

A-6.17 City

Maysville

A-6.18 State

OH

A-6.19 Zip Code

41056

A-6.20 Phone

6065840272

A-6.21 Email

qtr.1234@yahoo.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 4

A-6.1 First Name

William

A-6.2 Middle Name

Chandler

A-6.3 Last Name

Warner

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant’s business

PAKE - Compliance Manager & Community Impact Manager

A-6.7 Applicant's business related compensation

$1.00

A-6.8 Number of shares owned

25

A-6.9 Types of shares owned

Membership Units

A-6.10 Percent interest in Applicant's business

25%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

OWNER

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

No response provided by applicant

A-6.14 Date of birth

This response has been entirely redacted

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

This response has been entirely redacted

A-6.16 Street Address

315 West 3rd Street

A-6.17 City

Maysville

A-6.18 State

KY

A-6.19 Zip Code

41056

A-6.20 Phone

6065842889

A-6.21 Email

No response provided by applicant

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 4

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Jarjosa

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

CFO

A-6.6 Title in the Applicant’s business

PAKE - General Counsel / Financial Director

A-6.7 Applicant's business related compensation

$1.00

A-6.8 Number of shares owned

25

A-6.9 Types of shares owned

Membership Units

A-6.10 Percent interest in Applicant's business

25%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

OWNER

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

No response provided by applicant

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

2912 Portsmouth Ave.

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45209

A-6.20 Phone

No response provided by applicant

A-6.21 Email

mjarjosa@carlsonsw.com

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

No response provided by applicant

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

1

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Compliance(Compliance with Applicable Laws and Regulations)

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

YES

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

YES

Compliance(Civil and Administrative Action)

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

NO

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

NO

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

NO

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

NO

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

No response provided by applicant

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 4

B-3.1 First Name

Nathaniel

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Brodziak

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

General Manager

B-3.6 Brief description of role

Manage dispensary operations - staff, medicine dispensed, SOPs, Inventory reports, state and local compliance regulations

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.

YES

B-3.22 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Revised Code or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 2 of 4

B-3.1 First Name

John

B-3.2 Middle Name

Basil

B-3.3 Last Name

Mattingly

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Advisory Director

B-3.6 Brief description of role

Responsible for broadening an understanding of the business, and monitoring current market and industry trends that can positively affect our business.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.

YES

B-3.22 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Revised Code or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 3 of 4

B-3.1 First Name

William

B-3.2 Middle Name

Chandler

B-3.3 Last Name

Warner

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Compliance Manager / Community Impact Manager

B-3.6 Brief description of role

Responsible for ensuring compliance with state and local laws and regulations as well as work with the community to develop a positive relationship

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section 4731.30 of the Revised Code.

YES

B-3.22 By selecting "Yes", you attest to the following statement:
None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under Chapter 3796 of the Revised Code or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 4 of 4

B-3.1 First Name

Michael

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Jarjosa

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

General Counsel / Finance Director

B-3.6 Brief description of role

Provides advice on company strategies and their implementation, manages the legal function, and obtains and oversees the work of outside counsel - directly involved in complex business transactions in negotiating critical contracts

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

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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: **C1.1_Purchase Contract.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.

Real Estate Purchase Contract

Industrial - Investment – Commercial

It is recommended that all parties be represented by legal counsel and a Realtor

November 1, 2017

1. **PROPERTY DESCRIPTION:** the undersigned Buyer offers to purchase from the Seller through Broker, the following described real estate including, without limitation, all improvements, fixtures, appurtenant rights privileges, and easements located in the County of Hamilton and the State of Ohio known as: 3927 Brotherton Rd, Cincinnati Ohio 45209 Parcel# 051-0009-0066-00 and 0051-0009-0099-00 , approximately .296 acres.

2. **PRICE AND TERMS:** The purchase price is ($1,600,000) payable as follows: Cash at Closing.

3. **CONTINGENCIES:**

   (a.) **Property Inspection:** Buyer, at Buyer's expense, shall have 75 days after the acceptance hereof to have the property and all improvements, fixtures and equipment inspected. Seller shall cooperate in making the property reasonably available for such inspection(s). Buyer agrees to indemnify and hold Seller harmless from any injury or damage caused by such inspection(s). If Buyer is not, in good faith, satisfied with the condition of the property as disclosed by such inspection(s), Buyer may terminate this contract by delivering written notice of such termination to Seller, along with a written copy of such inspection report(s), within the time period specified above, such notice and report(s) shall specify the unsatisfactory conditions. Failure of Buyer to so deliver written notice and copy of inspection report(s) within such time period shall constitute a waiver of Buyer's right to terminate pursuant to this provision.

4. **POSSESSION:** Possession shall be given upon closing, except that Seller shall have rights to lease the second floor of the property for up to 12 months after closing for $3,000/mo gross..

5. **RENTALS AND OTHER PRORATIONS AND SECURITY DEPOSITS:** Intentionally deleted.

6. **FIXTURES AND EQUIPMENT:** Intentionally deleted.

7. **DAMAGE OR DESTRUCTION OF PROPERTY:** Risk of physical loss to the real estate and improvements shall be borne by Seller until closing, provided that if any property covered by this contract shall be substantially damaged or destroyed before this transaction is closed, Buyer may (a) proceed with the transaction and be entitled to all insurance money, if any, payable to Seller under all policies covering the property, or (b) rescind the contract and thereby release all parties from liability hereunder by giving written notice to Seller and Broker within ten (10) days after Buyer has written notice of such damage or destruction. Failure by Buyer to so notify Seller and Broker shall constitute an election to proceed with the transaction.

8. **CONDITION OF IMPROVEMENTS:** Seller agrees that upon delivery of deed, the improvements constituting part of the real estate shall be in the same condition as they are on the date of this offer, reasonable wear and tear expected.

9. **EVIDENCE OF TITLE:** Seller shall furnish and pay for an owner's title insurance commitment and policy ALTA Form B (1992 REV. 10-17-92) in the amount of the purchase price. The title evidence shall be certified to within thirty (30) days prior to closing with endorsement not before 8:00 a. m. on the business day prior to the date of closing, all in accordance with the standards of the Columbus Bar Association, and shall show in Seller marketable title in fee simple free and clear of all liens and encumbrances except: (a) those created by or assumed by Buyer; (b) those specifically set forth in this contract; (c) zoning ordinances; (d) legal highway and (e) covenants, restrictions, conditions and easements of record that do not unreasonably interfere with present lawful use, (or Buyer's intended use which is business operations). Buyer shall pay any additional costs incurred in connection with mortgage title insurance issued for the protection of Buyer's lender. If Buyer desires a survey, Buyer shall pay the cost thereof. If title to all or part of real estate is unmarketable, as determined by Ohio law with reference to the Ohio State Bar Association's Standards of Title Examination, or is subject to liens, encumbrances, easements, conditions, restrictions or encroachments other than those excepted in this contract, Seller shall, within thirty (30) days after a written notice thereof, remedy or remove any such defect, lien, encumbrance, easement, condition, restriction or encroachment or obtain title insurance without exception thereof. In the event Seller is unable to remedy to insure against the defect within the thirty (30) day period, the Buyer may declare this contract null and void. At closing, Seller shall sign an affidavit with respect to off-record title matters in accordance with the community custom.

10. **CONVEYANCE AND CLOSING:** At closing, Seller shall pay transfer taxes and deed preparation and shall convey, at closing, marketable title (as described in paragraph 9) to the real estate by deed of general warranty (or appropriate fiduciary deed if seller is a fiduciary) in fee simple, with release of dower, if any. The date of closing shall be: On or before thirty (30) days after the Conclusion of the Due Diligence Due Diligence period.

11. **TAXES AND ASSESSMENTS:** At closing, Seller shall pay or credit on purchase price all delinquent taxes, including penalty and interest, all assessments that are a lien on the date of contract and all agricultural use tax recoupments for years prior to the year of closing. At closing, Seller shall also pay or credit on purchase price all other unpaid real estate taxes that are a lien for years prior to closing and a portion of such taxes and agricultural use tax recoupments for year of closing, prorated through date of closing and based on a 365-day year and, if undetermined, on most recent available tax rate and valuation, giving effect to applicable exemptions, recently voted millage, change in valuation, etc., whether or not certified. With regard to further assessments, Seller warrants that, as of the acceptance hereof, no improvements or services to the site or area have been installed or furnished that would result in the costs being assessed against the real estate, and no written notification has been received by Seller from public authority or owner's association of future improvements that would result in costs being assessed against the real estate. **Real estate taxes and assessments are subject to retroactive change by governmental authority. The real estate taxes for the property for the current tax year may change as a result of the transfer or as a result of a change in the tax rate.**

12. **BUYER'S EXAMINATION:** BUYER IS RELYING SOLELY UPON HIS OWN EXAMINATION OF THE REAL ESTATE AND INSPECTIONS HEREIN REQUIRED, IF ANY, FOR ITS PHYSICAL CONDITION, CHARACTER, AND SUITABILITY FOR BUYER'S INTENDED USE AND IS NOT RELYING UPON ANY REPRESENTATIONS BY THE BROKER(S), EXCEPT FOR THOSE MADE BY BROKER(S) DIRECTLY TO THE BUYER IN WRITING.

13. **ENVIRONMENTAL DISCLAIMER BY BROKER:** Buyer and Seller acknowledge that Broker(s) have made no independent investigation to determine whether hazardous materials exist in, on or about the property. Buyer and Seller understand that any such determination requires the expertise of a specialist in hazardous materials, the retaining of which is the responsibility of Buyer and/or Seller and not that of the Broker.

14. **DEPOSIT:** Buyer shall remit to Seller $5,000 as a deposit. Such deposit will be held by Seller and applied to purchase price of the Property. Deposit is not refundable to Buyer for any reason.

15. **MISCELLANEOUS:** This contract constitutes the entire agreement and no oral or implied agreement exists. Any amendments to this contract shall be in writing, signed by Buyer(s) and Seller(s) and copies provided to them. This contract shall be binding upon the parties, their heirs, administrators, executors, successors and assigns. If this contract involves seller financing, it may not be as-signed. Time is of the essence of all provisions of this contract. All provisions of this contract shall survive the closing. In compliance with fair housing laws, no party shall in any manner discriminate against any Buyer or Buyers because of race, color, religion, sex, familial status, handicap or national origin. Paragraph captions are for identification only and are not part of this contract.

16. **EXPIRATION AND ACCEPTANCE:** This offer shall remain open for acceptance until 5:00 p.m. Eastern time on November 6, 2017 and a signed copy shall be returned to all parties upon acceptance.

17. **BROKER'S FEE:** Buyer warrants that it has not engaged the services of any Broker in relation to the purchase of this Real Estate and indemnifies Seller against liability for any commission due.

REAL ESTATE PURCHASE CONTRACT

Buyer hereby makes the foregoing offer this 2nd **of** Nov.

Nat Brodziak
Medical Marijuana 513 LLC and/or assigns (Buyer)

Address 4661 Kugler Mill rd.
cincinnati Oh 45236

Phone 513 675 7459

Deed to:

Name of Buyer's Attorney:

Seller agrees to and accepts the foregoing offer this 2nd **day of** November **20**17.

TLAAT 2 LLC

(Seller)

Address 3927 Brotherton Rd.
Cincinnati, Oh 45209

Phone 513-607-1809

Name of Seller's Attorney: N/A

NOTE: ***AGENCY DISCLOSURE STATEMENT: Buyer and Seller acknowledge having reviewed and signed the Agency Disclosure Statement as required by Ohio law.***

ALL PARTIES TO THIS CONTRACT MUST BE PROVIDED WITH A COPY.

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

Medical Marijuana 513, LLC

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

No response provided by applicant

C-1.4 Business Address

3927 Brotherton Rd.

C-1.5 City

Cincinnati

C-1.6 State

OH

C-1.7 Zip Code

45209

C-1.8 Phone

5136757459

C-1.9 Email

nat.brodziak@gmail.com

Business Plan(Site and Facility Plan)

C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:

- If the facility is in existence at the time that the provisional license application is submitted, submit plans and specifications drawn to scale for the interior of the facility.
- If the facility is in existence at the time that the provisional license application is submitted, and the Applicant plans to make alterations to the facility, submit renovation plans and specifications for the interior and exterior of the facility.
- If the facility does not exist at the time that the provisional license application is submitted, submit a plot plan that shows the proposed location of the facility and an architectural drawing of the facility, including a detailed drawing, to scale, of the interior of the facility.

Uploaded Document Name: **C-2.1_Facility Design.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

MEDICINE MAN
TECHNOLOGIES

4880 HAVANA ST. SUITE #201
DENVER, CO 80239
P: 303.371.0387
F: 303.371.0598

Nat Brodziak

3927 Brotherton Rd, Cincinnati, OH

Date	08/08/17
Job Number	--
Drawn By:	KCh
Checked By:	SW / MB

SD1

C-2.2 The Applicant also must submit evidence that it is in compliance with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration, license or permit. If no relevant zoning restrictions have been enacted, provide a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code. OAC 3796:5-5-01

Uploaded Document Name: **C-2.2_Notice of Proper Zoning.pdf**
NOTE: This applicant uploaded document is the next 2 page(s) of this document.

STATE OF OHIO BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application

NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

This form must be signed by an individual with authority to sign on behalf of the local government or zoning office where the Applicant proposes to locate its dispensary. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question C-2.2 of the online Application.

To be Completed by Applicant		
Business Name of Applicant: Medical Marijuana 513, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 3927 Brotherton Rd. Medical Marijuana 513, LLC		
City: Cincinnati		County: Hamilton
State: Ohio	Zip Code: 45209	Phone Number: 513-675-7459

To be Completed by Zoning Authority or Local Government

Jurisdiction of Zoning Office or Local Government

Moratorium (Required to check one box)

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

☐ The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)

Zoning (Required to check one box)

☐ The area of _____ HAS NO zoning in place at this time.
*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.

☒ The area of City of Cincinnati HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.

STATE OF OHIO BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application

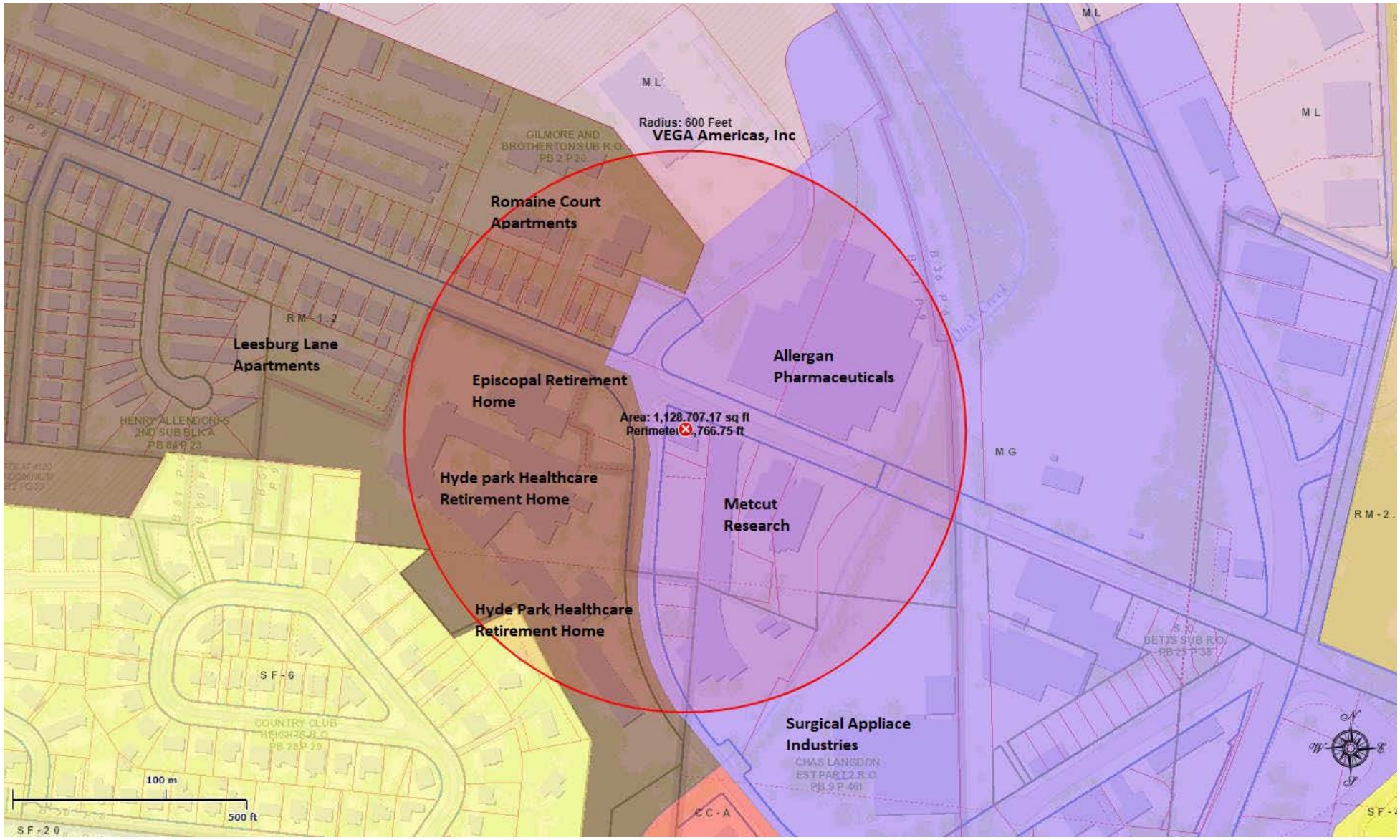
Permit (Required to check one box)	
☐ The Applicant has received local zoning approval and was issued a permit. *If Applicant checks this box, Applicant must attach the permit issued. ☐ The Applicant has applied for local zoning approval, but was not yet issued a permit. ☒ No zoning approval was applied for and no permit was received at this time.	
Printed Name of Local Government Representative: MATTHEW SHAD	Title: ZONING ADMINISTRATOR
Signature:	Date: 11/9/17

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

NOTARIAL SEAL STATE OF OHIO

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

Uploaded Document Name: **C-2.3_Location Area Map 600 FT.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.


Radius: 600 Feet
VEGA Americas, Inc
Romaine Court Apartments
Leesburg Lane Apartments
Episcopal Retirement Home
Allergan Pharmaceuticals
Area: 1,128,707.17 sq ft
Perimeter: 3,766.75 ft
Hyde park Healthcare Retirement Home
Metcut Research
Hyde Park Healthcare Retirement Home
Surgical Appliace Industries
M L
M G
R M - 1 2
R M - 2
S F - 6
S F - 2 0
C C - A
100 m
500 ft

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

Applicant's business startup plan provides a 9 to 12-month operations time frame for our dispensary from receipt of our provisional license.

Preliminary security designs have been drafted as part of this application, and will be finalized once Applicant is granted approval to advance to stage 2 of the application process and all construction drawings have been laid out.

Security system network infrastructure will be installed during construction and buildout. Security alarm and surveillance devices will be connected to the infrastructure once construction is complete. The system will be tested for blind spots or exploitable weaknesses, which will be corrected by Applicant's security contractor within seven days prior to opening.

Staff who work with the security system will receive training on activating and deactivating the alarms, emergency operations, entering duress codes, and troubleshooting. The Security Manager will add system users to, and assign access codes for, the alarm and surveillance systems and authorized user lists. Personnel approved to access video surveillance will receive training on the proper operation of the recording and playback systems.

Approximately 45-60 days prior to opening, Applicant will begin hiring employees for each position. The Dispensary General Manager (GM) will be assigned as the dispensary's designated representative, and will be registered with the state board of pharmacy. Applicant will use local newspapers, professional recruiters, personal contacts, and our company's website to attract qualified individuals. Minimum requirements for employment will include a high school diploma (or equivalent), clean criminal history, effective communication skills, and the ability to maintain the organizational file system. Potential hires will be interviewed first by the Inventory Manager, and then by the GM. Each potential hire will be required to pass a background check as required by the State of Ohio.

Every employee will complete our New Hire Training before being allowed to work in the dispensary. Topics will encompass inventory control, Ohio board of pharmacy drug database training, responsible medical marijuana (MMJ) use, facility security, diversion detection and prevention, laws and regulations, dosage forms and administration methods, available strains, patient qualifying conditions and appropriate communication, inspection protocols, SOP training, and maintaining Ohio OMMCP employment eligibility.

The facility will feature a secure Vault-Type Room (VTR) located away from exterior walls to reduce the risk of a security breach. The VTR will be one of the first interior elements constructed, and is expected to be finished no later than 60 days before opening.

Once the buildout is complete, Applicant's security consultant will provide the GM and Inventory Manager (IM) with training on the proper operation of the vault and access control protocols, along with any other built-in safety features and measures.

Applicant has selected BioTrackTHC, an inventory management system capable of interfacing with METRC. Software training from BioTrackTHC will be conducted approximately 30 days before Applicant becomes fully operational.

Applicant will schedule training of core staff with dispensary consultants within a 45-day period before opening. In addition, dispensary consultants will provide supervision for receiving activities, storage practices, and patient interaction processes for the first week after Applicant receives final approval from the OMMCP and is ready to begin operations.

Applicant will place locking file cabinets in the recordkeeping area approximately 30 days before becoming operational, and the GM will finalize the recordkeeping SOPs. Records will be kept in a locked, secure limited-access area with fixed surveillance cameras recording all activity 24 hours a day. Access will be granted to Applicant's key employees only.

New Hire Training will also include the maintenance of inventory control records, financial data, patient Private Health Information (PHI), employee data, and all other required records.

Applicant's facility is divided into different control zones to check access and prevent diversion. Public zones include the parking lot, entrance exterior, lobby, and restrooms. Limited access areas include the sales area and patient consultation areas. Restricted access areas are those where MMJ is received, handled, or stored, including behind the sales counter.

New hires will be trained to look for potential signs of diversion. These might include persons loitering around the building or in the parking lot, cash exchanges with patients prior to completing a sale, MMJ exchanging hands, or patients using their cellular devices while in a limited access area.

The GM and the IM will conduct regular inventory audits and follow-up investigations on discrepancies.

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

Uploaded Document Name: **C-3.1.1_Business Timeline.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.

Dispensary Operations Timeline

Buildout Activities	**Target Date**
Applicaon Submi al	11/16/17
License awarded	01/01/18
Submit State license fee	02/01/18
Building permit applicaons	01/15/18
Construcon permits finalized	02/01/18
Construction	
Order TI building materials	02/15/18
Buildout interior rooms - vault, offices, waing room, recepon, sales counter, restrooms etc- to match submi ed drawings	07/01/18
Order fixtures and displays	03/01/18
Engineers, electricians, plumbers	04/01/18
Install interior/exterior security equipment/systems	04/01/18
Install point of sale staons	07/01/18
Notify State of intent to commence operations	08/01/18
Building Inspection and Approval	07/01/18
Certificate of Occupancy issued	07/01/18
Provide State Complete Dispensary Operational Plan	02/01/18
Inventory control procedures	02/01/18
Recordkeeping techniques and data storage	02/01/18
Workplace safety measures	02/01/18
Employment policies and procedures	02/01/18
Recall Plan, including handling complaints and returns	02/01/18
Packaging and labeling plans	02/01/18

Dispensing methodologies	02/01/18
Waste disposal management	02/01/18
Quality control plan	02/01/18
Storage of medical marijuana flower and products	02/01/18
Security and transportaon procedures	02/01/18
Applicant has engaged with certain premier consultants. The following consultants will advise and assist with the physical build out as well as Applicant's plan of operations to customize their existing documentation to the facility and State regulations.	
Dispensary Consultant – Medicine Man Technologies	
Security Consultant - Digital Visions, LLC	
Design Build Team – KZF Design	
Become Fully Operational	09/01/18

Dispensary Activities	
Research Sources for Procuring Medical Marijuana Products	04/01/18
Implement Electronic Inventory Tracking System	07/01/18
Implementaon training with system provider and consultant team	07/01/18
Dispensary Consultant Conducts Key Staff Training	04/01/18
Commence phase 1 training program for key dispensary employees and management. Our dispensary consultant, Medicine Man Technologies, has an established comprehensive training program for dispensary employees. This program entails students travelling to Medicine Man's facility and working directly in an operational dispensary.	04/01/18
Safety and sanitaon training	06/01/18
Electronic inventory tracking system training	06/01/18
Diversion prevenon safeguards	06/01/18

Security and emergency protocols	06/01/18
Facility environmental control systems	06/01/18
Facility automated monitoring systems	06/01/18
Proprietary dispensing methodologies	06/01/18
Maintenance and quality control	06/01/18
Trimming, drying, curing, and storage procedures including the meculous tracking of inventory throughout the process	06/01/18
Order Dispensary Supplies	
Package tracking tags	07/01/18
Employee uniforms	07/01/18
Exit packaging	07/01/18
Labels	07/01/18
Office Supplies (ink, paper, pens, etc.)	07/01/18
Obtain Start-Up Inventory	09/01/18
Order Products and Commence Operations	09/01/18
Key staff will track all incoming inventory in accordance with the rules and regulaons.	
Medicine Man Technologies will be present to oversee the tracking and implementaon of dispensing operaons	

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

The Dispensary General Manager (GM), as the dispensary's designated representative, will have ultimate responsibility for facility and staff compliance with all statutory and regulatory requirements as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code.

Each morning before employees arrive, security personnel will inspect the facility perimeter and verify there are no observable threats. After securing and opening the facility, the Security Manager (SM) will review the video surveillance monitors to ensure all cameras are functioning properly. The SM will manage access control, including issuing keys or key cards, codes for the security system, and access to surveillance systems. The SM will record issuance of keys, cards, and codes on a dedicated log. The SM and the GM will work together to conduct monthly tests of the video surveillance and alarm systems.

Minimum qualifications for each position include a high school diploma, no prior criminal history, and good organization and communication skills. New Hire Training will include security protocols, inventory management, diversion prevention, patient interactions, and more. Additional periodic training will focus on regulation updates, the latest advancements in medical marijuana science and treatments, drug interactions, and more. Applicant's Quality Assurance Manager (QAM) will be responsible for maintaining and updating training courses as directed by Applicant's consulting pharmacist. The QAM will ensure employees are retrained at least annually in each topic, refreshing the material as needed to keep abreast of regulations.

As the dispensary's designated representative, the GM will oversee the facility's inventory in cooperation with the Inventory Manager (IM) medical marijuana inventory will be stored in a secure Vault-Type Room (VTR). Displays containing medical marijuana will only be accessible by dispensary staff. Outside of business hours, medical marijuana products will be stored in the VTR. Products will be checked in and out of the VTR by the IM.

The VTR will feature a designated area for the storage of returned or recalled products. This area will be physically segregated from the rest of inventory storage. Products will be clearly labelled on their respective packages: "RETURNED PRODUCT – DO NOT USE" or "RECALLED PRODUCT – DO NOT USE," as appropriate. The VTR will feature high-efficiency LED lighting and climate controls for temperature and humidity, to prevent premature degradation of medical marijuana products.

Inventory will be managed using first-in, first-out (FIFO) principles. BioTrackTHC, Applicant's selected point-of-sale system, will track product expiration and use-by dates to help prevent employees from dispensing expired products. BioTrackTHC can trace products forward and backward through the sales cycle to provide information needed for an effective recall. Returns will also be processed through BioTrackTHC. Once returned product is processed, it will be placed in a dedicated quarantine area inside the VTR and will be rendered unusable by the IM under supervision of the GM within 7 days,

unless the product is identified as part of a recall.

Physical copies of patient records will be held in employee-only areas of the dispensary, and filed in a locked, secured cabinet. Electronic versions will be maintained in Applicant's selected inventory tracking system, which will encrypt electronic patient records. Written patient consent will be required prior to releasing patient information to third parties.

Inventory records will be backed up automatically each day to ensure redundancy and data protection. Applicant will maintain records for all supply orders, vendor invoices, bank records, and any other records relating to company financial affairs for a minimum of 7 years.

To reduce the risk of theft or other external diversion, employee training will include watching for patients exchanging cash before entering the store, persons loitering in front of the main entrance, or persons using their cell phones while shopping.

To reduce the risk of internal diversion, training will include watching for the warning signs of theft such as disgruntled employees, or sudden and unexplained upgrades in coworker lifestyles. Dispensary staff will follow the two-person rule, requiring 2 individuals to conduct inventory audits, inventory transfers, or any other activity during which medical marijuana is vulnerable to theft.

The GM will reconcile the inventory each day and will work with the IM to conduct physical inventory audits on a weekly and monthly basis to ensure all inventory is accounted for. If a discrepancy is discovered, the management team will immediately conduct a follow-up investigation and report any evidence of theft or diversion to the appropriate authorities immediately.

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.

PAKE 1 is Nathaniel Brodziak - General Manager / Authorized Representative.
Duties include:
- Manage facility operations
- Participate in creating and implementing company policies, directing and coordinating departmental activities to meet business goals and objectives, ensuring profitability and growth
- Review daily and weekly sales and inventory reports to resolve any complications
- Develop and implement training protocols and procedures in association with the Licensed Medical Professional
- Oversee key projects, processes and performance reports, data and analysis
- Develop and communicate plans, employee evaluations and data reports to ownership group
- Develop and maintain company policies and documentation required by the business and the applicable regulatory entities
- Manage performance through effective goal setting, targets, and/or key performance indicators as appropriate
- Manage employee relations
- Enforce Standard Operating Procedures
- Responsible for reporting any indication of loss, diversion or theft from the inventory to the Ohio Board of Pharmacy, law enforcement, and the owners
- Participate in continuing dispensary education and seminars to be at the forefront of industry advancements and best practices

Pake 2 is John Mattingly - Advisory Director / Financial Backer
Duties Include:
- Responsible for providing business direction
- Evaluate the success of MMJ 513
- Provide broadening and understanding of the business, market and industry trends.
- Provide “wise counsel” on issues raised by owners or management
- Responsible for communicating and implementing applicant’s organizational vision, mission, and overall direction - i.e. leading the development and implementation of the overall organization strategy
- Act as a resource for owners
- Provide the managers and other owners with insights and ideas which can only come with distance from the day-to-day operations.

Pake 3 is William Warner - Compliance & Community Impact Manager
Duties Include:
- Develop and oversee control systems to prevent or deal with violations of legal guidelines and internal policies
- Evaluate the efficiency of controls and improve them continuously
- Keep abreast of regulatory developments within or outside of MMJ 513, as well as evolving best practices in compliance control
- Ensure facility compliance with federal, state, and local industry regulations
- Assess the business’s future ventures to identify possible compliance risks
- Work with MMJ 513's internal team to facilitate partnerships and alliances with local individuals and groups

- Work with organizations and neighborhoods in the community to meet the needs of the diverse population
- Work closely with community partnerships to design objectives and strategies that accomplish the community impact goals of the organization

Pake 4 is Michael Jarjosa - General Counsel & Financial Director
Duties Include:
- Provide expert and strategic legal advice
- Oversee Vendor Relationships
- Provide assistance on regulatory compliance issues
- Keep abreast of legislative changes
- Responsible for the purchase of goods and products for the organization
- Responsible for preparing publicity materials and displays
- Ensure that MMJ 513 operates within stipulated budget
- Responsible for keeping statistical and financial records
- Responsible for evaluating success of the organization
- Handle financial transactions on behalf of the company

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

Uploaded Document Name: **C-4.2_Table of Organization.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.


Medical Marijuana 513, LLC
John Mattingly
Advisory Director
Nathaniel Brodziak
General Manager
Michael Jarjosa
General Counsel
William Warner
Compliance/Community Impact Manager
Licensed Medical Professional
Security Manager
Inventory Manager
Quality Assurance Manager
Support Staff
Support Staff

Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

CASH

C-5.2 Source of Capital

PAKE / OWNER

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

State Bank & Trust Co.
415 E Paces Ferry Rd NE
Atlanta GA 30305

11/15/2017

STATE BANK
& Trust Company

To Whom It May Concern:

We have been working with [redacted] since early 2015. This letter is being sent to confirm [redacted] has financial resources IAO [redacted] use for the purpose intended. The source of funds is account ending in [redacted].

Please feel free to contact me if you have any questions.

Regards,

Tracey L Smith

Tracey L Smith
Private and Professional Banking
State Bank and Trust Company
404-266-4545
Tracey.smith@statebt.com

Business Plan(Business History and Experience)

Item 1 of 4

C-6.1 First Name

Nathaniel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Brodziak

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

Mini Movers, LLC

C-6.6 Business Address

4544 Cornell Rd. Blue Ash, Ohio 45241

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

YES

C-6.8 Dates

2008-Current

Business Plan(Business History and Experience)

Item 2 of 4

C-6.1 First Name

John

C-6.2 Middle Name

Basil

C-6.3 Last Name

Mattingly

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

Clean Energy Renewable, INC

C-6.6 Business Address

East Moline, IL

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

YES

C-6.8 Dates

2009 - Current

Business Plan(Business History and Experience)

Item 3 of 4

C-6.1 First Name

William

C-6.2 Middle Name

Chandler

C-6.3 Last Name

Warner

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

Chandler's On Market

C-6.6 Business Address

212 Market St. Maysville, KY 41056

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

YES

C-6.8 Dates

2006 - Current

Business Plan(Business History and Experience)

Item 4 of 4

C-6.1 First Name

Michael

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Jarjosa

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

Chief Financial Officer

C-6.5 Business Name

Carlson Software

C-6.6 Business Address

33 E 2nd St, Maysville, KY 41056

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

YES

C-6.8 Dates

2004 - Current

Business Plan(Business History and Experience Narrative)

C-6.9 Provide a narrative description not to exceed 1500 words demonstrating any previous experience at operating other businesses or non-profit organizations and any demonstrated knowledge or expertise with regard to the medical use of marijuana to treat qualifying conditions (for all Prospective Associated Key Employees with an ownership interest of ten percent or more in the prospective dispensary). Include the number of years of experience, the type of business, and any administrative discipline history associated with each business.

The Prospective Associate Key Employees of Medical Marijuana 513, LLC are as follows:
Nathaniel Brodziak, General Manager
John Basil Mattingly, Advisory Director
William Chandler Warner, Compliance Manager / Community Impact Manager
Michael Jarjosa, General Counsel / Financial Director

All four PAKE's have developed successful careers in owning, operating, and maintaining highly profitable businesses. Their backgrounds are diverse and combine experience from different industries which include: Transportation, IT and Software, Telecommunications, and Restaurant industries. More recently, they have begun using that history of success to explore new opportunities that closely align with their lifelong goals of serving the community. They are excited to connect with patients in Hamilton County as well as local business and community leaders in order to provide a positive influence in the community. Nathaniel, John, William, and Michael look forward to bringing an exciting new business model to a local Ohio community that they know will not only bring sustained financial success, but more importantly, will have a profoundly positive impact on the lives of their patients. A breakdown of each of their business histories will explicitly show their abilities to maintain a successful and financially sustainable Medical Marijuana Dispensary.

Nathaniel Brodziak has been a business owner for the past 10 years, owning and operating a successful moving and storage business, Mini Movers, LLC. Mini Movers was founded by "Nat" and his father in 2008 and is now solely operated by Nat. Nat has single-handedly grown Mini Movers from $0 sales at inception to currently over $500K annually. As part of Mini Movers, Nat has secured and successfully carried out delivery contracts with some of the largest furniture retailers in the nation. Nat has also negotiated partnerships with 3 of the nation's largest apartment property management companies to be the contracted moving and storage company. Other clients of Mini Movers include Professional Football Teams, Professional Baseball Teams, and high profile persons. Nat has grown Mini Movers to become the premier moving and storage company to use in the region while still keeping rates affordable so all members of the community can afford to move. Nat has extensive experience with compliance in Federal, State, and Local regulations such as The Department of Transportation and the Public Utilities Commission of Ohio. Nat's experience with small business marketing, operations, and compliance makes him an exemplary candidate for a medical marijuana dispensary owner.

John Basil Mattingly is an entrepreneur bringing experience and practices from many different industries. For 35 of the last 40 years "Bas" has been involved in cable TV and satellite telecommunications as well as commercial real estate development. In 1996 Bas founded DirecTech Inc. which sells, services, and installs home services to consumers such as satellite DirecTV and ADT security. DirecTech experienced amazing growth and Bas was directly responsible for its great success. Bas started with one office in Maysville, KY. He had no customers and no employees. By the time DirecTech sold to the public company MBND in 2009, Bas, had scaled the business to over 30 offices in 25 different states. Directech provided over 9,000 in-home visit daily. Its annual revenue was $300M and employed over 4,200 people. As founder, majority-share holder and CEO, Bas stepped

down from his role in 2009 after the sale. He continued to stay on board for 5 more years as new business development.
Since 2009 Bas has enjoyed the ability to focus on his true goals in life which is giving back to his community and having a positive impact on the environment. Bas is an owner of Clean Energy Renewables Inc, which is a clean energy installer, servicer, and consultant. Bas has worked directly alongside of major utility providers such as DUKE, Florida Power and Light, and Capital Power on major wind and solar energy projects.
John Basil Mattingly brings invaluable expertise to our organization with the readiness and knowledge of scaling small business.

William Chandler Warner has been a business owner in the restaurant industry for the past 25 years. For the past 11 years “Chan” has owned and operated Chandlers on Market in Maysville, KY. Chan has grown Chandlers on Market from only a few employees to now more than 20, while adding additional operations to his main business such as catering for large events and bar tending service. Some of Chan's clients include the City of Maysville, Cox Communications, and other high profile persons. Chan has an extensive amount of experience with compliance of ServeSafe food safety certifications, state Liquor control licenses and permits, as well as other Federal, State and Local regulations. Chan’s first-hand experience of running a challenging business and will directly benefit the operations of medical marijuana dispensary.

Michael Jarjosa has been General Counsel and Corporate Secretary for Carlson Software, Inc. a multinational software and hardware company based in Maysville, Kentucky for the last 12 years and also concurrently held the position of CFO for the last 5 years. Prior to this, Mike spent significant time as an IT project manager (3 years), industrial sales (6 years), and other professional occupations will be beneficial in running this facility.

Mike has extensive experience in compliance with regulatory agencies, compliance with legal contracts & policies, and financial systems, as well as financial obligations necessary for running a business. Mike has a legal background in employment, privacy, corporate and general business law.

Mikes experience in health care insurance will also directly benefit our medical marijuana dispensary. For the last 10 years, Mike has managed the health care within Carlson Software, including self-funded insurance for a large group (90+ employees) for the last 4. Through this, Mike has sound background and great familiarity in assisting with patient issues, health care related payment systems, HIPAA, as well as great familiarity with negotiating contracts with insurance provider’s. Mikes success in leadership roles throughout his career shows he will contribute a great amount of experience to the business.

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_Equipment Specs.pdf**
NOTE: This applicant uploaded document is the next 22 page(s) of this document.

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

YES

Operations Plan(Receiving of Product)

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

YES

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

YES

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

[redacted]

[redacted]

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

No response provided by applicant

Operations Plan(Storage of Product)

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

YES

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

YES

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

YES

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

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

Please reference OAC 3796:6-3-07 for more information.

[redacted]

physical storage within the facility VTR to maintain real-time inventory control. [redacted]

[redacted]

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

No response provided by applicant

Operations Plan(Dispensing of Product)

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

YES

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

YES

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

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]

[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.

*Actual label will contain required information. This is a sample.

7 g Danky Kong

18.94%-21.54% THC
00.00%-00.01% CBD

7.000 g Lic# 402R-00034
11/07/2017 RMC Lic# 403R-00040
Indica 80/20
Batch: 9793190198390137
[redacted]

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

Applicant has developed an inventory management plan to document each day's beginning inventory, acquisitions, sales transactions, disposal and ending inventory in compliance with section 3796:6-3-20 of the Ohio Administrative Code. Applicant’s primary method of inventory management will be through METRC, the state selected electronic inventory tracking system. METRC will provide real-time tracking and accountability for the entire medical marijuana (MMJ) inventory cycle from procurement and

packaging to dispensing to the patient. Tracking critical input points, such as product intake, will be managed by the Inventory Manager (IM), with primary oversight assigned and weekly auditing conducted by the Dispensary General Manager (GM) as the dispensary's designated representative.

Patient transactions will be tracked through BioTrackTHC, Applicant's chosen point-of-sale system, which will integrate with METRC and only be accessible by authorized personnel. Transaction histories for each patient include the date of purchase, product name and quantity, sale price, discounts, and more. BioTrackTHC also includes features to enforce compliance, such as purchase limit warnings, and warnings for sales after permitted hours. This will ensure Applicant does not distribute more MMJ than allowed a patient within any given 90-day period. A wide range of inventory and sales reports will be utilized by the IM, who will report to the GM to ensure that patients stay within their respective purchase limits. Should evidence arise that a dispensary agent has provided more than a patient's purchase limit, the IM will complete an incident report with the GM, and the state board of pharmacy within 24 hours of discovery.

Upon receipt of products from a cultivator or processor, the IM will visually inspect every package, count and weigh all items, and compare the inspection results to the transport manifest received with the shipment. The IM will record the inspection results of each item on the Product Acquisition Log to ensure that their packaging is undamaged, accurate, and complete. Once the shipment has been inspected, the IM will log into the electronic inventory tracking system and record the necessary information to complete the shipment.

Applicant will implement inventory controls and procedures necessary for the IM in cooperation with the GM to conduct regular inventory audits. If a discrepancy is discovered, the IM will re-weigh the package to verify the inconsistency. If the discrepancy is verified as a reduction or increase not due to documented causes, the IM will conduct a full investigation utilizing the combination of METRC and BioTrackTHC information in conjunction with security data and manual logs maintained by staff to identify the source of the discrepancy. If evidence of theft or diversion is discovered, the IM and DGM will submit an incident report the to the state board of pharmacy and local law enforcement within 24 hours.

Should the department of commerce, state board of pharmacy, or cultivator initiate a recall, or the Applicant initiate a voluntary recall, the Quality Assurance Manager (QAM) will serve as Recall Coordinator (RC) to manage the coordination and execution of recall decisions throughout the process as required until the recall is complete. The RC will, within 24-hours of receipt, review complaints regarding MMJ sold at the dispensary, and immediately identify related products and production batches remaining in the inventory that may also be affected.

Affected patients will be contacted via phone and email, and will be provided a hard-copy of the recall notification via US Postal Service. The recall notification will be drafted by the RC detailing:
Description of the Complaint
Name and Description of Affected Product
Production Batch Number(s)
Quantity Purchased
Date(s) of Purchase
Instructions for return or disposal of the affected products

Any unsold MMJ inventory identified as part of the recall will be immediately identified in METRC and communications initiated by the RC with the originating cultivator/processor for the transport of affected MMJ. The RC will oversee the intake of any MMJ returned by patients as the result of a recall.

All contaminated MMJ will be physically segregated and secured in a locking receptacle inside a restricted-access area or “vault” under constant video surveillance. Any unsold recalled inventory will remain in quarantine until it is destroyed or transferred back to its originating cultivation center or processor for legal disposal. All returned MMJ will be destroyed by Applicant at the dispensary as required by section 3796:6-3-21.

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

Applicant’s chosen point-of-sales system, BioTrackTHC, features integrated product returns functionality. This allows a dispensary agent to refund a sale in the same payment form as the original purchase. Pursuant to section 3796:6-3-14 of the Ohio Administrative Code, Applicant will submit any buyback policies to the state board of pharmacy for approval prior to accepting returns. Applicant will only accept returns of medical marijuana products (MMJ) that have been recalled, the result of a dispensing error, or unused product for destruction as defined in Applicant’s state board of pharmacy approved buyback policy. Returned product will be reviewed for evidence of tampering and subsequently approved or rejected by the Quality Assurance Manager (QAM), recorded on a signed returned slip, and quarantined upon receipt.
Using the BioTrackTHC-integrated return process, an employee can either scan a patient’s purchase receipt or look up a purchase in the patient’s transaction history to initiate a refund. BioTrackTHC will record the employee that initiated the return, the reason for the return, and require the approval of an authorized manager to execute the return.

If the reason a product is returned implicates associated products, an investigation will be conducted that extends to all related products and relevant records. Related products may include batches of the same product, batches processed on the same equipment or during the same period, or batches produced using the same components or packaging components.

A written record will be kept of the return, and where applicable its investigation, including:

A. Identity of the product
B. Batch, lot, or other control number of the product
C. Date the returned product was received
D. Name, address, and/or telephone number of the complainant and/or their physician on record (if known)
E. Reason for the return
F. The ultimate disposal of the returned product, and the date of disposal
G. Names of the QAM and quality control personnel who do the following:
i. Review the reason for the product return
ii. Review and approve the findings and follow-up action of any investigation performed.

Once a product is approved for destruction, the QAM will work with the Inventory Manager (IM) to destroy the product, then record the destruction on the Waste Disposal Log. This log will feature the date and time of destruction, the product description, the reason for destruction, and the initials of both the QAM and the IM. The destruction of inventory will be updated in the state inventory tracking system to match the log as it is completed.
MMJ approved for return by the QAM will be placed into a sealed plastic bag along with its return slip. The bag will be labeled “RETURNED PRODUCT – DO NOT USE” and placed in the quarantine area of the secure storage room. The secured quarantine area will be physically segregated from saleable inventory, and will display signage indicating the area is for recalled and returned products only.
The QAM will be responsible for inspecting returned products, and proper completion of related follow-up investigations within two business days. Notice of destruction to the state board of pharmacy will be submitted the same day any expired, damaged, deteriorated, misbranded, or adulterated MMJ is returned, to ensure these products are not stored at the dispensary for more than a week as required by paragraph (D) of section 3796:6-3-07. If a product is not required to be destroyed because of a return, recall, or follow-up investigation indicating a potential recall, the product will be held until it can be returned to the originating cultivator or processor, or destroyed pursuant to section 3796:6-3-14.

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

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

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

[redacted]

[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.

Applicant's dispensary sanitation standard operating procedures (SOPs) include detailed processes for safely handling medical marijuana and medical marijuana products (MMJ) and properly maintaining the building and equipment pursuant to paragraph J of section 3796:6-3-02 of the Ohio Administrative Code. Sanitation forms and logs will detail the required steps and record performance by employees to prevent contamination, clutter, and pest infestation. The Dispensary General Manager (GM) will be responsible for the implementation of sanitation SOPs.

Surfaces that come into contact with MMJ will be sanitized after each use. The facility will have equipment, counters and surfaces of food-grade quality, material, and workmanship capable of adequate cleaning. These will not react adversely with chosen solvents.

Weekly deep cleaning protocols will be implemented for all storage areas. A dual access control system will require at least 2 authorized employees participate in the cleaning supervised by the Inventory Manager (IM) under constant camera surveillance.

Employees will use only EPA-registered sanitizers and cleaners for use around vegetables, fruit, or medicinal plants in strict accordance with the instructions printed on the label. Cleaning products will be physically segregated from storage areas and disposed of in a manner that protects against contamination of MMJ.

Strategies to prevent the introduction of pests into the dispensary and to reduce the conditions that may encourage their presence will be provided through an integrated pest management plan. Applicant will conduct preventative applications of pesticides and regular perimeter clean up. A pest control contractor will inspect the facility annually.

Solid waste (e.g. paper, cardboard, and other common materials) will be kept in dedicated receptacles. These will remain covered and be emptied daily to minimize odors and reduce the potential for harboring pests.

The GM will inspect the facility exterior biweekly to identify potential habitats, food sources, gaps in doors or windows, mowing, or other needed maintenance and repairs to prevent attracting rodents, insects and other pests. The GM will train dispensary personnel on potential pests to safeguard against, such as rodents, cockroaches, flies, ants, and birds. Particular attention will be paid to incoming products that might inadvertently introduce undetected pests.

Applicant will maintain concise, legible Pest Control Reports for every treatment performed and will store them at the facility in an easily accessible binder. A typical pest control report will include the details of the specific treatment, such as the date, name of the technician, and exact pesticides used, along with post treatment precautions, risk assessment, and details of follow-up inspections.

Dispensary agents will be subject to current FDA good-manufacturing practices for food handlers in accordance with 21CFR110.10. In addition to receiving in-house training on sanitation SOPs, Applicant will require dispensary agents to complete an Ohio Level 1 Food Safety Course per 3701-21-25 of the Administrative Code. Employee Level 1 Food Safety training will include the following topics:
- When and how to wash hands, including washing hands after meals, using the restroom, smoking cigarettes, using smokeless tobacco, touching bare human skin, or
any other activity that may have soiled them and after making contact with any potential contaminant
- Proper use of single-use sanitary items, such as disposable gloves, hairnets, mouth covers, and how often to change them
- Sanitization, including the proper use of sanitizer in a 3-compartment sink, sanitizing contact surfaces, and sanitization of utensils
- Proper storage of MMJ, including keeping storage areas free of cleaners or other potential contaminants near prep areas
- Keeping the dispensary and employee areas free of contamination, including the proper use and storage of cleaners or other chemicals
- Keeping the dispensary and employee areas free of employee food or beverages
- Proper waste management practices, including the use of covered waste receptacles, daily removal of waste, and proper disposal methods.

Applicant’s facility will have adequate hand washing stations that supply nontoxic sanitizing cleaners and a sanitary towel service or suitable hand drying devices located in convenient, clearly marked locations throughout the building. The water temperature at these stations will be able to reach a minimum 100°F; but will not exceed 110°F.

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.

Applicant will maintain inventory control records, financial data, patient Private Health Information (PHI), employee data, and all other required records at the facility for a minimum of 3 years in accordance with Chapter 3796 of the Ohio Revised Code. The Dispensary General Manager (GM), supported by the Quality Assurance Manager (QAM), the Inventory Manager (IM), and the Security Team, will be responsible for records management. All physical information will be kept in a secure file cabinet and scanned to create an electronic copy. All electronic information will then be backed-up each business day on a secure data retention server in a method approved by the state board of pharmacy.

Applicant's electronic filing systems will guarantee the confidentiality of the information while providing access to the state board of pharmacy for inspection upon request. Systems will safeguard against erasures and unauthorized changes once information has been entered and verified by the appropriate manager. Applicant will be able to place a litigation hold on electronic files related to an external investigation. Offsite backups of inventory control records, financial data, PHI, employee data, and other required records will be forensically re-constructible. Applicant will provide reconstructed information within 3 days of a computer malfunction or accident resulting in possible data destruction.

The GM will be responsible for maintaining the staffing plan. Applicant intends to staff 22 initial employees; 4 Associated Key Employees, 18 management and support staff. Each employee will have a file created the day they are employed. The file will contain hiring documents including BCI&I and FBI criminal background check results, Department employee identification cards, onboarding documents, tax forms (including salary and wages), disciplinary actions, and certificates of completion for internal and OMMCP-mandated training.

Applicant has created Standard Operating Procedures (SOPs) organized using a number sequence that identifies the stage of the dispensing process to which it relates. Related forms and checklists will be integrated into the SOPs, which will be developed and maintained online. The QAM will have the responsibility of keeping this database current. Employees will be trained utilizing these SOPs and will acknowledge an of understanding of each. Training records will be maintained in each employee's file.

Applicant will maintain an electronic record of MMJ inventory movement through METRC. Staff will utilize METRC in conjunction with OARRS and the point-of-sales system (BioTrackTHC) to create a complete audit trail that positively identifies responsible individual(s).

The GM will conduct weekly audits of the dispensary's daily beginning and ending inventory, acquisitions, sales, and disposal. Applicant will submit quarterly and annual financial audit statements (income statement, balance sheet and weekly inventory) to the state board of pharmacy pursuant to paragraph (D) of section 3796:6-3-20 of the Administrative Code.

Financial records including assets and liabilities, a third-party vendor list, monetary transactions, and all written or electronic accounts including bank statements, journals, ledgers, and supporting documents, agreements, checks, invoices and vouchers will be maintained for 7 years.

Video surveillance and other security records will be placed in a dedicated security cabinet segregated within a limited-access area to protect them from theft, loss, destruction, or alteration.

Surveillance cameras will be able to provide a 24/7 live feed, with motion-activated recording capabilities; images will be provided at the required resolution, frame rate, etc. as set forth in section 3796:6-3-16. Surveillance recordings made during hours of operation will be retained onsite by the Applicant for at least 6 months and made available for immediate viewing by the state board of pharmacy on request.

Applicant will utilize BioTrackTHC's timeclock to monitor employee time and attendance. Employees will access the timeclock software with their unique biometric or badged credentials. Doors will include secure, electronic keycard access that will only permit authorized employees and will automatically re-lock behind them. These systems combine to form an auditable access and attendance record for the entire facility.

Applicant's SOPs integrate quality assurance practices throughout the dispensary under the oversight of the QAM and GM, with most daily responsibilities delegated to the QAM for implementation. The following is a sample list of quality assurance logs and checklists:
-Batch Testing Results
-Daily Sanitation Checklist
-Weekly Deep Clean Sanitation Checklist
-Monthly Equipment Inspection List
-Biweekly Facility Inspections
-Waste Disposal Log
-Restricted Access Area Sign In/Out
-Product Acquisition Log
-Label Compliance Checklist
-Shipping Checklist
-Damaged Product Report
-Quarantined Product Report

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

Applicant plans to establish a responsible marijuana-use program to reduce the risks to MMJ users and the public. To help prevent youth access to MMJ and promote responsible adult-use of medical marijuana, Applicant will provide information to parents online and within the community through cooperative educational agreements with local schools, recreation centers, and libraries. Applicant has formed a relationship with a national organization that offers marijuana-use and youth-prevention classes, and will partner with this organization to initiate our program. Applicant will offer classes once per quarter, and will promote their attendance through select print publications and our website.

To further educational efforts,Applicant will display informational posters in the reception lobby and dispensary areas that demonstrate various topics, such as responsible use and the risks of MMJ use around infants and children, current MMJ laws, methods of use, tips for parents, accidental ingestion or over-consumption, frequently asked questions, and more. This information will also be presented to patients in pamphlet form, available in the reception lobby and at the point-of-sale for them to take.

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

Pursuant to section 3796:6-2-02 of the Ohio Administrative Code, Applicant will offer financial assistance programs for Veterans and indigent individuals in the form of a 15% discount of our standard prices. Qualified patients can accumulate a maximum discount of $60 per week, which will be tracked by BioTrackTHC, Applicant’s selected point-of-sales system. Veterans will be asked to provide a current, valid Veteran Identification Card, issued by the U.S. Department of Veteran Affairs. The information on the card must coincide with that on the patient’s valid medical marijuana (MMJ) registry recommendation. Patients who wish to utilize Applicant’s indigent care program will be required to show an indigent designation on their registry identification card. Once a patient has qualified for an assistance program, the information will be recorded and associated with their patient profile in BioTrackTHC, which will automatically provide the discount to the patient on each subsequent visit.

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

Applicant's owners respect the planet we live on and the air we breathe and have all chosen to live their personal lives with a small carbon footprint. This personal goal of the owners, to not be wasteful and have the smallest possible environmental impact, will positively affect every aspect of Applicant's operations and our environment. Applicant has developed an environmental impact plan that will consist of two phases. One will be an immediate and regular day to day commitment to minimizing negative environmental impact. This consists of utilizing energy efficient fixtures and lighting, installing energy efficient construction and other items in our build-out (such as low flow toilets, high energy rated appliances, high R-value insulation), reducing the amount of paper use/waste (where applicable and allowed), and generally keeping our carbon footprint and energy consumption at a minimal level. Applicant has a commitment to doing this day to day, and shall appoint a PAKE as our environmental

steward to constantly monitor and modify our workflows to be environmentally conscious.
The second phase of our environmental impact plan is a longer term and much more expansive commitment. Applicant has an existing relationship with one of the largest clean energy consulting companies in North America, who specializes in wind and solar power consultancy, assessment, services and installation. Through this relationship with the clean energy consultant, Applicant is currently assessing the viability of more expansive energy saving methods that could be utilized. The most obvious plan is to install solar panels in the facility, although the assessment by the clean energy consultant is not yet completed, and it is feasible that they may come up with a more expansive and integrated energy saving plan for the dispensary. Upon issuance of provisional license, Applicant intends to hold an Owners meeting to set aside funds for implementation of this broader clean energy strategy, which will further reduce the negative environmental impact substantially.

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

Applicant will commit at least 20 hours of immersive dispensary training for each core employee before becoming operational. Training at a functioning, compliant medical marijuana (MMJ) dispensary that employs the same protocols and procedures Applicant intends to emulate will provide invaluable guidance. Initial training and integration will take place over a period of two weeks, scheduled in one-week intervals, but may be repeated as needed. The Quality Assurance Manager (QAM) will arrange training through our dispensary consultant partners. Mandatory for all positions, key dispensary staff will be trained for each job classification. Training will demonstrate overall principals of facility management to aid staff in understanding ancillary tasks and various operations beyond their daily routine. Evaluations for each position will ensure staff can adequately perform job-related tasks. Trainees will learn their daily responsibilities through repeated exposure to an equivalent role while being immersed in a real-world environment.

Training intervals are broken into key processes, concluding with a Q&A session for each. Trainees will review department-specific videos organized by dispensary process or function (e.g., point-of -sales system, security, patient consultation, inventory management, etc.), review cut-sheet summaries pertaining to the training videos that include a detailed step-by-step explanation of the duties and responsibilities provided in the training videos, and review department-specific SOPs within the Dispensary Operating Manual that relate to the information provided in the training videos and cut sheets.

At our consulting partner's MMJ dispensary, core staff will perform the functions of various trained positions in a live operating environment, including observation and job shadowing, actively asking questions, "teaching the teacher" – a scholastic tool enabling trainees within the live environment to teach the functions to the instructing dispensary agent while also receiving feedback on the process, and general de-briefing of the training process for group follow-up and question and answer. Once Applicant management and key staff have gained sufficient knowledge and experience they will be responsible for internally managing the training process for subsequent new hires.

Applicant's Employee Training Manual will be divided into sections addressing foundational topics specific to dispensing MMJ as required by section 3796:6-3-19 of the Ohio Administrative Code. The training manual will include: an orientation section containing a review of all company policies, such as drug-free workplace rules and confidentiality requirements; an introduction to the Ohio Board of Pharmacy Drug Database (OARRS); use of the toll-free substance abuse hotline and recognizing the signs of substance abuse; and facility security. Applicant's Medical Director will train dispensary agents on dosage forms; methods of administration; available strains; qualifying conditions for medical marijuana patients; and recommendations for treatment options. The security section of the training manual will be created with the assistance of Applicant's security consultant in tandem with the facility-specific security design. The Security Consultant will provide customized training directly to Applicant's employees including: detection and prevention of diversion; current laws and regulations; what to do during an inspection; maintaining Ohio MMJ employment eligibility; and safety and emergencies. Applicant will retain comprehensive user manuals for the electronic inventory tracking and point-of-sales systems, both third-party software, at the dispensary.

Applicant will commit 5 hours per year for each employee to complete mandatory continuing education. The QAM will look for continuing education opportunities offered by the state or private institutions. Topics for continuing education include: patient education regarding use, possible adverse effects, and potential drug interactions; guidelines for providing support to patients related to their symptoms; recognizing signs of substance abuse and referring patients exhibiting symptoms to the substance abuse hotline; terminating a transaction for impaired or intoxicated patients; MMJ handling, potential health and safety hazards, common standards and best practices; regulation changes and updates from the OMMCP; and other topics as specified by the state board of pharmacy.

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

Applicant’s robust training program will incorporate medical marijuana research advancements from a wide range of sources, including but not limited to:
1. Primary source publications and journals of industry advancements
2. Industry related events
3. Industry partners with current best practices through first hand experience
4. Patient and Caregiver accounts and feedback

Applicant’s Licensed Medical Professional is responsible for staying informed and knowledgeable about medical marijuana research advancements as well as all products currently sold to ensure the best possible experience for patients and caregivers. The Licensed Medical Professional will update any procedures or information in the employee training materials to incorporate the current standards and industry advancements as necessary. Any new announcements to procedures and other important functions carried out by dispensary employees, will be discussed and implemented during Applicant’s training refresher course which is held quarterly. If immediate changes need to be addressed in the Standard Operating Procedures because of advancements in research, the licensed medical professional and general manager will update the training manual and issue a memo to employees, explaining the updated procedure. Any questions about implementation will be directed to a manager or the licensed medical professional.

It has been challenging to study the health effects of medical marijuana because of Federal restrictions and variability in the concentration of the plant’s psychoactive chemicals. However, recently the Federal Government eased some research restrictions and also began providing researchers with more strains of medical marijuana. This will allow the entire industry to have access to cutting edge medical information which will ultimately benefit the Patients and Caregivers.

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.

Since doctors are prohibited from prescribing Cannabis at a federal level, they can only provide a recommendation for treatment using MMJ by submitting a patient registration. While not required, dosage recommendations and instructions for use may be provided by the recommending doctor in a patient's registry information.

Dispensing agents will review the patient registration for the physician's guidance on recommended forms, dosages, and instructions for use. Before dispensing to a patient, dispensary agents will identify the date of recommendation to determine the beginning of their 90-day supply as defined by section 3796:8-2-04 of the Ohio Administrative Code.

If the recommending physician specifies no dosage form or amount, dispensary agents will discuss dosing and form options with the patient based on their foundational training developed by the company's Licensed Medical Professional and continuing education pursuant to section 3796:6-3-19.

The support for patients regarding their particular symptoms will begin with Dispensary agents understanding what symptom relief the patient is looking for. The DA will be fully trained on the different classifications of MMJ, known effects, best applications and proper dispensation for the core varieties of medical marijuana, including Sativa, Indica, hybrids, and different THC/CBD ratios.

Applicant will provide basic training to its dispensary staff on the variety of potential health risks associated with MMJ, and how to identify and prevent them within the facility. Training will include proper questioning techniques to ensure the staff receives and accurately processes information from concerned patients.

Dispensary agents will discuss the risks associated with MMJ use, including possible drug interactions with their patients. Using MMJ can make some activities, for example driving, more dangerous, especially for new or occasional users. Effects and the amount of time they take to come on will vary depending on the form used and the tolerance of the user. MMJ use can increase heartbeat and cause temporary psychotic symptoms—like paranoia or not knowing what is real. In addition, people who smoke MMJ may experience coughing, bronchitis, mucus, and wheezing. Using alcohol and MMJ simultaneously is more dangerous than using either substance alone and increases the risk of an automobile accident. Dispensary agents will instruct patients to use caution when taking MMJ with other prescription medications to guard against adverse drug interactions.

There is no known safe amount of MMJ use during pregnancy or when breastfeeding. When appropriate, dispensary agents will inform patients that using MMJ while pregnant or breastfeeding may be harmful.

Dispensary agents will take care to provide good information on the use of MMJ edibles, which can take as much as 4 hours to take full effect. Patients will be instructed to use caution when consuming MMJ. Dispensary agents will emphasize the “start low, go slow” concept to patients, recommending they start with no more than a single recommended serving then wait until they feel the effect before deciding to use more.

MMJ products may be confused with other, non-medicated foods or candy. Patients will be instructed to keep MMJ products in the original manufacturer’s clearly labeled child-resistant packaging in a locked cabinet or drawer and out of reach of children.

Applicant has clear guidelines for recognizing the signs of MMJ abuse and refusing to provide service to an individual who appears to be intoxicated. Signs of abuse include, for example, attempting to purchase more MMJ than permitted within a 90-day period, or voicing feelings of anxiety about running out of MMJ. Intoxication can be inferred from several symptoms, including slurred or incoherent speech, an inability to focus, loss of motor-functioning or stumbling, visibly bloodshot eyes, an inability to count, or swaying back and forth. Dispensary agents will be instructed to look for a preponderance of these signs; but will also be made to understand that these symptoms may be associated with an actual medical condition. Dispensary agents will review patient profiles and proceed with cautious sensitivity. Dispensary agents will enlist the aid of security personnel to ask intoxicated patients to leave without service.
The Licensed Medical Professional for Applicant is an Ohio Licensed Pharmacist. Our Pharmacist graduated from the University of Cincinnati with a Doctor of Pharmacy and has trained in large hospital settings, as well as smaller retail pharmacy settings. Our Pharmacist has completed training classes relating to Patient Care, Toxicology, and Pharmacy Ethics and Law. She is BLS certified, experienced with HIPAA privacy regulations and OARRS. Licensed with the State of Ohio Board of Pharmacy, License #03326851 as defined by section 3796:6-3-19 of the Ohio Administrative Code.

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

Uploaded Document Name: **E-2.1.1_Patient Material.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.

Easy-to-Read **Drug Facts**

easyread.drugabuse.gov

Marijuana (Weed, Pot) Facts

Marijuana is a green, brown, or gray mix of dried, shredded leaves and flowers from the marijuana plant.

Marijuana can be rolled up and smoked like a cigarette (called a joint) or a cigar (called a blunt). Marijuana can also be smoked in a pipe. Sometimes people mix it in food and eat it or brew it as a tea. Smoking oils from the marijuana plant is on the rise. People who use this practice call it "dabbing."

Marijuana can make you feel silly, relaxed, sleepy, and happy—or nervous and scared. It may change your senses of sight, hearing, and touch. Marijuana can make it hard to think clearly.

Some slang names for marijuana are:

- Weed
- Pot
- Grass
- Herb
- Boom

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Sign of Marijuana Use and Addiction

Someone taking marijuana can:

- get dizzy
- laugh for no reason
- have red, bloodshot eyes
- forget things that just happened

Marijuana makes you feel like time is slowing down. Minutes can feel like hours. At the same time, everyday sights, sounds, and tastes may seem really interesting or funny.

Marijuana can make you feel very hungry. You want to eat lots of junk food. Some people call this "the munchies."

People who smoke marijuana often smell like it afterwards. Marijuana smells sweeter than cigarette smoke. A person might use incense, cologne, or perfume to hide the smell.

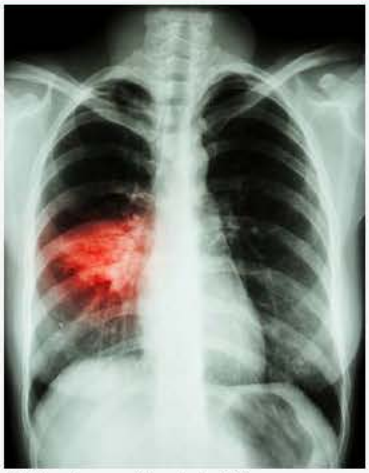
Some people get addicted to marijuana after using it a lot. They might need to smoke more and more of it to get the same high.

People who are trying to quit using marijuana can:

- be in a bad mood
- feel nervous
- have trouble sleeping

They will feel a strong need to take the drug.

Effects of Marijuana on Brains and Bodies



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Marijuana smoke can hurt your lungs and cause some of the same problems faced by people who smoke cigarettes.

These are just some of the problems marijuana can cause:

Memory Problems

Marijuana makes it hard to remember things that just happened a few minutes ago. That makes it hard to learn in school or to pay attention to your job. A recent study showed that if you begin regular marijuana use as a teen, you can lose an average of 6 or up to 8 IQ points, and you do not get them back, even if you stop using the drug.

Heart Problems

Using marijuana makes the heart beat fast and raises your risk of having a heart attack.

Coughing and Breathing Problems

People who smoke marijuana can get some of the same coughing and breathing problems as people who smoke cigarettes. Marijuana smoke can hurt your lungs.

Drugged Driving

Driving when you're high on marijuana is dangerous, just like driving drunk. Your reactions to traffic signs and sounds are slow. It's hard to pay attention to the road. And it's even worse when you're high on marijuana and alcohol at the same time.

You Stop Caring

Over time, people who use marijuana can get "burnt out." They don't think about much or do much. They can't concentrate. They don't seem to care about anything.

Addiction

Although some people don't know it, you can get addicted to marijuana after using it for a while. This is more likely to happen to people who use marijuana every day or who started using it when they were teenagers.

What is medical marijuana?

The marijuana plant has chemicals that may help symptoms for some health problems. More and more states are making it legal to use the plant as medicine for certain conditions. But there isn't enough research to show that the whole plant works to treat or cure these conditions. Also, the government still doesn't think of marijuana as medicine, so it's still illegal at the national level.

Two medicines have been made as pills from a chemical that's like the one in the marijuana plant that makes people feel "high." They can treat nausea if you have cancer and make you hungry if you have AIDS and don't feel like eating. But this chemical affects the brain, so it can do things to your body other than just working as medicine. One brain effect is that over time, marijuana chemicals can lower how smart someone is (called IQ). This brain effect could be permanent if you start using marijuana a lot as a teen.

Another marijuana chemical that scientists are studying doesn't make you high. Scientists think this chemical might help kids who have a lot of seizures (when your body starts twitching and jerking uncontrollably). Some studies have started to see if it can help.

Because marijuana is often smoked, it can hurt your lungs. These and other effects on the brain and body could make marijuana medicine more harmful than helpful. Another problem with marijuana as a medicine is that the ingredients aren't exactly the same from plant to plant. There's no way to know what kind and how much of a chemical you're getting.

Scientists are trying to find ways to make safe medicines from marijuana.

E-2.2 Describe the Applicant's processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of:

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

The Quality Assurance Manager (QAM) is responsible for receiving and investigating adverse event reports and executing any follow-up actions including determining a recall. Adverse event reports may be received directly from patients or from the toll-free telephone line established by the state board of pharmacy in accordance with division 3796.17 of the Revised Code. As required by section 3796:6-3-15, a sign will be clearly posted in the dispensary and instructions will be included in dispensary educational materials directing patients and caregivers to report adverse events to the state board of pharmacy's ("state board") toll-free telephone line. The QAM will be the designated point of contact for all reports from the state board.

Applicant will provide basic training to its dispensary staff on the variety of potential health threats associated with medical marijuana, and how to identify and prevent them. Training will also include proper questioning techniques to ensure the staff receive and accurately process information from concerned patients. Staff will complete a Product Complaint Form based on patient feedback, which will be submitted to the QAM by their shift supervisor to initiate an investigation. If a patient wants to return any product associated with their report, returned product will be reviewed for evidence of tampering and approved or rejected by the QAM, recorded on a signed returned slip, and quarantined upon receipt. Any adverse event reports received by staff will be submitted to the state board of pharmacy by the QAM within 24 hrs. in compliance with section 3796:6-3-11.

Within 24 hrs. of receipt, the QAM will review any adverse event report regarding the quality or safety of the medical marijuana sold at the dispensary. One of the most important steps in the product complaint timeline is to determine whether an adverse event report is merely voicing patient dissatisfaction, or if it represents a potential health concern. The QAM will determine whether the report involves a possible failure of a product to meet any of its specifications, or any other requirements that may result in a safety concern for the patient or the public. The QAM will directly inspect any associated returned product to determine if adulteration or contamination of the product resulted from the conditions under which it was held, stored, or shipped before its return.

If the QAM confirms the adverse event report represents a legitimate potential health concern, and the reason a product is returned implicates associated products, they will extend their investigation to all related products. Related products may include batches of the same product, batches processed on the same equipment or during the same period, or batches produced using the same components or packaging components. The QAM will coordinate with the Inventory Manager (IM) to identify all products associated with the suspected batch within the electronic inventory tracking system (METRC). Scanning the product's unique bar code in METRC will immediately identify information related to the affected batch, including date of harvest, used pesticides, and the date the product was received at the dispensary. Unsold inventory within the dispensary from the identified batch will be immediately quarantined. Sold inventory will be cross referenced with the point-of-sale system to identify affected patients and caregivers.

Written records of adverse event reports and their subsequent investigation will include:
• Identity of the product
• Batch, lot, or other control number of the product
• Date the complaint was received and the name, address, or telephone number of the complainant, if

available
• Nature of the complaint including, if known, how the product was used
• Names of the Recall Coordinator or quality control personnel reviewed and approved
o The reason for the product return
o Any reprocessing, as applicable, and
o The findings and follow-up action of any investigation performed.
• Findings of the investigation and follow-up action taken when an investigation is performed
• Response to the complainant, if applicable

If an adverse event investigation determines that the report represents a legitimate potential health concern and the reason for the adverse event implies it is not an isolated event and represents a legitimate risk to public health and safety, the QAM will notify the originating cultivation center or processor and the state board of pharmacy by phone and send a written hard-copy and email notification with 24 hrs. of the determination. The notification will include:
• Name of product
• Production Batch Number
• Date of Acquisition
• Original Quantity Procured from Cultivation Center
• Quantity Sold
• Every Point of Origin of every affected product
• Date and Time of Delivery of affected product
• Name of Person who accepted the delivery of affected product

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.

SECURITY AND INFRASTRUCTURE
Applicant's proposed dispensary location contains roughly 4800 square feet of useable space, with slightly over 2000 SQFT dedicated to patients and caregivers. The substantial amount of space ensures that business operations can be carried out efficiently while providing a comfortable environment for patients, caregivers, as well as employees. The dispensary is divided into two halves with a hallway separating the two sides. The front half, on the west side of the building, will have limited access to patients or caregivers. The rear half is on the east side of the building and will have restricted access via biometric keypads for dispensary employees and authorized personnel only. The dispensary is situated on the ground floor and will be wheelchair accessible.

The specific areas that patients and caregivers can access on the west half of the building will include:
-Waiting Lounge (100.7)
-Dispensary Department (100.17)
-Male and Female Restrooms - ADA Compliant (100.14 &15)
-Mothers Room (For Nursing Mothers) (100.13)
-Consultation Room (100.12)
-Coffee Bar Area with water fountain and ATM

Once being granted access through the secure entrance vestibule, patients will enter the waiting lounge. Patients and caregivers will be able to help themselves to coffee, water, and an ATM for convenience. This space will be approximately 400 SQFT and will accommodate up to 30 people at any given time. After moving from the waiting lounge, patients and caregivers enter the dispensary department.

The dispensary department is where patients and caregivers will interact with Dispensary Agents then select and purchase MMJ. Dispensary agents will interact with patients and caregivers anywhere from 5 minutes to 20 minutes. Returning patients will spend less time with dispensary agents (they are already in system, have some knowledge of product, etc.) where as new patients can expect to spend about 20 -30 minutes providing details for BioTrackTHC and discussing product or administering forms. Ample time will be given to each patient to ensure that they can make an informed decision as to which product will work best for them. Applicant's Licensed Medical Professional will be available for any questions or concerns the patients, caregivers, and dispensary employees will have. The dispensary department is approximately 500 SQFT and will accommodate up to 20 people at any given time. Features include a wheelchair accessible service counter, wall displays, and four POS locations.There will be 3 - 4 dispensary agents and a manager available to assist patients at all times. After purchase,

patient or caregiver will exit through secure vestibule entrance/exit.

Both public restrooms are 56 SQFT each and are wheelchair accessible. The mothers room is for nursing mothers and will include a refrigerator, comfortable chair, and locking door. Patients and caregivers will also have access to Applicant's consultation room to meet one on one with our Licensed Medical Professional to consult in private. This room is also for public informational classes, employee training classes, and any other private meetings that may be necessary.

The entire east half of the dispensary will be restricted access for employees only and will include the following areas:
-Vault-Type Room (100.25)
-Receiving Area (100.19)
-Two Storage Areas (100.20 &21)
-Male and Female Restrooms - ADA Compliant (100.22 & 23)
-Break Room (100.29)
-General Manager’s Office (100.16)
-Licensed Medical Professional’s Office (100.27)
-PAKE Shared Office (100.28)
-Janitor’s Closet (100.24)

The receiving area is approximately 300 SQFT and will feature a overhead coiling door and a segregated destruction area. Located near the receiving area are two storage areas and the secure Vault-Type room. The Vault-Type Room will be approximately 320 SQFT and will also feature a segregated Quarantine Area for separating recalled product.

The Security Office, Secure Check-in office, and IT closet will be located on the west half of the building however they will all have restricted access for employees and authorized personnel only. The secure check-in will have a dispensary agent available at all times. The security office will be the Security Manager’s office and will include surveillance monitors and equipment as defined by section 3796:6-3-16 of the Ohio Administrative Code.

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

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Nat Brodziak
3927 Brotherton Rd, Cincinnati, OH

Date	08/08/17
Job Number	--
Drawn By:	KCh
Checked By:	SW / MB

SD1

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

7 am - 9 pm

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 Secrets.pdf**
NOTE: This applicant uploaded document is the next 2 page(s) of this document.

STATE OF OHIO BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application

Trade Secret Form

(Attachment to Application Section F-1.1)

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

Business Name of Applicant: Medical Marijuana 513, LLC

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

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

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

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

Printed Name of Authorized Representative

Nathaniel Brodziak

Signature	Date
	11/1/17

Question Number	Attachment Reference	Justification for Excluding as Trade Secret
None		None

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