



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application PHARMACANN OHIO LLC Application ID 1142

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

PharmaCann Ohio LLC

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

No response provided by applicant

A-1.3 Business Street Address

1010 Lake Street, 2nd Floor

A-1.4 City

Oak Park

A-1.5 State

IL

A-1.6 Zip Code

60301

A-1.7 Phone

7089195641

A-1.8 Email

teddy.scott@pharmacannis.com

Demographic Information(Primary Contact/Registered Agent)

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

PRIMARY CONTACT

A-2.2 First Name

Teddy

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Scott

A-2.5 Street Address

1010 Lake Street, 2nd Floor

A-2.6 City

Oak Park

A-2.7 State

IL

A-2.8 Zip Code

60301

A-2.9 Phone

7089195641

A-2.10 Email

teddy.scott@pharmacannis.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

05/17/2017

A-3.4 Business Name on Formation Documents

PharmaCann Ohio LLC

A-3.5 Federal Employer ID number

This response has been entirely redacted

A-3.6 Ohio Unemployment Compensation Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

This response has been entirely redacted

A-3.9 The Applicant attests that workers' compensation insurance will be obtained by the time the State of Ohio Board of Pharmacy determines the Applicant to be operational under the Act and regulations.

YES

A-3.10 Has the Applicant operated and conducted business in any jurisdiction other than Ohio in the past three years? If you select "**Yes**", answer question A-3.10.1 below.

YES

A-3.10.1 If "**Yes**" to question A-3.10, for each instance relevant to question A-3.10, provide the following:

- Legal Business Name
- Business Address
- Federal Employee ID Number

PharmaCann LLC
28479 E. 3200 North Road, Dwight, IL 60420
47-1136343

PharmaCann LLC
16274 Twombly Road, Hillcrest, IL 61068
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1804 Maple Ave, Evanston, IL 60201
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
161 S. Lincolnway Street, Suite 301, North Aurora, IL 60542
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
4104 N. Columbus Street, Ottawa, IL 61350
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1135 Tower Road, Schaumburg, IL 60173
47-1136343

PharmaCann LLC
600 Neelytown Road, Montgomery, NY 12549
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
25 Northpointe Parkway, Amherst, NY 14228
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
642 Old Liverpool Road, Liverpool, NY 13088
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
10 Executive Park Drive, Albany, NY 12203
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1280 Oak Point Ave, Bronx, NY 10474
47-1136343

PharmaCann LLC dba PharmaCann (provisional medical cannabis dispensing license)
5544 Nicholson Lane, Rockville, MD 20852
47-1136343

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-2

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

Butler

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 31

A-6.1 First Name

Clifford

A-6.2 Middle Name

W

A-6.3 Last Name

Bedar

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Construction Contractor

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

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

10740 Churchill Drive

A-6.17 City

Orland Park

A-6.18 State

IL

A-6.19 Zip Code

60467

A-6.20 Phone

3126172782

A-6.21 Email

cliff@cordos.net

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 31

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Chodil

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

Director of Operations

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

1002 E Talbot St

A-6.17 City

Arlington Heights

A-6.18 State

IL

A-6.19 Zip Code

60004

A-6.20 Phone

No response provided by applicant

A-6.21 Email

mike.chodil@pharmacannis.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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 31

A-6.1 First Name

Vinicius

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Cordos

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Construction Contractor

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

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

1528 W Monroe St, Apt 300

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60607

A-6.20 Phone

7739089008

A-6.21 Email

vince@cordos.net

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 31

A-6.1 First Name

John

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Cordos

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Construction Contractor

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

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

4347 W Hollywood Ave

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60646

A-6.20 Phone

7739089066

A-6.21 Email

john@cordos.net

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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 31

A-6.1 First Name

Christopher

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Diorio

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

Director of Research and Development

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

16 Booth Drive

A-6.17 City

Campbell Hall

A-6.18 State

NY

A-6.19 Zip Code

10916

A-6.20 Phone

8454990311

A-6.21 Email

chris.diorio@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 6 of 31

A-6.1 First Name

Mark

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Filoramo

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Architect

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

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

619 Pleasant St

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

3122039653

A-6.21 Email

mark.filoramo@ftarc.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 31

A-6.1 First Name

Mary

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Gemini

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

Director of Illinois Dispensaries

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

23704 Vintage Knoll Drive

A-6.17 City

Plainfield

A-6.18 State

IL

A-6.19 Zip Code

60544

A-6.20 Phone

8155317470

A-6.21 Email

mary.gemini@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 8 of 31

A-6.1 First Name

Johnny

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Hernandez

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

Director of IT Infrastructure Systems and Support

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

4708 Peacock Ln

A-6.17 City

Plainfield

A-6.18 State

IL

A-6.19 Zip Code

60586

A-6.20 Phone

7738990738

A-6.21 Email

johnny.hernandez@pharmacannis.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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 31

A-6.1 First Name

Stephen

A-6.2 Middle Name

J

A-6.3 Last Name

Kao

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.8%

A-6.11 Voting percentage

N/A

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

33 W Ontario St, Penthouse C

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60654

A-6.20 Phone

7037275866

A-6.21 Email

skaomit@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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

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A-6.1 First Name

Brian

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Kaplan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

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

77 E Walton, Unit 27 B

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60611

A-6.20 Phone

3127711957

A-6.21 Email

brian.kaplan@integramed.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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 11 of 31

A-6.1 First Name

Neil

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Kazaross

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/a

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

3.2%

A-6.11 Voting percentage

N/A

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

25820 W Sunset Lane

A-6.17 City

Barrington

A-6.18 State

IL

A-6.19 Zip Code

60010

A-6.20 Phone

3123624038

A-6.21 Email

nkazaross@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 12 of 31

A-6.1 First Name

Chase

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Lochmiller

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

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

620 Broadway, Apt 2R

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10012

A-6.20 Phone

3032296261

A-6.21 Email

chaselochmiller@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 13 of 31

A-6.1 First Name

Jill

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Mirkovic

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Marketing Consultant

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

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

305 Maple Row

A-6.17 City

Northfield

A-6.18 State

IL

A-6.19 Zip Code

60093

A-6.20 Phone

8477849264

A-6.21 Email

emkmirkovic@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 14 of 31

A-6.1 First Name

Mary

A-6.2 Middle Name

Susan

A-6.3 Last Name

Mullin

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

Director of Human Resources

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

454 Hillandale Dr

A-6.17 City

Bartlett

A-6.18 State

IL

A-6.19 Zip Code

60103

A-6.20 Phone

7086284282

A-6.21 Email

sue.mullin@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 15 of 31

A-6.1 First Name

David

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Nole

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.2%

A-6.11 Voting percentage

N/A

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

2134 Birchwood Ave

A-6.17 City

Wilmette

A-6.18 State

IL

A-6.19 Zip Code

60091

A-6.20 Phone

8603071580

A-6.21 Email

davidnole@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 16 of 31

A-6.1 First Name

Brett

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Novey

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

Director of Finance

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

221 Blackstone Ave

A-6.17 City

LaGrange

A-6.18 State

IL

A-6.19 Zip Code

60525

A-6.20 Phone

3128829082

A-6.21 Email

brett.novey@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 17 of 31

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Palumbo

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

7.9%

A-6.11 Voting percentage

N/A

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

180 E Pearson Pl, Unit 6404

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60611

A-6.20 Phone

3123624038

A-6.21 Email

mikepalumbo10@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 18 of 31

A-6.1 First Name

Anna

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Poulin

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

Manager of Patient and Physician Education

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

1406 Monroe Ave

A-6.17 City

River Forest

A-6.18 State

IL

A-6.19 Zip Code

60305

A-6.20 Phone

6306600583

A-6.21 Email

anna.poulin@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 19 of 31

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Rauchman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Technologist

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

4.0%

A-6.11 Voting percentage

N/A

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

45 Lakewood Pl

A-6.17 City

Highland Park

A-6.18 State

IL

A-6.19 Zip Code

60035

A-6.20 Phone

2245882257

A-6.21 Email

michaelrauchman@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 20 of 31

A-6.1 First Name

Kenneth

A-6.2 Middle Name

Kenichi Maehara

A-6.3 Last Name

Rosche

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

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

1530 N Paulina St, Apt F

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60622

A-6.20 Phone

6173788237

A-6.21 Email

rosche.kenny@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 21 of 31

A-6.1 First Name

Barbara

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Rohm Rossa

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

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.1%

A-6.11 Voting percentage

N/A

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

312 Kenilworth Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7732940670

A-6.21 Email

rohmrossa88@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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 22 of 31

A-6.1 First Name

Rachel

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Schepart

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

Lead Pharmacist, New York

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

31 Audubon Dr

A-6.17 City

Amherst

A-6.18 State

NY

A-6.19 Zip Code

14226

A-6.20 Phone

7165123916

A-6.21 Email

rachel.schepart@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 23 of 31

A-6.1 First Name

Mary Jo

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Schuler

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Philanthropist

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

1.0%

A-6.11 Voting percentage

N/A

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

315 N Euclid Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7082677506

A-6.21 Email

mj@mjshu.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 24 of 31

A-6.1 First Name

R

A-6.2 Middle Name

Richard

A-6.3 Last Name

Schuler

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.9%

A-6.11 Voting percentage

N/A

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

711 William St

A-6.17 City

River Forest

A-6.18 State

IL

A-6.19 Zip Code

60305

A-6.20 Phone

3126070255

A-6.21 Email

rickyeye@msn.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 25 of 31

A-6.1 First Name

Stephen

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Schuler

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

Executive Director

A-6.7 Applicant's business related compensation

0

A-6.8 Number of shares owned

N/a

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

32.7%

A-6.11 Voting percentage

N/A

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

315 N Euclid Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

3129723117

A-6.21 Email

shu@mjshu.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 26 of 31

A-6.1 First Name

Norah

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Scott

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Consultant

A-6.6 Title in the Applicant's business

Co-Founder

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

19.1%

A-6.11 Voting percentage

N/A

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

115 Wesley Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7089122878

A-6.21 Email

norah.scott@pharmacannis.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 27 of 31

A-6.1 First Name

Teddy

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Scott

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

Chief Executive Officer and Co-Founder

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

1.5%

A-6.11 Voting percentage

N/A

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

115 Wesley Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7083698281

A-6.21 Email

teddy.scott@pharmacannis.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 28 of 31

A-6.1 First Name

Christopher

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Talsma

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Architect

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

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

2002 W Ohio Street

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60612

A-6.20 Phone

3126351920

A-6.21 Email

chris.talsma@ftarc.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 29 of 31

A-6.1 First Name

Daniel

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Tierney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Private Equity Executive

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

25.1%

A-6.11 Voting percentage

N/A

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

77 E Walton Street, 24A

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60611

A-6.20 Phone

3123601377

A-6.21 Email

dan@wicklowcapital.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 30 of 31

A-6.1 First Name

Jeremy

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Unruh

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

General Counsel

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

1220 Hill Rd

A-6.17 City

Winnetka

A-6.18 State

IL

A-6.19 Zip Code

60093

A-6.20 Phone

3124203471

A-6.21 Email

jeremy.unruh@pharmacannis.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](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 31 of 31

A-6.1 First Name

Timothy

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

White

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.1%

A-6.11 Voting percentage

N/A

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

180 N High Street

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80218

A-6.20 Phone

3032496832

A-6.21 Email

twhite2121@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](#)

No response provided by applicant

Compliance(Compliance with Applicable Laws and Regulations)

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

YES

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

YES

Compliance(Civil and Administrative Action)

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

NO

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

NO

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

NO

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

NO

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

No response provided by applicant

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 31

B-3.1 First Name

Clifford

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Bedar

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474 Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 31

B-3.1 First Name

Michael

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Chodil

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Operations

B-3.6 Brief description of role

Manages all operational aspects of the company. Provides day-to-day leadership and management pursuant to the business plan, product safety, packaging, operations and management plans. Drives the company to achieve and surpass sales, profitability, cash flow and business goals and objectives. Collaborates with the senior leadership team to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the rapid growth objectives of the company

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

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 31

B-3.1 First Name

Vinicius

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Cordos

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
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Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 31

B-3.1 First Name

John

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Cordos

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

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PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 31

B-3.1 First Name

Christopher

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Diorio

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Research and Development

B-3.6 Brief description of role

Manages, performs and communicates research activities. Initiates new areas of investigation that are scientifically meaningful, reliable, and builds structure and process to be incorporated directly into manufacturing operations. Provides support to product lifecycle development and ongoing efforts for process improvements. Writes experimental protocols, assists in the manufacture of pilot/manufacturing batches.. Executes experimental protocols, assist in sample collection and submissions for testing, and performs physical tests as required

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?

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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?

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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?

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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?

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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 31

B-3.1 First Name

Mark

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Filoramo

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

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Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 31

B-3.1 First Name

Mary

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Gemini

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Dispensaries

B-3.6 Brief description of role

Oversees the operations of all dispensaries while creating a strong group of professionals through recruitment, coaching, and development. Plans, directs and manages staffing and development of employees by effectively communicating company strategic goals; conducting effective and timely performance appraisals; ensuring all training for employees is completed; and working with employees to improve their satisfaction levels as measured by employee surveys. Ensures compliance with security, inventory and regulatory protocols by dispensary General Managers. Understands all Company controls related to reporting, approvals, and inventory. Complies with all dispensary internal rules

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 31

B-3.1 First Name

Johnny

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Hernandez

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of IT Infrastructure and Support

B-3.6 Brief description of role

Oversees all technology operations, network security and surveillance. Provides strategic planning for current IT infrastructure needs and provides input for future needs. Creates, establishes and implements IT policies and systems support in alignment from strategy set by the CEO. Establishes and controls budget and reports on expenditure to Director of Finance and CEO

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 31

B-3.1 First Name

Stephen

B-3.2 Middle Name

J

B-3.3 Last Name

Kao

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
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Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

state?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 10 of 31

B-3.1 First Name

Brian

B-3.2 Middle Name

R

B-3.3 Last Name

Kaplan

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

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Medical cannabis dispensing

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Medical cannabis dispensing
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PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

state?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 11 of 31

B-3.1 First Name

Neil

B-3.2 Middle Name

T

B-3.3 Last Name

Kazaross

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
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PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

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Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 12 of 31

B-3.1 First Name

Chase

B-3.2 Middle Name

Jordan

B-3.3 Last Name

Lochmiller

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

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Medical cannabis dispensing

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 13 of 31

B-3.1 First Name

Jill

B-3.2 Middle Name

A

B-3.3 Last Name

Mirkovic

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

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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 14 of 31

B-3.1 First Name

Mary

B-3.2 Middle Name

Susan

B-3.3 Last Name

Mullin

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Human Resources

B-3.6 Brief description of role

Directs all people functions of the Company with labor and employment policies and practices of the Company, the ethical and social consciences of business and society, and the laws, regulations and administrative rulings of governmental other regulatory and advisory authorities. Responsible for the strategic human resource planning to provide Company with the best talent available including maximizing minority, women, and veteran recruiting, hiring and retention. Determines wages, salaries and benefits. Maintains personnel records. Provides overall talent management strategy and implementation including workforce planning, recruiting, interviewing, hiring, training and development and improvement and succession planning. Sets onboarding and offboarding procedures for employees

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

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No response provided by applicant

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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 15 of 31

B-3.1 First Name

David

B-3.2 Middle Name

M

B-3.3 Last Name

Nole

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

N/A

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 16 of 31

B-3.1 First Name

Brett

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Novey

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Finance

B-3.6 Brief description of role

Records and administers the financial performance of the company, preparing and reporting auditing procedures, ensuring compliance with all fiscal reporting obligations to the Company's bank and the state. Develops a reliable cash flow projection process and reporting mechanism, which includes minimum cash threshold to meet operating needs. Prepares, examines, and analyzes accounting records, financial statements, and other financial reports for accuracy, completeness, and conformance to the reporting and procedural standards. Analyzes business operations, trends, costs, revenues, financial commitments and obligations, project revenues and expenses to provide guidance to the CEO and Board. Develops, maintains, and analyzes budgets, preparing periodic reports that compare budget to actual costs. Ensures compliance with all cash and cash management procedures. Ensures compliance with inventory management and auditing protocols

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 17 of 31

B-3.1 First Name

Michael

B-3.2 Middle Name

J

B-3.3 Last Name

Palumbo

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 18 of 31

B-3.1 First Name

Anna

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Poulin

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Patient and Physician Education

B-3.6 Brief description of role

Manages all aspects of physician and patient outreach

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 19 of 31

B-3.1 First Name

Michael

B-3.2 Middle Name

Boruch

B-3.3 Last Name

Rauchman

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational involvement in the applicant

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?

YES

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

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

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 20 of 31

B-3.1 First Name

Rachel

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Schepart

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Lead Pharmacist

B-3.6 Brief description of role

Leads development of patient- and physician-focused activities. Leads and acts as an ambassador to the patient, physician and business communities. Conducts outreach and networking efforts to increase brand awareness and sales. Develops and implements new business development ideas, and drives dispensary sales growth

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 21 of 31

B-3.1 First Name

Stephen

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Schuler

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Executive Director

B-3.6 Brief description of role

Provides leadership to the Board, ensuring the Board's effectiveness in all aspects of its role and setting its agenda. Manages Board committees. Runs the Board and ensures its effectiveness in all aspects of its role, including setting meeting agendas and cadence

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.

PharmaCann LLC
28479 E. 3200 North Road, Dwight, IL 60420
47-1136343

PharmaCann LLC
16274 Twombly Road, Hillcrest, IL 61068
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1804 Maple Ave, Evanston, IL 60201
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
161 S. Lincolnway Street, Suite 301, North Aurora, IL 60542
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
4104 N. Columbus Street, Ottawa, IL 61350
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1135 Tower Road, Schaumburg, IL 60173
47-1136343

PharmaCann LLC
600 Neelytown Road, Montgomery, NY 12549
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
25 Northpointe Parkway, Amherst, NY 14228
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
642 Old Liverpool Road, Liverpool, NY 13088
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
10 Executive Park Drive, Albany, NY 12203
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1280 Oak Point Ave, Bronx, NY 10474
47-1136343

PharmaCann LLC dba PharmaCann (provisional medical cannabis dispensing license)
5544 Nicholson Lane, Rockville, MD 20852
47-1136343

PharmaCann Penn LLC dba PharmaCannis LIFE (provisional medical cannabis dispensing license)
599 Franklin Mills Circle, Philadelphia, PA 19154
82-0861863

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.

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47-1136343

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82-0861863

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 22 of 31

B-3.1 First Name

Norah

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Scott

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Co-Founder

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with operational or managerial control in the applicant

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

YES

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

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47-1136343

PharmaCann Penn LLC dba PharmaCannis LIFE (provisional medical cannabis dispensing license)
599 Franklin Mills Circle, Philadelphia, PA 19154
82-0861863

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.

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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 23 of 31

B-3.1 First Name

Teddy

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Scott

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

CEO and Co -Founder

B-3.6 Brief description of role

Sets the Mission, Vision, Values and Culture for the Company. Plans, develops, organizes, implements, directs and evaluates the Company's function and performance. Participates in the development of the Company's plans and programs as a strategic partner. Evaluates and advises on the impact of long-range planning, introduction of new programs/strategies and regulatory action. Enhances and/or develops, implements and enforces policies and procedures of the Company by way of systems that will improve the overall operation and effectiveness of the Company. Continual improvement of the budgeting process through education of Directors on financial issues impacting their budgets. Provides strategic financial input and leadership on decision-making issues affecting the Company

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

YES

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

PharmaCann LLC
28479 E. 3200 North Road, Dwight, IL 60420
47-1136343

PharmaCann LLC
16274 Twombly Road, Hillcrest, IL 61068
47-1136343

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1804 Maple Ave, Evanston, IL 60201

47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
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47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
642 Old Liverpool Road, Liverpool, NY 13088
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
10 Executive Park Drive, Albany, NY 12203
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1280 Oak Point Ave, Bronx, NY 10474
47-1136343

PharmaCann LLC dba PharmaCann (provisional medical cannabis dispensing license)
5544 Nicholson Lane, Rockville, MD 20852
47-1136343

PharmaCann Penn LLC dba PharmaCannis LIFE (provisional medical cannabis dispensing license)
599 Franklin Mills Circle, Philadelphia, PA 19154
82-0861863

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.

PharmaCann LLC
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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 24 of 31

B-3.1 First Name

Daniel

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Tierney

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

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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 25 of 31

B-3.1 First Name

Mary Jo

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Schuler

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

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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 26 of 31

B-3.1 First Name

R

B-3.2 Middle Name

Richard

B-3.3 Last Name

Schuler

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

PharmaCann LLC
28479 E. 3200 North Road, Dwight, IL 60420
47-1136343

PharmaCann LLC
16274 Twombly Road, Hillcrest, IL 61068
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1804 Maple Ave, Evanston, IL 60201

47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
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599 Franklin Mills Circle, Philadelphia, PA 19154
82-0861863

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 27 of 31

B-3.1 First Name

Kenneth

B-3.2 Middle Name

Kenichi Maehara

B-3.3 Last Name

Rosche

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

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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 28 of 31

B-3.1 First Name

Barbara

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Rohm Rossa

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

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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 29 of 31

B-3.1 First Name

Christopher

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Talsma

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

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NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number,

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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 30 of 31

B-3.1 First Name

Jeremy

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Unruh

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

General Counsel

B-3.6 Brief description of role

Oversees and manages the legal function of the company. Directs the planning, promotion and execution of regulatory strategies and initiatives. Coordinates with legal team and outside counsel to monitor and review the impact of regulatory and operational changes influencing the company. Responsible for managing and maintaining relationships with regulatory and governmental agencies

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 31 of 31

B-3.1 First Name

Timothy

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

White

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

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?

YES

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

PharmaCann LLC
28479 E. 3200 North Road, Dwight, IL 60420
47-1136343

PharmaCann LLC
16274 Twombly Road, Hillcrest, IL 61068
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1804 Maple Ave, Evanston, IL 60201

47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
161 S. Lincolnway Street, Suite 301, North Aurora, IL 60542
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
4104 N. Columbus Street, Ottawa, IL 61350
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1135 Tower Road, Schaumburg, IL 60173
47-1136343

PharmaCann LLC
600 Neelytown Road, Montgomery, NY 12549
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
25 Northpointe Parkway, Amherst, NY 14228
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
642 Old Liverpool Road, Liverpool, NY 13088
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
10 Executive Park Drive, Albany, NY 12203
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1280 Oak Point Ave, Bronx, NY 10474
47-1136343

PharmaCann LLC dba PharmaCann (provisional medical cannabis dispensing license)
5544 Nicholson Lane, Rockville, MD 20852
47-1136343

PharmaCann Penn LLC dba PharmaCannis LIFE (provisional medical cannabis dispensing license)
599 Franklin Mills Circle, Philadelphia, PA 19154
82-0861863

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

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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?

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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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-1.1c_Lease Agreement - Monroe.pdf**

NOTE: This applicant uploaded document is the next 14 page(s) of this document.

TRADE SECRET

OPTION AND LEASE AGREEMENT

THIS OPTION AND LEASE AGREEMENT (the "**Agreement**") dated as of November 16, 2017 (the "**Effective Date**"), is entered into by American Exit 29, LLC, having a mailing address of 4779 Red Bank Expressway, Cincinnati, OH 45227 (hereinafter referred to as "**Landlord**") and PHARMACANN OHIO LLC, an Ohio limited liability company, d/b/a PharmaCannis, (hereinafter referred to as "**Tenant**").

BACKGROUND

WHEREAS, Landlord owns that certain plot, parcel or tract of land, of approximately 4.6 acres together with all rights and privileges arising in connection therewith, commonly known as American Way, and which is legally described on Exhibit A attached hereto and incorporated herein by this reference (the "**Property**");

WHEREAS, Tenant is interested in applying for a medical marijuana dispensary license under Ohio House Bill 523 and all rules and regulations passed in connection therewith (as may be amended or superseded, the "**Act**") to operate a medical marijuana dispensary facility (the "**Facility**") on the Premises (as defined below);

WHEREAS, Landlord is interested in leasing Tenant a portion of the Property consisting of a total of approximately 2.5 acres, more or less, as identified as 100 American Way, Lot #2, and including any existing improvements on the Property (if any, the "**Improvements**") which property is legally described on Exhibit B attached hereto and incorporated herein by this reference (the "**Premises**"); and

WHEREAS, if Tenant receives the requisite Governmental Approvals (as defined below), Tenant is interested in constructing and operating the Facility on the Property and using the Premises in connection with, and in furtherance of, the Permitted Use (as defined below).

NOW THEREFORE, for and in consideration of the sum of ten (10) dollars, the mutual covenants and obligations hereunder, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties agree as follows:

1. OPTION TO LEASE

1.1. Landlord grants to Tenant an exclusive option (the "**Lease Option**") to lease the Premises pursuant to the terms of this Agreement.

1.2. During the Option Term and, at any time during the term of this Agreement, Tenant and its agents, employees, contractors, engineers, surveyors and other representatives will have the right to enter upon the Property to inspect, examine, conduct soil borings, drainage testing, material sampling, and other geological or engineering tests or studies of the Property (collectively, the "**Tests**"), to apply for and obtain licenses, permits, approvals, or other relief required of or deemed necessary or appropriate at Tenant's sole discretion for the Permitted Use and the construction of the Facility, including, without limitation, applications for zoning variances, zoning ordinances, amendments, special use permits, and construction permits (collectively, and as determined by Tenant in its sole discretion, the "**Government Approvals**"), initiate the ordering and/or scheduling of necessary utilities, and otherwise to do those things on or off the Property that, in the opinion of Tenant, are necessary in Tenant's sole discretion to determine the physical condition of the Property, the environmental history of the Property, Landlord's title to the Property and the feasibility or suitability of the Property for Tenant's Permitted Use, all at Tenant's expense. Tenant agrees to provide Landlord with a copy of all testing results.

1.3. During the Option Term and at any time during the term of this Agreement, Tenant and its agents, employees, contractors, and other representatives will have the right to enter upon the Property to perform work at the Facility and shall be granted a unrestricted right of access to the Property. At no

TRADE SECRET

time shall Landlord of Property owner interfere with Tenant and its agents, employees, contractors, and other representatives having access to the Facility.

1.4. Tenant shall hold Landlord harmless from and against any and all injury, loss, damage or claims arising directly out of Tenant's Tests; provided, however, that Tenant will not be liable to Landlord or any third party on account of any pre-existing defect or condition on or with respect to the Property, whether or not such defect or condition is disclosed by Tenant's inspection. Tenant agrees at Tenant's sole expense to restore any and all damage to the Property caused by Tenant's inspections and testing to the Landlord's satisfaction.

1.5. In consideration of Landlord granting Tenant the Lease Option, Tenant agrees to pay Landlord the sum of Ten Thousand and No/100 Dollars (**\$10,000**) which shall be non-refundable. The Option will be for an initial term of **One hundred Fifty (150) days** commencing on the Effective Date (as may be extended as provided below, the "**Option Term**"). If, as of the end of the initial Option Term, the Governmental Approvals have not been obtained, Tenant may extend the Option Term one time (1) for an additional one (1) month period upon (a) written notification to Landlord prior to the end of the initial Option Term and (b) the payment to Landlord of an additional **Five Thousand** and No/100 Dollars (\$5,000) within five (5) business days following the notice delivered in the preceding paragraph (a).

1.6. During the Option Term, Tenant shall notify Landlord, in writing, of its receipt of Government Approvals within five (5) business days following from the receipt of Government Approvals. Within sixty (60) days following the grant of the final Government Approval, Tenant may exercise the Lease Option by notifying Landlord in writing. If Tenant exercises the Lease Option then Landlord leases the Premises to the Tenant subject to the terms and conditions of this Agreement without the requirement of any further action by Landlord. If Tenant does not exercise the Lease Option within such sixty (60) day period, this Agreement will terminate automatically, and the parties will thereafter have no further liability to each other.

2. TERM

2.1. The lease term will be ten (10) years ("**Lease Term**"), commencing on the 1st of the first full month following written notification by Tenant to Landlord of Tenant's exercise of the Option (the "**Term Commencement Date**"). The Lease Term will terminate on the tenth (10th) annual anniversary of the Term Commencement Date.

2.2. If Tenant remains in possession of the Premises after the termination or expiration of this Agreement, then Tenant will be deemed to be occupying the Premises on a month to month basis (the "**Holdover Term**"), subject to the terms and conditions of this Agreement. Should the Tenant enter into Holdover Term the Rent shall increase 150% of the month prior each month until a new lease agreement is entered into between the parties. The Lease Term and any Holdover Term are collectively referred to as the "**Term**." Both the Tenant and Landlord agree that the Holdover Term may be terminated upon thirty (30) days written notice to the other party and the Tenant agrees to vacate the Property within such thirty day time period.

3. RENT

3.1. Commencing on the earlier of a) 1st of the first full month the notice of award of Tenant's ability to dispense medical marijuana at the location and b) Tenant exercising the Lease Option (the "**Rent Commencement Date**"), Tenant will be obligated to pay the Landlord a monthly rental payment of Eight Thousand Five Hundred dollars (\$8,500.00) ("**Rent**"). In partial months occurring after the Rent Commencement Date, Rent will be prorated. The Rent shall increase 3% per annum each year on the anniversary date of the Lease Term.

4. SECURITY DEPOSIT

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4.1. Within five (5) business days following the exercise of the Lease Option, Tenant shall deliver to Landlord one month's Rent (the "**Deposit**") which Landlord shall hold as security for Tenant's performance as herein provided and refunded to Tenant at the end of this Agreement subject to Tenant's satisfactory compliance with the conditions hereof. If Landlord transfers its interest in the Property, it shall assign the security deposit to the transferee and, following such assignment, Landlord shall so notify Tenant. Deposit shall be held in a non-interest bearing account and upon full and complete satisfaction of the Lease the Deposit shall be returned to the Tenant.

5. TAXES

5.1. Tenant will pay all real estate taxes and assessments assessed against the Premises. Tenant will be entitled to appeal any such real estate taxes and Landlord agrees that it will cooperate with an appeal of such taxes so long as Tenant pays for any and all expenses.

6. ASSIGNMENT AND SUBLEASING

6.1. Only with the written consent of the Landlord in each and every case, which consent shall not be unreasonably conditioned, delayed or denied, may the Tenant assign this Agreement or sublease the Premises in whole or in part. Upon written acceptance of the replacement tenant by the Landlord Tenant will be relieved of all future performance, liabilities and obligations under this Agreement. The parties agree that any assignee of Tenant, in the event that Tenant shall assign this Agreement or sublease the Premises, shall be obligated under all terms and conditions of this Agreement.

7. INSURANCE

7.1. Tenant will carry during the Term, at its own cost and expense, the following insurance: (i) "All Risk" property insurance for its property's replacement cost; (ii) commercial general liability insurance with a minimum limit of liability of \$2,000,000 combined single limit for bodily injury or death/property damage arising out of any one occurrence; and (iii) Workers' Compensation Insurance as required by law.

7.2. The coverage afforded by Tenant's commercial general liability insurance shall apply to Landlord as an additional insured.

8. USE OF PREMISES

8.1. Tenant may use the Premises for the [dispensing] of cannabis-infused products, including the installation, construction, maintenance, operation, repair, replacement and upgrade of the Facility and related equipment, electrical lines, well, septic system, cables, accessories and improvements, which may include parking area, garage, fencing, storm water retention, equipment shelters and any other items necessary to the successful and secure use of the Premises, as well as the right to test, survey and review title on the Property or to conduct business pursuant to the Act and amendments thereto, at no additional cost to Tenant or Landlord (collectively, the "**Permitted Use**"). Tenant agrees to comply with all applicable state, county and municipal laws, rules, statutes and regulations relating to its use of the Facility on the Premises (the "**Applicable Laws**"); provided, however, the definition of "Applicable Laws" shall expressly exclude any federal law, statute, rule, code, ordinance and regulation related to the sale, processing, and distribution of cannabis and cannabis-related products, but only to the extent such activity is in compliance with applicable state laws, regulations, and statutes.

8.2. At the time of the granting of this Lease Option, Landlord expressly understands, consents and agrees that Tenant may operate on, and use the Property pursuant to the Permitted Use and the Applicable Laws. At no time, during the Option Term or the Term, may Landlord make any public, written statement in contravention of the Section 1.6.

8.3. As required by the State of Ohio, Landlord provides here with at Exhibit C a signed, sworn written statement under oath (the "**Sworn Statement**") attesting to the matters set forth therein.

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8.4. In the event Tenant, in Tenant's sole determination, is rendered no longer able to use the Premises pursuant to Permitted Use, Tenant shall have the right, in addition to any other rights it may have at law or in equity, to terminate the Agreement upon notice to Landlord and, in such event, Tenant shall pay to Landlord any Rent and continue to perform its obligations as Tenant under the Lease until a suitable replacement tenant is found and paying rent.

9. APPROVALS

9.1. Landlord agrees that Tenant's ability to use the Premises is contingent upon the suitability of the Premises for Tenant's Permitted Use and Tenant's ability to obtain and maintain all government approvals. Landlord authorizes Tenant to prepare, execute and file all required applications to obtain government approvals for Tenant's Permitted Use under this Agreement and agrees to reasonably assist Tenant with such applications and with obtaining and maintaining the Government Approvals. Tenant agrees to pay any and all 3rd party expenses of the Landlord to obtain such approvals.

9.2. During the Option Term Tenant has the right to obtain a title report or commitment for a leasehold title policy from a title insurance company of its choice and to have the Property surveyed by a surveyor of Tenant's choice. In the event Tenant determines, in its sole discretion, due to the title report results or survey results, that the condition of the Premises is unsatisfactory, Tenant will have the right to terminate this Agreement upon notice to Landlord.

9.3. During the Option Term Tenant may also perform and obtain, at Tenant's sole cost and expense, soil borings, percolation tests, engineering procedures, environmental investigation or other tests or reports on, over, and under the Property, necessary to determine if the Tenant's use of the Premises will be compatible with Tenant's engineering specifications, system, design, operations or Government Approvals.

10. ALTERATIONS- ADDITIONS

10.1. Tenant shall have the right to make any and all improvements, alterations, upgrades or additions to the Premises for Tenant's use ("**Tenant Changes**"), including the right to modify, supplement, replace, upgrade, expand the Facility, or relocate the Facility within the Premises, construct a fence around the Premises and undertake any other appropriate means to secure the Premises, and also to install and operate electrical transmission cables, natural gas lines, municipal/village sewer, municipal/village water, telephone/data/cable, and any security measures or improvements required by Applicable Law in connection with the Permitted Use. The costs of such Tenant Changes shall be borne solely by Tenant. Tenant shall not permit any mechanics' liens, or similar liens, to remain upon the premises for labor and material furnished to Tenant or claimed to have been furnished to Tenant in connection with work of any character performed or claimed to have been performed at the direction of Tenant and shall cause any such lien to be released of record forthwith without cost to Landlord. Tenant shall have the express and exclusive right at its own expense to expand erect signage on the premises, provided that Tenant secures the required permits therefor. Notwithstanding anything to the contrary Tenant agrees that construction of any facilities and on the sited shall be performed by Cincinnati Commercial Contracting, LLC which shall be governed by separate construction contract between Cincinnati Commercial Contracting, LLC and the Tenant.

11. LANDLORD'S ACCESS

11.1. Landlord, and its representatives, shall be permitted access to, and to enter upon, the Premises during business hours and with not less than 24 hours prior notice for the purposes of inspecting the Premises provided that, in all instances, such access shall only occur (i) in accordance with Applicable Laws and any security measures required by Tenant to comply with such Laws, and (ii) with a representative of Tenant present at all times. In the event of an emergency Landlord shall be permitted to access the Premises at any time in order to minimize damages.

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11.2. Omitted.

12. TERMINATION

12.1. This Agreement may be terminated during the Option Period, without penalty or further liability, as follows:

(a) by either party on sixty (60) days prior written notice, if the other party remains in default under Section 20 (Default and Right to Cure) after the applicable cure periods;

(b) by Tenant upon written notice to Landlord, if Tenant is unable to obtain, or maintain, any required approval(s) or the issuance of a license or permit by any agency, board, court or other governmental authority necessary for the construction or operation of the Facility as now or hereafter intended by Tenant; or if Tenant determines in its sole discretion that the cost of obtaining or retaining the same is commercially unreasonable;

(c) Omitted

(d) Omitted.

13. INTERFERENCE

13.1. Landlord will not grant, after the date of this Agreement, a lease, mortgage, deed of trust, license or any other right to any third party for (or related to) the use of the Property or any security interest in (or related to) the Property (and such restrictions shall also apply to any other adjacent property owned by Landlord or its affiliates or related parties), if such use or right may, in any way, adversely affect or interfere with the Permitted Use, the potential operation of the Facility, the operations of Tenant, or the rights of Tenant under this Agreement. Landlord will notify Tenant in writing prior to granting any third party the right to install and operate communications equipment on the Property.

13.2. Landlord will not use, nor will Landlord permit its employees, tenants, licensees, invitees or agents to use, any portion of the Property in any way which interferes with the Permitted Use, the Facility, the operations of Tenant, or the rights of Tenant under this Agreement. Landlord will cause such interference to cease within twenty-four (24) hours or however long it takes so long as Landlord continues diligent efforts to cease interference after receipt of notice of interference from Tenant. In the event any such interference does not cease within the aforementioned cure period then the parties acknowledge that Tenant will suffer irreparable injury, and therefore, Tenant will have the right, in addition to any other rights that it may have at law or in equity, for Landlord's breach of this Agreement, to elect to enjoin such interference or to terminate this Agreement upon notice to Landlord and may preserve any remedy available at law or in equity in connection therewith.

14. INDEMNIFICATION

14.1. Tenant agrees to indemnify, defend and hold Landlord harmless from and against any and all injury, loss, damage or liability (or any claims in respect of the foregoing), costs or expenses (including reasonable attorneys' fees and court costs) arising directly from the installation, use, maintenance, repair or removal of the Facility or Tenant's breach of any provision of this Agreement, except to the extent attributable to the negligent or intentional act or omission of Landlord, its employees, agents or independent contractors. Tenant will not be liable to Landlord or any third party on account of any preexisting defect or condition on or with respect to the Property, whether or not such defect or condition is disclosed by Tenant's inspection.

14.2. Landlord agrees to indemnify, defend and hold Tenant harmless from and against any and all injury, loss, damage or liability (or any claims in respect of the foregoing), costs or expenses (including reasonable attorneys' fees and court costs) arising directly from the actions or failure to act of Landlord or its employees or agents, or Landlord's breach of any provision of this Agreement, except to

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the extent attributable to the negligent or intentional act or omission of Tenant, its employees, agents or independent contractors.

14.3. Notwithstanding anything to the contrary in this Agreement, Tenant and Landlord each waives any claims that each may have against the other with respect to consequential, incidental or special damages.

15. WARRANTIES

15.1. Tenant and Landlord each acknowledge and represent that it is duly organized, validly existing and in good standing and has the right, power and authority to enter into this Agreement and bind itself hereto through the party set forth as signatory for the party below.

15.2. Landlord represents, warrants and covenants that:

- (a) Landlord solely owns the Property as a legal lot in fee simple. Lot will need to be split and Landlord ownership may change prior to Lease Term commencing;
- (b) the Property is not encumbered by any liens, restrictions, mortgages, covenants, conditions, easements, leases, or any other agreements of record or not of record, which would adversely affect Tenant's Permitted Use and enjoyment of the Premises under this Agreement;
- (c) as long as Tenant is not in default then Landlord grants to Tenant sole, actual, quiet and peaceful use, enjoyment and possession of the Premises;
- (d) Landlord's execution and performance of this Agreement will not violate any laws, ordinances, covenants or the provisions of any mortgage, lease or other agreement binding on the Landlord or the Property; and
- (e) if the Property is or becomes encumbered by a deed to secure a debt, mortgage or other security interest, Landlord will use best efforts to provide promptly to Tenant a mutually agreeable Subordination, Non-Disturbance and Attornment Agreement.

16. ENVIRONMENTAL

16.1. Landlord represents to the best of its knowledge that the Property is free of hazardous substances as of the date of this Agreement, and, to the best of Landlord's knowledge, the Property has never been subject to any contamination or hazardous conditions resulting in any environmental investigation, inquiry or remediation. Landlord and Tenant agree that each will be responsible for compliance with any and all environmental laws, including any regulations, guidelines, standards, or policies of any governmental authorities regulating or imposing standards of liability or standards of conduct with regard to any environmental condition or other matters as may now or at any time hereafter be in effect, that are now or were related to that party's activity conducted in or on the Property.

16.2. Landlord and Tenant agree to hold harmless and indemnify the other from, and to assume all duties, responsibilities and liabilities at the sole cost and expense of the indemnifying party for, payment of penalties, sanctions, forfeitures, losses, costs or damages, and for responding to any action, notice, claim, order, summons, citation, directive, litigation, investigation or proceeding which is related to (i) the indemnifying party's failure to comply with any environmental laws, including without limitation any regulations, guidelines, standards or policies of any governmental authorities regulating or imposing standards of liability or standards of conduct with regard to any environmental conditions or matters as may now or hereafter be in effect, or (ii) any environmental conditions that arise out of or are in any way related to the condition of the Property and activities conducted by the party thereon, unless the environmental conditions are caused by the other party.

16.3. The indemnifications of this Section 17 specifically include reasonable costs, expenses and fees incurred in connection with any investigation of the Property conditions or any clean-up,

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remediation, removal or restoration work required by any governmental authority. The provisions of this Section 17 will survive the expiration or termination of this Agreement.

16.4. Omitted.

17. OWNERSHIP OF PROPERTY; REMOVAL/RESTORATION

17.1. Landlord agrees that all portions of the Facility, including all fixtures, and equipment, and any supplies, inventory, and personal property of every kind and nature constructed, erected, placed or used by Tenant on (or in) the Premises (collectively, "**Tenant Property**") will be and remain the property of the Tenant and may be removed by Tenant at any time. Should any Tenant Property remain at the Premises at the end of the Lease Term the Tenant Property shall transfer ownership to the Landlord for which the Landlord may do with the property what it wishes. Should there be a cost to the Landlord to remove any unwanted Tenant Property, Tenant agrees to pay Landlord for any and all costs incurred.

17.2. At Tenant's option, any or all of the Tenant Property may be removed by Tenant at any time during the Term or any extension thereof. Tenant agrees that the Facility constructed, erected or placed on the Premises by Tenant (including any fixtures and equipment) will become, or be considered as being affixed to or a part of, the Property, it being the specific intention of the Landlord that all such improvements of every kind and nature constructed, erected or placed by Tenant on the Premises and/or the Property will be and remain the property of the Tenant until the Lease is terminated at which point ownership shall be transferred free and clear of lien to the Landlord. Notwithstanding the foregoing, at the earlier of the expiration or termination of this Agreement, any improvements or property that Tenant has notified Landlord of Tenant's election to abandon on the Premises and the Landlord is willing to accept in its sole discretion and/or the Property shall automatically be transferred to Landlord, free and clear of any ownership interest of Tenant, and free and clear of any lien.

18. MAINTENANCE/UTILITIES

18.1. Tenant will keep and maintain the Premises in good condition, reasonable wear and tear and damage from the elements excepted.

18.2. Tenant will be responsible for paying on a monthly or quarterly basis all utilities charges consumed by Tenant on the Premises as well as any and all common area assessments. Landlord will fully cooperate with any utility company requesting an easement over, under and across the Property in order for the utility company to provide service to the Tenant. Landlord will not be responsible for interference with, interruption of or failure, beyond the reasonable control of Landlord, of such services to be furnished or supplied by Landlord.

19. DEFAULT AND RIGHT TO CURE

19.1. The following will be deemed a default by Tenant and a breach of this Agreement: (i) non-payment of Rent if such Rent remains unpaid for more than fifteen (15) days after the 1st of any month; (ii) Tenant's failure to perform any other term or condition under this Agreement or any common area agreements within fifteen (15) days after receipt of written notice from Landlord specifying the failure or ; (iii) Tenant files (or be placed in) bankruptcy or otherwise seek protection from creditors under federal or state insolvency laws. No such failure, however, will be deemed to exist if Tenant has commenced to cure such default within such period and provided that such efforts are prosecuted to completion with reasonable diligence. Delay in curing a default will be excused if due to causes beyond the reasonable control of Tenant. If Tenant remains in default beyond any applicable cure period, Landlord will have the right to exercise any and all rights and remedies available to it under law and equity, subject to the provisions of this Agreement.

19.2. The following will be deemed a default by Landlord and a breach of this Agreement. Landlord's failure to perform any term, condition or breach of any warranty or covenant under this

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Agreement within forty-five (45) days after receipt of written notice from Tenant specifying the failure. No such failure, however, will be deemed to exist if Landlord has commenced to cure the default within such period and provided such efforts are prosecuted to completion with reasonable diligence. Delay in curing a default will be excused if due to causes beyond the reasonable control of Landlord. If Landlord remains in default beyond any applicable cure period, Tenant will have the right to exercise any and all rights available to it under law and equity, including the right to cure Landlord's default and to deduct the costs of such cure from any monies due to Landlord from Tenant.

20. NOTICES

20.1. All notices, requests, demands and communications hereunder shall be in writing and sent by (1) electronic mail in which case notice shall be deemed given on the date sent (if during business hours, otherwise the following business day, or in any event with a copy via one of the other means herein), or (2) by personal delivery, in which case notice shall be deemed given on the date received, or (3) overnight delivery service (such as Federal Express), in which case notice shall be deemed given on the day after the date sent, or (4) first class certified or registered mail, return receipt requested, in which case notice shall be deemed given three (3) days after the date sent. Notice will be addressed to the parties as follows:

If to Tenant:

PharmaCann Ohio LLC
1010 Lake St., 2nd Floor
Chicago, Illinois 60301
Attn: Teddy Scott, PhD
Email: Teddy.Scott@pharmacannis.com

With a copy to:

Ginsberg Jacobs, LLC
300 S. Wacker Dr., Ste. 2750
Chicago, Illinois 60606
Attn: Daniel C. Cole
Email: dcole@ginsbergjacobs.com

If to Landlord:

American Exit 29, LLC
4779 Red Bank Expressway
Cincinnati, OH 45227
Attn: John R. Westheimer
Ph. 513-561-6633 x 103
Fax. 513-561-3554
Email: jwestheimer@cincigroup.com

20.2. Either party hereto may change the place for the giving of notice to it by delivering written notice to the other as provided herein.

21. SEVERABILITY

21.1. If any term or condition of this Agreement is found unenforceable, the remaining terms and conditions will remain binding upon the parties as though said unenforceable provision were not contained herein.

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22. CONDEMNATION

22.1. In the event Landlord receives notification of any condemnation proceedings affecting the Property, Landlord will provide notice of the proceeding to Tenant within forty-eight (48) hours. If a condemning authority takes all of the Property, or a portion sufficient, in Tenant's sole determination, to render the Premises unsuitable for Tenant, this Agreement will terminate as of the date the title vests in the condemning authority. The parties will each be entitled to pursue their own separate awards in the condemnation proceeds, which for Tenant will include, where applicable, the value of its Facility, moving expenses, prepaid Rent, and business dislocation expenses, provided that any award to Tenant will not diminish Landlord's recovery. Tenant will be entitled to reimbursement for any prepaid Rent on a pro rata basis.

23. CASUALTY

23.1. Not applicable

24. WAIVER OF LANDLORD'S LIENS

24.1. Landlord waives any and all lien rights it may have, statutory or otherwise, concerning the Facility or any portion thereof; provided that Tenant is in compliance with the terms of this Agreement. Landlord consents to Tenant's right to remove all or any portion of the Facility during the Term in compliance with Section 17 hereof.

25. TENANT FINANCING

25.1. Tenant shall have the exclusive right to obtain leasehold or other financing secured by all or any portion of the Tenant Property. Landlord shall not consent to any mortgage on the Property whereby the Landlord shall surrender any or a portion of its ownership in the Property due to Tenant default.

26. MISCELLANEOUS

26.1. **Amendment/Waiver.** This Agreement cannot be amended, modified or revised unless done in writing and signed by an authorized agent of the Landlord and an authorized agent of the Tenant. No provision may be waived except in a writing signed by both parties.

26.2. **Memorandum/Short Form Lease.** Either party will, at any time upon fifteen (15) business days' prior written notice from the other, execute, acknowledge and deliver to the other a recordable Memorandum or Short Form of Lease. Either party may record this Memorandum or Short Form of Lease at any time, in its absolute discretion.

26.3. **Bind and Benefit.** The terms and conditions contained in this Agreement will run with the Property and bind and inure to the benefit of the parties, their respective heirs, executors, administrators, successors and assigns.

26.4. **Entire Agreement.** This Agreement and the exhibits attached hereto, all being a part hereof, constitute the entire agreement of the parties hereto and will supersede all prior offers, negotiations and agreements with respect to the subject matter of this Agreement.

26.5. **Governing Law; Venue.** This Agreement will be governed by the laws of the state in which the Property is located, without regard to conflicts of law. The venue for any dispute arising under (or in any way related to) this Agreement shall be in the state court of the State of Ohio.

26.6. **Interpretation.** Unless otherwise specified, the following rules of construction and interpretation apply: (i) captions are for convenience and reference only and in no way define or limit the construction of the terms and conditions hereof; (ii) use of the term "including" will be interpreted to mean "including but not limited to"; (iii) whenever a party's consent is required under this Agreement,

TRADE SECRET

except as otherwise stated in the Agreement or as same may be duplicative, such consent will not be unreasonably withheld, conditioned or delayed; (iv) exhibits are an integral part of the Agreement and are incorporated by reference into this Agreement; (v) use of the terms "termination" or "expiration" are interchangeable; and (vi) reference to a default will take into consideration any applicable notice, grace and cure periods.

26.7. **Estoppel.** Either party will, at any time upon twenty (20) business days prior written notice from the other, execute, acknowledge and deliver to the other a statement in writing (i) certifying that this Agreement is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying this Agreement, as so modified, is in full force and effect) and the date to which the Rent and other charges are paid in advance, if any, and (ii) acknowledging that there are not, to such party's knowledge, any uncured defaults on the part of the other party hereunder, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective purchaser or encumbrancer of the Premises. The requested party's failure to deliver such a statement within such time will be conclusively relied upon by the requesting party that (i) this Agreement is in full force and effect, without modification except as may be properly represented by the requesting party, (ii) there are no uncured defaults in either party's performance, and (iii) no more than one month's Rent has been paid in advance.

26.8. **Electronic Signature/No Option.** The submission of this Agreement to any party for examination or consideration does not constitute an offer, reservation of or option for the Premises based on the terms set forth herein. Handwritten signatures to this Agreement transmitted by telecopy or electronic transmission (for example, through use of a Portable Document Format or "PDF" file) shall be valid and effective to bind the party so signing.

26.9. **Execution of Counterparts.** This Agreement may be executed in one or more counterparts (including by facsimile or PDF), each of which shall constitute an original and all of which, when taken together, shall constitute one Agreement.

[NO FURTHER TEXT ON THIS PAGE – SIGNATURE PAGE FOLLOWS]

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IN WITNESS WHEREOF, the undersigned parties have caused this Agreement to be effective as of the last date written below.

LANDLORD:

American Exit 29, LLC
An Ohio limited liability company

By: [Signature]

Name: John R. Westerman

Its: M.M.

TENANT:

PHARMACANN OHIO, LLC,
an Ohio limited liability company

By: [Signature]

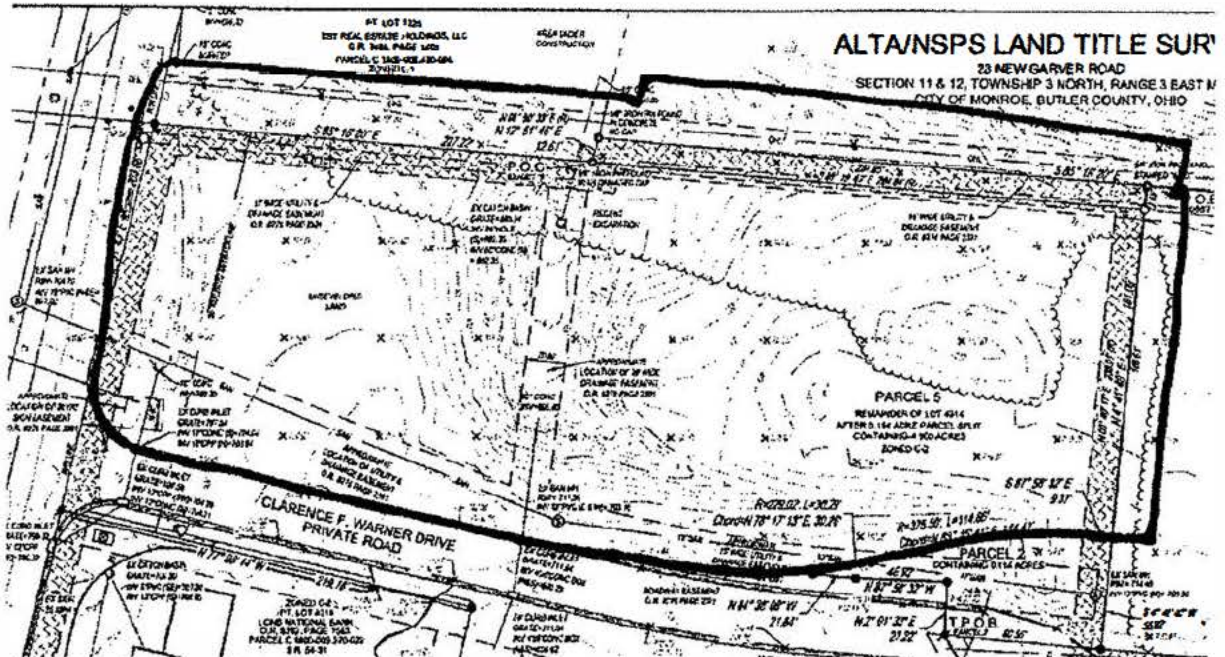
Name: Teddy Scott

Its: Manager

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EXHIBIT A

LEGAL DESCRIPTION OF THE PROPERTY



The drawing above is not to be relied upon for measurement or accuracy. Parcel 2 is in the process of being sold and will not be included in the Property. There is also .1 acres to the east of the site beyond the property line shown above is being acquired and will be included in the Property.

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EXHIBIT B

LEGAL DESCRIPTION OF THE PREMISES

[TO BE ADDED]

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EXHIBIT C ACKNOWLEDGEMENT

WHEREAS, [American Exit 29, LLC] ("Owner") and PharmaCann Ohio LLC ("PharmaCann") are parties to that certain Lease dated 11/16/17, whereby Owner agreed to lease to PharmaCann certain property and land at [north of Clarence F. Warner Dr. Monroe, Ohio.] (the "Premises").

WHEREAS, PharmaCann is applying with the State of Ohio for a license to operate a medical cannabis [retail dispensary] on the Premises under the Ohio House Bill 523 and all rules and regulations passed in connection therewith (as may be amended or superseded, the "Act").

WHEREAS, the Act requires that the property owner and landlord certify consent to an applicant operating a [retail dispensary] facility on its Premises.

NOW THEREFORE, the undersigned acknowledges the following:

Owner is the owner and landlord of the Premises.


Owner understands that PharmaCann is applying with the State of [Ohio] to operate a medical cannabis [retail dispensary] on the Premises under the Act.

Owner hereby certifies their consent that PharmaCann operate a medical cannabis [retail dispensary] facility on the Premises.

Owner hereby certifies that there are no mortgages or liens on the Premises.

OWNER

American Exit 29, LLC

By: 
Name: John R. Westheimer
Its: Managing Member

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

PharmaCann Ohio LLC

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

PharmaCannis LIFE

C-1.4 Business Address

100 American Way

C-1.5 City

Monroe

C-1.6 State

OH

C-1.7 Zip Code

45050

C-1.8 Phone

7089195641

C-1.9 Email

teddy.scott@pharmacannis.com

Business Plan(Site and Facility Plan)

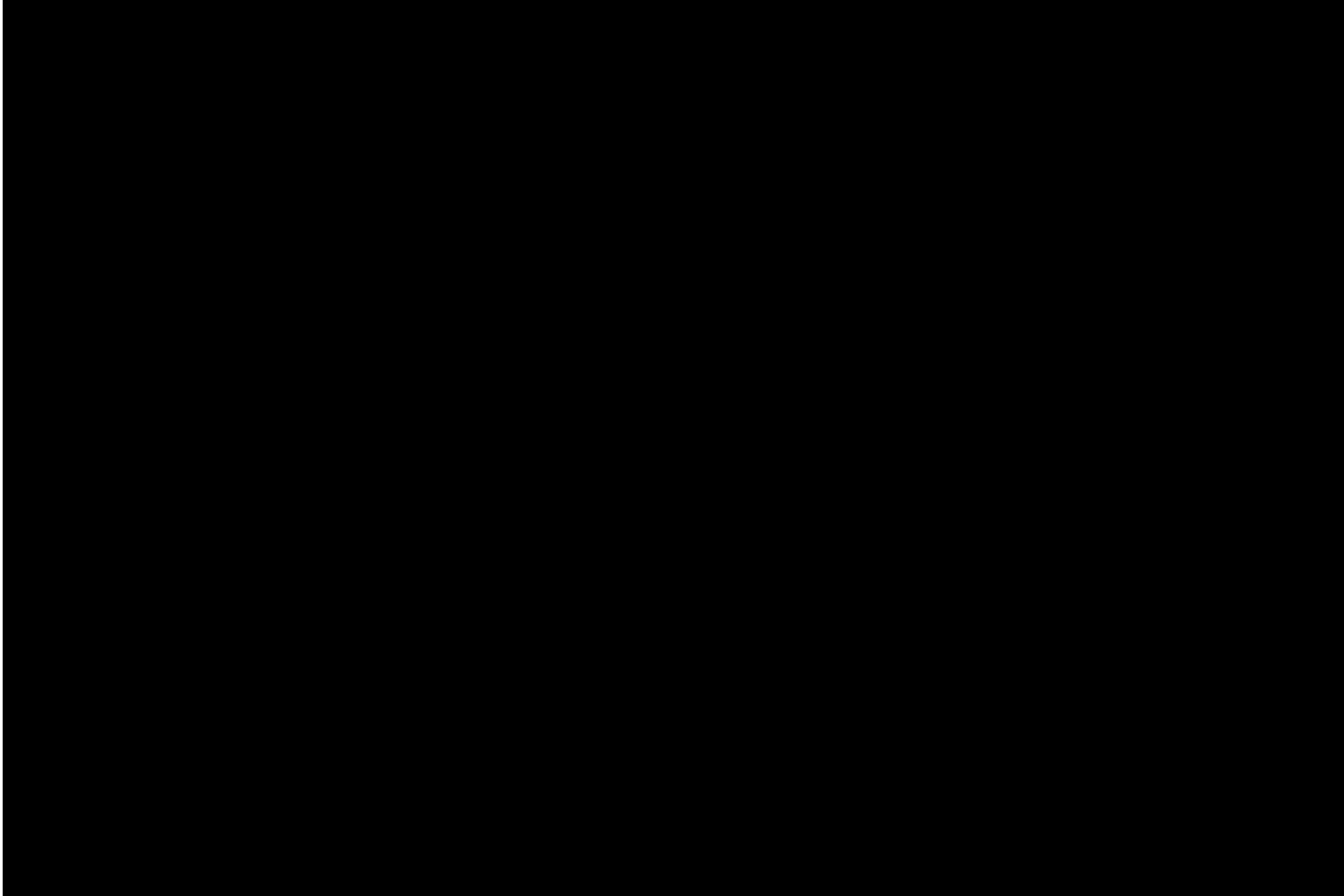
C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:

- 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-2.1c_Site and Facility Plans - Monroe.pdf**

NOTE: This applicant uploaded document is the next 10 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_Proper Zoning Form and Local Compliance - Monroe.pdf**

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

TRADE SECRET



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: PharmaCann: Ohio LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 100 American Way (to be known as PharmaCannis Life)		
City: Monroe		County: Butler
State: Ohio	Zip Code: 45050	Phone Number: 708 919 5641
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government CITY OF MONROE, OHIO		
Moratorium (Required to check one box) <input checked="" type="checkbox"/> The area of <u>MONROE, OHIO</u> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. <input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box) <input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. *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 checked="" type="checkbox"/> The area of <u>MONROE, OHIO</u> HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		

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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:

KEVIN CHESAR

Title:

DEVELOPMENT DIRECTOR

Signature:

KP L

Date:

11-6-2017

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Robert E. Routson
Mayor

City of Monroe

Monroe (513) 539-7374
Fax (513) 539-6460

William J. Brock
City Manager

November 2, 2017

PharmaCannis Life
Attn: Elizabeth Russell-Pickard
Two Miranova Place, Ste. 700
Columbus, Ohio 43215-5098

RE: Medical Marijuana Dispensary Zoning Clarification

Dear Ms. Russell-Pickard,

It is my understanding that you are or have an interested party regarding a Medical Marijuana Dispensary use located at a vacant property currently known as 100 American Way Monroe, Ohio 45050. The intent of this letter is to serve as clarification regarding The State of Ohio Board of Pharmacy *Notice of Proper Zoning Form*, which does not directly detail or address all possible zoning scenarios. On the form, I anticipate marking the box stating that it "appears to planned in accordance with all local zoning laws and regulations" subject to the comments below.

The first question regarding "no zoning" is not an acceptable answer by the City of Monroe as from our perspective; the site is properly zoned as C-2 General Commercial to allow for a Medical Marijuana Dispensary (equivalent to the Retail Commercial Use/Pharmacy). This is the rationale I will utilize in stating that we have zoning in place. However, as a vacant parcel, I cannot attest that all regulations have been met until a full site plan is submitted and approved in accordance with our Code standards and regulations. Such plans include but are not limited to a proper site plan, parking plan, photometric plan, drainage plan, landscape plan, and appropriate architectural drawings. If this site is selected for a dispensary, we will work with you to ensure that required site plan application and zoning permit approvals are met within a reasonable timeline to begin operations.

I also want to clarify the state regulations for separation from parks, churches, daycares, etc. are not analyzed by the City as they are a part of the state requirements and regulations. Furthermore, 100 American Way refers to a large parcel of land and the necessity of a new addressed assigned may be possible once a site plan is approved.

If you have any additional questions, please do not hesitate to contact me.

Best Regards,

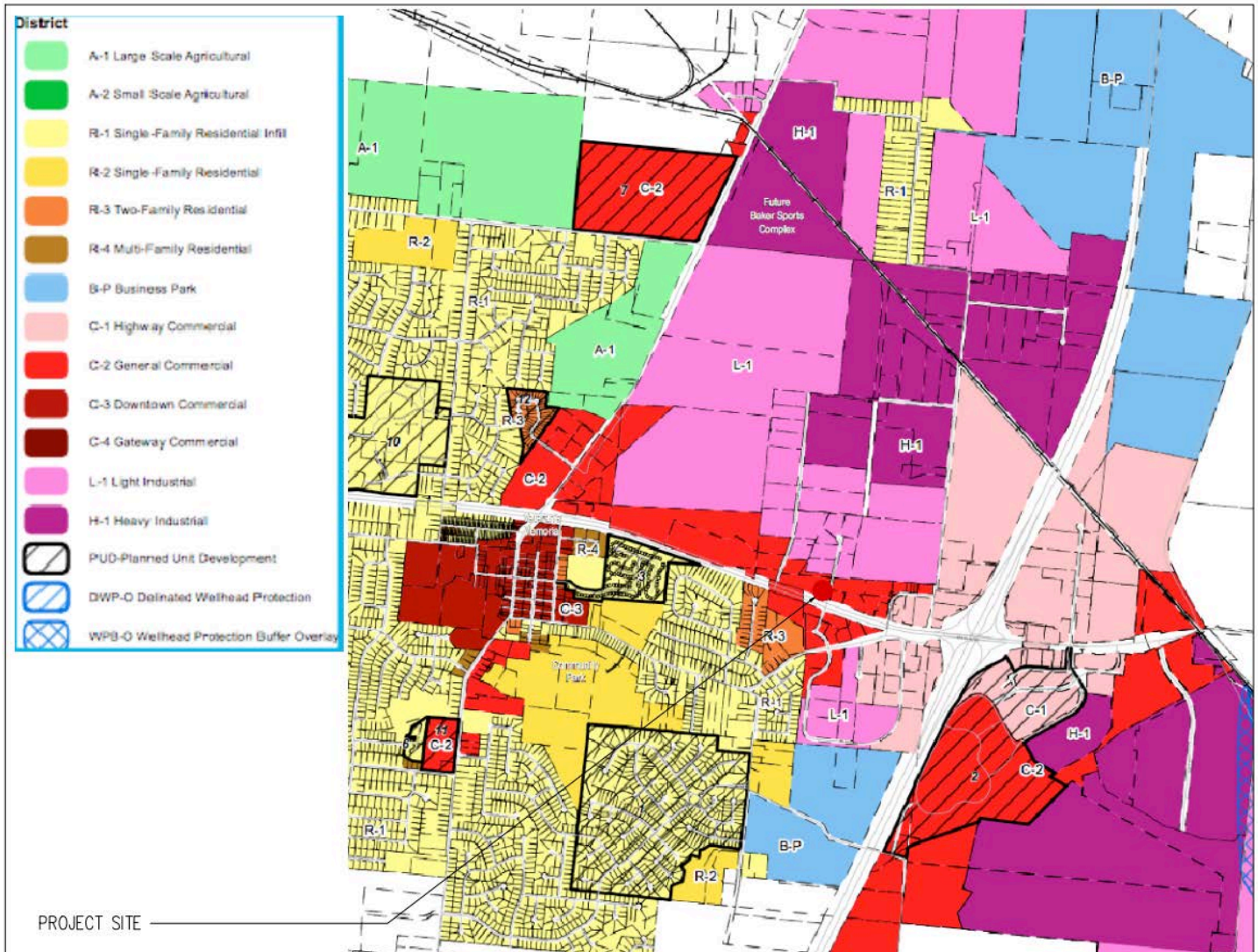
Kevin Chesar
Director of Development

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PHARMACANN

MONROE OHIO DISPENSARY

OH-63 HAMILTON (LEBANON ROAD) & AMERICAN WAY, MONROE, OH 45050



ZONING MAP

City of Monroe

Planning and Zoning Code (March 2014)

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Chapter 1204: Zoning Districts and Use Regulations 1204.02 Zoning District Regulations Subsection (B): Base Zoning Districts

“(8) General Commercial District (C-2) The purpose of the C-2 General Commercial District is to provide areas for business uses catering primarily to major roadway associated demands. It is the intent that the C-2 General Commercial District not be encroached upon by residential, other commercial or industrial uses which are not compatible with the existing and future retail businesses located within this district.”

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ZONING DATA

ZONING DISTRICT: C-2 GENERAL COMMERCIAL DISTRICT

FLOOR AREA RATIO: 2

MAXIMUM HEIGHT REQUIREMENT: 60'-0"

MINIMUM HEIGHT REQUIREMENT: 20'-0"

REQUIRED FRONT YARD SETBACK: 50'-0"

REQUIRED SIDE YARD SETBACK: 10'-0"

REQUIRED SETBACK FROM ROAD: 40'-0"

REQUIRED SETBACK FROM BOUNDARY OF DEVELOPMENT: 60'-0"

FRONT YARD LANDSCAPING FOR NON-RESIDENTIAL USE: MINIMUM OF 20% OF THE YARD AREA SHALL BE LANDSCAPED

PRIMARY BUILDING USE: RETAIL

BUILDING AREA: 5,450 SF

PARKING REQUIREMENTS

REQUIRED OFF STREET PARKING: 1 PARKING SPACES PER 250 SF OF FLOOR AREA = 22 SPACES

MINIMUM WIDTH OF THE AISLE: 20'-0" TWO-WAY TRAFFIC

PARKING SPOT LENGTH: 18'-0"

PARKING SPOT WIDTH: 9'-0"

LANDSCAPE ISLAND SHALL BE LOCATED AT THE END OF ALL INTERNAL PARKING ROWS.

LANDSCAPE ISLANDS SHALL BE LOCATED WITHIN INTERIOR PARKING ROWS WITH A SINGLE ROW OF 20 OR MORE SPACES SUCH THAT NO MORE THAN 15 SPACES SHALL BE LOCATED WITHOUT BEING INTERRUPTED BY A LANDSCAPED ISLAND.

LANDSCAPE ISLANDS SHALL HAVE A MINIMUM SIZE OF 135 SF FOR SINGLE LOADED PARKING ROWS & 270 SF FOR DOUBLE-LOADED PARKING ROWS.

TABLE 1204-6: SITE DEVELOPMENT STANDARDS FOR BUSINESS DISTRICTS

DISTRICTS	MINIMUM SETBACKS [1]				BLDG. HEIGHT (FEET) [2]		MAX. LOT COVERAGE
	FRONT YARD (FEET)	SIDE YARD EACH SIDE (FEET)	REAR YARD (FEET)	SIDE OR REAR YARD ABUTTING RESIDENTIAL USE	MIN.	MAX.	
C-1 Highway Commercial District	50	None	None	50	20	70	75%
C-2 General Commercial District	50	None	None	50	20	60	75%
C-3 Downtown Commercial District	None	None	None	50	15	40	95%
C-4 Gateway Commercial District	50	None	None	50	15	55	75%
B-P Business Park District	50	None	None	50	20	70	70%
L-1 Light Industrial District	20 [3]	10	10	200	0	70	85%
H-1 Heavy Industrial District	20 [4]	10	10	200	0	70	85%

NOTES:

- [1] Additional setback requirements may also be required in [Chapter 1211: Parking, Loading, and Circulation](#) or [Chapter 1212: Landscaping and Buffering Standards](#).
- [2] The first number in the building height column is the minimum building height (Min.). The second number is the maximum building height (Max.) except as provided in Section [1204.05\(A\)\(6\): Height Measurement and Exceptions](#).
- [3] The front yard setback shall be 150 feet when adjacent to a residential district
- [3] The front yard setback shall be 200 feet when adjacent to a residential district

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

Uploaded Document Name: **C-2.3_Location Area Map - Monroe.pdf**

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

SECURITY AND INFRASTRUCTURE

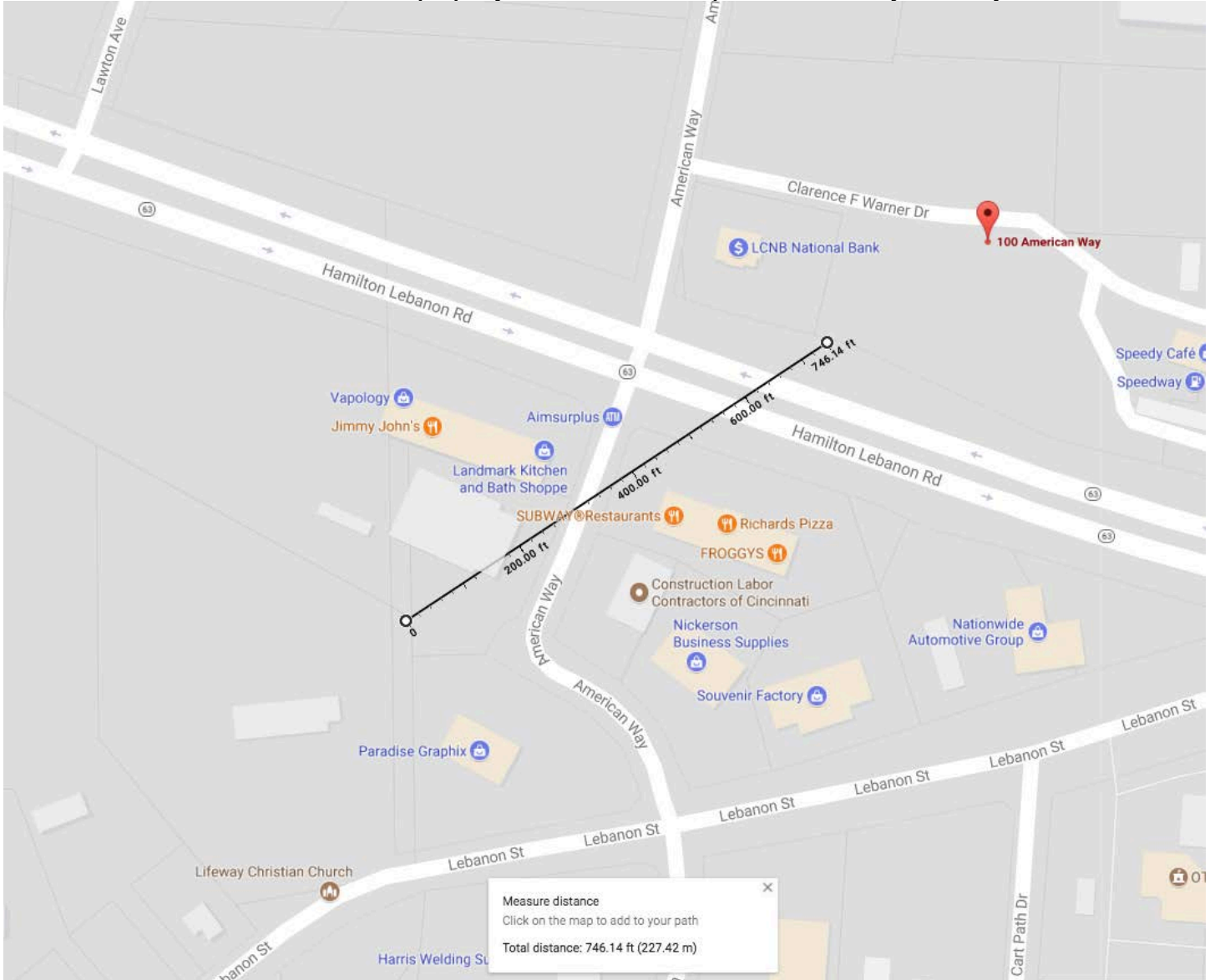
C-2.3 Location Area Map – 100 American Way – Monroe (PharmaCannis Life)



MONROE OHIO DISPENSARY

OH-63 HAMILTON (LEBANON ROAD) & AMERICAN WAY, MONROE, OH 45050

To the South: Over 700 feet from the property line of the nearest prohibited facility, Lifeway Christian Church.



To the West: Over 2,890 feet from what could conservatively classify as the property line of the nearest prohibited facility, Our Lady of Sorrows Church.



SECURITY AND INFRASTRUCTURE

There are no other prohibited facilities within a significantly large distance.

SECURITY AND INFRASTRUCTURE

Business Plan(Business Startup Plan)

C-3.1 A business startup plan is required for all dispensary provisional license applications. The business startup plan must provide a comprehensive set of activities necessary for the startup of the facility within six months of receiving a provisional license. Provide a timeline describing the process, methods, or steps used to execute a compliant business startup plan that includes, at a minimum:

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

[Redacted content]

[illegible]

[illegible]

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

Uploaded Document Name: **C.3.1.1 Operational_Timeline.pdf**

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

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

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

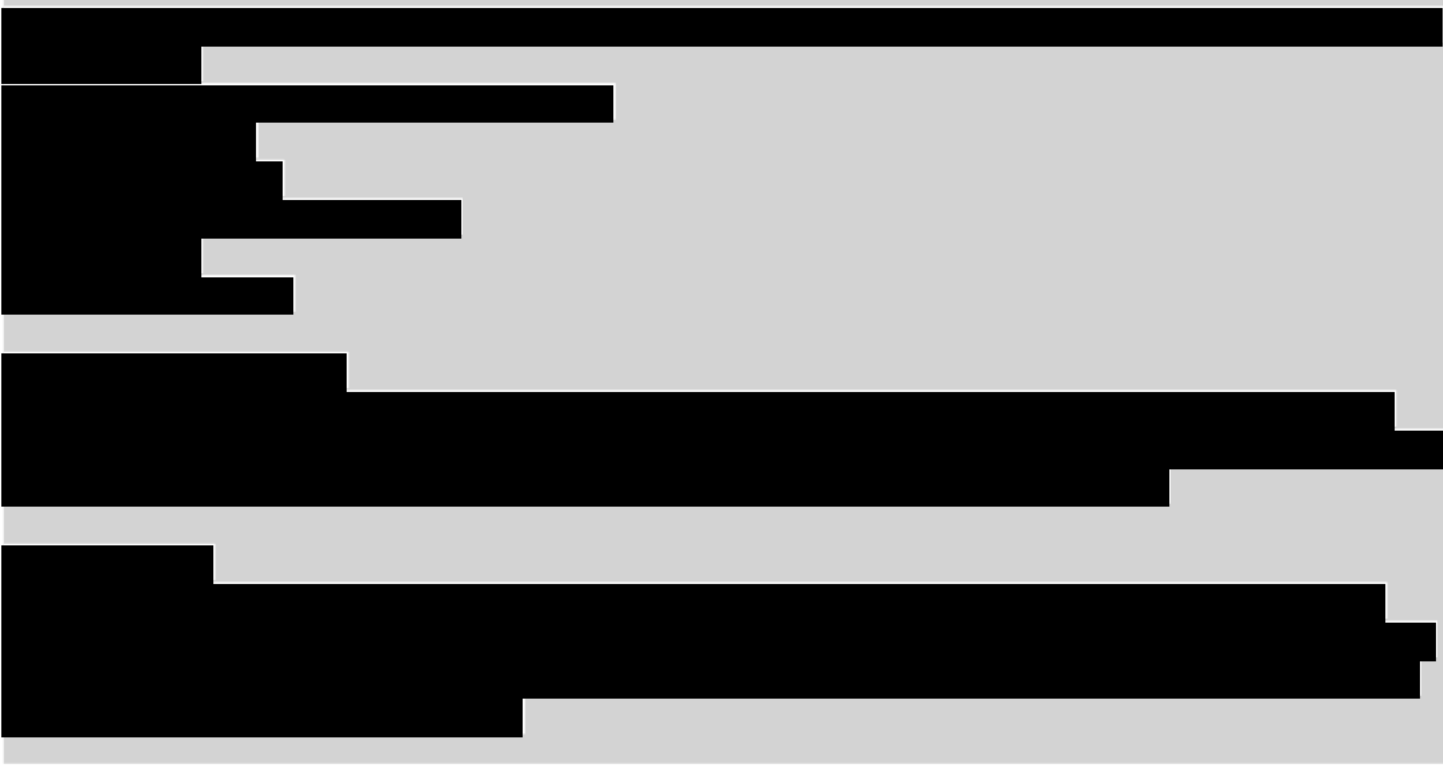
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]



Business Plan(Description of Employee Duties and Roles)

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

INTRO

Applicant is a wholly-owned subsidiary of Company. Company has over 170 employees operating 11 medical marijuana facilities and servings thousands of patients in highly regulated, "true" medical marijuana states. Through its experience, Company has learned that the most important quality is not for employees to have previous experience with marijuana, since it is usually with an illicit and recreational background. Instead, the key attribute that Company seeks in employees is that they are compassionate and are empathetic, because Company will provide extensive training on products, product effects, THC:CBD ratios, and routes of administration.

DISPENSARY STAFF

General Manager

- responsible for management and supervision of dispensary staff
- ensures compliance with all inventory management, security protocols, and record keeping procedures
- responsible for receiving inventory, inventory control, order fulfillment, and Vault management

Assistant General Manager

- assists with inventory management, security protocols, and record keeping compliance
- verifies patient record details and patient allotment
- accesses the secured product Vault to retrieve products for order fulfillment

Employee-Public Access Area

- Educates new or inexperienced patients about products, administration routes, risks, side effects, and symptom management
- Counsels patients one-on-one in a private consultation area
- Assist patients in picking products based on their needs

Employee-Dispensary Department

- Takes orders from experienced patients in the Dispensary Department
- Answers questions from experienced patients regarding products.

Receptionist/Onsite Security

- greet each patient, determines their needs, conducts patient identification and access Protocols and directs them to the appropriate area of the dispensary
- maintains a tidy, safe, and clean environment
- ensures the Waiting Area is well maintained and kept secure

ASSOCIATED KEY EMPLOYEES

Dr. Teddy Scott, Chief Executive Officer

- Sets the Mission, Vision, Values and Culture for the Company
- Plans, develops, organizes, implements, directs and evaluates the Company's function and performance
- Participates in the development of the Company's plans and programs as a strategic partner

- Evaluates and advises on the impact of long-range planning, introduction of new programs/strategies and regulatory action
- Enhances and/or develops, implements and enforces policies and procedures of the Company by way of systems that will improve the overall operation and effectiveness of the Company
- Continual improvement of the budgeting process through education of Directors on financial issues impacting their budgets
- Provides strategic financial input and leadership on decision-making issues affecting the Company

Stephen Schuler, Executive Director

- Provides leadership to the Board, ensuring the Board's effectiveness in all aspects of its role and setting its agenda
- Manages Board committees
- Runs the Board and ensures its effectiveness in all aspects of its role, including setting meeting agendas and cadence

Mike Chodil, Director of Operations

- Manages all operational aspects of the company
- Provides day-to-day leadership and management pursuant to the business plan, product safety, packaging, operations and management plans
- Drives the company to achieve and surpass sales, profitability, cash flow and business goals and objectives
- Collaborates with the senior leadership team to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the rapid growth objectives of the company

Mary Gemini, Director of Dispensaries

- Oversees the operations of all dispensaries while creating a strong group of professionals through recruitment, coaching, and development
- Plans, directs and manages staffing and development of employees by effectively communicating company strategic goals; conducting effective and timely performance appraisals; ensuring all training for employees is completed; and working with employees to improve their satisfaction levels as measured by employee surveys
- Ensures compliance with security, inventory and regulatory protocols by dispensary General Managers

Rachel Schepart - Lead Pharmacist

- Leads development of patient- and physician-focused activities
- Leads and acts as an ambassador to the patient, physician and business communities
- Conducts outreach and networking efforts to increase brand awareness and sales
- Develops and implements new business development ideas, and drives dispensary sales growth

Jeremy Unruh, General Counsel

- Oversees and manages the legal function of the company
- Directs the planning, promotion and execution of regulatory strategies and initiatives
- Coordinates with legal team and outside counsel to monitor and review the impact of regulatory and operational changes influencing the company.
- Responsible for managing and maintaining relationships with regulatory and governmental agencies

Brett Novey, Director of Finance

- Records and administers the financial performance of the company, preparing and reporting auditing procedures, ensuring compliance with all fiscal reporting obligations to the Company's bank and the

state

- Develops a reliable cash flow projection process and reporting mechanism, which includes minimum cash threshold to meet operating needs
- Prepares, examines, and analyzes accounting records, financial statements, and other financial reports for accuracy, completeness, and conformance to the reporting and procedural standards
- Analyzes business operations, trends, costs, revenues, financial commitments and obligations, project revenues and expenses to provide guidance to the CEO and Board
- Develops, maintains, and analyzes budgets, preparing periodic reports that compare budget to actual costs
- Ensures compliance with all cash management, inventory management and auditing protocols

Chris Diorio, Director of Research and Development

- Manages, performs and communicates research activities
- Initiates new areas of investigation that are scientifically meaningful, reliable, and builds structure and process to be incorporated directly into manufacturing operations
- Provides support to product lifecycle development and ongoing efforts for process improvements
- Executes experimental protocols, assist in sample collection and submissions for testing, and performs physical tests as required

Johnny Hernandez, Director of IT

- Oversees all technology operations, network security and surveillance
- Provides strategic planning for current IT infrastructure needs and provides input for future needs
- Creates, establishes and implements IT policies and systems support in alignment from strategy set by the CEO

Sue Mullin, Director of Human Resources

- Directs all people functions of the Company with labor and employment policies and practices of the Company, the ethical and social consciences of business and society, and the laws, regulations and administrative rulings of governmental other regulatory and advisory authorities
- Responsible for the strategic human resource planning to provide Company with the best talent available including maximizing minority, women, and veteran recruiting, hiring and retention
- Provides overall talent management strategy and implementation including workforce planning, recruiting, interviewing, hiring, training and development and improvement and succession planning

Anna Poulin, Manager of Patient and Physician Education

- Manages all aspects of physician and patient outreach

Norah Scott, owner

Mark Filoramo, investor

Christopher Talsma, investor

Cliff Bedar, investor

John Cordos, investor

Vince Cordos, investor

Stephen Kao, investor

Brian Kaplan, investor

Chase Lochmiller, investor

Jill Mirkovic, investor

David Nole, investor

Michael Rauchman, investor

Kenneth Rosche, investor

Barbara Rossa, investor

Mary Jo Schuler, investor
R. Richard Schuler, investor
Dan Tierney, investor
Timothy White, investor
Michael Palumbo, investor
Neil Kazaross, investor

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

Uploaded Document Name: **C-4.2_Table of Organization and Control (1).pdf**
NOTE: This applicant uploaded document is the next 2 page(s) of this document.

TRADE SECRET

OWNERS

Norah Scott* (Co-Founder)
Teddy Scott* (Co-Founder)

INVESTORS

Taloramo LLC

Mark Filoramo*
Christopher Talsma*

MJP Capital Healthcare, LLC

Michael Palumbo*

NTK Healthcare, LLC

Neil Kazaross*

CannCor Holdings, LLC

Cliff Bedar*
John Cordos*
Vince Cordos*

Illinois MedTech, LLC

Stephen Kao*
Brian Kaplan*
Chase Lochmiller*
Jill Mirkovic*
David Nole*
Michael Rauchman*
Kenneth Rosche*
Barbara Rossa*
Mary Jo Schuler*
R. Richard Schuler*
Stephen Schuler*
Dan Tierney*
Timothy White*



BOARD OF MANAGERS

Teddy Scott*
Stephen Schuler*

*Denotes Prospective Associated
Key Employee



EXECUTIVES

Teddy Scott*
Chief Executive Officer

Stephen Schuler*
Executive Director



LEADERS

(continued on the following page)

TRADE SECRET

LEADERS

Michael Chodil*
Director of Operations

Brett Novey*
Director of Finance

Mary Gemini*
Illinois Dispensaries Manager

Anna Poulin*
Manager of Patient and Physician Education

Rachel Schepart*
Lead NY General Manager

Jeremy Unruh*
General Counsel

Chris Diorio*
Director of Research and Development

Johnny Hernandez*
Director of IT Infrastructure and Support

Sue Mullin*
Director of Human Resources

Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Checking Accounts

C-5.2 Source of Capital

Capital Commitments from PharmaCann LLC

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5_Proof of Sufficient Liquid Assets and Financials Statements_REDACTED.pdf**

NOTE: This applicant uploaded document is the next 69 page(s) of this document.

Business Plan(Business History and Experience)

Item 1 of 31

C-6.1 First Name

Michael

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Chodil

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

Director of Operations

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 2 of 31

C-6.1 First Name

Michael

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Chodil

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

Head of Cost and Data Management

C-6.5 Business Name

KCG Holdings (formerly GETCO)

C-6.6 Business Address

350 N Orleans, Chicago, IL 60654

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

YES

C-6.8 Dates

2011 - 2016

Business Plan(Business History and Experience)

Item 3 of 31

C-6.1 First Name

Christopher

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Diorio

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

Director of Research and Development

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

600 Neelytown Road, Montgomery, NY

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

YES

C-6.8 Dates

2017 - Present

Business Plan(Business History and Experience)

Item 4 of 31

C-6.1 First Name

Christopher

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Diorio

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

Senior Director – Manufacturing and Product Development

C-6.5 Business Name

IM Health Science/Physician's Seal

C-6.6 Business Address

1100 Holland Dr, Boca Raton, FL 33487

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

YES

C-6.8 Dates

2015 - 2017

Business Plan(Business History and Experience)

Item 5 of 31

C-6.1 First Name

Christopher

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Diorio

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

Director - Pharmaceutical Research and Development

C-6.5 Business Name

Capsugel

C-6.6 Business Address

412 Mt. Kemble Ave, Suite 200C, Morristown, NJ 07960

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

YES

C-6.8 Dates

2010 - 2015

Business Plan(Business History and Experience)

Item 6 of 31

C-6.1 First Name

Mary

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Gemini

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

Director of Illinois Dispensaries

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 7 of 31

C-6.1 First Name

Mary

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Gemini

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

Store Manager

C-6.5 Business Name

Wal-Mart

C-6.6 Business Address

No response provided by applicant

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

YES

C-6.8 Dates

2014 - 2015

Business Plan(Business History and Experience)

Item 8 of 31

C-6.1 First Name

Mary

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Gemini

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

Shift Manager

C-6.5 Business Name

Wal-Mart

C-6.6 Business Address

No response provided by applicant

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

YES

C-6.8 Dates

2010 - 2014

Business Plan(Business History and Experience)

Item 9 of 31

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

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

Director of IT Infrastructure Systems and Support

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 10 of 31

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

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

Information Technology Manager/Network Administrator

C-6.5 Business Name

Final Finish Properties

C-6.6 Business Address

No response provided by applicant

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

YES

C-6.8 Dates

2014 - 2016

Business Plan(Business History and Experience)

Item 11 of 31

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

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

Cloud Deployment and Support Specialist

C-6.5 Business Name

Cloudbakers LLC

C-6.6 Business Address

No response provided by applicant

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

NO

C-6.8 Dates

2013 - 2014

Business Plan(Business History and Experience)

Item 12 of 31

C-6.1 First Name

Mary

C-6.2 Middle Name

Susan

C-6.3 Last Name

Mullin

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

Director of Human Resources

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 13 of 31

C-6.1 First Name

Mary

C-6.2 Middle Name

Susan

C-6.3 Last Name

Mullin

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

Vice President, Human Resources Consulting

C-6.5 Business Name

The Golden Group

C-6.6 Business Address

Glenview, IL

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

YES

C-6.8 Dates

2013- 2015

Business Plan(Business History and Experience)

Item 14 of 31

C-6.1 First Name

Brett

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Novey

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

Director of Finance

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 15 of 31

C-6.1 First Name

Brett

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Novey

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

Head of Financial Planning and Analysis

C-6.5 Business Name

KCG Holdings, Inc. (formerly GETCO)

C-6.6 Business Address

350 N Orleans Chicago IL

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

YES

C-6.8 Dates

2012 - 2016

Business Plan(Business History and Experience)

Item 16 of 31

C-6.1 First Name

Anna

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Poulin

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

Manager of Patient and Physician Education

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2017 - Present

Business Plan(Business History and Experience)

Item 17 of 31

C-6.1 First Name

Anna

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Poulin

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

Senior Account Representative

C-6.5 Business Name

Exact Sciences

C-6.6 Business Address

No response provided by applicant

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

YES

C-6.8 Dates

2014 - 2016

Business Plan(Business History and Experience)

Item 18 of 31

C-6.1 First Name

Anna

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Poulin

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

Area Sales Manager

C-6.5 Business Name

Novartis

C-6.6 Business Address

No response provided by applicant

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

YES

C-6.8 Dates

1988 - 2003

Business Plan(Business History and Experience)

Item 19 of 31

C-6.1 First Name

Rachel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schepart

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

Lead Pharmacist and Director of New York Retail Operations

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

Amherst, NY

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

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 20 of 31

C-6.1 First Name

Rachel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schepart

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

Pharmacy Manager

C-6.5 Business Name

Rite Aid Pharmacy

C-6.6 Business Address

Amherst, NY

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

YES

C-6.8 Dates

2006 - 2016

Business Plan(Business History and Experience)

Item 21 of 31

C-6.1 First Name

Stephen

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schuler

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

Executive Director

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

PharmaCann LLC 1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2014 - Present

Business Plan(Business History and Experience)

Item 22 of 31

C-6.1 First Name

Stephen

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schuler

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

Company Director and Director of Business Development and Investment Origination

C-6.5 Business Name

Wicklow Capital LLC

C-6.6 Business Address

Chicago, IL

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

YES

C-6.8 Dates

2014 - Present

Business Plan(Business History and Experience)

Item 23 of 31

C-6.1 First Name

Stephen

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schuler

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

Co-Founder of Getco LLC, Director of KCG Holdings, Inc.

C-6.5 Business Name

KCG Holdings (formerly GETCO)

C-6.6 Business Address

Chicago, IL and Jersey City, NJ

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

YES

C-6.8 Dates

1999 - 2016

Business Plan(Business History and Experience)

Item 24 of 31

C-6.1 First Name

Norah

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

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

Chief Human Resources Officer and Co-Founder

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

NO

C-6.8 Dates

2014 -2016

Business Plan(Business History and Experience)

Item 25 of 31

C-6.1 First Name

Norah

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

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

Independent Consultant

C-6.5 Business Name

Leadership Consulting

C-6.6 Business Address

Chicago, IL

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

YES

C-6.8 Dates

2005 - Present

Business Plan(Business History and Experience)

Item 26 of 31

C-6.1 First Name

Teddy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

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

Chief Executive Officer and Co-Founder

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2014 - Present

Business Plan(Business History and Experience)

Item 27 of 31

C-6.1 First Name

Teddy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

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

Shareholder

C-6.5 Business Name

Polsinelli PC

C-6.6 Business Address

Chicago, IL

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

YES

C-6.8 Dates

2006 - Present

Business Plan(Business History and Experience)

Item 28 of 31

C-6.1 First Name

Daniel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Tierney

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

Member, Board of Trustees

C-6.5 Business Name

Salk Institute

C-6.6 Business Address

San Diego, CA

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

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 29 of 31

C-6.1 First Name

Daniel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Tierney

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

Director and Owner

C-6.5 Business Name

Wicklow Capital LLC

C-6.6 Business Address

Chicago, IL

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

YES

C-6.8 Dates

2009 - Present

Business Plan(Business History and Experience)

Item 30 of 31

C-6.1 First Name

Jeremy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Unruh

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

General Counsel

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

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

YES

C-6.8 Dates

2015 - Presenet

Business Plan(Business History and Experience)

Item 31 of 31

C-6.1 First Name

Jeremy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Unruh

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

Shareholder

C-6.5 Business Name

Polsinelli PC

C-6.6 Business Address

Chicago, IL

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

YES

C-6.8 Dates

2006 - Present

Business Plan(Business History and Experience Narrative)

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

INTRO

Applicant is a wholly-owned subsidiary of Company, which is leading the objective-based acceptance of marijuana as a part of healthcare. Company has over 170 employees operating 11 medical marijuana facilities and servings thousands of patients in highly regulated, “true” medical marijuana states.

Teddy Scott, Ph.D., J.D. - Chief Executive Officer

Dr. Scott has served as the CEO since the founding of PharmaCann. Dr. Scott has been responsible for setting the strategy and direction as PharmaCann has become a national leader at institutionalizing the medical marijuana industry. Under Dr. Scott’s leadership and vision, the Company has raised over \$100M in capital, constructed and operates 3 manufacturing sites and 8 dispensaries, cultivates thousands of pounds of medical marijuana and services thousands of patients on an annual basis, grown to over 170 full time employees, filed the first patent application for a best-in-class capsule formulation, partnering with 2 research institutions for medical marijuana research, developing a system to contribute medical marijuana data into a patient’s electronic health record.

Prior to founding PharmaCann, Dr. Scott was a shareholder in Polsinelli PC, a national law firm. He was co-chair of the firm’s Emerging Enterprises practice group, focusing on businesses in the pharmaceutical, biotechnology, medical diagnosis and device, and information technology industries. Dr. Scott co-founded Accelerated Pharma, Inc., a pharmaceutical company based on cancer therapies. He was also outside counsel and advisor to MATTER, a med-tech startup incubator founded by the State of Illinois in early 2014.

Dr. Scott serves on the Board of Advisors for the University of Chicago Innovation Fund and as a mentor for Chicago Innovation Mentors, a coalition of the University of Illinois, University of Chicago, and Northwestern University that advises technology companies. His mentorship has focused on the formation, capitalization and operation of numerous companies. Dr. Scott previously worked with Entrepreneurs-in-Residence at the University of Illinois to advise companies connected with the EnterpriseWorks Incubator. Dr. Scott obtained his J.D. from Northwestern University. Dr. Scott obtained his Ph.D. in molecular biophysics at the University of Texas Southwestern Medical Center.

Stephen Schuler - Executive Director

Mr. Schuler joined the Board of PharmaCann in September 2014. His experience spans over 25 years in providing leadership experience in the financial industry. Mr. Schuler is involved with public policy efforts at federal, state and local level. He is a leading contributor to the “No Labels” political organization based in the United States, which is composed of Republicans, Democrats, and independents, whose mission is to combat partisan dysfunction in politics and usher in a new era of focused problem solving in American politics.

Mr. Schuler previously was a Director of KCG Holdings. KCG formed in July 2013 through a merger between Knight Capital Group and GETCO LLC, a firm Mr. Schuler co-founded in 1999 which employed 400 people at the time of the merger. Prior to GETCO, Mr. Schuler headed the Schuler

Group, a Chicago-based brokerage firm focused on floor execution services, broker-assisted trading, and electronic trading systems. Mr. Schuler currently serves as Director of Wicklow Capital, LLC, a family office fund making early- and late-stage investments primarily in fin-tech and consumer technology companies. Additionally, he devotes a large amount of his time to philanthropic efforts, co-founding the Good Heart, Work Smart Foundation in 2006 with his wife, Mary Jo Schuler.

Daniel Tierney

Mr. Tierney cofounded GETCO (now KCG Holdings), a leading technology-enabled market making company and agency execution service provider. Mr. Tierney is a Board Member of the Salk Institute, which consistently ranks among the top institutions in the US in terms of research output and quality in the life sciences.

Rachel Schepart, Rph – Lead Pharmacist

Ms. Schepart leads the Company's team of over 13 licensed pharmacists in developing and implementing recommended treatments regimens to maximize patient outcomes. Ms. Schepart is involved in the Company's data collection efforts and leads the development of a Patient Clinical Chart that is an internal resource and also an external resource for treating physicians. Ms. Schepart has over 15 years of pharmacy operations experience, working in both high-volume retail and specialized home care settings. Ms. Schepart brings her novel solutions to implement ideals, including programs building trust, cost effectiveness, and optimization of patient outcomes.

Mary Gemini – Director of Dispensaries

Ms. Gemini has led the operationalization of the Company's eight (8) currently active dispensaries and the management of each location's General Manager. She has also developed innovative product launch strategies and intra-company communication strategies. Ms. Gemini's analytical, organizational, and problem solving skills contribute to her proven track record of employee development and training as well as her ability to shape and implement effective customer service policies and procedures. Prior to joining PharmaCann, Ms. Gemini spent over 20 years in the retail industry, managing many facilities and product lines, for top retailers like WalMart.

Chris Diorio – Director of Research & Development

Mr. Diorio brings more than twenty years of high-level leadership in pharmaceutical research and development, including nine years at Pfizer as Director of Formulation, Pharmaceutical Sciences Division. He has extensive experience designing and developing innovative pharmaceutical, over-the-counter and nutraceutical products with improved bioavailability, stability, controlled release and visual appearance. Mr. Diorio also has experience in full product life-cycle management and enhancement and has taken novel dosage forms from preclinical research through clinical trials and New Drug Application submission. He is also a licensed pharmacist. Mr. Diorio has led the following research efforts at PharmaCann:

- Developed and launched patent-pending SEDDS capsule
- Developing improved tinctures based on liposomal technologies
- Developing oral mucosal thin strips based on surfactant technologies

Anna Poulin - Manager of Patient and Physician Education

Ms. Poulin manages all aspects of physician and patient outreach, essential in new medical marijuana markets like Illinois, New York, and Pennsylvania. She brings nearly 20 years of experience in the pharmaceutical and medical device industries, working with the country's leading pharmaceutical companies, large healthcare provider networks, and academic research hospitals. She served as Veterans Affairs Manager for Novartis, where she assisted in supporting integrative health services, which will be instrumental in supporting veterans outreach efforts.

Mike Chodil – Director of Operations

Mr. Chodil leads a team of 8 senior operational managers across PharmaCann's entire operations spanning cultivation, processing, dispensing and delivery. Mr. Chodil also spearheads major company initiatives, including ERP deployment and process improvement. He has extensive experience in strategic and financial planning and analysis at financial services, reinsurance consulting, and information technology companies. Previously at KCG Holdings, he led several company divisions, including managed cost and data management, market data, and strategic planning divisions. His numerous leadership roles have often involved implementation of successful risk management and reporting and analysis systems, an invaluable skill in the medical marijuana industry.

Brett Novey – Director of Finance

Mr. Novey leads the 8 member finance and accounting teams at PharmaCann. He is responsible for PharmaCann's fundraising and investor management activities, which is more than \$100 million of capital to date. He has over 15 years' experience across multiple disciplines, including corporate finance and corporate restructuring and provides financial leadership and discipline allowing optimized company performance. His previous position was Head of Financial Planning and Analysis for KCG Holdings, where he was responsible for cash/capital management, monthly forecasting, and the annual budgeting process. Prior to that, he worked for Sears Holdings, where he was the Director of Finance for the \$1 billion Craftsman brand and led the efforts to wholesale Craftsman branded products to third-party retail locations. Mr. Novey has also advised clients on financial and operational restructuring during a tenure at KPMG and Arthur Andersen.

Sue Mullin – Director of Human Resources

Ms. Mullin oversees PharmaCann's employee recruitment, screening, benefits, compensation, and organizational design initiatives, leading a team of five Human Resources professionals that recruit, hire, and administer benefits to more than 170 employees. She has over twenty-five years of experience leading Human Resources departments in organizations ranging from five to 19,000 employees over a range of industries.

Johnny Hernandez - Director of IT

Mr. Hernandez leads the implementation of redundant IT infrastructure to minimize downtime, development of a custom 100 TB NVR server for video surveillance, migration to an enterprise-level cloud-based productivity platform and leads a 6-member IT Team and the firmwide ticketing system addressing IT issues across the Company's eleven (11) facilities and corporate office.

Jeremy Unruh – General Counsel

Mr. Unruh is responsible for overseeing interaction with state regulatory agencies, including obtaining facility approval, managing general communications and managing regulatory compliance obligations. He also coordinates public policy efforts, as well as banking, financial services, media, and other third-party relationships. Mr. Unruh brings a 15 year track record as a prosecutor and big firm attorney to the company, drawing upon his past practice providing commercial litigation, internal compliance investigation, and products liability services to the country's largest financial services, healthcare, and manufacturing companies.

Norah Scott - owner

Ms. Scott was a co-founder and former Chief Hiring Officer. Prior to that, she was the Manager of Attorney Recruiting at Kirkland & Ellis LLP and Firmwide Recruiter at Goldman Sachs.

Operations Plan(Dispensary Oversight)

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

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

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

This response has been entirely redacted

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

Uploaded Document Name: **D-2.2.1 Security and Surveillance Plan.pdf**

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

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

YES

Operations Plan(Receiving of Product)

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

YES

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

YES

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

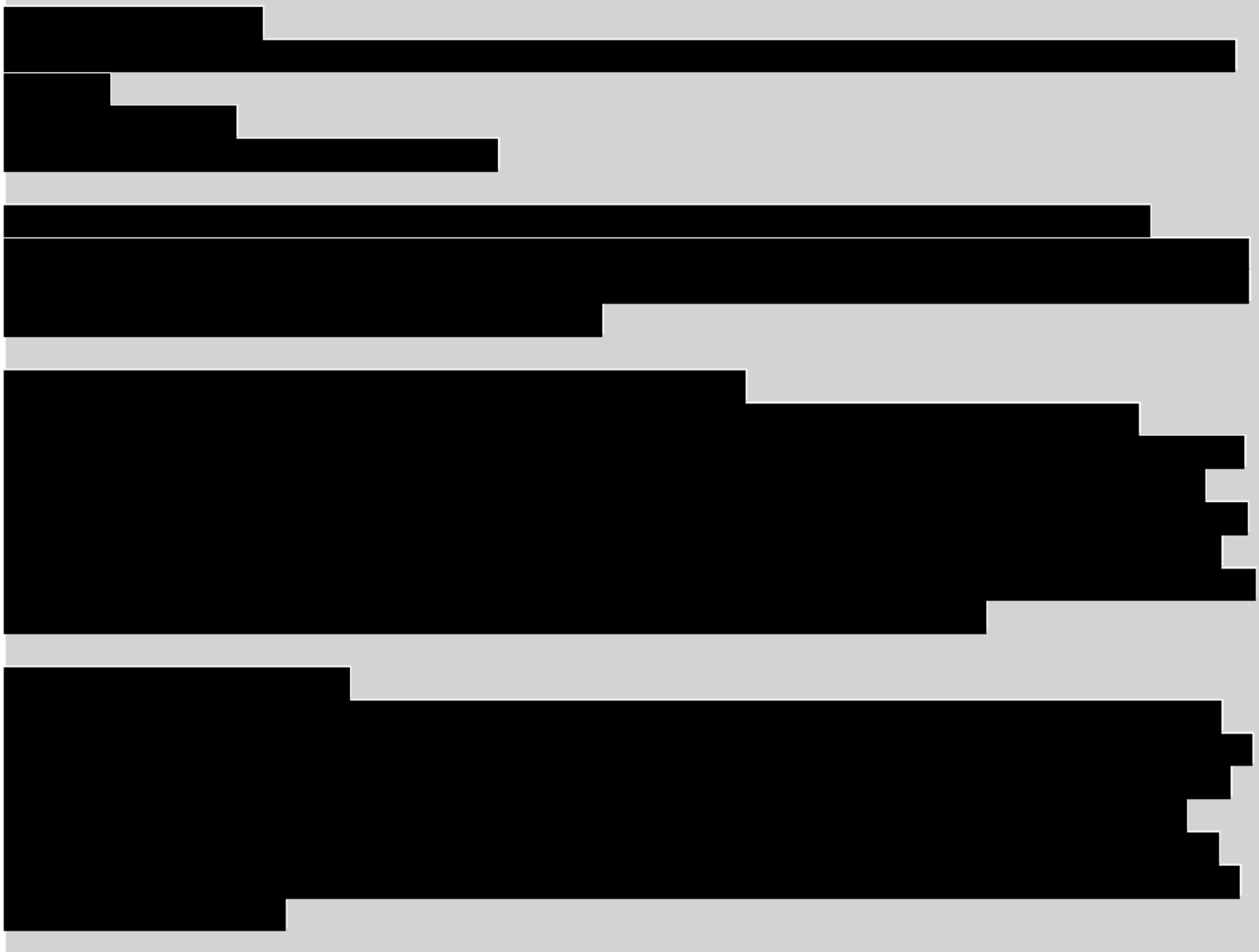
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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

No response provided by applicant

Operations Plan(Storage of Product)

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

YES

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

YES

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

YES

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

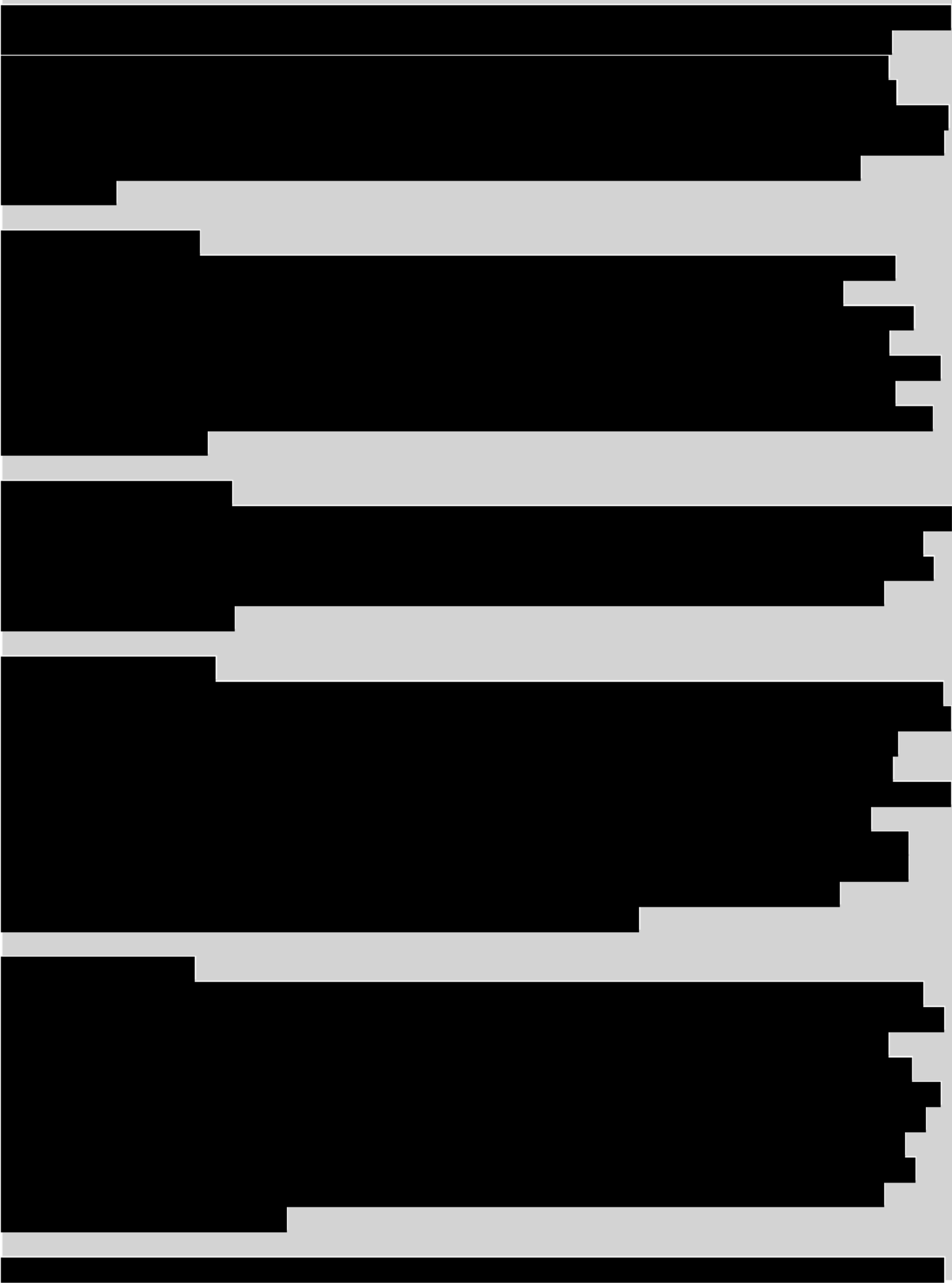
1. Oversight of medical marijuana storage
2. Physical security measures
3. Record maintenance
4. Persons who will have access to medical marijuana
5. Climate control and lighting maintenance, including any necessary equipment
6. Sanitation of storage areas

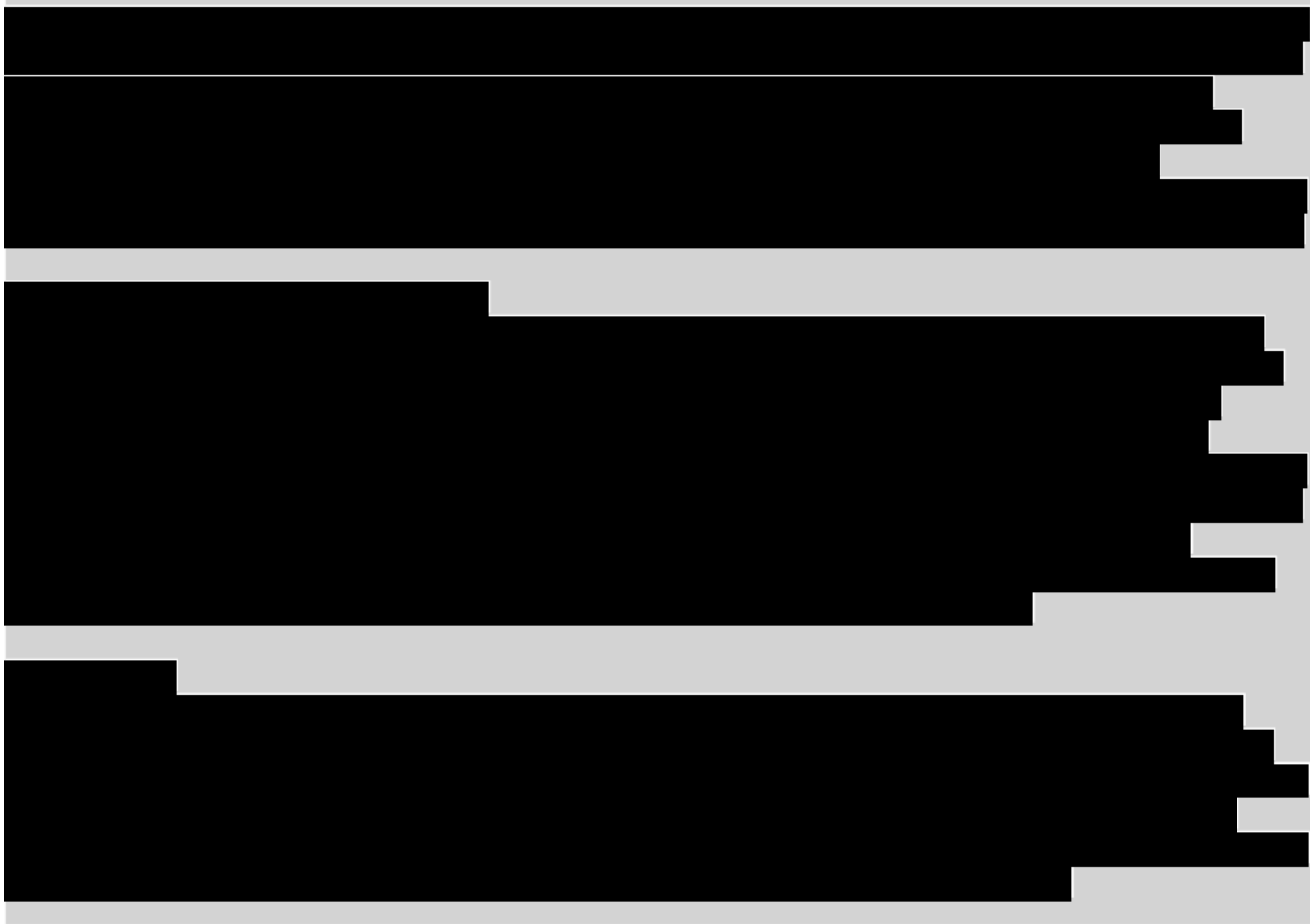
Please reference [OAC 3796:6-3-07](#) for more information.

[REDACTED]

[REDACTED]

[REDACTED]





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

No response provided by applicant

Operations Plan(Dispensing of Product)

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

YES

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

YES

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

7 - 11

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

YES

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

Uploaded Document Name: **D-5.5.1_Sample_Product_Label.pdf**

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

Cultivation Facility:



PO Box 123, City, ST, 12345
LIC# 123456789

Recipient:
Dispensary
456 Street
City, ST 67890
LIC# 010101010

UIN 4541202235409247
HARVEST DATE 07/12/2017
PACKAGING DATE 09/27/2017

USE BY 02/27/2018



STRAIN XX

Flower - 3.54 grams

STRAIN CHARACTERISTICS

○ ○ ○ ○ ●
Sativa Hybrid Indica

POTENCY PROFILE
(% BY WEIGHT)

THC 27.8%
THCA 2.3%
CBD 7.4%
CBDA 0.3%
THCV 0.1%
CBDV 0.0%
CBG 1.1%
CBC 0.2%

TERPINE PROFILE
(% BY WEIGHT)

1.46% Linalool
0.62% Myrcene
< 0.01% Pinene

ABC LAB TESTED 09/06/2016

This product has passed all testing for
microbiological, mycotoxins, pesticides
and solvent residues.

WARNING

All product labels must remain
affixed to their original app-
roved packaging and that altering,
obliterating, or otherwise de-
stroying a label or container
is prohibited.

THIS PRODUCT IS FOR MEDICINAL USE AND
NOT FOR RESALE OR TRANSFER TO ANOTHER
PERSON. THIS PRODUCT MAY CAUSE IM-
PAIRMENT AND MAY BE HABIT-FORMING.
THIS PRODUCT MAY BE UNLAWFUL OUTSIDE
THE STATE OF OHIO.

Dispensed to: Caregiver:
James Smith Julie Smith
REG# 0987654321 REG# 0909090909

Dispensed on 10/30/2017

Operations Plan(Inventory Management of Product)

D-6.1 By selecting "**Yes**" the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. [OAC 3796:6-3-20](#)

YES

D-6.2 By selecting "**Yes**" the Applicant attests that its written or electronic weekly and annual inventory records described in D-6.1 will include:

1. The date of the inventory
2. A summary of the inventory findings
3. The employee identification numbers, and titles or positions, of the individuals who conducted the inventory

Please reference [OAC 3796:6-3-20](#) for more information.

YES

D-6.3 By selecting "**Yes**", the Applicant attests that it will use the state inventory tracking system. [ORC 3796.07](#); [OAC 3796:1-1-01](#); [OAC 3796:6-3-06](#)

YES

D-6.4 By selecting "**Yes**" the Applicant attests that it will maintain records of medical marijuana received from a cultivator or processor in its internal inventory control system. [OAC 3796:6-3-20](#)

YES

D-6.5 By selecting "**Yes**" the Applicant attests that it will maintain records of medical marijuana dispensed to a patient or a caregiver in its internal inventory control system. [OAC 3796:6-3-08](#)

YES

D-6.6 By selecting "**Yes**" the Applicant attests that it will maintain records of expired, damaged, deteriorated, misbranded, or adulterated medical marijuana awaiting return to a cultivator / processor or awaiting disposal, in its internal inventory control system. [OAC 3796:6-3-20](#)

YES

D-6.7 Please provide an explanation for selecting "**No**" in response to questions D-6.1 through D-6.6

No response provided by applicant

D-6.8 Please describe the Applicant's approach regarding the implementation of an inventory management process. This approach must also include a process that provides for the recall of medical marijuana and the management of medical marijuana product returns from the proposed dispensary to the originating cultivator and/or processor. [OAC 3796:6-3-20](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

No response provided by applicant

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

- [illegible]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]



Operations Plan(Sanitation and Safety)

D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following:

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

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

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Operations Plan(Record-Keeping)

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

YES

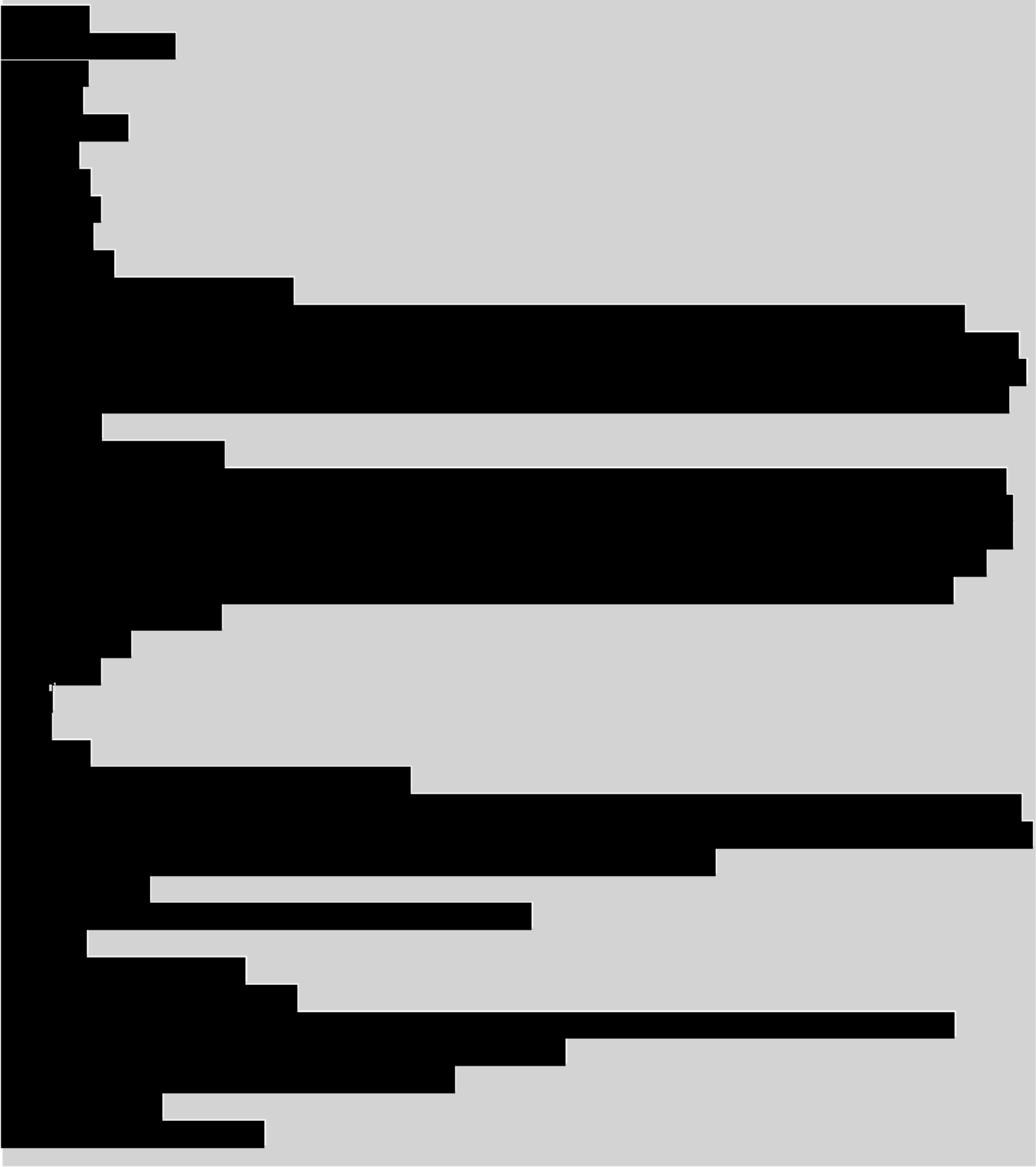
D-9.2 Please provide a summary of the Applicant’s record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

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

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

[Redacted content]





Operations Plan(Other)

D-10.1 Please provide a summary of any other services or products to be offered by the Applicant at the dispensary. [OAC 3796:6-2-02](#)

[Redacted content]

[illegible]

[REDACTED]

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

No response provided by applicant

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

described in D-10.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Security & Infrastructure Records)

D-11.1 By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

YES

Patient Care(Staff Education and Training)

E-1.1 Describe the Applicant's education and training plan and how it will meet the foundational and ongoing training required for dispensary employees to be authorized to dispense medical marijuana. Include a summary of the substantive training content, the number of hours each dispensary employee will receive for each mandatory training requirement, the number of training hours each dispensary employee will receive for any elective training, and the anticipated source of each type of training described. [OAC 3796:6-3-19](#)

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

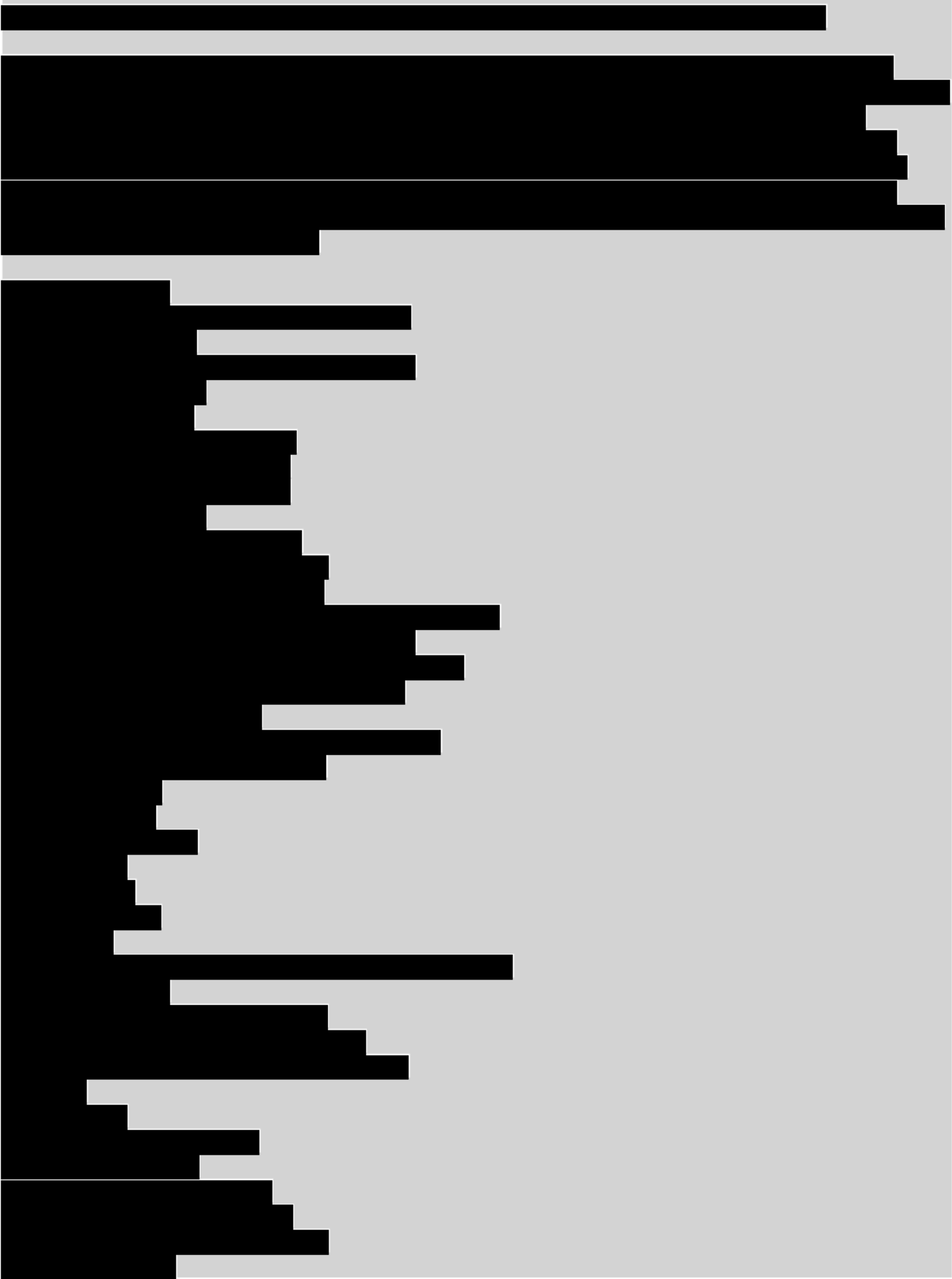
[REDACTED]

[REDACTED]

[REDACTED]

No response provided by applicant

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



[REDACTED]

[REDACTED]

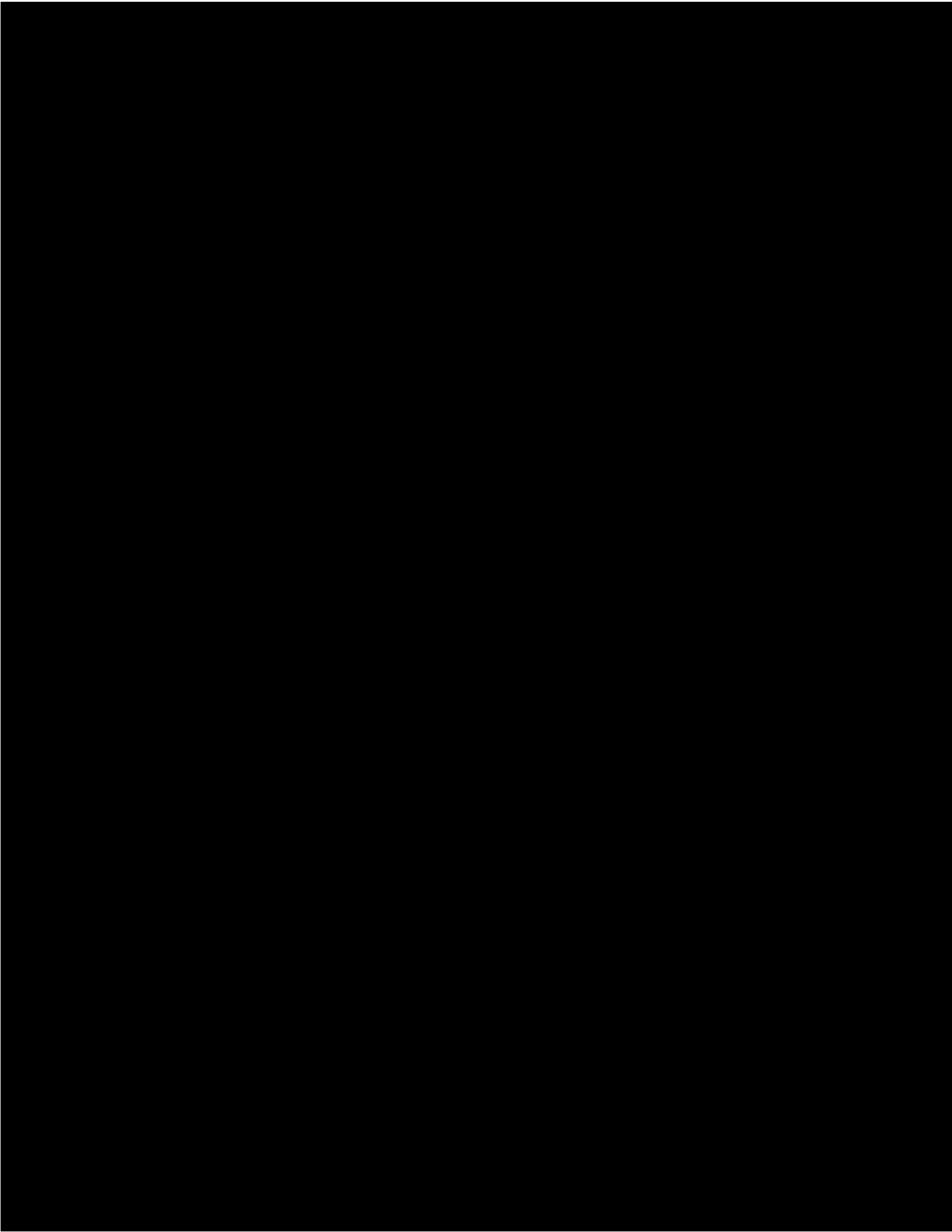
[REDACTED]

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_Library.pdf**

NOTE: This applicant uploaded document is the next 16 page(s) of this document.



Patient Care(Patient Care and Education)

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

1. Recognizing the signs of abuse or adverse events in the medical use of marijuana
2. Instruction on use of medical marijuana to treat a qualifying condition
3. Risks associated with medical marijuana, including possible drug interactions
4. Guidelines for support to patients related to the patient's symptoms
5. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana. Include the sources of the training and the sources' qualifications to provide such training.

Please reference [OAC 3796:6-3-19](#) for more information.

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

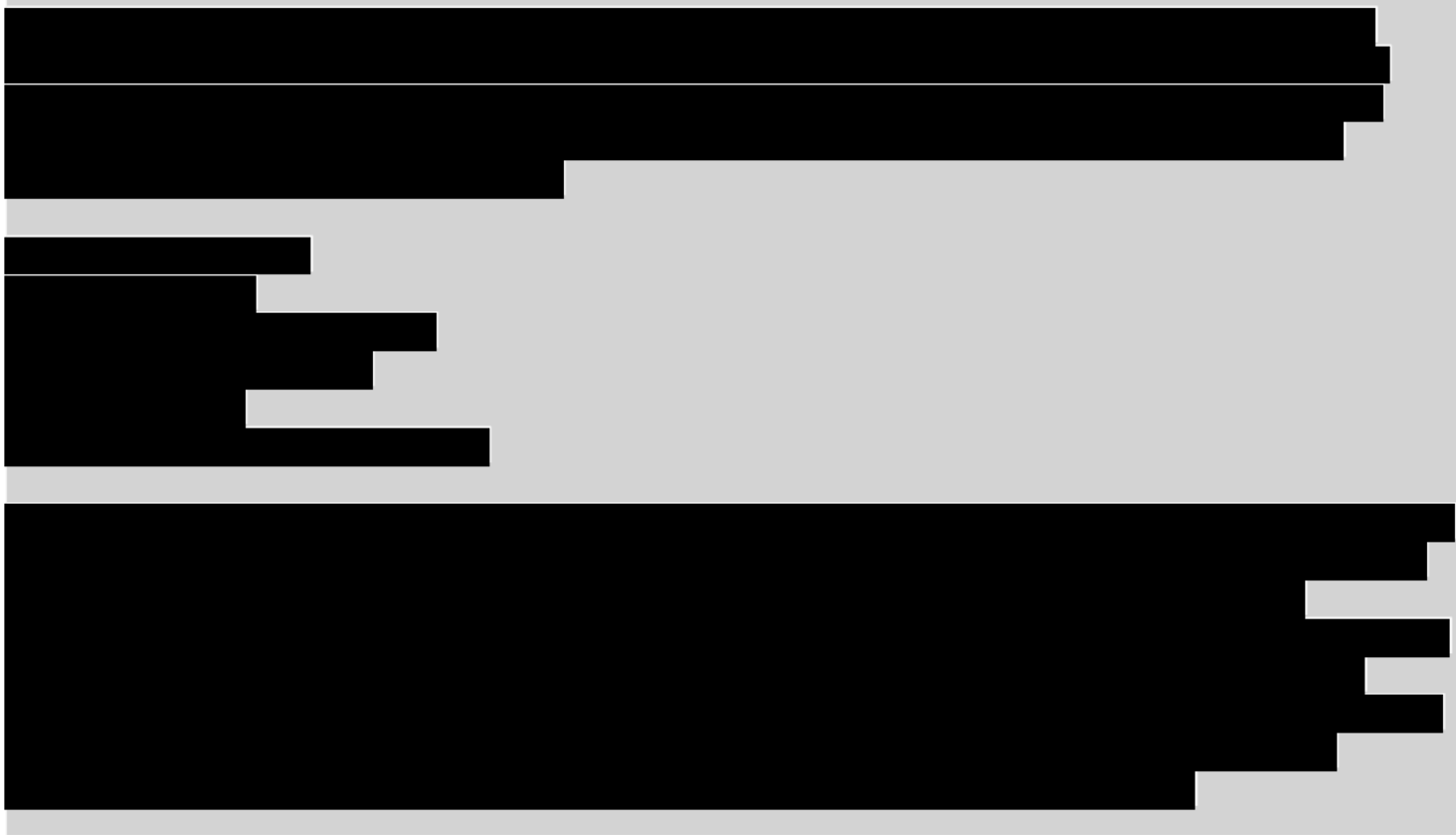
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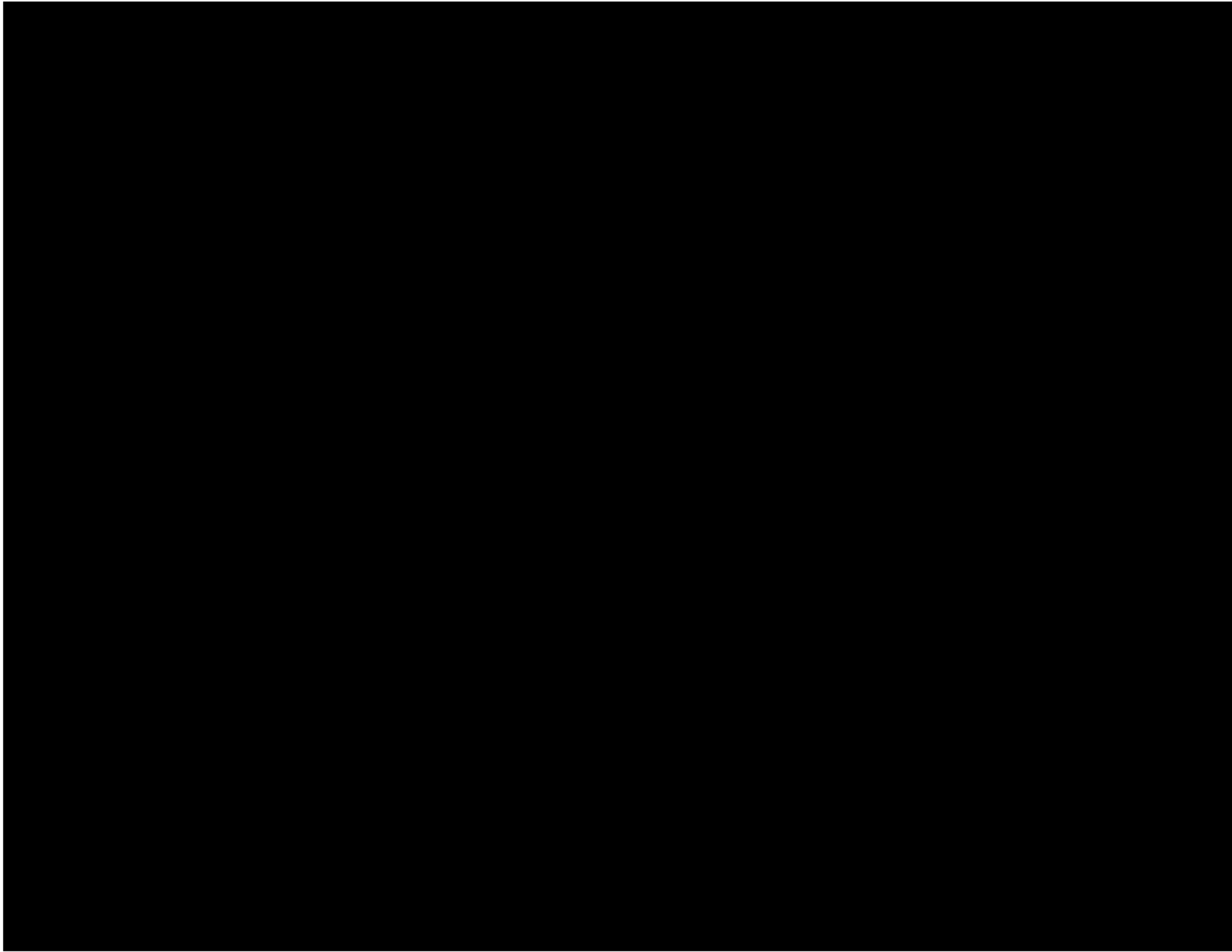




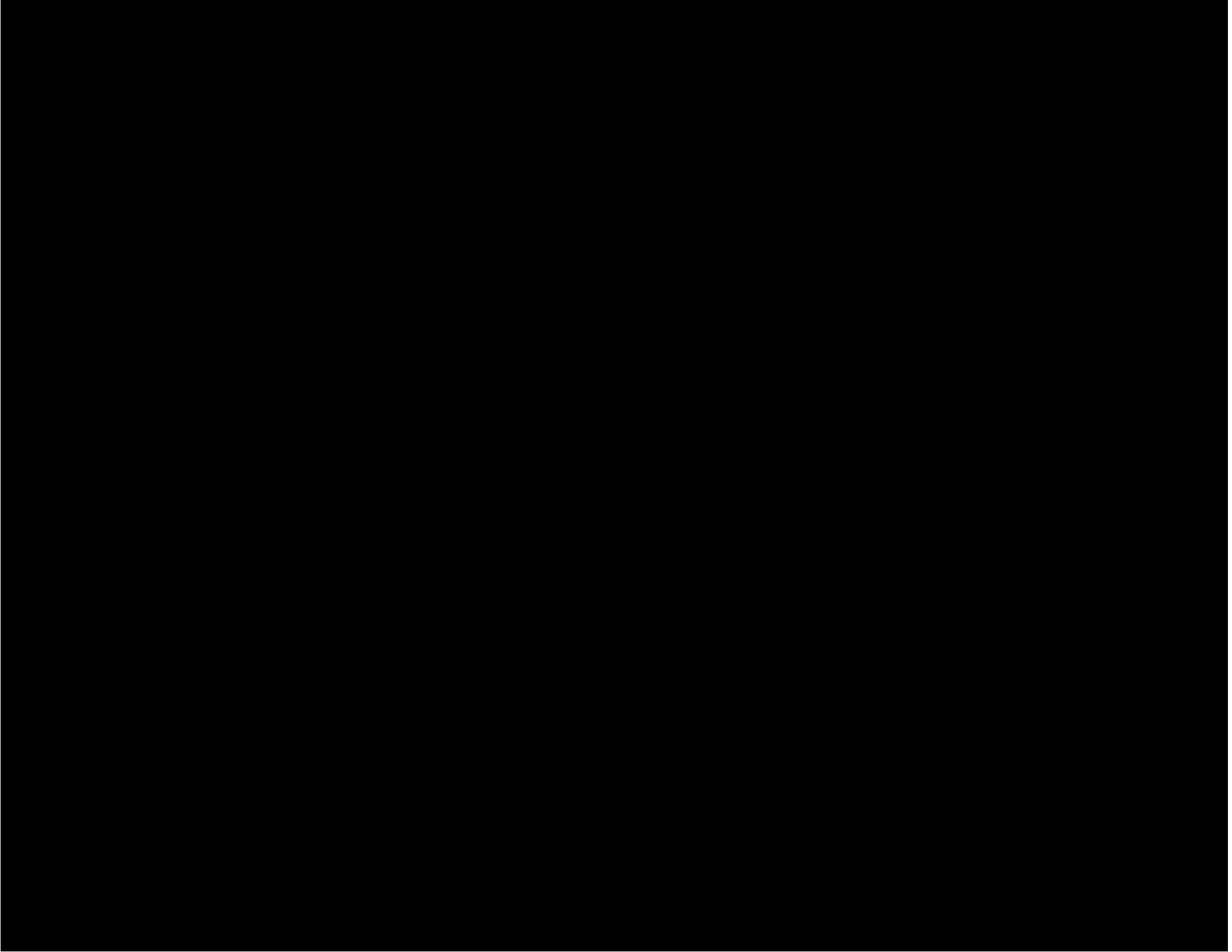
E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

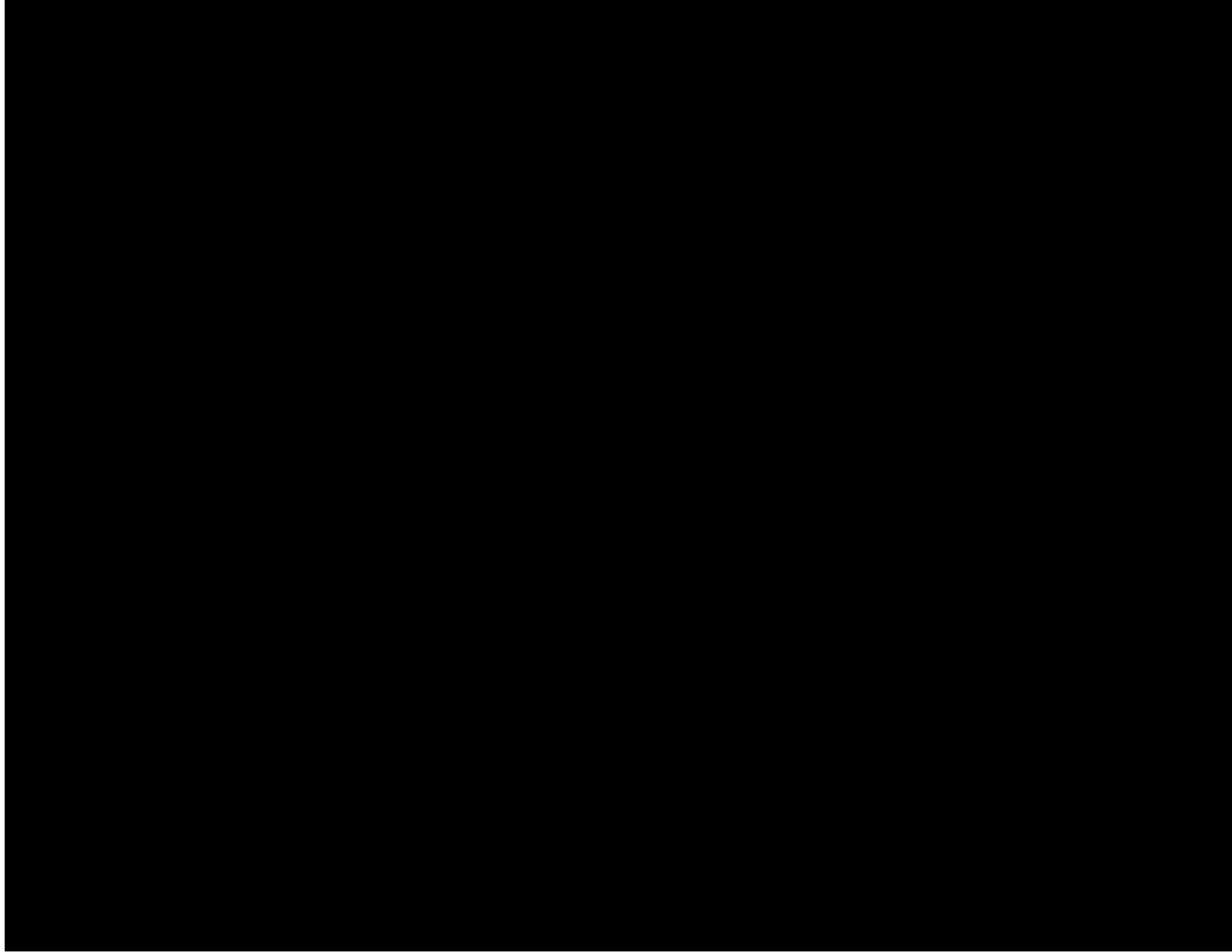
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NOTE: This applicant uploaded document is the next 73 page(s) of this document.

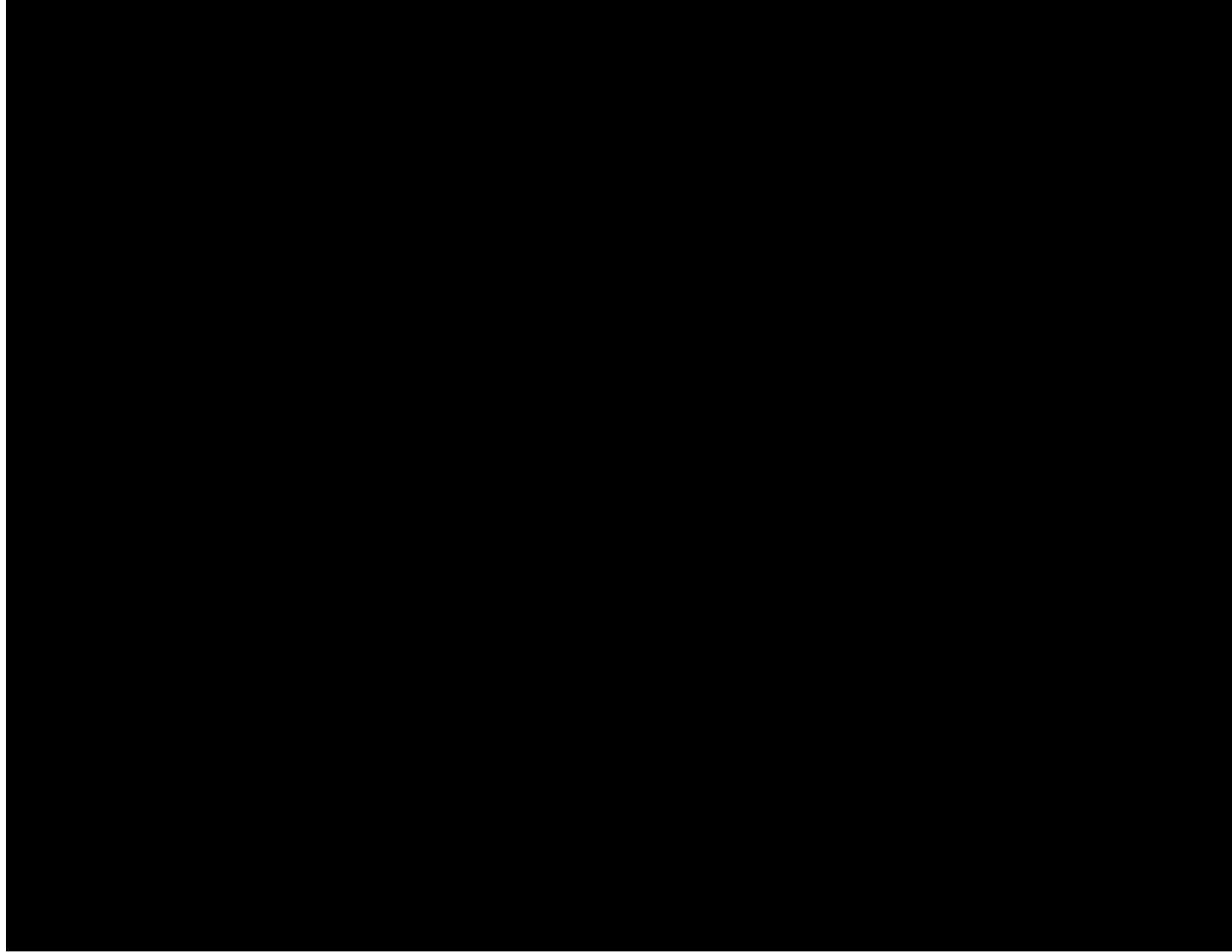


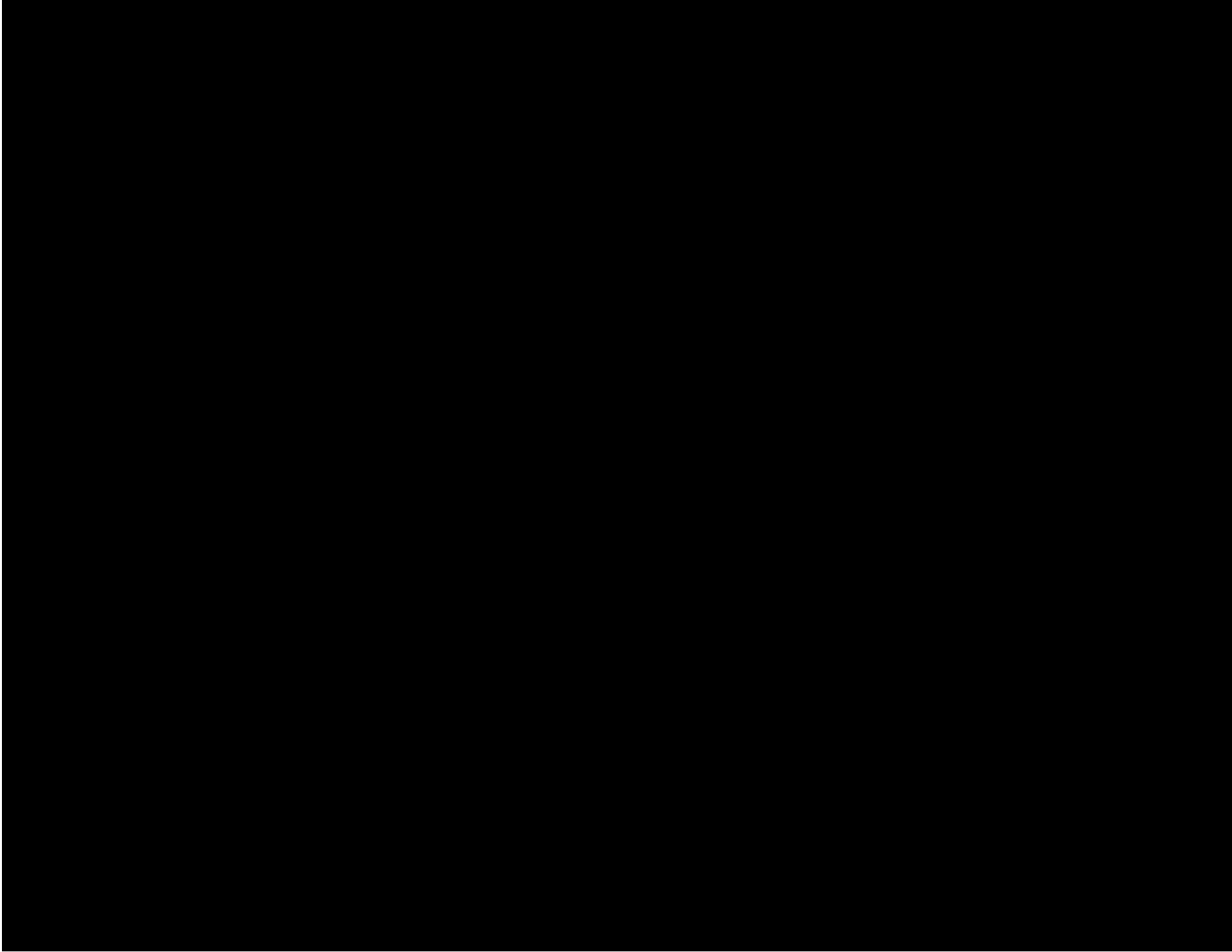


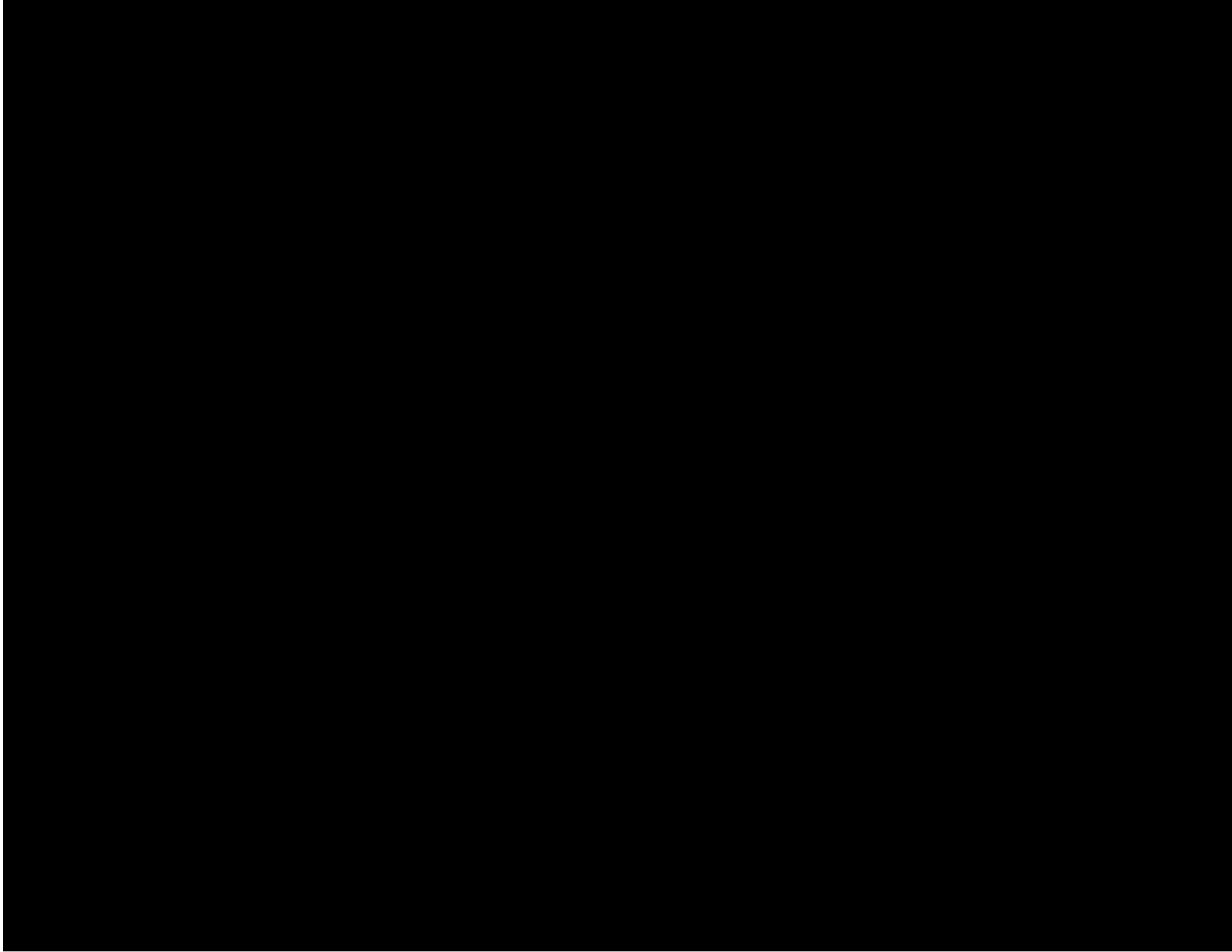


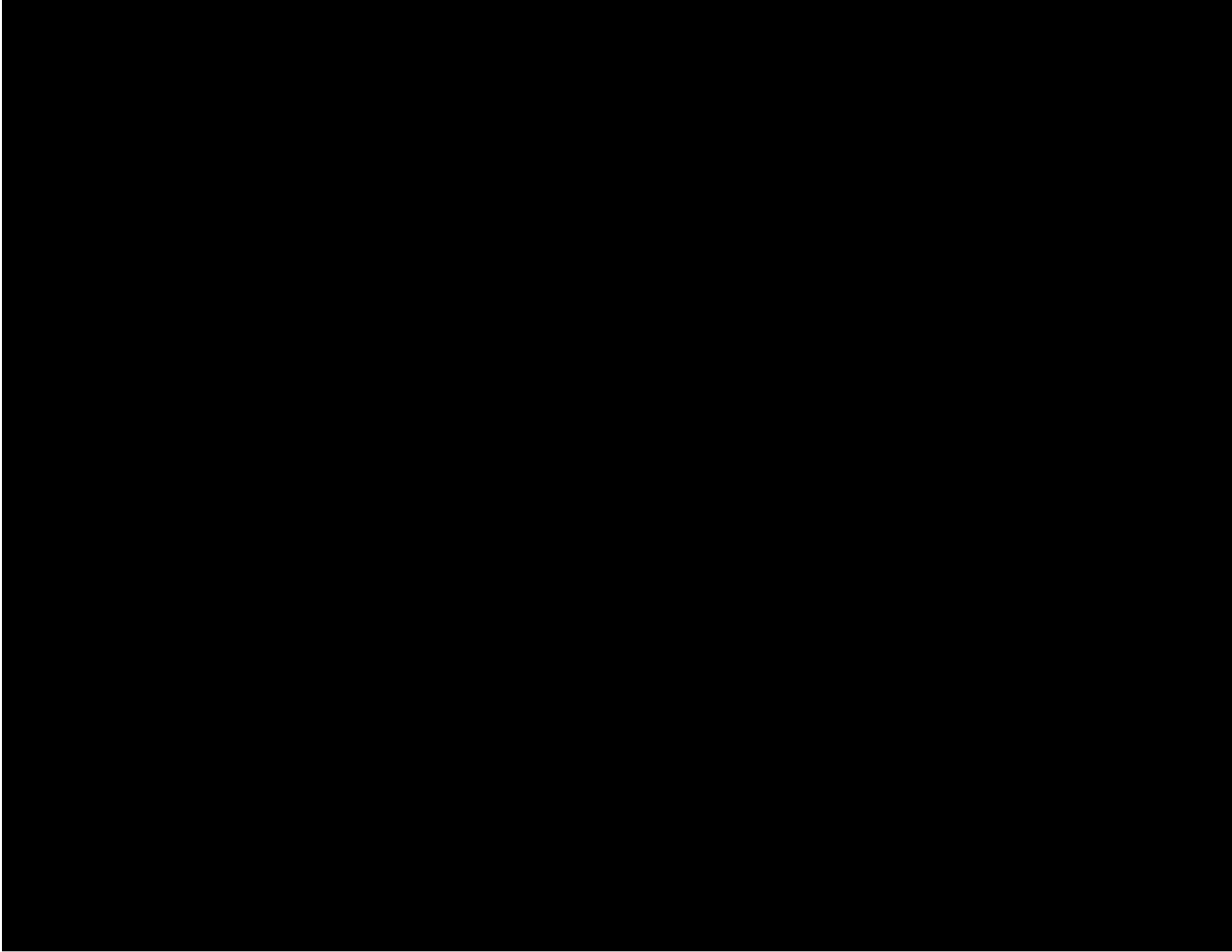


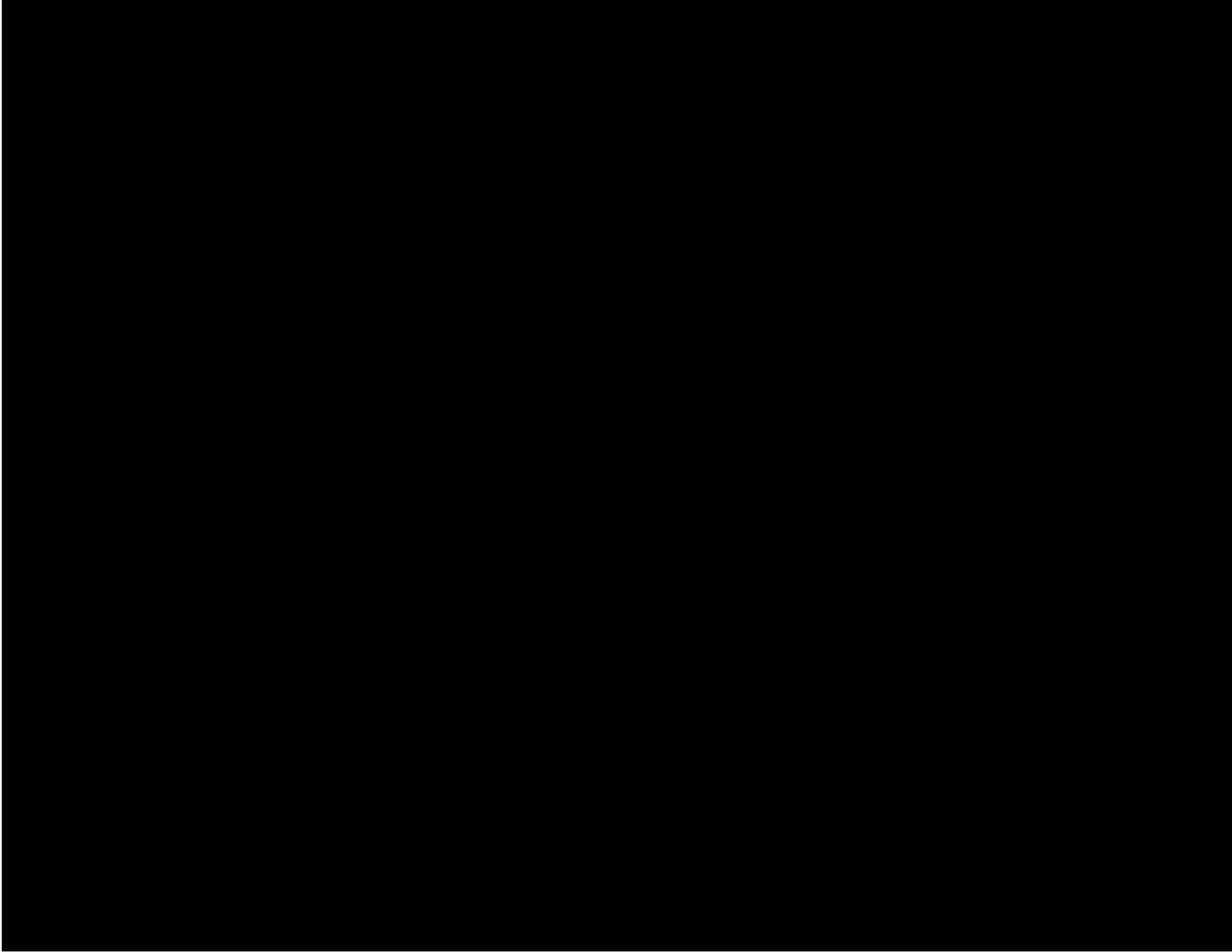


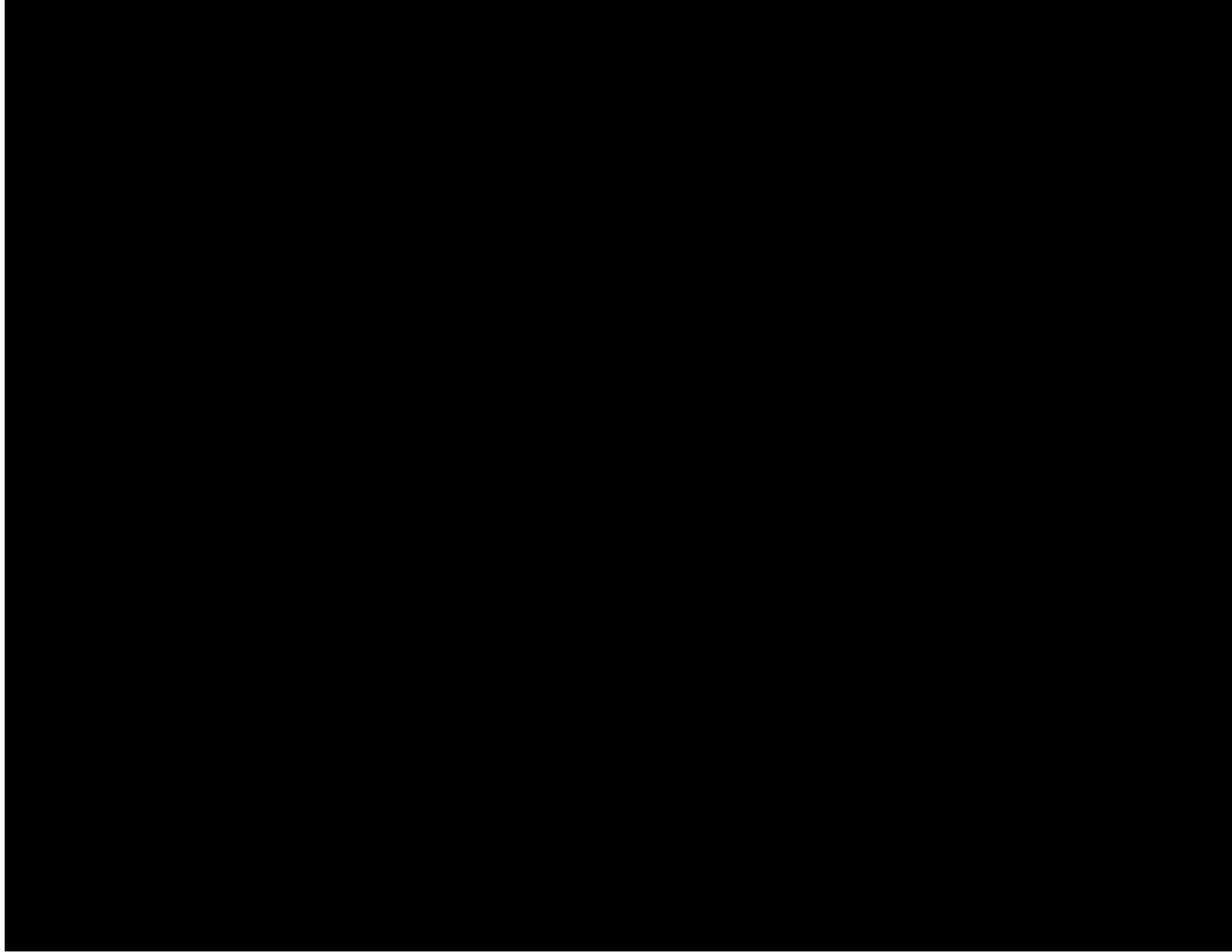


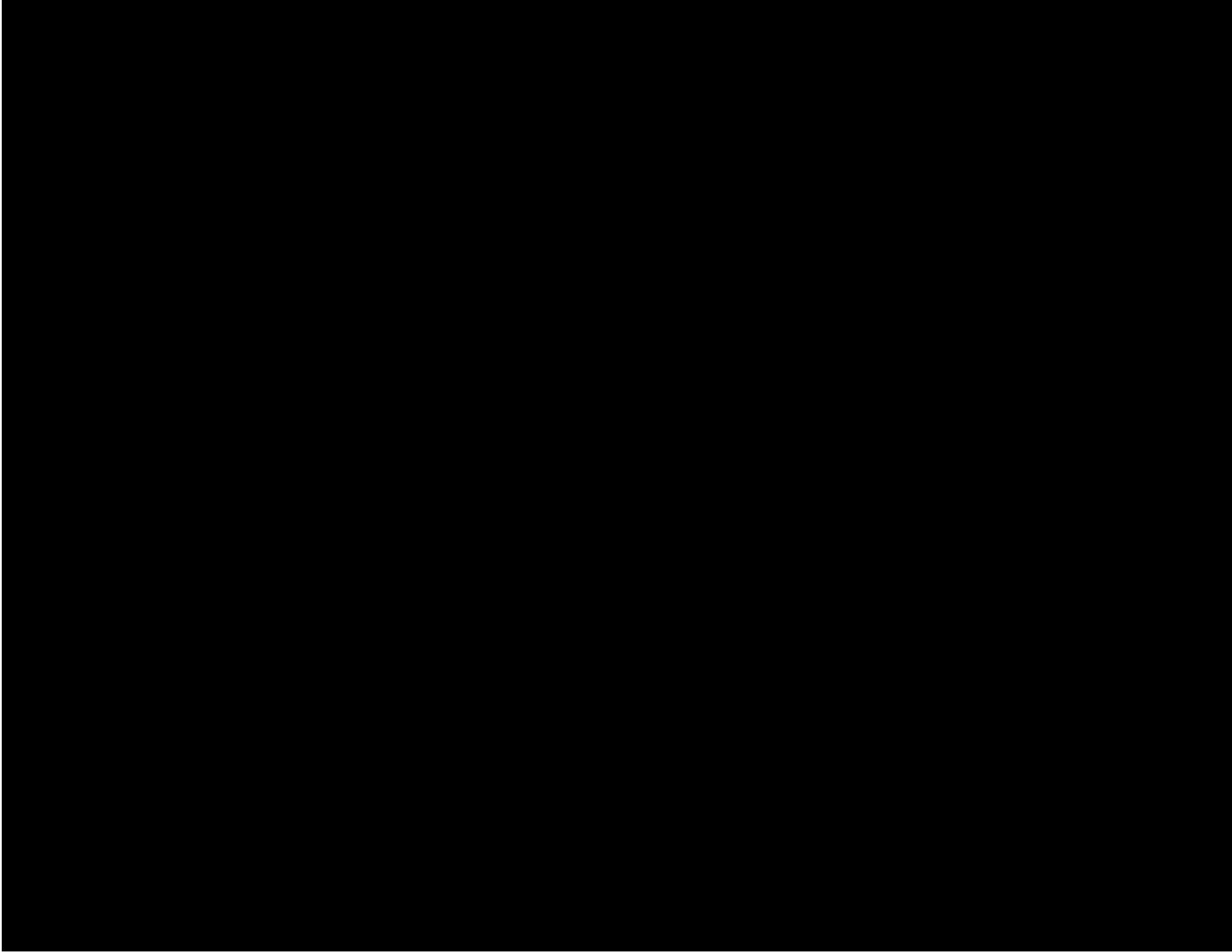


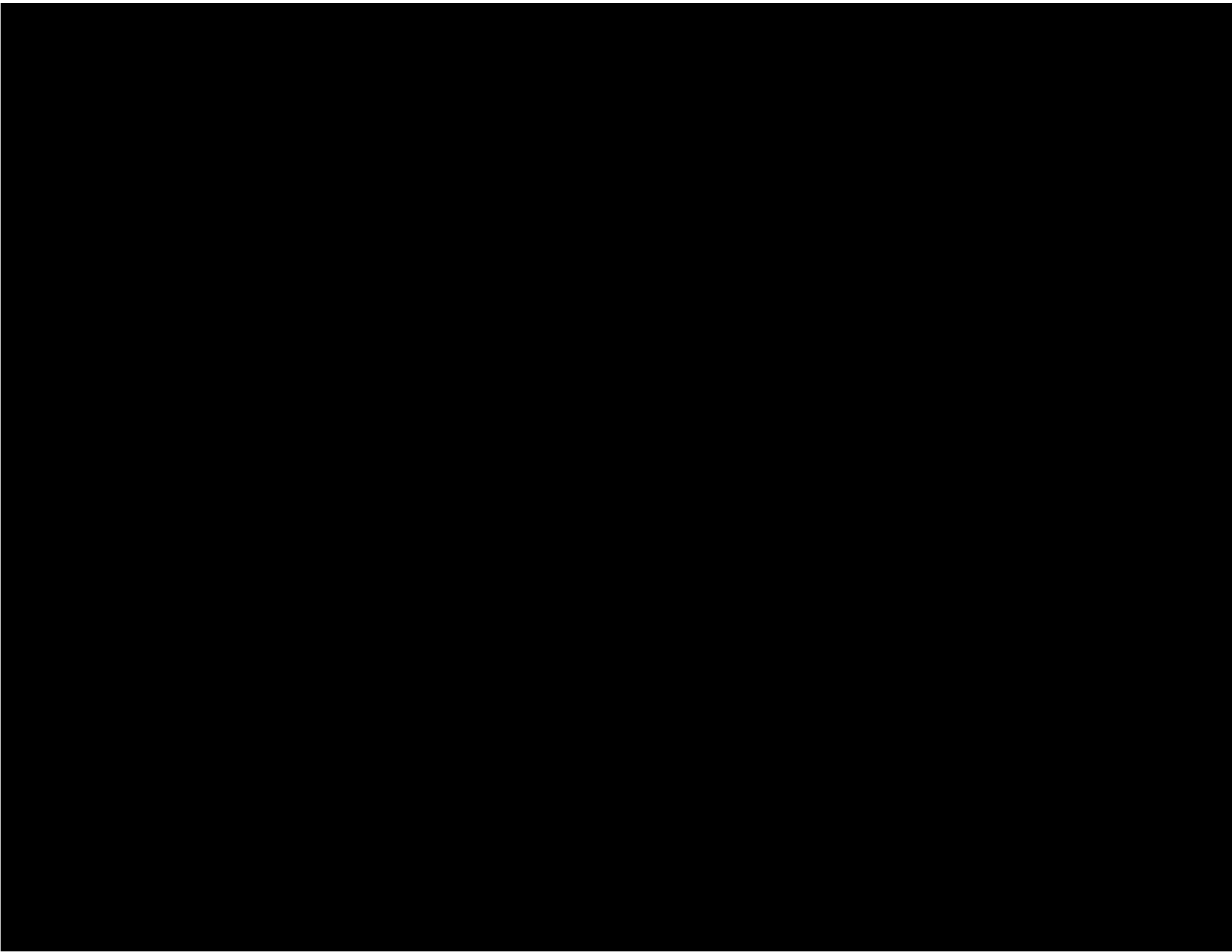


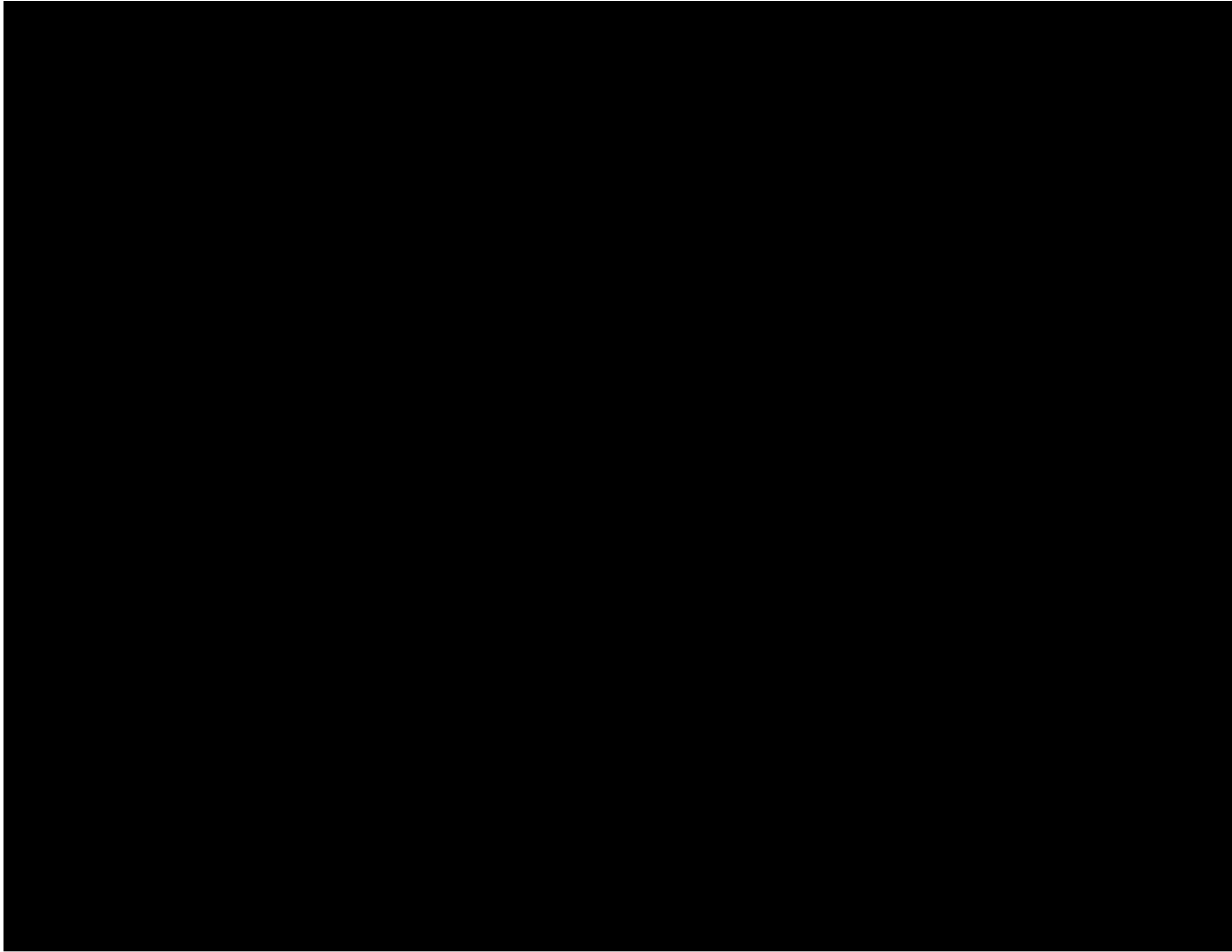


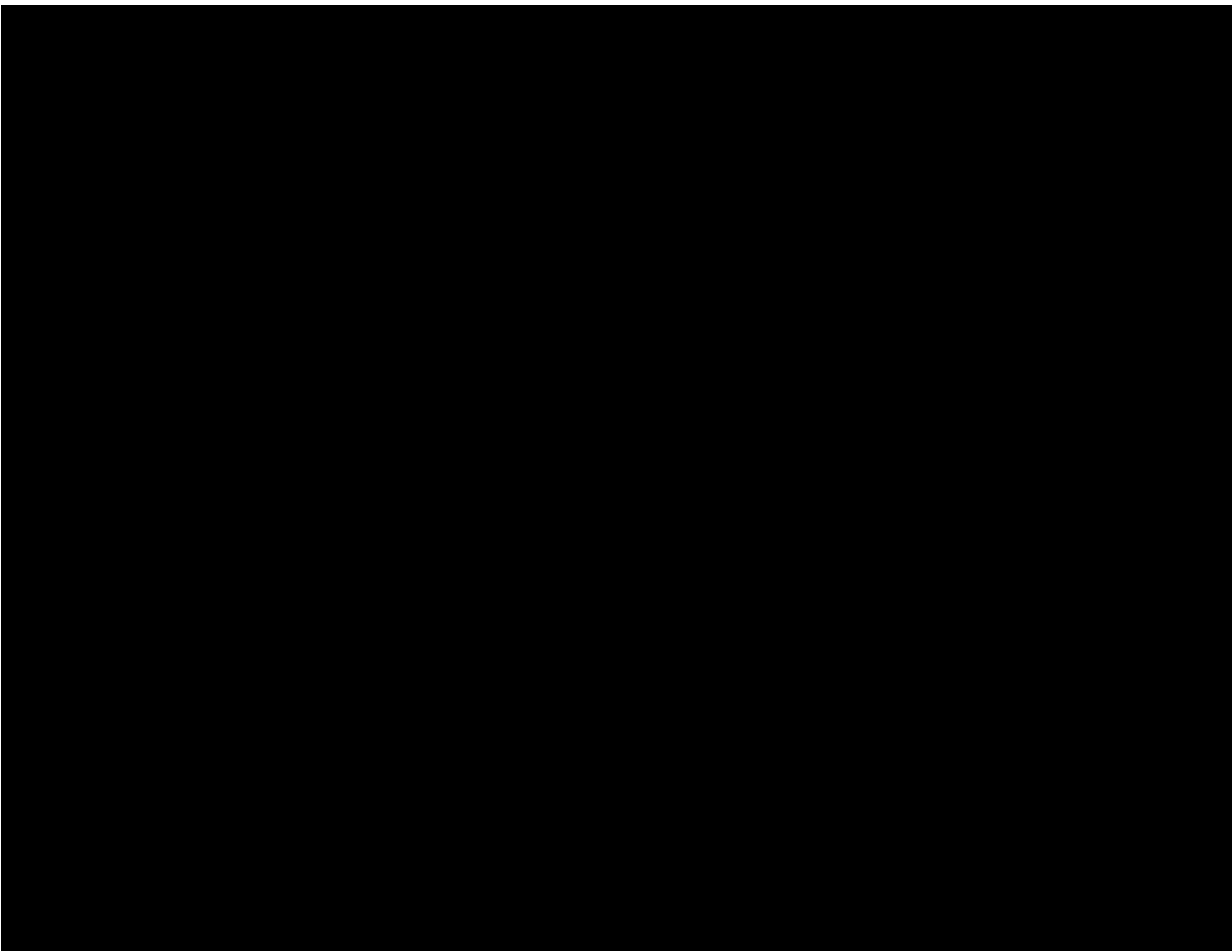


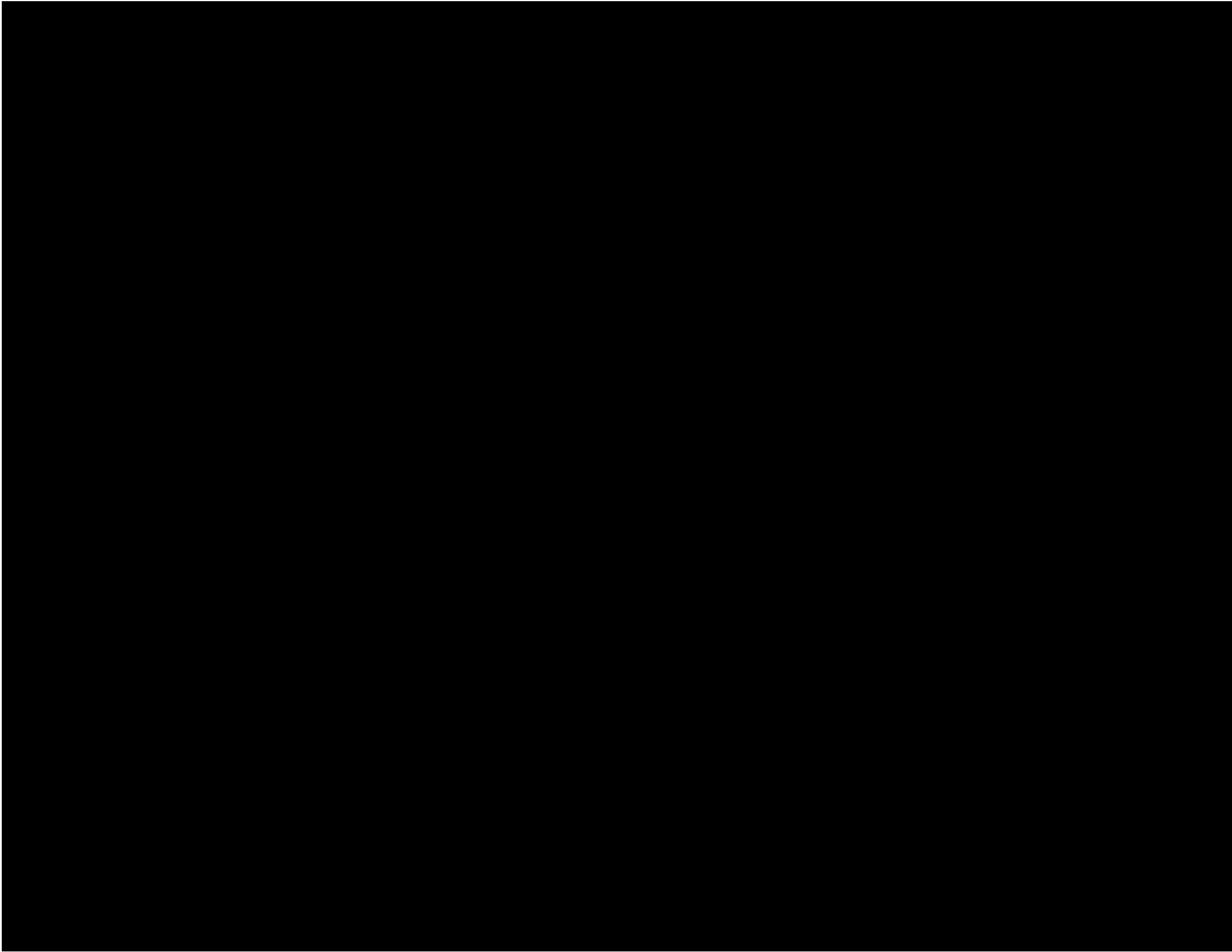


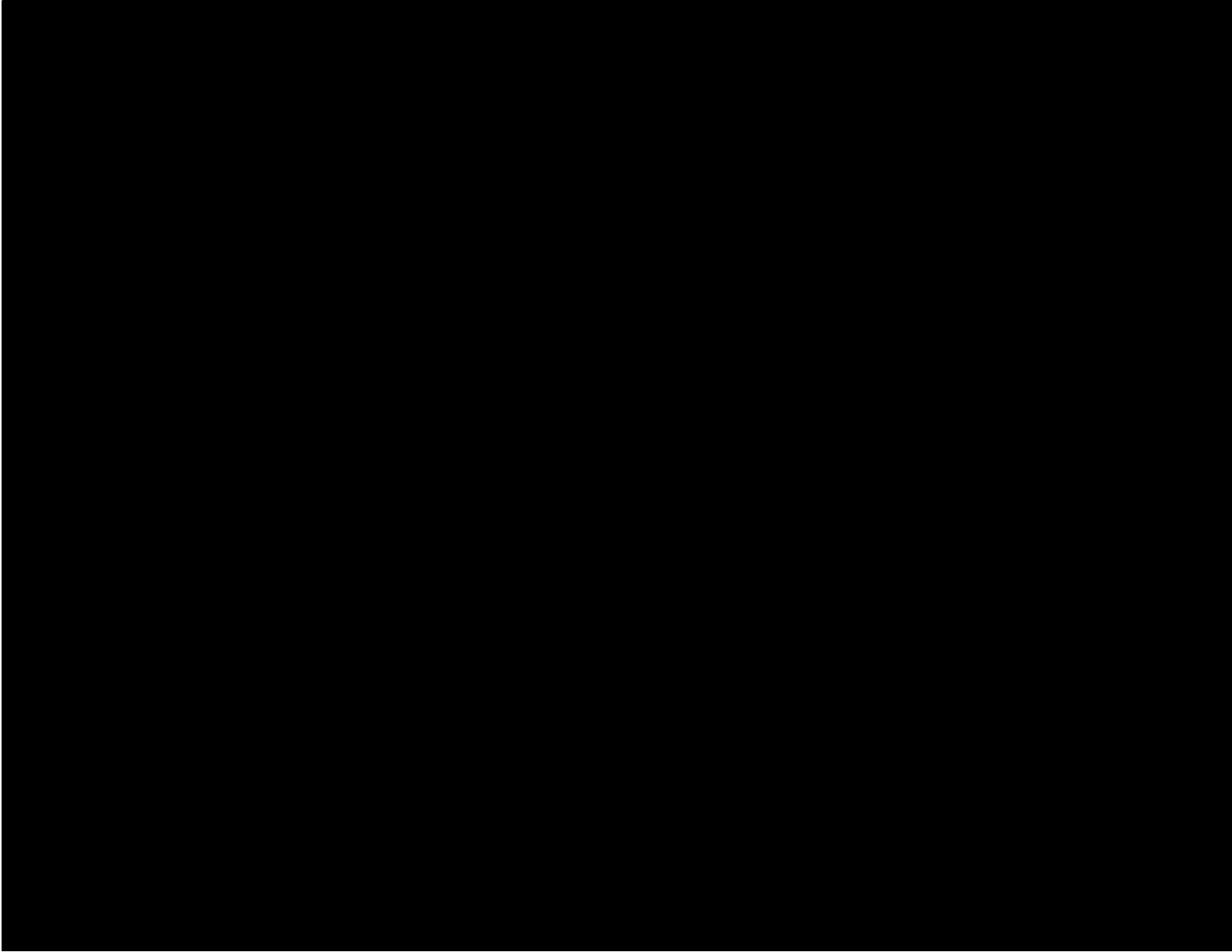












E-2.2 Describe the Applicant's processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of:

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

INTRO

Applicant is a wholly-owned subsidiary of Company. With its background in science, research, medicine, QA/QC, law, finance and analytics, Company is leading the objective-based acceptance of marijuana as a part of healthcare. Company has over 170 employees operating 11 medical marijuana facilities and servings thousands of patients in highly regulated, "true" medical marijuana states. Through its experience, Company understands that reporting and responding to adverse events is of utmost importance from a public health perspective - both addressing emergent events as well as establishing causal links between cannabinoids and short and long-term mental and physical conditions.

While medical marijuana products are generally understood to have a favorable risk index, unanticipated or unintended reactions may still occur. Company takes any adverse event, no matter how seemingly inconsequential, very seriously and has a standard response and reporting system in place to address them. The Company has learned that there is a dearth of information provided to patients in the industry at present, despite steadily expanding participant counts. Even when dispensed properly, improperly administered products can still cause problems among patients who may not be fully cognizant of correct dosing and variances in effects across different routes of administration. Additionally, cross-drug interaction may not be fully appreciated among patient groups. Thankfully, the Company has heretofore been required to address only a handful of adverse events that have arisen from the thousands of transactions it has conducted in its eight currently operational medical marijuana dispensaries. Each adverse event has served as a learning experience.

The Company seeks to address adverse events before they even occur. Prevention is key. Initial patient intake consultations allow employees to identify and inform patients of potential issues. For example, contraindications with prescription drugs currently being taken or a history of mental health problems that may be exacerbated by medical marijuana. Patients are provided with appropriately tailored educational material based on any potential issues flagged during consultation. Additionally, new patients receive general information and in-depth follow up from either the employee that served personally the patient or from representatives at the Company's multi-state call center, ensuring that any events, no matter how small, are addressed.

ROBUST RESPONSE

It is imperative that dispensaries and cultivators are aligned in their adverse event responses. A bad patient experience in a nascent industry can hurt all participants and potentially erode public trust in the products. Even if an adverse event does not draw outside visibility, a dissatisfied patient could stop using medical cannabis (not just products sold at the dispensary) following a bad experience, potentially depriving themselves of an important form of relief. As such, the Company reports all adverse events to cultivators or processors who supplied the products involved, even if the incident does not mandate reporting to the Board. The Company works with the cultivator or processor as to corrective actions, depending on circumstances and severity of the adverse event. For example, if Inventory Tracking System data shows that the products in question passed all laboratory testing, no previous adverse events arose from the products, and the evidence suggests a patient administration error, the dispensary may only conduct follow up inquiries with the patient themselves in order to ensure improved outcomes going forward. On the other hand, if the nature of the event suggests that

the products in question are at issue, the dispensary will suggest voluntary recalls and/or unilaterally remove remaining products from a suspect batch from the inventory. Regardless of the actions taken, the Company always consults with the relevant cultivator or processor before taking action, again encouraging all parties involved in the supply chain to act in lockstep.

The Company will leverage its industry-leading call center, when appropriate, to follow up with patients, potentially uncovering previously undiscovered adverse events patients may not have deemed serious enough to report. Through these efforts, the Company seeks to source the greatest amount of patient data possible, ensuring the highest product quality attainable for all medical marijuana patients.

A multilevel system of incident reporting and response based on patient experience will be implemented and followed. A tiered system of customer support responsiveness is personalized to the level of care required and severity of an event:

- Tier 0: Pamphlets detailing known adverse reactions or symptoms are provided to patients who seek to educate themselves. These are provided at the time product is dispensed or free of charge at any point thereafter if a patient requests.

- Tier 1: Employees are available during business hours to provide personalized, one-on-one counselling and support to patients. Sometimes a patient may simply need an explanation of a side effect or other occurrence, especially when new to administering medical marijuana.

- Tier 2: The General Manager or a designated key employee will become involved if a patient requests. Although all employees are trained in patient care, some patients require assurances from those in positions of authority or additional knowledge and experience for peace of mind.

- Tier 3: The Company's call center is staffed by a licensed pharmacist at all times it is open (approximately ten hours per day), and available to video chat and offer telemedicine counseling. This is an invaluable resource for patients currently experiencing unwanted or unfamiliar side effects.

- Tier 4: For adverse events with wide-ranging implications, the dispensary will involve the Board, cultivators and/or processors, the Company's Quality Assurance (QA) Manager, the Company's medical advisory board and other specialists as needed. Events that possibly constitute public health risks require the involvement of as many constituents as possible.

REPORTING

All adverse events, regardless of type or circumstance, will be reported internally to QA Manager, Director of Dispensaries and Lead Pharmacist. Upper-level Managers will have near real-time visibility of adverse events through the Company's Enterprise Resource Platform (ERP). With this tool, they can direct incident response and engage Company or affiliated medical experts to ensure risk mitigation occurs in a timely manner if necessary. While an occurrence does not necessarily imply a link between an event and a product, quality control standards always err on the side of caution. Whenever an employee becomes aware of an adverse event, they shall notify the General Manager, who will complete an electronic report form in the ERP. This form will be reviewed by the Company's Lead Pharmacist, taking note of whether there is a suspected causal link between product use and the event. All employees will be especially cognizant of events potentially related to new products (on the market less than 6 months), symptoms inconsistent with product packaging or labeling, and serious events that threaten a patient's life or safety.

Serious adverse events, as partially defined by the Food and Drug Administration as events or experiences that occur at any product dose, will be reported to the Board. The Lead Pharmacist will ensure that serious adverse events are reported in the prescribed manner within 24 hours of receiving

notification. Additionally, at the pharmacist's discretion, the patient's certifying physician will be notified if the adverse event includes serious physical symptoms or psychological occurrences.

Patient Care(Patient Care Facilities)

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

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

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

[Redacted content]

[illegible]

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

No response provided by applicant

Patient Care(Dispensary Operating Hours)

E-4.1 By selecting "Yes", the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy. [OAC 3796:6-3-03](#)

YES

E-4.2 Provide the proposed hours of operation during which the prospective dispensary will available to dispense medical marijuana to patients and caregivers. (Information only) [OAC 3796:6-3-03](#)

46 hours a week - 10am-6pm (Monday-Friday) and 12pm-6pm (Saturday)

Patient Care(Patient Information)

E-5.1 By selecting "Yes", the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. [OAC 3796:6-3-15](#)

YES

E-5.2 By selecting "Yes", the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. [OAC 3796:6-3-15](#)

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

F-1.1 Fill out and attach the “[Trade Secret Form](#)” to Question F-1.1, specifying the question and / or attachment references of the application submission that are exempt from disclosure under Ohio public records law and articulate how the information meets the definition of “trade secret” under [Ohio Revised Code section 1333.61\(D\)](#). If no material is designated as trade secret information, a statement of “None” should be listed on the form.

Uploaded Document Name: **F-1.1_Trade Secret Form.pdf**

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

TRADE SECRET



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Trade Secret Form

(Attachment to Application Section F-1.1)

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

Business Name of Applicant:

PharmaCann Ohio LLC

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

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

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

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

Printed Name of Authorized Representative

Teddy Scott

Signature

Date

11/14/17

TRADE SECRET



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
A-1.1 - A-6.23	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
A-6.24	31 Key Employee IDs	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
A-6.25	4 Tax Authorization Forms	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
B-1.1 - B-1.2	No Attachments	Confidential, financial, proprietary information that has independent economic value not generally known to and not readily ascertainable by competitors.
B-2.1 - B-2.4	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
B-3.1 - B-3.22	No Attachments	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
C-1.1a	Purchase Agreement	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
C-1.2 - C-1.9	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
C-2.1c	Site and Facility Plans	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-2.2	Zoning Form Compliance	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
C-3.1	No Attachment	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-3.1.1	Operational Timeline	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-3.2	No Attachment	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-4.2	Table of Organization	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.



**STATE OF
OHIO**
BOARD OF PHARMACY

TRADE SECRET

Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-5.1 - C-5.4	No Attachments	Confidential, financial, proprietary information that has independent economic value not generally known to and not readily ascertainable by competitors.
C-5.5	Liquid Assets and Financials	Confidential, financial, proprietary information that has independent economic value not generally known to and not readily ascertainable by competitors.
C-6.1 - C-6.9	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
D-1.1 - D-2.2	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-2.2.1	Security/Surveillance Plan	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-3.1 - D-5.5	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-5.5.1	Sample Product Label	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-6.1 - D-11.1	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-1.1 - E-1.2	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-1.2.1	Research Library	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-2.1 - E-2.1.1	Training Manual	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-2.2 - E-5.2	No Attachment	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
F-1.1	Trade Secret Forms	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
F-1.2	Attestation/Release Form	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.

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