



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application MEDOH, LLC Application ID 148

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

Medoh, LLC

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

No response provided by applicant

A-1.3 Business Street Address

7991 Ashley View Drive

A-1.4 City

Cincinnati

A-1.5 State

OH

A-1.6 Zip Code

45227

A-1.7 Phone

5132710710

A-1.8 Email

margotandrus@gmail.com

Demographic Information(Primary Contact/Registered Agent)

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

REGISTERED AGENT

A-2.2 First Name

Margot

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Andrus

A-2.5 Street Address

7991 Ashley View Drive

A-2.6 City

Cincinnati

A-2.7 State

OH

A-2.8 Zip Code

45227

A-2.9 Phone

5132710710

A-2.10 Email

margot.andrus@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

08/15/2017

A-3.4 Business Name on Formation Documents

Medoh, 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 9

A-6.1 First Name

Luba

A-6.2 Middle Name

Tymczyna

A-6.3 Last Name

Andrus

A-6.4 Suffix

RPh., MJ

A-6.5 Occupation

Pharmacist

A-6.6 Title in the Applicant's business

Owner / Agent in Charge

A-6.7 Applicant's business related compensation

Until the business is able to support itself financially, company shares will be provided as compensation

A-6.8 Number of shares owned

40,000

A-6.9 Types of shares owned

Common Stock

A-6.10 Percent interest in Applicant's business

40%

A-6.11 Voting percentage

12.5%

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

109 Murphy Lake Road

A-6.17 City

Park Ridge

A-6.18 State

IL

A-6.19 Zip Code

60068

A-6.20 Phone

8474200423

A-6.21 Email

luba.andrus@gmail.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax

Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 9

A-6.1 First Name

Margot

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Andrus

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

Owner / Director of Retail Dispensary Operations

A-6.7 Applicant's business related compensation

Until the business is able to support itself financially, company shares will be provided as compensation

A-6.8 Number of shares owned

40,000

A-6.9 Types of shares owned

Common Stock

A-6.10 Percent interest in Applicant's business

40%

A-6.11 Voting percentage

12.5%

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

7991 Ashley View Drive

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45227

A-6.20 Phone

5132710710

A-6.21 Email

margotandrus@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:

6.5 Years

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax

Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 9

A-6.1 First Name

Jason

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Hurt

A-6.4 Suffix

MD

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Owner / Director of Patient Education

A-6.7 Applicant's business related compensation

Until the business is able to support itself financially, company shares will be provided as compensation

A-6.8 Number of shares owned

10,000

A-6.9 Types of shares owned

Common Stock

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

12.5%

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

8074 Ashley View Drive

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45227

A-6.20 Phone

No response provided by applicant

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:

6.4 Years

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax

Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 9

A-6.1 First Name

Samrat

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Maitra

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

IT Consultant

A-6.6 Title in the Applicant's business

Owner / Director of IT & Security

A-6.7 Applicant's business related compensation

Until the business is able to support itself financially, company shares will be provided as compensation

A-6.8 Number of shares owned

10,000

A-6.9 Types of shares owned

Common Stock

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

12.5%

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

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

7241 Vervoort Lane

A-6.17 City

Eden Prairie

A-6.18 State

MN

A-6.19 Zip Code

55346

A-6.20 Phone

No response provided by applicant

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 5 of 9

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Uphues

A-6.4 Suffix

DO

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

\$1/Year

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

BOARD MEMBER

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

3385 Granger Ave S

A-6.17 City

Billings

A-6.18 State

MT

A-6.19 Zip Code

59102

A-6.20 Phone

No response provided by applicant

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 6 of 9

A-6.1 First Name

Carmen

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Brace

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

\$1/Year

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

BOARD MEMBER

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

501 N Clinton Street

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60654

A-6.20 Phone

No response provided by applicant

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 7 of 9

A-6.1 First Name

Yuri

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Andrus

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Management Consultant

A-6.6 Title in the Applicant's business

Board President

A-6.7 Applicant's business related compensation

\$1/Year

A-6.8 Number of shares owned

0%

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

BOARD MEMBER

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

7991 Ashley View Drive

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45227

A-6.20 Phone

No response provided by applicant

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:

6.5 years

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 8 of 9

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Patel

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

\$1/Year

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

BOARD MEMBER

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

7001 Laramie Ave

A-6.17 City

Skokie

A-6.18 State

IL

A-6.19 Zip Code

60077

A-6.20 Phone

No response provided by applicant

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 9 of 9

A-6.1 First Name

Sarara

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Corva

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

No response provided by applicant

A-6.6 Title in the Applicant's business

Board Member

A-6.7 Applicant's business related compensation

\$1/Year

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

BOARD MEMBER

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

8390 E Via De Ventura # 110-186

A-6.17 City

Scottsdale

A-6.18 State

AZ

A-6.19 Zip Code

85258

A-6.20 Phone

No response provided by applicant

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

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 9

B-3.1 First Name

Luba

B-3.2 Middle Name

Tymczyna

B-3.3 Last Name

Andrus

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Agent in Charge

B-3.6 Brief description of role

The Agent-in-Charge (AIC) shall be a principal officer or a full-time agent of the dispensing organization and overseeing and participating in all major dispensing organization affairs. Participation in dispensing organization affairs includes, but is not limited to, responsibility for deliveries, oversight of services and dispensary agents, recordkeeping, inventory, dispensary agent training, and compliance. The AIC will also have direct responsibility for maintaining all files subject to audit or inspection by the State of Ohio.

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

YES

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

MEDMAR, INC

MedMar Rockford
2696 McFarland Road
Rockford, Illinois 61107

MedMar Lakeview
3812 N. Clark
Chicago, Illinois 60613

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

YES

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

MEDMAR, INC

MedMar Rockford
2696 McFarland Road
Rockford, Illinois 61107

MedMar Lakeview
3812 N. Clark
Chicago, Illinois 60613

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 9

B-3.1 First Name

Margot

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Andrus

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Director of Retail Dispensary Operations

B-3.6 Brief description of role

The Director of Dispensary Operations is responsible for conceptualizing, planning, prioritizing, and implementing all Dispensary Operations. The Director will participate in the development of policies and procedures related to patient interactions, and will ensure compliance with legal issues including but not limited to patient confidentiality and risk management.

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

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 9

B-3.1 First Name

Jason

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Hurt

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Director of Patient Education

B-3.6 Brief description of role

The Director of Patient Education is responsible for the strategic direction and implementation of patient education programs to support the company's goals. The incumbent will be expected to maintain current knowledge and trends within the medical cannabis industry, along with all of its regulations. Oversees all professional education activities, and takes ownership over successful participation rates, pre/post metrics tracking, and post education follow ups.

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 9

B-3.1 First Name

Samrat

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Maitra

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Director of IT and Security

B-3.6 Brief description of role

The Director of Dispensary IT and Security is responsible for streamlining processes in the IT department in alignment with the company's objectives and to oversee the security of all aspects of the dispensary.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 5 of 9

B-3.1 First Name

Michael

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Uphues

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Board members will be the highest leadership body and will be responsible for determining the overall mission of the dispensary. In addition, members of the Board will be expected to serve as active advocates and ambassadors for the organization to engage in guiding the organization to advance its mission to help Ohio residents and patients.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 9

B-3.1 First Name

Carmen

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Brace

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Board members will be the highest leadership body and will be responsible for determining the overall mission of the dispensary. In addition, members of the Board will be expected to serve as active advocates and ambassadors for the organization to engage in guiding the organization to advance its mission to help Ohio residents and patients.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 7 of 9

B-3.1 First Name

Yuri

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Andrus

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Board members will be the highest leadership body and will be responsible for determining the overall mission of the dispensary. In addition, members of the Board will be expected to serve as active advocates and ambassadors for the organization to engage in guiding the organization to advance its mission to help Ohio residents and patients.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 9

B-3.1 First Name

Michael

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Patel

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Board members will be the highest leadership body and will be responsible for determining the overall mission of the dispensary. In addition, members of the Board will be expected to serve as active advocates and ambassadors for the organization to engage in guiding the organization to advance its mission to help Ohio residents and patients.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 9

B-3.1 First Name

Sarara

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Corva

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

No response provided by applicant

B-3.6 Brief description of role

Board members will be the highest leadership body and will be responsible for determining the overall mission of the dispensary. In addition, members of the Board will be expected to serve as active advocates and ambassadors for the organization to engage in guiding the organization to advance its mission to help Ohio residents and patients.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Business Plan(Property Title, Lease, or Option to Acquire Property Location)

C-1.1 Attach one of the following:

- Evidence of the Applicant's clear legal title to or option to purchase the proposed site and facility.
- A fully-executed copy of the Applicant's unexpired lease for the proposed site and facility and a written statement from the property owner that the Applicant may operate a medical marijuana organization on the proposed site for, at a minimum, the term of the initial provisional license.
- Other evidence that shows that the Applicant has a location to operate its medical marijuana organization.

Uploaded Document Name: **C-1.1_Affidavit & Lease 5236 Kennedy Ave.pdf**

NOTE: This applicant uploaded document is the next 10 page(s) of this document.

Property Owner Letter of Permission

Property

Tenant Name: MedOh, LLC.

Street Address: 5236 Kennedy Avenue

City: Cincinnati State: OH Zip: 45208

Property Owner Affidavit

As SNF Inc., the Manager /Landlord/Owner of the above mentioned property, I (We) represent that I (We) have the authority to sign this Letter of Permission and hereby do authorize Medoh, LLC. to operate a Medical Marijuana Facility on the above mentioned premises, for the term stated in the lease (5 year plus options), should Medoh, LLC. obtain a provisional license under Ohio Administrative Code Section 3796:6.

By signing this document SNF Inc., I (We) certify that I (We) am the legal owner or legally designated agent for the above referenced property.

Legal Property Owner: SNF INC. Date: 10/31/17
(Name – please print)

Teddy Title: MANG. MEMBER
(Signature)

Notary Signature: J Byer Date: 10-31-17

Print Name: JARROD BYER



Jarrod Byer
Notary Public, State of Ohio
My Commission Expires 08-26-2022

Contingent Commercial Lease

Lease Date: October 27, 2017

Lessor: SNF Inc.

Lessor Address: 3665 Erie Avenue
Cincinnati, Ohio 45208

Lessee: MEDOH, LLC (Ohio)

Lessee Contact: Margot Andrus

Lessee Address: 7991 Ashley View Dr.
Cincinnati, Ohio 45227

Address of
Demised Premises: 5236 Kennedy Avenue (Front Space plus vault room)
Cincinnati, Ohio 45213

Lessee's Use: Medical Marijuana Dispensary

Lessee's Business
Name: MEDOH, LLC (Ohio)

Lease Term: Five Year

Beginning Date: To be determined based on Ohio Medical Marijuana Dispensary Licensing Date

Article I.

Section I.01

Contingency Payment: Upon Execution of this Contingent Lease, Lessee shall make a \$2,500.00 non-refundable deposit to Lessor.

Rent Commencement Date: To be determined based on Ohio Medical Marijuana Dispensary Licensing Date

Initial Term Monthly Rental: \$2,500.00 plus 1% of Gross Profit, capped at \$50,000.00 Annually. The amount of the monthly rent payments will be adjusted annually. The rent numbers will reflect the base rent plus 75% of the Percentage rent total. By way of example, if the gross profits for the Lease year are \$500,000.00. The calculation for the following year's monthly payments would be $\$500,000.00 \times .01 = \$5,000.00 \times .75 = \$3,750.00/12 = \$312.50 + 2,500.00 = \$2,812.50$ per month. This number would then be reconciled up or down at the end of the Lease Year and adjusted accordingly for the following year.

Prepaid Rent: None

Security Deposit: \$2,500.00

Number of Options to Renew: One Five Year Option

Option Term Monthly Rent: \$2,750.00

Article II. Parties

This Lease is made between SNF Inc., herein referred to as "Lessor" and MEDOH, LLC (Ohio), referred to as "Lessee."

Article III. Demised Premises

Section III.01 Lessor represents that it is the owner of the Demised Premises and hereby demises unto Lessee and Lessee hereby leases from Lessor, for the term and specifically upon the terms and conditions set forth in this Lease.

Section III.02 The use and occupation by the Lessee of the Demised Premises shall include the right to non-exclusive use of all such automobile parking areas, driveways, truck and service courts, walks and other facilities within the Property.

Article IV. Possession

Section IV.01 To be determined

Article V. Use

Section V.01 Lessee shall use and occupy the Demised Premises solely and exclusively for the conduct of a Medical Marijuana Dispensary and it is the Lessee's responsibility to ensure that the property is zoned for their use and to comply with any and all requirements of any of the constituted public authorities having or purporting to have jurisdiction and with the terms of any State, Federal, or local statute, ordinance and or regulation applicable.

Section V.02 Lessee covenants and agrees that it will not use or suffer or permit any person, persons, corporation or other such entity to use any of the Demised Premises for any use or purpose in violation of the laws, ordinances, regulations and requirements of any governing body, including but not limited to, federal, state, local, or any bodies under the jurisdiction of any of those governmental entities.

Article VI. Term

Section VI.01 Five Years

Article VII. Rent

Section VII.01 Lessee covenants and agrees to pay Lessor the Monthly Rental (as set forth on page 1 of the Lease) in advance on the first day of each calendar month during the term of this Lease. Rent shall be deemed late if it is not received by the fifth day of each calendar month. If rent is received after the fifth day, then there will be a late charge due in the amount of \$150.00.

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

Article VIII. Utilities Services

Section VIII.01 Lessee shall pay, as directly billed, as and when they shall be due and payable, all water bills, meter charges, sewer charges, and utility charges such as, but not limited to, electric, telephone services, or

others, consumed within the Demised Premises. There is only one Water meter for the entire premises. Lessee shall be responsible for 20% of the GCWW water bill quarterly. Lessor will bill this quarterly along with a copy of the GCWW Invoice.

Article IX. Taxes

Section IX.01 Lessor shall be responsible for all annual real estate taxes for the Demised Premises.

Article X. Maintenance and Repairs

Section X.01 Lessor shall deliver the premises in broom-clean condition. Except as where noted elsewhere in this lease, Lessee shall, at Lessee's own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical, HVAC (including HVAC Filter replacement), wiring, plumbing (excepting underground sewer and drainage system) and shall surrender the same at termination hereof in as good condition as received, normal wear and tear excepted. Lessee's limit to such repairs to be capped at \$300.00 per occurrence and \$900.00 Annually. Lessee shall be responsible for all repairs required, excepting roof, exterior walls, underground sewage and drainage systems, and structural foundations, which shall be maintained by Lessor. Lessor warrants that the existing plate glass, electrical, roof, HVAC, and plumbing are in good working condition at the time of execution of this lease. Lessor represents and warrants that any and all repairs and maintenance made to or on the premises in the aforementioned areas were made in a good, workman-like manner. Lessee shall be responsible for its own snow removal, grass and weed cutting and Landscape maintenance.

Article XI. Lessee's Right to Make Alterations

Section XI.01 The parties agree and acknowledge that Lessee will be performing improvements to the Demised Premises to accommodate Lessee's use. Lessee shall have the right to make said alterations and improvements to the Demised Premises subject to the approval of local authorities and consent of the Lessor, which consent shall not be unreasonably withheld.

Article XII. Signs

Section XII.01 Lessee has the right to display, erect, paint, or affix to the interior or exterior of the premises, any signs, lettering, and/or advertisements, which do not violate any laws, regulations, and ordinances pertaining thereto, and Lessee does not need Lessor's prior consent for such purposes. Lessee is responsible for all repair and maintenance to any signage it uses. Upon vacating the Demised Premises, Lessee, at its sole expense, shall remove all of its signage within thirty (30) days of vacation.

Article XIII. Affirmative Covenants of Lessee

Lessee Agrees:

Section XIII.01 To comply with any and all requirements of any of the constituted public authorities having, or purporting to have jurisdiction and with the terms of any State, Federal, or local statute, ordinance, and/or regulation applicable to Lessee or its use of the Demised Premises; and

Section XIII.02 To keep the Demised premises, clean, orderly, sanitary, and free from objectionable odors, and from insects, vermin, and other pests and, with affirmative action, not to permit any usage or possession of any illegal substance in, on or upon the Demised Premises.

Section XIII.03 To be responsible for and to pay before delinquency all municipal, county, or state taxes, assessments, and license fees assessed or imposed during the term of this lease, against any leasehold interest,

trade fixtures, merchandise or personal property of any kind, owned or placed in, upon, or about the Demised Premises by Lessee; and

Section XIII.04 [Section Intentionally Deleted]

Section XIII.05 Lessee will in the event of the sale, transfer, or assignment of Lessor's interest in the Demised Premises, or in the event any proceedings are brought for the foreclosure of or for the exercise of any power of sale under any mortgage on the Demised Premises, at the option of the mortgagee the Lessee shall attorn to the respective transferee, assignee, or purchaser and recognize such party as Lessor under this Lease. In no event however, so long as Lessee is not in breach of this Lease, shall Lessee tender or waive its right to possession of the Demised Property. Further, Lessor agrees that, in the event of sale, transfer, or assignment of Lessor's interest in said Demised Property, whether voluntary or involuntary, Lessee's occupancy shall be continuous and not disturbed or interrupted by Lessee or any transferee.

Article XIV. Negative Covenants of Lessee

Section XIV.01 Lessee agrees that it will not do any of the following without the prior written consent of the Lessor; which consent shall not be unreasonably withheld:

Section XIV.02 Do, or suffer to be done, any act, manner, or thing objectionable to the fire insurance companies whereby the fire insurance or other insurance now in force or hereafter to be placed on the Demised Premises or any part thereof shall become void or suspended, or whereby the same shall be rated at a more hazardous risk than at the date when Lessee received possession hereunder; and/or

Section XIV.03 [Section Intentionally Deleted]

Section XIV.04 Enter into any Sub-Lease without prior Lessor approval (Lessor approval not to be unreasonably withheld) which would constitute a subletting or assignment of the Demised Premises, except that if the subletting or assignment would be to or for the benefit of any a subsidiary, parent, or affiliated company of Lessee, then no prior written consent shall be required; and/or

Section XIV.05 To handle, store, or dispose of any hazardous or toxic waste or substance upon the Demised Premises that is prohibited by any federal, state, or local statutes, ordinances, or regulations.

Article XV. Damage (Partial or Total) to the Demised Premises

Section XV.01 If the Demised Premises are rendered temporarily untenable as a result of any damage or destruction by fire or other casualty, the rent shall be equitably adjusted to the extent that the Demised Premises are tenantable, and the rent shall be abated to the extent that the Demised Premises are untenable, for the period from the date of such damage or destruction until the Demised Premises have been fully repaired and the Lessee may again make full use of the Demised Premises.

Section XV.02 If the Demised Premises are substantially damaged or destroyed by fire or other casualty, then the Lessor or the Lessee may terminate this lease by giving the other party notice to such effect within sixty (60) days after the casualty causing the damage. The term of this lease shall terminate and expire upon the thirtieth (30th) day after the termination notice is given and Lessee shall vacate the demised premises and surrender the same to the Lessor, on or before such date. The Demised Premises shall be deemed substantially damaged or destroyed; (1) if the costs of repair and restoration after insurable casualty occurs is fifty (50%) percent or more of the then full replacement cost of the Demised Premises; or (2) if the cost of repair and restoration after any non-insurable casualty occurs is twenty (20%) percent or more of the then full replacement costs of the Demised

Premises, as applicable. In the event of such termination, the insurance proceeds (except for loss of business) shall first be paid to the Lessee for its unamortized improvements and the balance shall be paid to the Lessor.

Section XV.03 [Section Intentionally Deleted]

Section XV.04 If the Lessor and Lessee mutually elect not to terminate this lease after a casualty, then the Demised Premises shall be repaired and restored according to terms agreed upon by the parties.

Article XVI. Mutual Indemnification, Public Liability and Other Insurance

Section XVI.01 Lessee agrees to indemnify and hold Lessor harmless from any and all claims for damages or losses resulting from any act, or failure to act, of Lessee, or any breach by Lessee or any obligation under this lease. Lessor agrees to indemnify and hold Lessee harmless from any and all claims for damages or losses resulting from the act, or failure to act, of Lessor, or any breach by Lessor of any obligation under this lease.

Section XVI.02 Lessee, at its expense, at all times during the term of this lease shall maintain public liability insurance including bodily injury and property damage insuring Lessee and Lessor as follows: Five Hundred Thousand Dollars (\$500,000.00) Combined Single Limits each occurrence, for bodily injury, and their party property damage. Lessee shall provide Lessor with a certificate of insurance showing Lessor as additional insured. This certificate shall provide for a thirty (30) day written notice to Lessor in the event of cancellation or material change in the coverage.

Section XVI.03 Lessee, at its expense, shall at all times during the term of this lease maintain insurance upon the betterments and improvements in and on the Demised Premises, in an amount equal to the replacement costs of such betterments and improvements, including but not limited to, Lessee's trade fixtures, furnishings, wall covering, interior partitions, carpeting, drapes, and equipment.

Section XVI.04 Lessor, at its expense, shall at all times during the term of this lease, obtain and maintain insurance covering the Demised Premises.

Article XVII. Trade Fixtures and Personal Property

Section XVII.01 Any trade fixtures, signs, and other personal property of Lessee not permanently affixed to the Demised Premises shall remain the property of the Lessee. Lessor agrees that Lessee shall have the right, provided Lessee is not in default under the terms of this lease, to remove any and all of its trade fixtures, sign, and other personal property which it may have stored or installed in the Demised Premises, including, without limitation, signs, counters, desks, computers, shelving, filing cabinets, refrigerators, and other movable personal property.

Section XVII.02 All improvements to the Demised Premises by Lessee, including but not limited to mechanical systems (excluding computer, printer, fax, phone, and other related systems), light fixtures, floor coverings and partitions, and any other items comprising Lessee's work, but excluding removable trade fixtures and signs, shall become the property of Lessor upon the expiration or earlier termination of this lease.

Article XVIII. Estoppel Certificate

Section XVIII.01 Lessee shall at any time and from time to time, without charge, within thirty (30) days after receipt of written notice from Lessor or any mortgagee of Lessor, execute, acknowledge, and deliver to Lessor or such mortgagee, a statement in writing (1) certifying that this lease represents the entire agreement between Lessor and Lessee, and is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying this lease is so modified, is in full force and effect) and the dates to which the

rental and other charges are paid in advance, if any; (2) certifying that there has been no assignment or other transfer by Lessee of this lease, or any interest therein; and (3) acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of the Lessor hereunder and that Lessee has no right of offset, counterclaim or deduction against rent, or specifying such defaults if any are claimed together with the amount of any offset, counterclaim, or deduction alleged by Lessee. Any prospective purchaser or lender upon the security of the Demised Premises may rely upon any such statement.

Section XVIII.02 Provided Lessee is in good standing under the terms of this lease and has complied with each and every covenant and condition hereof, and no event has occurred that with the passage of time and/or the giving of notice would result in a default hereunder, Lessor agrees, upon written notice from Lessee, to execute, acknowledge, and deliver to Lessee a statement in writing certifying that this lease represents the entire agreement between the Lessor and Lessee, and is unmodified and in full force and effect, if appropriate (or, if modified, is in full force and effect, if appropriate) and the dates to which rental and other charges are paid in advance, if any.

Article XIX. Events of Lessee Default

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

Section XIX.01 The failure by Lessee to pay when due any installment of rent hereunder or other sum hereunder required to be paid by Lessee after the herein stated applicable grace period per Section 6.01.

Section XIX.02 Lessee's failure to perform or abide by any other term, provision covenant, agreement, undertaking or condition of this lease within thirty (30) days after notice, shall constitute an event of default. In the event that Lessee, in good faith, shall begin to remedy a non-monetary default within such thirty (30) days and shall proceed diligently to cure fully and completely, then Lessee shall have an additional sixty (60) days to so cure. Lessor and Lessee may agree to an extension of the cure period if one is necessary to complete the curing of a non-monetary default even with Lessee's diligent efforts.

Article XX. Lessor's Rights Upon Lessee Default

Section XX.01 If any event of default by Lessee occurs, then the Lessor shall terminate this lease and re-let the Demised Premises. Furthermore, if this lease shall be so terminated by Lessor, Lessor may at any time thereafter resume possession of the premises by any lawful means and remove Lessee or other occupants and their effects.

Article XXI. Custom and Usage

Section XXI.01 It is hereby covenanted and agreed, any law, usage, or custom to the contrary notwithstanding, that either party to this lease shall have the right at all times to enforce each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions of this lease in strict accordance with the terms hereof, notwithstanding any conduct or custom on the part of either of the parties to this lease in refraining from so doing at any time or times.

Section XXI.02 In the event that in this lease it is provided that the exercise of any right by lessee or the performance of any obligations of Lessee shall be subject to the consent or approval of Lessor and that the consent or approval of Lessor shall not be unreasonably withheld or delayed, Lessor shall have ten (10) days after request for approval or consent from Lessee to give his or her consent.

Article XXII. Condemnation

Section XXII.01 Lessor states that to the best of its knowledge that there are no current, pending, or threatened eminent domain, condemnation, taking, blighting, or similar actions pending on the demised premises.

Section XXII.02 Lessee does not waive any claim of loss or damage to Lessee or right to claim to any part of the award as the result of the exercise of the power of eminent domain of any governmental body, whether such loss or damage results from condemnation of part or portion all the Demised Premises. Should any power of eminent domain be exercised after Lessee is in possession, this lease shall terminate on the date when title vests pursuant to such taking. Lessee shall not be entitled to any part of the award for such taking or any payment in lieu thereof, but Lessee may file a claim for any taking of fixtures and improvements owned and/or paid for by Lessee, and for moving expenses.

Section XXII.03 The rent shall be apportioned as of the termination date, and any rent paid for any period beyond that date shall be repaid to Lessee.

Article XXIII. Notices

Section XXIII.01 Any notice to be given hereunder to either party to this lease, may be personally delivered, delivered via Federal Express or other national overnight contract carrier, or may be deposited in the United States mail, registered or certified, postage prepaid and return receipt requested, addressed to the party for whom intended. Service of any notice pursuant hereto shall be deemed completed (1) at the time of delivery or attempted delivery if personally delivered, (2) the date following the date upon which the notice was delivered to Federal Express or other national overnight contract carrier, or (3) two days after the date upon which the notice was deposited with the United States mail as described above.

Section XXIII.02 The addresses to which notices are to be delivered are set forth below:

LESSOR

Teko Land Group
3665 Erie Avenue
Cincinnati, Ohio 45208

LESSEE:

MEDOH, LLC (Ohio)
7991 Ashley View Drive
Cincinnati, Ohio 45227

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

Article XXIV. Lessor's Liability

Section XXIV.01 Notwithstanding any other provisions of this lease, Lessor shall be liable to and indemnify Lessee for any loss, damage, or injury caused by Lessor's negligence or disregard for Lessee's rights or the rights of Lessee's patrons. In such event, any insurance held by Lessee shall be secondary to the liability of Lessor, which shall in all such circumstances be primary.

Article XXV. Options

Section XXV.01 Provided that Lessee is not in default in the performance of this lease, Lessee shall have one (1) option to renew the lease for an additional five (5) year term. If the option is exercised, the renewal terms shall commence at the expiration of the previous term. Lessee must provide Lessor with at least sixty (60) days notice prior to the expiration of the current term in order to exercise its option contained herein. All of the terms and conditions of the lease shall apply during the renewal terms, except the monthly rental for the renewal term which is defined above under Option Term Monthly Rent.

Article XXVI. Attorney's Fees

Section XXVI.01 If any suit should be brought for recovery of the Demised Premises, or for any sum due hereunder, or because of any other breach of any term of this lease, by either party, the prevailing party shall be entitled to reasonable costs incurred in connection with such action, including attorney's fees.

Article XXVII. LEASE CONTINGENCY

Section XXVII.01 This Lease is contingent on Lessee receiving an Ohio Medical Marijuana Dispensary license to operate in Hamilton County.

Section XXVII.02 This Contingent Lease shall terminate on January 31, 2018 if it is not made into a Non-Contingent Lease and Lessor nor Lessee shall have no further obligations to each other. Tenant shall have the right to extend the contingency to February 28, 2018 for \$1,000.00.

Article XXVIII. Miscellaneous

Section XXVIII.01 Captions: Any heading preceding the text of paragraphs and/or subparagraphs hereof are inserted solely for the convenience of the reference and shall not constitute a part of this lease nor shall any of the same affect its meaning, construction, or effect.

Section XXVIII.02 Severability: If any term or provision of this lease or the application thereof to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder of the lease and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of this lease shall be valid and enforceable to the fullest extent permitted by law.

Section XXVIII.03 Successors and Assigns: This lease is binding upon and inures to the benefit of the heirs, assigns, and successors in interest to the parties.

Section XXVIII.04 Quiet Enjoyment: Upon the payment by the Lessee of the rent herein provided, and upon the observance by Lessee of each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions on the Lessee's part to be observed and performed, Lessee shall peaceably and quietly hold and enjoy the Demised Premises for the term of this lease without hindrance or interruption by Lessor or any other person or persons lawfully or equitably claiming by, through or under the Lessor, subject, nevertheless, to each and every one of the terms, provisions, covenants, agreements, undertakings, and conditions of this lease.

Section XXVIII.05 Force Majeure: The Lessor and Lessee shall be excused for the period of any delay in the performance of any obligation hereunder when prevented from so doing by cause or causes beyond Lessor's or Lessee's control which shall include, without limitation, all labor disputes, civil commotion, civil disorder, riot, civil disturbance, war, war-like operations, acts of terrorism, invasion, rebellion, hostilities, military or usurped power, sabotage, moratoriums or controls, fire or other casualty, inability to obtain any material, services, or financing or through Acts of God.

Section XXVIII.06 [Section Intentionally Deleted]

Section XXVIII.07 [Section Intentionally Deleted]

Section XXVIII.08 Scope and Interpretation of the Agreement: This lease is and shall be deemed, construed, and considered to be the only agreement between the parties hereto pertaining to the Demised Premises. All negotiations and oral agreements acceptable to both parties are included herein. There are no verbal understandings not contained herein. The laws of the state in which the demised premises are located shall govern the validity, interpretation, performance, and enforcement of this lease. This lease constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties.

Signed this the 27th day of October, 2017.

LESSOR:
SNF Inc.

Tedd My - MEMBER

By: TEDD ROYER

LESSEE:
MEDOH, LLC (Ohio)

Margot Andrus

By: Margot Andrus

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

Medoh, LLC

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

No response provided by applicant

C-1.4 Business Address

5236 Kennedy Avenue

C-1.5 City

Cincinnati

C-1.6 State

OH

C-1.7 Zip Code

45208

C-1.8 Phone

5132710710

C-1.9 Email

margotandrus@gmail.com

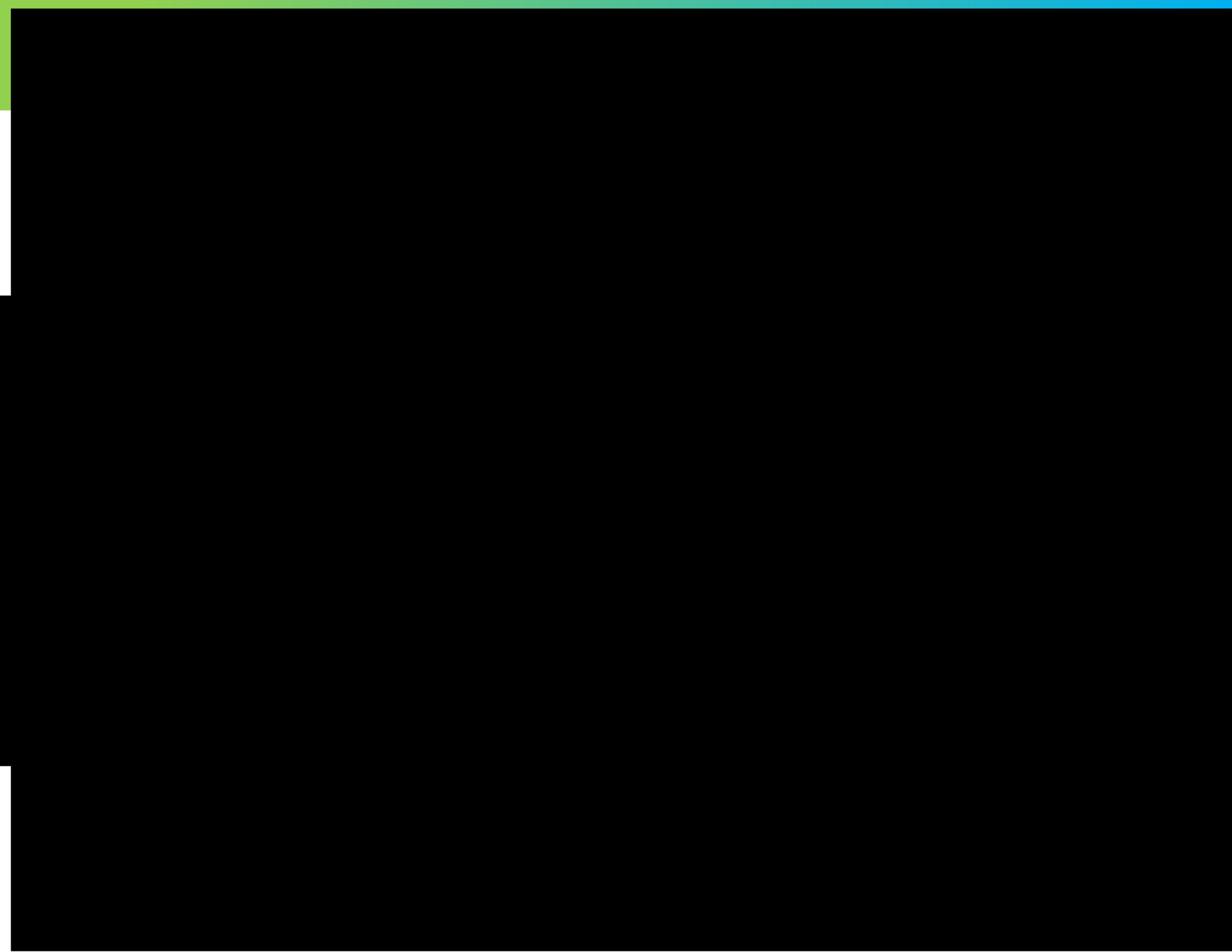
Business Plan(Site and Facility Plan)

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_Floor Plan.pdf**

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





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

Uploaded Document Name: **C-2.2 Dispensary Application Document D - Zoning Form - Hamilton & Columbia Township Approval.pdf**

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

December 13, 2017

MedOH LLC
Margot Andrus
7991 Ashley View
Cincinnati, OH 45227

Re: Non-Binding Letter of Intent — Columbia Township Host Community Agreement

This non-binding letter of intent ("LOI") summarizes the basic terms and conditions upon which MedOH LLC (the "Company") and Columbia Township ("Columbia") would agree to enter a Host Community Agreement (the "Host Agreement") related to MedOH LLC's operation of a Registered Marijuana Dispensary ("RMD") in Columbia Township, Ohio. Each of MedOH LLC and Columbia are referred to herein as a "Party" or collectively as the "Parties."

- 1. Financial Terms: Assuming MedOH LLC is approved for an RMD in Columbia by Ohio's** medical marijuana regulatory body, RMD shall pay Columbia a *fee* of no more than 2.5% of annual gross sales revenue for the first 10 years of MedOH LLC's operations under the Host Agreement with Columbia, which shall be increased to 3% of annual gross sales revenue for all subsequent years in which MedOH LLC continues its operations in Columbia under the Host Agreement with Columbia (the "Annual Payment"). The Annual Payment would be calculated after each calendar year-end (beginning after the end of 2018) and paid to Columbia by April 1 of the following year.

Host Agreement: As soon as reasonably practicable after the execution of this LOI, the Parties shall commence to negotiate a definitive Host Agreement, to be drafted by MedOH LLC. The Host Agreement would include the terms summarized in this LOI and such other conditions, covenants, and other terms that are customary for transactions of this kind and are not inconsistent with this LOI, including, among other things: conditions related to the absence of any material breach of Ohio law, approval of the Host Agreement by MedOH LLC's board of directors and Columbia's Board of Trustees ; the receipt of any regulatory approvals and third party consents, on terms satisfactory to MedOH LLC; and, absence of injunctions or legal proceedings prohibiting or challenging the transaction. During the period from the signing of this LOI through the execution of the Host Agreement, MedOH LLC will: (i) use reasonable best efforts to conduct business to effectively and efficiently prepare for operation of the current and contemplated dispensary, and (ii) use reasonable best efforts to develop the dispensary in preparation for operations and maintain its properties and other assets in good working condition (normal wear and tear excepted).

- 3. Termination Rights:** The Host Agreement may be terminated for customary reasons, including but not limited to: illegality; failure to obtain requisite approvals; MedOH LLC's cessation of operations in Columbia as a RMD; financial impracticability; and/or any breaches of the Host Agreement. The Host Agreement may be terminated by Columbia for any or no reason upon reasonable notice to MedOH LLC.

4. **Audit Rights:** MedOH LLC will submit to Columbia copies of financial records that MedOH LLC must submit to Ohio's marijuana regulatory body. MedOH LLC will maintain its books, financial records, and other compilations of data pertaining to the requirements of Host Agreement in accordance with standard accounting practices and any applicable regulations or guidelines. The Host Agreement will provide that during the term of the Host Agreement, Columbia may upon thirty (30) days' advance written notice, examine and copy (at its sole cost and expense) those parts of MedOH LLC's books and financial records which reasonably relate to the determination of the required annual payment and to MedOH LLC's other compliance requirements.
5. **No Binding Agreement:** This LOI reflects the general intention of the Parties, but for the avoidance of doubt, neither this LOI nor its acceptance shall give rise to any legally binding or enforceable obligation on any Party. No contract or agreement providing for the execution of the Host Agreement or any other transaction involving MedOH LLC's business shall be deemed to exist between Columbia and MedOH LLC and any of its affiliates unless and until MedOH LLC is awarded a Dispensary License to operate in Columbia and a final Host Agreement has been executed and delivered by the Parties and approved by Columbia's Board of Trustees.
6. **Governing Law:** THIS LOI SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF OHIO, WITHOUT GIVING EFFECT TO ANY CHOICE OR CONFLICT OF LAW PROVISION OR RULE (WHETHER OF THE STATE OF OHIO OR ANY OTHER JURISDICTION) THAT WOULD CAUSE THE APPLICATION OF LAWS OF ANY JURISDICTION OTHER THAN THOSE OF THE STATE OF OHIO.
7. **No Third Party Beneficiaries:** Except as specifically set forth or referred to herein, nothing herein is intended or shall be construed to confer upon any person or entity other than the Parties and their successors or permitted assigns, any rights or remedies under or by reason of this LOI.

If the foregoing summary of basic terms and conditions is acceptable to MedOH LLC, the Columbia Township Board of Trustees requests MedOH LLC so acknowledge by signing and returning the enclosed copy of this LOI.

AGREED AND ACCEPTED:

MedOH LLC

By: Margot Andrus
Name: Margot Andrus
Title: Principle / President
Date: 12/13/17

Columbia Township, Hamilton County, Ohio

By: C. Michael Lemon

Name: C. MICHAEL LEMON

Title: Township Administrator

Date: 12/13/17



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:		
Medoh, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary:		
5236 Kennedy Avenue		
City:	County:	
Cincinnati	Hamilton County	
State:	Zip Code:	Phone Number:
Ohio	45208	513-271-0710
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government		
Board of Hamilton County Commissioners, Hamilton County, Ohio		
Moratorium (Required to check one box) <i>Townships empowered by O.R.C. to enact their own Moratorium, need to contact Columbia Township directly</i>		
<input type="checkbox"/> The area of _____ HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. *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.		
<input type="checkbox"/> The area of _____ 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:

Bryan Snyder, AICP

Title:

Development Services Administrator

Signature:

Date:

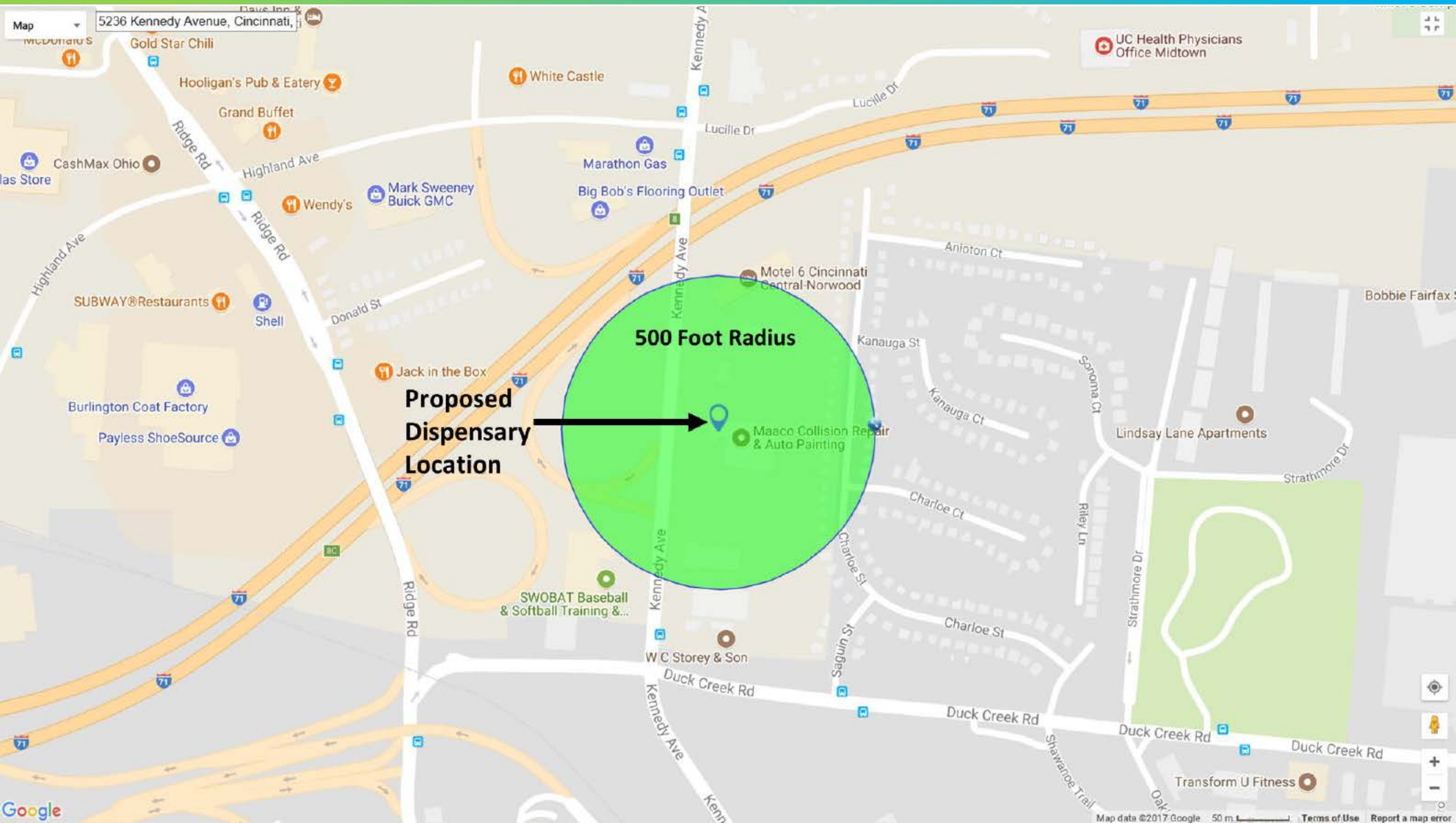
11/6/17

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_Survey 5236 Kennedy Ave..pdf**

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

Proposed Dispensary Location - 5236 Kennedy Avenue Cincinnati, OH 45213

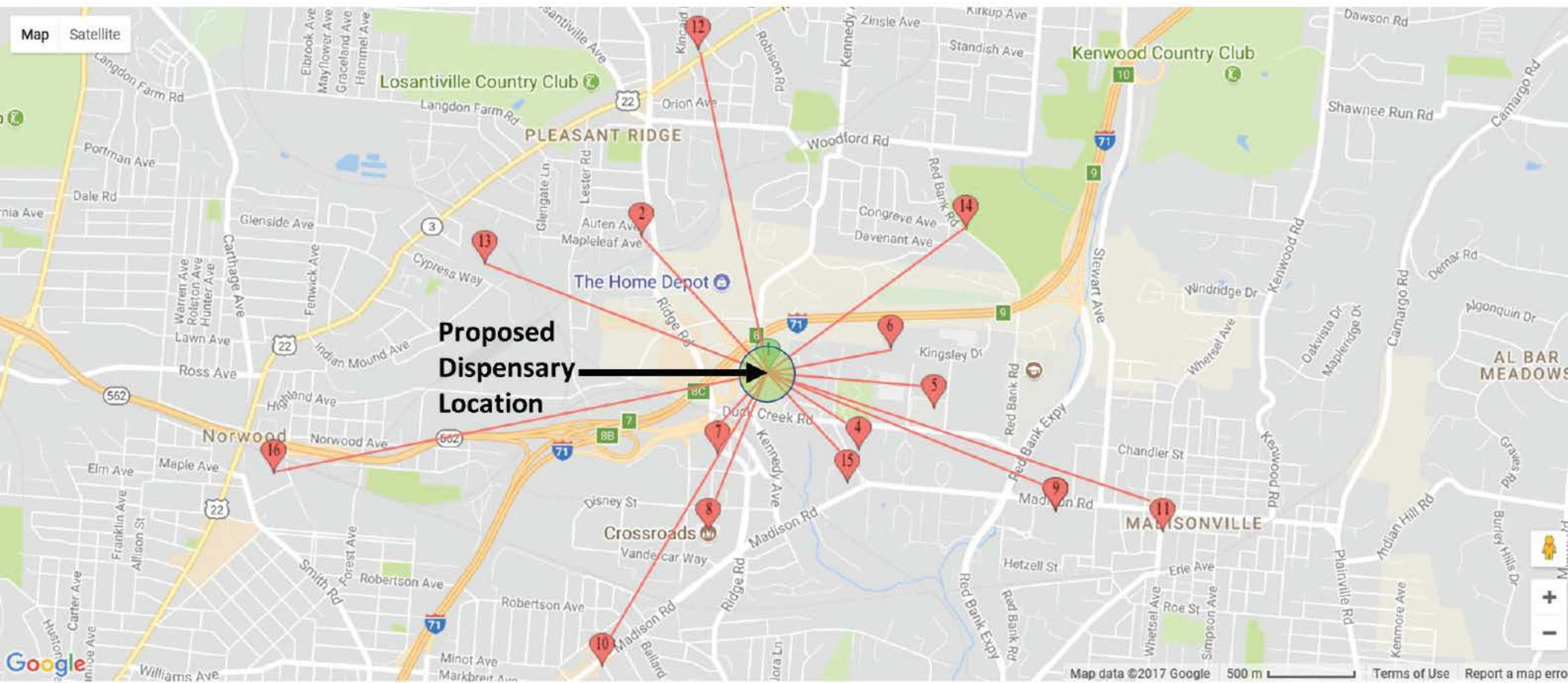


Proposed Dispensary Address:

5236 Kennedy Ave, Cincinnati, OH 45213

Proposed Dispensary Location - 5236 Kennedy Avenue Cincinnati, OH 45213

Facility	Location	Distance (feet)	Facility	Location	Distance (feet)
1 Proposed Dispensary	5236 Kennedy Ave, 45213	NA	9 St Paul Lutheran Church	5433 Madison Rd, 45227	6042
2 Teddy Bears Day Care	3168 Mapleleaf Ave, 45213	3475	10 Oakley Library	4033 Gilmore Ave, 45209	6331
3 Madisonville Day Care	5433 Madison Rd, 45227	6143	11 Madisonville Library	4830 Whetsel Ave, 45227	8028
4 School of Metaphysics	5030 Oaklawn Rd, 45227	2260	12 Pleasant Ridge Library	6233 Montgomery Rd, 45213	2088
5 Shroder High School	5030 Duck Creek Rd, 45227	3211	13 Linder Park	2726 Cypress Way, 45212	5663
6 Bobbie Fairfax School	4999 Kingsley Dr, 45227	2369	14 Daniel Drake Park	5800 Red Bank Rd, 45213	4631
7 First Baptist Church	5029 Ridge Ave, 45209	1757	15 Gateways	4760 Madison Rd, 45227	2549
8 Crossroads Church	3500 Madison Rd, 45209	3201	16 BrightView LLC	2300 Wall St, 45212	9370



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

A brief description of key start-up activities is provided below. Please refer to attachment C-3.1.1_Business Plan Timeline.pdf for a complete listing of key timeline activities.

Dispensary Operations Planning (Pre-Open)

We plan to seek out cultivation operators having best practices in place (as advised in certain instances by our industry consultants) so that we can develop a supply chain relationship to source product as legally allowable under state rules and regulations. We will be focused on continually learning about the various products and their related effects so we may fully inform our patients as to the various performance metrics of each product.

As soon as we learn the date that product will be available, we will announce our opening at least 2-4 weeks prior to this target date. At this time, we will have completed improvements to the selected facility and initiated employee training onsite.

We plan to initiate hiring (as well as training) for certain key positions within the dispensary organization at least sixty (60) days in advance of initiation of operations, bringing on additional team members as traffic and product availability increase.

Security and Surveillance

The dispensary will use security equipment designed to deter and prevent unauthorized entrance into limited access areas and prevent theft or diversion. A brief description is provided below. Please see Section D-2.2 for a complete description.

Alarm System and Video Surveillance

The facility will be continuously monitored via a centrally monitored UL listed alarm management system. The system will include an array of devices to detect intrusion or unauthorized activity and will be able to dispatch local law enforcement if needed. This monitored alarm system will only allow access to authorized individuals via electronic access control. In addition, A video surveillance system will record response information in the event of an incident or an intrusion into the facility. Video recordings may be used by security personal to determine proper response and, if necessary, provided to law enforcement for further action. Facility entrances, interior rooms, and point of sale locations will be monitored and recorded.

Employee qualifications

We will employ a friendly, knowledgeable, and compassionate staff with a strong desire to help patients. All employees who have patient interaction will be encouraged to obtain a pharmacy technician license.

We will ensure that our employment applications meet all local as well as state application requirements related to this industry. Generally, the employment qualification process will initiate off site and only engage qualified candidates in a final interview process that will include the actual dispensary operational space.

Employee Training

Training will be provided by industry experts for all employees. We envision this beginning approximately one week at the T-minus 30 days from opening.

Once hired, all employees are required to attend training classes on a regular basis as established and enforced by upper management. Please see Section E-1.1 for complete details.

Storage of Medical Marijuana Products

Upon delivery, the dispensary will update inventories by scanning and hand counting all products to be kept in a secured vault/safe room. Once inventoried and sorted, products will be kept in secured/locked marijuana cabinets which will be rolled out daily into dispensary and returned each night to secured vault/safe room. We plan to only hold inventory to meet daily patient demand and meet any applicable State code.

We will employ BioTrack software that is specifically designed to cater to the needs of dispensaries in the marijuana industry. For point of sales (POS), this system tracks each transaction, sales in grams, ounces, or by piece, and keeps track of the dispensary inventory on a real-time basis. We will be integrated with OARRS to allow for the collection and tracking of all patient information. Once a purchase is generated in our POS, information including, but not limited to name, strain, quantity, registry identification card and name of the establishment can be tracked allowing for denial of sale if necessary. The system will also keep track of which employee rang up the sale. The system allows for internal security via fingerprint or PIN authorization, ensuring the employee ringing the sale maintains accountability.

Initial Transfer/Labeling

We anticipate providing a secure, out of the public eye, transfer point for products we will be procuring from the various cultivation/production vendors that will become the transfer point into our inventory tracking system.

Once the Dispensary Manager has accepted delivery, he or she will affix labels to the products that includes Ohio identification protocol and then will physically place them into the secure storage location within the dispensary. Secure storage will remain locked (behind the counter during the day then rolled into safe vaulted room during the night. Access to our secure storage area will be limited only to authorized individuals.

Recordkeeping

We will retain all records, both physical and electronic for a minimum of six years. Electronic data will be encrypted and stored on secure servers in secure storage areas under 24-hour video surveillance. Physical records will also be stored in a secure storage room under 24-hour surveillance. The secure storage room will have limited access. The Dispensary will utilize biometric security measures as well as PIN number protection. Access Logs will be analyzed daily to ensure no unauthorized entry has occurred. Access Logs will be stored for a minimum of six years including but not limited to:

Prevention of Medical Marijuana Diversion

Should discrepancies arise in the inventory, the Agent in Charge shall be notified immediately and will assume responsibility for investigating the discrepancy. Once notified, the Agent in Charge shall enter

the discrepancy details immediately into the form titled 'Inventory Variance Report' and initiate an initial search for the missing item or items.

- a. If the discrepancy can be traced back to a simple error in location or placement of the product, the Dispensary Manager shall enter in the underpinning circumstances in to the 'Inventory Variance Report' form and close out the discrepancy noting no further action will be required.
- b. If the discrepancy cannot be resolved via normal tracking or discovery of errant placement of product, the Agent in Charge will then take further steps to investigate the incident as follows:
 - i. Review video records related to the timeline in which the item or items disappeared from inventory to determine the cause of the discrepancy. The Agent in Charge and Dispensary Manager shall note within the 'Inventory Variance Incident Report' the details related to the video sources reviewed such as camera ID and timeframe elements reviewed.
 - ii. Should video records not be sufficient to reveal the cause of the discrepancy the Agent in Charge shall then interview all of the Dispensary Staff members to further determine possible causes for the discrepancy.
 - iii. Once either 1) the Agent in Charge exhausts the reasonable time and/or resource(s) allocated for the investigatory effort (as noted herein as Inventory Loss Response Levels), or 2) once the cause is determined; the Agent in Charge shall close out the 'Inventory Variance Incident Report' noting should the cause be determined to be related to theft and the individual identified, immediate termination of such employment will be required in accordance with our policies and procedures.

Inventory Loss Response Levels

- Level A - If the retail value of the discrepant inventory item(s) are less than \$100, the Agent in Charge shall allocate no more than five (5) hours of his or her time to perform an investigation of the item or items in question.
 - a. If frequency of such inventory items in any discrepant situation exceed two (2) occurrences within any ten (10) day period, the Agent in Charge shall allocate up to ten (10) additional hours of his or her time to perform an investigation of the item or items in question.
 - b. If frequency of such inventory items in any discrepant situation exceed three (3) occurrences within any fourteen (14) day period, the Agent in Charge shall allocate up to fifteen (15) additional hours of his or her time to perform an investigation of the item or items in question.
- Level B - If the retail value of the discrepant inventory item(s) are more than \$100 but less than \$499, the Agent in Charge shall allocate no more than ten (10) hours of his or her time to perform an investigation of the item or items in question.
 - a. If frequency of such inventory items in any discrepant situation exceed two (2) occurrences within any ten (10) day period, the Agent in Charge shall allocate up to fifteen (15) additional hours of his or her time to perform an investigation of the item or items in question.
 - b. If frequency of such inventory items in any discrepant situation exceed three (3) occurrences within any fourteen (14) day period, the Agent in Charge shall allocate up to twenty (20) additional hours of his or her time to perform an investigation of the item or items in question.
- Level C - If the retail value of the discrepant inventory item(s) is more than \$500, the Agent in Charge shall follow instructions for investigation of the loss unless the item(s) in question are located after the initial search.
- All Irregularities are to be reported to Agent in Charge and documented.

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 Plan Timeline.pdf**

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

Startup Plan T-Minus Plan

Category	Task	Time Line / Event Trigger
HR	Select background check company	Upon licensure approval
HR	Select Drug Test company	Upon licensure approval
HR	Background checks	Upon licensure approval
HR	Develop/ Write Employee Handbook	Upon licensure approval
HR	Obtain state/ federal required posters for breakroom	Upon licensure approval
HR	Obtain payroll system	Upon licensure approval
HR	Develop employee training programs for new hires	Upon licensure approval
HR	Train employees on software, hardware, state mandated training, company policies	30 days prior to opening
HR	Create employee file storage mechanism	Upon licensure approval
HR	Create employee application	Upon licensure approval
HR	Advertise for open positions	Upon licensure approval
HR	Interview employees	45 days from projected opening
HR	Develop mechanism for employees to report concerns	Upon licensure approval
HR	Develop diversity training	Upon licensure approval
HR	Vet uniform providers	45 days from projected opening
HR	Select uniform provider	30 days from projected opening
HR	Order uniforms several sizes	30 days from projected opening
HR	Employee Badges, Name Tags	On hiring
HR	Develop / select payroll system	Upon licensure approval
General Contractor	Task	Time Line / Event Trigger
Construction	Obtain building permit	Upon licensure approval
Construction	Develop blueprints for location	Upon licensure approval
Construction	Select contractor	Upon licensure approval
Construction	Remodel	Upon licensure approval
Construction	Schedule required inspections for occupancy	30 days from projected opening
Construction	Purchase furniture / office equipment	30 days from projected opening
Construction	Install phone / data lines / ATM / Internet	30 days from projected opening
Construction	Purchase shelving units for inventory	30 days from projected opening
Construction	Purchase display cases	45 days from projected opening
Construction	Floor Mats, Signs, Required Signs	30 days from projected opening
Category	Task	Time Line / Event Trigger
Security	Overlay security devices on blue prints	Upon licensure approval
Security	Purchase security hardware/ software	Upon licensure approval
Security	Install security devices	At time of Buildout
Security	Select security monitoring company	Upon licensure approval
Security	Train employees on how to utilize equipment	30 days from projected opening
Security	Purchase safes & locking recharging cart	30 days from projected opening
Security	Purchase fences	30 days from projected opening
Security	Vault area storage and security	30 days from projected opening
Category	Task	Time Line / Event Trigger
Marketing	Web site development	Upon licensure approval
Marketing	Logo development	At time of Application
Marketing	Purchase business cards	30 days before opening
Marketing	Create email accounts with company name	Upon licensure approval
Marketing	Identify doctors in the area to build relationships with	Upon licensure approval
Marketing	Develop patient education programs / health care provider educational programs	Upon licensure approval
Marketing	Plan and schedule open houses	30 days from projected opening
Marketing	Host open houses	2 weeks from projected opening
Marketing	Develop exterior sign package buildings/ windows / doors	Upon licensure approval
Marketing	Install exterior sign package	At time of Buildout
Marketing	Develop communications plan	Upon licensure approval
Marketing	Design and order patient product bags with logo	60 days from projected opening

Category	Task	Time Line / Event Trigger
Medical Education	Develop patient education programs	Upon licensure approval
Medical Education	Develop health care provider educational programs	Upon licensure approval
Medical Education	Schedule patient education community outreach programs	Upon licensure approval
Medical Education	Host patient educational programs	Upon licensure approval
Medical Education	Pharmacist education	Upon licensure approval
Medical Education	Develop patient education support materials	Upon licensure approval
Category	Task	Time Line / Event Trigger
Hardware/ Software	Contact MMJ Retail Solution provider for software/ hardware plan	Upon licensure approval
Hardware/ Software	Purchase Hardware (POS & peripherals, tablets, Computers, Fax, scanners, ATM, TV's)	Upon licensure approval
Hardware/ Software	Install hardware / software	30 days from projected opening
Hardware/ Software	Train employees on software	30 days from projected opening
Hardware/ Software	Add Inventory Management Module to POS and Test	30 days from projected opening
Category	Task	Time Line / Event Trigger
Inventory	Develop relationships with state approved growers/suppliers	Upon licensure approval
Inventory	Vet state approved growers/suppliers	Upon licensure approval
Inventory	Select most appropriate product mix	Upon licensure approval
Category	Task	Time Line / Event Trigger
Banking	Find a banking partner	Upon licensure approval
Banking	Set up business accounts	At application process
Category	Task	Time Line / Event Trigger
Patient Care	Develop work flow standards	Upon licensure approval
Patient Care	Develop protocol for genomic testing	Upon licensure approval
Patient Care	Select genomic testing company	Upon licensure approval
Patient Care	Purchase genomic testing kits	Upon licensure approval
Patient Care	Select patient scheduling tool	Upon licensure approval
Patient Care	Purchase patient scheduling tool	Upon licensure approval
Patient Care	Patient Education Materials	Upon licensure approval
Patient Care	Train Patient Consultants (using a shadow, reverse shadow methodology)	One week from projected opening

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

Our business start-up plan has been carefully crafted to ensure compliance with the statutory and regulatory requirements as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative code. As noted in section C-3.1, the dispensary will use security equipment designed to deter and prevent unauthorized entrance into limited access areas and prevent theft or diversion further outlined in section appropriate sections of this application.

Monitoring, Alarm System, and Video Surveillance

As exhaustively outlined in section D2.2 protocols will be in place to protect the privacy and security of patients, caregivers, and employees as well as for the management and security of medical marijuana and currency. This includes, but is not limited to:

- Access restriction to areas with medical marijuana to identified authorized employees
- Controlled access and prevention of loitering both inside and outside of the facility
- Conducting electronic monitoring and video recording of the premises both inside and outside the facility and the use of a panic button
- Protocols to handle any crisis that affects the security or operation of a dispensary in the event of an emergency
- Develop emergency policies and procedures for securing all product and currency following any instance of diversion, theft or loss of medical marijuana, and conduct an assessment to determine whether additional safeguards are necessary
- Develop sufficient additional safeguards in response to any special security concerns, or as required by the state board of pharmacy

Employee Qualifications & Training

As outlined in Section E-1.1, all employees will receive extensive education, training and continuing education in order to provide the best experience for our patients. Only those who are in accord with section 3796 of the Revised Code will be eligible for employment. These requirements include but are not limited to:

- Per Section 3796.13 all persons seeking employment through our dispensary shall comply with sections 4776.01 to 4776.04 of the Revised Code.
- Per Section 3796.13 we will not employ the person unless the person complies with those sections and the report of the resulting criminal records check demonstrates that the person has not been convicted of or pleaded guilty to the following:
 - o Any of the disqualifying offenses specified in rules adopted under division (B)(8)(a) of section 3796.03 of the Revised Code if the person is seeking employment with an entity licensed by the department of commerce under this chapter;
 - o Any of the disqualifying offenses specified in rules adopted under division (B)(14)(a) of section 3796.04 of the Revised Code if the person is seeking employment with an entity licensed by the state board of pharmacy under this chapter.

? An entity is not prohibited by division (A) of this section from employing a person if the following applies:

- In the case of a person seeking employment with an entity licensed by the department of commerce under this chapter, the disqualifying offense the person was convicted of or pleaded guilty to is one of the offenses specified in rules adopted under division (B)(8)(b) of section 3796.03 of the Revised Code and the person was convicted of or pleaded guilty to the offense more than five years before the date the employment begins.
- In the case of a person seeking employment with an entity licensed by the state board of pharmacy under this chapter, the disqualifying offense the person was convicted of or pleaded guilty to is one of the offenses specified in rules adopted under division (B)(14)(b) of section 3796.04 of the Revised Code and the person was convicted of or pleaded guilty to the offense more than five years before the date the employment begins.
- All potential employees will undergo criminal records check as per section 3796.12 of the Revised Code and disqualification for criminal offenses specified pursuant to division (B)(2)(b) of this section will not disqualify an applicant from licensure if the applicant was convicted of or pleaded guilty to the offense more than five years before the date the application for licensure is filed.

Storage and Inventory of Medical Marijuana Products

As noted in Section C-3.1, extreme caution and care will be taken to ensure that all inventories are stored and accounted for in a secured safe room. Additionally, we will employ software and hardware that is specifically designed to cater to the needs of dispensaries in the marijuana industry and will monitor our products from its seed source through its cultivation, processing, testing, and dispensing. As per section 3796.07 of the Ohio Revised Code, this system tracks each transaction, sales in grams, ounces, or by piece, and keeps track of the dispensary inventory on a real-time basis. In accord with section 3796:6-3-05 of the Administrative Code, a designated representative shall provide supervision and control of medical marijuana and medical marijuana products and adequate safeguards to ensure that such items are dispensed in accordance with Chapter 3796.

A licensed key employee will be present at all times and personally supervise the medical marijuana and related products, order forms, all records relating to the dispensing of medical marijuana and medical marijuana products.

Areas designated for the dispensing and storage of medical marijuana shall meet the security requirements in rule 3796:6-3-16 of the Administrative Code. No unauthorized persons will be within the physical confines of the area designated for dispensing or storage of medical marijuana unless under the personal supervision of a licensed dispensary employee.

In terms of storage we shall maintain adequate lighting, ventilation, temperature, humidity control, pest control, and required equipment as outlined in section 3796:6-7-07.

Recordkeeping

All records, both physical and electronic will be continuously monitored. Per the aforementioned codes our electronic POS and data capture system will be in compliance in order to be able to monitor medical marijuana from its seed source through its cultivation, processing, testing, and dispensing. The electronic database shall allow for information regarding medical marijuana to be updated instantaneously. Any cultivator, processor, retail dispensary, or laboratory licensed under this chapter shall submit to the department any information the department determines is necessary for maintaining the electronic database.

Furthermore, we will work with the Ohio state systems to ensure and allow for the collection and tracking of all patient information and protect any information reported to or collected by the department under this division that identifies or would tend to identify any specific patient.

Prevention of Diversion of Medical Marijuana Products

As demonstrated in Section 3.1, we have a clear plan to prevent theft and diversion of our products. In accord with as noted in section 3796.031 of the Ohio Revised code we will utilize a closed loop payment processing system to be used only by registered patients and caregivers at the dispensary. The system may include record-keeping and accounting functions in addition to those noted above that identify all parties involved in all transactions at the dispensary. Per the Ohio Revised code, this aims to prevent:

- Revenue from the sale of marijuana from going to criminal enterprises
- The diversion of marijuana from a state where it is legal in some form under that state's law to another state
- The distribution of marijuana to minors
- The use of state-authorized marijuana activity as a cover or pretext for the trafficking of other illegal drugs or for other illegal activity
- This information recorded by the system will be fully accessible to the state board of pharmacy and all state and federal law enforcement agencies, including the United States department of the treasury's financial crimes enforcement network

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.

Agent-in-Charge

The Agent-in-Charge (AIC) shall be a principal officer or a full-time agent of the dispensing organization and overseeing and participating in all major dispensing organization affairs. Participation in dispensing organization affairs includes, but is not limited to, responsibility for deliveries, oversight of services and dispensary agents, recordkeeping, inventory, dispensary agent training, and compliance. The AIC will also have direct responsibility for maintaining all files subject to audit or inspection by the State of Ohio.

Duties include but are not limited to:

- Assures compliance with the Ohio laws governing the operation of a dispensary.
- Responds to any questions from the Ohio Medical Marijuana Control Program (OMMC), or designate.
- Cooperates fully with any inspector appointed by the OMMC for any deficiencies within 30 days.
- Ensures the development, maintenance and enforcement of policies and procedures to comply with the standards of practice
- Ensures the development of error reporting and response to customer complaint systems, maintenance and enforcement of a quality management program, to improve departmental procedures, minimize medication related errors and increase patient safety.
- Ensures that all professional licenses are current and on public display;
- Ensures the adoption of policies, to the extent possible, that the dispensary has an adequate variety of cannabis and devices to meet the needs of its patients;
- Ensures mechanisms for the procurement, storage, security, and disposition of drugs and the provision of dispensary services are present.
- Establish mechanisms for, and supervise, the record keeping system for the purchase, sale, possession, storage, safekeeping, recall, and return of cannabis products.
- Establishes and maintains effective controls against the theft or diversion of medical cannabis drugs and records for such.
- Ensures that the dispensary employs an adequate number of qualified personnel commensurate with the size and scope of services provided by the dispensary.
- Establishes policies and procedures detailing orientation of new staff, the duties to be performed by certified dispensers, dispensary technicians and support staff.
- Ensures the correct and consistent use of the operating name of the dispensary as it appears on the dispensary permit certificate, identification on labels, packaging, signage, directory listings, advertising, stationary, and electronic media.
- Ensures the availability of any equipment and references necessary for the particular practice of dispensary.

Director of Retail Dispensary Operations

The Director of Dispensary Operations is responsible for conceptualizing, planning, prioritizing, and implementing all Dispensary Operations. The Director will participate in the development of policies and procedures related to patient interactions, and will ensure compliance with legal issues including but not limited to patient confidentiality and risk management.

Duties include but are not limited to:

- Ensure quality by training and developing all retail dispensary employees on company process, policies, procedures and position responsibilities.
- Leads and develops the planning and implementation of retail training.
- Prepares and submits to management all required paperwork on a timely basis. Recruits, interviews and hires for management positions.
- Inspects company equipment on a regular basis to ensure proper maintenance.
- Oversees inventory controls, cash handling procedures, patient educational needs and satisfaction, and good neighbor relations, employee training and certification, and any other procedures necessary to maintain the day to day dispensary operations

Director of Patient Education

The Director of Patient Education is responsible for the strategic direction and implementation of patient education programs to support the company's goals. The incumbent will be expected to maintain current knowledge and trends within the medical cannabis industry, along with all of its regulations. Oversees all professional education activities, and takes ownership over successful participation rates, pre/post metrics tracking, and post education follow ups.

Duties include but are not limited to:

- Develops, implements, and evaluates patient education programs by conducting needs assessments in the dispensary
- Identifies educational needs of patient/family/significant other(s) in conjunction with AIC and Director of Retail Dispensary Operations
- Encourages participation in decision-making about medical marijuana options by facilitating the patient's and patient/family and/or significant other(s) understanding of medical marijuana and qualifying medical conditions
- Selects, adapts, and individualizes patient education information for the patient by evaluating available brochures, printed materials, video tapes, and external publications
- Improves quality results by studying, evaluating, and re-designing processes
- Updates job knowledge by participating in educational opportunities; reading professional publications; maintaining personal networks; participating in professional organizations

Director of Dispensary IT and Security

The Director of Dispensary IT and Security is responsible for streamlining processes in the IT department in alignment with the company's objectives and to oversee the security of all aspects of the dispensary.

Duties include but are not limited to:

- Communicate with owners to define and develop business and systems requirements for new technology implementations
- Ensure system standards, patch levels and security procedures are frequently reviewed and updated
- Analyze and make recommendations for ensuing high security protocols of the dispensary systems
- Create and implement IT policies and procedures including, security, standards and service provision
- Organize and review systems and security audits to maintain a stable and secure environment
- Manage the creation and maintenance of disaster recovery plans for hardware, software or network failures

Board Members

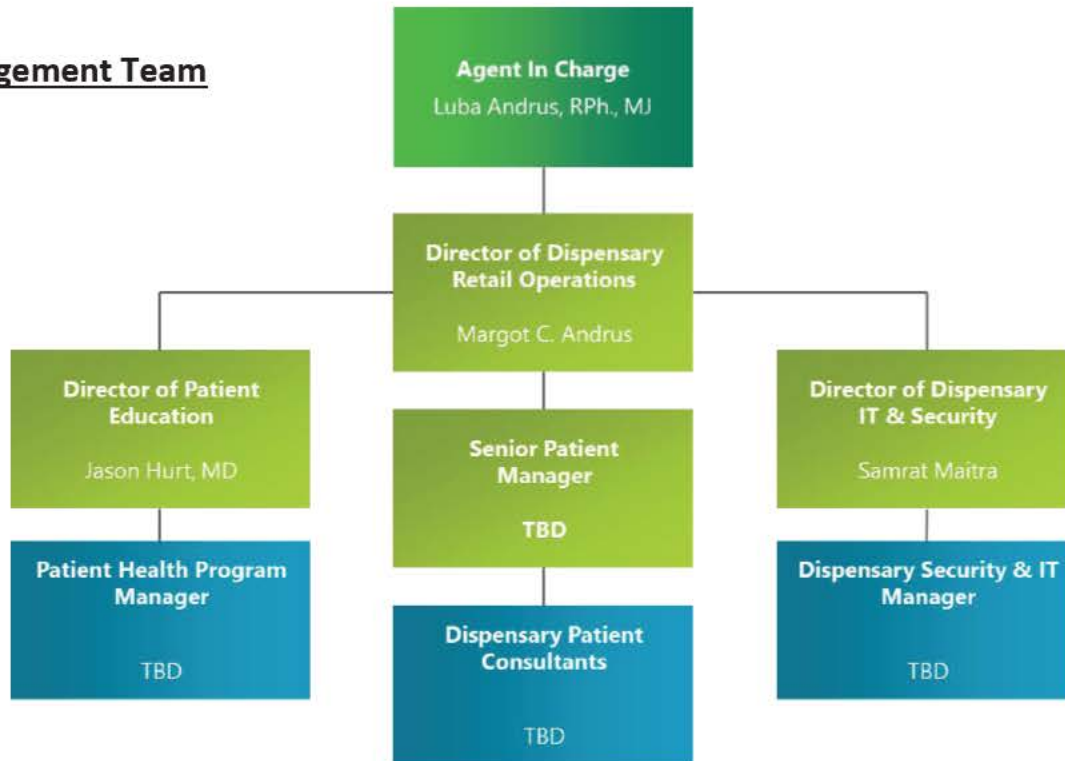
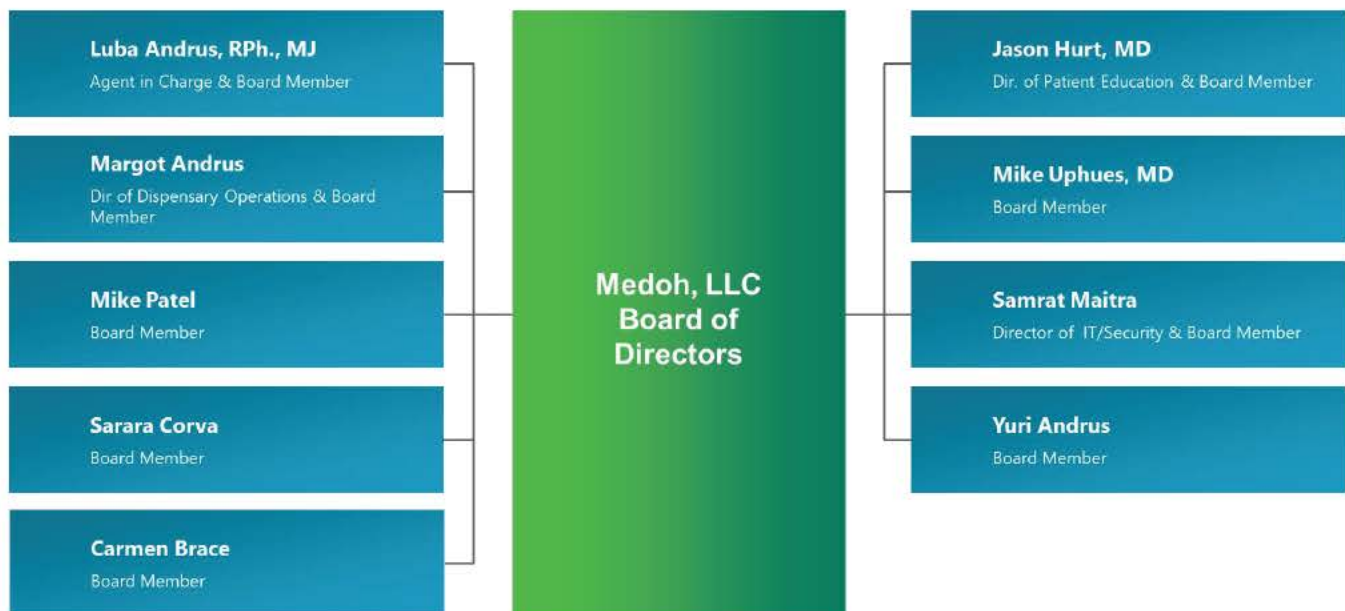
Board members will be the highest leadership body and will be responsible for determining the overall mission of the dispensary. In addition, members of the Board will be expected to serve as active

advocates and ambassadors for the organization to engage and guide the organization to advance its mission in helping treat Ohio patients with medicinal marijuana.

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.

Medoh, LLC.**Management Team****Board of Directors**

Business Plan(Capital Requirements)

Item 1 of 4

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Earned through employment & investments

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_CitiBank Statement REDACTED.pdf**

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

Citibank Client Services 014
PO Box 6201
Sioux Falls, SD 57117-6201

010/R1/04F014

000
CITIBANK, N. A.
Account

Statement Period
Sep 13 - Oct 12, 2017

CITIBANK ACCOUNT AS OF OCTOBER 12, 2017

Relationship Summary:

Checking	\$3,350.18
Savings	\$76,894.25
Investments (not FDIC Insured)	-----
Loans	-----

Checking	Balance
Regular Checking	\$3,350.18
Savings	Balance
Ultimate Savings Account (USA)	\$75,892.60
Ultimate Savings Account (USA)	\$1,001.65
Total Checking and Savings at Citibank	\$80,244.43

CITIBANK ACCOUNT RATES AND CHARGES

When determining your rates and charges for this statement period, Citibank considered your average balances during the month of September in all of your qualifying accounts that you asked us to combine. If you have a Citibank secured credit card, then Citibank will also include the balance in your Collateral Holding Account or your Certificate of Deposit that secures your Citibank credit card. These balances may be in accounts that are reported on other statements.

Rates and Charges	Your Combined Balance Range \$50,000-\$99,999
Rates	Preferred
Monthly Service Fee	None

Ask about accounts eligible for preferred rates.

Please refer to your Client Manual-Consumer Accounts and Marketplace Addendum booklet for details on how we determine your monthly fees and charges.

All fees assessed in a statement period, including non-Citibank ATM fees, will appear as charges on your next Citibank statement (to the account that is currently debited for your monthly service fee).

Business Plan(Capital Requirements)

Item 2 of 4

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Earned through business & investments

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_BOA Statement REDACTED.pdf**

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



P.O. Box 15284
Wilmington, DE 19850



Preferred Rewards

Customer service information

- 1.888.888.RWDS (1.888.888.7937)
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Rewards Money Market Sav Preferred Rewards Platinum Honors

for August 30, 2017 to September 27, 2017

Account summary

Beginning balance on August 30, 2017	\$97,128.34
Deposits and other additions	4.57
ATM and debit card subtractions	-0.00
Other subtractions	-2,000.00
Service fees	-0.00
Ending balance on September 27, 2017	\$95,132.91

Annual Percentage Yield Earned this statement period: 0.06%.
Interest Paid Year To Date: \$44.31.

Open a Bank of America
Core Checking account
for your student

Students under age 24 are eligible to have the **monthly maintenance fee waived** while enrolled in a high school, college, university or vocational program.

Open an account today.
800.869.0585 | bankofamerica.com/forstudents

Please refer to the Personal Schedule of Fees available at bankofamerica.com/feesataglance for details.
©2017 Bank of America Corporation SSM-01-17-2643A | ARN35TJG

Business Plan(Capital Requirements)

Item 3 of 4

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Earned through business & investments

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_Chase Statement REDACTED.pdf**

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



JPMorgan Chase Bank, N.A.
P O Box 659754
San Antonio, TX 78265-9754

September 21, 2017 through October 19, 2017

00048591 1 AV 00.373



00048591 DRE 111 142 29317 NNN

CUSTOMER SERVICE INFORMATION

Web site: Chase.com
Service Center: 1-888-262-4273
Deaf and Hard of Hearing: 1-800-242-7383
International Calls: 1-713-262-1679



293650104500018205000101000000

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

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

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

CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Premier Platinum Checking	\$6,451.54	\$9,222.34
Chase Plus Savings	110,137.54	100,142.55
Total	\$116,589.08	\$109,364.89
TOTAL ASSETS	\$116,589.08	\$109,364.89

All Summary Balances shown are as of October 19, 2017 unless otherwise stated. For details of your retirement accounts, credit accounts or securities accounts, you will receive separate statements. Balance summary information for annuities is provided by the issuing insurance companies and believed to be reliable without guarantee of its completeness or accuracy.

Business Plan(Capital Requirements)

Item 4 of 4

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Earned through employment & investments

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_US Bank Statement REDACTED.pdf**

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



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

114 TRN S X ST01

Uni-Statement

Account Number:



000041167 01 SP



To Contact U.S. Bank

By Phone:

1-800-US BANKS
(1-800-872-2657)

Cincinnati

Metro Area:

513-632-4141

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective November 13, 2017, "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure include a number of updates and may affect your rights. As of Nov. 13, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for copies. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet and "Consumer Pricing Information" brochure.

SUMMARY OF YOUR U.S.BANK RELATIONSHIP

This section reflects the total balances for all accounts on this statement.

Deposit Accounts	Account Number	Balance	Page
U.S. Bank Silver Checking		\$ 42,701.51	1
	Total Deposit Balances	\$ 42,701.51	
Lines of Credit	Account Number	Balance	Page
Reserve Line		\$ 0.00	2
	Total Line of Credit Balances	\$ 0.00	

Business Plan(Business History and Experience)

Item 1 of 4

C-6.1 First Name

Luba

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Andrus

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

Owner / Agent in Charge

C-6.5 Business Name

See Narrative

C-6.6 Business Address

See Narrative

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

YES

C-6.8 Dates

See Narrative

Business Plan(Business History and Experience)

Item 2 of 4

C-6.1 First Name

Margot

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Andrus

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

Owner / Director of Retail Dispensary Operations

C-6.5 Business Name

See Narrative

C-6.6 Business Address

See Narrative

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

YES

C-6.8 Dates

See Narrative

Business Plan(Business History and Experience)

Item 3 of 4

C-6.1 First Name

Jason

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hurt

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

Owner / Director of Patient Education

C-6.5 Business Name

See Narrative

C-6.6 Business Address

See Narrative

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

YES

C-6.8 Dates

See Narrative

Business Plan(Business History and Experience)

Item 4 of 4

C-6.1 First Name

Samrat

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Maitra

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

Owner / Director of IT & Security

C-6.5 Business Name

See Narrative

C-6.6 Business Address

See Narrative

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

YES

C-6.8 Dates

See Narrative

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.

Medoh, LLC is a woman owned Ohio based company made up of experts in business, retail, medicine and pharmaceuticals as well as medical cannabis. Our guiding philosophy is to provide the best and safest patient experience those seeking medical marijuana treatment.

Luba Andrus RPh., will serve as Agent in Charge. Ms. Andrus has more than 35 years of executive, operational, and retail leadership experience in both the pharmaceutical and cannabis industries. Ms. Andrus has owned and operated a successful community retail pharmacy, specializing in compounding which was sold to a local hospital. She was then hired as the director of outpatient services. In 1995, Ms. Andrus left community pharmacy and was hired as COO of a national long-term care provider. After the company was sold in 1998, she became director of pharmacy services and continued long term care consulting. In 2005, she received Master of Jurisprudence degree from Loyola School of Law, and was hired as coordinator of education for patient care and pharmacy services in a long term care facility. In 2016, recognizing the need for community pharmacist consulting, she opened Medication Therapy Management (MTM), a consulting service focusing on comprehensive medicine education, patient safety, quality of care as well as compassionate use of medical cannabis.

She has served as board member of several organizations including shelter for battered women, and currently on a board member of medical cannabis dispensary. She is a member of several national pharmaceutical company advisory boards and pharmaceutical speaker bureaus. She is actively involved in community volunteering, including the American Lung Association, Center for Disabilities, Y-Me Breast cancer support, Epilepsy Foundation-Chicago Chapter, and Howard Brown Health Center, Chicago's support (LGBTQ), Americans for Safer Access (ASA), Illinois Women in Cannabis.

In August, 2017 she received Patient Focused Certification (PFC) in Barcelona Spain in partnership with International Cannabis and Cannabinoid Institute (ICCI) and recently presented a poster November 2017, at the 2017 American Society of Consultant Pharmacist (ASCP) annual conference, "Impact of Medical Cannabis in Illinois: A Pharmacist's Perspective".

Jason D. Hurt, MD will serve as Director of Patient Education. Dr. Hurt is a seasoned pharmaceutical physician with over 7 years of executive, development and operational experience in the biopharmaceutical industry, particularly within oncology, nephrology, neurology, inflammatory diseases, and biologics development. Upon leaving clinical practice in 2011, Dr. Hurt joined Medpace, located in Cincinnati, OH and led therapeutic training for the each development team under his supervision, including many of the listed qualifying medical conditions. After leaving Medpace in 2015, he became the Sr. Medical Director for Clinical Research at US World Meds, a private biotech located in Louisville, KY, heading the development of a number of post marketing commitments and requirements in various neurologic indications. He is currently Sr. Medical Director, Product Development, at Reata Pharmaceuticals, where he works closely with rare disease patient advocacy groups.

Margot Andrus will serve as Director of Dispensary Retail Operations. Her past business management experience includes an 11-year career in advertising and marketing with various agencies specializing in pharmaceutical advertising. Her responsibilities included strategic planning, financing, communication with stakeholders and general oversight of company activities. Her diverse experience includes product design, packaging and branding which work together to provide insights and concepts that will help patients make educated decisions about their own treatment plan. In addition to her broad business knowledge she has dedicated the past 8 years to several non-for-profit organizations in Chicago and Cincinnati, which increased her desire to help others to empower their lives and improve their mental and physical health. Prior to developing this application, she has become knowledgeable about the cannabis product strains, products to be offered including edibles and paraphernalia.

Samrat Maitra will serve as the Director of Dispensary IT & Security. Mr. Maitra is a hands-on leader that excels in delivering functional/technical solutions with over 17 years of IT experience and 10 years of those within the retail industry, where he has worked with BestBuy on strategic transformation and capability development. Samrat specializes in Store Operations, Point of Sale, SIGN Systems, Return Services and Tender Authorization. During his career, Samrat has worked in a range of other retail technology areas including, Dotcom, Multichannel, and Enterprise Data Warehousing. Samrat is passionate about innovation, driving new solutions and coming up with new ideas based on current business needs and problems. He is an independent consultant providing IT and Business Strategy solutions to Accenture & Best Buy. His strategies and solutions are delivered to solve business challenges by enhancing and optimizing business processes and platforms.

Sarara Corva is President of UNDOO™LLC a revolutionary company with a patent pending product that clears a Cannabis users head from excess or unwanted side effects of THC. A consultant, caregiver, and patient, Sarara educates individuals and groups on medical marijuana. Medical Professionals, patients and industry leaders seek her out for her diverse knowledge on the applications of the medicine and the industry in general. Sarara was the conference coordinator, program moderator, and a speaker for the Marijuana for Medical Professionals 2014 and 2016 conferences. She regularly teaches "Cannabis 101" and "Overcoming Cannabis Stigmas" to new patients and their families. While her main focus is teaching senior citizens, she also teaches classes on cannabis as medicine. As a cancer survivor, she consults with cancer patients choosing to use Cannabis and other alternative treatments.

Carmen Brace is a consumer insights and strategy executive with a track record of utilizing insights to improve the user experience, business strategy and profitability. She is the founder of Aclara Research, a cannabis patient and consumer insights research company that was developed to bring data driven insights to the cannabis, consumer goods, and healthcare industries. She has developed cannabis patient and consumer panels across multiple states with legal marijuana usage, and collects valuable insights from Aclara research participants on their need states, usage and purchase behavior. Carmen speaks regularly at industry conferences including the Marijuana Business Conference, Women Grow Chicago and multiple medical marijuana conferences in Michigan. She has forged partnerships within the cannabis industry to further drive patient and consumer research opportunities.

Her experience spans consumer research and retail insights, enterprise strategy, sales leadership and category management across leading manufacturers in the US food and beverage industry including ConAgra Brands, the Mars – Wrigley Company and the Campbell Soup Company.

Educated at Loyalty University in Chicago, Michael Patel has applied his business and retail expertise to expand his family's grocery business. Over the past 20 years, Michael has led and supported efforts to develop and grow a single modest grocery store originating in Illinois to a grocery chain that today has over 50 sites across the US. Mr. Patel has a deep understanding of establishing and building customer trust in a product service orientated business by applying a "Customer First" methodology that he teaches to his store associates. Michael's passion is to work with entrepreneurs and start-up companies by providing counsel and applying best practices that he has learned to help grow other retail centric companies.

Based in Cincinnati, Yuri Andrus brings 18 years of experience in Management and IT consulting services, bringing broad knowledge in technology and process excellence. Yuri worked for Accenture, from 2007-2014 where he was heavily involved in various multi-channel retail initiatives for large Big-Box retailers implementing & enhancing core business systems specifically surrounding store operations and dotcom. He has led large retail programs and has helped clients realize benefits measured by customer satisfaction, increased communication and improved business results on initiatives by successfully delivering end-to-end programs from strategy to implementation. Yuri joined NCR in 2014 and has worked in a Client Partner capacity where he led the incubation of retail strategies driving organic growth and increased profitability by leveraging emerging technologies and software solutions including self-checkout, payments, marketing & loyalty.

Michael Uphues, DO is a Board Certified Family Physician who has been in practice for over 20 years. His interest in Cannabinoid Medicine began in the mid 1990's when California became the first state to legalize Medical Cannabis and has since treated thousands of patients with Medical Cannabis. As expert in treating patients with Medical Cannabis, he routinely speaks nationally on the topic and is an activist in Medical Cannabis initiatives. He also has filmed a series of educational videos on the benefits of Medical Cannabis, which are available on the Internet. He is Board Certified by the American Board of Family Medicine and a member of the Academy of Family Practice and is certified in Cannabinoid Medicine through the American Academy of Cannabinoid Medicine.

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.pdf**

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

Security Plan



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](#)

Cultivators & Processors

Cultivators SOP will be reviewed when choosing cannabis products to ensure product consistency, potency, efficacy, and standardization.

Based on American Herbal Pharmacopeia guidelines, the dispensary plans to have a supply source and will only acquire products from approved and licensed Ohio suppliers. Cultivators will be required to produce documentation that outlines the quality control criteria needed for ensuring the identity, purity, and quality of botanical raw materials. Cultivators will be required to provide scientifically valid standards with regards to:

1. Ensure identity, quality, purity, and potency of cannabis, cannabis-derived and hemp products
 2. Report analytic equipment calibration and method validation
 3. Ensure product safety by identifying safe levels of pesticides, metals, and microbial limits
- o chemical tests should include thin layer chromatography, used for identification purposes; and high-performance liquid chromatography (HPLC) and gas chromatography (GC) used to quantify key cannabinoids
- o monograph should include guidance regarding pesticides, metals, and microbial limits and testing
- The dispensary will buy from cultivation centers that follow AHP guidelines, dispensaries will maintain strict quality control practices to ensure the purity and quality of their material by contracting for testing with independent labs that apply independently verified testing methodologies and transparent testing. The dispensary will choose the cultivation center that follows the state's "Seed-to-Sale" centers that fall under inspectors who will monitor the quality of the drug. Cultivation centers should be familiar with and provide a review of the totality of the available medical literature for Cannabis. Review should include historical and traditional herbal medicine experience along with a review of modern scientific literature encompassing indications, contraindications, side effects, dosing, preparations, safety, use in pregnancy, and interactions with conventional medications.

Delivery and Inspection

The following will be applied to all deliveries:

- All deliveries will be scheduled to day and time
- Delivery area is secured, enclosed and monitored by cameras
- Security guard will oversee delivery to a secured "intake room"

- Two employees will receive all products, inventory and review manifest of delivery
- Double check all products, scan all products for any discrepancy in front of delivery driver
- Products will then be entered into dispensary inventory into locked cabinets
- Overstock will be kept in locked and secured vault room

Initial Transfer/Labeling

The dispensary will have secure, out of the public eye, transfer point for products from the various cultivation/production vendors that will become the transfer point into our inventory tracking system (Biotrack). The transfer point is a separate office where the Dispensary Manager (or his/her designate) will inspect the products being delivered prior to acceptance and release of the delivery team.

Dispensary Manager accepts delivery, and will physically place all product into the safe room vault. Secure storage will remain locked behind the counter during the day then rolled into safe vaulted room during the night.

Access to our secure storage area will be limited to certain individuals including the Dispensary Manager, the Assistant Dispensary Manager, the Opening Patient Consultant, and/or the Closing Patient Consultant. Further narrative is available in the OARRS filing component of this application. If needed, a refrigeration device will be included in our secure storage area.

We expect to have a certain number and variety of products visible within the dispensary space that is visited by our patients as well as certain samples (visual and olfactory) being made available on a strictly controlled (non-consumption basis) and as described within our Staffing Plan.

We expect to transfer on a daily basis inventory to and from the secure inventory storage area (restricted access) in an effort to have adequate product on display within the dispensary itself (limited access).

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.

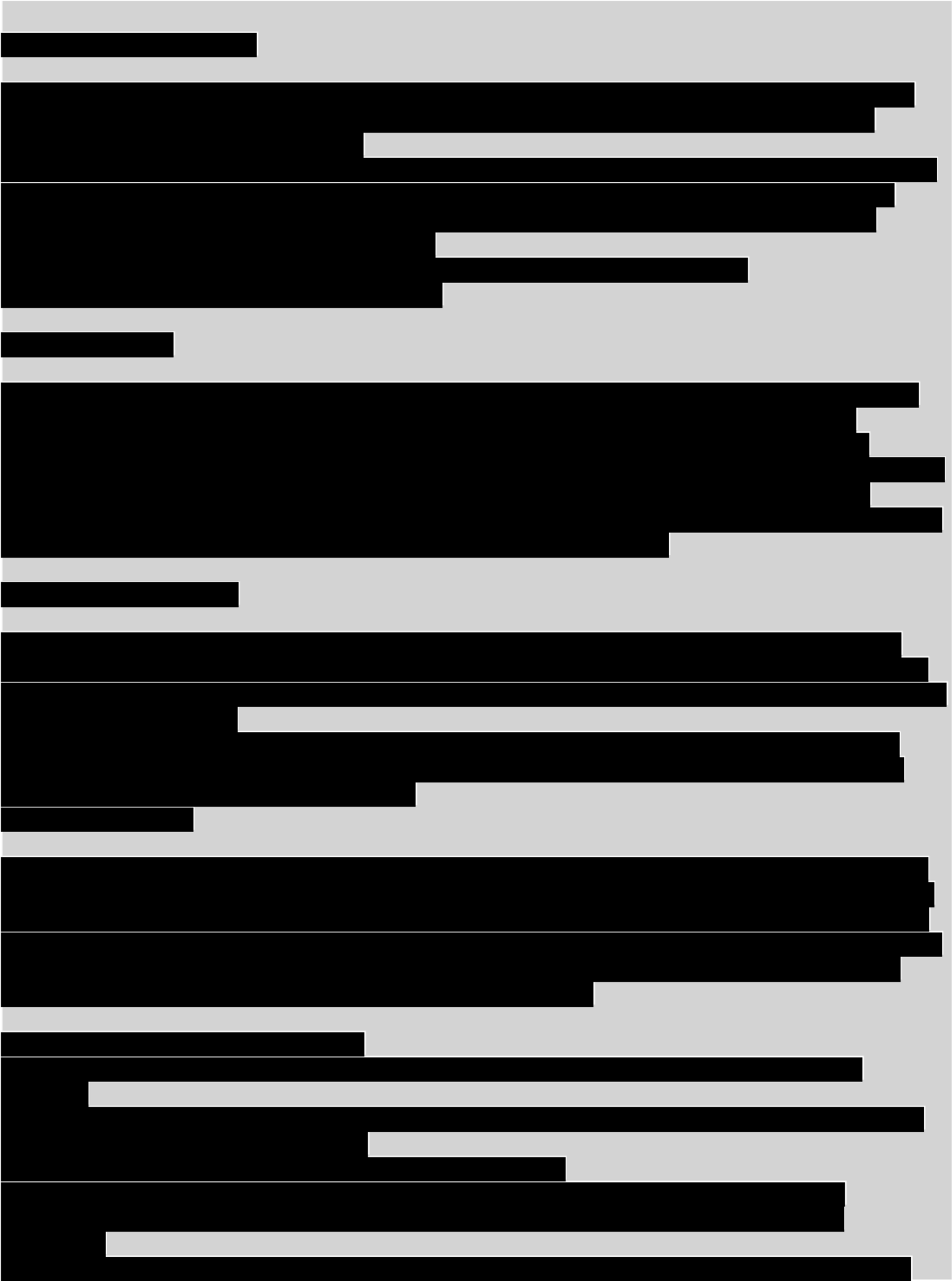
YES

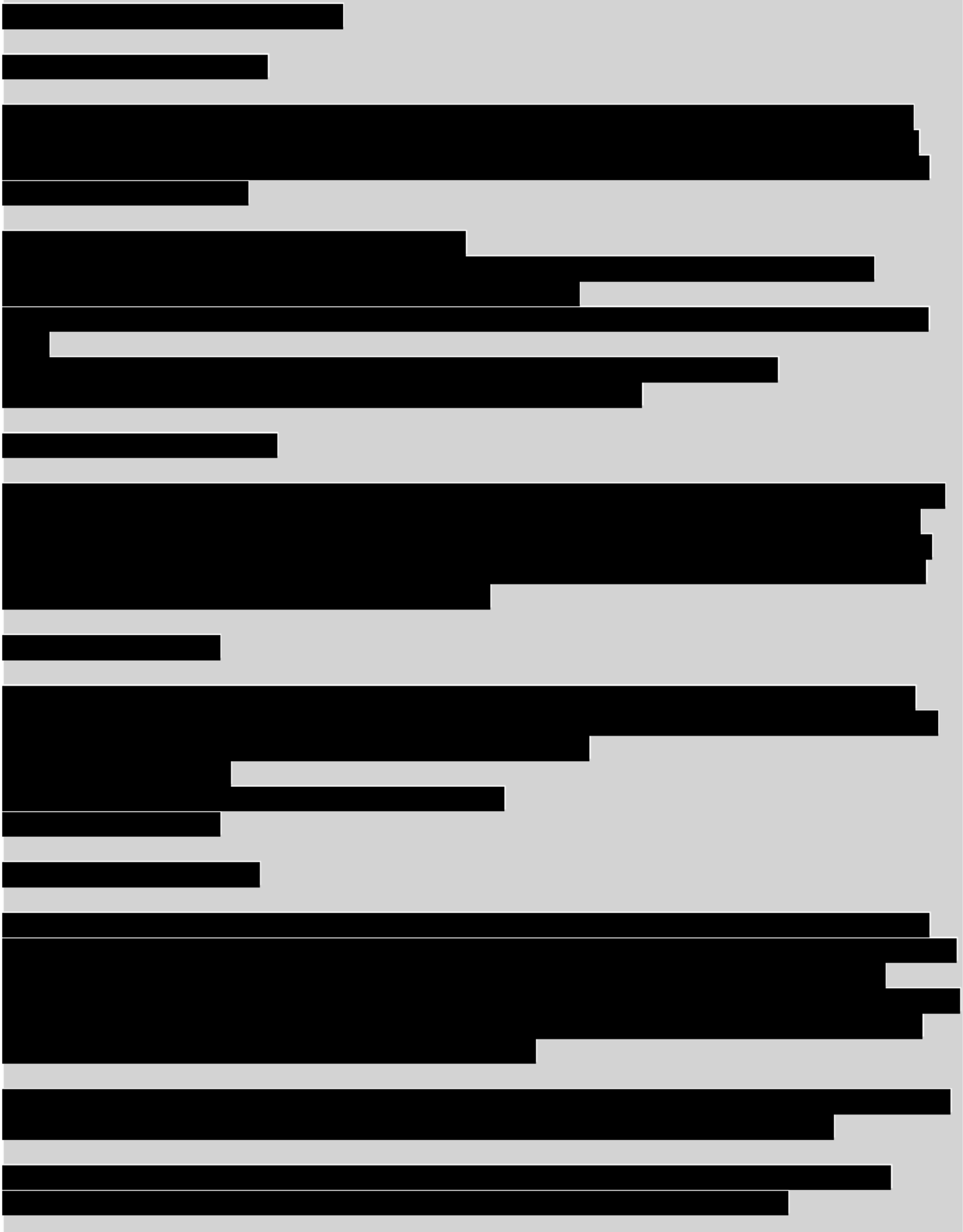
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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 content]





D-4.4.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional

language responding to the question will not be considered.

Uploaded Document Name: **D-4.4.1_Vault & Product Disposal Area.pdf**

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

Security Plan



Operations Plan(Dispensing of Product)

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

YES

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

YES

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

5

D-5.4 By selecting "**Yes**", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. [OAC 3796:6-3-03](#)

YES

D-5.5 Please describe the Applicant's processes, procedures, and controls regarding the dispensing of medical marijuana, updating the patient record, and product labeling. Describe how these will be supported by the Applicant's internal inventory system including integration with the state inventory tracking system and for reporting to OARRS using the current ASAP format. Please attach a sample product label, with any identifiable information redacted or anonymized. [OAC 3796:6-3-08](#); [OAC 3796:6-3-09](#); [OAC 3796:6-3-10](#)

Dispensing Guidelines

We will continually strive for quality and service, as well as patient safety. Based upon our experience operating other dispensaries we have found that employing dispensing guidelines is necessary. All employees will be required to adhere to the following guidelines for patient safety and dispensing:

1. Begin with a single 10 milligrams serving: First time patients should start with lower dose until the effects of the medicine are known
2. Be Patient: Guidance to our patients will be provided that reinforces the effect of cannabis medication may be delayed by more than 2 hours or more
3. Do not mix substances: We will warn our patients that medical cannabis should not be combined with alcohol or other controlled substances

Patient Confidentiality

We will protect patients' privacy by utilizing a POS system with an encrypted, secure electronic patient database that is strictly controlled and continually backed up. The Health Insurance Portability Act of 1996 (HIPAA) places strict privacy requirements on health care providers with regard to patients' protected health information. Access to the patient database is carefully controlled by the dispensary manager. All staff members will receive in-house training on the privacy policy and procedures to

ensure maintenance of patient confidentiality and proper handling of patient information data in compliance with HIPAA.

Once appropriate treatment is recommended for a patient and a specific product is chosen, it will be rung up using BioTrack as our point of sales (POS) and Inventory Management Software. BioTrack can be integrated with the Ohio inventory tracking system for accurate and real time reporting to OARRS using ASAP format. BioTrack was specifically created to cater to the needs of dispensaries, growers, and processors in the marijuana industry. For POS, this system is able to track each transaction, sales in grams, ounces, or by piece, and keeps track of the dispensary inventory on a real-time basis. All transactions are archived for future reference ensuring complete security, traceability, and accountability.

BioTrack's customer management tools allow for the collection and tracking of all patient related information. For example, once a purchase is generated all pertinent information including, patient name, strain, quantity, registry identification card can be tracked. It can even allow for denial of sale if necessary. In addition to patient information, BioTrack can keep track of which employee rang up the sale. The system allows for internal security via fingerprint or PIN authorization, ensuring the agent ringing the sale maintains accountability.

Any and all documentation of the patient can be recorded and scanned directly into the BioTrack system. This information can be ID, paperwork, registry identification card, or any other information the establishment wants to keep electronic record of in relation to the patient/caregiver. The system can also create non-inventory specific buttons such as an "accepted education material" or "denied education material" so the establishment can keep record of offering such information.

Inventory and Audits

If allowed by Ohio and State Board of Pharmacy, we will provide confidential patient delivery service to patients unable to travel to the dispensary. BioTrack's transport manifest tool permits the facility to create a transport log for each transfer. The system can keep record of the vehicle used in the transport, registered agent driving, turn-by-turn directions, batch number(s), name and quantity of product being delivered. It will also generate an approximate time of arrival and departure. The document also has signature lines to assist with creating accountable records of receipt. The system maintains the ability to scan the manifest into a patient, caregiver, or transferring establishment's file to keep record of each transfer on a location to location basis. If any loss occurs upon arrival of destination, the system can keep record of, and report that loss accordingly. This audit report can be generated for any specified time period and is kept for the life of the system.

Product labelling

All purchases will be in a sealed, child resistant, eco-friendly reusable bags and patients will be encouraged to keep their medical cannabis products safe. Patients will be encouraged to bring the empty bag to dispensary at every visit. Patients will be cautioned to open their medical cannabis products only at place of residence.

With respect to any requirement relating to product identifiers; all products will have a matrix barcode either affixed or imprinted upon all packaged items. Verification of the product identifier; including cultivator requirements, product tracing, date of packaging and expiration date will be validated by the dispensary. Dispensary will not accept any product from cultivator without proper label per regulations.

Label Change

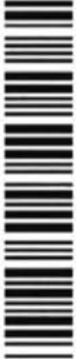
Changes made to package labels solely to incorporate the product identifier may only be made by cultivator. Dispensary will not make any changes to labels, will not accept any products without proper labeling per regulations.


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_Product Label.pdf**

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

Product Label





Do NOT drive a motor vehicle or operate heavy machinery while using this product. This product is for medicinal use ONLY and may not be resold or utilized by any party other than the one for which it is prescribed. This product contains no less than or more than 115% of the stated percentage of THC, THCA, CBD & CBDA.

Bubba Kush

Benefit: Heavy indica properties, helps quiet the mind and help with insomnia and sleep

Quantity	1 oz.	Date Tested	XX/XX/2018
Batch	XXX0000000	Microbiology	PASS
Date Packaged	XX/XX/2018	Mycotoxin	PASS
Use By	XX/XX/2018	Pesticide	PASS
Ingredients	Cannabis	Solvent Residue	PASS
THCA	<1%		
CBD	.12%		
CBDA	.11%		

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](#)

Recall of Cannabis Products

In the event that a product recall is necessary, the dispensary has policies and procedures to respond quickly and efficiently in order minimize risk to our patients.

Once the need for a product recall has been determined, we will proceed with our product recall

Corrective Action Plan (CAP). The goal of the CAP will be to retrieve as many hazardous products from the distribution chain and from consumers as possible in the most efficient, cost-effective manner and destroy them as outlined in Section D-4.4. The CAP will outline the procedures and steps needed once a product recall is required.

Recall Approach

The Dispensary will handle mandatory and voluntary recalls of Ohio cultivator manufactured cannabis products. The procedure shall be adequate to deal with:

- Recalls due to any action initiated at the request of Ohio cultivators and any voluntary action to remove from the market defective or potentially defective cannabis or cannabis infused products, or any product that has failed laboratory testing as required or has been found to have a reasonable probability that its use or exposure will cause serious adverse health consequences.
- Recalled cannabis products, within the Dispensary's inventory will be destroyed at the Dispensary (see destruction protocol). Patients will be notified of recall and how to dispose of their cannabis.
- Waste will be made unusable and unrecognizable prior to leaving the dispensary.
- Action undertaken by cultivator and dispensary will be stressed to promote public health and safety by replacing existing cannabis or manufactured cannabis products with improved products or packaging.

Inventory Control Plan

BioTrack's customer management tools allow for the collection and tracking of all patient information. Once a purchase is generated all the information including, but not limited to; name, strain, quantity, registry identification card and name of the establishment can be tracked even allowing for denial of sale if necessary. Our patient database will keep records of past purchases allowing a mechanism to search and initiate communication to our patients related to recalled products.

Our dispensary will not be accepting recalled products. Patients will be educated on how to destroy the product as recommended on our website or may return any unused product to local medicinal drop-off facility for destruction. We will then notify the cultivator (who will credit the dispensary), and we will credit the patient.

The Dispensary will maintain and comply with the policies and procedures contained within cultivator SOP and our SOP for the security, storage, inventory and distribution of cannabis products. The policies and procedures shall include methods for identifying, recording and reporting diversion, theft and loss, and for correcting all errors and inaccuracies in inventories.

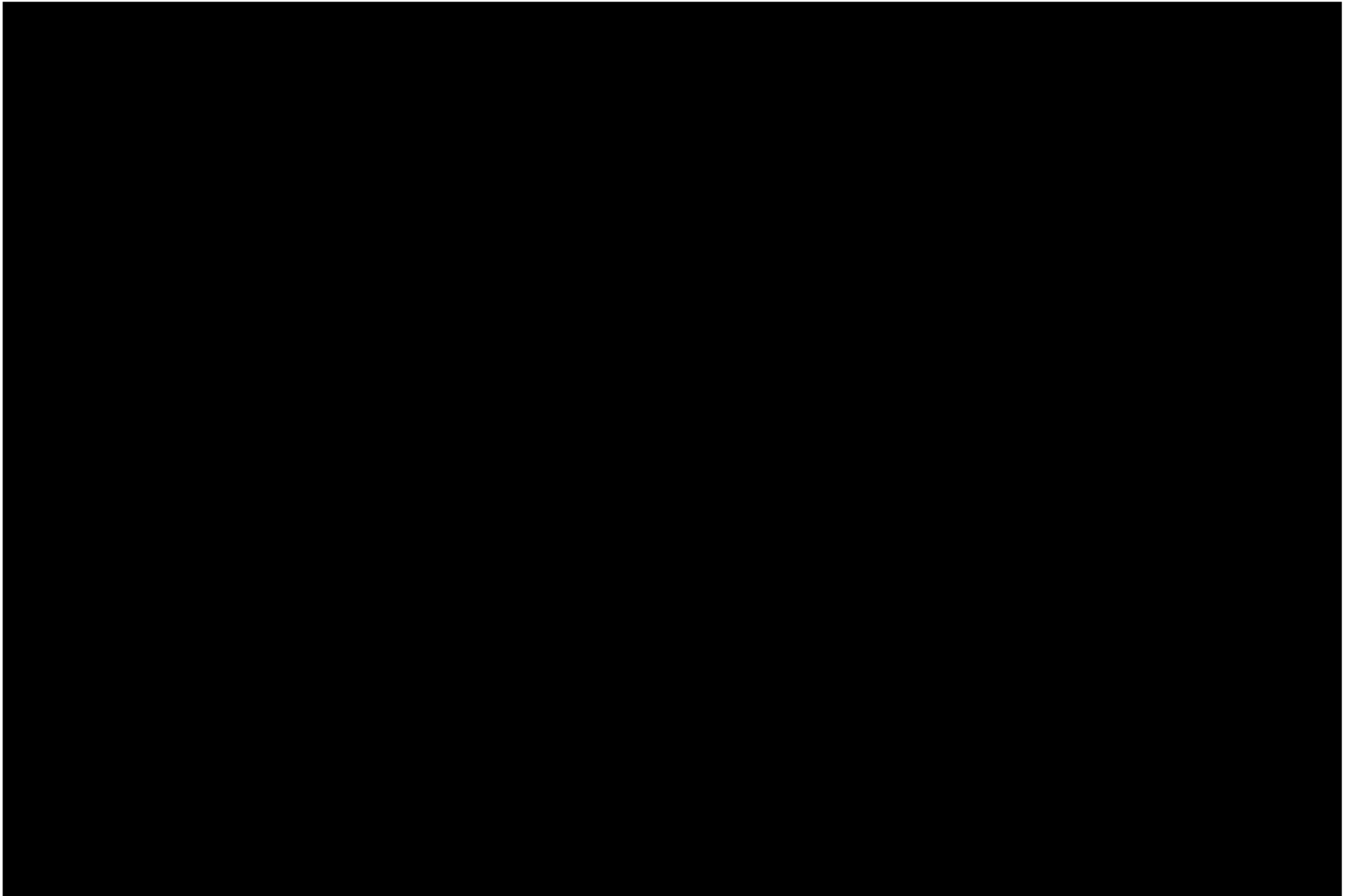
The dispensary has reached out and has had previous experience working with BioTrack, an industry leader in the point of sale systems and business solutions software for the marijuana industry. BioTrack's software is specifically created to cater to the needs of dispensaries, growers, and processors in the marijuana industry. Our proposed point of sale system will track transactions, sales in grams, ounces, or by piece, and keeps track of the dispensary inventory on a real-time basis.

D-6.8.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.8. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-6.8.1_Inventory Management Process Flow.pdf**

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

Recall Approach – Process Flow



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

Our dispensary will not be accepting returns of any medical marijuana products. Patients will be educated on how to destroy the product as recommended on our website or may return any unused product to local medicinal drop-off facility for destruction. Our intent is to encourage proper drug disposal and help reduce the supply and accessibility of drugs in Ohio.

Our cannabis patient consultants will speak to patients about the importance of disposing unused or expired medical cannabis. Patients will be notified that:

- We recommend disposing cannabis at a nearby Police Department such as the one in Norwood
o Address: 4701 Montgomery Rd, Cincinnati, OH 45212; Phone: (513) 458-4520
- We will provide information to other disposals centers by visiting www.pharmacy.ohio.gov/LEdropbox
- Pharmacies and health care facilities with an on-site pharmacy, such as hospitals, are also permitted to operate drug drop boxes. Our patients may locate participating facilities by visiting www.pharmacy.ohio.gov/rxdrop
- The Food & Drug Administration has also issued guidance for patients to destroy certain medications and drugs in their homes. The most up to date information and guidance for our patients if applicable is available by visiting www.pharmacy.ohio.gov/FDAdispose

Dispensary Product Destruction Protocol (Expired Product)

Medical marijuana, medical marijuana-infused product waste, and or medical marijuana samples if any, will be stored, secured and managed in accordance with all applicable state and local statutes, regulation, ordinances and other requirements.

Drug Buster, eco-friendly drug disposal system will be used to destroy all expired & recalled medical cannabis.

Liquid waste will be disposed of in compliance with all applicable federal, state and local laws, regulations, rules and other requirements.

Chemical, dangerous or hazardous waste must be disposed of in a manner consistent with federal, state and local laws, regulation, rules or other requirements. As this is a Dispensary Operation, only biodegradable cleaners will be used onsite and prior to the initiation of operations all relative MSD sheets will be sourced and provided to the relevant local entities.

Waste Handling

A. Waste will be made unusable and unrecognizable prior to leaving the facility by one of the following methods:

1. Grinding and incorporating the marijuana waste with non-consumable, solid wastes listed such that the resulting mixture is at least 50 percent non-marijuana waste including:
 - Paper waste

- Plastic waste
- Cardboard waste
- Food waste
- Grease or other compostable oil waste
- Bokashi, or other compost activators; or
- Drug Buster that will render the medical marijuana and medical marijuana-infused product waste unusable and unrecognizable.
- Or THC related products to be destroyed shall be mixed with at least 90 percent inert materials, treated with bleach to substantially diminish the remaining THC content to virtually 0. The Dispensary shall maintain a separate log of such destruction that will be in the sole care and keeping of the Dispensary Manager, logs to be kept onsite and in accordance with regulations.

B. After waste is made unusable and unrecognizable, the rendered waste shall be:

1. Disposed of at a solid waste site and disposal facility that has been approved for acceptance of such waste (if any)
2. Deposited at a compost facility that has been approved for acceptance of such waste (if any)
3. Composted on-site at a facility owned by the Dispensary Operator and operated in compliance with state statute and regulations

C. The Dispensary will not dispose of medical marijuana and medical marijuana-infused product waste in an unsecured waste receptacle not in possession and control of the Dispensary.

1. The Dispensary will assure that any waste container outside the building will be locked. Any container outside the building will not contain medical marijuana waste.
2. The Dispensary will assure that any medical marijuana waste container is in a secured receptacle inside the locked building for pick up by a company authorized to pick up narcotic waste.

D. The Dispensary will assure inventory tracking.

1. The Dispensary will ensure its post-harvest waste materials are identified, weighed and tracked while on the premises until they have been disposed.
2. The Dispensary will weigh any medical marijuana waste before it leaves the premises. The scale used to weigh medical marijuana waste will be licensed in accordance with Ohio regulations.
3. The Dispensary will maintain accurate and comprehensive records regarding post-harvest waste material that accounts for, reconciles, and evidences all waste activity related to the disposal of medical marijuana.
4. The Dispensary will maintain accurate and comprehensive records regarding any post-harvest waste material which must include weighing and documenting all waste. Records of waste produced prior to destruction will be maintained on the premises. Post-harvest waste produced prior or subsequent to destruction will be disposed of in accordance with this policy and made unusable and unrecognizable.

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

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

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

[Redacted content]



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.

Sanitation and Safety

Our dispensary will maintain strict quality control practices to ensure the purity and quality of material by contracting with independent labs that apply independent verified testing methodologies and transparent testing standards.

Our dispensary will follow all guidelines per the American Herbal Pharmacopoeia (AHP) regarding the responsible use of herbal products and herbal medicines. The AHP produces critically reviewed documents (i.e. monographs) that outline the quality control criteria needed in order to ensure the quality of botanical materials.

Contamination Prevention

Our dispensary will work with individual cultivators producing medical cannabis for personal use and will employ good agricultural practices (GAPs) to the extent possible in all aspects of sanitation, storage, and distribution.

Our dispensary will seek to purchase cannabis products from cultivators that guarantee safe packaging of medical cannabis. Containers will be child resistant and composed of nontoxic, food-safe materials that protect contents from contamination. In addition, the cultivator will ensure safe handling, accurate weighing, analysis of moisture content, and optimum packing of products.

Our dispensary will request from Ohio cannabis cultivators that products be single dose or serving and be individually-wrapped. As an added safety measure, we will request that tamper-proofing by adding a shrink band or safety seal is used when delivering containers. If any container or temper-proof seal is broken, the delivery will be considered contaminated and will not be accepted.

Deliveries that pass inspection shall be documented through scanning and logging process prior to being stored in the dispensary secure storage saferoom. Within our dispensary's secure storage saferoom, cannabis products will be maintained in a secure, climate-controlled location suitable for the prevention of product contamination.

All purchases will be in a sealed, child resistant, eco-friendly reusable bags and patients will be encouraged to keep their medical cannabis products safe. Patients will be encouraged to bring the empty bag to dispensary at every visit. Patients will be cautioned to open their medical cannabis products only at their homes or place of residence.

Pest Control

The dispensary manager shall ensure that each team member is thoroughly trained in ethical pest

management and other troubleshooting measures to ensure that any problem within the facility is quickly remedied. The dispensary manager shall pre-determine an action threshold for each potential pest issue. The action threshold will determine the type of pesticide and the rate of application.

The dispensary team will follow a standard prevention protocol at all times. This protocol will include preventing pests from entering the dispensary, preventing cross contamination, closely following environmental protocol, and maintaining cleanliness standards at all times. At the first sign of any pest, the dispensary team shall determine a treatment protocol for the affected zone and or the entire dispensary. No live plants will be in dispensary area. Only silk plants will be allowed in the waiting room to ensure a pest free environment.

Sanitation Standards

Our dispensary will take all reasonable measures and precautions to ensure the following:

- All persons working in direct contact with medical cannabis shall conform to hygienic practices while on duty, including but not limited to:
 - o Maintaining adequate personal cleanliness
 - o Washing hands thoroughly in an adequate hand-washing area(s) before starting work, before and after engaging in the destruction of a medical cannabis concentrate or destruction of a medical cannabis-infused product and at any other time when the hands may have become soiled or contaminated
- Litter and waste will be properly removed. Rubbish shall be disposed of so as to minimize the development of odor and minimize the potential for the waste becoming an attractant, harborage, or breeding place for pests. Waste will be made unusable and unrecognizable prior to leaving the dispensary
- There will be adequate lighting in all areas where cannabis is stored and where equipment or utensils are cleaned
- There will be adequate screening or other protection against the entry of pests. All secured buildings, fixtures and other facilities will be maintained in a sanitary condition
- Cleaning compounds, sanitizing agents, and solvents shall be identified, held and stored in a manner that protects against contamination of cannabis, and in accordance with any applicable local, state law, rule, regulation or ordinance
- All contact surfaces and equipment used to dispense cannabis or cannabis-infused product shall be cleaned and sanitized as frequently as necessary to protect against contamination
- All operations in the receiving, inspecting, segregating and storing of manufactured cannabis products shall be conducted in accordance with adequate sanitation principles

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.

Dispensary Records

Physical and electronic records will be retained for a minimum of six years. Electronic data will be encrypted and stored on secure servers in secure storage areas under 24-hour video surveillance. Physical records will also be stored in a secure storage room under 24-hour surveillance. The secure storage room will have limited access to authorized employees only and will utilize biometric security measures as well as personal identification number (PIN) protection. Access Logs will be analyzed daily to ensure no unauthorized entry has occurred. Access Logs, as well as all other records required by Ohio, will be stored for a minimum of six years including but not limited to:

- Inventory tracking and transport
- Sales and compliance with regulations
- Dispensing Limitations Sales records
- Financial records
- Logs of entry and exit for dispensary facilities
- Employee records, background checks, and drug test results

Surveillance records will be retained a minimum of one year. The dispensary will submit quarterly reports. Reports will be considered on time if submitted the next day if the 15th is a Saturday, Sunday or a State holiday. Reports shall include, but are not limited:

- Records of entry and exit for all individuals who entered the facility
- Amounts by category of cannabis products manufactured and offered for sale by the dispensary
- Amounts by category of cannabis and manufactured cannabis products sold by the dispensary
- A summary of the financial statements
- Description of any breach or halt in the dispensary’s security system and tracking system
- Any additional and or other information requested by the state of Ohio

Recordkeeping Plan

BioTrack is the industry's seed-to-sale software system with enterprise resource planning, complete inventory tracking. We have engaged their services as it provides effective cutting-edge technology solutions for the marijuana industry that prevents product theft and assists business owners with running their cultivating, packaging, and retail operations more profitably and to better comply with the law, all without leaving sensitive business documents, management plans, business records and confidential patient records vulnerable in the cloud.

Periodically, security audits will be conducted to verify:

- Compliance with all applicable legislation and codes
- Compliance with all published security procedures
- Function of all technology
- Review of incidents
- Lessons learned
- Action items to improve policies, services or technology

Inventory Control Plan

BioTrack's customer management tools allow for the collection and tracking of all patient information. Once a purchase is generated all information including, but not limited to; name, strain, quantity, registry identification card and name of the establishment can be tracked. The system also allows for internal security via fingerprint or PIN authorization, ensuring the agent ringing the sale maintains accountability. All transactions are archived for future reference ensuring complete security, traceability, and accountability.

Sales Records

All sales will be recorded and entered in the POS system. The Agent-in-Charge will ensure that, should the POS system fail or become unavailable for any reason, all sales should be halted and the Department notified of the problem in compliance with Ohio state rules and regulations.

• Required fields to be tracked in the POS system:

- o The patient registration I.D. number
- o The date, time, and amount of each sale
- o The retail price of purchased products
- o The UPC barcode
- o Tax collected

Confidentiality

Our employees and patients entrust our company with important information. It is our policy that information considered confidential is not disclosed to external parties or to employees without a "need to know." If an employee questions whether certain information is considered confidential, he/she must first check with his/her immediate supervisor. This policy is intended to alert employees to the need for discretion at all times and is not intended to inhibit normal business communications.

Background & Drug Testing

Information and records relating to background checks, test results, drug and alcohol dependencies and legitimate medical explanations provided to the Agent in Charge are kept confidential to the extent required by law and maintained in secure files separate from normal personnel files.

Attendance Logs

A record of each employee's attendance will be kept throughout the employee's tenure with our dispensary and at least 12 months after termination or resignation.

Patient Confidentiality

Our Dispensary will protect patients' privacy by utilizing a POS system with an encrypted, secure electronic patient database that is strictly controlled and continually backed up and compliant with The Health Insurance Portability Act of 1996 (HIPAA). All staff members will receive training on the privacy policy and procedures to ensure data to compliance with HIPAA.

A patient record is created and maintained for each qualifying patient who enters our dispensary. All authorized employees are assigned a unique ID that is used as their electronic signature. All entries made to a patients' record are dated, signed by the employee making the entry, and include the employee's unique employee ID number. A record will be kept of all logins and records created or modified during that session.

Staff Training & Education

We plan to contract with Medicine Man Technologies or CannaRPh to provide us with guidance and support related to the sourcing of key dispensary employees' contingent upon licensure approval. Their extensive experience as a successful operator has allowed them the ability to provide interim as well as employment placement support to their various licensees nationally and will be assisting us with identification of potential candidates for consideration as well as interim placement of key operating positions as may be needed relative to our Dispensary operations as envisioned.

All employees will receive training on our privacy policy and procedures to ensure maintenance of employee records, patient confidentiality and proper handling of patient information data in compliance with HIPAA. Our Employees will receive training on privacy and record keeping policies and procedures and will need to pass annual testing on policies, procedures and confidentiality requirements.

For complete details of our extensive staff training and education plans, please see section E-1.1.

Training Documentation

All required training sessions shall be documented by using internal forms or by certificates provided by training vendors. Content of training sessions shall be in accordance with Ohio requirements. All trainers shall ensure that documentation of training is completed accurately and completely following the conclusion of each training session.

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](#)

Patient Services

We are a group of experienced medical professionals and technological leaders in the industry, with one goal in mind: to improve the quality of patients' lives through individualized, personal care with the science of medical marijuana. Our philosophy is to provide the best care possible to our patients based on sound principles, best practices, patient education, community outreach and outcomes including cooperation with other healthcare professionals.

Our goal is to provide the most up to date and highest level of information to our patients by focusing on the delivery of knowledgeable patient consulting services. We will provide professional one-on-one consulting services to all our patients with our compassionate, knowledgeable staff, who will provide patient education and support with primary focus to make every visit an exceptional and personal experience. Our knowledgeable team will discuss any concerns about patient qualifying condition, strain selection and coach our patients on the best cannabis delivery mechanism. Our patient consultants can help determine the right product, dosage and delivery while consulting on the need for dose titration or reduction.

Through our Medication Therapy Management (MTM) services, we will offer individual pharmaceutical drug analysis and drug interaction assessment, in order to ensure the safety of our patients who may be taking other medications. As part of this professional consultation service, we provide the option of sending a summary of the of the report to a patient's physician which includes:

- Pharmaceutical drug analysis & drug interaction assessment
- Ensure medicines are safe in combination with medical cannabis
- Answer any questions about doses, titration and reduction
- Discuss any concerns regarding your medications

Interpretative Services

The Dispensing Location will make interpretative services available that are appropriate for the local population being served, including for the visually- and hearing-impaired. These services will be applied by any effective means that do not violate any privacy considerations.

Reversal of Adverse Events

If permitted by the state of Ohio our dispensary plans to offer each patient an innovative product , that will allow our patients to reverse the effects of marijuana.

Formulated with a proprietary blend of all-natural ingredients, UNDOO™ is an innovative, patent-pending formula designed to efficiently and quickly clear your head of the discomfort associated with THC overconsumption. The product contains NO cannabis, NO CBD, NO sugar, and NO caffeine.

Product Summary Overview

It will be difficult to determine exactly which specific products will be offered to qualified patients as determined under Ohio Regulations. To this end, our Dispensary will focus on the delineation of basic

products currently present in other states nationally having regulations allowing Medical Cannabis consumption. The following are examples of such products that we believe we will be able to secure inventory for if we are successful in attaining a Registration. Where appropriate, we will provide child-resistant packaging on its products.

Concentrate Products

The Cannabis Plant in general (except for stems and stalk) can be reduced to its base element or 'oil' via the production businesses selection of extraction technology (generally super critical CO2 systems are the most efficient for bulk extraction). One delivery model gaining popularity is the direct ingestion of concentrates containing THC. Once again, as the marketplace has yet to evolve to some point whereby edible products can be specifically identified, we plan to carry these products for sale to legally eligible patients in accordance with Ohio Regulations. It should be noted that most concentrates need to be stored in a cool environment as shown in the picture on the preceding page.

Delivery Systems

In choosing to activate the THC of the plant through heat or smoking, there are a wide variety of delivery systems available to the patient as shown below. As allowed under Ohio Regulations we plan to carry a reasonable assortment of such delivery systems for sale at our Dispensary. Our Dispensary shall endeavor to carry a range of quality products priced in a manner that best serves our patients.

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.

Uploaded Document Name: **D-10.1.1_Patient Condition & Strain Selection Chart.pdf**

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

Patient Condition & Strain Selection – Reference Chart

Strains – Cannabis Strains that work for different conditions

<p>(Afghanica) Nausea, pain (Afghanic x Haze) PMS (AK-47) Pain, nausea, depression, insomnia, headache (Alien Train Wreck) Asthma (Apollo 13) Back pain (Auntie Em) Crohn's Disease, MS (Aurora B) Nausea, joint pain, arthritis (Berry-Bolt) Insomnia, joint pain (Big Bang) Used to sedate and relieve stress & anxiety amongst sufferers of severe anxiety, etc. (EDITED/ADDED by Apprentice.Source Greenhouse Seeds Co.) Cannabis cup winner, the reviews mention its medicinal properties. (Big Kahuna) Herniated disc pain, arthritis (Black on Blue Widow) HIV, back pain (Black Vietnamese) Nausea, muscle spasms, pain (Blue Fruit) Crohn's Disease, muscle spasms (Blue Moonshine) Anxiety, depression, insomnia (Blue Satellite x Jack Herer) Depression, nausea (Blue Satellite) Pain, nausea, insomnia, anxiety, muscle tension (Blueberry) Nausea, insomnia, pain (Bog Sour Bubble) Pain, anxiety (Bonzo Bud) Body pain, migraine (Budacolumbia) Nausea (Burmaberry) Migraine, depression (Burmese Kush) Anxiety, depression (C99 x Great White Shark) Anxiety (Cali-O) Nausea (Catalyst) PMS (Cinderella 99) Nausea (CIT) Pain, nausea, insomnia (Citral) Insomnia (Cripple Creek) Ankylosing Spondylitis, Hepatitis C, Degenerative Disc Disease, IBS, Interstitial Cystitis, Chronic Rotator Cuff Disease (Deep Chunk) Joint pain, insomnia (Dynamite) Asthma, Crohn's Disease, Hepatitis C (NYC Sour Diesel) Edema, epilepsy, fibromyalgia, radiculopathy (El Nino) Nausea, insomnia (Fieldale Haze) Anxiety, back pain (Fig Widow) Back pain, psychosis (Firecracker) Anxiety, depression, nausea (G13 x HP) Nausea, joint pain, insomnia (G-13) Depression, pain, ADD, ADHD (Grapefruit) Arthritis, Hepatitis C, pain, nausea (Green Queen) Epilepsy, neck/spine pain (Green Spirit x Timewarp x Herijuana) RLS, insomnia, migraine, joint pain (Green Spirit) Nausea, headache, body pain (Herijuana x Trainwreck) Diabetic neuropathy, joint pain, insomnia, MS (Herijuana) Pain, nausea, insomnia (Ice Princess x Bubblegum) Migraine (Jack Herer) Anxiety, fibromyalgia (Juicy Fruit) Insomnia, joint pain, anxiety (Kali Mist) Nausea, depression (Kal-X) Body pain (Killer Queen) Depression, back pain (Krinkle x Kush x Freezeland) MS muscle spasms (Legends Ultimate Indica x Herijuana) Muscle spasms, pain (Legends Ultimate Indica) Insomnia, IBS (Lemon Chemo) Insomnia, back pain, migraine</p>	<p>(Leda Uno) Insomnia, edema, general pain, general seizures, glaucoma, migraine, MS, nausea, Post-Traumatic Stress Disorder (Lemon Haze) RLS, chronic fatigue (Lifesaver) Nausea, headache, pain, insomnia (Lollipop) Cachexia, degenerative bone/disc disease (Lowryder) Nausea, pain, headache (LSD) Nausea, anxiety, depression, headache (M-39) Depression (Magic Crystal) Migraine, PMS, depression, SADS, mania, nausea (Mango x Northern Lights # 5) Pain, nausea, insomnia, anxiety (Mango) Back pain, nausea (Masterkush) Nausea (Medicine Woman) Diabetic neuropathy, general pain, general seizures, glaucoma, Hepatitis C, muscle spasms, nausea, radiculopathy (Misty) Hepatitis C, back pain, insomnia, nausea (Motarebel Oguana Kush) Nerve Pain, muscle spasms, back pain, headache, insomnia (Mountainberry) Insomnia, migraine, pain (Northern Lights # 1) Arthritis (Northern Lights # 2) Nausea, insomnia (Northern Lights x Jamaican) Arthritis (Northern Lights x Cinderella 99) Depression (Northern Lights x Shiva) Body pain, back pain, toothache (Northern Lights) Anxiety, radiculopathy, insomnia (Northernberry) Pain (Oregon 90) Insomnia, joint pain, RLS, pain, nausea (Original Mystic) Epilepsy (OG Kush Purple) (Phaht Betty) Cachexia, degenerative bone/disc disease, Post-Traumatic Stress Disorder (Queen Bee) Neck/spine pain (Sensi Star) Migraine (Shiskaberry x Dutch Treat) Migraine, anxiety, insomnia, nausea (Shiskaberry x Hash Plant) Anxiety, nausea (Skunk # 1) Nausea (Snow White) PMS (Sour cream) Insomnia, joint pain, nausea (Stardust 13) Pain, nausea, insomnia (Strawberry Cough) Back pain, depression (Super Impact x AK-47) Pain, insomnia (Super Impact) Nausea, insomnia, muscle pain, depression, anxiety, SADS, mania (Super Silver Haze) Nausea, depression (Super Thai) Depression (Sweet Blu) Degenerative bone/disc disease, diabetic neuropathy, edema, fibromyalgia, muscle spasms, nausea, neck/spine pain (Sweet Tooth # 3) Depression (Trainwreck x Herijuana) Nausea (Trainwreck) Anxiety, arthritis, diabetic neuropathy, depression (TW x LUI) Arthritis, nausea (TX) Arthritis, asthma, general pain, general seizures, glaucoma, MS (Ultra Green) Insomnia (Wakeford) Anxiety, nausea, insomnia (White Rhino - aka Medicine Man) Body pain, back pain, joint pain, insomnia (White Russian) Pain, nausea (White Widow x Big Bud) Depression (White Widow) Cachexia, Hepatitis C, Post-Traumatic Stress Disorder</p>
---	--

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](#)

The dispensary aims to improve patients' quality of life in accord with the recent legalization of Medical Marijuana (cannabis) under Ohio Law (OMMCP). We strongly believe in catering to the needs of our American veterans as well as provide financial assistance to those who are unable to afford medical marijuana for their condition. We will also provide educational ads and materials promoting safe and secure storage of marijuana products and the responsible use of marijuana for medical purposes.

We will offer 10% discounts year-round to American Veterans, adolescents under the age of 17 and senior citizens over the age of 65 with a qualifying medical condition and Ohio Medical Marijuana card. American Veterans will also be offered a \$50 off coupon that will be applied to their first visit to help subsidize the cost of their Ohio Medical Marijuana card.

Additionally, will set aside 0.5% total net sales for special programs to help those patients who cannot afford the marijuana products needed to treat their medical condition. These programs will be tiered depending on the degree of need from 100% to 10%.

Furthermore, we will set aside 0.5% of net total sales for supporting charities via direct contributions and sponsorships. The revenue will be donated to research for children who have been diagnosed by a duly licensed physician as having a disease, disorder or medical condition that is conducive to treatment with medical marijuana such as epilepsy or autism.

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

Environmental Plan

Imperative to our organization is the commitment to be as environmentally friendly, or "green" as possible within the community in which we operate. As such we have contacted designers, engineers, and consultants who can design efficiently, utilize energy intelligently, and strive for procedures that lead to a minimum impact on the environment. We currently plan on implementing proven methods in order to conserve natural resources and lessen our carbon footprint such as:

- Use of energy saving light bulbs (LED)
- Thermostat control protocols for efficient use of HVAC systems
- Solar panels to convert sunlight into electricity
- Proper insulation to prevent heating and cooling losses
- Wind energy
- Environmentally friendly cleaning products
- Use of bio-degradable landfill friendly packaging
- Recycle bins for aluminum can and recyclable paper products
- Recycle of office materials (paper, cardboard, printer/toner cartridges)

We will also create and implement an employee conservation plan in order to encourage all employees to minimize their impact on the environment. This plan will detail specific actions employees can take for conservation efforts to try and reduce their carbon footprint. A possible reward program may be created and implemented to reward facility employees for conservation efforts.

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](#)

Employment Integration

Our Employment Integration plan will provide the foundational and ongoing training required for all dispensary employees. This will be made possible by providing our staff ongoing education and training to make certain patient consultants are knowledgeable of standard marijuana weights, effects, strains and edibles.

Employees will be trained on legal and ethical business best practices. Patient consultants will be encouraged to take continuing education courses and maintain their pharmacy technician licenses for a better understanding of medical conditions and current medications.

Provided training includes

- The different strains of marijuana
- The different methods of using marijuana, edible marijuana products and marijuana-infused products
- Learning to recognize signs of medicine abuse or instability in the medical use of marijuana by a patient
- Procedures to identify the holder of the registry identification card or the designated primary care giver
- Procedures to offer appropriate patient educational or support materials
- Procedures for fulfilling the medical marijuana requirement as established
- Procedures to verify the validity of the registry identification card of the patient or the designated primary caregiver

Training and education

Training and education will begin before any employee begins work at the dispensary. All training will be updated as new information is obtained or at least annually. We will contract with Medicine Man Technologies, who will provide onsite training for our key team members. We envision this occurring for a period of approximately one week at the T-minus 30 days from opening of it of our dispensary. Subscription to CannaHealth and Green Flower Media for employees as continued and updated weekly updates to the medical cannabis Medicine Man Technologies will also provide the dispensary with onsite training support as needed prior to, as well as during its grand opening, as required.

Training Plan

Training on medical marijuana will be provided upon to each employee including but not limited to: health, safety, and sanitation standards as required by Ohio, dispensary best practices, security procedures, prohibitions/enforcement, confidentiality, HIPAA and patient care. The expected number of hours of training is listed below:

- Week one (40 hours): twice daily inventory of each product understanding strains & recommendations
- Week two (40 hours): POS system, training on strains & green flower media library learning
- Week three (40 hours): review week one and two daily, focus on patient care, signs of abuse, shadow experienced technician or manager

- Week four (40 hours): continue review of previous 3-week training. Work with patients and be shadowed by manager or supervisor

Additional Training

- The proper use of security measures and controls for:
 - o Prevention of diversion, theft or loss of marijuana
 - o Procedures and instructions for responding to an emergency and when to utilize the toll-free number
- State and federal statutes and regulations regarding confidentiality of information related to the medical use of marijuana
- Qualifying conditions for medical marijuana patients
- Transportation of marijuana, paraphernalia, edible marijuana products and marijuana-infused products
- Employee and establishment cleanliness
- Patient records, employee and establishment security
- Proper storage
- Proper disease prevention and authorized uses of medical marijuana in the treatment of qualifying conditions
- Instruction regarding regulatory inspection preparedness and law enforcement interaction
- Ohio State laws governing medical marijuana and any other topic required by the state board of pharmacy

All employees will be provided with a minimum of sixteen hours of continuing education for each two-year licensing period. Online websites offering weekly updates and education will be recommended. In addition, invited speakers will be provided in order to satisfy this requirement. We have currently arranged quarterly learning by guest speakers from the industry, including a prominent physician with over 14 years of experience of treating patients with medical marijuana.

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](#)

Our management team is made up of pharmaceutical and medical marijuana experts capable of identifying, analyzing, and implementing recent advancements in medical marijuana research. Management will stay current in the industry through

- Trade shows & Trade magazines
- Medical Journals & Medical conferences
- Clinical trial results & Database searches
- Discussion with industry experts, pharmacists, and physicians

In addition to our commitment to employ the most up to date information to our patients, we plan on conducting independent research including surveys, questionnaires, and clinical trials if appropriate. Our commitment is to provide up to date and relevant information and training, as discussed with

consultants Medicine Man Technologies and CannaRPh. As new advancements are identified and determined to benefit our patients, training will implement as soon as possible or quarterly.

As an illustration of our ongoing efforts to identify new information that may be beneficial to our patients, we have partnered with a research company to determine patterns of prescription drug use and opioid use among medical cannabis users (see E-1.2.1_Research overview.pdf). Our Illinois survey included 41 multiple choice questions designed to capture key aspects of patient usage of medical cannabis, including: qualifying condition, primary drivers of cannabis usage, types of cannabis products used, incidence of chronic pain and usage of prescription drugs, including opioids. From the 401 (1.6%) patients that responded we noted that there were five main indications driving medical cannabis use, difficulty sleeping (82%), anxiety (73%), inflammation (69%), joint pain (62%) and depression (61%). 88% of patients who responded stated that they used prescription drugs before using medical cannabis and of those 62% decreased the number of prescription medications used. We found that the vast majority of patients who responded (87%) used prescription opioids to manage their pain. Respondents stated that once beginning medical marijuana, 29% decreased their intake of opioids to manage their pain and 67% stopped using opioids altogether. Our data indicated that cannabis may be viable as an exit drug from opioid usage and given today's opioid epidemic, this strategy warrants further research.

We noted that most patients (85%) do not discuss medical marijuana with their pharmacist. The reasons for this were not addressed in the survey, however one could assume that the social stigma regarding medical marijuana use prevents open dialogue. Pharmacists are most qualified to help bring a standardized and safer approach to cannabinoid therapy as the legal and social barriers to medical marijuana continue to fall.

Advancements in Qualifying Condition Treatment Training

As new information is learned, it will be incorporated in the day to day operations of the dispensary provided the new information is beneficial to our patients. The Dispensary will assist in educating all employees by providing updated videos, journals and current information. All Dispensary agents and cannabis consultants:

- Are NOT doctors and CANNOT provide any medical advice, under any circumstances
- Should NOT be diagnosing patients to obtain any information for them
- Cannot provide diagnosis and/or evaluate a patient
- Will educate patients on certain products based on their symptoms, preferences and expectations
- Will become experts on cannabis products the dispensary will carry
- Will be responsible for being product specialists (it's not about smoking anymore)
- Understand alternative delivery methods, like vaping, edibles, oils, topicals, tinctures, suppositories
- Understand and explain appropriate dosage, storage and safety recommendations for each product

All employees will be required to attend medical marijuana Patient Consultant Training Classes, receive a training certificate of completion and re-training on a regular basis as established and enforced by the dispensary management team. Patient consultants will be encouraged to receive and maintain pharmacy technicians licenses; maintain continuing education credits to enhance understanding of qualifying medical conditions. Employees will also be encouraged to attend and become involved with state sponsored training that will cover more of the state regulations. Training will begin before an employee begins work. Training and education includes, but is not be limited to:

- Cannabis History & Endo-Cannabinoid System
- Dispensary agent

- Cardholder laws
- Proper use of security measures and controls for the prevention of diversion, theft or loss of marijuana
- Procedures and instructions for responding to an emergency
- State and federal statutes and regulations regarding confidentiality of information related to the medical use of marijuana
- Ohio State laws governing medical marijuana
- Transportation of marijuana, paraphernalia, edible marijuana products and marijuana-infused products
- Employee and establishment cleanliness
- Patient records, employee and establishment security
- Proper storage & disease prevention
- Different strains of marijuana
- Different methods of using marijuana, edible marijuana products and marijuana-infused products
- Recognition of signs of abuse or instability in the medical use of marijuana
- Procedures to identify the holder of the registry identification card or the designated primary care giver
- Procedures to offer any appropriate patient educational or support materials
- Procedures to verify the validity of the registry identification card of the patient or the designated primary caregiver

Continuous Education & Training

The Dispensary will offer continuous training as well as access to various training videos (Green Flower media) provided by our industry consultants that exhibit the methods we wish to deploy as well as foster when it comes to patient care.

The Dispensary will offer various methods of soliciting feedback to our patients to ensure we are doing our best to provide constant education. We plan to use this feedback to make adjustments to any gaps in our training plans. As a Patient Consultant, the same questions are answered multiple times from patients. When a consultant meets the patient, first time or multiple times, all consultants will be educated that every patient, every visit deserves the same kindness and professionalism. The consultant needs to be honest, caring and respectful of the patient's needs, because the person on the other side of the counter is there for a specific medical reason.

The Dispensary will provide role play based training to our team on a continual basis to better prepare them for the various types of conditions and the best practices of improving our patient's quality of life with correct strain selection, storage and dosage. We also plan to coach at an individual level when patient consultants are not measuring up to our standards.

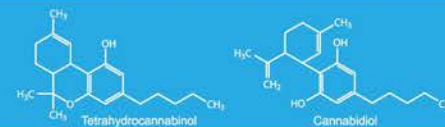
E-1.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-1.2.1_Research overview.pdf**

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

Impact of Medical Cannabis in Illinois: A Pharmacist's Perspective

Presenters:



OBJECTIVE

The state of Illinois has one of the more restrictive and regulated Medical Cannabis Pilot programs in the United States.¹ Consultant Pharmacists are medication experts and play a critical role in patient care. As pharmacists in the industry, we have witnessed how cannabis can be beneficial in alleviating sometimes debilitating symptoms of many conditions. Our professional duty is to understand medical cannabis and how it can influence polypharmacy, opioid use and how it can be used safely in the geriatric population. Within our first survey, 64% of patients reported experiencing daily chronic pain and identified five leading reasons for using medical cannabis. We then conducted a survey which focused on these areas:

- How are patients using medical cannabis?
- What medical conditions are being treated by Illinois patients?
- How is medical cannabis impacting prescription drug and opioid usage?
- Are patients discussing the usage of medical cannabis with their pharmacist?
- What are the implications to consultant pharmacists?

BACKGROUND

MEDICAL CANNABIS PROGRAM:

- Illinois was the 20th state to legalize medical cannabis in 2013.¹
- Physicians must certify that the patient has a qualifying debilitating medical condition.²
- Twenty-eight states and Washington DC have legalized medical cannabis.
- Over 1.8 million adults in the United States are registered medical cannabis patients.

THE ENDOCANNABINOID SYSTEM (ECS):

- The ECS is a very complex regulatory system comprised of at least three neuromodulators and at least two receptors labeled CB1 and CB2.³
- CB1 receptors are primarily found in the brain and CNS.⁴
- CB2 receptors are primarily found in leukocytes, tonsils, spleen, PNS and GI tract.⁵
- Endocannabinoids are produced on demand in our own body which assists with imbalances presented by disease or injury.⁶

IMPACT OF PRESCRIPTION DRUG AND OPIOID USE:

- Overdoses of prescription opioids killed more than 165,000 Americans between 1999 and 2014.⁷
- Medical cannabis patients are using cannabis as an effective substitute for opioid based medications.
- Medical cannabis influences polypharmacy.

IMPLICATIONS TO CONSULTANT PHARMACISTS:

- Medical Cannabis is becoming more accepted in the community and will affect long-term care facilities.
- Rising incidence of chronic pain across US adults 45+ increasingly impacts consultant pharmacists working with the geriatric population in long-term care.
- Consultant pharmacists should know the what, why and how cannabis is to be used.

METHODS

After conducting the first study of Illinois medical cannabis patients in early 2017, two Illinois pharmacists active within the cannabis industry collaborated with [REDACTED] to learn more about patient usage of prescription drugs and opioids.

An online survey was fielded across Illinois medical cannabis patients resulting in a total of 401 respondents. This represents 1.6% of the total Illinois state registry of 25,600 patients, and was fielded in September 2017. The state of Illinois releases limited data on the demographics of medical cannabis patients, therefore the sample may not be representative of the target population.

The survey included 41 multiple choice questions and was designed to capture key aspects of patient usage of medical cannabis, including: qualifying condition, primary drivers of cannabis usage, types of cannabis products used, incidence of chronic pain and usage of prescription drugs, including opioids.

HOW MEDICAL CANNABIS IMPACTS OPIOID USE

ENDOCANNABINOID SYSTEM (ECS)

THE NERVOUS SYSTEM

Aids in sleep,
CB1

Reduces seizures
and convulsions.
CBD, THCV

Tranquillizing,
CBD

Anxiety reliever,
CBD

DIGESTIVE SYSTEM

Appetite suppressant,
THC

Appetite stimulant,
THC

Reduces contractions in
the small intestines,
CBD

MUSCULAR & SKELETAL

Promotes bone growth,
CBD, CBG, CBC, THCV

Suppresses muscle spasms,
THC, CBD, CBH

Reduces inflammation,
THC, CBD, CBC

ENDOCRINE SYSTEM & IMMUNE RESPONSE

Kills or slows bacteria growth,
CBD, CBG

Treats fungal infections,
CBD

Reduces blood sugar levels,
CBD

Treats psoriasis,
CBD

CIRCULATORY SYSTEM

Reduces risk of artery
blockage - anti-ischemic,
CBD

Increases cerebral
blood flow,
THC, CBD

WHOLE BODY RELIEF & PROTECTION

Inhibits cell growth in
tumors and
cancer cells,
THC, CBD, CBG, CBC

Reduces or eliminates pain,
THC, CBD, CBH, CBC



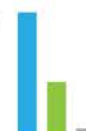
THE IMPACT OF MEDICAL CANNABIS ON OPIOID USE

87% used opioids
before using medical
cannabis and...

67% STOPPED
using opioids

29% DECREASED
opioid usage

4% did not change use



MEDICAL CANNABIS MAY REDUCE POLYPHARMACY

After using
medical cannabis...

30% STOPPED
using
prescription drugs

62% DECREASED
usage
of prescription drugs

8% did not change use



STATES WITH LEGAL ACCESS TO CANNABIS AND CBD



RESULTS

- Patients are using medical cannabis for five main reasons, which impact more than 175 million adults across the United States
 - 82% Difficulty sleeping
 - 73% Anxiety
 - 69% Inflammation
 - 62% Joint Pain
 - 61% Depression
- 88% of patients used prescription drugs before using medical cannabis
 - 30% STOPPED using prescription medications
 - 62% DECREASED the number of prescription medications used
- 87% of patients used opioids to manage pain levels before using medical cannabis
 - 67% STOPPED using opioids
 - 29% DECREASED the number of opioids used
- Percentage of patients that agreed with the following statement:
 - 85% of patients DO NOT talk with their pharmacist about their usage of medical cannabis.

CONCLUSION

Our Illinois patient survey results strongly support cannabis as an exit drug from opioid usage - 67% of respondents stopped using opioids after using medical cannabis. Incidence of chronic pain conditions increases with age and the importance of understanding the usage and interaction of medical cannabis with other medications is increasingly important to the consultant pharmacist. Patients are reporting better outcomes with fewer side effects as compared with standard pharmaceuticals.

Pharmacists should understand; the endocannabinoid system and receptors found throughout the body, the efficacy of cannabis in treating chronic pain, the use in other chronic medical conditions and how it can reduce polypharmacy in the geriatric population.

Both of our surveys support the results of previous research "Prescription drug overdoses are the leading cause of accidental death in the United States".⁸ The second survey reinforces our conclusion that medical cannabis patients are using cannabis as an effective substitute for opioid based medications.

Limitations still exist in research. Schedule I status of medical cannabis is the prime reason it is difficult to conduct large scale clinical trials on its efficacy and safety.⁹

Implications still exist regarding ethical, social and legal stigma. Medical cannabis is here to stay, state to state, patient by patient. The segment of geriatric population in the United States is growing, and so will cannabis usage. Consultant pharmacists are most qualified to help bring a standardized and safer approach to cannabinoid therapy.

REFERENCES

1. Americans for Safe Access Advancing Legal Marijuana Therapeutics and Research. [Online] 2017. [Cited: 10 14, 2017.] http://www.safeaccessnow.org/recommending_cannabis_illinois.
2. Illinois Rules and Regulations. Americans for Safe Access. [Online] 2017. [Cited: 10 16, 2017.] http://www.safeaccessnow.org/recommending_cannabis_illinois.
3. Backes, Michal. Cannabis Pharmacy The Practical Guide to Medical Marijuana. [ed.] Laura Ward, Anna Southgate Will Steeds. First Edition. New York : The Black Dog and Leventhal Publishers, 2014. p. 272.
4. Smith, Gregory. Medical Cannabis: Basic Science & Clinical Applications: what clinicians need to know and why. Beverly Farms : Aylesbury Press, 2016. p. 225. Vol. 1st Edition.
5. Medical Cannabis A Viable Strategy to Address the Opioid Crisis. Access. Americans for Safe.
6. Amanda Reiman, Mark Welty, Perry Solomon. Cannabis as a Substitute to Opioid-Based Pain Medication: Patient Self Report. CanaHealth. August 2017, pp. 160-166.

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.

Employee Patient Training & Education

All dispensary employees are trained in cannabis dispensing best practices and will provide necessary training and knowledge transfer to new employees. This training will include patient consultation, point of sale instruction, product knowledge, product handling, and product disposal. Dispensary employees will have the benefit of their training as licensed professionals by Ohio Department of Professional Regulation and will be familiar with patient privacy, counseling and inventory control.

Our training will begin 30 days prior to the envisioned opening. Dispensary managers and patient consultants will be required continued education on medical conditions and encouraged to apply for pharmacy technician license.

Treatment of Qualifying Condition

We will assist in educating all employees by providing updated videos, journals and current information. Dispensary agents and patient consultants:

- Are NOT doctors and CANNOT provide any medical advice, under any circumstances
- Should NOT be diagnosing patients to obtain any information for them
- Cannot provide diagnosis and/or evaluate a patient
- Will educate patients on certain products based on their symptoms, preferences and expectations
- Will become experts on cannabis products the dispensary will carry
- Will be responsible for being product specialists
- Understand alternative delivery methods, such as vaping, edibles, oils, topicals, tinctures, etc.
- Understand and explain appropriate dosage recommendations for each product

All employees will be required to attend medical marijuana Patient Consultant Training Classes, receive a training certificate of completion and re-training on a regular basis as established and enforced by the Agent in Charge. Employees will also be encouraged to attend and become involved with state sponsored training that will cover more of the state regulations.

All employees will receive training on our privacy policy, record keeping policies and procedures to ensure maintenance of employee records, patient confidentiality and proper handling of patient information data in compliance with HIPAA. All policies and training will be documented in the employee handbook for reference.

We will stress that a good patient consultant is able to look at a cannabinoid profile of a product and match it to the desired symptom relief of a patient.

Continuous Education & Training

We plan to offer continuous training as well as access to various training videos provided by our industry consultants that exhibit the methods we wish to deploy as well as foster when it comes to patient care. The Dispensary will offer surveys to our patients to ensure we are doing our best to provide constant education. We plan to use this feedback to make adjustments to any gaps in our training plans. Patient consultants will be trained to be compassionate at all times, all consultants will be educated that every patient, every visit deserves the same kindness and professionalism. The consultant needs to be honest, caring and respectful of the patient's needs, because the person on the other side of the counter is there for a specific medical reason.

We will provide role play based training to our team on a continual basis to better prepare them for the various types of conditions and the best practices of improving our patient's quality of life with correct strain selection and dosage.

Continuous Training will include:

- Staff reporting procedures on inventory loss or irregularities
- Patient experience irregularity
- Dispensary product destruction protocol
- Inventory tracking
- Best practices for day-to-day dispensary staffing
- Product knowledge including benefits and risks of treatment options
- Signs of abuse

Training Documentation

All required training sessions shall be documented by using internal forms or by certificates provided by training vendors. Training records shall include:

- Dates of the training sessions
- Signatures, names, and qualifications of the persons conducting the training
- Names of all personnel attending the training sessions
- Duration of training

Content of training sessions shall be in accordance with Ohio requirements. All trainers shall ensure that documentation of training is completed accurately and completely following the conclusion of each training session.

Substance Abuse Prevention Plan

Recognizing the signs of abuse or adverse events

At each sale, Patient Consultants will offer materials and resources that include education and information about the potential misuse or abuse of medical marijuana. Recognizing patient signs of abuse and misuse of medical marijuana will be an integral part of our dispensary. Frequent complaints of broken vape pens, adverse reactions of strains, will be documented, analyzed and if clinically warranted will be reported to Department of Health and Human Services.

Our educational process in the Substance Abuse Prevention Plan (SAPP) will be accomplished through two different mechanisms 1) mandatory training of our patient consultants and staff and 2) patient education links on our website and pamphlets at our checkout locations. We will post SAMHSA

information for patients and caregivers.

- Patient Consultation
- Support and Recommendations
- Access to Recovery Info
- Intervention
- Safety
- Drug Abuse Rehab Centers and Treatment Programs
- Diversion

Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana

With a patient's first denial of sale event, the patient consultants will be trained to educate the patient on the amount and timing that they are permitted to purchase medical cannabis. For a second denial within a three-month period, the patient consultant will provide the patient with information about the potential abuse of cannabis and provide resources and information on the signs of abuse and local abuse centers and counselors. In the rare instance of a third denial of sale in a three-month period, the Agent-In-Charge will be notified, conduct and analyze the situation and when necessary, deny future medical cannabis sales and refer the patient for addiction counseling. All employees will be trained to assess each situation on a case-by-case basis to ascertain if the reasons for denial are improper dosage, poor scheduling of appointments, potential substance abuse or diversion.

The implications of marijuana abuse will be communicated through our educational program. The educational materials identifying the side effects of marijuana that can lead to abuse will be provided at the dispensary.

Card holders will be educated through our process that detail the legal dangers of sharing or reselling marijuana that can lead to abuse. This will include consultation on proper storage of marijuana products in the home to prevent diversion to minors and non-card holders and point out the short-term dangers and long-term consequences of marijuana abuse.

Patients who seek help from the dispensary with potential abuse issues, will be referred to substance abuse organizations such as NIDA, WADA, NIAAA, SAMHSA, and the Coalition Against Drug Abuse.

Patient Education Provided to Employees on Medical Marijuana (Cannabis)

- Patients must be made aware that Cannabis has not been approved for use by the FDA. Patients must be made aware that there may be health risks associated with the use of Cannabis, and that it should be kept away from children
- Patients must be informed that operating a motor vehicle or machinery while under the influence of Cannabis is strictly prohibited
- Patients will be instructed on the potential varying effects and applications of each strain of Cannabis offered by the Dispensary
- Information will be provided describing proper dosage and different delivery systems. Counseling will focus on using the smallest amount of medication possible to achieve the desired symptom relief
- Patients will be presented with facts regarding substance abuse signs and symptoms, as well as contact information for substance abuse treatment programs and hotlines
- Employees will be trained to instruct patients how to use medical marijuana to treat a qualifying condition, provide support for the patients' symptoms and the risks associated with medical marijuana use, included potential drug interactions

Patients will be instructed that qualifying patients may not distribute Cannabis to any other individual, and they MAY NOT return any unused, contaminated, or excess product to the Retail Dispensing Location from which it was purchased for destruction. Information about destruction will be available to each patient.

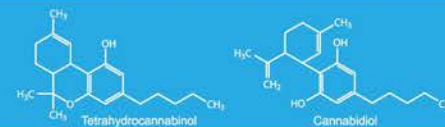
E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-1.2.1_Aclara Reseach.pdf**

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

Impact of Medical Cannabis in Illinois: A Pharmacist's Perspective

Presenters:



OBJECTIVE

The state of Illinois has one of the more restrictive and regulated Medical Cannabis Pilot programs in the United States.¹ Consultant Pharmacists are medication experts and play a critical role in patient care. As pharmacists in the industry, we have witnessed how cannabis can be beneficial in alleviating sometimes debilitating symptoms of many conditions. Our professional duty is to understand medical cannabis and how it can influence polypharmacy, opioid use and how it can be used safely in the geriatric population. Within our first survey, 64% of patients reported experiencing daily chronic pain and identified five leading reasons for using medical cannabis. We then conducted a survey which focused on these areas:

- How are patients using medical cannabis?
- What medical conditions are being treated by Illinois patients?
- How is medical cannabis impacting prescription drug and opioid usage?
- Are patients discussing the usage of medical cannabis with their pharmacist?
- What are the implications to consultant pharmacists?

BACKGROUND

MEDICAL CANNABIS PROGRAM:

- Illinois was the 20th state to legalize medical cannabis in 2013.¹
- Physicians must certify that the patient has a qualifying debilitating medical condition.²
- Twenty-eight states and Washington DC have legalized medical cannabis.
- Over 1.8 million adults in the United States are registered medical cannabis patients.

THE ENDOCANNABINOID SYSTEM (ECS):

- The ECS is a very complex regulatory system comprised of at least three neuromodulators and at least two receptors labeled CB1 and CB2.³
- CB1 receptors are primarily found in the brain and CNS.⁴
- CB2 receptors are primarily found in leukocytes, tonsils, spleen, PNS and GI tract.⁵
- Endocannabinoids are produced on demand in our own body which assists with imbalances presented by disease or injury.⁶

IMPACT OF PRESCRIPTION DRUG AND OPIOID USE:

- Overdoses of prescription opioids killed more than 165,000 Americans between 1999 and 2014.⁷
- Medical cannabis patients are using cannabis as an effective substitute for opioid based medications.
- Medical cannabis influences polypharmacy.

IMPLICATIONS TO CONSULTANT PHARMACISTS:

- Medical Cannabis is becoming more accepted in the community and will affect long-term care facilities.
- Rising incidence of chronic pain across US adults 45+ increasingly impacts consultant pharmacists working with the geriatric population in long-term care.
- Consultant pharmacists should know the what, why and how cannabis is to be used.

METHODS

After conducting the first study of Illinois medical cannabis patients in early 2017, two Illinois pharmacists active within the cannabis industry collaborated with Aclara Research to learn more about patient usage of prescription drugs and opioids.

An online survey was fielded across Illinois medical cannabis patients resulting in a total of 401 respondents. This represents 1.6% of the total Illinois state registry of 25,600 patients, and was fielded in September 2017. The state of Illinois releases limited data on the demographics of medical cannabis patients, therefore the sample may not be representative of the target population.

The survey included 41 multiple choice questions and was designed to capture key aspects of patient usage of medical cannabis, including: qualifying condition, primary drivers of cannabis usage, types of cannabis products used, incidence of chronic pain and usage of prescription drugs, including opioids.

HOW MEDICAL CANNABIS IMPACTS OPIOID USE

ENDOCANNABINOID SYSTEM (ECS)

THE NERVOUS SYSTEM

Aids in sleep,
CBN

Reduces seizures
and convulsions.
CBD, THCV

Tranquillizing,
CBD

Anxiety reliever,
CBD

Digestive system
Appetite suppressant,
THCV

Appetite stimulant,
THC

Reduces contractions in
the small intestines,
CBD

Muscular & skeletal
Promotes bone growth,
CBD, CBG, CBC, THCV

Suppresses muscle spasms,
THC, CBD, CBN

Reduces inflammation,
THC, CBD, CBC

ENDOCRINE SYSTEM & IMMUNE RESPONSE

Kills or slows bacteria growth,
CBD, CBG

Treats fungal infections,
CBD

Reduces blood sugar levels,
CBD

Treats psoriasis,
CBD

Reduces risk of artery
blockage - anti-ischemic,
CBD

Increases cerebral
blood flow,
THC, CBD

Whole body relief & protection
Inhibits cell growth in
tumors and cancer cells,
THC, CBD, CBG, CBC

Reduces or eliminates pain,
THC, CBD, CBN, CBC



THE IMPACT OF MEDICAL CANNABIS ON OPIOID USE

87% used opioids
before using medical
cannabis and...

67% STOPPED
using opioids

29% DECREASED
opioid usage

4% did not change use

MEDICAL CANNABIS MAY REDUCE POLYPHARMACY

After using
medical cannabis...

30% STOPPED
using
prescription drugs

62% DECREASED
usage
of prescription drugs

8% did not change use

STATES WITH LEGAL ACCESS TO CANNABIS AND CBD



RESULTS

- Patients are using medical cannabis for five main reasons, which impact more than 175 million adults across the United States
 - 82% Difficulty sleeping
 - 73% Anxiety
 - 69% Inflammation
 - 62% Joint Pain
 - 61% Depression
- 88% of patients used prescription drugs before using medical cannabis
 - 30% STOPPED using prescription medications
 - 62% DECREASED the number of prescription medications used
- 87% of patients used opioids to manage pain levels before using medical cannabis
 - 67% STOPPED using opioids
 - 29% DECREASED the number of opioids used
- Percentage of patients that agreed with the following statement:
 - 85% of patients DO NOT talk with their pharmacist about their usage of medical cannabis.

CONCLUSION

Our Illinois patient survey results strongly support cannabis as an exit drug from opioid usage - 67% of respondents stopped using opioids after using medical cannabis. Incidence of chronic pain conditions increases with age and the importance of understanding the usage and interaction of medical cannabis with other medications is increasingly important to the consultant pharmacist. Patients are reporting better outcomes with fewer side effects as compared with standard pharmaceuticals.

Pharmacists should understand: the endocannabinoid system and receptors found throughout the body, the efficacy of cannabis in treating chronic pain, the use in other chronic medical conditions and how it can reduce polypharmacy in the geriatric population.

Both of our surveys support the results of previous research "Prescription drug overdoses are the leading cause of accidental death in the United States".⁸ The second survey reinforces our conclusion that medical cannabis patients are using cannabis as an effective substitute for opioid based medications.

Limitations still exist in research. Schedule I status of medical cannabis is the prime reason it is difficult to conduct large scale clinical trials on its efficacy and safety.⁹

Implications still exist regarding ethical, social and legal stigma. Medical cannabis is here to stay, state to state, patient by patient. The segment of geriatric population in the United States is growing, and so will cannabis usage. Consultant pharmacists are most qualified to help bring a standardized and safer approach to cannabinoid therapy.

REFERENCES

1. Americans for Safe Access Advancing Legal Marijuana Therapeutics and Research. [Online] 2017. [Cited: 10 14, 2017.] http://www.safeaccessnow.org/recommending_cannabis_illinois.
2. Illinois Rules and Regulations. Americans for Safe Access. [Online] 2017. [Cited: 10 16, 2017.] http://www.safeaccessnow.org/recommending_cannabis_illinois.
3. Backes, Michal. Cannabis Pharmacy The Practical Guide to Medical Marijuana. [ed.] Laura Ward, Anna Southgate Will Steeds. First Edition. New York : The Black Dog and Leventhal Publishers, 2014. p. 272.
4. Smith, Gregory. Medical Cannabis: Basic Science & Clinical Applications: what clinicians need to know and why. Beverly Hills : Aylesbury Press, 2016. p. 225. Vol. 1st Edition.
5. Medical Cannabis A Viable Strategy to Address the Opioid Crisis. Access. Americans for Safe.
6. Amanda Reiman, Mark Welty, Perry Solomon. Cannabis as a Substitute to Opioid-Based Pain Medication: Patient Self Report. CanaHealth. August 2017, pp. 160-166.

AclaraResearch

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

Documenting Adverse Events

The dispensary will have a written policy and procedure addressing reports of adverse events. Most adverse events are undetected because they rely on voluntary reporting. It can be a challenge to determine what constitutes an adverse event vs serious adverse event. Patients will be informed about possible adverse events on our website with reference to caution of medical cannabis and caution of drug interactions.

Our dispensary will help patients understand the implications of adverse event reporting, most important to perform due diligence in proper recordkeeping and documentation to stay compliant. Our dispensary will establish a quality assurance (QA) program and a Quality Management System (QMS) process for documenting, investigating and reporting suspected adverse events. Reports will be documented by dispensary employees who have been educated on adverse events and responsible for complaint handling, investigation & reporting.

A short description of the event will be required; review of possible triggers for detection of adverse event (dizziness, wooziness, syncope, fatigue, hypotension, sedation, etc.). Staff will encourage patients to notify their physician. Patients will have the ability to report adverse events on our website and mobile application, as well as in person. The summary report of any adverse event, safety issues or risk factors and reaction severity as documented by the patient will be kept on file.

Our dispensary will base our ADR form on the Kaiser Permanente – Ohio Region Adverse Drug Reaction Report. Report will be submitted to the cultivator and Ohio State Board of Pharmacy. The form will identify:

- The event that was encountered and events thereafter (i.e., hospitalization)
- Patient demographics
- Date the event occurred
- Name of the product
- Indication for use
- Date of purchase
- Duration of use
- If product was discontinued and/or restarted

Once the pertinent information is obtained, patient notifies their physician if clinically warranted, our staff will inform the patient on safe destruction of medical marijuana product. Returns of any medical marijuana product to dispensary are not allowed.

Reports will be issued promptly to the cultivator who has responsibility to inform the Department of Health and Human Services upon completion of investigation and documentation of the adverse event. (45 CFR part 46 guidance)

The dispensary will keep permanent record of patient adverse event. An adverse event report (HIPAA protected) document will be used to track adverse events related to medical marijuana products or

devices and to help the Medical Marijuana Program identify potential public health risk through the information reported. All patient privacy and confidentiality of patient records with the exchange of information between entities will be honored addressing patient privacy concerns.

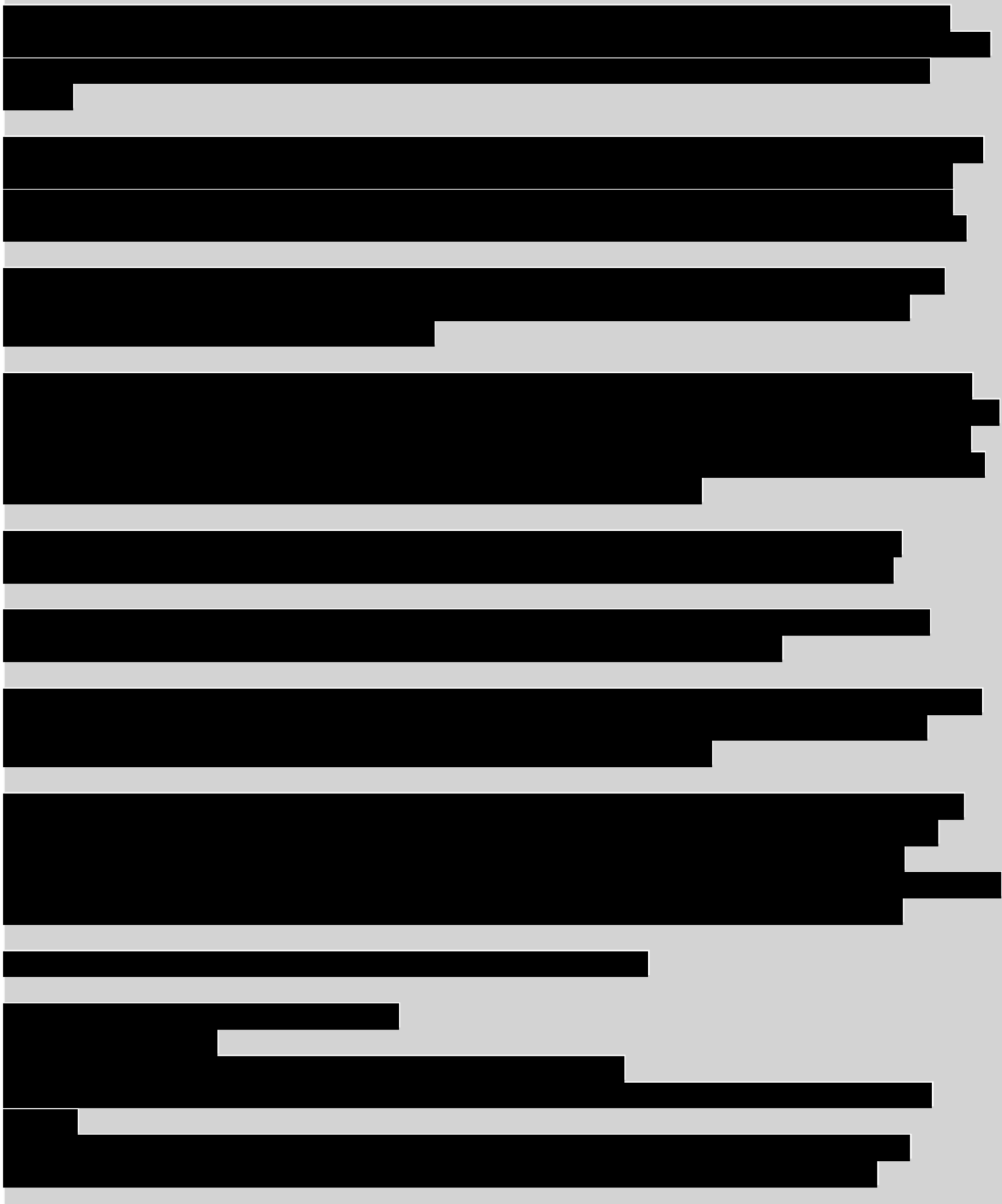
Patient Care(Patient Care Facilities)

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

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

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

[Redacted content]



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

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

Floor Plan



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](#)

11AM - 7PM Monday through Friday, Saturday 8AM-3PM; Closed on Sundays; Closed on Holidays

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 Dispensary Application Document E - Trade Secret Form.pdf**

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



**STATE OF
OHIO**
BOARD OF PHARMACY



Trade Secret Form

(Attachment to Application Section F-2.1)

Business Name of Applicant:	
Medoh, LLC	
<p>The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.</p> <p>While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.</p> <p>Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.</p> <p>Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.</p>	
Printed Name of Authorized Representative	
Margot Andrus	
Signature	Date
	11/01/2017

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