



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application 7 POINTS GROUP, LLC Application ID 628

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

7 Points Group, LLC

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

No response provided by applicant

A-1.3 Business Street Address

2675 Little York Road

A-1.4 City

Dayton

A-1.5 State

OH

A-1.6 Zip Code

45414

A-1.7 Phone

9376264558

A-1.8 Email

7pointsinc@gmail.com

Demographic Information(Primary Contact/Registered Agent)

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

PRIMARY CONTACT

A-2.2 First Name

Matthew

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Elam

A-2.5 Street Address

2675 Little York Road

A-2.6 City

Dayton

A-2.7 State

OH

A-2.8 Zip Code

45414

A-2.9 Phone

9376264558

A-2.10 Email

7pointsinc@gmail.com

Demographic Information(Applicant Organization and Tax Status)

A-3.1 Select One

Limited Liability Company

A-3.1A If other, explain

No response provided by applicant

A-3.2 State of Incorporation or Registration

OH

A-3.3 Date of Formation

05/19/2017

A-3.4 Business Name on Formation Documents

7 Points Group, LLC

A-3.5 Federal Employer ID number

This response has been entirely redacted

A-3.6 Ohio Unemployment Compensation Account Number

No response provided by applicant

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

No response provided by applicant

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

No response provided by applicant

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

YES

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

NO

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

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

No response provided by applicant

Demographic Information(Economically Disadvantaged Business)

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

NO

Demographic Information(District Information)

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

SOUTHWEST-4

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

Montgomery

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 7

A-6.1 First Name

Robert

A-6.2 Middle Name

Peale Polk

A-6.3 Last Name

Leidy

A-6.4 Suffix

Jr

A-6.5 Occupation

Medical Marijuana Management Company and dispensary/cultivation investor/owner

A-6.6 Title in the Applicant's business

Board Member/Owner

A-6.7 Applicant's business related compensation

None

A-6.8 Number of shares owned

316.667

A-6.9 Types of shares owned

Holding Company Shares

A-6.10 Percent interest in Applicant's business

31.66%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

BOARD MEMBER

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

Mr. Leidy will indirectly contribute 31.667% of the \$2,250,000 capital required in addition to 31.66% of

equipment and real estate. Mr. Leidy will directly contribute medical marijuana management expertise and oversight to the 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

162 Palmetto Lane

A-6.17 City

West Palm Beach

A-6.18 State

FL

A-6.19 Zip Code

33405

A-6.20 Phone

5617793260

A-6.21 Email

rleidy@shthera.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 7

A-6.1 First Name

Alexander

A-6.2 Middle Name

Pritchett

A-6.3 Last Name

Coleman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Medical Marijuana Management Company and dispensary/cultivation investor/owner

A-6.6 Title in the Applicant's business

Board Member/Owner

A-6.7 Applicant's business related compensation

None

A-6.8 Number of shares owned

316.667

A-6.9 Types of shares owned

Holding Company Shares

A-6.10 Percent interest in Applicant's business

31.667%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

BOARD MEMBER

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

Mr. Coleman will indirectly contribute 31.667% of the \$2,250,000 capital required in addition to 31.66%

of equipment and real estate. Mr. Coleman will directly contribute medical marijuana management expertise and oversight to the 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 N. Ocean Blvd.

A-6.17 City

Palm Beach

A-6.18 State

FL

A-6.19 Zip Code

33480

A-6.20 Phone

9179694834

A-6.21 Email

acoleman@shthera.com

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

No response provided by applicant

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

No response provided by applicant

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 7

A-6.1 First Name

Kevin

A-6.2 Middle Name

Michael

A-6.3 Last Name

McCluskey

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Medical Marijuana Management Company and dispensary/cultivation investor/owner

A-6.6 Title in the Applicant's business

Board Member/Owner

A-6.7 Applicant's business related compensation

None

A-6.8 Number of shares owned

316.667

A-6.9 Types of shares owned

Holding Company Shares

A-6.10 Percent interest in Applicant's business

31.667%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

BOARD MEMBER

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

Mr. McCluskey will indirectly contribute 31.667% of the \$2,250,000 capital required in addition to

31.66% of equipment and real estate. Mr. McCluskey will directly contribute medical marijuana management expertise and oversight to the 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

253 Esplanade Way

A-6.17 City

Palm Beach

A-6.18 State

FL

A-6.19 Zip Code

33480

A-6.20 Phone

5617627719

A-6.21 Email

kmcccluskey@shthera.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 4 of 7

A-6.1 First Name

Matthew

A-6.2 Middle Name

Lee

A-6.3 Last Name

Elam

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

General and Project Manager

A-6.6 Title in the Applicant's business

Board Member/Owner/Chief Executive Officer

A-6.7 Applicant's business related compensation

\$150,000.00

A-6.8 Number of shares owned

50

A-6.9 Types of shares owned

Holding Company Shares

A-6.10 Percent interest in Applicant's business

5%

A-6.11 Voting percentage

25%

A-6.12 Proposed Role

OFFICER

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

Mr. Elam will provide management operations, manufacturing, process improvement and project

management expertise leadership to the Applicant. Mr. Elam has experience leveraged from leadership roles in manufacturing and plant management with revenues in excess of \$40 million. Mr. Elam brings lean manufacturing, operations management, mentoring, budget analysis to the 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

2675 Little York Road

A-6.17 City

Dayton

A-6.18 State

OH

A-6.19 Zip Code

45414

A-6.20 Phone

9376264558

A-6.21 Email

7pointsinc@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:

36 years

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

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

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 7

A-6.1 First Name

Deborah

A-6.2 Middle Name

Lynn

A-6.3 Last Name

Brewer

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Regulatory, Compliance and Management Operations

A-6.6 Title in the Applicant's business

Chief Operating Officer

A-6.7 Applicant's business related compensation

\$125,000.00

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

Ms. Brewer will contribute operational expertise to the Applicant. Ms. Brewer's responsibilities will be to

oversee and manage dispensary build out, financial planning, compliance, community outreach, patient services and department/managerial operations for the Applicant. Ms. Brewer is currently leading medical cannabis operations out of state for three licenses in Massachusetts. Her previous experience included management for several fortune 500 bio-tech and healthcare companies.

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 Broadway

A-6.17 City

Hanover

A-6.18 State

MA

A-6.19 Zip Code

02339

A-6.20 Phone

7818269380

A-6.21 Email

deb@lxstudios.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 7

A-6.1 First Name

Ginger

A-6.2 Middle Name

Ann

A-6.3 Last Name

Abraham-Freel

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Chief Compliance Officer

A-6.6 Title in the Applicant's business

Chief Compliance Officer

A-6.7 Applicant's business related compensation

\$125,000.00

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

OFFICER

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

Mrs. Abraham-Freel will be contributing compliance and safety oversight to the Applicant. Mrs.

Abraham-Freel brings over 20 years of experience complying with current good manufacturing and dispensing practices in biotech, research, medical devices, pharmaceuticals, biologics and retail environments. Mrs. Abraham-Freel has a thorough knowledge of the Ohio Revised Code.

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

125 Spring Street

A-6.17 City

Hanover

A-6.18 State

MA

A-6.19 Zip Code

02339

A-6.20 Phone

7812488180

A-6.21 Email

gingerabrahamfreel@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 7 of 7

A-6.1 First Name

Carlyssa

A-6.2 Middle Name

Ann

A-6.3 Last Name

Scanlon

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Dispensary Director

A-6.6 Title in the Applicant's business

Dispensary Director

A-6.7 Applicant's business related compensation

\$90,000

A-6.8 Number of shares owned

0

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0

A-6.11 Voting percentage

0

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

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

Ms. Scanlon will contribute Dispensary Director expertise to the Applicant. Primary responsibilities will

be to oversee the opening and expanding of multiple locations as the Applicant plans to open several dispensaries. Ms. Scanlon will oversee the creation of policies and procedures, and will implement new policies based on the dynamic laws of the industry and the growth of the Applicant. As Dispensary Director, Ms. Scanlon will oversee a growing staff and will be responsible for hiring, train

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

175 K Centre Street Apt.1124

A-6.17 City

Quincy

A-6.18 State

MA

A-6.19 Zip Code

02169

A-6.20 Phone

9086706573

A-6.21 Email

cscanlon@shthera.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 7

B-3.1 First Name

Robert

B-3.2 Middle Name

Peale Polk

B-3.3 Last Name

Leidy

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Board Member/Owner

B-3.6 Brief description of role

On The Board, Mr. Leidy establishes corporate management-related policies. The Board is responsible for the overall well-being of the Dispensary, sets broad Dispensary goals, supports executives in their duties, and ensures the Dispensary has adequate and well-managed resources. On The Board, Mr. Leidy is responsible for the selection and replacement of executives, and executive compensation.

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.

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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.

Commonwealth Alternative Care Inc
26 Watson Street
Suite 1
Cambridge MA 02139

Herbology Group Inc
82 Wendell Ave
Suite 100
Pittsfield MA 02101

Verdant Medical Inc
1400 Hancock Street, 3rd Floor
Quincy MA 02169

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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 7

B-3.1 First Name

Alexander

B-3.2 Middle Name

Pritchett

B-3.3 Last Name

Coleman

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Board Member/Owner

B-3.6 Brief description of role

Mr. Coleman on The Board establishes corporate management-related policies. The Board is responsible for the overall well-being of the Dispensary, sets broad Dispensary goals, supports executives in their duties, and ensures the Dispensary has adequate and well-managed resources. On The Board, Mr. Coleman is responsible for the selection and replacement of executives, and executive compensation.

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.

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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.

Commonwealth Alternative Care Inc
26 Watson Street
Suite 1
Cambridge MA 02139

Herbology Group Inc
82 Wendell Ave
Suite 100
Pittsfield MA 02101

Verdant Medical Inc
1400 Hancock Street, 3rd Floor
Quincy MA 02169

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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 7

B-3.1 First Name

Kevin

B-3.2 Middle Name

Michael

B-3.3 Last Name

McCluskey

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Board Member/Ower

B-3.6 Brief description of role

With The Board, Mr. McCluskey establishes corporate management-related policies. The Board is responsible for the overall well-being of the Dispensary, sets broad Dispensary goals, supports executives in their duties, and ensures the Dispensary has adequate and well-managed resources. Mr. McCluskey on The Board is responsible for the selection and replacement of executives, and executive compensation.

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.

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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.

Commonwealth Alternative Care Inc
26 Watson Street
Suite 1
Cambridge MA 02139

Herbology Group Inc
82 Wendell Ave
Suite 100
Pittsfield MA 02101

Verdant Medical Inc
1400 Hancock Street, 3rd Floor
Quincy MA 02169

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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 7

B-3.1 First Name

Matthew

B-3.2 Middle Name

Lee

B-3.3 Last Name

Elam

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Cheif Executive Officer

B-3.6 Brief description of role

Mr. Elam is responsible for all day-to-day Dispensary management decisions and for implementing the Dispensary's long and short term plans. Mr. Elam acts as a direct liaison between the Board and management of the Dispensary and communicates to the Board on behalf of management. The CEO also communicates on behalf of the Dispensary to shareholders, employees, Government authorities, other stakeholders and the public. Mr. Elam owns 5% of the Dispensary.

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

YES

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

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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.

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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 7

B-3.1 First Name

Deborah

B-3.2 Middle Name

Lynn

B-3.3 Last Name

Brewer

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Operating Officer

B-3.6 Brief description of role

The COO is responsible for the day-to-day administration and operation of the business. The COO reports to the CEO and keeps the CEO apprised of significant events. The COO is responsible for creating operations strategy and policies; communicating strategy and policy to employees; fostering employee alignment with Dispensary goals; and overseeing human resource management. Ms. Brewer currently serves as the COO for another medical marijuana facility in Massachusetts which holds a number of cultivation and dispensary licenses.

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.

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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.

Commonwealth Alternative Care Inc
26 Watson Street
Suite 1

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 7

B-3.1 First Name

Ginger

B-3.2 Middle Name

Ann

B-3.3 Last Name

Abraham-Freel

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Chief Compliance Officer

B-3.6 Brief description of role

The CCO is in charge of overseeing and managing compliance issues within the Dispensary, ensuring, for example, that the Dispensary is complying with regulatory requirements and that the Dispensary and its employees are complying with internal policies and procedures. The CCO is responsible for overseeing Dispensary policy and procedure management (defining, communicating, training and attesting to corporate policies and procedures); compliance monitoring (evaluating and measuring the state of compliance across the organization); and investigations (managing investigations into wrong doing and anything that violates regulatory/legal requirements). The CCO is also responsible for routine Dispensary interactions with the Board of Pharmacy (BOP). The CCO reports to the CEO and COO.

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.

7 Points Group LLC
47882 Papermill Road
Coshocton, OH 43812

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 7 of 7

B-3.1 First Name

Carlyssa

B-3.2 Middle Name

Ann

B-3.3 Last Name

Scanlon

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Dispensary Director

B-3.6 Brief description of role

Ms. Scanlon will oversee Dispensary hiring, training, and operations for daily dispensing including management of the Dispensary Manager (Designated Representative) and Dispensary Patient Services Agents. Ms. Scanlon reports to the COO 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

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No response provided by applicant

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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?

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

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YES

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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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No response provided by applicant

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

YES

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

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

YES

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

C-1.1 Attach one of the following:

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

Uploaded Document Name: **C-1.1_PURCHASE OPTION_DAYTON.pdf**

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



CONTRACT TO PURCHASE REAL ESTATE Commercial/Industrial/Investment Real Estate

(Form approved by the Dayton Area Board of Realtors®. This is a legally binding contract.
If the provisions are not understood, legal advice should be obtained.)



1. 1. OFFER. The undersigned Purchaser offers to buy through RE/MAX ALLIANCE/KW HTR Dayton, Ohio 10/15/2017 Broker(s), on the
2. terms and conditions set forth below, the real property (the "Property") located in DAYTON County of MONTGOMERY
3. State of Ohio, described as follows: 2003 S. SMITHVILLE ROAD
- 4.
5. 2. INCLUDED IN THE SALE. The Property shall include the land, all appurtenant rights, privileges and easements, and all buildings,
6. improvements and fixtures, including, but not limited to, such of the following as are now on the Property: all electric, plumbing, heating and air
7. conditioning and humidifying equipment and their control apparatus; attached floor coverings and any attached wall coverings; window coverings
8. and awnings; internet wire for communication systems, telecommunication wiring and cables; security systems and controls; smoke alarms; all
9. exterior landscaping; and the following items of personal property (trade fixtures, furnishings, equipment, etc.):
- 10.
11. 3. PRICE. Purchaser agrees to pay for the Property the sum of \$ 370,000 payable as follows: (a) EARNEST MONEY: Within
12. two (2) business days after acceptance of this offer, Purchaser shall deliver to CLEVELAND HOME TITLE
13. the sum of \$ 5,000 (Earnest Money) to be deposited in the trust or
14. escrow account of the party holding the Earnest Money. The Earnest Money shall be paid to Purchaser or delivered to the closing or escrow agent
15. to be applied on the purchase price at closing. If the closing does not occur because of Seller's default or because any condition of this Contract is
16. not satisfied or waived, Purchaser shall be entitled to the Earnest Money. If Purchaser defaults, Seller shall be entitled to the Earnest Money.
17. When Earnest Money is held by a licensed real estate broker, the broker must maintain the Earnest Money in its trust account until one of the
18. following occurs: (1) the transaction closes and the broker disburses the Earnest Money to the closing or escrow agent or otherwise disburses
19. money pursuant to the terms of this Agreement; (2) the parties provide the broker with written instructions that both parties have signed that specify
20. how the broker is to disburse the Earnest Money; (3) the broker receives a copy of a final court order that specifies to whom the Earnest Money is
21. to be awarded; or (4) the funds become unclaimed and the broker turns them over to the Division of Unclaimed Funds. In the event of a dispute
22. between Seller and Purchaser regarding the disbursement of the Earnest Money, the broker is required by Ohio law to maintain such funds in its
23. trust account until the broker receives (A) written instructions signed by the parties specifying how the Earnest Money is to be disbursed or (B) a
24. final court order that specifies to whom the Earnest Money is to be awarded. If within two years from the date the Earnest Money is deposited in
25. the broker's trust account, the parties have not provided the broker with such signed instructions or written notice that legal action to resolve the
26. dispute has been filed, the broker shall return the Earnest Money to Purchaser with no further notice to Seller. Payment or refund of the Earnest
27. Money shall not prejudice the rights of the Broker(s) or the non-defaulting party in an action for damages or specific performance against the
28. defaulting party. (b) BALANCE: The balance of the purchase price shall be paid by cash (certified or cashier's check) at time of closing. (c)
29. FINANCING: If Purchaser's obligations under this Contract are conditioned on obtaining financing, check here _____ and describe on the
30. Financing Addendum.
31. 4. DEED. Seller shall furnish a transferable and recordable general warranty/limited warranty/fiduciary (circle as applicable; general warranty if
32. nothing circled) deed conveying to Purchaser, or nominee, a marketable title to the Property (as determined with reference to the Ohio State Bar
33. Association Standards of Title Examination) with dower rights, if any, released and free and clear of liens, rights to take liens, and encumbrances
34. whatsoever, except (a) legal highways, (b) any mortgage assumed by Purchaser, (c) all installments of taxes and assessments becoming due and
35. payable after the closing, (d) rights of tenants in possession, (e) zoning and other laws, and (f) easements and restrictions of record which would
36. not prevent Purchaser from using the Property for the following purpose: _____ If title to all or part of
37. the Property is unmarketable or is subject to matters not excepted as provided above, Seller at Seller's sole cost shall cure any title defects and/or
38. remove such matters within 10 days after receipt of written notice from Purchaser, and if necessary the closing date shall be extended to permit
39. Seller the full 10 days to clear title. Seller shall have the right at closing to pay for the removal of any encumbrances or liens out of the purchase
40. price. The cost of any title examination and title insurance shall be borne by Purchaser.
41. 5. INSPECTION. Purchaser reserves the right to make the following inspections of the Property (check one): _____ None ☒ See Inspection
42. Addendum.
43. 6. TAXES. At closing, Seller shall pay or credit on the purchase price (a) all real estate taxes and assessments, including penalties and interest,
44. which became due and payable prior to the closing, (b) a pro rata share, calculated as of the closing date in the manner set forth below, of the
45. taxes and assessments becoming due and payable after the closing, and (c) the amount of any agricultural tax savings accrued as of the closing
46. date which would be subject to recoupment if the Property were converted to a non-agricultural use (whether or not such conversion actually
47. occurs), unless Purchaser has indicated in Paragraph 4 that Purchaser is acquiring the Property for agricultural purposes. If the Property is located
48. in Montgomery County, the tax proration shall be made in accordance with the Montgomery County "short proration" method, in which Seller's
49. share is based upon the number of days from the date of the immediately preceding semi-annual installment to the date of closing. If the Property
50. is located outside of Montgomery County, the tax proration shall be made in accordance with (check one): ☒ The Montgomery County "short
51. proration" method or _____ the "long proration" method, in which Seller's share is based upon the taxes and assessments which are a lien for
52. the year of the closing. (If neither method is checked, the short proration shall apply.) If the short proration method is used, any special
53. assessments which are payable in a single annual installment shall nevertheless be prorated on the long proration method. All proration shall be
54. based upon the most recent available tax rates, assessments and valuations, and the payment made at closing shall be final. Note: Real estate
55. taxes and assessments are subject to retroactive change by governmental authority. The real estate taxes for the Property for the current tax year
56. may change as a result of the transfer or as a result of a change in the tax rates or values.
57. 7. PRORATIONS. Rents, utilities and other operating income and expenses shall be prorated as of the date of closing. Purchaser shall pay all
58. utilities and other operating expenses which may become due and payable following the date of closing. Any security deposits held by Seller shall
59. be transferred to Purchaser at closing.
60. 8. SELLER'S REPRESENTATIONS. Seller represents that those signing this Contract constitute all of the owners of the Property, together with
61. their respective spouses. Seller further represents that with respect to the Property (a) no orders of any public authority are pending, (b) no work
62. has been performed or improvements constructed that may result in future assessments, (c) no notices have been received from any public agency

Purchaser's Initials: ME Seller's Initials: [Signature]

SECURITY AND INFRASTRUCTURE

DAYTON AREA BOARD OF REALTORS®

CONTRACT TO PURCHASE REAL ESTATE

COMMERCIAL/INDUSTRIAL/INVESTMENT REAL ESTATE

64. with respect to condemnation or appropriation, change in zoning, proposed future assessments, correction of conditions, or other similar matters,
65. and (d) to the best of Seller's knowledge, except as indicated below: (1) no toxic, explosive or other hazardous substances have been stored,
66. disposed of, concealed within or released on or from the Property in violation of applicable environmental laws, and no other adverse environmental
67. conditions affect the Property; (2) no underground storage tanks are currently located on the Property nor have any been previously removed from
68. the Property; (3) there is no PCB-containing equipment on the Property; (4) removal of asbestos materials from the Property is not required under
69. any applicable governmental laws, orders or regulations; (5) none of the Property consists of wetlands, nor have any former wetlands on the
70. Property been filled in; and (6) the Property has not been the subject of any type of environmental investigation or cleanup.
71. EXCEPTIONS:

72. These representations shall survive the closing.
73. 9. POSSESSION. Possession shall be given, subject to tenants' rights, AT (insert "at" or number of days after) closing. If possession
74. is to be given after closing, Seller shall vacate no later than ☐ A.M. ☐ P.M. on the possession date and utilities shall not be prorated as in
75. Paragraph 7 but paid for by Seller until the possession date. Seller shall be responsible to Purchaser for any damages caused by Seller's failure to
76. deliver possession on the stated date.
77. 10. DAMAGE OR DESTRUCTION TO PROPERTY. If any buildings or other improvements are substantially damaged or destroyed prior to
78. closing, Purchaser shall have the option (a) to proceed with the closing and receive the proceeds of any insurance payable in connection therewith,
79. or (b) to terminate this Contract. Seller shall keep the Property adequately insured against fire and extended coverage perils prior to closing. Seller
80. agrees to maintain the Property in its present condition until delivery of possession, subject to ordinary wear and tear and the provisions of this
81. paragraph.
82. 11. ACCEPTANCE; CLOSING. This offer shall remain open for acceptance until OCTOBER 18, 2017 at 4:59 p.m. The closing for
83. delivery of the deed and payment of the balance of the purchase shall be held on or before (complete only one, as applicable): (a) the fixed date of
84. FEB. 15, 2018 or (b) days after the expiration (or waiver, if earlier) of the last contingency period provided in this Agreement. The
85. closing shall be held at a time and place mutually agreed upon by Seller and Purchaser. In the event of a failure of the parties to agree, the closing
86. shall be held on the last day designated in this paragraph and the Broker procuring the Purchaser shall designate the time and place of closing.
87. 12. PROFESSIONAL ADVICE AND ASSISTANCE. The parties acknowledge and agree that the purchase of real property encompasses many
88. professional disciplines. While Broker possesses considerable general knowledge, Broker is not an expert on matters of law, tax, financing,
89. surveying, structural conditions, hazardous materials, environmental conditions, inspections, engineering, etc. Broker hereby advises the parties,
90. and the parties acknowledge that they should seek professional expert assistance and advice in these and other areas of professional expertise. In
91. the event Broker provides to the parties names of companies or sources for such advice and assistance, the parties additionally acknowledge and
92. agree that Broker does not warrant, guarantee, or endorse the services and/or products of such companies or sources.
93. 13. SIGNATURES. Only original manual signatures or facsimile signatures (which includes both faxes and PDF documents sent by e-mail) shall
94. be valid for purposes of this Contract and any amendments or any notices to be delivered in connection with this Contract. Documents,
95. amendments or notices given in any manner permitted by this paragraph shall be effective when delivered to a party or its authorized
96. representative, including the broker representing that party and any of the licensees within the brokerage who have an agency relationship with that
97. party. Only original, manually signed documents shall be valid for deeds or other documents to be delivered at closing. This Paragraph 13 cannot
98. be waived except by a manually signed agreement of the parties.
99. 14. GENERAL PROVISIONS. Upon acceptance, this offer and the attached addenda shall become a complete agreement binding upon and
100. inuring to the benefit of Purchaser and Seller and their respective heirs, personal representatives, successors, and assigns, and shall be deemed to
101. contain all of the terms and conditions agreed upon, there being no oral conditions, representations, warranties or agreements. Any subsequent
102. conditions, representations, warranties or agreements shall not be valid and binding upon the parties unless in writing signed by both parties. Upon
103. Purchaser's examination of the Property as provided herein, and except as otherwise provided in this Contract, Purchaser is accepting the Property
104. "as is" in its present condition, relying upon such examination as to the condition, character, size, utility and zoning of the Property. Time is of the
105. essence of all provisions of this Contract. All representations, warranties and agreements in this Contract shall survive the closing. Any word used
106. in this offer and the acceptance thereof shall be construed to mean either singular or plural as indicated by the number of signatures hereto.
107. 15. ADDENDA. The following Addenda and attachments are included and shall be considered an integral part of this Contract:
108. ☐ Financing ☐ Inspection ☐ Other (Describe)

110. Witness:

Purchaser (if entity):

111. Make Deed To:

7 POINTS GROUP, LLC By: Matthew L. Elam

By:

OWNER

Purchaser (if individual(s))

112.

113.

ACCEPTANCE

Date: 10-18, 2017

114.

115.

116. The undersigned Seller (X) accepts the foregoing offer, or () counteroffers according to the initialed changes set forth above or in the attached

117. Addenda, which counteroffer shall remain open for acceptance until , 20 at 4:59 P.M.

118. Witness:

Seller (if entity):

119. Make Deed To:

By:

120.

Seller (if individual(s))

121.

SECURITY AND INFRASTRUCTURE



INSPECTION ADDENDUM CONTRACT TO PURCHASE Commercial/Industrial/Investment Real Estate



PURCHASER 7 POINTS GROUP, LLC
PROPERTY 2003 S. SMITHVILLE ROAD, DAYTON, OH 45420

1. Inspection Profile.

- (a) Purchaser shall have a period of 60 calendar days (this paragraph 1(a) not applicable if number of days not inserted) after the date this Contract is fully executed (the "Physical Inspection Period") to conduct any physical inspections of the structure, mechanical and utility systems, soil conditions and other physical characteristics of the land and improvements desired by Purchaser. Environmental inspections are subject to the terms and limitations set forth in paragraph 1(d) of this Addendum.
- (b) Purchaser shall have a period of 60 calendar days (this paragraph 1(b) not applicable if number of days not inserted) after this Contract is fully executed (the "Lead-Based Paint Inspection Period") to conduct an assessment or inspection of the Property to determine the presence of lead-based paint and/or lead-based paint hazards. The Lead-Based Paint Inspection Period, if applicable, represents the agreed upon time for Purchaser to conduct such assessment or inspection. Purchaser waives any other right or opportunity to conduct an assessment or inspection of the Property for these purposes.
- (c) Purchaser shall have a period of 60 calendar days (this paragraph 1(c) not applicable if number of days not inserted) after the date this Contract is fully executed (the "Lease Inspection Period") to review all leases, rent rolls and financial data furnished by Seller with respect to the Property. Within 20 calendar days after acceptance of this Agreement, Seller shall deliver to Purchaser copies of all leases, rents rolls, operating statements and statements of income and expenses for the Property for the preceding three (3) years (if available), as well as monthly statements for the current year and any other financial records and detail concerning the Property that Purchaser may reasonably request (collectively, the "Lease Information"). The Lease Inspection Period shall be extended by one day for each day that Seller fails to deliver copies of the Lease Information to Purchaser as required under this paragraph. In the event of any material adverse change in the Lease Information that occurs or of which Seller becomes aware after the initial delivery of the Lease Information to Purchaser ("New Information"), Seller shall promptly deliver the New Information to Purchaser and if less than 10 calendar days remain in the Lease Inspection Period, the Lease Inspection Period be extended until the date 10 calendar days after delivery of the New Information. At closing, Seller shall provide updated Lease shall information as current as is reasonably practical.
- (d) Purchaser shall have a period of _____ calendar days (this paragraph 1(d) not applicable if number of days not inserted) after the date this Contract is fully executed (the "Environmental Inspection Period") to conduct an environmental site assessment of the Property. The Environmental Inspection Period shall be extended for no more than _____ calendar days if further environmental testing is requested by Purchaser. Purchaser shall not conduct intrusive testing without Seller's prior approval, such approval not to be unreasonably withheld. Purchaser and Seller acknowledge that the Broker(s) have made no independent investigation to determine whether hazardous materials exist in, on or about the Property.
SELLER TO PROVIDE LEVEL I ENVIRONMENTAL TEST
PRIOR TO CLOSING
- (e) During each applicable Inspection Period, Purchaser and Purchaser's inspectors and contractors shall be permitted access to the Property, at Purchaser's sole risk, at all reasonable times. Purchaser shall be responsible for and shall indemnify, defend and hold Seller harmless against any employees, personal injury or property damage caused or suffered by Purchaser or Purchaser's inspectors or contractors, as a result of their entry onto the Property. All inspectors selected by Purchaser shall be qualified and licensed when appropriate. Unless otherwise provided in this Contract, Purchaser shall pay the costs of all inspections.

2. Notice of Objections.

If Purchaser's inspections of the Property disclose any matters to which Purchaser reasonably objects, Purchaser shall notify Seller in writing specifying the objections prior to the expiration of the applicable Inspection Period. For purposes of this Addendum, Purchaser shall have the right to object only to those matters which (a) materially breach any representations or warranties made by Seller, or (b) materially impair the use, condition, value or suitability of the Property. Purchaser may not object to minor, routine maintenance and repair items not affecting the ordinary use of the Property. Items shall not be considered defective merely because of their age. FAILURE TO NOTIFY SELLER OF ANY OBJECTIONS BEFORE EXPIRATION OF THE APPLICABLE INSPECTION PERIOD SHALL CONSTITUTE A WAIVER OF SUCH OBJECTIONS AND PURCHASER SHALL TAKE THE PROPERTY "AS IS" WITH RESPECT TO SUCH MATTERS.

3. Right to Cure.

In the event Purchaser makes timely objections as permitted in paragraph 2, Seller shall have the right, for a period of 30 calendar days after expiration of the applicable Inspection Period (the "Cure Period"), to either (a) make all necessary repairs or replacements, or take such other actions as may be reasonably necessary, to cure the matters objected to by Purchaser in a good and workmanlike manner or (b) provide other assurances reasonably acceptable to Purchaser, by means of an escrow of funds at closing or otherwise, that the matters to which Purchaser has objected will be repaired, replaced or otherwise cured with due diligence and in a good and workmanlike manner. A separate Cure Period shall apply to each Inspection Period.

SECURITY AND INFRASTRUCTURE

DAYTON AREA BOARD OF REALTORS® INSPECTION ADDENDUM CONTRACT TO PURCHASE

4. Right to Cancel.

If Seller is unwilling or unable to cure the matters to which Purchaser has objected or to provide the assurances described above during the applicable Cure Period, Purchaser shall have the right, at Purchaser's sole option, to cancel the Contract, in which event the Earnest Money shall be returned to Purchaser and the parties shall be released from all further obligations under this Contract. This right of cancellation shall be exercised, if at all, by giving written notice to Seller within 5 calendar days after the expiration of the applicable Cure Period. FAILURE BY PURCHASER TO CANCEL THIS CONTRACT WITHIN SUCH 5-DAY PERIOD SHALL CONSTITUTE A WAIVER BY PURCHASER OF ANY UNCURED OBJECTIONS, AND PURCHASER SHALL TAKE THE PROPERTY "AS IS" WITH RESPECT TO SUCH MATTERS.

5. Release.

Seller and Purchaser release the Broker(s) from any and all liability arising from (a) any action by the Broker(s) in obtaining or recommending an inspector or contractor, (b) the contents of any inspection report or the work of any contractor, (c) any advice concerning the necessity of any inspections, (d) any defect or deficiency in the Property, and (e) the failure to deliver any notice within the time periods provided herein unless specifically requested to do so. This waiver shall survive the closing.

OTHER ADDENDA

SEE ATTACHED LETTER OF INTENT FOR HOLDING FEE AND
LIST OF CONTINGENCIES.

Seller (if entity):

(Name of Entity)

By:

(Authorized Signatory)

Seller (if individual(s)):

Purchaser (if entity):

(Name of Entity)

By:

(Authorized Signatory)

Purchaser (if individual(s)):

SECURITY AND INFRASTRUCTURE



AGENCY DISCLOSURE STATEMENT



The real estate agent who is providing you with this form is required to do so by Ohio law. You will not be bound to pay the agent or the agent's brokerage by merely signing this form. Instead, the purpose of this form is to confirm that you have been advised of the role of the agent(s) in the transaction proposed below. (For purposes of this form, the term "seller" includes a landlord and the term "buyer" includes a tenant.)

Property Address: 2003 S Smithville Road, Dayton Ohio 45420

Buyer(s): 7 Points Group, LLC

Seller(s): Carl Parsons

I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by Matthew Elam, and Re/Max Alliance
AGENT(S) BROKERAGE

The seller will be represented by Linda Kreider / Richard Tebbe, and Keller Williams
AGENTS BROKERAGE

II. TRANSACTION INVOLVING TWO AGENTS IN THE SAME BROKERAGE

If two agents in the real estate brokerage represent both the buyer and the seller, check the following relationship that will apply:

- ☐ Agent(s) _____ work(s) for the buyer and Agent(s) _____ work(s) for the seller. Unless personally involved in the transaction, the broker and managers will be "dual agents", which is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information.
- ☐ Every agent in the brokerage represents every "client" of the brokerage. Therefore, agents and _____ will be working for both the buyer and seller as "dual agents". Dual agency is explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____

III. TRANSACTION INVOLVING ONLY ONE REAL ESTATE AGENT

- Agent(s) _____ and real estate brokerage _____ will
- ☐ be "dual agents" representing both parties in this transaction in a neutral capacity. Dual agency is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____
- ☐ represent only the (check one) ☐ seller or ☐ buyer in this transaction as a client. The other party is not represented and agrees to represent his/her own best interest. Any information provided the agent may be disclosed to the agent's client.

CONSENT

I (we) consent to the above relationships as we enter into this real estate transaction. If there is a dual agency in this transaction, I (we) acknowledge reading the information regarding dual agency explained on the back of this form.

7 Points Group, LLC, Matthew Elam 10/16/17
BUYER/TENANT DATE

Carl Parsons _____
SELLER/LANDLORD DATE

BUYER/TENANT DATE

SELLER/LANDLORD DATE

SECURITY AND INFRASTRUCTURE

DUAL AGENCY

Ohio law permits a real estate agent and brokerage to represent both the seller and buyer in a real estate transaction as long as this is disclosed to both parties and they both agree. This is known as dual agency. As a dual agent, a real estate agent and brokerage represent two clients whose interests are, or at times could be, different or adverse. For this reason, the dual agent(s) may not be able to advocate on behalf of the client to the same extent the agent may have if the agent represented only one client.

As a dual agent, the agent(s) and brokerage shall:

- Treat both clients honestly;
- Disclose latent (not readily observable) material defects to the purchaser, if known by the agent(s) or brokerage;
- Provide information regarding lenders, inspectors and other professionals, if requested;
- Provide market information available from a property listing service or public records, if requested;
- Prepare and present all offers and counteroffers at the direction of the parties;
- Assist both parties in completing the steps necessary to fulfill the terms of any contract, if requested.

As a dual agent, the agent(s) and brokerage shall not:

- Disclose information that is confidential, or that would have an adverse effect on one party's position in the transaction, unless such disclosure is authorized by the client or required by law;
- Advocate or negotiate on behalf of either the buyer or seller;
- Suggest or recommend specific terms, including price, or disclose the terms or price a buyer is willing to offer or that a seller is willing to accept;
- Engage in conduct that is contrary to the instructions of either party and may not act in a biased manner on behalf of one party.

Compensation: Unless agreed otherwise, the brokerage will be compensated per the agency agreement.

Management Level Licensees: Generally the broker and managers in a brokerage also represent the interests of any buyer or seller represented by an agent affiliated with that brokerage. Therefore, if both buyer and seller are represented by agents in the same brokerage, the broker and manager are dual agents. There are two exceptions to this. The first is where the broker or manager is personally representing one of the parties. The second is where the broker or manager is selling or buying his own real estate. These exceptions only apply if there is another broker or manager to supervise the other agent involved in the transaction.

Responsibilities of the Parties: The duties of the agent and brokerage in a real estate transaction do not relieve the buyer and seller from the responsibility to protect their own interests. The buyer and seller are advised to carefully read all agreements to assure that they adequately express their understanding of the transaction. The agent and brokerage are qualified to advise on real estate matters. IF LEGAL OR TAX ADVICE IS DESIRED, YOU SHOULD CONSULT THE APPROPRIATE PROFESSIONAL.

Consent: By signing on the reverse side, you acknowledge that you have read and understand this form and are giving your voluntary, informed consent to the agency relationship disclosed. If you do not agree to the agent(s) and/or brokerage acting as a dual agent, you are not required to consent to this agreement and you may either request a separate agent in the brokerage to be appointed to represent your interests or you may terminate your agency relationship and obtain representation from another brokerage.

Any questions regarding the role or responsibilities of the brokerage or its agents should be directed to an attorney or to:

Ohio Department of Commerce
Division of Real Estate & Professional Licensing
77 S. High Street, 20th Floor
Columbus, OH 43215-6133
(614) 466-4100



SECURITY AND INFRASTRUCTURE

7 POINTS GROUP, LLC

2675 Little York Road

Dayton, OH 45414

937-626-4558

October 12, 2017

Keller Williams
Attn Linda Kreider
linda@commercialdayton.com
937-545-2872

Re: 2003 S Smithville Road
Dayton, OH 45420

Dear Linda:

I am pleased to present you with the following offer to enter into a purchase agreement for the real estate and building at 2003 S Smithville Road, Dayton, OH ("Property").

Purchaser: 7 Points Group, LLC or its designee or affiliates

Property: Property includes free-standing building and land at 2003 S Smithville Road, Dayton, OH, consisting of approximately 3200 SF and .5 acres.

Purchase Price: \$370,000

Earnest Money: \$5,000 (the "Deposit") will be deposited by Purchaser into an escrow account to be maintained by Cleveland Home Title Company as escrow agent ("Escrow Agent") within five (5) business days after the execution of a formal Purchase Agreement (the "Purchase Agreement"). The Deposit shall be credited to Purchaser upon the close of the transaction contemplated by this letter of intent (the "Transaction").

Holding Fee: Purchaser to pay \$1,000 per month (non-refundable, non-applicable) directly to Seller as a holding fee until notification of a license has been granted or denied.

Use: Medical marijuana dispensary

EXCLUSIVITY: For a period of 90 days from the date of a signed purchase agreement, which shall be extended for 30 days for the date upon which Buyer receives notice of whether its application to operate a medical marijuana dispensary at the Premises has been granted or denied, Seller shall not sell or lease the Premises or engage a broker or similar representative to sell or lease the Premises.

DUE DILIGENCE: Purchaser shall have a sixty (60) calendar day due diligence period from the date of execution of the Purchase Agreement (the "Due Diligence Period") to inspect the property, and ascertain whether the physical condition of the property and the improvements thereon are acceptable to Purchaser. Seller will provide requested due diligence material, if available, within five days after written request made by Purchaser. At the end of the Due Diligence Period, the parties shall proceed with closing subject to the other contingencies described below. All costs incurred by Purchaser for the inspections shall be the sole responsibility of the Purchaser. Purchaser shall hold Seller harmless against all claims arising during the Due Diligence Period due to Purchaser's Due Diligence activities.

SECURITY AND INFRASTRUCTURE

CONTINGENCIES: Purchaser's obligation to close shall be contingent on the following:

- Purchaser obtaining the executed state form from an authorized representative of Montgomery County that the Property is zoned for use as a medical marijuana dispensary.
- Execution by Seller of a notarized statement (and any other documents required by the State of Ohio) that Purchaser intends to use the real estate for operation of a licensed medical marijuana dispensary.
- Approval by the State of Ohio that Purchaser is licensed and authorized to operate a medical marijuana dispensary at the Property address. Anticipated approval is January 30, 2018 although a 30 to 60 day extension is a distinct possibility.
- Approval by the local city or other governmental jurisdiction permitting the use of the Property as a medical marijuana dispensary.

CLOSING COSTS: Purchaser shall pay at Closing: (1) one-half of the fees, costs and expenses of Escrow Agent and (2) one-half of the premium for owners title insurance policy. Seller shall pay at Closing: (1) all recording charges and conveyance fees for the deed for the Property, (2) title search and one-half of owners title insurance and (3) one-half of the fees, costs, and expenses of the Escrow Agent.

CLOSING: Within fourteen (14) calendar days immediately following the obtaining of the state license to operate a medical marijuana dispensary at the Property.

BROKERAGE: All parties acknowledge that Linda Kreider, Keller Williams and Matthew Elam, Re/Max Alliance are the only brokers involved in this Transaction. At closing, Seller shall pay Real estate commissions out of escrow. Seller and Purchaser shall indemnify Brokers for any claims directed toward Brokers related to the fact that the purpose of the sale is for purchaser to establish a medical marijuana dispensary.

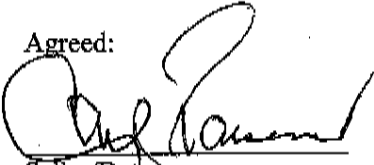
This letter of intent is not intended to create a binding agreement on Seller to sell or Purchaser to buy. The purpose of this letter is to set forth the primary terms and conditions upon which to prepare and execute the Purchase Agreement. All other terms and conditions shall be negotiated in the Purchase Agreement.

Sincerely,

Matthew Elam

Matt Elam
7 Points Group, LLC
CEO, Authorized Representative

Agreed:


Seller/Date

SECURITY AND INFRASTRUCTURE

Ohio Department of Commerce

George V. Volnovich, Governor

Division of Environmental Protection, Bureau of Underground Storage Tank Regulations
4400 East Avenue, Suite 200 • Dayton, OH 45424-2000 • (513) 454-1500

Nancy S. Chiles, Director

April 17, 1992

Mr. Carl Parson
2003 S. Smithville Rd.
Dayton, OH 45410

RE: Parson's 76
2003 S. Smithville Rd.
Dayton, OH 45410
Montgomery County
Incident #8711995-00


Dear Mr. Parson:

The State Fire Marshal, Bureau of Underground Storage Tank Regulations (BFM, Bureau) has received information regarding the closure of the underground storage tank (UST) located at the aforementioned site. Our review of the information received and associated information indicates that you have met the closure requirements for the closure assessment. Regarding closure assessment activities at this site, BFM is not requiring any further action at this time.

As the information potentially not discovered or revealed, nothing in this letter should be interpreted as a guarantee or warranty that no problem exist at the aforementioned site. In addition, this letter does not release the responsible party from future responsibility and liability under sections 3737.88 through 3737.92 of the Ohio Revised Code, other state laws and regulations under the Federal Clean Water Act, Resource Conservation and Recovery Act, or Comprehensive Environmental Response, Compensation, and Liability Act for existing conditions resulting from any release of contaminants to the environment.

If you have questions about this determination, please contact me at (513) 454-1500.

Sincerely,


Brian S. Tamm
Environmental Services Specialist I
Public Information Section
Bureau of Underground
Storage Tank Regulations

BST:ash

cc: File #8711995-00

SECURITY AND INFRASTRUCTURE

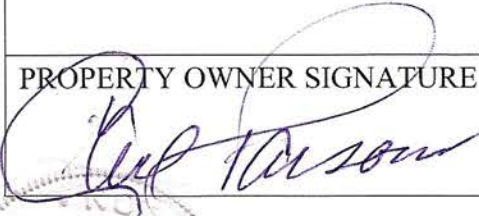
Medical Marijuana Control Program

Dispensary Application

Property Owner Approval for Use Form

(Attachment to Application Section C-1.1e)

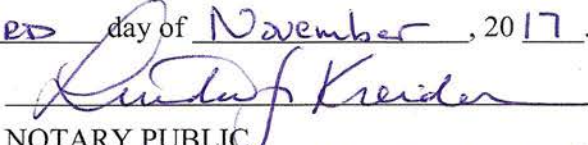
To be Completed by the Applicant		
Business Name of Applicant: 7 Points Group, LLC		
Physical Address of Proposed Medical Marijuana Dispensary Location: 2003 S Smithville Road		
City: Dayton		County: Montgomery
State: Ohio	Zip Code: 45420	Phone Number: 937-626-4558

To be Completed by the Owner of the Physical Address of the Proposed Dispensary	
Name of Owner of the Physical Address of the Proposed Medical Marijuana Dispensary: Carl Parsons	
<input type="checkbox"/> Lease/Term: -OR- <input checked="" type="checkbox"/> Purchase:	
The owner of the physical address of the proposed Medical Marijuana Dispensary gives permission to the Business applying for a Medical Marijuana Dispensary License to operate a Medical Marijuana Dispensary facility at the physical address should a provisional license be awarded to Business.	
PROPERTY OWNER SIGNATURE 	DATE SIGNED 11-3-17

Subscribed and sworn to before me this 3rd day of November, 2017.

(SEAL)

NOTARY PUBLIC


Notary Public in and for the State of Ohio.
My Commission expires October 3, 2018.

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

7 Points Group, LLC

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

No response provided by applicant

C-1.4 Business Address

2003 S. Smithville Road

C-1.5 City

Dayton

C-1.6 State

OH

C-1.7 Zip Code

45420

C-1.8 Phone

9376264558

C-1.9 Email

7pointsinc@gmail.com

Business Plan(Site and Facility Plan)

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

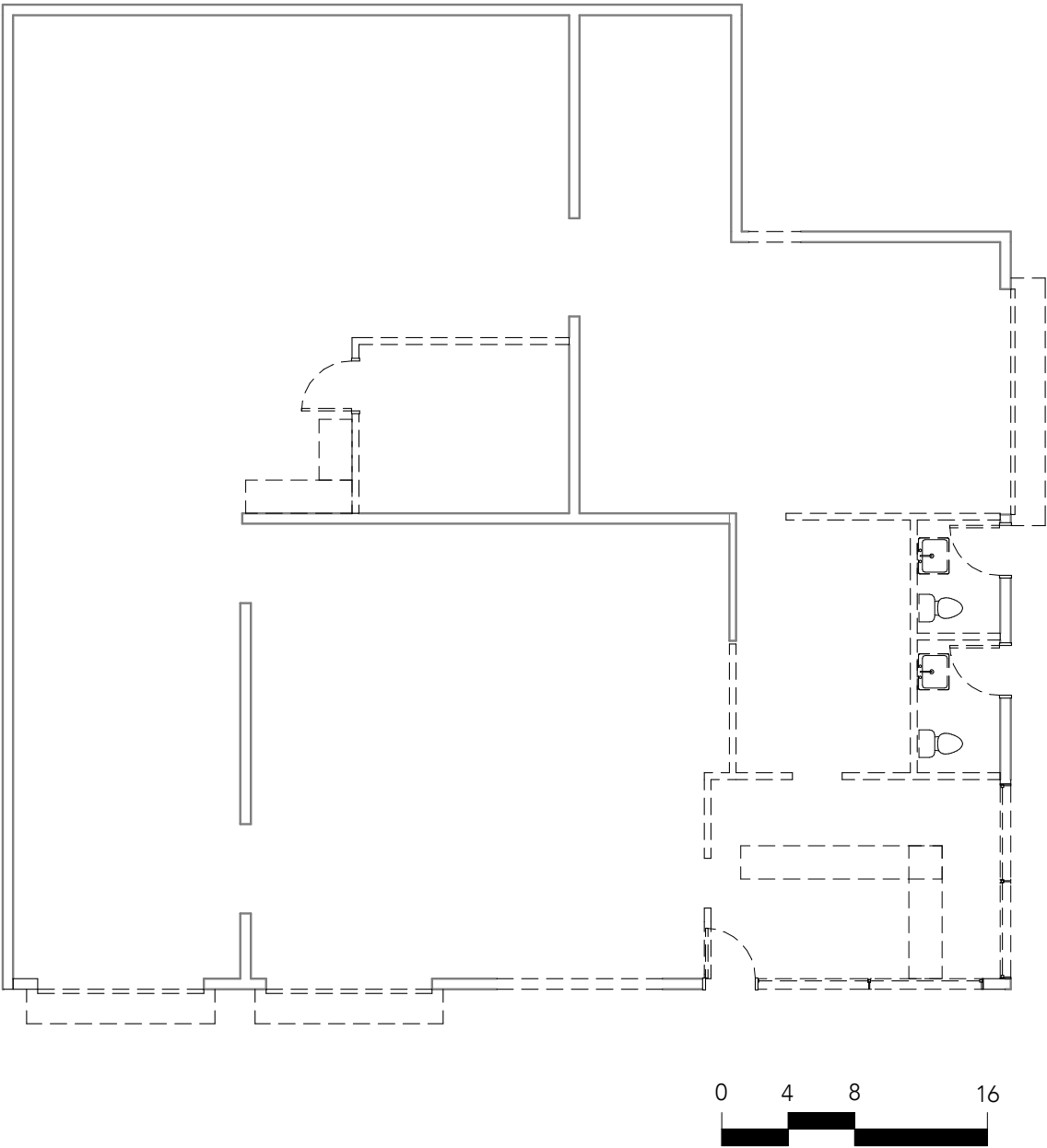
- If the facility is in existence at the time that the provisional license application is submitted, submit plans and specifications drawn to scale for the interior of the facility.
- If the facility is in existence at the time that the provisional license application is submitted, and the Applicant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

Uploaded Document Name: **C-2.1_SITE PLANS & SPECIFICATIONS_DAYTON.pdf**

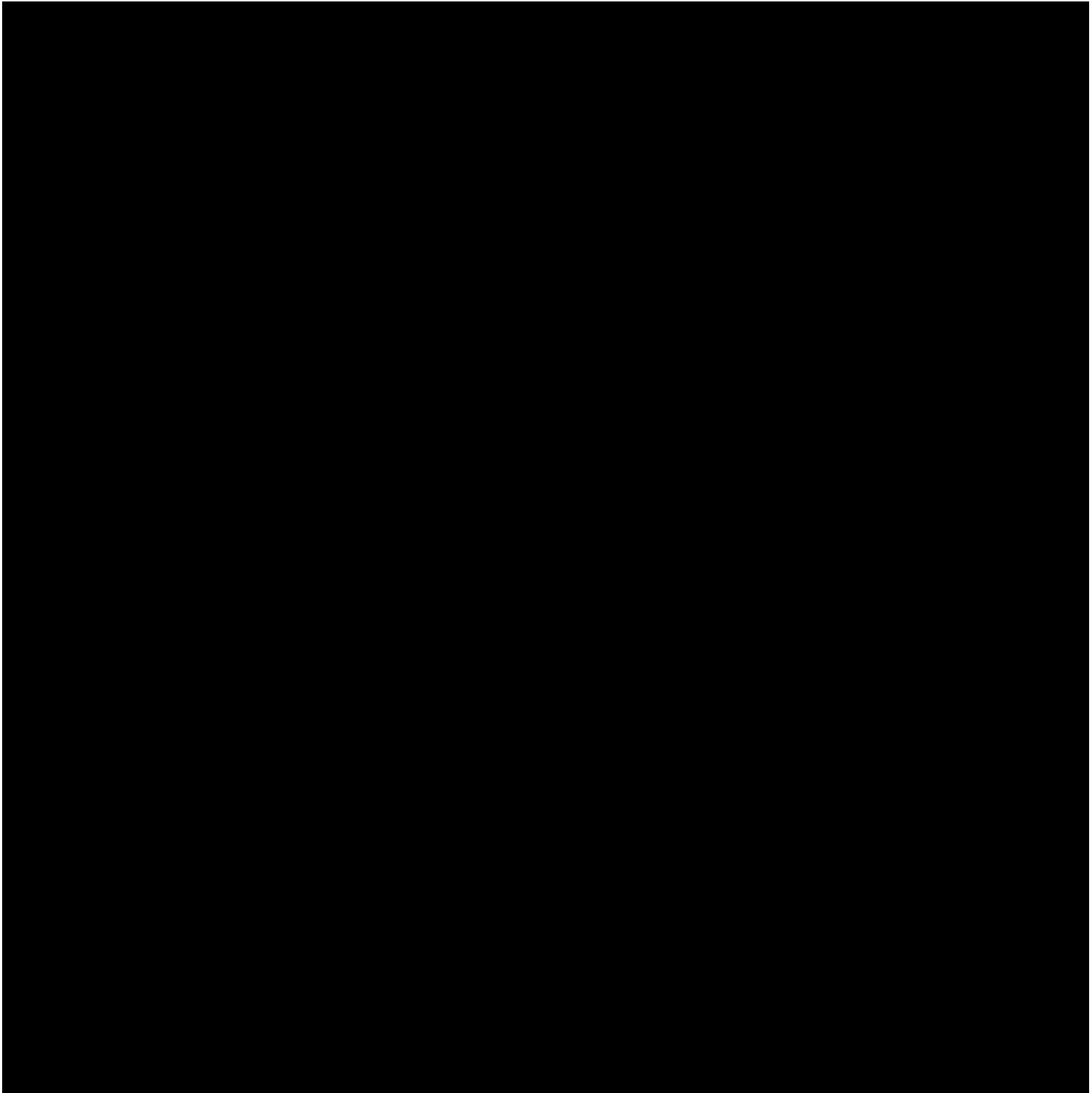
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SECURITY AND INFRASTRUCTURE

PROPOSED DEMOLITION PLAN



SECURITY AND INFRASTRUCTURE



SECURITY AND INFRASTRUCTURE

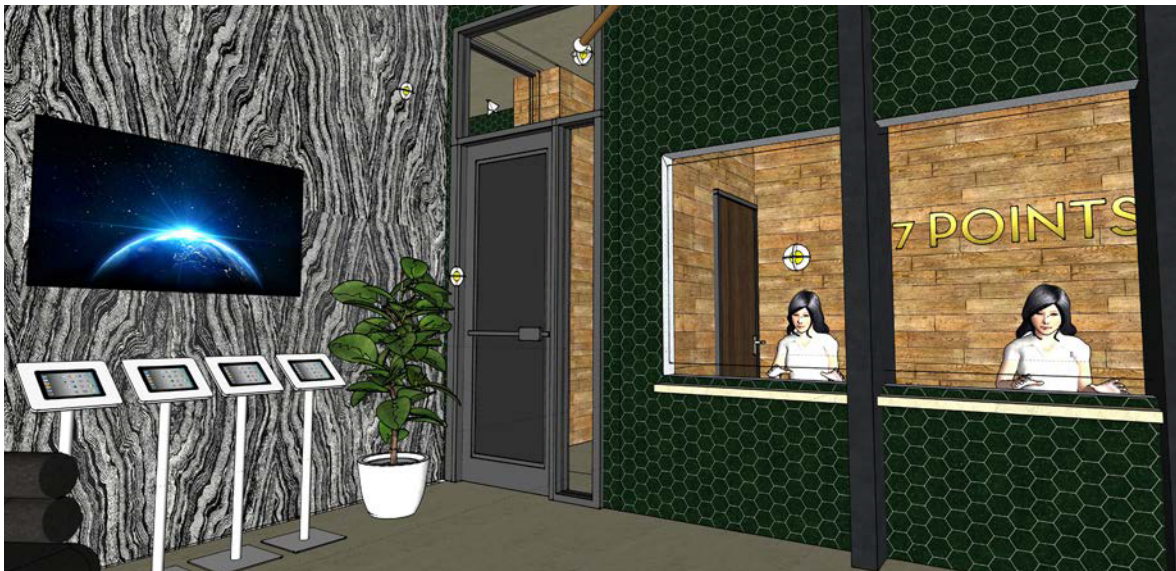
SECURITY AND INFRASTRUCTURE



7 POINTS | FACILITIES STUDY | 2003 SOUTH SMITHVILLE RD, DAYTON OH
NOVEMBER 10, 2017 | R0 | 170663.03

SECURITY AND INFRASTRUCTURE

BRANDING CONCEPT IMAGES



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_ZONING FORM & SURVEY_DAYTON.pdf**

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



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

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

To be Completed by Applicant		
Business Name of Applicant: 7 Points Group, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 2003 S. Smithville Road		
City: Dayton	County: Montgomery	
State: Ohio	Zip Code: 45420	Phone Number: 937-626-4558
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government CITY OF DAYTON		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of DAYTON 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 DAYTON HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Permit (Required to check one box)

- ☐ The Applicant has received local zoning approval and was issued a permit.
*If Applicant checks this box, Applicant must attach the permit issued.
- ☐ The Applicant has applied for local zoning approval, but was not yet issued a permit.
- ☒ No zoning approval was applied for and no permit was received at this time.

Printed Name of Local Government Representative:

Carl J. Daugherty

Title:

Zoning Admin.

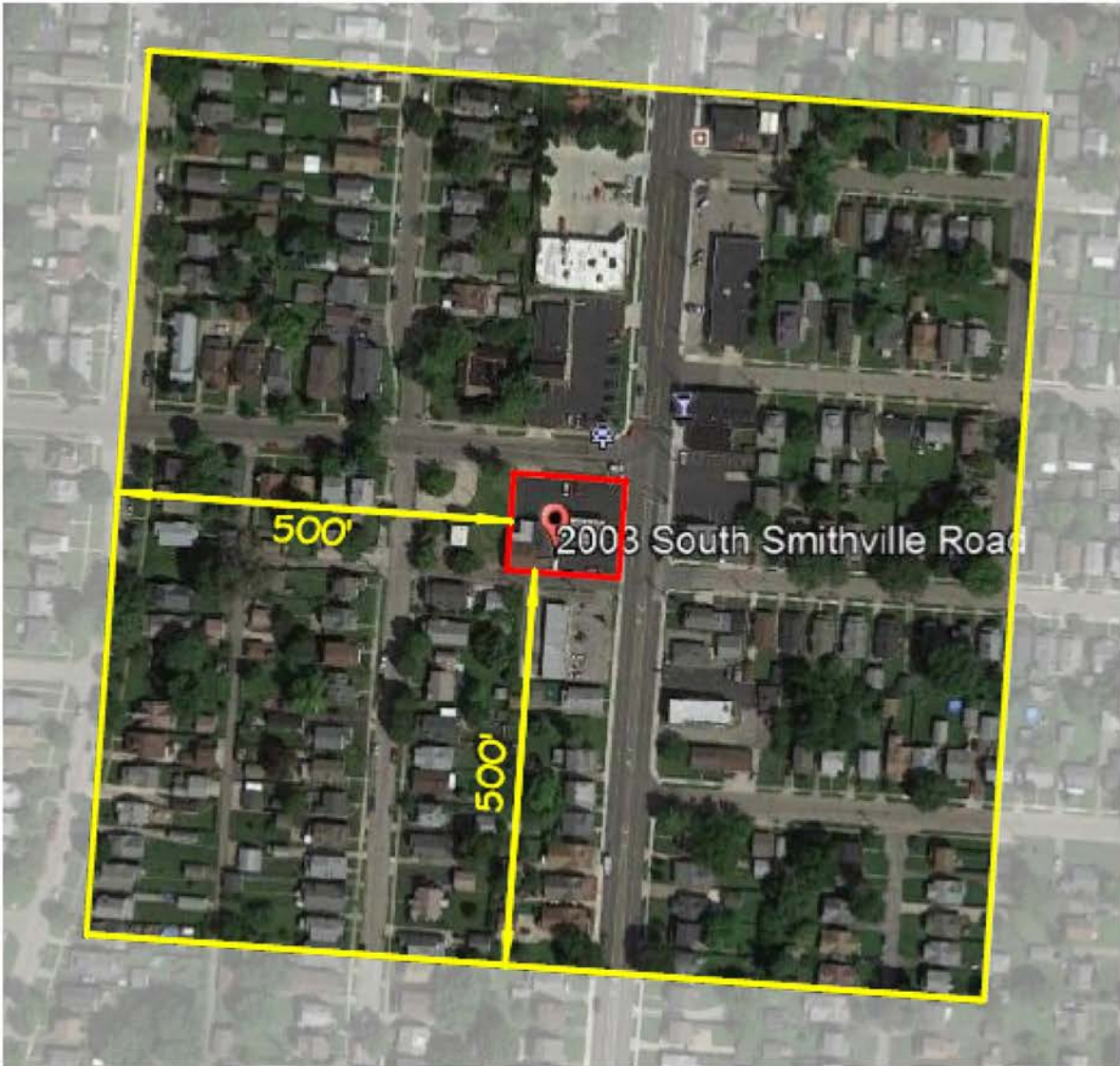
Signature:

Carl J. Daugherty

Date:

11/8/17

Vicinity and Compliance Survey of 2003 S. Smithville Rd., Dayton, OH



Subject Address



Nearby Detail



Landmark Survey Group, Inc. hereby certifies that, based on a site observation of the above address and vicinity performed on October 29th, 2017, there are no prohibited facilities as defined in ORC 3796.30 within a 500' radius of the exterior property boundaries. Prohibited facilities defined as the following:

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary (as defined in ORC 5104.01 and 2950.034)
- Church (as defined in ORC 1710.01)
- Public Library (as defined in ORC Chapter 3375)
- Public Playground (including state or local government property)
- Public Park (including state or local government property)
- Community Addiction Services Provider as defined in ORC 5119.01

Attested to by:



Scott D. Grundeir

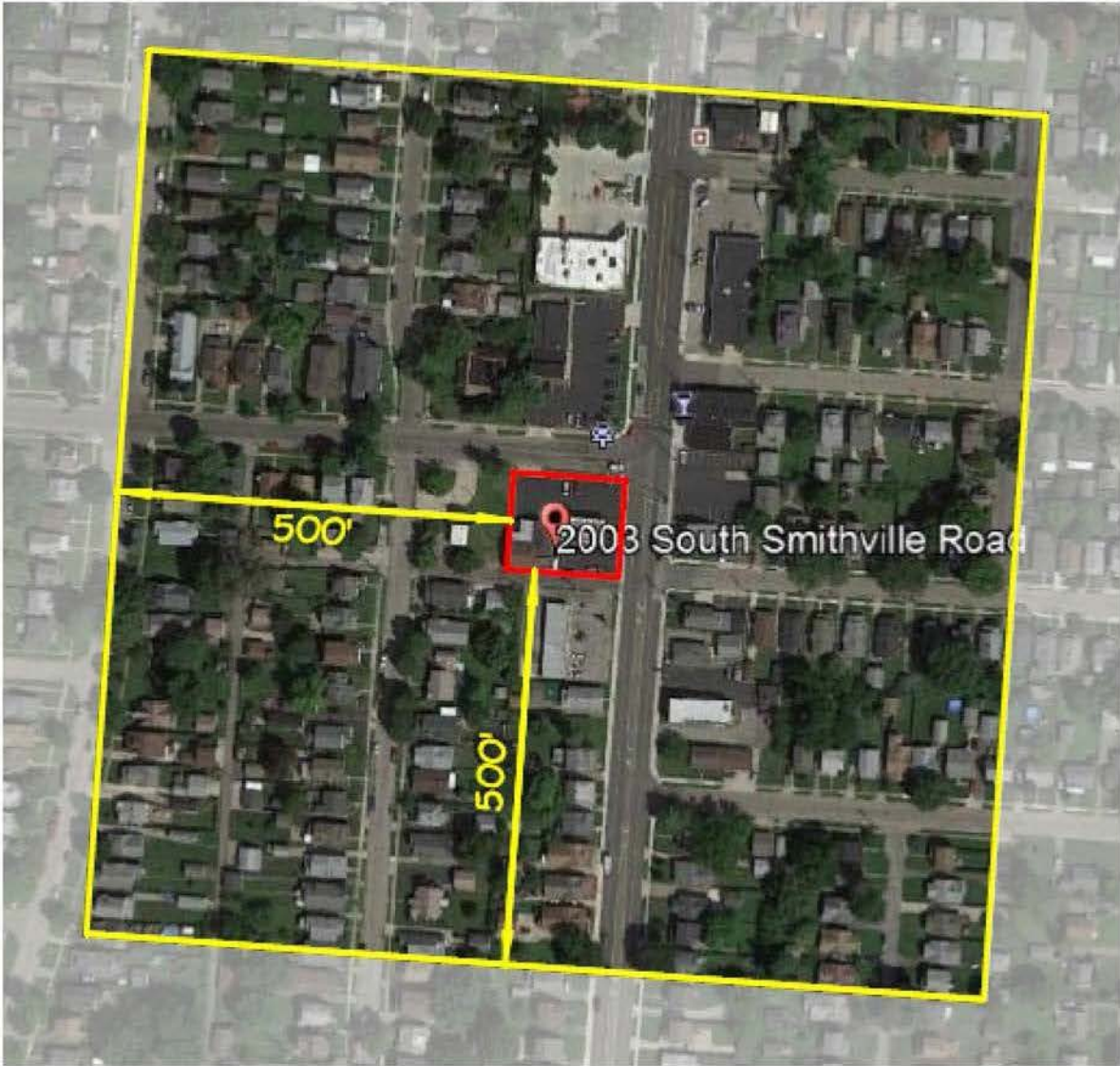
Scott Grundeir

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_DAYTON.pdf**

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

Vicinity and Compliance Survey of 2003 S. Smithville Rd., Dayton, OH



Subject Address



Nearby Detail



Landmark Survey Group, Inc. hereby certifies that, based on a site observation of the above address and vicinity performed on October 29th, 2017, there are no prohibited facilities as defined in ORC 3796.30 within a 500' radius of the exterior property boundaries. Prohibited facilities defined as the following:

- School including child day-care centers, preschools, or a public or nonpublic primary school or secondary (as defined in ORC 5104.01 and 2950.034)
- Church (as defined in ORC 1710.01)
- Public Library (as defined in ORC Chapter 3375)
- Public Playground (including state or local government property)
- Public Park (including state or local government property)
- Community Addiction Services Provider as defined in ORC 5119.01

Attested to by:



Scott D. Grundeir

Scott Grundeir

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

STARTUP PLAN: The Dispensary's Business Startup Plan addresses the process, methods, and steps used to open a compliant and industry "best practices" business within six months of a provisional license award, as described in the narrative and timeline below. The Dispensary's business plan is explained in Section C, its operations plan summarized in Section D, and its Patient Care Plan is explained in Section E. Specific relevant sections are referenced below.

ROBUST SECURITY AND SURVEILLANCE: Notably, the security system will be tailored specifically for the Dispensary and implemented in four phases, which will be completed within the first six months of the provisional license award. Under the first phase, which occurred during preparation of this application, the Dispensary utilized a nationally-renowned security expert to prepare the Dispensary's Security Plan and the proposed security system set forth in Section D-2.2. (See Attachment 3.1.1 Security System Design). In the second phase, the security expert will prepare a Risk Assessment for the Dispensary upon the award of a provisional license. In consultation with the Dispensary, the architect and building team, the local Chief of Police and local Fire Chief, the security expert will review the proposed Security Plan described in Section D-2.2 and prepare a set of recommendations for improvements to the Dispensary's customized security system and surveillance equipment and software based on this site-specific assessment. During this phase, the expert looks at a range of issues, such as the legal and regulatory requirements, as well as the potential threats and vulnerabilities internally and externally for the location. Under the third phase, the security expert then takes the results of the Risk Assessment and updates the Dispensary Security Plan based on the threats, vulnerabilities, and consequences facing the Dispensary.

The Security Plan will address threats occurring from all hazards, including both man-made and natural disasters, and physical security measures to protect against such hazards, such as access control, communications capabilities, intrusion detection systems, perimeter security, after-hours security and physical design features. The Security Plan will address Dispensary situational awareness, threat deterrence, and overall building security. This includes procedures for communications, monitoring, access control, and intrusion detection, among others. The Security Plan will also be prepared with input from the local police and fire to ensure public support and credibility. Finally in the fourth phase, working with the Dispensary, and based on the findings in the Risk Assessment, the security expert will also prepare a design specification and recommendations for the Dispensary's security system. The second and third phases will occur in the first two months. By the end of the second month, the Director of Security will oversee the procurement and installation of the completed security system, to include its surveillance and alarm systems. (See Attachment C-3-1.1 Six Month Start Up Timeline, Gantt Chart, Security System Design).

EMPLOYEE QUALIFICATIONS AND TRAINING: The Dispensary will immediately begin to hire and train additional employees, including through its minority and veteran recruitment program, and

conduct background checks to support this hiring. All employees will meet state requirements, including Ohio Admin. Code 3796:6-2-09 and all employees will be screened for character and integrity. By the second month, and on an ongoing basis, the Dispensary Director will implement the foundational and continuing training program. All employees will undergo a 60-day probationary training period before being permanently hired. Training modules are organized by topic and the program is extensive. The program and modules are described in more detail in Sections E.1 and E.2.

STORAGE OF MEDICAL MARIJUANA: The Dispensary Director will oversee the “build out” of a state-of-the-art storage area within three months, which will include a custom-made vault room, equipped with independent locking and monitoring systems. These areas will be monitored at all times by on-site security guards and a remote monitoring station through the Dispensary’s Security and Surveillance program. The area will include signs indicating it is a restricted access area. The Dispensary will further enhance the storage area with “triple redundancy” security and surveillance features. Section D-4.4 further describes the Dispensary’s storage program in detail. (See Attachment C-3.1.1).

INVENTORY MANAGEMENT: Immediately upon award of a provisional license, the Dispensary will begin the procurement and installation process for the Inventory Control System (Inventory Control System), which will be tailored for the Ohio medical marijuana inventory control requirements as informed by industry best practices and the Dispensary team’s operational experience. By the fourth month, the Chief Compliance Officer will oversee the installation and start-up of the Inventory Control System and fully implement the Dispensary’s strict inventory control program. The Inventory Control System will ensure “seed to sale” accountability for all medical marijuana, seeds, materials, by-products, and waste, and will be available to the Board of Pharmacy at all times. The Dispensary’s inventory management process is further described in Section D-6.8.

RECORDKEEPING: The Dispensary will immediately finalize its recordkeeping policies and procedures (i.e. Standard Operating Procedures), and train all employees in these requirements. Standard Operating Procedures will be complete by the fifth month or sooner, and include, among other things: employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary; operating procedures and controls; audit records; staffing plans; business records; surveillance records; attendance logs; and quality assurance review logs. This is further described in Section D-9.2.

PREVENTION OF MEDICAL MARIJUANA DIVERSION: The Chief Compliance Officer and Security Director will fully implement the Diversion Prevention Plan within six months, which will ensure safe and efficient storing, handling, and disposal of all products from our Dispensary. The Diversion Prevention Program not only addresses the prevention of, but also the reporting of, investigation into, and corrective actions for any diversion occurrence. The Diversion Prevention Program covers training, which will be provided to all employees and owners, as well as the Dispensary’s diversion inventory control practices and procedures, including the Inventory Control System, which tracks cannabis from “seed to sale.” Section D-7.1 provides a summary of the procedures and controls that the Dispensary will implement 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.

FINANCIAL PLAN: In compliance with Ohio Admin. Code 3796:6-2-02(B)(10), the Company has prepared a detailed Financial Plan for the proposed Dispensary which includes intended wage rates and benefits packages for all employees and covers all expenses and costs for the first year of operations. (See Attachment C-3.1.1 Detailed Company’s Financial Plan, Six Month Start Up Timeline, and Gantt Chart). The Plan, also includes a detailed 5-year financial forecast which demonstrates profitability, sustainability, compliance, and an understanding of the medical cannabis market and a detailed list of assumptions that are critical in the construction of the financial model so that the Board

of Pharmacy can assess our expectation of market demand, capital expenditures, output capacity and operating efficiencies. The assumptions found within our financial forecast are derived from a variety of sources, including publicly available information, third party professional advisors and direct contributions from our team of experienced operating and management personnel. Our approach is to budget carefully using a knowledge-based, collaborative system, drawing from both internal and external resources, producing an operating budget and capital requirements to meet that budget. We then estimate additional capital needs to address any exogenous events that could slow or hamper operations and be prepared to scale our operation faster if patient demand merits or temper expansion if patient demand or market conditions require a slower approach. With no precedent in the State for a medical cannabis program, an adaptive business plan with adequate capital reserves is critical for the long-term success to service the needs of registered patients.

MINIMUM REQUIREMENTS: The Company has secured all required financing as evidenced in Attachment C-5.5.1 to effectively and efficiently execute Dispensary operations upon issuance of a provisional license. All funds are currently held in escrow and will be issued on a draw basis upon written request from the Company's Board of Directors. As evidenced in Section C-5.5, the Company has access to both liquid assets and a loan that exceeds three times the projected overall total capital expenditures. We have contracts for the properties, firm proposals for the building and equipment, and the capital required to be operational immediately following the award of a license.

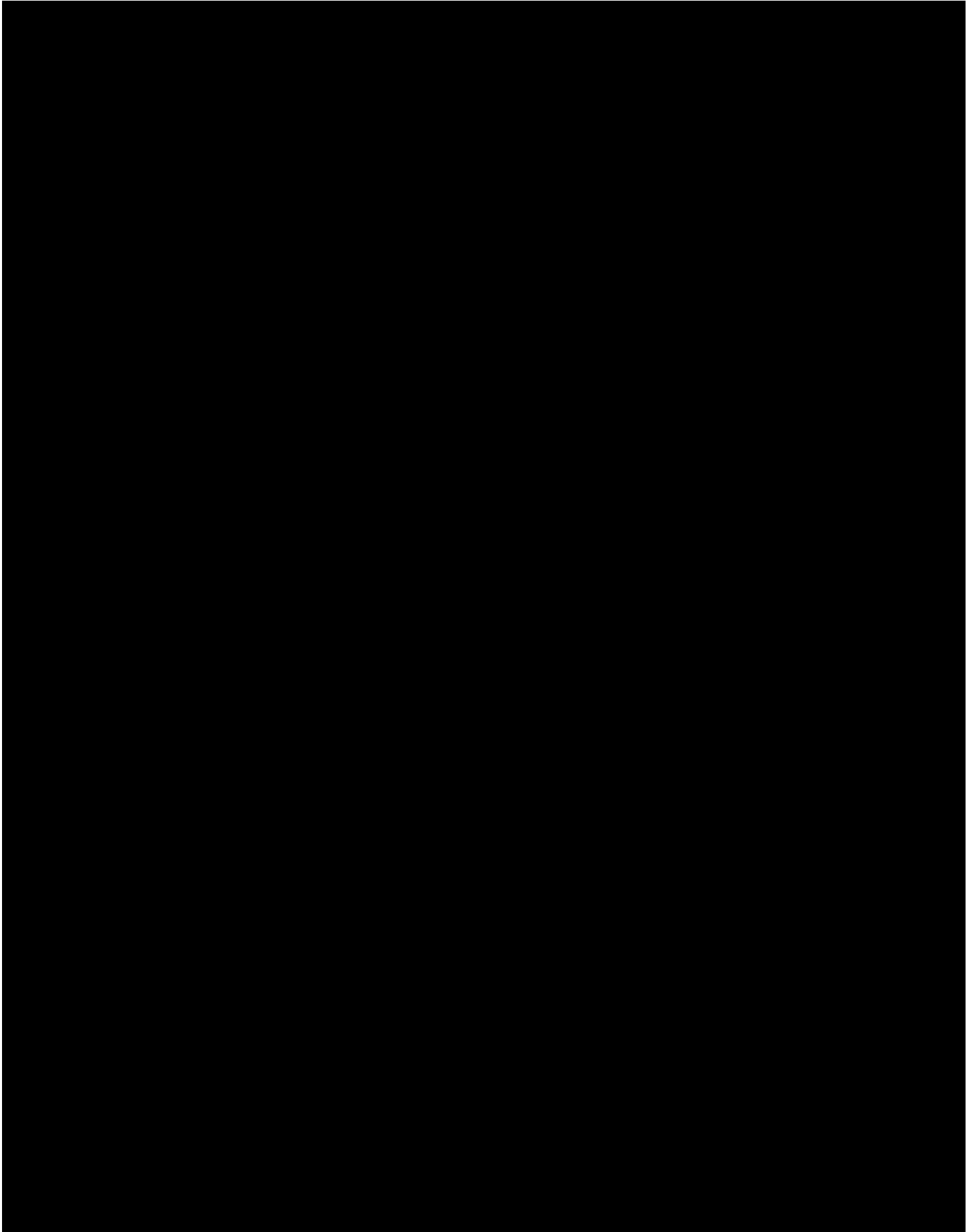
THE BOTTOM LINE: While the Company utilizes flexible dispensary processes, there are stranded fixed costs which get amortized over long term periods of time. The Company believes it can achieve these economies with modest demand from registered patients while transferring savings to the patients through pricing. Ultimately, the Company understands the market, how to prepare for adverse conditions, is capable of scaling with the state's developing program, and will be profitable within the first two years.

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

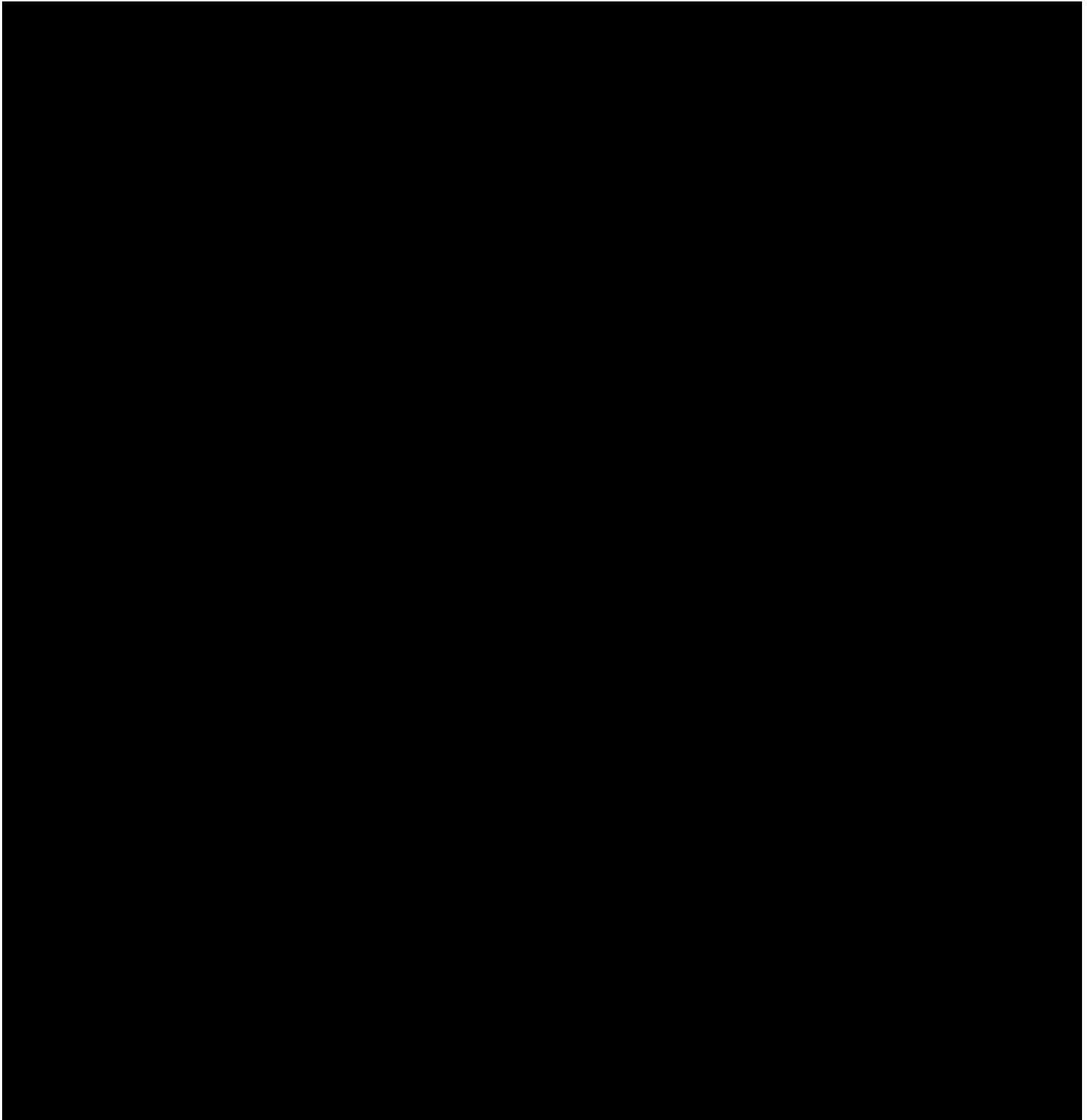
Uploaded Document Name: **C-3.1.1_Business Startup Plan and Financials.pdf**

NOTE: This applicant uploaded document is the next 9 page(s) of this document.

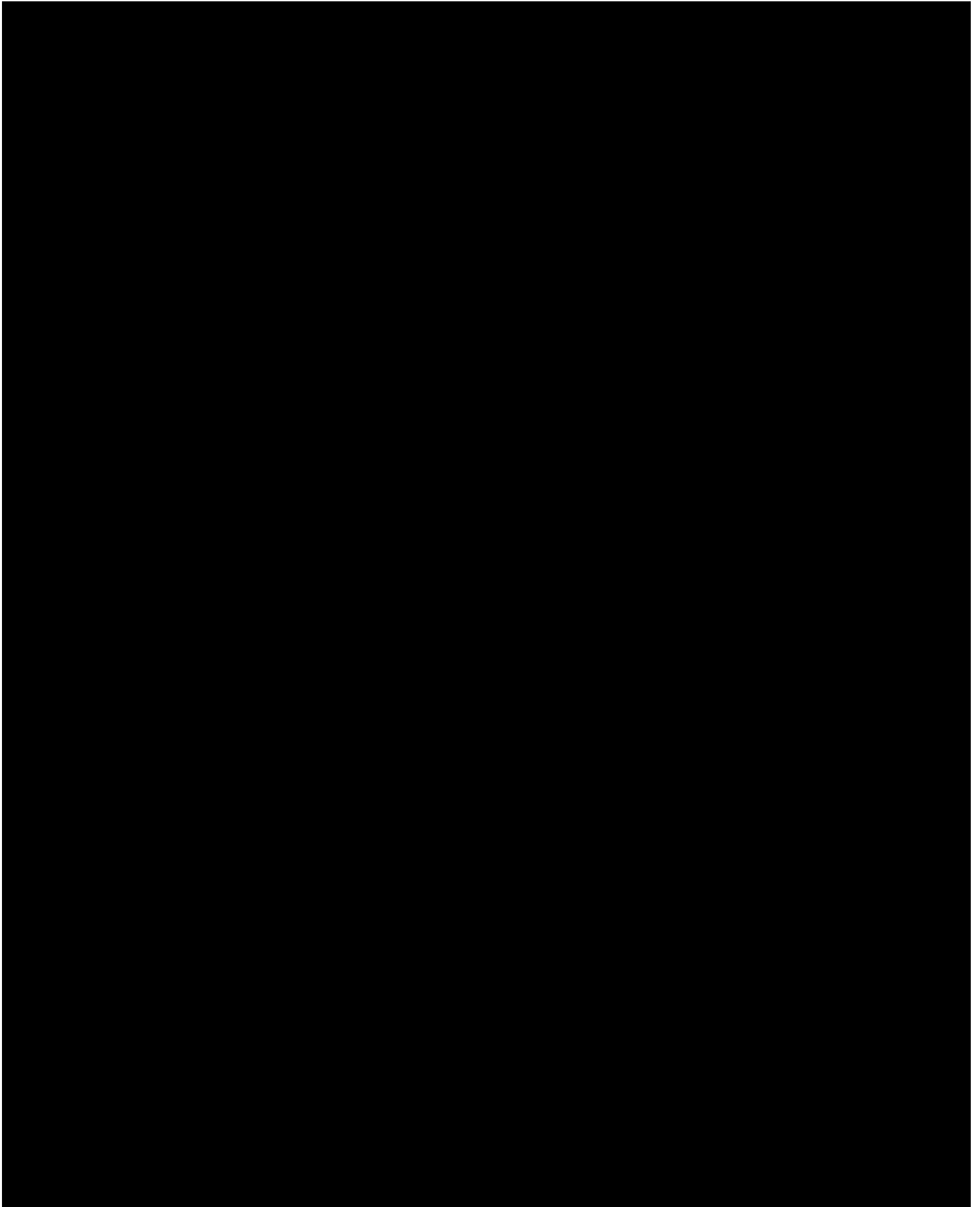
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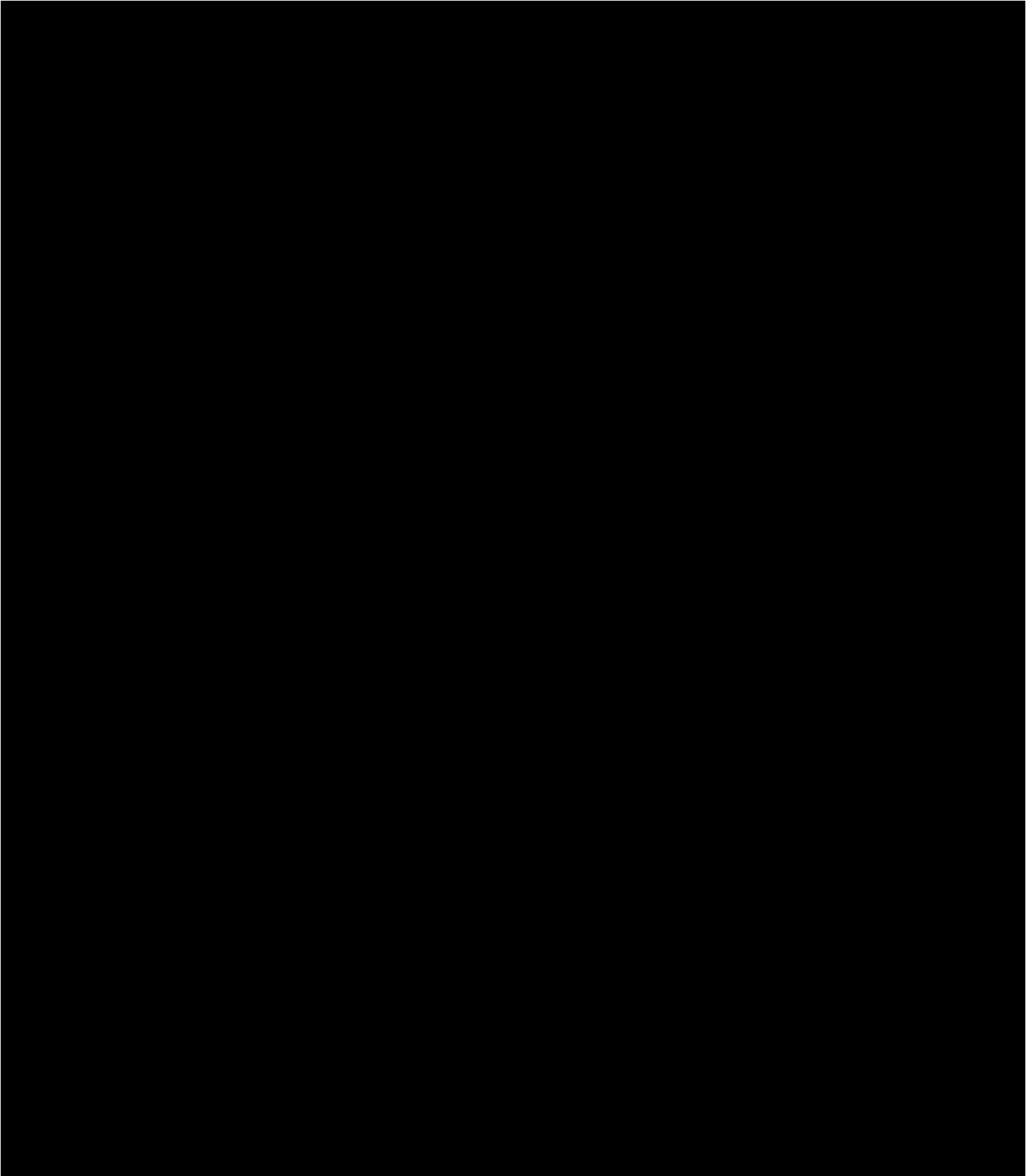
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TRADE SECRET

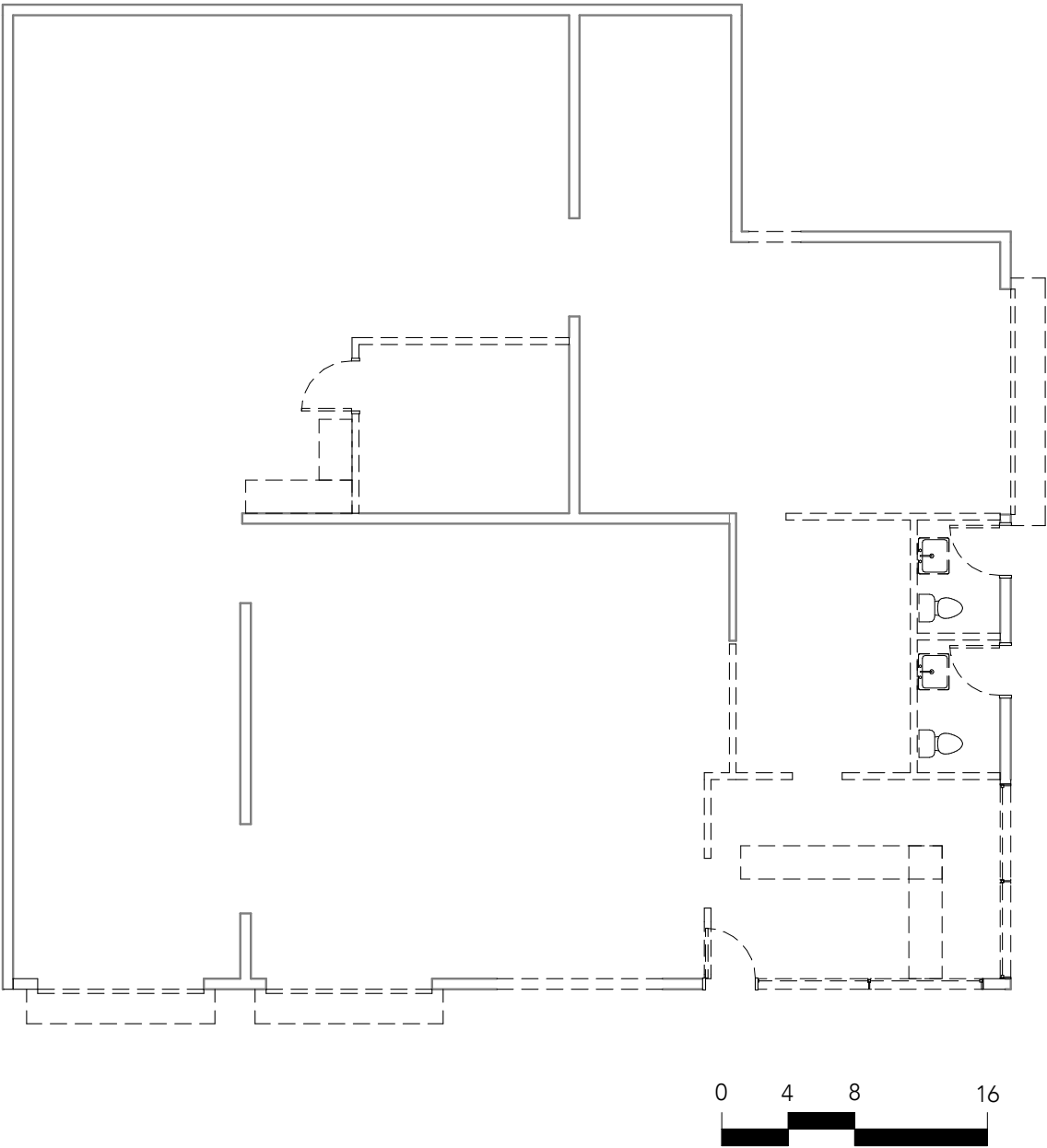


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

SECURITY AND INFRASTRUCTURE

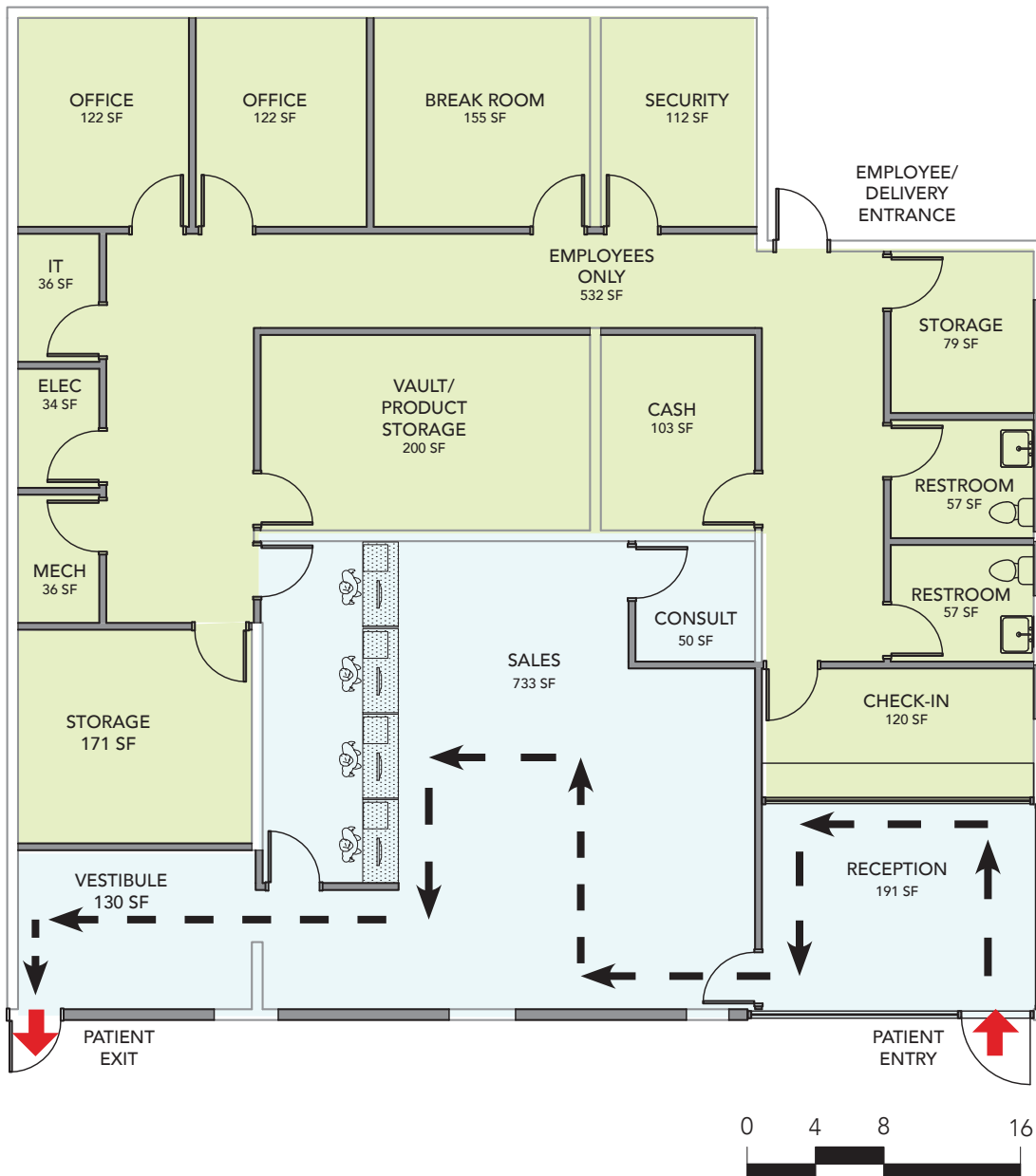
PROPOSED DEMOLITION PLAN



SECURITY AND INFRASTRUCTURE

PROPOSED FIT PLAN

-  PATIENT ACCESSIBLE AREA
FRONT OF HOUSE: 1104 SF / 60 = 18 OCCUPANTS
-  RESTRICTED ACCESS AREA
BACK OF HOUSE: 1936 SF / 100 = 18 OCCUPANTS
-  PATIENT EXPERIENCE PATH








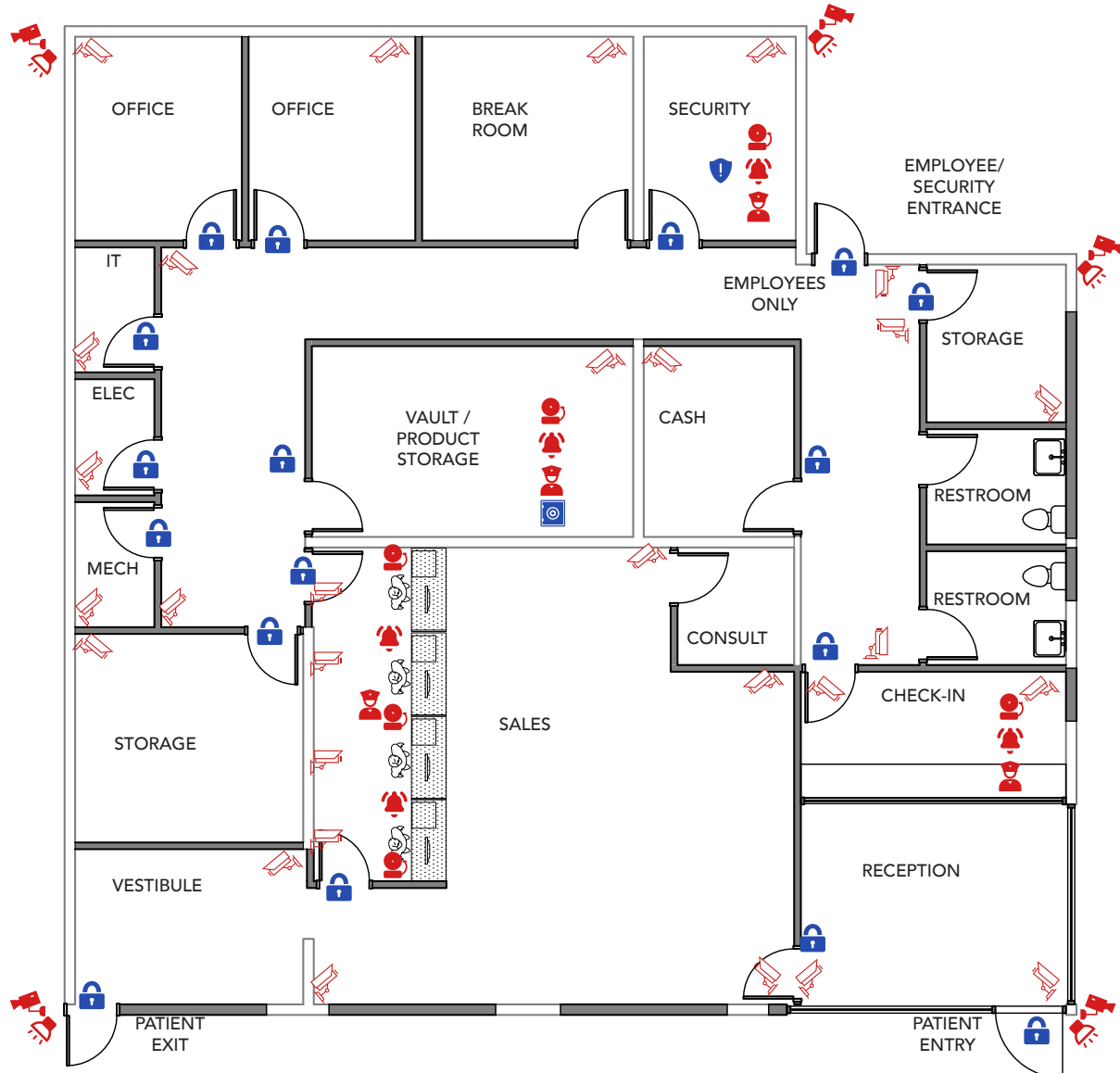
SECURITY AND INFRASTRUCTURE

SECURITY PLAN

GENERAL NOTES

1. ALL WIRING SHALL CONFORM TO THE NEC, LOCAL CODES AND MANUFACTURER'S INSTRUCTIONS.
2. RESTRICTED AREAS INCLUDE THE SECURITY CONTROL CENTER, ROOMS THAT HOUSE ODOC-APPROVED VAULTS OR SAFES, AND ANY PLACE WHERE MEDICAL CANNABIS IS GROWN, STORED AND PROCESSED. TO ACCESS THESE RESTRICTED AREAS, AUTHORIZED EMPLOYEES WILL ONLY BE GRANTED ACCESS THROUGH APPLICANT'S BIOMETRIC, MULTI-CRITERIA READER
3. ALL WALL AND CEILING PENETRATIONS MUST BE APPROPRIATELY SEALED.
4. AS-BUILT DRAWINGS AND A COMPLETION CERTIFICATE MUST BE SUBMITTED UPON COMPLETION OF WORK.

SECURITY LEGEND	
	DESCRIPTION
	INDOOR DAY/NIGHT IP SURVEILLANCE CAMERA. 180/360 DEGREE COVERAGE
	OUTDOOR DAY/NIGHT IP SURVEILLANCE CAMERA 180/360 DEGREE COVERAGE
	CONTROLLED ACCESS CARD READER LOCK
	SECURITY OPERATIONS CENTER
	PANIC ALARM
	DURESS ALARM
	HOLD-UP ALARM
	VAULT
	EXTERNAL FLOODLIGHT



SECURITY AND INFRASTRUCTURE



SECURITY AND INFRASTRUCTURE

BRANDING CONCEPT IMAGES



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

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

The Dispensary's business operations are based on years of experience in running, operating, and managing businesses, including in the medical, healthcare, pharmaceutical, and medical marijuana industries. The Company's Operation Manual and the Quality Assurance Plan contain the Standard Operating Procedures for the startup and continued operations of the Dispensary. The two plans not only comply with Ohio medical marijuana laws and regulations, but in most cases, exceed these requirements because they have been further refined and tailored to reflect true operational experience and industry best practices. A common thread woven throughout all Dispensary Standard Operating Procedures is a strong compliance culture. Starting with the Board and Chief Executive Officer and working its way down through the Dispensary, every employee understands compliance and safety, is of paramount importance at the Dispensary. This includes strict adherence with the State requirements, as well as Dispensary policies, including those in the Operations Manual and Quality Assurance Plan, are adhered to at all time in order to ensure the highest standards for the startup and continued operations.

QUALITY ASSURANCE PLAN AND OPERATIONS MANUAL: The Quality Assurance Plan and Operations Manual will continuously and systematically evaluate the adequacy and appropriateness of the Dispensary's operating procedures, products, and services. The core elements include auditing policies and procedures, which require both in-house compliance audits as well as third-party compliance audits. Because neither the Quality Assurance Plan nor the Operations Manual is effective if it does not work, audits are important to assess the effectiveness of the program in practice as well as provide regular reporting to the Board of Pharmacy.

CHIEF COMPLIANCE OFFICER: The Chief Compliance Officer will ensure the Dispensary maintains its standard of excellence by implementing a robust Quality Assurance Plan with strict adherence to the Operations Manual. Notably, the Chief Compliance Officer has over 20 years of experience working for three major pharmaceutical research firms and served as compliance officer for a preeminent major metropolitan hospital.

As part of the internal audit program, the Chief Compliance Officer has developed an internal audit assessment reporting system designed to implement fiscal and administrative controls, evaluate the adequacy of existing procedures, both as written and actually performed, and ensure that written procedures and actual practices are consistent. The reports will address internal control monitoring and evaluation measures, sale and revenue related practices, accounts receivable protocols, purchasing and expenditure functions, employee training procedures, and Dispensary contracts, among other items. The Chief Compliance Officer also oversees the Dispensary's training program to train employees in the State requirements and how those requirements are incorporated into the Dispensary's operations, including its policies and procedures.

COMPLIANCE CULTURE: The Dispensary is committed to reviewing its policies and procedures

continually to ensure compliance with internal and external control standards. The Dispensary will also implement a “Compliance Culture” that includes the following: setting clear values in a Compliance Culture Policy that, among other things, emphasizes the Dispensary’s commitment to legal and regulatory compliance and business ethics; setting the compliance “tone” through consistent and frequent messages from executive leadership and senior managers that compliance is both legally and ethically required; encouraging all employees to come forward with legal, compliance, and ethics questions and concerns without fear of retaliation; ensuring senior leaders lead by example, and that they hold themselves and those reporting to them accountable for complying with the law and organizational policy, as well as adhering to shared values or organizational values. The Dispensary recruits and screens employees based on character, as well as competence. The on-boarding process steeps new employees in the Dispensary’s values.

FURTHER INITIAL COMPLIANCE AND FINANCIAL PLANNING: The Dispensary’s Start Up Plan in Section 3.1 demonstrates that it not only meets but exceeds State requirements including for the following: (1) Security and Surveillance, which is described in Section D-2.2 and compliant State requirements, including Ohio Admin. Code 3796:6-3-16; (2) Employee qualifications and training, which is described in Sections C-3.1, E-1.1, E-1.2, and E-2.1, and compliant with State requirements, including Ohio Admin. Code 3796:6-3-19; (3) Storage of medical marijuana products, which is described in Section D-4.4 and compliant State requirements, including Ohio Admin. Code 3796:6-3-07; (4) Inventory management, which is described in Section D-6.8 and compliant with State requirements, including Ohio Admin. Code 3796:6-3-20; (5) Recordkeeping, which is described in Section D-9.2 and compliant with State requirements, including Ohio Admin. Code 3796:6-3-17; and (6) Prevention of medical marijuana diversion, which is described in Section D-7.1 and compliant with State requirements, including Ohio Admin. Code 3796:6-3-01, 3796:6-3-05, 3796:6-3-16.

To ensure compliance with Ohio Admin. Code 3796:6-2-02(B)(10), the Company has prepared a detailed Financial Plan for the proposed Dispensary which includes intended wage rates and benefits packages for all employees and covers all expenses and costs for the first year of operations. (See Attachment C-3.1.1 Detailed Company’s Financial Plan, Six Month Start Up Timeline, and Gantt Chart). The Plan, also includes a detailed 5-year financial forecast which demonstrates profitability, sustainability, compliance, and an understanding of the medical cannabis market and a detailed list of assumptions that are critical in the construction of the financial model so that the Board of Pharmacy can assess our expectation of market demand, capital expenditures, output capacity and operating efficiencies.

MINIMUM REQUIREMENTS: The Company has secured all required financing as evidenced in Attachment C-5.5.1 to effectively and efficiently execute Dispensary operations upon issuance of a provisional license. All funds are currently held in escrow and will be issued on a draw basis upon written request from the Company’s Board of Directors. As evidenced in Section C-5.5, the Company has access to both liquid assets and a loan that exceeds three times the projected overall total capital expenditures. We have contracts for the properties, firm proposals for the building and equipment and the capital required to be operational immediately following the award of a license.

THE BOTTOM LINE: While the Company utilizes flexible dispensary processes, there are stranded fixed costs which get amortized over long term periods of time. The Company believes it can achieve these economies with modest demand from registered patients while transferring savings to the patients through pricing. Ultimately, the Company understands the market; how to prepare for adverse conditions; is capable of scaling with the state’s developing program; and will be profitable within the first two years.

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.

The duties, responsibilities, and roles for the Dispensary's Associated Key Employees, Key Employees, and certain Support Employees are described below, as is the Dispensary's Medical Advisory Board. None of the individuals below, or the referenced medical marijuana companies they own or work for, have ever had disciplinary or administrative actions taken against them in any jurisdiction. A detailed Table of Organization and Control has been attached in support of this response. (See Attachment C-4.2).

BOARD OF DIRECTORS (Alexander P. Coleman, Kevin M. McCluskey, Robert P. Leidy) (Associated Key Employees): The Board establishes corporate management-related policies. It is responsible for the overall well-being of the Dispensary, sets broad Dispensary goals, supports executives in their duties, and ensures the Dispensary has adequate and well-managed resources. The Board of Directors is responsible for the selection and replacement of executives, and executive compensation. The Board of Directors own 95% of the Dispensary on behalf of their company 7 Points Holdings, LLC. Mr. Coleman, Mr. McCluskey and Mr. Leidy all serve on the Board of Directors and manage multiple medical marijuana licenses in Massachusetts for cultivation and dispensary operations.

CHIEF EXECUTIVE OFFICER AND BOARD MEMBER (Matthew L. Elam) (Associated Key Employee): The Chief Executive Officer is responsible for all day-to-day Dispensary management decisions and for implementing the Dispensary's long and short term plans. The Chief Executive Officer acts as a direct liaison between the Board and management of the Dispensary and communicates to the Board on behalf of management. The Chief Executive Officer also communicates on behalf of the Dispensary to shareholders, employees, Government authorities, other stakeholders and the public. The Chief Executive Officer owns 5% of the Dispensary.

CHIEF OPERATING OFFICER (Deborah L. Brewer) (Associated Key Employee): The Chief Operating Officer is responsible for the day-to-day administration and operation of the business. The Chief Operating Officer reports to the Chief Executive Officer and keeps the Chief Executive Officer apprised of significant events. The Chief Operating Officer is responsible for creating operations strategy and policies; communicating strategy and policy to employees; fostering employee alignment with Dispensary goals; and overseeing human resource management. Ms Brewer currently serves as the Chief Operating Officer for another medical marijuana facility in Massachusetts which holds a number of cultivation and dispensary licenses.

CHIEF COMPLIANCE OFFICER (Ginger A. Abraham-Freel) (Associated Key Employee): The Chief Compliance Officer is in charge of overseeing and managing compliance issues within the Dispensary, and ensuring for example, that the Dispensary is complying with regulatory requirements and that the Dispensary and its employees are complying with internal policies and procedures. The Chief Compliance Officer is responsible for overseeing Dispensary policy and procedure management (defining, communicating, training and attesting to corporate policies and procedures); compliance monitoring (evaluating and measuring the state of compliance across the organization); and investigations (managing investigations into wrong doing and anything that violates regulatory/legal requirements). The Chief Compliance Officer is also responsible for routine Dispensary interactions with the Board of Pharmacy. The Chief Compliance Officer reports to the Chief Executive Officer and Chief Operating Officer.

DISPENSARY DIRECTOR (Carlyssa A. Scanlon) (Associated Key Employee): The Dispensary Director will oversee Dispensary hiring, training, and operations for daily dispensing including management of all the Dispensary Managers (Designated Dispensary Representatives). The Dispensary Director reports to the Chief Operating Officer and Chief Executive Officer. The Dispensary Director will hire and select a “Designated Representative” who will be a direct report, as required under Ohio Admin. Code 3796:6-3-05 who is responsible for compliance with the requirements set forth in Ohio Admin. Code 3796:6-3-05(D). The Designated Representative will be present at the Dispensary for a minimum of twenty-four (24) hours per week and always be accessible to employees during dispensary hours of operation.

SECURITY DIRECTOR (David D. Oty) (Support Employee): The Security Director is responsible for overseeing the Dispensary’s day-to-day security operations, including overseeing the Security and Surveillance program and system, guard staffing and training; working with the Chief Compliance Officer and Dispensary Director on diversion reporting and investigations; fire safety; security-related compliance, and background check compliance. The Security Director reports to the Chief Operating Officer.

FINANCE DIRECTOR (Alexia G. Varga) (Support Employee): The Financial Director is responsible for managing the financial actions of a Dispensary including tracking cash flow and financial planning as well as analyzing the Dispensary's financial health. The Finance Director reports to the Chief Executive Officer and Chief Operating Officer, and will be responsible for all financial record keeping, auditing, invoicing, and payments to third parties.

TECHNOLOGY DIRECTOR (Charles W. Aliaga) (Support Employee): The Technology Director reports to the Chief Operating Officer and is responsible for running and maintaining the Inventory Control System, back up storage system, email and web-based services, compliance, and technology security.

MEDICAL ADVISORY BOARD: In addition to the above, the Dispensary's Medical Advisory Board will provide additional experience and knowledge outside of our day-to-day operations including but not limited to new industry developments, advancements in scientific research, patient care best practices, and clinical research studies on a quarterly basis. The Medical Advisory Board collectively has 30 years of experience in healthcare and medical marijuana. The Dispensary’s Medical Advisory Board provides additional experience and knowledge outside of the Dispensary day-to-day operations. The Medical Advisory Board includes the following individuals: (1) a PhD advisor in Pharmacology and Biochemistry; (2) a Licensed Nurse Practitioner, (3) a Medical Doctor who specializes in pain management, chemical manufacturing and anesthetic pharmaceuticals; and (4) a nationally-recognized medical marijuana cultivator who has developed some of the most successful CBD medical strains for patient care and treatment.

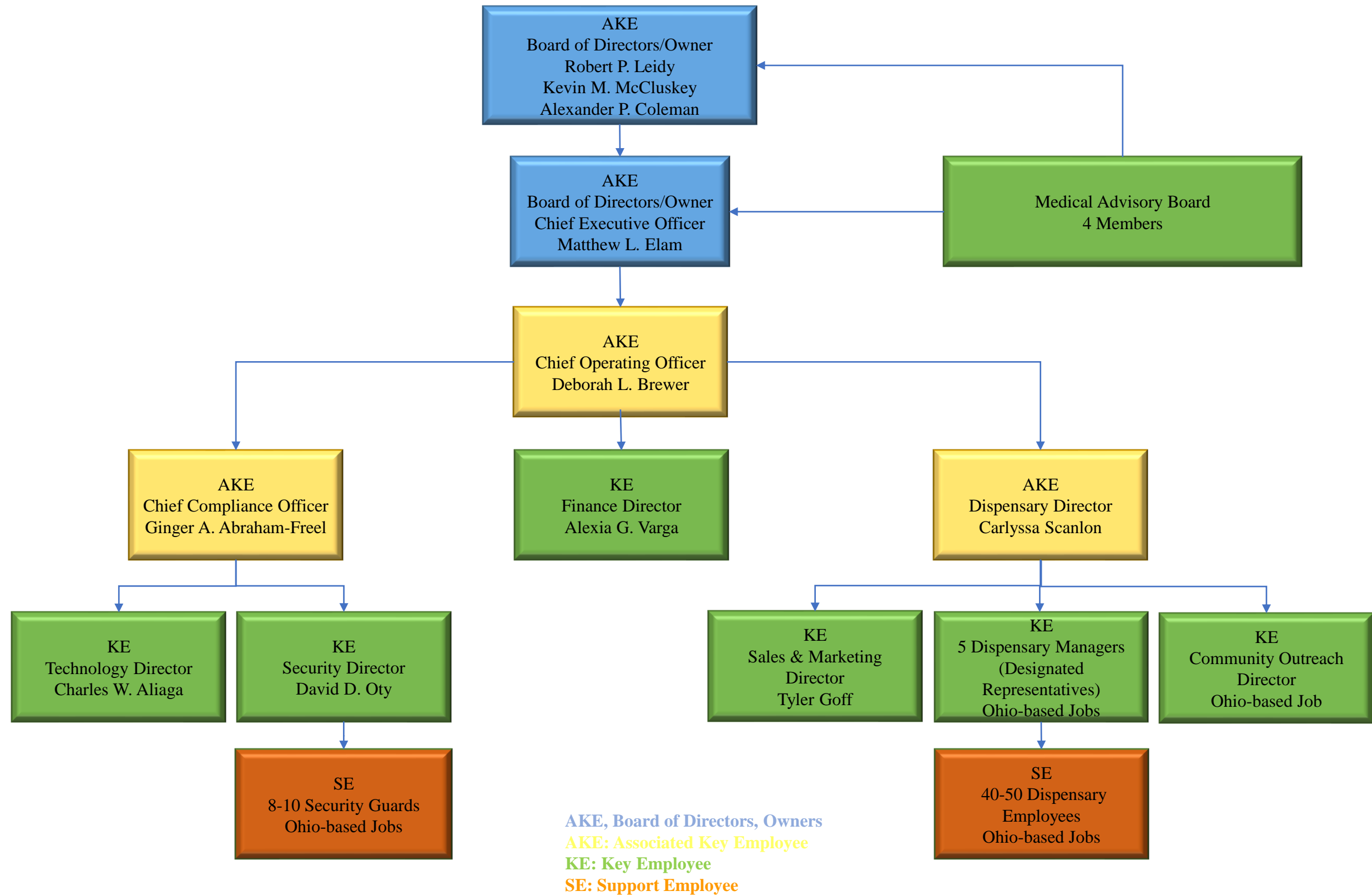
C-4.2 Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

Uploaded Document Name: **C-4.2_Table of Organization and Control.pdf**

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

7 Points Group LLC Table of Organization and Control

(Attachment to Application Section C-4.2)



Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Loan from 7 Points Holdings, LLC

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

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

This response has been entirely redacted

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

Uploaded Document Name: **C-5.5.1_LIQUID ASSETS REDACTED.pdf**

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

[REDACTED]

11/8/2017

To Whom It May Concern;

[REDACTED] has a checking account here at [REDACTED]
[REDACTED] The account number is [REDACTED] and balance as of 11/8/2017 is \$2,250,000.00.

[REDACTED]

[REDACTED]

CSR

[REDACTED] Bank

[REDACTED]

[REDACTED]





ACTIVITY

DETAILS

BALANCE INFORMATION

ACCOUNT NUMBER



Hide

ROUTING NUMBER



BALANCE

\$2,250,000.00

AVAILABLE BALANCE

\$2,250,000.00

PENDING

\$0.00

STATEMENT BALANCE

\$500,000.00
Oct 31.17

HOLD AMOUNT

\$0.00

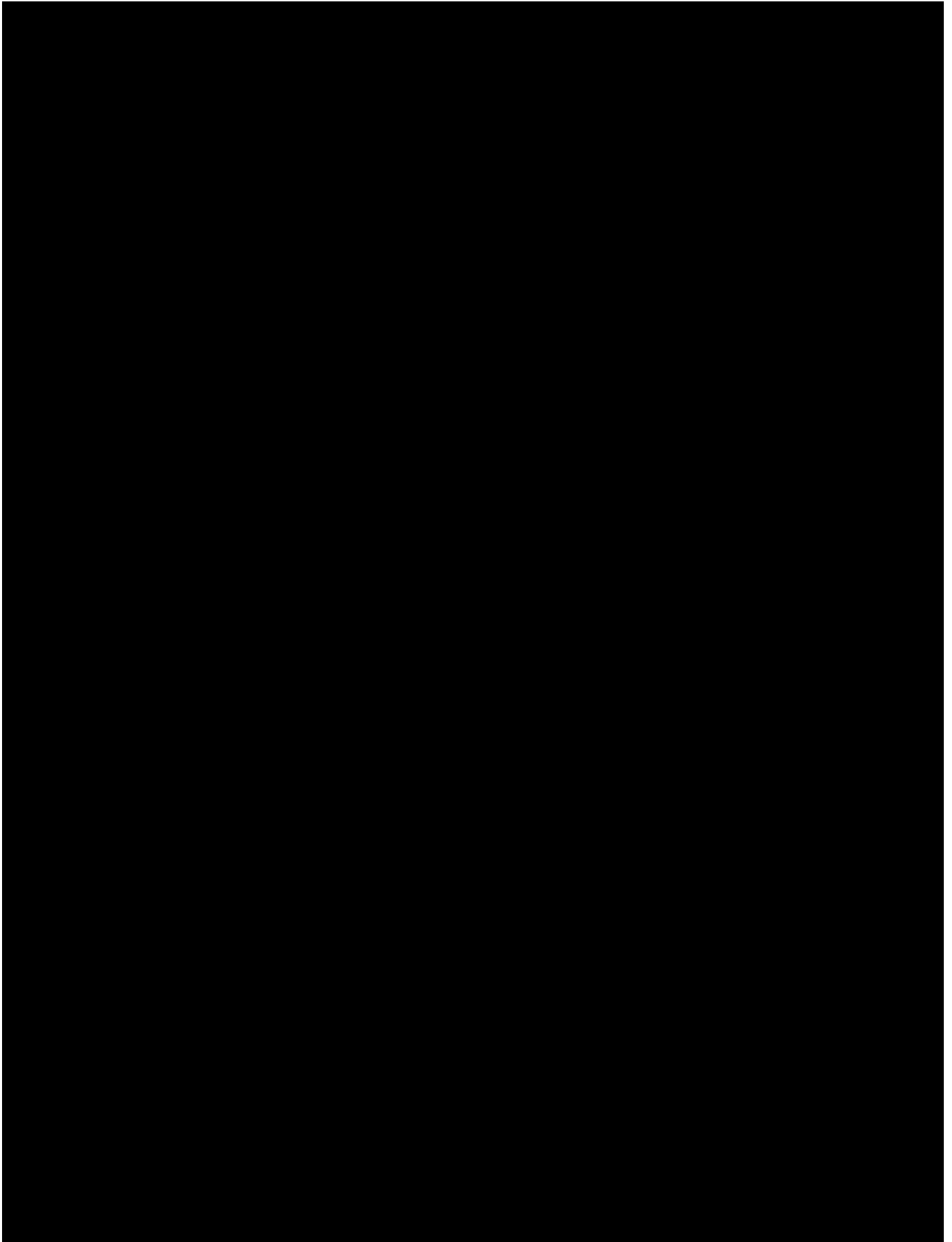
OVERDRAFT LIMIT

\$0.00

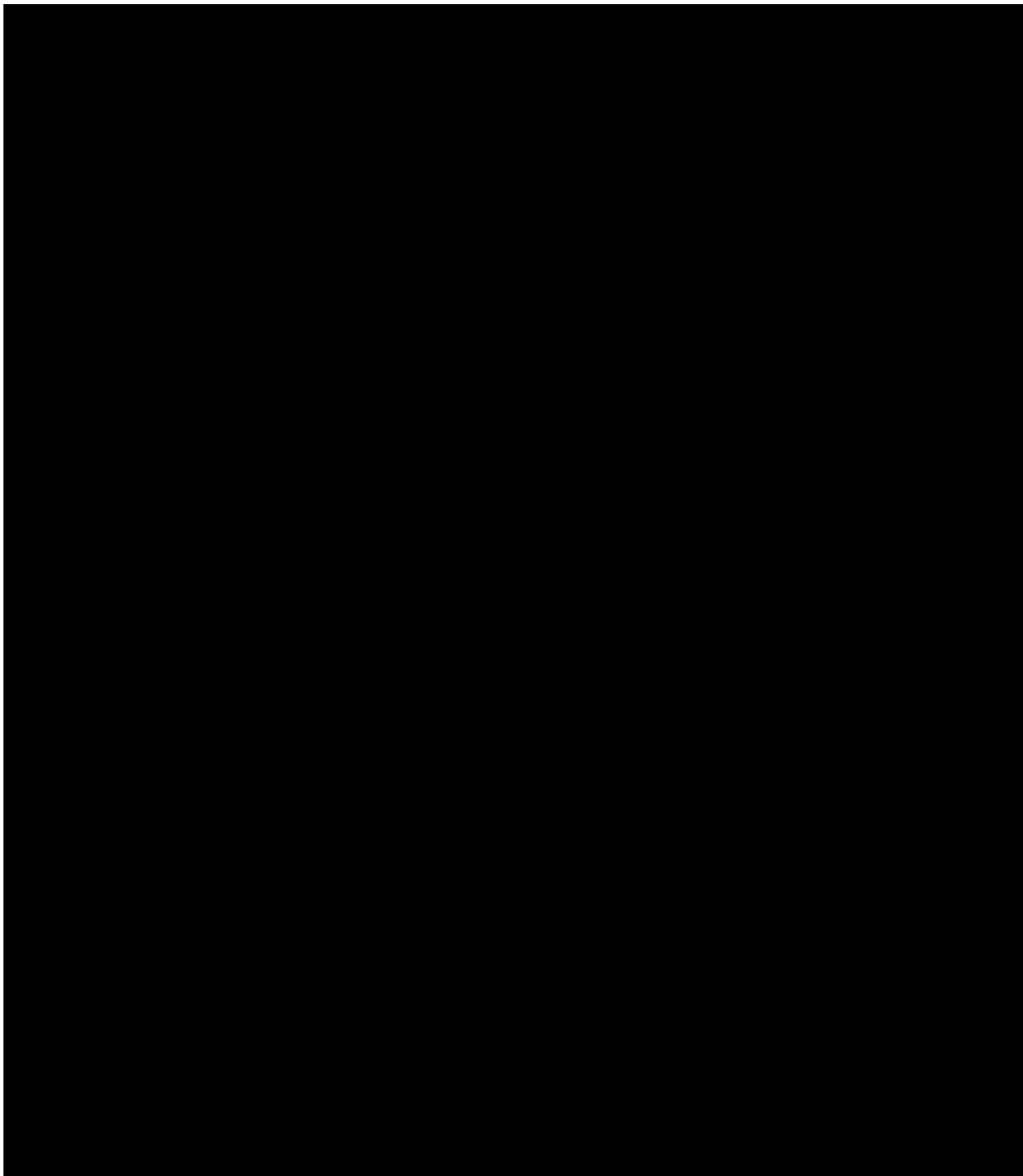
Account Activity



TRADE SECRET



TRADE SECRET



Business Plan(Business History and Experience)

Item 1 of 7

C-6.1 First Name

Robert

C-6.2 Middle Name

Peale Polk

C-6.3 Last Name

Leidy

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

Owner/Board Member; Owner; Owner; Person Exercising Substantial Control

C-6.5 Business Name

7 Points Group LLC; 7 Points Holdings LLC; Sea Hunter Capital Management LLC; Deutsche Bank

C-6.6 Business Address

2675 Little York Rd, Dayton OH 45414; 525 S Flagler Dr., West Palm Beach FL 33401; 525 S Flagler Dr., West Palm Beach FL 33401; 250 Royal Palm Way, Palm Beach, FL 33480

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

YES

C-6.8 Dates

June 2017 - present; June 2017 - present; June 2016 - present; Dec 2010 - Sept 2017

Business Plan(Business History and Experience)

Item 2 of 7

C-6.1 First Name

Alexander

C-6.2 Middle Name

Pritchett

C-6.3 Last Name

Coleman

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

Owner/Board Member; Owner; Owner; Owner; Person Exercising Substantial Control; Person Exercising Substantial Control

C-6.5 Business Name

7 Points Group LLC; 7 Points Holdings LLC; Sea Hunter Capital Management LLC; Annex Capital Management LLC; Big Red Group Holdings LLC; JAC Holdings LLC

C-6.6 Business Address

2675 Little York Rd, Dayton OH 45414; 525 S Flagler Dr., West Palm Beach FL 33401; 525 S Flagler Dr., West Palm Beach FL 33401; 525 S Flagler Dr., West Palm Beach FL 33401; 6500 River Place Blvd, Austin TX 78730; 3937 Campus Drive, Pontiac MI 48341

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

YES

C-6.8 Dates

June 2017 - present; June 2017 - present; June 2016 - present; 2007 - present; 2007 - present

Business Plan(Business History and Experience)

Item 3 of 7

C-6.1 First Name

Kevin

C-6.2 Middle Name

Michael

C-6.3 Last Name

McCluskey

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

Owner/Board Member; Owner; Owner; Person Exercising Substantial Control; Person Exercising Substantial Control

C-6.5 Business Name

7 Points Group LLC; 7 Points Holdings LLC; Sea Hunter Capital Management LLC; Alex Brown; Deutsche Bank

C-6.6 Business Address

2675 Little York Rd, Dayton OH 45414; 525 S Flagler Dr., West Palm Beach FL 33401; 525 S Flagler Dr., West Palm Beach FL 33401; 350 Royal Palm Way, Palm Beach, FL 33480; 250 Royal Palm Way, Palm Beach, FL 33480

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

YES

C-6.8 Dates

June 2017 - present; June 2017 - present March 2016 - present; June 2016 - present; Sept 2016 - 2017; Dec 2010 - Sept 2016

Business Plan(Business History and Experience)

Item 4 of 7

C-6.1 First Name

Matthew

C-6.2 Middle Name

Lee

C-6.3 Last Name

Elam

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

Owner/Officer/Board Member; Support Employee

C-6.5 Business Name

7 Points Group LLC; Dakota Consulting; Bearing Straights Consulting; Deloitte Consulting

C-6.6 Business Address

2675 Little York Road, Dayton OH 45414; Wright Patt Air Force Base, 4225 Logistics Ave., WPAFB, OH 45433

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

YES

C-6.8 Dates

June 2017 - present; Sept 2016 - present; Oct 2014 - Sept 2016; Jan 2009 - Oct 2015

Business Plan(Business History and Experience)

Item 5 of 7

C-6.1 First Name

Deborah

C-6.2 Middle Name

Lynn

C-6.3 Last Name

Brewer

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

Officer; Owner; Person with Financial Interest; Person Exercising Substantial Control; Support Employee; Support Employee

C-6.5 Business Name

7 Points Group LLC; LXstudios Inc.; Commonwealth Alternative Care Inc; Alternative Care Resource Group LLC; Verdant Medical Inc; Herbology Group Inc

C-6.6 Business Address

2675 Little York Road, Dayton, OH 45414; 31 Broadway, Hanover MA 02339; 26 Watson Street, Suite 1, Cambridge MA 02139; 1400 Hancock St., 3rd Floor, Quincy MA 02169; 82 Wendell Ave, Ste 100, Pittsfield MA 02101

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

YES

C-6.8 Dates

June 2017- present, 1999 - present, April 2015 - present, April 2015 - present; Sept 2017 - present; July 2017 - present

Business Plan(Business History and Experience)

Item 6 of 7

C-6.1 First Name

Ginger

C-6.2 Middle Name

Ann

C-6.3 Last Name

Abraham-Freel

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

Officer; Person Exercising Substantial Control; Person Exercising Substantial Control; Person Exercising Substantial Control, Support Employee: Support Employee

C-6.5 Business Name

7 Points Group LLC; Oxford Immunotec; Immunetics; Diagnostics For All; Pharmasol; Cardiosolutions

C-6.6 Business Address

2675 Little York Road, Dayton, OH 45414; 27 Drydock Avenue, Boston MA; 02210, 840 Memorial Drive, Cambridge MA 02139; 375 West Street, Bridgewater, MA; One Norfolk Road, Easton, MA 02375

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

NO

C-6.8 Dates

June 2017 - present; Nov 2017 - present; May 2016 - present; Dec 2014 - May 2016; Sept 2014 - Jan 2015; Oct 2013 - Sept 2014

Business Plan(Business History and Experience)

Item 7 of 7

C-6.1 First Name

Carlyssa

C-6.2 Middle Name

Ann

C-6.3 Last Name

Scanlon

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

Person Exercising Substantial Control

C-6.5 Business Name

7 Points Group LLC; LivWell

C-6.6 Business Address

2675 Little York Road, Dayton, OH 45414; 401 Marion Street, Denver, CO 80216

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

NO

C-6.8 Dates

August 2017 - present, Feb 2013 - July 2017

Business Plan(Business History and Experience Narrative)

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

The Dispensary team has extensive experience in operating other businesses, and demonstrated knowledge and expertise with regards to the medical use of marijuana to treat qualifying conditions. Our team has worked on several similar projects in other states, currently manages multiple licenses, serves on the Board or Directors, or has worked in a medical marijuana cultivating, processing, or dispensary facility in other states, including Massachusetts, Colorado, Florida, and California. The Dispensary team also has significant experience in the medical, pharmaceuticals, and the manufacturing industries. The summary of the team's experience highlights that the Dispensary team has not only significant and direct business experience, but also a demonstrated track record of success, particularly in dispensary operations; dispensary security; environmental stewardship; positive local economic development; and a commitment to scientific research and development.

The Dispensary's Associated Key Employees, Key Employees, identified Support Employees and Medical Advisory Board have developed best practices and proprietary procedures over the years which are not merely written bodies of work, but rather living documents that have already been successfully implemented in large-scale medical cannabis cultivation grows, including 50,000 square foot cultivation operations and multiple dispensing operations across the country. Notably, the Associated Key Employees currently manage multiple licenses in Massachusetts for cultivation and dispensing.

The individual Associated Key Employees, Key Employees, identified Support Employees, and Medical Advisory Board experience is described in more detail below.

OVERVIEW OF BOARD OF DIRECTORS: The Board collectively has over 60 years of financial, management, and medical marijuana licensing operations. It is comprised of Alexander P. Coleman, Kevin M. McCluskey, and Robert P. Leidy, who currently manage three successful medical marijuana licensed facilities and six more in development in Massachusetts. The Board brings its experience in finance, and owning and operating business to the Dispensary, emphasizing the importance of building a team with unsurpassed cannabis experience in operations, engineering, compliance, security, administration, business management/legal, and healthcare – so as to provide the best product at the lowest price to registered patients. Their expertise further includes staffing and recruitment; budgeting and forecasts; financial planning; business development and strategy; public and political relations; real estate procurement and management; creating state-of-the-art facilities and systems, dispensary best practices for operations, cultivation, security, patient experience, personnel/human resources; technology and innovation; architecture, interior design and building construction; product research and development; marketing, education, patient and community and patient outreach.

BOARD MEMBER: Alexander P. Coleman (Associated Key Employee) has more than 20 years of financial experience. Mr. Coleman was a co-Head and Managing Partner of Citicorp Venture Capital, Citi's New York-based leveraged buyout fund. Mr. Coleman has also been a Managing Investment Partner and co-Head of Dresdner Kleinwort Capital LLC, and Dresdner Bank's North American merchant banking group.

BOARD MEMBER: Kevin M. McCluskey (Associated Key Employee) has more than 20 years of financial experience. Mr. McCluskey was a Managing Director for Deutsche Bank's Private Institutional Client Group. Mr. McCluskey co-managed capital market portfolios for some of the Bank's largest clients, as well as consulted on middle market capital structuring. Prior to that, he was a Managing Director for Wells Fargo's Private Bank, where he led the Bank's top team and oversaw portfolio assets, which exceeded \$1.3 billion.

BOARD MEMBER: Robert P. Leidy (Associated Key Employee) has more than 20 years of financial experience. Mr. Leidy managed portfolios of private client assets for Deutsche Bank, Wells Fargo Advisors and Wachovia Securities. At these institutions, he was a partner on the nation's top bank channel brokerage team managing \$1.3 billion dollars and specializing in long-term wealth management strategies.

CHIEF EXECUTIVE OFFICER AND BOARD MEMBER: Matthew L. Elam (Associated Key Employee) has more than 25 years of experience in operations and business, including in executive leadership roles. Mr. Elam is a certified process engineer with thousands of hours of experience, and he has served in executive leadership for three industrial manufacturing plants, which generated revenues in excess of \$40 million. Mr. Elam is deeply knowledgeable in lean operations management, efficiency improvements, mentoring, budgetary constraints, analysis, and team building. He is a graduate of West Point Military Academy.

CHIEF OPERATING OFFICER: Deborah L. Brewer (Associated Key Employee) has more than 25 years of experience and has held senior management roles in a wide-range of industries including finance, biotech, healthcare, and medical marijuana. In Massachusetts, Ms. Brewer is currently leading medical cannabis operations for three licensed facilities and three more facilities in development. Her responsibilities include facility build out, financial planning, compliance, community outreach, operating, and patient services, among others.

CHIEF COMPLIANCE OFFICER: Ginger Abraham-Freel (Associated Key Employee) brings over 20 years of experience in the healthcare and pharmaceuticals industries. Ms. Abraham-Freel has extensive experience complying with current good manufacturing practices in the biotechnology field and establishing and maintaining quality compliance for research, product development, and regulatory operations for pharmaceuticals. Ms. Abraham-Freel has significant compliance experience, serving in compliance roles, including as Chief Compliance Officer at three major biotech firms and a hospital, where she oversaw teams of engineers, scientists, and technicians.

DISPENSARY DIRECTOR: Carlyssa A. Scanlon (Associated Key Employee) has over five years of experience in medical cannabis operations. Ms. Scanlon joined the largest marijuana organization in the country in 2013 and was rapidly promoted to General Manager of that dispensary's largest location in Denver, Colorado. Ms. Scanlon assisted in increasing the average daily sales from \$20,000 to \$60,000 at that facility. She also assisted in the successful opening and expansion of multiple locations as the Dispensary substantially increased in size. Ms. Scanlon has authored policies to improve patient care, ensure compliance, and reduce risk at medical marijuana facilities. As the General Manager at the other dispensary, she oversaw a growing staff of over 50 employees, and was responsible for hiring and training, managing and auditing inventory, and maintaining a flawless state inspection compliance record.

SECURITY DIRECTOR: David D. Oty (Key Employee) has over 30 years of military and law enforcement experience. Mr. Oty has considerable experience in physical security following 34 years of service in the U.S. Army and as a police officer. Mr. Oty is also well-versed in interacting with regulators and law enforcement personnel. He served as an antiterrorism security specialist while in

the military. In the civilian security field, he served as a loss prevention and security specialist, providing employee/customer protection and inventory loss prevention.

FINANCE DIRECTOR: Alexia G. Varga (Support Employee) has over 10 years of accounting and finance experience. Ms. Varga is an accredited Certified Public Accountant who brings in depth experience in financial, operational and organizational performance for both profit and non-profit organizations in agriculture, construction, government agencies, local business, medical, and real estate industries. Ms. Varga's relevant experience includes focusing on financial controls, training and managing accounting staff, budget preparation, analysis and reporting, capital expenditure analysis and planning, auditing, and tax planning and preparation.

TECHNOLOGY DIRECTOR: Charles W. Aliaga (Support Employee) has over 17 years of experience in Information Technology Management, ETL, Business Analysis, and Data Architecture. Mr. Aliaga's experience involves analysis, policy and strategy development towards implementation of a common set of enterprise IT services in order to provide interoperability across a broad spectrum of business processes and domains. Mr. Aliaga holds a Bachelor of Science in Management Information Systems and a Security+ Certified Professional certification.

THE MEDICAL ADVISORY BOARD (MAB) collectively has 30 years of experience in healthcare and medical marijuana. The Dispensary's Medical Advisory Board provides additional experience and knowledge outside of the Dispensary day-to-day operations. The Medical Advisory Board includes the following individuals: (1) a PhD advisor in Pharmacology and Biochemistry; (2) a Licensed Nurse Practitioner, (3) a Medical Doctor who specializes in pain management, chemical manufacturing and anesthetic pharmaceuticals; and (4) a nationally-recognized medical marijuana cultivator who has developed some of the most successful CBD medical strains for patient care and treatment.

None of the Dispensary's Associated Key Employees, Key Employees, identified Support Employee, or MAB members have ever had disciplinary or administrative actions taken against them in any state. Likewise, the medical marijuana facilities in Massachusetts managed by the Associated Key Employees also have never had a disciplinary or administrative action taken against those licensed facilities.

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.

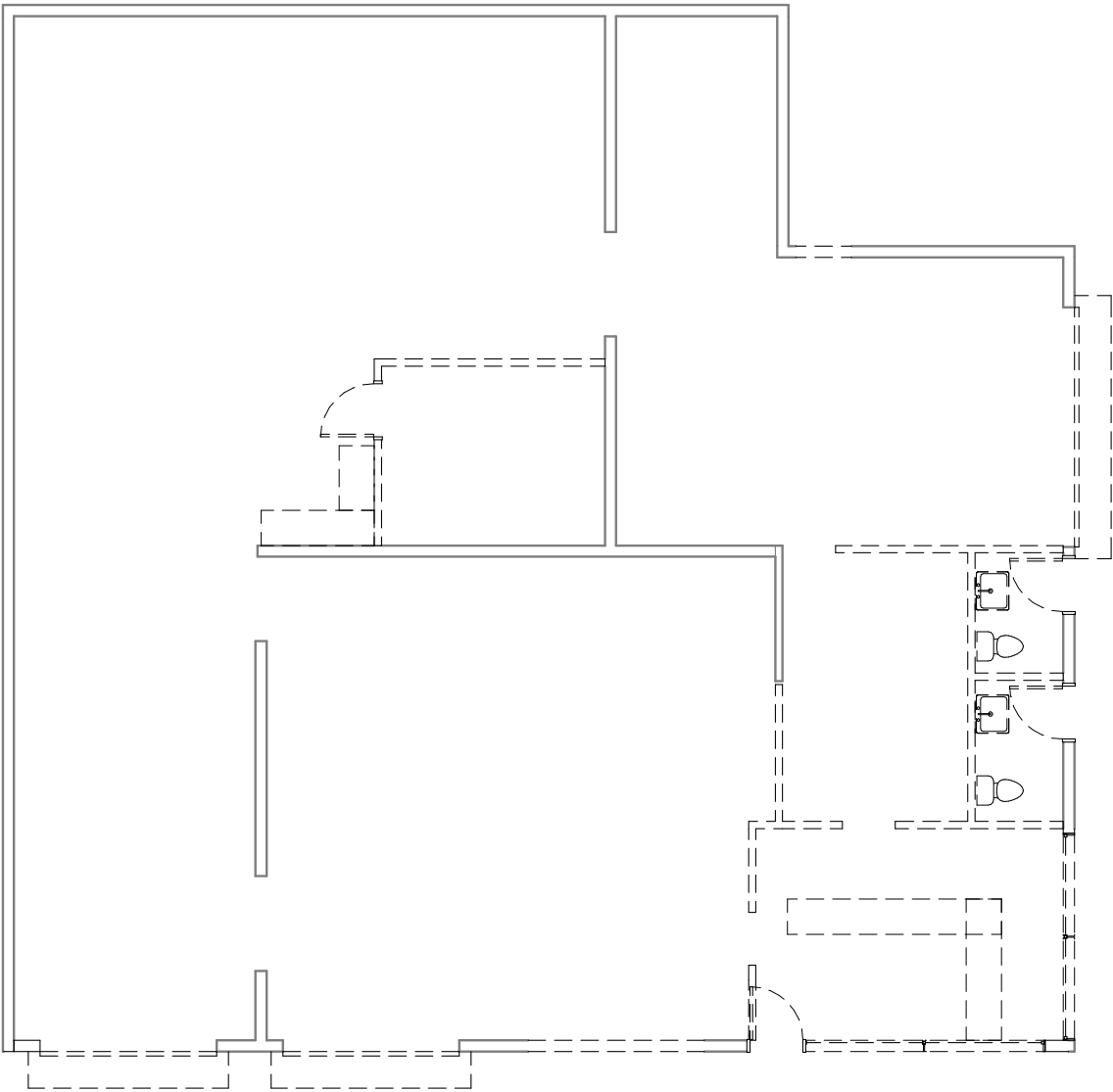
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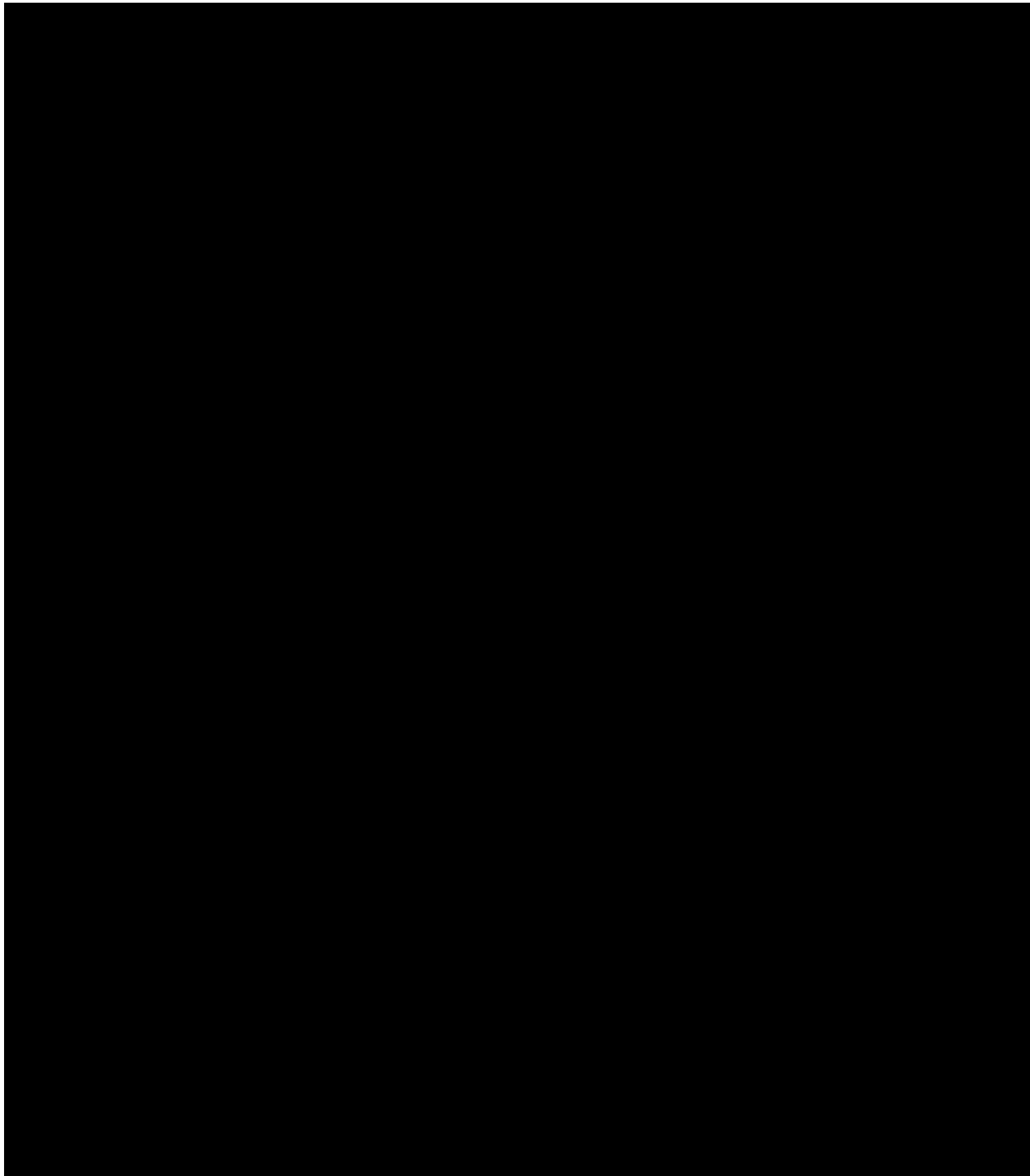
D-2.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-2.2.1_SECURITY PACKAGE.pdf**

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

PROPOSED DEMOLITION PLAN





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

YES

Operations Plan(Receiving of Product)

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

YES

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

YES

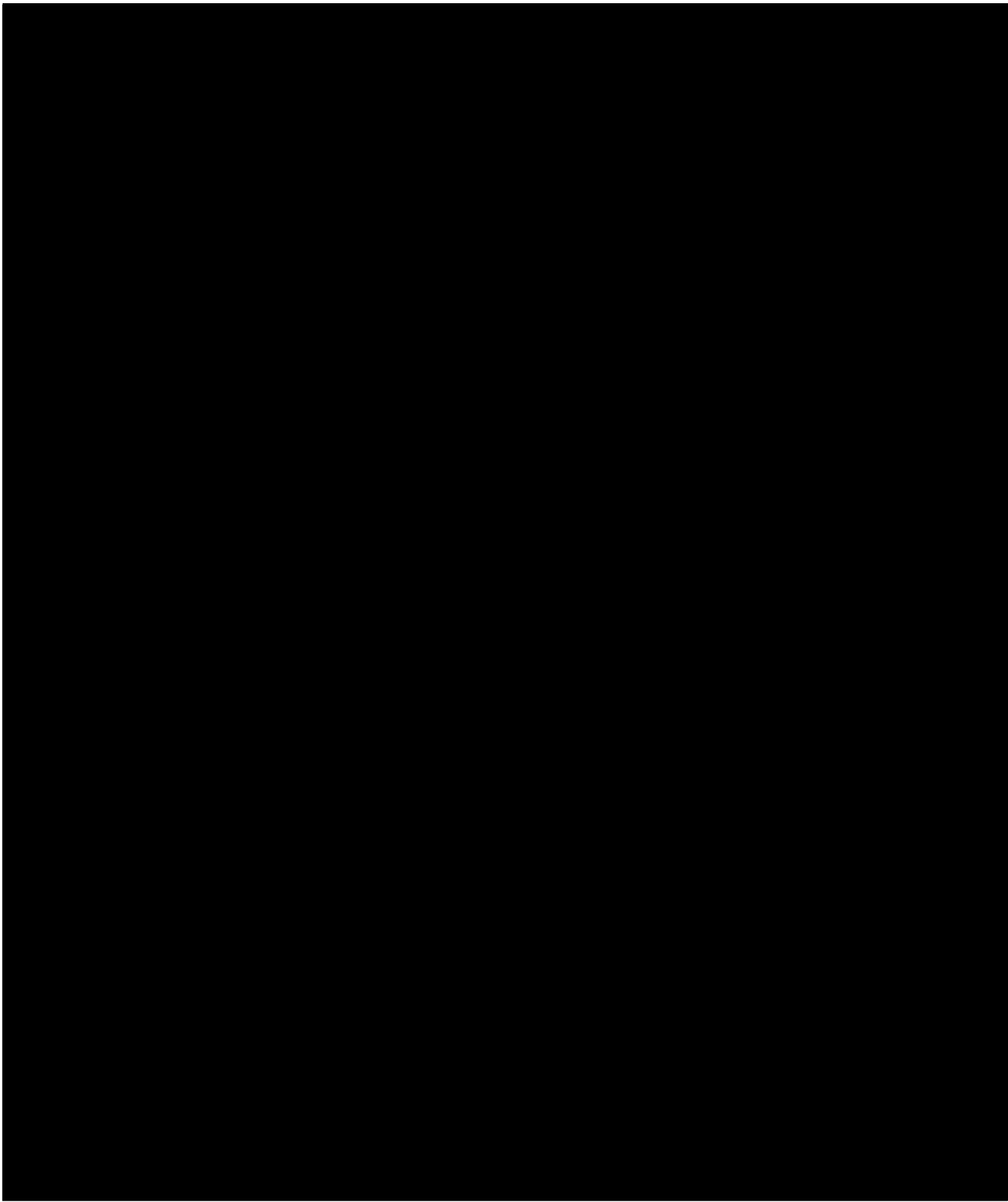
D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. [OAC 3796:6-3-06](#)

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language responding to the question will not be considered.

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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

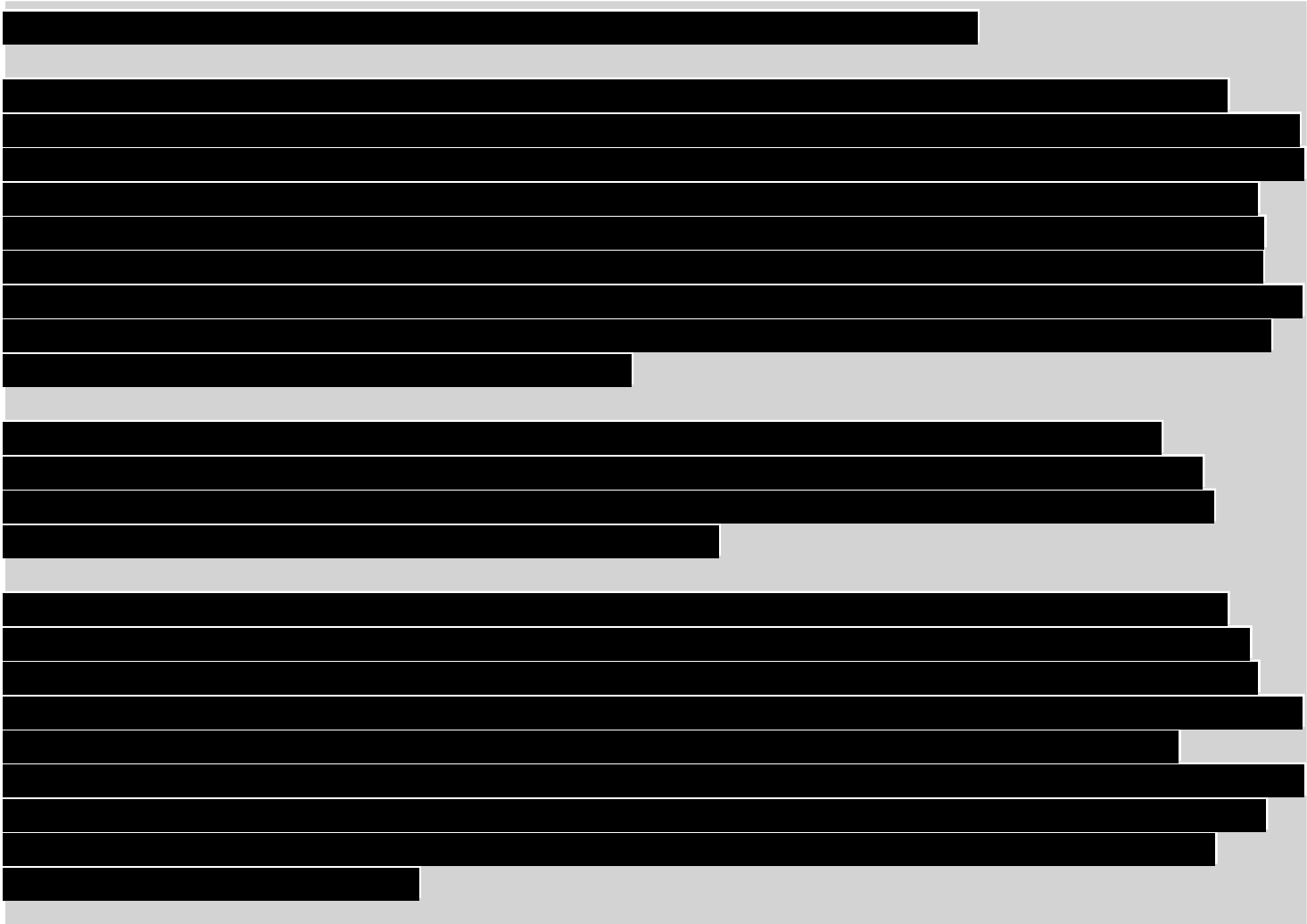
D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

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.

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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.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of 'active ageing', which is defined as 'the process of optimising the opportunities for people to lead healthy, active and productive lives' (Department of Health 1999, p. 1).

The Department of Health (1999) has identified a number of key areas for action in order to achieve the goals of 'active ageing'. These include: (1) promoting healthy living; (2) promoting social participation; (3) promoting lifelong learning; (4) promoting employment; (5) promoting housing; (6) promoting transport; (7) promoting leisure and culture; (8) promoting health care; (9) promoting social services; (10) promoting housing; (11) promoting transport; (12) promoting leisure and culture; (13) promoting health care; (14) promoting social services.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goals of 'active ageing'. These include: (1) promoting healthy living; (2) promoting social participation; (3) promoting lifelong learning; (4) promoting employment; (5) promoting housing; (6) promoting transport; (7) promoting leisure and culture; (8) promoting health care; (9) promoting social services; (10) promoting housing; (11) promoting transport; (12) promoting leisure and culture; (13) promoting health care; (14) promoting social services.

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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).

2

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]

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audited daily and available to the Board of Pharmacy in real-time 24 hours a day/seven days a week to

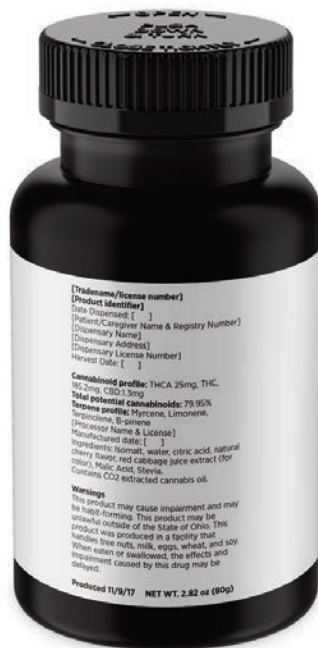
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D-5.5.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-5.5. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

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D-5.5 Sample Product Labels



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](#)

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

Uploaded Document Name: **D-6.8.1_STORAGE AND RECALL AREA PLAN.pdf**
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the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [12]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13]. In the 1990s, *S. flexneri* was the most commonly isolated serotype from patients with acute bacterial dysentery in the United Kingdom [13].

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

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

[Redacted content]

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99	100%	100%
100	100%	100%

Country	Share of GDP
United States	100%
Germany	95%
France	90%
Japan	75%

Country	Share of GDP
United States	1.1%
Germany	0.9%
France	0.8%
United Kingdom	0.7%

[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.

Uploaded Document Name: **D-6.9.1_STORAGE AND RETURN AREA PLAN.pdf**

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The first part of the paper discusses the importance of understanding the cultural context of the research. It highlights the need for researchers to be sensitive to the values and beliefs of the communities they are studying. This is particularly important in the field of health care, where cultural differences can significantly impact patient outcomes.

The second part of the paper focuses on the methodology used in the study. It describes the process of selecting participants and the data collection methods. The researchers used a combination of qualitative and quantitative approaches to gather data. This allowed them to explore the experiences of participants in depth while also measuring specific variables.

The results of the study are presented in the third part of the paper. They show that there are significant differences in health care utilization between different cultural groups. These findings have important implications for the development of culturally competent health care services.

In conclusion, the paper emphasizes the need for further research in this area. It calls for more studies that explore the cultural factors that influence health care behavior. This will help to improve the quality of care for all patients, regardless of their cultural background.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1995, compared with 4.5 million in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of women in its workforce. In 1995, 88% of the public sector workforce were women, compared with 78% in 1980.

Another reason is that the public sector has a high proportion of women in its senior management. In 1995, 33% of the public sector senior management were women, compared with 23% in 1980. This is a significant increase, and it suggests that the public sector is becoming more gender equal in its senior management.

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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](#)

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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]

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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.

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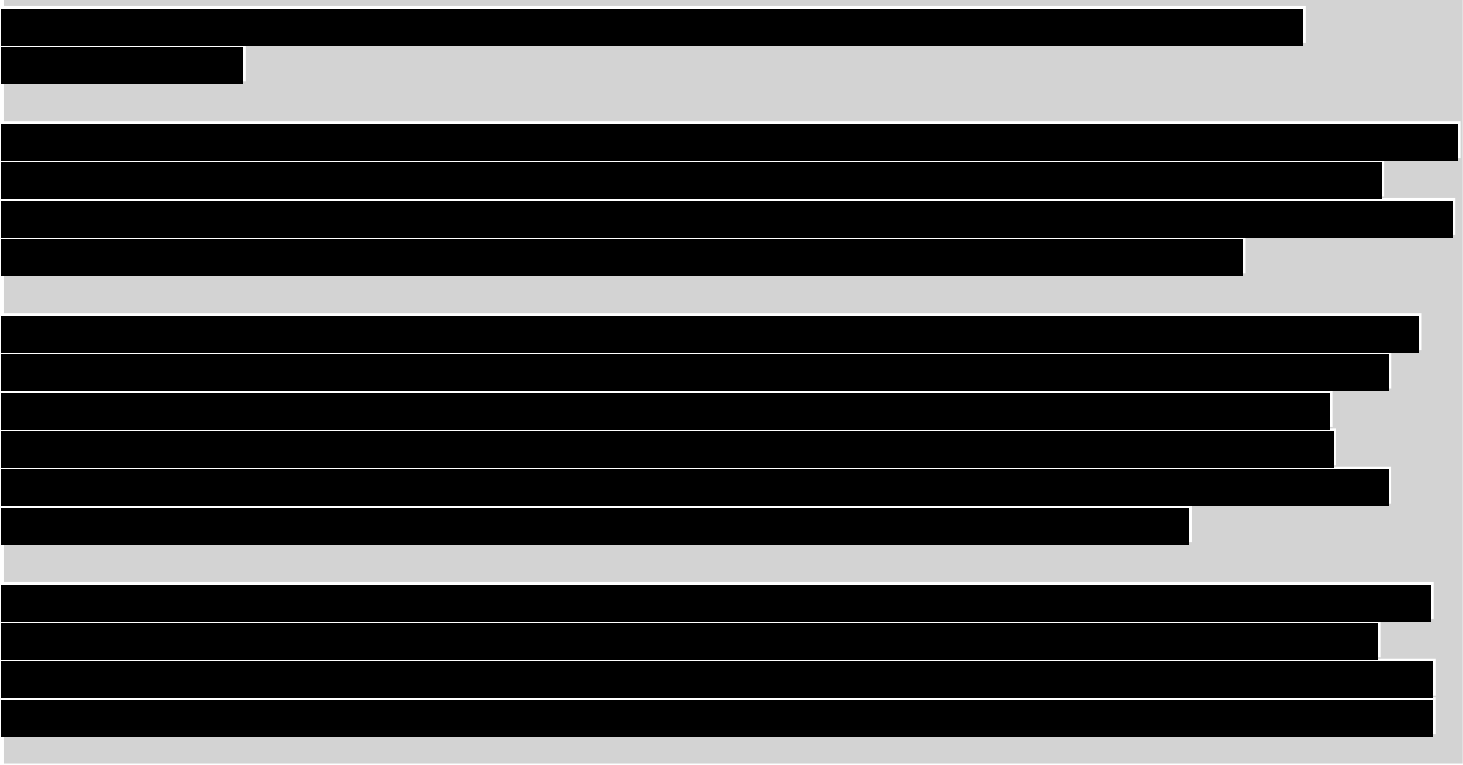
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Operations Plan(Other)

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](#)

PRODUCTS: The products to be offered at the Dispensary include the following: (1) Distillate CO2 cannabis oil for oral administration via calibrated syringe. This oil will also be offered suspended in a homogeneous mixture with Safflower oil used as a medium in calibrated oral syringes. (2) Distillate CO2 cannabis oil tincture for sublingual oral administration. Cannabis oil will be homogeneously suspended in a food grade vegetable glycerin. (3) Solid CO2 extracted distilled cannabis oil prepared for vaporization via calibrated syringe; (4) Infused CO2 extracted distilled cannabis salve for topical administration. and (5) Dried and cured cannabis plant material for use with vaporizing devices. (See Attachment D-10.1.1).

Other services offered at the Dispensary are explained below.

HEALTH AND WELLNESS SERVICES: The Dispensary's purpose is to provide compassionate alternatives for people who suffer from severe or debilitating illnesses. And we are committed to providing an active education program and alternative health resources program for our qualifying patients. We provide educational materials and healing service materials via private consultations designed to support qualifying patients in their efforts for optimal health and wellness. These services are offered free to qualifying patients, and offered regardless of whether product is purchased.

COMMUNITY OUTREACH SERVICES: Although the Dispensary's management team has been in the medical cannabis industry for years, it recognizes that the Dispensary is new to the Dispensary's community. Transparency, openness, and engagement are key elements the Dispensary will utilize to engage the local community. The Dispensary pledges to remain connected through an Advisory Council of local medical personnel, and by offering regular information sessions, before and after starting operations. Upon licensure in the State, the Dispensary will announce its arrival in the community and offer direct contact information to those seeking answers to questions about the business, including its security and Diversion Prevention Plan. This will include hosting a "town hall"-style meeting for the Dispensary and the local community to get to know each other. During this meeting, the Dispensary can tell the community about what it does, and the community can express its viewpoints and any concerns.

ECONOMIC DIVERSITY PROGRAM: The Dispensary places great emphasis on attracting, training, and retaining team members and suppliers from the local community, who will then improve the economic well-being of those around us. The Dispensary will recruit and hire from within its community and establish a diverse employee base, including minorities, veterans, and women. Employees made of people from the community mean that the Dispensary can be a better neighbor because it will be more aware of local issues. Hiring locally also means the surrounding community will directly benefit from the jobs, and training that the Dispensary will provide. This is not only a key element of good corporate citizenship, but also important to the economic development within the community where the Dispensary operates.

Diversity is not a merely a feature of our company, but it is a critical component to our success. Historically, the cannabis industry does not reflect diversity; it is typically an industry where there are few veterans, women, or racially diverse participants. Therefore, we are dedicating our hiring efforts to ensure that a substantial portion of our workforce is hired locally from the community in which we will operate and reflects gender, veterans, and racial diversity, including employees who may be economically disadvantaged.

The medical marijuana industry is unique in that it is NEW. Because of the Dispensary's robust training program, the Dispensary provides a great opportunity for people to start fresh in a new industry that will teach them what they need to know. That is what makes it particularly well-suited to historically more disadvantaged populations: they can start over. For example, veterans often learn a skillset in the military that can be difficult to translate into the private sector, and enlisted veterans often do not have a college degree, which can be a significant impediment to enter the civilian workforce. Likewise, economically disadvantaged individuals often lack the financial resources to seek formal higher education, such as college degrees, which can be a significant impediment to enter the workforce. A career at the Dispensary enables all of them to start fresh, where we can provide them with all the training they need. Of utmost importance, the Dispensary is looking for people with the drive and character and initiative to provide the highest level of support for our patients. If a candidate can do that, then we can train them for the rest.

COMMITMENT TO RESEARCH AND SCIENTIFIC STUDY: The science supporting medical cannabis is central to the Dispensary's mission. For the past several years, the Dispensary's team has been on the cutting edge for industry collaboration: working with medical practitioners; researching proprietary medical strains for epilepsy and multiple sclerosis; attending continuing education conferences; working with community stakeholders such as law enforcement and local governments; examining patient service needs; and participating in national industry forums. As medical marijuana gains further footing in states where it has been legalized, and as it becomes legalized in increasingly more states, we expect rapid advancements in research and scientific study, which will in turn shape the entire medical marijuana industry. The Dispensary will participate in these advancements to support the burgeoning field and to ease out patient's suffering.

In support of other out of state licenses, the Dispensary's team has supported clinical research for reporting data developed for proprietary strains of product for epilepsy and multiple sclerosis patients. Pending Board of Pharmacy and patient privacy approval, the Dispensary wishes to further support the research and scientific medical community. The Dispensary will collaborate with clinicians and researchers conducting scientific studies in the State. Already, the Dispensary is aware of and has reached out to an Ohio based children's hospital and a medical clinic seeking products to conduct research on the use of medical marijuana to treat epilepsy and multiple sclerosis. And it will reach out to the research and medical community further once licensed.

COMPASSIONATE CARE PROGRAM; In compliance with the Ohio Code, the Dispensary intends to serve all the qualifying patients in our community who need safe and convenient access, regardless of what they can afford. Patients suffer from a wide range of chronic and debilitating conditions, and the severity of these conditions can often inhibit patients' ability to earn income and afford medicine to manage their health. In this spirit, our Dispensary plans to offer a "Compassionate Care Program" – to reduce costs for medical cannabis to indigent and veteran patients with documented and verified financial hardship.

CHARITABLE CONTRIBUTIONS: As part of our mission to improve the quality of life of our community, we have committed to donating a percentage of revenues each year to local charities. We will contribute to charitable activities that support the local community or advocate for patient access. We are working with our community to forge alliances with local organizations that can benefit from our financial contributions and other services.

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

Uploaded Document Name: **D-10.1.1_SAMPLE PRODUCTS.pdf**

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

Flower & Oil Products

Our complete flower and oil product line contains beneficial cannabinoids in a variety of cost-effective delivery solutions for patients needing less-intensive therapies.



Specialty Strains

Tinctures

Vaporizer System

Flower & Oil Products



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](#)

We offer several programs that are designed to service veterans and/or the indigent, including our Compassionate Care Program, Recruitment Program, and Charitable Contributions Program. These services include providing medical marijuana at discounted prices, as well as financially supporting local charities, but importantly, they also include a robust job recruitment program designed to help facilitate a veteran and/or economically disadvantaged individual introduction into a new career path.

COMPASSIONATE CARE PROGRAM: In compliance with State requirements, the Dispensary intends to serve all the patients in our community who need safe and convenient access, regardless of what they can afford. Patients suffer from a wide range of chronic and debilitating conditions, and the severity of these conditions can often inhibit patients' ability to earn income and afford medicine to manage their health. In this spirit, our Dispensary plans to offer a Compassionate Care Program, in consultation with the Board of Pharmacy, to reduce costs for medical cannabis to indigent and veteran patients with documented and verified financial hardship.

The Dispensary is committed to addressing the issue of hardship-related access through policies and procedures that allow for discounts based on verified financial hardship. Whenever possible, the Dispensary will rely on means test performed by government programs that rigorously and frequently assess financial hardship. For example, using 300% of the Federal Poverty Level guidelines as a basis to qualify for the Compassionate Care Program, or qualifying for food stamps as another basis to qualify for the Compassionate Care Program, the Dispensary—in consultation with the Board of Pharmacy—can enroll qualifying patients into the Compassionate Care Program's discounted program. The Dispensary has retained a benefits specialist to implement the Compassionate Care Program, who will ensure the Compassionate Care Program is fully compliant with all Ohio law, and the Dispensary will consult with Board of Pharmacy to further the development of the Compassionate Care Program to ensure it is fair and accessible to those who need it.

As an example, as to how this program could work, using 300% of the Federal Poverty Level, each qualifying patient's household income could be represented as a percentage of the corresponding 300% Federal Poverty Level figure. That number will be equal to the percent of the full retail value of the medical marijuana product provisioned. Thus, a registered qualifying patient that is a member of a family of four, with an annual household income of \$50,000, would mean that the 300% Federal Poverty Level figure for that household size is \$70,650. Therefore, dividing \$50,000 by \$70,650, could give us 0.7077. Accordingly, the Dispensary could then charge the patient 70.77% of the full retail value of the provisioned medical marijuana product. Of course, this is just one of many ways the program could be established, and the Dispensary looks forward to discussing this further with the Board of Pharmacy upon award of the provisional license.

Once eligibility has been established, the Compassionate Care Program's discount will be automatically applied by the Point-of-Sale system. Conversations with patients about their status and qualifying financial conditions will always be conducted in a private setting, and the information will be kept confidential. Information about the program will be made available to prospective registered qualifying patients or designated caregivers on our website or through consultation with a Dispensary team member. A copy of the Dispensary's final hardship policies and procedures will be maintained with the records, and available to the Board of Pharmacy upon request.

RECRUITMENT PROGRAM. The Dispensary is proud of and will advertise our commitment to hire and do business with women, minorities, veterans, and disabled individuals within the community we operate.

Several people on our team are veterans, and the Dispensary is committed to hiring veterans for employment and veteran-owned businesses as vendors. Ohio is home to 870,000 veterans--men and women who have served our country with dignity. Some veterans are suffering from conditions such as PTSD and may benefit from medical cannabis, but others may be lacking employment, and the Dispensary would like to help with that, too. The Dispensary will offer priority hiring to veteran applicants, and aims to employ dozens of veterans throughout our operation.

To do so we will collaborate with local military career centers and applicable State departments to raise awareness of the roles we seek to fill. The Dispensary will engage Veterans job-placement organizations, and conduct hiring fairs in the local community. The goal will be to identify additional local veteran candidates to hire early enough to have them trained and operational approximately 4-5 months after the provisional license award.

Moreover, diversity is not a merely a feature of our company but it is a critical component to our success. Historically, the cannabis industry does not reflect diversity; it is typically an industry where there are few veterans, women, or racially diverse participants. Therefore, we are dedicating our hiring efforts to ensure that a substantial portion of our workforce is hired locally from the County in which we will operate and reflects gender, veterans, and racial diversity, including employees who may be economically disadvantaged.

The medical marijuana industry is unique in that it is NEW. Because of the Dispensary's robust training program, the Dispensary provides a great opportunity for people to start fresh in a new industry that will teach them what they need to know. That is what makes it particularly well-suited to historically more disadvantaged populations: they can start over. For example, veterans often learn a skillset in the military that can be difficult to translate into the private sector, and enlisted veterans often do not have a college degree, which can be a significant impediment to enter the civilian workforce. Likewise, economically disadvantaged individuals often lack the financial resources to seek formal higher education, such as college degrees, which can be a significant impediment to enter the workforce. A career at the Dispensary enables all of them to start fresh, where we can provide them with all the training they need. Of utmost importance, the Dispensary is looking for people with the drive and character and initiative to provide the highest level of support for our patients. If a candidate can do that, then we can train them for the rest.

The Dispensary also commits to issuing a report to the Board of Pharmacy on an annual basis about the success of our hiring goals across these categories.

CHARITABLE CONTRIBUTIONS. As part of our mission to improve the quality of life of our community, we have committed to donating a percentage of revenues each year to local charities, including veteran's organizations and to support the indigent. We will also contribute to charitable activities that support the local community or advocate for patient access. We are working with our community to forge alliances with local organizations that can benefit from our financial contributions and other services.

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

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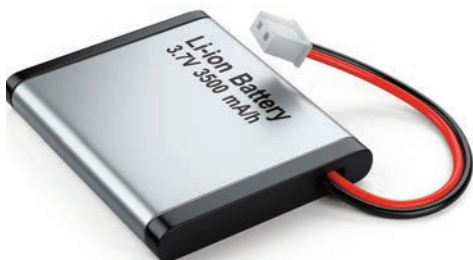
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D-10.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-10.3.1 ENVIRONMENTAL IMPACT.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

Carbon Footprint Reduction



Rechargable batteries



Double-glazed windows



Compact fluorescent bulbs



Energy-efficient furnaces



Rechargable batteries



Recycling



On demand water heaters

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](#)

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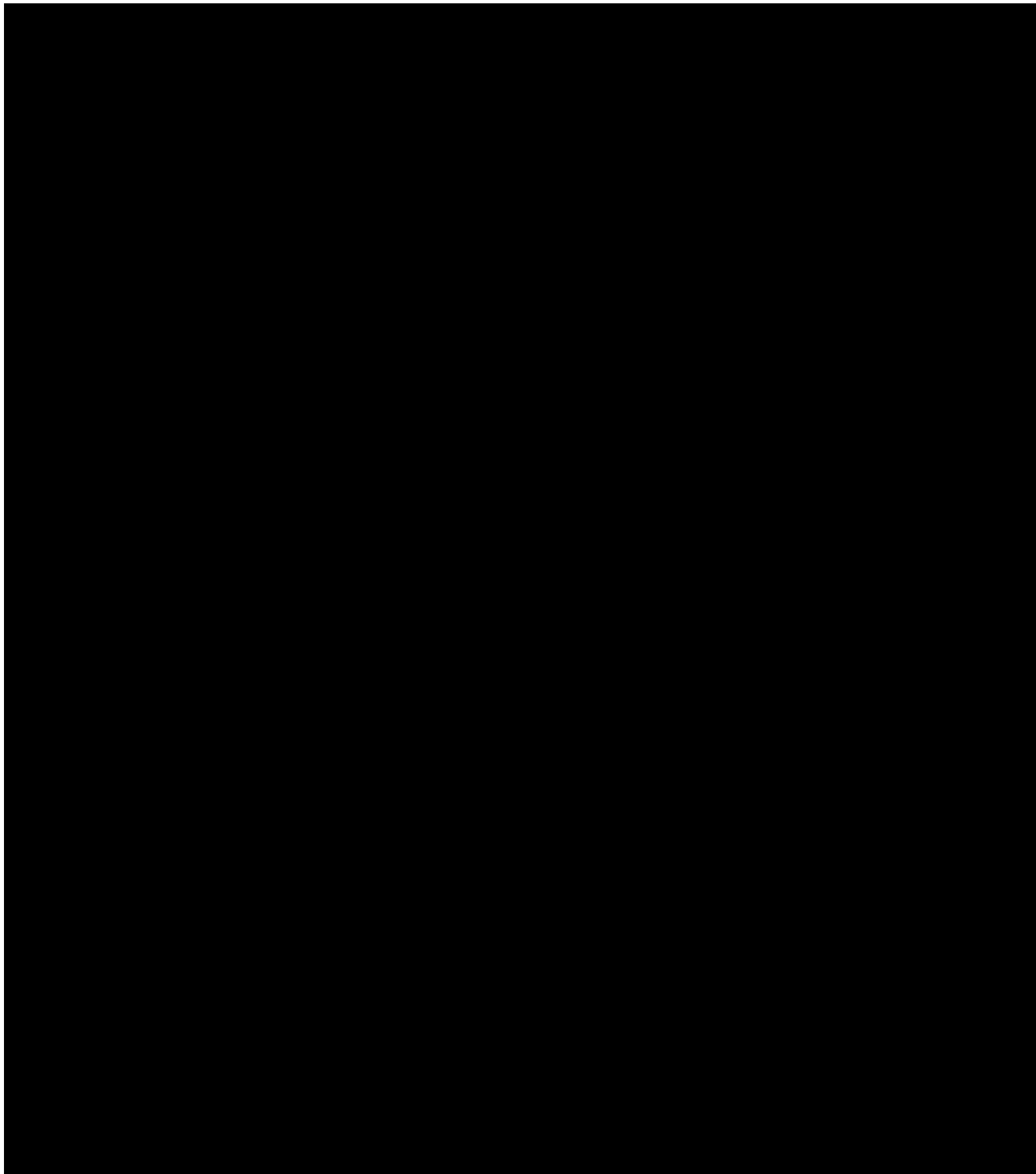
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E-1.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **E-1.1.1_Training Plan.pdf**

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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](#)

The advancement of medical science, research, and industry best practices are critical to the Dispensary's training program mission. That is why for the past several years, the Dispensary has been on the cutting edge for industry reporting: working with medical practitioners; researching proprietary medical strains for epilepsy and multiple sclerosis; attending continuing education conferences; working with community stakeholders such as law enforcement and local governments; examining patient service needs; and participating in national industry forums. In further support of this response please see Attachment E-1.2.1 Training.

Unfortunately, the medical and scientific community does not have a wealth of information from randomized, placebo-controlled clinical trials on medical marijuana, but we do know that medical marijuana benefits patients with a number of ailments that are difficult to treat, and it offers a safer alternative in some patients with chronic pain than currently prescribed opiates. As medical marijuana gains further footing in states where it has been legalized, and as it becomes legalized in increasingly more states, we expect rapid advancements in this field, and peer-reviewed articles discussing these advancements to be published in reputational medical and scientific literature, which will in turn shape the entire medical marijuana industry. The Dispensary follows these advancements and stays abreast of all developments in the industry, and all our employees will also through our training program, which is not just limited to the Dispensary's formal foundational and continuing education program, but also includes less formal training, such as through guest speakers series, webinars, and conferences.

The Dispensary provides an overview of how it will incorporate advancements in medical marijuana research into its formal and informal training program below.

FORMAL FOUNDATIONAL OR CONTINUING EDUCATION TRAINING: The Dispensary's training program will be updated on an ongoing basis as the Dispensary continues to solicit, validate, research, and identify scientific advancements via our systematic participation in conferences and training, professional networks, and working directly with the medical community.

As discussed in Section E-1.1, in compliance with State requirements, and industry best practices, the Dispensary will establish, and its Dispensary Director, working with the Dispensary's Chief Compliance Officer, will oversee, the employee training program. Evidence of training will be maintained in each employee's file, and it will include a number of areas including foundational training regarding the dispensing of medical marijuana and continuing education training. The foundational training will provide a baseline for current medical marijuana research. The continuing education, and more informal ongoing training tools, however, will be the area where employees will be trained and educated on advancements in medical marijuana research. The formal training programs are created by experienced medical professionals and the training courses will be approved in advance by the Board of Pharmacy.

As explained in more detail in Section E-1.1, Dispensary employees will receive a minimum of 16 hours of continuing education every two-year licensing period on topics required by the State and additional topics required by the Dispensary. This training will introduce new industry best practices and medical industry research. It will also address the following subjects in compliance with Ohio Admin. Code 3796:6-3-19, and each of these topics will be informed by and reflect current advancements in medical marijuana research including: guidelines for providing information to patients

and caregivers related to the risks associated with medical marijuana, including possible drug interactions; guidelines for providing patient support related to the patients' symptoms; recognizing signs and symptoms of substance abuse; guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana; the safe handling of medical marijuana, including an overview of common industry hazards, current health and safety standards, and dispensary best practices; legal updates training pertaining to the Ohio medical marijuana control program; and other topics as specified by the Board of Pharmacy.

The Dispensary will update and train our employees as frequently as needed to ensure that validated advancements in medical marijuana research promptly become part of our employee's knowledge base. All training will be documented as required by the State and filed in each employee's human resource file. Documentation will be subject to inspection and audit by the Board of Pharmacy, and the Dispensary's will audit its employee training records at least annually. The Director of Human Resources will ensure all training records are accurately maintained and up to date.

All courses will be prepared in coordination with an authorized professional, as set forth in Ohio Admin. Code 3796:6-3-19 (e.g., a licensed pharmacist, a certified nurse practitioner, a physician) and such person shall approve all content. The Dispensary's training has been or will be certified by the Americans for Safe Access' (ASA) Patient Focused Certification (PFC). PFC is a dispensary certification program that meets or exceeds the American Herbal Product Association (AHPA) and the American Herbal Pharmacopoeia cannabis monograph guidelines.

For all training that is to count towards the State's foundational or training requirements, the Dispensary will submit to the Board of Pharmacy all of the required information and will obtain Board of Pharmacy approval prior to implementing the training. All courses will be delivered in person in a classroom setting. Each employee will receive a copy of the training materials, and a minimum of 80 hours of foundational training during their probationary period and subsequently 20 hours during their two-year licensing period to fulfill and exceed their continuing education training requirements. The Board of Pharmacy-approved training will be available to any licensed dispensary employee.

The Dispensary Director, working with the Chief Compliance Officer and the course training instructors, will also incorporate the advancements, as appropriate, into client educational materials.

INFORMAL TRAINING: The Dispensary's informal training tools are generally not formal courses and therefore are not meant to count towards the employee's continuing education requirements. However, the informal training tools are essential for employees to keep abreast of medical advancements in medical marijuana, which we expect will start occurring quite rapidly in the near future.

As previously noted, as medical marijuana gains further footing in states where it has been legalized, and as it becomes legalized in increasingly more states, we expect rapid advancements in this field, and peer-reviewed articles discussing these advancements to be published in reputational medical and scientific literature, which will in turn shape the entire medical marijuana industry. The Dispensary follows these advancements and stays abreast of all developments in the industry, and all our employees will too. The informal training program includes guest speaker series, webinars, conferences, brown-bag lunches, stakeholder workshops and round-tables, and internal updates.

The Dispensary will provide or make employees aware of other opportunities to stay abreast of advancements in medical marijuana research. The Dispensary will also make available published articles on these advancements. For example, in January 2017, The National Academies of Sciences, Engineering and Medicine (NAS) released "The Health Effects of Cannabis and Cannabinoids" report, which is a useful volume for all Dispensary employees to be familiar with. The NAS report presents

nearly 100 conclusions related to the health effects of cannabis and cannabinoid use and makes recommendations to help expand and improve cannabis research efforts and better inform future public health decisions. While the NAS report has been out long enough now so that it can be incorporated into the Dispensary's formal training materials, when a similar report comes out in the future, the Dispensary could first use one of its informal training tools to let the employees know what was in the report, and to make it available to employees for review, and to provide, for example, a one-page summary on the report, so that employees are familiar with the report and can answer patients' questions on it. Then, the Dispensary could update its formal training program to include this report as part of its formal continuing education training program, and incorporate it into the next formal training class provided on the issue.

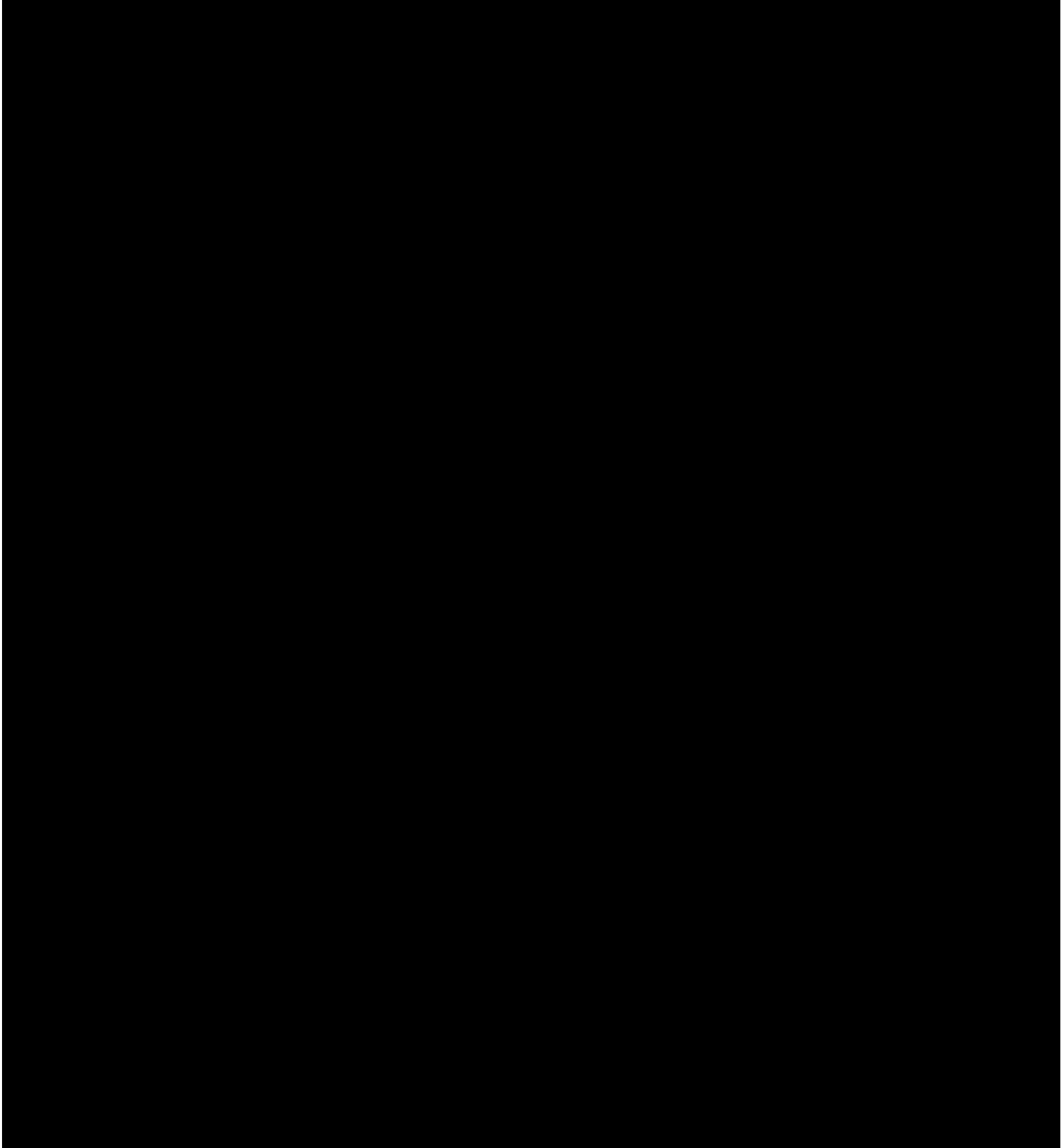
Through the Dispensary's combined formal and informal training program, and as informed by the team's constant monitoring of developments in the field, the Dispensary will be able to readily identify and training incorporate advancements in medical marijuana research.

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_Training Plan.pdf**

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

TRADE SECRET



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.

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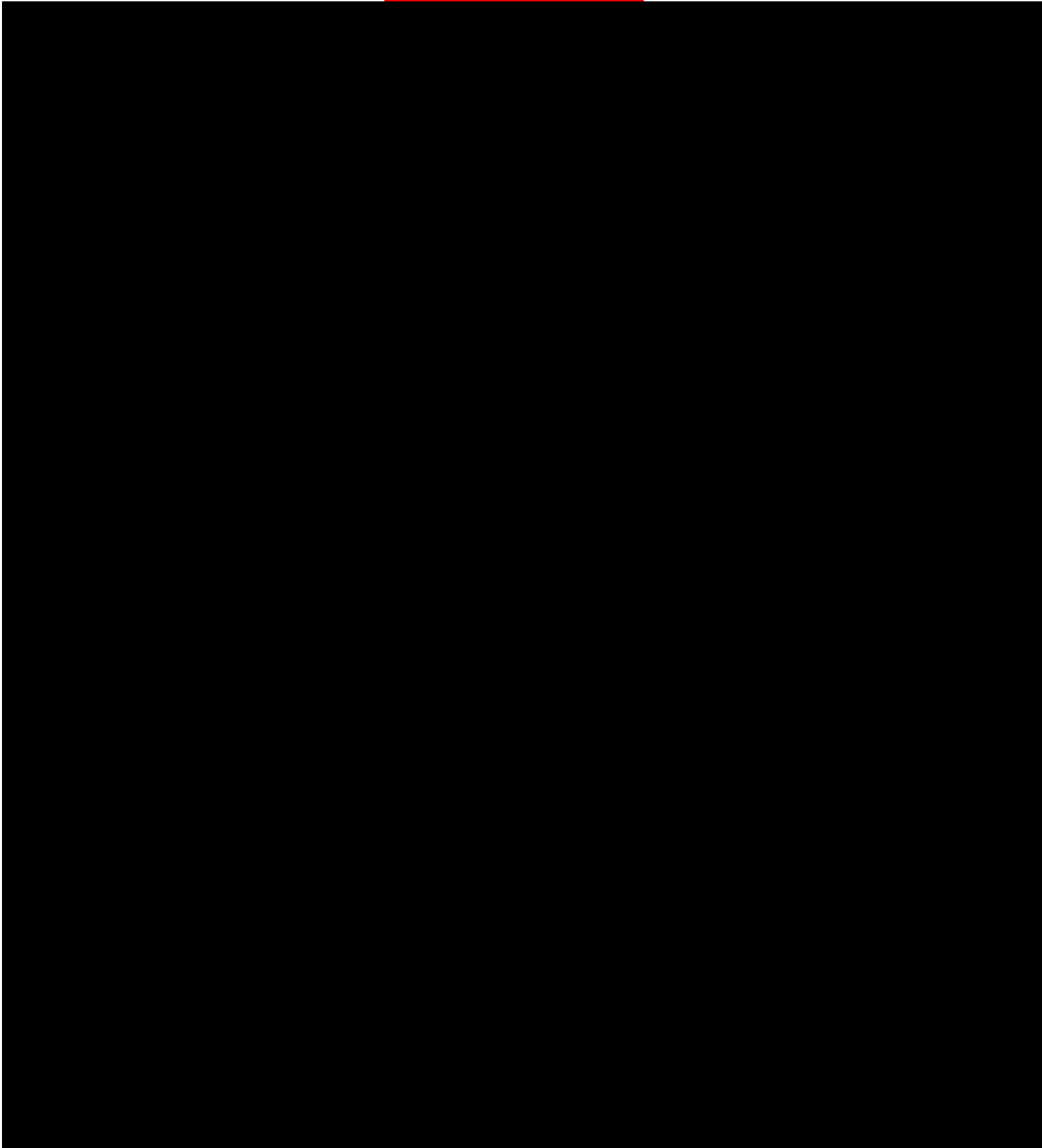
[REDACTED]

[REDACTED]

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

Uploaded Document Name: **E-2.1.1_Training Plan.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

TRADE SECRET



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

[REDACTED]

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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]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]ts.

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

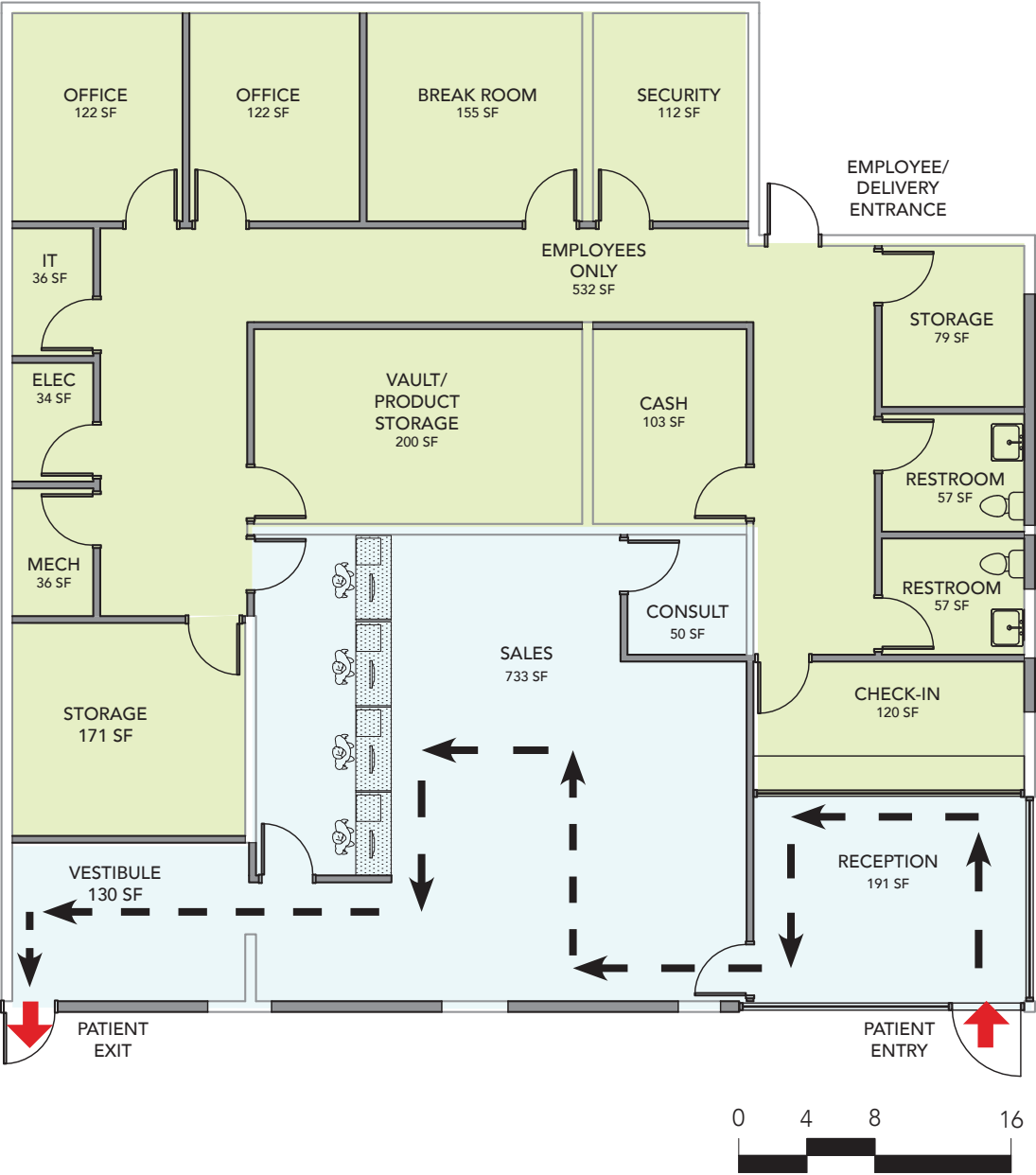
Uploaded Document Name: **E-3.1.1_PATIENT CARE FACILITY.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.

SECURITY AND INFRASTRUCTURE

PROPOSED FIT PLAN

Patient Care Facility
(Attachment to Application Section E-3.1.1)

- PATIENT ACCESSIBLE AREA
FRONT OF HOUSE: 1104 SF / 60 = 18 OCCUPANTS
- RESTRICTED ACCESS AREA
BACK OF HOUSE: 1936 SF / 100 = 18 OCCUPANTS
- PATIENT EXPERIENCE PATH



Patient Care(Dispensary Operating Hours)

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

YES

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

9:00 AM - 8:00 PM

Patient Care(Patient Information)

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

YES

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

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

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

Uploaded Document Name: **F-1.1_TRADE SECRET FORM.pdf**

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



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Trade Secret Form

(Attachment to Application Section F-1.1)

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

Business Name of Applicant: 7 Points Group, 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
Matthew L. Elam

Signature

Matthew L. Elam

Date

11-14-17



Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
	C-1.1	This information is not generally known outside the business. The information provided in purchase agreements or leases have confidential amounts.
	C-2.1	The plan details confidential information regarding the security measures to protect the Facility as well prevent diversion or theft of medical marijuana.
	C-3.1.1	The plan includes confidential information regarding sources of capital, anticipated revenues, costs, and facility layouts.
	C-5.5	Contains confidential bank account information.
D-2.2 D-3.3 D-4.4	D-2.2.1 D-3.3.1 D-4.4.1	The plan details confidential information regarding the security measures to protect the Facility as well prevent diversion or theft of medical marijuana.
D-5.5		Contains confidential business and plan information that has potential economic value because competitors do not generally know it.
D-6.8 D-6.9	D-6.8.1 D-6.9.1	The plan details confidential information regarding the security measures to protect the Facility as well prevent diversion or theft of medical marijuana.
D-7.1 D-8.1 D-9.2		Contains confidential business and plan information that has potential economic value because competitors do not generally know it.
D-10.3		Contains confidential business and plan information that has potential economic value because competitors do not generally know it.
E-1.1 E-1.2 E-2.1	E-1.1.1 E-1.2.1 E-2.1.1	Contains confidential training plan information that has potential economic value because competitors do not generally know it.
E-2.2		Contains confidential business and plan information that has potential economic value because competitors do not generally know it.
E-3.1	E-3.1.1	The plan details confidential information regarding the security measures to protect the Facility as well prevent diversion or theft of medical marijuana.

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