



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application BCCO, LLC Application ID 1069

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

BCCO, LLC

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

Bridge City Collective Ohio

A-1.3 Business Street Address

433 London Groveport Road

A-1.4 City

Lockbourne

A-1.5 State

OH

A-1.6 Zip Code

43137

A-1.7 Phone

7402771837

A-1.8 Email

info@ohiocleanleaf.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

Robert

A-2.3 Middle Name

Paul

A-2.4 Last Name

Landis

A-2.5 Street Address

8890 Diley Road

A-2.6 City

Canal Winchester

A-2.7 State

OH

A-2.8 Zip Code

43110

A-2.9 Phone

7405033979

A-2.10 Email

robert@cmhdray.com

Demographic Information(Applicant Organization and Tax Status)

A-3.1 Select One

Limited Liability Company

A-3.1A If other, explain

No response provided by applicant

A-3.2 State of Incorporation or Registration

OH

A-3.3 Date of Formation

10/31/2017

A-3.4 Business Name on Formation Documents

BCCO, 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 13

A-6.1 First Name

Robert

A-6.2 Middle Name

Paul

A-6.3 Last Name

Landis

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant's business

Co-President

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

162

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

21.60%

A-6.11 Voting percentage

21.60%

A-6.12 Proposed Role

OWNER

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

N/A

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

8890 Diley Road

A-6.17 City

Canal Winchester

A-6.18 State

OH

A-6.19 Zip Code

43110

A-6.20 Phone

7405033979

A-6.21 Email

robert@cmhdray.com

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

No response provided by applicant

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

29 years living in Ohio

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 13

A-6.1 First Name

Aaron

A-6.2 Middle Name

Robert

A-6.3 Last Name

Morgan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Compliance Agent

A-6.6 Title in the Applicant's business

Head of Regulatory Compliance

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

37.5

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

5%

A-6.11 Voting percentage

5%

A-6.12 Proposed Role

OWNER

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

Expertise in regulatory compliance

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

5841 Beechnut Drive

A-6.17 City

Cincinnati

A-6.18 State

OH

A-6.19 Zip Code

45230

A-6.20 Phone

5134102676

A-6.21 Email

aaron@bridgecitycollective.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:

11 years living in Ohio.

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 13

A-6.1 First Name

Amy

A-6.2 Middle Name

Victoria

A-6.3 Last Name

Long

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Cannabis Retail Operator

A-6.6 Title in the Applicant's business

Head of Human Resources

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

37.5

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

5%

A-6.11 Voting percentage

5%

A-6.12 Proposed Role

OWNER

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

Expertise in human resource management and cannabis retail operations

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

4126 NE Rodney Avenue

A-6.17 City

Portland

A-6.18 State

OR

A-6.19 Zip Code

97211

A-6.20 Phone

9718031503

A-6.21 Email

amy@bridgecitycollective.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:

N/A

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 13

A-6.1 First Name

Brent

A-6.2 Middle Name

Anthony

A-6.3 Last Name

Emmons

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Security Advisor

A-6.6 Title in the Applicant's business

Junior Head of Security

A-6.7 Applicant's business related compensation

Fee for service

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

Expertise in security and surveillance

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

550 East Church Street

A-6.17 City

Urbana

A-6.18 State

OH

A-6.19 Zip Code

43078

A-6.20 Phone

9378696297

A-6.21 Email

bemmons@genric.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:

46 years living in Ohio

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 13

A-6.1 First Name

Christopher

A-6.2 Middle Name

Clay

A-6.3 Last Name

Welsh

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Financial Advisor

A-6.6 Title in the Applicant's business

Senior Strategic Advisor

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

7.5

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

1%

A-6.11 Voting percentage

1%

A-6.12 Proposed Role

OWNER

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

Expertise in strategic implementation of business strategy

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

1339 Meadows Drive

A-6.17 City

Lancaster

A-6.18 State

OH

A-6.19 Zip Code

43130

A-6.20 Phone

7408081205

A-6.21 Email

cwelsh@cmhdray.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:

42 years living in Ohio

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 6 of 13

A-6.1 First Name

David

A-6.2 Middle Name

William

A-6.3 Last Name

Landis

A-6.4 Suffix

III

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant's business

Vice President Business Logistics

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

162

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

21.60%

A-6.11 Voting percentage

21.60%

A-6.12 Proposed Role

OWNER

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

Expertise in strategic business operations

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

8890 Diley Road

A-6.17 City

Canal Winchester

A-6.18 State

OH

A-6.19 Zip Code

43110

A-6.20 Phone

7405038167

A-6.21 Email

daveyiii@cmhdray.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:

33 years living in Ohio

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 13

A-6.1 First Name

David

A-6.2 Middle Name

William

A-6.3 Last Name

Landis

A-6.4 Suffix

Jr.

A-6.5 Occupation

Business Owner

A-6.6 Title in the Applicant's business

Junior Strategic Advisor

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

36

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

4.80%

A-6.11 Voting percentage

4.80%

A-6.12 Proposed Role

OWNER

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

Expertise in strategic implementation of business strategy

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

3815 Reynoldsburg Baltimore Road

A-6.17 City

Baltimore

A-6.18 State

OH

A-6.19 Zip Code

43105

A-6.20 Phone

7405038163

A-6.21 Email

dwljr55@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:

62 years living in Ohio

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 8 of 13

A-6.1 First Name

Jason

A-6.2 Middle Name

Edward

A-6.3 Last Name

Kabbes

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Cannabis advisor

A-6.6 Title in the Applicant's business

Chief Scientific Officer

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

203

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

27.067%

A-6.11 Voting percentage

27.067%

A-6.12 Proposed Role

OWNER

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

Approximately \$5,000 on program research, investor courtship, and real estate acquisition. Expertise in

cannabis business operations

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

22443 Rocky Point Road

A-6.17 City

Scappoose

A-6.18 State

OR

A-6.19 Zip Code

97056

A-6.20 Phone

9376319094

A-6.21 Email

jason@bridgecitycollective.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:

N/A

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

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

This response has been entirely redacted

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

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 13

A-6.1 First Name

Micah

A-6.2 Middle Name

Travis

A-6.3 Last Name

Zaayer

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Cannabis Retail Operator

A-6.6 Title in the Applicant's business

Chief Operating Officer

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

87

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

11.600%

A-6.11 Voting percentage

11.600%

A-6.12 Proposed Role

OWNER

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

Expertise in running multiple cannabis retail operations

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

4126 NE Rodney Avenue

A-6.17 City

Portland

A-6.18 State

OR

A-6.19 Zip Code

97211

A-6.20 Phone

5039158238

A-6.21 Email

micah@bridgecitycollective.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:

N/A

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 10 of 13

A-6.1 First Name

Michael

A-6.2 Middle Name

Walker

A-6.3 Last Name

Terepka

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Owner/Manager of Cannabis Businesses

A-6.6 Title in the Applicant's business

Co-President

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

1.333%

A-6.11 Voting percentage

1.333%

A-6.12 Proposed Role

OWNER

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

Expertise in cannabis dispensary business operations

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

26 SE 61st Avenue

A-6.17 City

Portland

A-6.18 State

OR

A-6.19 Zip Code

97215

A-6.20 Phone

6075920856

A-6.21 Email

miketerepka@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:

N/A

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 11 of 13

A-6.1 First Name

Paul

A-6.2 Middle Name

Jason

A-6.3 Last Name

Attwood

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Security Advisor

A-6.6 Title in the Applicant's business

Head of Security

A-6.7 Applicant's business related compensation

Fee for service

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

Expertise in security and surveillance

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

8046 Lilium Way

A-6.17 City

Plain City

A-6.18 State

OH

A-6.19 Zip Code

43064

A-6.20 Phone

4072222443

A-6.21 Email

pattwood@genric.com

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

No response provided by applicant

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

1 year living in Ohio

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

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

This response has been entirely redacted

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

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

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 12 of 13

A-6.1 First Name

Ronald

A-6.2 Middle Name

Wayne

A-6.3 Last Name

DeLaney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Financial Adviser/CPA

A-6.6 Title in the Applicant's business

Chief Financial Officer

A-6.7 Applicant's business related compensation

Equity

A-6.8 Number of shares owned

7.5

A-6.9 Types of shares owned

Common Shares

A-6.10 Percent interest in Applicant's business

1%

A-6.11 Voting percentage

1%

A-6.12 Proposed Role

OWNER

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

Expertise in financial management of business

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

433 London Groveport Road

A-6.17 City

Lockbourne

A-6.18 State

OH

A-6.19 Zip Code

43137

A-6.20 Phone

7406545269

A-6.21 Email

rdelaney@cmhdray.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:

48 years living in Ohio

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 13 of 13

A-6.1 First Name

Steven

A-6.2 Middle Name

Mark

A-6.3 Last Name

McCandlish

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Registered Pharmacist

A-6.6 Title in the Applicant's business

Pharmaceutical/Clinical Advisor

A-6.7 Applicant's business related compensation

Fee for service

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

OTHER

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

Substantial expertise in the pharmaceutical industry. Provided pharmaceutical advice for integration

into the business plan.

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

1400 Meadows Drive

A-6.17 City

Lancaster

A-6.18 State

OH

A-6.19 Zip Code

43130

A-6.20 Phone

7404754417

A-6.21 Email

spmac@columbus.rr.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:

48 years living in Ohio

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 13

B-3.1 First Name

Robert

B-3.2 Middle Name

Paul

B-3.3 Last Name

Landis

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Co-President

B-3.6 Brief description of role

Oversight of all business operations 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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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 13

B-3.1 First Name

Aaron

B-3.2 Middle Name

Robert

B-3.3 Last Name

Morgan

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Head of Regulatory Compliance

B-3.6 Brief description of role

In charge of maintaining compliance with relevant regulations and dispensary internal controls

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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 13

B-3.1 First Name

Amy

B-3.2 Middle Name

Victoria

B-3.3 Last Name

Landis

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Head of Human Resources

B-3.6 Brief description of role

In charge of hiring and training employees and managing human resources for the dispensary.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 4 of 13

B-3.1 First Name

Brent

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Emmons

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Junior Head of Security

B-3.6 Brief description of role

Assists the Head of Security with maintaining the security of the dispensary facility.

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 5 of 13

B-3.1 First Name

Christopher

B-3.2 Middle Name

Clay

B-3.3 Last Name

Welsh

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Senior Strategic Advisor

B-3.6 Brief description of role

In charge of the implementation of strategic plan

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 13

B-3.1 First Name

David

B-3.2 Middle Name

William

B-3.3 Last Name

Landis III

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Vice President Business Logistics

B-3.6 Brief description of role

In charge of the logistics of the business including implementation of business strategy

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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 13

B-3.1 First Name

David

B-3.2 Middle Name

William

B-3.3 Last Name

Landis Jr.

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Junior Strategic Advisor

B-3.6 Brief description of role

Assists in the implementation of the strategic plan

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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

equivalent thereof in another jurisdiction.

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the

surrender, suspension, revocation, or probation of the individual's license or registration?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 13

B-3.1 First Name

Jason

B-3.2 Middle Name

Edward

B-3.3 Last Name

Kabbes

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Scientific Officer

B-3.6 Brief description of role

In charge of researching advancements in medical cannabis dispensing and outreach to the communitiy

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of

whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug

Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 13

B-3.1 First Name

Micah

B-3.2 Middle Name

Travis

B-3.3 Last Name

Zaayer

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Operating Officer

B-3.6 Brief description of role

In charge of overseeing day to day operations of the dispensary to ensure smooth business operations

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 10 of 13

B-3.1 First Name

Michael

B-3.2 Middle Name

Walker

B-3.3 Last Name

Terepka

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Co-President

B-3.6 Brief description of role

Oversight of all business operations 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.

Bridge City Collective
4312 N Williams Avenue
Portland, Oregon 97212

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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.

Bridge City Collective
4312 N Williams Avenue
Portland, Oregon 97212

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other

authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 11 of 13

B-3.1 First Name

Paul

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Attwood

B-3.4 Proposed Role

OFFICER

B-3.5 Position/Title

Head of Security

B-3.6 Brief description of role

In charge of maintaining the security of the dispensary facility

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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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 12 of 13

B-3.1 First Name

Ronald

B-3.2 Middle Name

Wayne

B-3.3 Last Name

DeLaney

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Financial Officer

B-3.6 Brief description of role

In charge of the financial planning 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.

Ohio Clean Leaf, LLC
433 London Groveport Road
Lockbourne, Ohio 43137

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 13 of 13

B-3.1 First Name

Steven

B-3.2 Middle Name

Mark

B-3.3 Last Name

McCandlish

B-3.4 Proposed Role

OTHER

B-3.5 Position/Title

Pharmaceutical/Clinical Advisor

B-3.6 Brief description of role

Provide pharmaceutical advice through all aspects of the company

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

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-1.1b_lease and owner statement(3).pdf**

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

LEASE

THIS LEASE (this "Lease") is made and entered into as of Nov. 16, 2017 (the "Effective Date") by and between ACT Investments, LLC, an Ohio limited liability company, having an address of 433 London Groveport Road, Lockbourne, Ohio 43137 ("Landlord"), and BCCO, LLC, an Ohio limited liability company, having an address of 433 London Groveport Road, Lockbourne, Ohio 43137 ("Tenant").

In consideration of the rents, covenants and agreements hereinafter reserved and contained on the part of Tenant to be observed and performed, Landlord and Tenant agree as follows:

1. Demise. Landlord hereby demises and leases to Tenant and Tenant hereby accepts and rents from Landlord, subject to the terms and conditions of this Lease, the certain real property located in the City of DAYTON, MONTGOMERY County, OHIO, described as follows (the "Land"): the real property known for street numbering purposes as 2046 VALLEY ST.

2. Term. The initial term (the "Initial Term") of this Lease shall commence on (the Commencement Date) and expire one (1) year later, subject to extension pursuant to Section 5 hereof. The Initial Term and the Extension Term (hereinafter defined), if any, are hereinafter collectively referred to as the "Term". The "Commencement Date" means the date on which the Tenant is awarded a Dispensary License (as hereinafter defined).

3. Rent. Tenant shall pay to Landlord as rent for the Land during the Initial Term, the following amount per annum, payable in equal monthly installments, as set forth on Exhibit "A" attached hereto and incorporated herein. Each monthly installment of rent shall be due and payable in advance, without deduction, set-off, or demand, on the first (1st) day of each and every calendar month of the Term, and shall be prorated for any partial month or year.

4. Option to Extend. Provided that Tenant is not in default of this Lease at the time of exercise or as of the date immediately preceding the scheduled commencement date of the Extension Term, Tenant shall have the right to extend the Initial Term of this Lease for five (5) additional consecutive periods of one (1) year (each, an "Extension Term") by giving Landlord notice of each such extension not less than ninety (90) days prior to the expiration of the Initial Term or previous Extension Term, as the case may be, with Rent and other terms to be decided separately for each Extension Term.

Use. Tenant shall keep the Land in a clean, sanitary, and safe condition in accordance with all applicable Legal Requirements, at the sole cost and expense of Tenant, and Tenant shall comply with all applicable Legal Requirements. The Land shall be used by Tenant to carry out a lawful cannabis business for the cultivation, dispensation and sale of medical marijuana and products containing tetrahydrocannabinol ("THC") and other industry related products in accordance with the laws and regulations of the State of Ohio ("Cannabis Business").

5. Taxes. Tenant shall pay to Landlord, as additional rent, within seven (7) days after receipt of an invoice therefor from Landlord, all real estate taxes and assessments, both general and special, (collectively, "Taxes") which become due and payable during the Term with respect to the Land. Landlord may elect to have Tenant pay the Taxes directly to the applicable governmental authorities, in which case Tenant shall pay the Taxes on or before the due date thereof and shall promptly deliver paid receipts therefor evidencing the timely payment of all Taxes.

6. Utilities. Tenant shall pay all utility charges for gas, electricity, water, sewer, telephone and any other utilities used or consumed on or at the Land during the Term, including, without limitation, any deposits required by any utility provider. Tenant shall maintain all utility accounts in Tenant's own name.

7. Maintenance. Tenant shall maintain and repair (including replacement where necessary) all portions of the Land in good order, condition and repair and Landlord shall have no responsibility therefor.

8. Alterations. Tenant shall have the right to construct or install buildings and other improvements and fixtures on the Land that Tenant may deem necessary or desirable in connection with the operation of Tenant's business at the Land (collectively, "Alterations and Additions"). Such Alterations and Additions shall be made in a good and workmanlike manner in accordance with applicable laws, ordinances and building codes. All Alterations and Additions (a) shall be made and paid for by Tenant and Landlord shall have no responsibility therefor, and (b) shall be and remain the property of Tenant until the expiration or termination of this Lease. Tenant shall have the right but not the obligation, in Tenant's sole discretion, to remove some or all of the Alterations and Additions prior to the expiration or termination of this Lease. All Alterations and Additions remaining on the Land at the expiration or termination of this Lease shall become the property of the Landlord.

9. Tenant's Property. All machinery, equipment, systems, trade fixtures, furnishings, improvements and the like that Tenant installs upon or within the Land shall remain the personal property of Tenant.

10. Compliance with Laws. Tenant shall promptly observe and comply with all applicable laws, rules and regulations relating to the Leased Premises or Tenant's use thereof.

11. Access to Land. Tenant shall permit Landlord and its agents, employees and designees to inspect and examine the Leased Premises at any reasonable time.

12. Indemnity. Subject in all events to Section 15 hereof, Tenant shall indemnify, protect and defend Landlord (and any parties claiming through or under Landlord), Landlord's members, managers, and officers, and the members, managers, officers, shareholders, and directors of Landlord's member, and their respective heirs, executors, administrators, personal representatives, successors and assigns against, and save each of them harmless from, any and all penalties, damages, charges, liabilities, expenses or costs resulting from (a) any accident or other occurrence on or about the Land that occurs during the Term and causes injury to any person or property, (b) any failure of Tenant to comply with the provisions of this Lease or any applicable laws, rules, codes or regulations, or (c) Tenant's use and occupancy of the Land.

13. Insurance. At all times during the Term, Tenant, at Tenant's sole cost and expense, shall maintain the following insurance coverage: (a) commercial general liability insurance, insuring against all claims and demands for injury to or death of persons, or damage to property, which may be claimed to have occurred in or on the Land and (b) fire insurance, with extended coverage endorsement and vandalism and malicious mischief endorsements. The forgoing policies of insurance shall at all times be in forms, companies and amounts acceptable to Landlord and shall name Landlord as an additional insured. Unless otherwise directed by Landlord, all policies of fire or hazard insurance insuring the Land shall have attached thereto mortgagee clauses or endorsements in favor of and with loss payable to any party holding a first mortgage on the Leased Premises and shall otherwise be acceptable to such mortgagee. Upon request, Tenant shall deliver to Landlord certificates evidencing such insurance or copies of the policies therefor. Tenant shall also insure all of Tenant's personal property and equipment

located at the Land under a policy of insurance which is commercially reasonable in form and amount and written by a responsible and solvent insurance company. Application or distribution of any proceeds of property or casualty insurance required hereunder covering the Land (but excluding the insurance covering Tenant's personal property) shall conform to the requirements of any holder of a first mortgage on the Land and, in the absence of such requirements, shall be paid to Landlord.

14. Waiver of Right of Recovery and Waiver of Subrogation. Landlord and Tenant hereby waive all rights of recovery and causes of action which either party has or may have or which may arise hereafter against the other, whether caused by negligence, intentional misconduct or otherwise, for any loss, damage to or destruction of the Leased Premises, or any other property or business, which is caused by any of the perils covered or coverable by a standard policy of fire insurance with extended coverage endorsement and vandalism and mischief endorsements, building and contents insurance and business interruption insurance, or for which either party may be reimbursed by insurance. Each insurance policy carried by the parties hereto shall contain a clause to the effect that the foregoing waiver shall not affect the right of the insured party to recover under such policy.

15. Damage to Land. If the Land is damaged during the Term by fire or other casualty required to be insured under this Lease, then Tenant, subject to delays reasonably beyond Tenant's control, shall promptly proceed to restore the Land to the condition the Land was in immediately prior to such damage; provided, however, that Tenant shall not be required to restore the Leased Premises if, pursuant to the requirements of any mortgage on the Land or the holder of such mortgage, or otherwise at Landlord's election, insurance proceeds are not made available for such restoration. Rent shall be equitably abated during such period of restoration in an amount proportionate to the portion of the Land rendered reasonably unusable for the operation of Tenant's business in the Land. If substantially all of the Land is damaged or destroyed and insurance proceeds are not made available to Tenant, then Tenant shall have the right to terminate this Lease by delivering written notice thereof to Landlord.

16. Assignment and Subletting. Tenant shall not assign this Lease or sublet the Land without the written consent of Landlord, which shall not be unreasonably withheld or delayed. Any assignment of this Lease by operation of law or effected by a merger or consolidation involving Tenant shall be deemed an assignment of this Lease for the purposes of this Section. Any assignment of this Lease or subletting of the Land, even with the consent of Landlord, shall not relieve Tenant from its obligations under this Lease.

17. Default by Tenant.

(a) If Tenant fails to (i) pay any installment of rent or other sums due hereunder when and as the same shall become due and payable, and such default continues for ten (10) days after the due date thereof, or (ii) keep and perform any of the other covenants or agreements herein contained to be kept and performed by Tenant, and such default continues for thirty (30) days after notice thereof to Tenant (or such longer period of time as may reasonably be required to cure such default, provided that Tenant commences such cure within said thirty (30) days and thereafter prosecutes such cure to completion with reasonable diligence), then, in any such event, Landlord may take any action permitted at law or in equity on account of such default.

(b) If Tenant shall fail or refuse to perform any of its obligations or duties pursuant to this Lease, and such default shall continue beyond the cure periods stated in Section 18(a) hereof, Landlord may, but shall not be obligated to, cure any such default and the amounts expended by Landlord therefor, with interest thereon from the respective dates of expenditures thereof at a rate of interest per annum equal to the publicly announced prime rate of interest of any national bank having an office in Cleveland, Ohio selected by Landlord plus four percent

(4%), shall be so much additional rent due from Tenant with the next installment of rents accruing hereunder and may be collected in the same manner as though rent due hereunder.

18. Bankruptcy. If Tenant shall become insolvent or make an assignment for the benefit of creditors, or file a petition in bankruptcy, or seek the benefit of any bankruptcy, composition or insolvency law or act, or if Tenant shall be adjudged bankrupt, or if a receiver or trustee of the property of Tenant shall be appointed, or this Lease shall by operation of law devolve upon or pass to any person or persons other than Tenant, then in each such case Landlord shall have the right and option to terminate this Lease at any time and, with or without demand or notice and with or without legal process, enter into the Land and take possession thereof, and may use all lawful force necessary to effect such entry and/or to hold such possession and/or to remove Tenant and/or any person and/or any property from the Leased Premises.

19. Subordination. This Lease shall be subordinate to any ground leases and/or mortgages which may now or hereafter affect the Land, and to any advances to be made thereunder and any renewals, modifications, consolidations, replacements and extensions thereof, provided that any such ground lessor, or the holder of any such mortgage agrees that Tenant's rights and possession under this Lease shall not be disturbed so long as Tenant is not in default hereunder after the expiration of the applicable cure period. Tenant shall promptly execute any certificate or agreement that Landlord may reasonably request in confirmation of such subordination and non-disturbance.

20. Eminent Domain. If the Land or any part thereof shall be taken or condemned by any competent authority in appropriation proceedings or by any right of eminent domain (each, a "Taking"), then the compensation award therefor shall belong to Landlord except for such portion of the award that is allocable or attributable to Alterations and Additions made and paid for by Tenant, which portion of the award shall be paid to Tenant. If the Taking is of all or substantially all of the Land, then this Lease shall terminate as of the date of such Taking. If the Taking is not of all or substantially all of the Land, but Tenant nonetheless deems the Taking to be of a material portion of the Land that materially interferes with the operation of Tenant's business at the Land, then Tenant may elect to terminate this Lease upon notice to Landlord. In the event of a partial Taking of the Land that does not result in a termination of this Lease, the rent shall be equitably abated in an amount proportionate to the portion of the Land taken by the Taking. In addition to any claim for the loss of Alterations and Additions, Tenant shall have the right to assert all other claims that Tenant may have arising out of the Taking for the loss of any other property of Tenant, moving expenses and the like.

21. Surrender of Land. Tenant shall deliver and surrender possession of the Land to Landlord upon the expiration or earlier termination of this Lease in as good a condition as the Land were in at the Commencement Date, ordinary wear and tear and loss by casualty and condemnation excepted.

22. Notices. Any notices relating to this Lease shall be in writing and personally delivered or sent by certified mail or nationally recognized overnight delivery service to the other party at the address specified on page 1 hereof, or to such other address as such party shall have designated to the other by like notice. Notices shall be deemed to have been given on the date when personally delivered, or two (2) postal delivery days after the date deposited, postage prepaid, in an official United States Post Office, or the next business day following deposit with said overnight delivery service.

23. Quiet Enjoyment. So long as Tenant complies with its obligations under this Lease, Tenant's use and occupancy of the Land shall not be disturbed by Landlord or any other party lawfully claiming under Landlord.

24. Net Lease. It is the intention of Landlord and Tenant that this Lease shall be completely net to Landlord, such that, as between Landlord and Tenant, all costs, expenses, obligations and liabilities related to or arising out of the Land shall be the Tenant's responsibility and the Landlord shall have no obligation or liability therefor, subject, in all events to Section 15 hereof.

25. Judgment, Damages. Tenant shall look solely to the Land for recovery of any judgment or damages from Landlord and neither Landlord, nor any member, manager, partner, officer, director, shareholder or agent of Landlord or Landlord's member nor any successor or assign of any of the foregoing shall have any personal liability, directly or indirectly.

26. Relationship of the Parties. Nothing contained in this Lease shall be deemed or construed by the parties hereto or by any third party to create the relationship of principal and agent or of partnership or of joint venture or of any association whatsoever between Landlord and Tenant, it being expressly understood and agreed that neither the computation of rent nor any other provisions contained in this Lease, nor any act or acts of the parties hereto, shall be deemed to create any relationship between Landlord and Tenant other than the relationship of landlord and tenant. Nothing in this Lease shall be deemed (a) to grant any rights or benefits to any person or entity other than Landlord and Tenant, or (b) create rights in favor of any person or entity as a so-called third-party beneficiary.

27. Miscellaneous. The terms and provisions hereof shall be binding upon and shall inure to the benefit of Landlord and Tenant and their respective successors and assigns. This Lease contains the entire agreement between Landlord and Tenant with respect to the subject matter of this Lease and may not be amended except by a written instrument signed by Landlord and Tenant.

28. Financial Information. Upon Landlord's request from time to time, Tenant shall promptly deliver to Landlord Tenant's financial statements and/or other financial information regarding Tenant (collectively, "Tenant's Financial Information"). Landlord shall keep Tenant's Financial Information confidential, but shall have the right to share Tenant's Financial Information with any prospective purchaser of the Land or any bank, insurance company, financial institution or other lender providing financing with respect to the Land.

31. Contingency This Lease and the all of the obligations and rights created herein are contingent upon Tenant being awarded a license for the operation of a medical marijuana dispensary operation at the Land from the Ohio Board of Pharmacy (a "Dispensary License"). Landlord covenants and agrees to cooperate with Tenant in Tenant's application for a Dispensary License, provided such cooperation shall not cause Landlord to incur any cost or expense. In the event that the Tenant is awarded a Dispensary License, Tenant shall promptly deliver notice to Landlord of such award ("Notice of Licensure"). In the event that the initial Dispensary Licenses are awarded, for which the applications are due November 17, 2017, and Tenant does not receive a Dispensary License, either of Landlord or Tenant may provide notice to the other party that this Lease is terminated, in which event this Lease shall be deemed to be null and void, and each of Landlord and Tenant shall have no further obligations under this Lease.

(Signatures appear on the following pages.)

IN TESTIMONY WHEREOF, Landlord and Tenant have caused this Lease to be executed as of the day and year first above written.

LANDLORD:

[Signature]
a(n) OWNER

By: ACT INVESTMENTS
Name: ROBERT LANDIS
Title: PRESIDENT

STATE OF OHIO)
) SS:
COUNTY OF FRANKLIN)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the above-named ROBERT LANDIS, a(n) OWNER, by ACT INVESTMENTS, its PRESIDENT, who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed both individually and as such officer and the free act and deed of said entity.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Lockbourne, Ohio, this 16th day of November, 2017.

[Signature]
Notary Public
My commission expires: 7/27/2022

TENANT:

[Signature]
a(n) OWNER

By: BCCO LLC
Name: ROBERT LANDIS
Title: PRESIDENT

STATE OF OHIO)
) SS:
COUNTY OF FRANKLIN)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the above-named ROBERT LANDIS, a(n) OWNER, by BCCO LLC, its PRESIDENT, who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed both individually and as such officer and the free act and deed of said entity.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Lockbourne, Ohio, this 16th day of November, 2017.

[Signature]
Notary Public
My commission expires: 7/27/2022

EXHIBIT A

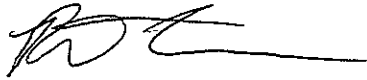
[Rent Schedule]

Year	Annual Rent	Monthly Installment
1		
(First Extension Term) 2	To be decided	To be decided
(Second Extension Term) 3	To be decided	To be decided
(Third Extension Term) 4	To be decided	To be decided
(Fourth Extension Term) 5	To be decided	To be decided
(Second Extension Term) 6	To be decided	To be decided

As owner of the property of 2046 Valley Street in Dayton, Ohio, we authorize BCCO LLC to operate a dispensary at the location.

ACT Investments

Robert Landis

A handwritten signature in black ink, appearing to be 'RL' followed by a long horizontal stroke.

President

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

BCCO, LLC

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

Bridge City Collective

C-1.4 Business Address

2046 Valley Street

C-1.5 City

Dayton

C-1.6 State

OH

C-1.7 Zip Code

45404

C-1.8 Phone

7402771837

C-1.9 Email

info@ohiocleanleaf.com

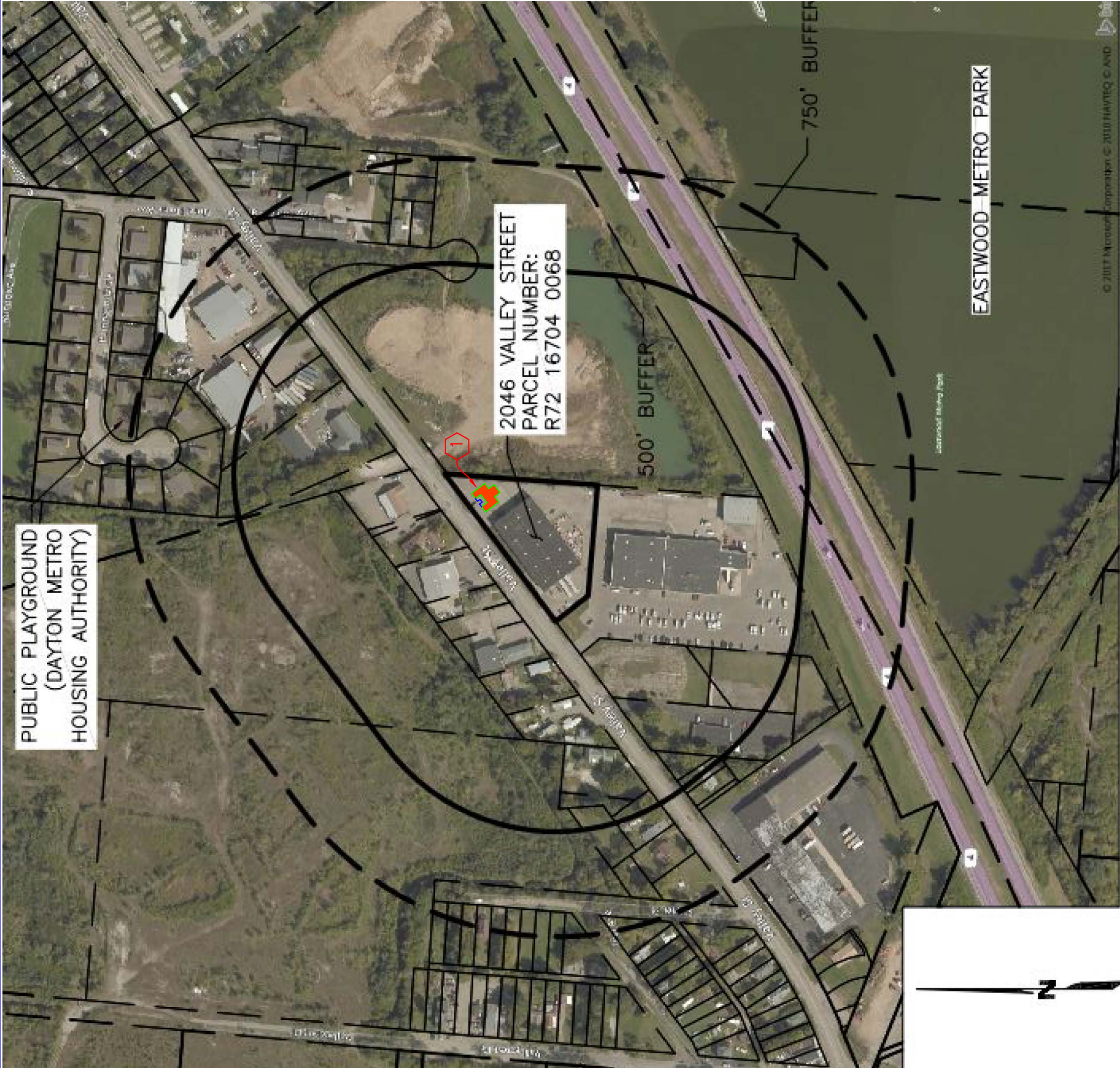
Business Plan(Site and Facility Plan)

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

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

Uploaded Document Name: **C-2.1c_plot map and architect(3).pdf**

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



NOTE: PARCELS AS IDENTIFIED IN MONTGOMERY COUNTY
AUDITOR'S GIS VIEWER, [HTTP://WWW.MCGISOHIO.ORG/
VPWEB/VPWEB.HTML?CONFIG=AUD](http://www.mcgisohio.org/vpweb/vpweb.html?config=aud)

CODED NOTES

① NEW BUILDING LOCATION

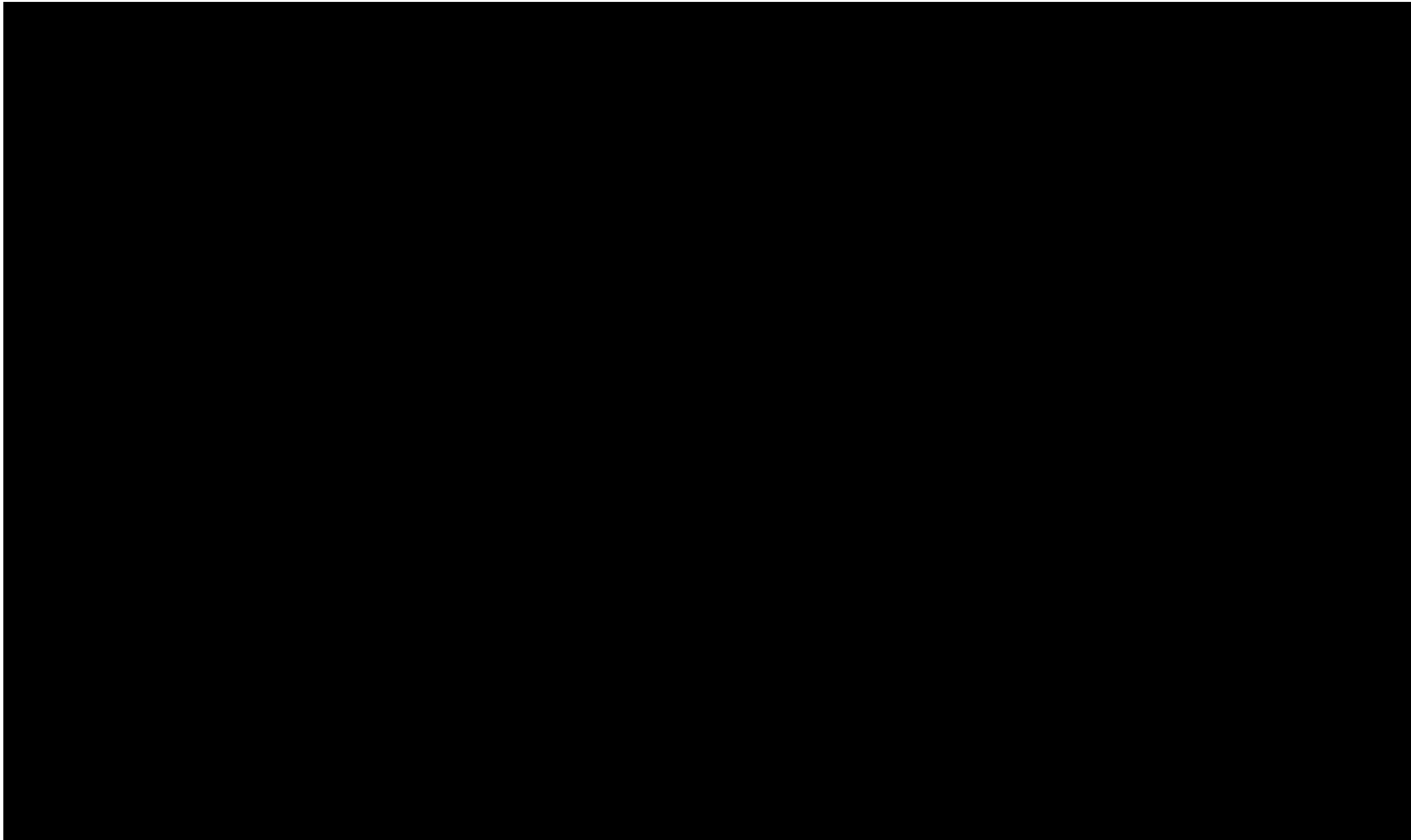


SITE PLAN
Scale: T.B.D.* = 1'-0"



NEW DISPENSERY BUILDING
FOR
JASON KABRES
2046 VALLEY STREET
DAYTON
MONTGOMERY CO. OHIO 454XX

DATE	NO.	REVISIONS



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

Uploaded Document Name: **C-2.2_notice of zoning Dayton.pdf**

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



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application



NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

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

To be Completed by Applicant		
Business Name of Applicant: BCCO, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 2046 Valley St. / Bridge City Collective		
City: Dayton		County: Montgomery
State: Ohio	Zip Code: 45404	Phone Number: 740-808-1205
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 <u>DAYTON</u> HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. <input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box) <input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. *If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code. <input checked="" type="checkbox"/> The area of <u>DAYTON</u> HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application



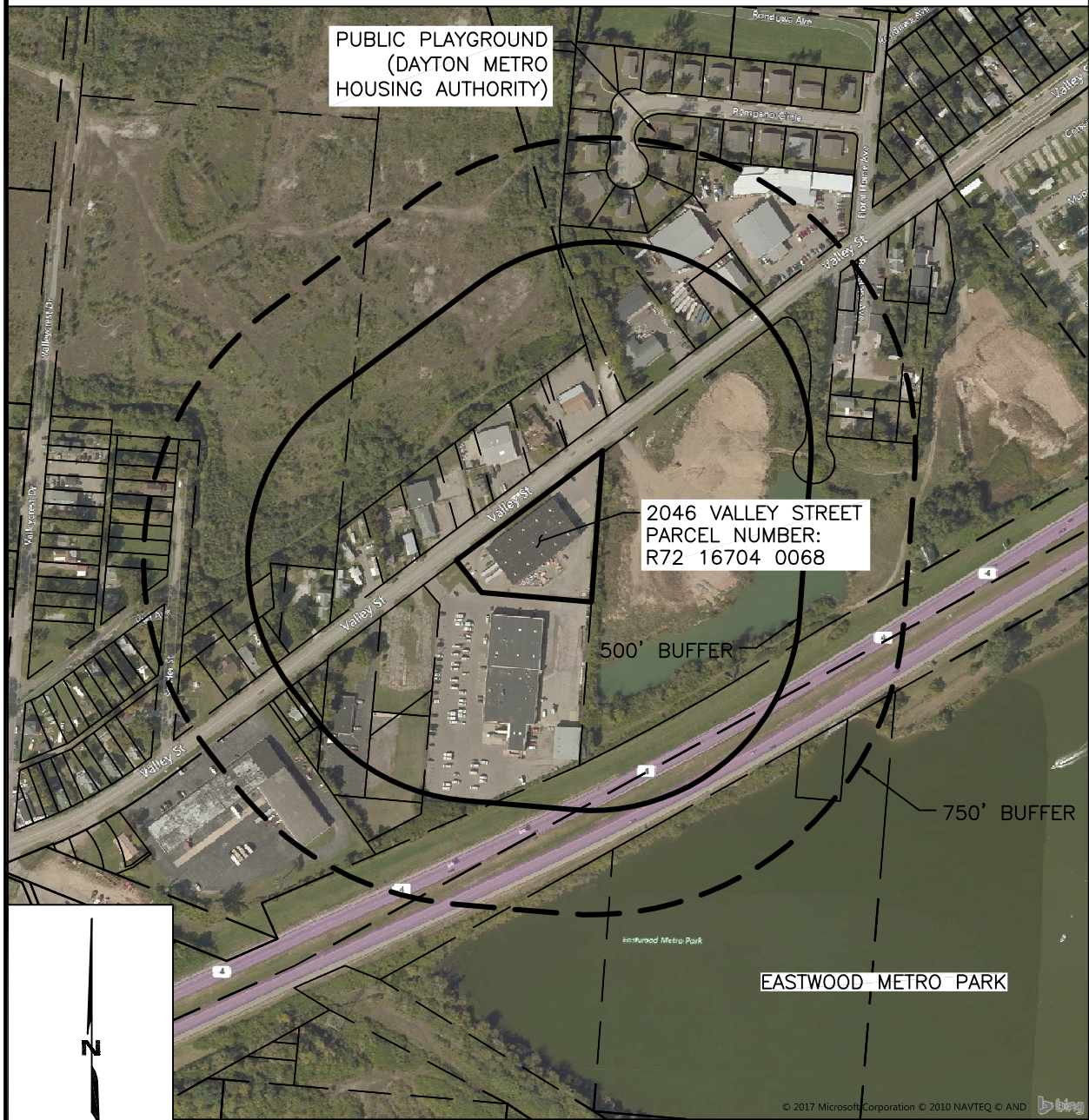
Permit (Required to check one box)	
<input type="checkbox"/> The Applicant has received local zoning approval and was issued a permit. *If Applicant checks this box, Applicant must attach the permit issued.	
<input type="checkbox"/> The Applicant has applied for local zoning approval, but was not yet issued a permit.	
<input checked="" type="checkbox"/> No zoning approval was applied for and no permit was received at this time.	
Printed Name of Local Government Representative: <i>Carl J. Daugherty</i>	Title: <i>ZONING ADMIN.</i>
Signature: <i>Carl J. Daugherty</i>	Date: <i>11/8/17</i>

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

Uploaded Document Name: **C-2.3 500ft map(3).pdf**

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

EXHIBIT A



NOTE: PARCELS AS IDENTIFIED IN MONTGOMERY COUNTY
AUDITOR'S GIS VIEWER, [HTTP://WWW.MCEGISOHIO.ORG/
VPWEB/VPWEB.HTML?CONFIG=AUD](http://www.mcegisohio.org/VPWEB/VPWEB.HTML?CONFIG=AUD)

PAGE 1 OF 1



929 Eastwind Drive,
Suite 201
Westerville, Ohio 43081
Ofc: 614.899.0079
email: info@saminc.biz

PREPARED FOR BENESCH LAW

2046 VALLEY STREET, CITY OF DAYTON,
MONTGOMERY COUNTY, OHIO

DRAWN: BA

CHKD. MM

APP'D. JM

SAM JOB No. 39490

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

Upon receiving a provisional license award, we will initiate a startup process prior to notifying the Board it is capable of operating in accordance with RC 3796, and obtaining a certificate of operation and license to dispense medical marijuana (MM). OAC 3796:6-2-06. We have a thorough understanding and direct experience with completing the dispensary start-up in the time provided.

Week 1-4 Design, Permitting, Zoning and Contractor Negotiation

Week 5-9 Construction and Buildout

Week 10-14 Construction Finishing

Week 15-19 Hiring and Training

Week 20-22 Testing and Compliance

Security and Surveillance

Week 1-4 We have contracted with a professional security firm operating in the industry. The security firm will monitor design, permitting, and zoning to ensure security plans are not impacted by any required updates.

Week 5-9 Construction commencement and begin the buildout of the dispensary. Construction buildout is estimated to cost \$150,000. Security buildout is estimated to cost \$45,900. The core of the buildout will focus on building a floorplan and barriers between common, dispensing, and restricted storage areas that exceed the physical security parameters set forth in OAC 3796:6-3-16. Specifically, secure doorways will be framed, the dispensary department and restricted area storage vault will be framed with floor to ceiling physical barriers OAC 3796:6-3-16. A back-up generator capable of powering the dispensary shall be installed on site so that in the event of a power outage, all security systems remain engaged OAC 3796:6-3-02. We will use a board approved vault to store MM, which will prevent unauthorized access and ensure proper lighting, ventilation, temperature, humidity, and PPE equipment storage OAC 3796:6-3-07(C).

Week 10-14 During this period, physical construction and buildout is anticipated to be completed or in its final stages. We will focus on installing and testing video/camera monitoring systems, alarms, installing computing hardware/software, and running tests relative to ensure full security compliance OAC 3796:6-3-16. We have experience in operating dispensaries in other jurisdictions and have a robust catalogue of employment and security related protocols which will be tailored to the specific dispensary location. Cameras will record every available space allowed by law. Our security team will be alerted in the event a camera is non-functioning or power is lost and unable to be restored via backup generator.

Week 15-19 Finishing

Week 20-22 We will have a fully built out dispensary and compliant security system tested for efficacy. Staff will undergo mock security drills.

Employee qualifications and training

Week 1-4 Resume acceptance and review. We plan to use existing HR employees to establish hiring procedures based on department guidelines.

Week 5-9 Develop a staffing plan and design training material. Total labor costs in the first year are

anticipated to cost \$119,951 based on industry trends and an analysis of the area labor market. We have identified the positions and created job descriptions based on prior industry experience. Training materials will be developed by the designated representative; the content approved by a pharmacist or authorized practitioner, and submitted to the Board for approval 60 days before commencing any training OAC 3796:6-3-19(F-H). Training and education will consist of all topics set forth in OAC 3796:6-3-19. During this period, associated key employees will be hired and screened, and commence the license process OAC 3796:6-2-07.

Week 10-14 Support employees will be hired and screened, and commence the license process. OAC 3796:6-2-08.

Week 15-19 Employees have been screened and hired, and training materials have been secured from the Board. Employees will be trained and paid for such training on the physical space, inventory tracking, HIPAA responsibilities as a covered entity and their status as members of the workforce, signs of abuse, diversion, security measures and protocols, alarms and their locations, MM forms and strains, methods of identification, labeling, qualifying conditions, authorized uses, and legal requirements for maintaining status as a licensed employee OAC 3796:6-3-19.

Week 20-22 Staff have been educated and licensed. We will undergo mock drills as if we were operational, which will include intake, inventory management and destruction, patient/caregiver flow from entry to dispensation, and disaster and security drills. We will notify the Board of such capabilities and anticipate a Board inspection within 14 days. In the event deficiencies are noted, conducting an inspection during this time period gives us sufficient time to correct deficiencies and remain within the 180-day provisional license period. Deficiencies will be corrected within 30 days of receiving notice.

Storage of medical marijuana products

Week 5-9 Construction Phase. Point of sale and Display Furniture are estimated to cost \$40,000. As mentioned above, Secure doorways will be framed, the dispensary department and restricted area storage vault will be framed with floor to ceiling physical barriers OAC 3796:6-3-16. We will use a board approved vault to store MM, which will prevent unauthorized access and ensure proper lighting, ventilation, temperature, humidity, and PPE equipment storage OAC 3796:6-3-07(C). In addition, during the buildout of the property, HVAC (including product storage specific solutions), plumbing, electrical, and networking fiber optics will be installed OAC 3796:6-3-07.

Inventory Management

Week 10-14 BioTrack THC, our point of sale system, will be installed and tested to ensure it is capable of seamless communication with METRC, supports patient record keeping, and communicates with OARRS within 5 minutes of dispensing MM. We will also register with the American Society for Automation in Pharmacy.

Week 15-22 Testing of Inventory and POS Systems.

Record Keeping

Week 10-14 Vendors will be engaged for third party HIPAA compliant backup storage of all records, inventory and patient related, subject to Board approval OAC 3796:6-3-17. Patient records will be kept pursuant to Board rule, and in no case less than 3 years OAC 3796:6-3-17, 4729-5-27. Other records will be kept pursuant to Applicant's record retention policy. System tests will be run to insure the Board has access upon request and all data backed up within 3 business days of an outage.

Prevention of Medical Marijuana Diversion

Week 10-14 We will consult with security advisors and communicate with law enforcement with respect to notification systems and protocol related to missing/surplus product and suspected diversion. Security and surveillance equipment will be installed.

Week 15-19 Employee security training will begin. Education will specifically include diversion prevention strategies. Keeping medicine out of the hands of those not in possession of a valid recommendation is a key operational principal. We recognize preventing MM diversion takes a multifaceted approach and contains elements and input from many aspects of dispensary operations. We will foster a culture of communication and as such will start by hiring qualified and reputable employees committed to this culture. Dispensary operations do not occur in a silo and neither does

preventing diversion. We have a detailed and robust destruction policy. Our POS and inventory management are automated and track from receipt of MM to sale and destruction, backed up, auditable, and state of the art. Our physical security systems, including cameras, locks, employee access credentials, and data security are auditable allowing us to investigate suspected diversion. We will work with the Board and law enforcement with respect to its policies, processes, and systems on the front end and make all necessary reports and communications upon discovering.

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_P&L statement(3).pdf**

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

Store

Profit & Loss Projection (CASH BASIS)	2018
Capital Purchases:	
Real Property	
Dispensary Buildout	40,000
Qualified improvements	45,900
POS, Furniture, & Equipment	40,000
Total Capital Purchases	\$ 125,900
Cost of Goods Sold	
Labor	50,000
Taxes and Burden	10,500
Total Labor Costs	60,500
Direct Materials & Costs	
Flower Initial Stocking Inventory	10,000
Cartridge Initial Stocking Inventory	4,800
Other Concentrates Initial Stocking Inventory	4,000
Electric	6,000
Water	2,400
Gas	2,400
Other (% of total revenue)	-
Rent	18,000
OMMPC License Fee	70,000
Total Direct Costs	117,600
Total Cost of Goods Sold	\$ 178,100
Selling, General & Administrative	
Labor Cost	60,000
Taxes and Burden	12,600
Total Labor Costs	72,600
Other SG&A:	
Legal & Professional Fees	54,000
Insurance-gen liab, etc	6,000
Advertising	-
Office Supplies & Equip	1,200
Rent	6,000
Utilities	2,400
Total Other SG&A	69,600
Total SG&A	\$ 142,200
First Year Expenses	\$ 446,200

Per instructions, the P&L to the left illustrates required liquid assets for the company to operate for one year without revenue. In this scenario, the company would exhibit significant cost control and greatly reduce or eliminate unnecessary expenses. The illustration shows only an initial stocking of inventory. A P&L below will illustrate expected expenses given revenue estimates.

The table below illustrates an estimate of required liquid assets for all licenses the applicant is willing to accept.

	Averages
Store Type Build	\$ 482,200
Store Type Build	\$ 482,200
Store Type Exist	\$ 454,320
Store Type Exist	\$ 454,320
Store Type Exist	\$ 454,320
Total	\$ 2,327,360

The table below illustrates buildout expenses for the five year P&L shown below.

P & L Projection (CASH BASIS)	2018
Capital Purchases:	
Real Property	
Dispensary Buildout	40,000
Qualified improvements	45,900
POS, Furniture, & Equipment	40,000
Total Capital Purchases	\$ 125,900

Profit & Loss Projection (CASH BASIS)					
	2017	2018	2019	2020	2021
Revenue					
Flower Sales	-	670,000	1,608,000	1,608,000	1,608,000
Concentrate Sales	-	330,000	792,000	792,000	792,000
Gross Sales	-	1,000,000	2,400,000	2,400,000	2,400,000
Cost of Goods Sold					
Labor	-	99,133	196,900	196,900	196,900
Taxes and Burden	-	20,818	41,349	41,349	41,349
Total Labor Costs	-	119,951	238,249	238,249	238,249
Direct Materials & Costs					
Flower Inventory Supply	-	335,000	804,000	804,000	804,000
Concentrate Inventory Supply	-	165,000	396,000	396,000	396,000
Packaging Expenses	-	13,000	31,200	31,200	31,200
Electric	-	1,500	2,400	2,400	2,400
Water	-	1,001	2,400	2,400	2,400
Gas	-	536	1,608	1,608	1,608
Other (% of total revenue)	-	20,000	48,000	48,000	48,000
Rent	-	10,500	18,000	18,000	18,000
OMMPC License Fee	5,000	70,000	-	70,000	-
Total Direct Costs	5,000	616,537	1,303,608	1,373,608	1,303,608
Total Cost of Goods Sold	5,000	736,488	1,541,857	1,611,857	1,541,857
Gross Margin	\$ (5,000)	\$ 263,512	\$ 858,143	\$ 788,143	\$ 858,143
	-100%	26%	36%	33%	36%
Selling, General & Administrative					
Labor Cost					
Gross Wages	-	48,827	96,980	96,980	96,980
Taxes and Burden	-	10,254	20,366	20,366	20,366
Total Labor Costs	-	59,080	117,346	117,346	117,346
Other SG&A:					
Legal & Professional Fees	21,000	48,000	66,000	66,000	66,000
Insurance-gen liab, etc	-	6,000	6,000	6,000	6,000
Advertising	-	36,000	24,000	24,000	24,000
Office Supplies & Equip	-	1,200	2,400	2,400	2,400
Rent	-	3,500	6,000	6,000	6,000
Utilities	-	1,400	2,400	2,400	2,400
Other	-	-	-	-	-
Total Other SG&A	21,000	96,100	106,800	106,800	106,800
Total SG&A	21,000	155,180	224,146	224,146	224,146
EBITDA	(26,000)	108,331	633,997	563,997	633,997
Interest Expense	-	-	-	-	-
Income Tax	-	92,229	300,350	275,850	300,350
Deprec & Amort	-	8,695	14,906	14,906	14,907
Net Income After Taxes	\$ (26,000)	\$ 7,407	\$ 318,741	\$ 273,241	\$ 318,740
	-100%	1%	13%	11%	13%

Average Wage information:	
Annualized Management Positions	\$ 60,000
Annualized Dispensary Employees	\$ 35,000
Security Employees	\$ 54,000

Benefits Information* (as a percentage of payroll):	
Health Insurance - Full-time Employees	8%
Retirement Plan - Full-time Employees	2%
Vacation and PTO	2%

*Based on Department of Labor National Statistics

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

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

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

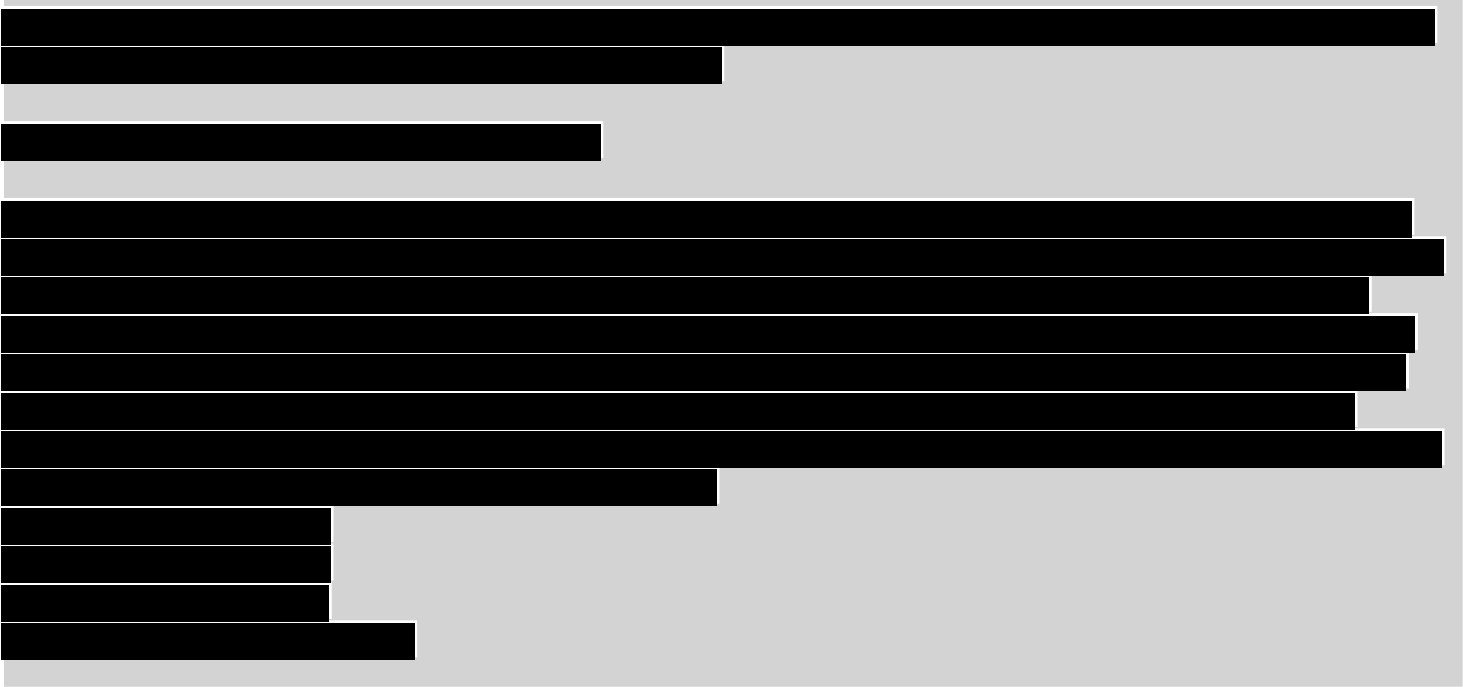
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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.

Robert Landis and Michael Terepka will serve as the Applicant's Co-Presidents. As Co-Presidents, they will be responsible for providing strategic leadership for Applicant. They will set the vision, mission, and values for the company and ensure that those employees under them are adhering to those values in order to achieve that mission and vision. As Co-Presidents, they are responsible for ensuring that the patient care is the number one priority for Applicant by implementing top down policies in line with a "customer first" approach to business. As Co-Presidents, they will be responsible for establishing procedures throughout Applicant that will enhance the overall operation and effectiveness of Applicant.

David Landis III will serve as Vice President of Business Logistics. As VP of Business Logistics, he will be responsible for ensuring that the strategic policies crafted by the Co-Presidents are implemented seamlessly throughout the business. He will be responsible for development and implementing strategic initiatives that are in line with the vision, mission, and values set forth by the Co-Presidents. Micah Zaayer will serve as Chief Operating Officer. As Chief Operating Officer, he will be responsible for the day to day operations of the dispensary facility. He will be responsible for ensuring that the strategic plans developed by the Co-Presidents and the VP of Business Logistics are communicated to the lower level employees throughout the dispensary. His duties will include providing operational support to all dispensary employees; oversight of all administrative functions of the business; providing open and transparent communication from upper level management to lower level employees; spearhead the implementation of growth strategies. Additionally, the Chief Operating Officer will be responsible for ensuring that high level and quality patient care at the dispensary facility is constantly provided. This includes ensuring that all lower level employees are performing their job functions perfectly. Finally, he will be responsible for ensuring that all recordkeeping and inventory tracking systems are implemented as are required by all relevant Ohio Revised Code Sections and Ohio Administrative Code Sections.

Jason Kabbes will serve as the Chief Scientific Officer. As CSO, he will be responsible for staying up-to-date on all advancements in medical marijuana research and developing research plans to study the effect of the Ohio Medical Marijuana Control Program's effect on society. He will be responsible for attending and presenting at research conventions and workshops where medical marijuana research is discussed and presented. Additionally, he will be responsible for staying abreast of developments in research that are discussed in peer-reviewed scientific journals. As CSO, he will be responsible for taking the advancements in medical marijuana research, digesting them, and presenting them to all Applicant employees, so as to educate them on the concept of "Marijuana as Medicine". Finally, as CSO, he will be responsible for working with the strategic advisors and outside cannabis experts and Ohio medical professionals to develop the Applicant training programs and update them to reflect advancements in medical marijuana research. CSO will be tasked with building and maintaining strong business relationships with outside cannabis experts and medical professionals in order to leverage their knowledge for the advancement of the business and to continually provide the highest quality patient care.

Ronald DeLaney will serve as Chief Financial Officer. As CFO, he will be responsible for maintaining the financial records of the business. Additionally, he will be responsible for providing financial support for all employees and for Applicant. As CFO, he will be responsible for crafting the financial strategy of the business and implementing it across all aspects of the business.

Chris Welsh will serve as Senior Strategic Advisor and David Landis Jr. will serve as Junior Strategic Advisor. Together, they will be responsible for providing strategic business support throughout the entire organization. They will be responsible for effectively communicating the business strategy to all

levels of the company and ensuring that it is implemented strategically at all levels. They will work with the Chief Operating Officer to ensure that the business strategy is being implemented on the ground level of the dispensary facility throughout the day-to-day operations of the business. They will also work in tandem with the CSO as he establishes connections with outside cannabis experts and medical professionals to leverage their knowledge to craft a more complete business strategy and update the business strategy as the medical marijuana industry changes. Finally, they will be responsible for ensuring that the business properly navigates the changing business landscape as the economy continually shifts.

Steven McCandlish will serve as the Pharmaceutical/Clinical Advisor. He will be responsible for providing pharmaceutical insights throughout all aspects of the business. He will be tasked with ensuring that, while dispensing medical marijuana to patients, the dispensary facility operates similar to pharmacy. He will provide guidance and best practices while the Applicant is crafting business plans, employee training programs, and patient care education programs. He will work hand-in-hand with upper level management in crafting the strategic business plan by providing pharmaceutical insights and helping translate operation of a pharmacy to operation of a medical marijuana dispensary.

Amy Long will serve as Head of Human Resources. She will be responsible for the hiring of all future employees as well as the management of all employee relation programs. She will be in charge of implementing performance management policies, compensation and benefits administration, and providing employee services. Additionally, she will work hand-in-hand with all strategic advisors and the CSO to develop all applicant training programs and will be responsible for ensuring that all trainings are completely satisfactory by all employees. She will be in charge of maintaining all employee records including the records required to be maintained dealing with employee foundational training and continuing education trainings. Finally, she will work with all strategic advisors and the CSO to implement any updates to the training programs that reflect advancements in medical marijuana research.

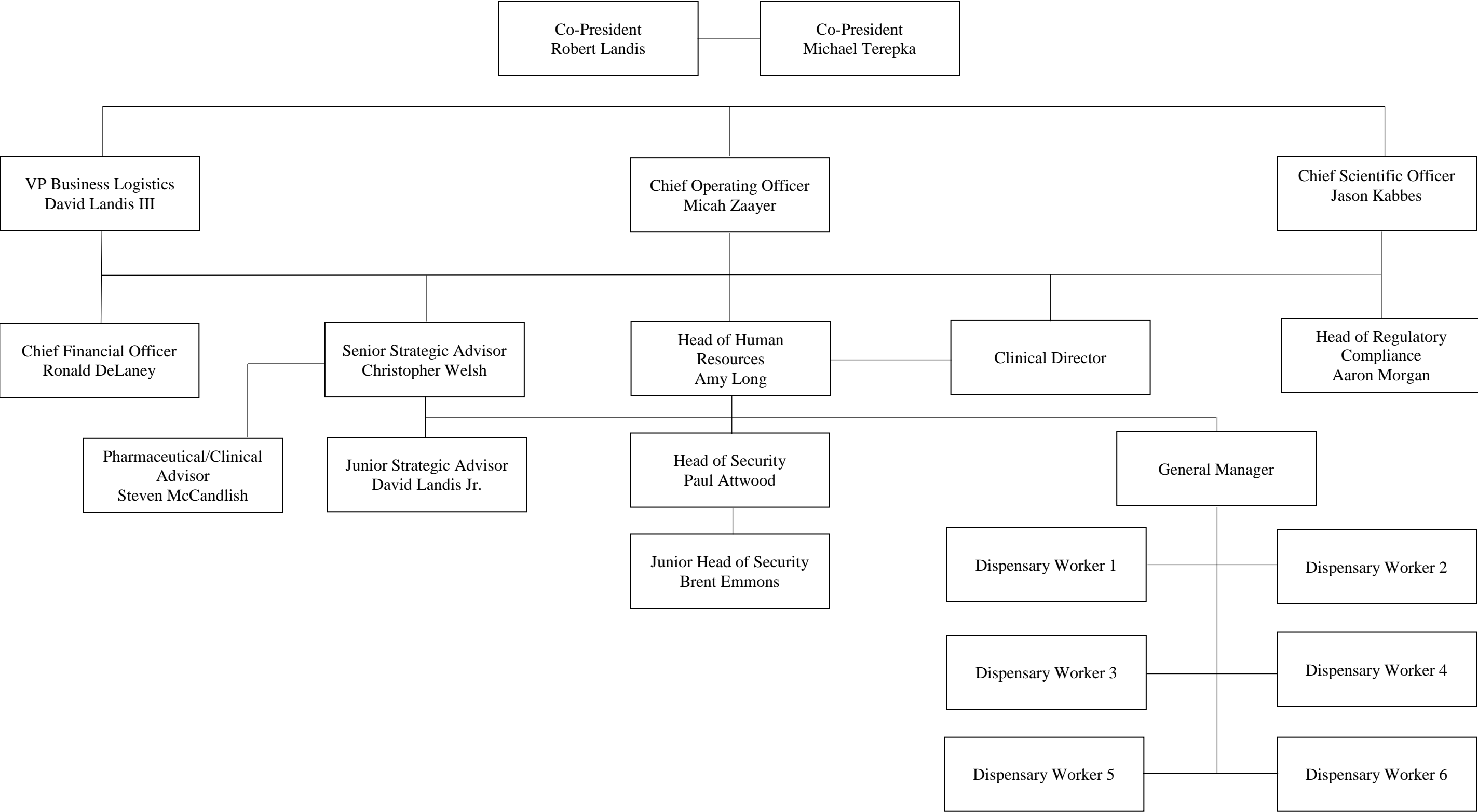
Aaron Morgan will serve as Head of Regulatory Compliance. He will be responsible for ensuring that the Applicant is in full compliance with all applicable Ohio Revised Code Sections, Ohio Administration Code Sections, and all other relevant laws and regulations. He will stay up to date on all changes to the legal landscape for medical marijuana treatment and will communicate all changes to all employees in the business. He will be responsible for maintaining the business' internal controls and ensuring that all business operations are compliant with all relevant laws. He will be in charge of ensuring that all business records are maintained in a secure location pursuant to Ohio rule. Finally, he is responsible for establishing a relationship with the state board of pharmacy and, when deemed necessary, sending any reports to the state board of pharmacy.

Paul Attwood will serve as Head of Security and Brent Emmons will serve as Junior Head of Security. Together, they will maintain the security and surveillance systems of the dispensary facility and ensuring the security is always maintained. Additionally, they will be responsible for training all employees on security matters and ensuring that all relevant employees can operate the security and surveillance systems. They also will be in charge of updating the security and surveillance systems as deemed necessary.

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_Org Chart.pdf**

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



Business Plan(Capital Requirements)

Item 1 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

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_REDACTED Accounts.pdf**

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

Balances - Deposit Accounts

Report created: 11/13/2017 11:22:24 AM (ET)
 Accounts: All accounts
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 Available balance

Checking • Available \$20,953.42

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Checking • Available \$11,651.05

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Checking • Available \$2,163,674.81

As of Date	Current balance	Available balance
11/13/2017 11:22 AM (ET)	\$2,165,364.81	\$2,163,674.81

Pledge Letter

WHEREAS [REDACTED] (the "Owners") wish to pledge money to [REDACTED] for purposes of owning and operating a Medical Marijuana Dispensary in the State of Ohio.

WHEREAS The Owners fully own and control [REDACTED]

WHEREAS the Companies are holders of certain deposit accounts with [REDACTED] (the "[REDACTED] Accounts") and certain deposit accounts with [REDACTED] Bank (the "[REDACTED] Account").

WHEREAS The Owners, through their full control and ownership of the Companies, have full and unfettered access and control over the [REDACTED] Accounts and the [REDACTED] Account.

NOW THEREFORE The Owners agree to the following:

1. The assets contained in the [REDACTED] Accounts submitted as evidence of liquid assets for the Ohio Medical Marijuana Dispensary Application for [REDACTED] are unencumbered.
2. The assets contained in the [REDACTED] Accounts submitted as evidence of liquid assets for the Ohio Medical Marijuana Dispensary Application for [REDACTED] are unencumbered.
3. The assets contained in the [REDACTED] Accounts and the [REDACTED] Account are cash or similar liquid assets.
4. The owners of the above listed companies unconditionally pledge the liquid assets contained in the [REDACTED] Accounts and the [REDACTED] Account to [REDACTED] for the operation of a medical marijuana dispensary in the event that a dispensary license or licenses are awarded to the company.

[Balance of Page Intentional Left Blank]

IN WITNESS WHEREOF, The Owners have executed this Pledge Letter as of the 15th day of November, 2017.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Capital Requirements)

Item 2 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

C-5.3 Name and Address of financial institution

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C-5.4 Account Number

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IN WITNESS WHEREOF, The Owners have executed this Pledge Letter as of the 15th day of November, 2017.

[REDACTED]

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[REDACTED]

Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Capital Requirements)

Item 3 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

C-5.3 Name and Address of financial institution

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C-5.4 Account Number

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Capital Requirements)

Item 4 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

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As of Date	Current balance	Available balance
11/13/2017 11:22 AM (ET)	\$11,651.05	\$11,651.05

Checking • Available \$2,163,674.81

As of Date	Current balance	Available balance
11/13/2017 11:22 AM (ET)	\$2,165,364.81	\$2,163,674.81

Pledge Letter

WHEREAS [REDACTED] (the "Owners") wish to pledge money to [REDACTED] for purposes of owning and operating a Medical Marijuana Dispensary in the State of Ohio.

WHEREAS The Owners fully own and control [REDACTED]

WHEREAS the Companies are holders of certain deposit accounts with [REDACTED] (the "[REDACTED] Accounts") and certain deposit accounts with [REDACTED] Bank (the "[REDACTED] Account").

WHEREAS The Owners, through their full control and ownership of the Companies, have full and unfettered access and control over the [REDACTED] Accounts and the [REDACTED] Account.

NOW THEREFORE The Owners agree to the following:

1. The assets contained in the [REDACTED] Accounts submitted as evidence of liquid assets for the Ohio Medical Marijuana Dispensary Application for [REDACTED] are unencumbered.
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3. The assets contained in the [REDACTED] Accounts and the [REDACTED] Account are cash or similar liquid assets.
4. The owners of the above listed companies unconditionally pledge the liquid assets contained in the [REDACTED] Accounts and the [REDACTED] Account to [REDACTED] for the operation of a medical marijuana dispensary in the event that a dispensary license or licenses are awarded to the company.

[Balance of Page Intentional Left Blank]

IN WITNESS WHEREOF, The Owners have executed this Pledge Letter as of the 15th day of November, 2017.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Capital Requirements)

Item 5 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

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_REDACTED Accounts.pdf**

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

Balances - Deposit Accounts

Report created: 11/13/2017 11:22:24 AM (ET)
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Checking • Available \$20,953.42

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Checking • Available \$100.00

As of Date	Current balance	Available balance
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Checking • Available \$37,815.60

As of Date	Current balance	Available balance
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As of Date	Current balance	Available balance
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Capital Requirements)

Item 6 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

C-5.3 Name and Address of financial institution

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C-5.4 Account Number

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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](#))

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Capital Requirements)

Item 7 of 7

C-5.1 Type of Capital

Cash

C-5.2 Source of Capital

Bank Account/Pledge of Investors

C-5.3 Name and Address of financial institution

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C-5.4 Account Number

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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](#))

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IN WITNESS WHEREOF, The Owners have executed this Pledge Letter as of the 15th day of November, 2017.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Subscribed and sworn to before me this 15th day of November, 20 17.

(SEAL)


NOTARY PUBLIC

[REDACTED]
NOTARY PUBLIC, STATE OF OHIO
My Commission Expires 7/27/2022

Business Plan(Business History and Experience)

Item 1 of 13

C-6.1 First Name

Robert

C-6.2 Middle Name

Paul

C-6.3 Last Name

Landis

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

President

C-6.5 Business Name

Ag Container Transport LLC

C-6.6 Business Address

433 London Groveport Road, Lockbourne, Ohio 43137

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

YES

C-6.8 Dates

2007-Present

Business Plan(Business History and Experience)

Item 2 of 13

C-6.1 First Name

Aaron

C-6.2 Middle Name

Robert

C-6.3 Last Name

Morgan

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

Support Employee - Environmental Compliance Specialist II

C-6.5 Business Name

Southwest Ohio Air Quality Agency

C-6.6 Business Address

250 William Howard Taft Road, Cincinnati, Ohio 45219

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

NO

C-6.8 Dates

2008-Present

Business Plan(Business History and Experience)

Item 3 of 13

C-6.1 First Name

Amy

C-6.2 Middle Name

Victoria

C-6.3 Last Name

Long

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

Support Employee

C-6.5 Business Name

Bridge City Collective

C-6.6 Business Address

4312 N Williams Avenue, Portland, Oregon 97217

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

NO

C-6.8 Dates

October 2015 - Present

Business Plan(Business History and Experience)

Item 4 of 13

C-6.1 First Name

Brent

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Emmons

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

Support Employee - Operations Manager

C-6.5 Business Name

Genric Inc

C-6.6 Business Address

433 Allenby Drive, Marysville, Ohio 43040

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

NO

C-6.8 Dates

February 2016 - Present

Business Plan(Business History and Experience)

Item 5 of 13

C-6.1 First Name

Christopher

C-6.2 Middle Name

Clay

C-6.3 Last Name

Welsh

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

Officer - Chief Operations Officer

C-6.5 Business Name

Ag Container Transport LLC

C-6.6 Business Address

433 London Groveport Road, Lockbourne, Ohio 43137

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

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 6 of 13

C-6.1 First Name

David

C-6.2 Middle Name

William

C-6.3 Last Name

Landis III

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

Owner/Officer - Vice President

C-6.5 Business Name

Ag Container Transport LLC

C-6.6 Business Address

433 London Groveport Road, Lockbourne, Ohio 43137

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

YES

C-6.8 Dates

2007 - Present

Business Plan(Business History and Experience)

Item 7 of 13

C-6.1 First Name

David

C-6.2 Middle Name

William

C-6.3 Last Name

Landis Jr

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

Officer

C-6.5 Business Name

Ag Container Transport LLC

C-6.6 Business Address

433 London Groveport Road, Lockbourne, Ohio 43137

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

YES

C-6.8 Dates

2010 - Present

Business Plan(Business History and Experience)

Item 8 of 13

C-6.1 First Name

Jason

C-6.2 Middle Name

Edward

C-6.3 Last Name

Kabbes

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

Scientific Consultant

C-6.5 Business Name

Jason Kabbes (Sole Proprietorship)

C-6.6 Business Address

22443 Rocky Point Road, Scappoose, Oregon 97056

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

YES

C-6.8 Dates

2013 - Present

Business Plan(Business History and Experience)

Item 9 of 13

C-6.1 First Name

Micah

C-6.2 Middle Name

Travis

C-6.3 Last Name

Zaayer

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

Support Employee

C-6.5 Business Name

Bridge City Collective

C-6.6 Business Address

4312 N Williams Avenue, Portland, Oregon 97217

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

NO

C-6.8 Dates

June 2014 - Present

Business Plan(Business History and Experience)

Item 10 of 13

C-6.1 First Name

Michael

C-6.2 Middle Name

Walker

C-6.3 Last Name

Terepka

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

Owner

C-6.5 Business Name

Bridge City Collective

C-6.6 Business Address

4312 N Williams Avenue, Portland, Oregon 97217

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

YES

C-6.8 Dates

June 2014 - Present

Business Plan(Business History and Experience)

Item 11 of 13

C-6.1 First Name

Paul

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Attwood

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

Officer - Director of Operations

C-6.5 Business Name

Genric Inc

C-6.6 Business Address

433 Allenby Drive, Marysville, Ohio 43040

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

YES

C-6.8 Dates

June 2010 - Present

Business Plan(Business History and Experience)

Item 12 of 13

C-6.1 First Name

Ronald

C-6.2 Middle Name

Wayne

C-6.3 Last Name

DeLaney

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

Officer - President

C-6.5 Business Name

Core Process, LLC

C-6.6 Business Address

717 W. Fair Avenue, Lancaster, Ohio 43130

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

YES

C-6.8 Dates

October 2000 - Present

Business Plan(Business History and Experience)

Item 13 of 13

C-6.1 First Name

Steven

C-6.2 Middle Name

Mark

C-6.3 Last Name

McCandlish

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

Support Employee - Staff Pharmacist

C-6.5 Business Name

Walgreen Pharmacy

C-6.6 Business Address

859 E. Main Street, Lancaster, Ohio 43130

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

YES

C-6.8 Dates

May 2017 - Present

Business Plan(Business History and Experience Narrative)

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

Michael Terepka has years of experience in the medical marijuana industry. He has served as Co-Owner and Partner of Bridge City Collective, a medical marijuana dispensary in Oregon since 2014. He brings more than a decade of experience in professional plant growing across a variety of settings. Michael began his career in medical marijuana nearly a decade ago as a head grower for a large, outdoor medical marijuana cultivation facility. In this position, he successfully led a team of four full time workers and 25 seasonal workers. Michael later moved on to pursue an opportunity as a grower of indoor medical marijuana where he gained valuable experience in indoor cultivation. He would eventually co-founded Steller Jay LLC, a producer of marijuana.

Amy Long has extensive experience in the medical marijuana industry. In March 2015, Amy served as Clinical Manager of the Oregon Medical Marijuana Clinic (“OMMC”). Amy was responsible for the daily operations of the clinic, including setting up and breaking down the mobile medical office, performing administrative tasks and maintaining full compliance with all HIPAA regulations. She also served as a Patient Educator, engaging with new and returning patients on understanding the Endocannabinoid System and learning about the best products for the relief of their symptoms. Amy left OMMC in October 2015 to pursue full-time work with Bridge City Collective, a medical marijuana dispensary in Oregon, where she is the current Director of Human Resources.

Amy began work at Bridge City Collective as a dispensary technician. In this role, Amy maintained full compliance with Oregon Health Authority regulations while assisting Oregon Medical Marijuana Program patients and their caregivers in selecting cannabis products appropriate for alleviating their symptoms. She demonstrated expert knowledge of expected effects of cannabinoids and terpenes and their interaction with the Endocannabinoid System. Amy was soon promoted to Manager and Trainer in 2015 and eventually Director of Human Resources in 2016, her current position. As Director of Human Resources, she creates office infrastructure; hires, trains, and manages all new staff; and manages Bridge City Collective’s Continuing Education programs, which hosts biweekly workshops connecting employees to vendors and other industry professionals.

Micah Zaayer has extensive experience in the medical marijuana industry. In 2012, Micah served as a Patient Educator from 2012 until 2013, informing patients about their options for treatment. In 2014, Micah took the opportunity to collaborate on the opening of a medical marijuana dispensary, Bridge City Collective. As the General manager, he contributed to all aspects of the start-up of two shop locations, including hiring and training of all staff, performing all administrative tasks, creating and maintaining IT and security systems, as well as all other procedural tasks. In 2015, Micah returned to his role as Patient Educator at the OMMC. At OMMC, Micah served as a representative of Bridge City Collective and consulted with new and returning OMMP patients on the products available in the Oregon market. He provided educational materials to teach patients about the Endocannabinoid System and the effects of terpenes and cannabinoids in relation to symptom relief. Currently, Micah is the Regional Manager of Bridge City Collective and is responsible for all operations for all locations.

Steve McCandlish is an Ohio registered pharmacist who has worked in the retail pharmacy industry for over 25 years. After graduating from the Ohio Northern Rabbe College of Pharmacy, Steve worked for the Kroger company in central Ohio. Working in several stores, he provided pharmaceutical care to patients while gaining valuable experience in pharmacy management. Eventually promoted to a district coordinator, he directed key market decision affecting multiple store initiatives. He has worked with the Ohio State Board of Pharmacy in setting up new pharmacies, board inspections, pharmacy licensure

and various employee matters. Currently Steve is employed as a staff pharmacist with the Walgreens Company, performing drug utilization review, medication therapy management, immunization services, and staff management.

Aaron Morgan specializes in regulatory compliance, inspections, permits, and enforcement. Aaron has spent the last 9 years working in air quality for another governmental regulatory body (The Southwest Ohio Air Quality Agency). He routinely conducts facility inspections of large pollution sources to ensure regulatory compliance with air pollution permits, which include regulations from the Ohio Administrative Code, United States Environmental Protection Agency, and the Clean Air Act. Aaron has established numerous process improvement initiatives for governmental agencies as a function of his ability to interpret and apply the complex regulatory frameworks. His inspection reports ensure the proper functioning of air pollution control equipment, report facility violations, and issue administrative enforcement procedures, such as civil penalties. Aaron consistently advises local facility contacts and the Ohio Environmental Protection Agency on compliance and enforcement issues.

Jason Kabbes has years of experience in the scientific community. Since 2012, he has operated as a private consultant providing strategic advice for businesses specializing in scientific endeavors. He has focused his consulting services in the medical marijuana industry, providing guidance to entities seeking to utilize advanced scientific techniques and metrics in an effort to provide higher levels of quality patient care. As the medical marijuana industry has matured and placed greater emphasis on standardization and product safety and consistency, Jason's laboratory training has allowed him to serve his clients by improving production processes thereby improving patient outcomes. In addition to his consulting business, Jason served as a scientific volunteer for the United States Department of the Interior from 2012 to 2014 where he assisted the Department's mission to protect and manage the United States' natural resources and cultural heritage.

Robert Landis has extensive business experience with holdings in residential and commercial real estate, commodities, warehousing, and agricultural implements. As President of Ag Container Transport, Robert has oversight of an intermodal transportation business with gross sales of \$17 million. He has decades of experience as a visionary in multiple industries and leading strategic initiatives in various business entities.

David Landis II has over 16 years of business experience in the transportation logistics industry. David is currently the Vice President and the founder of Ag Container Transport where he manages an operation overseeing the chain of custody of inventory valued over \$120 million per year. As Vice President, he is responsible for the daily operations of the Company.

Christopher Welsh is currently the Chief Operations Officer of Ag Container Transport where he works to implement the strategic plan crafted by upper management throughout the entire company. He currently holds a Series 7, 63, and Ohio Insurance sales licenses. Prior to joining Ag Container Transport as COO, Christopher was a financial adviser with Edward Jones Investments. He spent 12 years with Edward Jones running the Baltimore, Ohio office. He has a spotless adviser record with no findings or written complaints and is licensed in multiple states. He has served on several boards and holds various leadership positions.

David Landis Jr. has an extensive history in the farming industry. From 1969 until 2015, David was involved in some way in the farming industry. He served as a General Partner in Landis Brothers, a farm partnership that had a farrow to market hog operation and row crop operation. He was in charge of the day to day operations of the company, as well as all accounting and record keeping. He was an Owner, a member of the Board of Directors, Treasurer, Secretary, and President of Landis Farms Inc. where he oversaw all record keeping, bookkeeping, and performed the day to day operations for the business. He has an extensive history of negotiating and contracting with landowners for the purpose of farming. In 2010, David joined Ag Container Transportation and brought with him several decades' worth of experience in successful business ventures. In 2015, David retired from the farm industry to pursue other ventures. He oversaw the startup of the Marble Cliff Container Yard where he managed their physical yard and employees on a day to day basis. Currently, David is working with a team setting up a log transportation loading facility where he will develop their record keeping systems.

Ronald DeLaney has extensive experience in the financial industry. For the past 17 years, Ronald has served as the president of Core Process, LLC (DBA DeLaney & Co., CPAs) where he has provided full service accounting and consulting services for his clients. He has assisted clients in financial planning; tax planning; full service payroll processing, tax compliance, state and local tax consulting services, and general business consulting services. As president, he is in charge with the managing the day-to-day operations and implementing the strategic vision of the business. In addition to serving as President of DeLaney & Co., CPAs, Ronald currently serves as Chief Financial Officer of Ag Container Transport. He has served in this position since April 28, 2016. In this position he maintains the financial records of the business and implementing the overall financial strategy for the business.

Operations Plan(Dispensary Oversight)

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

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

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

This response has been entirely redacted

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

Uploaded Document Name: **D-2.2_Security and Infrastructure.pdf**

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

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 become a major employer in the UK, and its growth has been a major factor in the overall growth of the economy.

The public sector has also become a major provider of social services, and its growth has been a major factor in the overall growth of the economy. The public sector has become a major provider of social services, and its growth has been a major factor in the overall growth of the economy.

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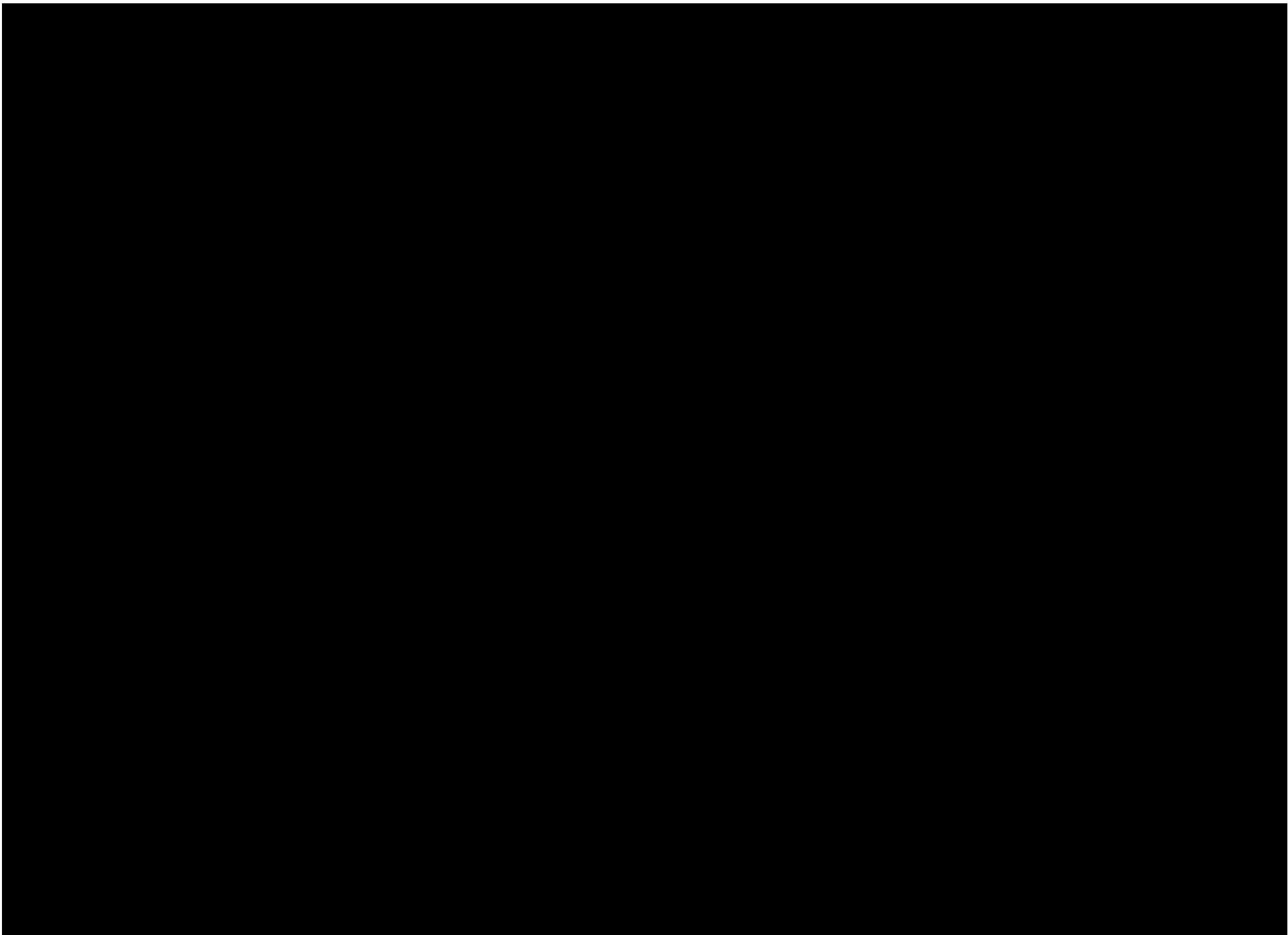
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D-2.3 By selecting “**Yes**”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by [section 149.433 of the Revised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

YES

Operations Plan(Receiving of Product)

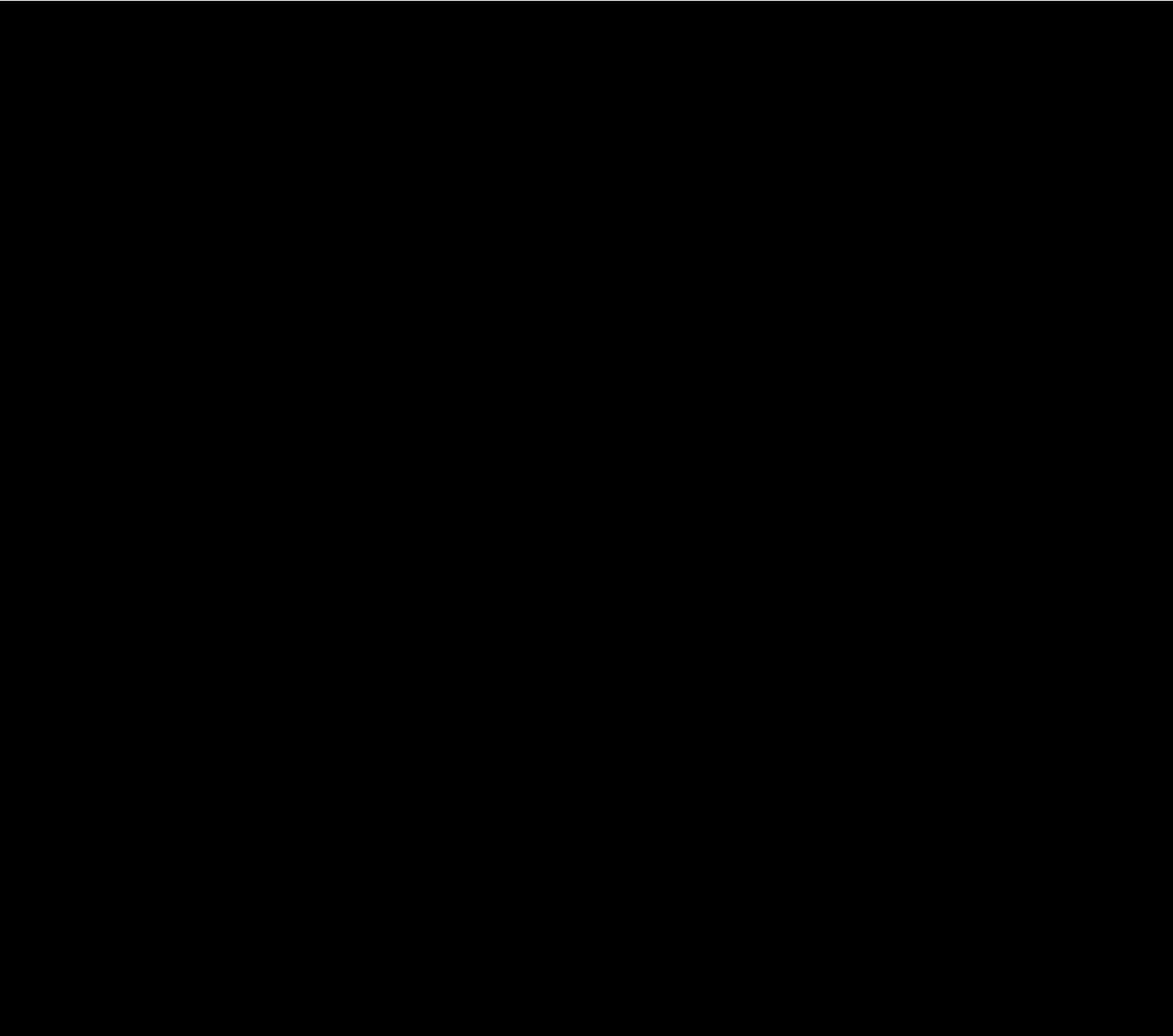
D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

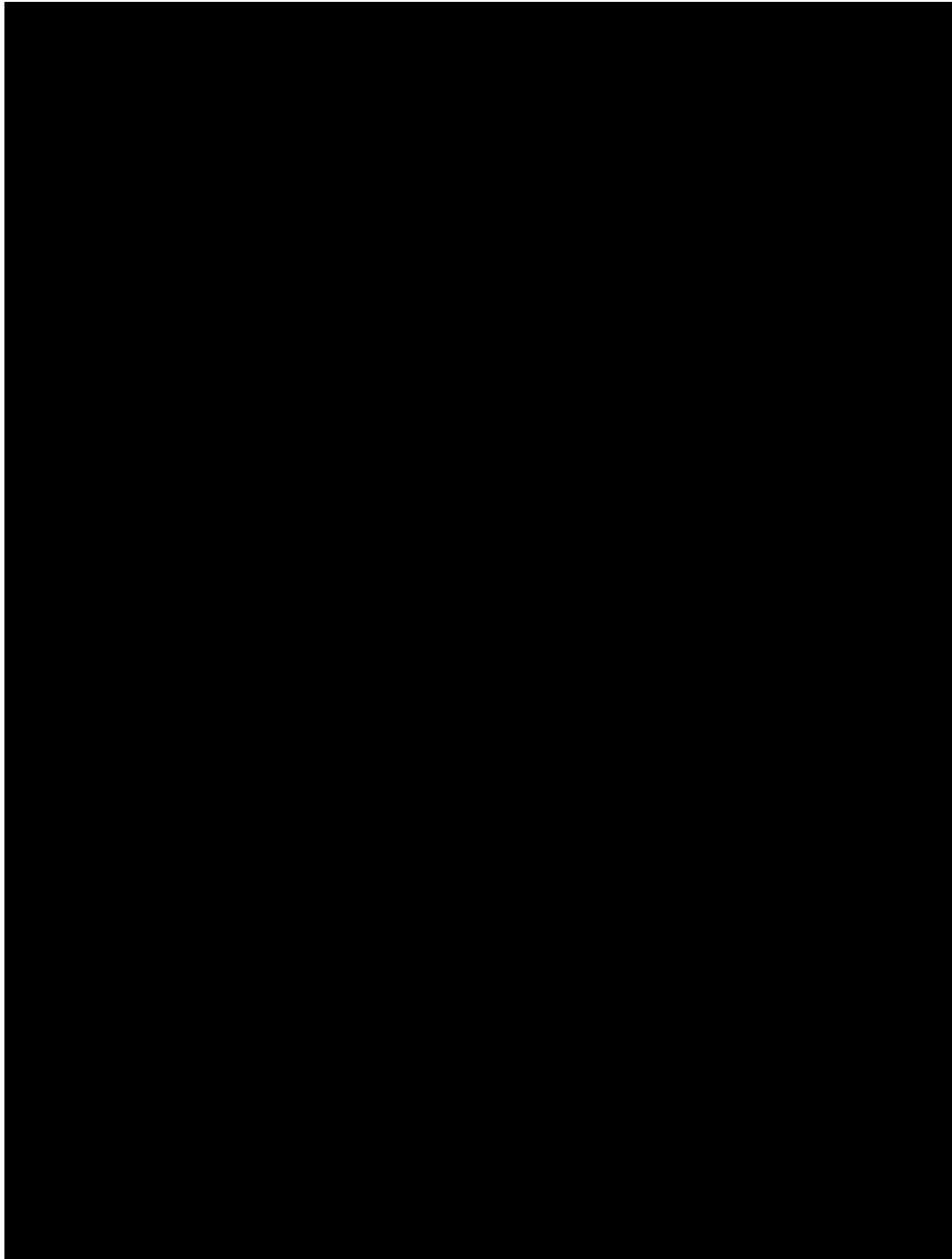
YES

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](#)





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

No response provided by applicant

Operations Plan(Storage of Product)

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

YES

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

YES

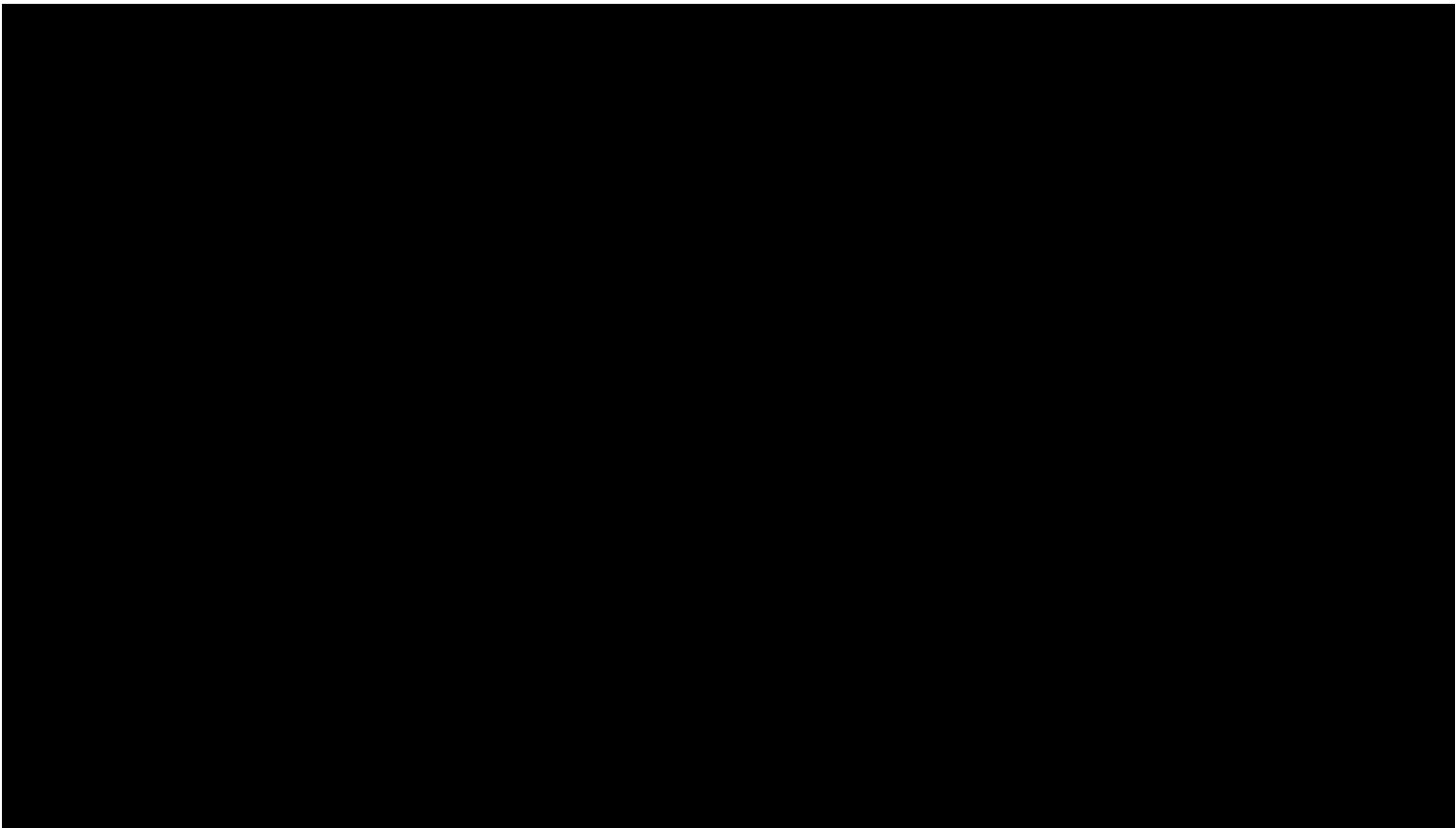
D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

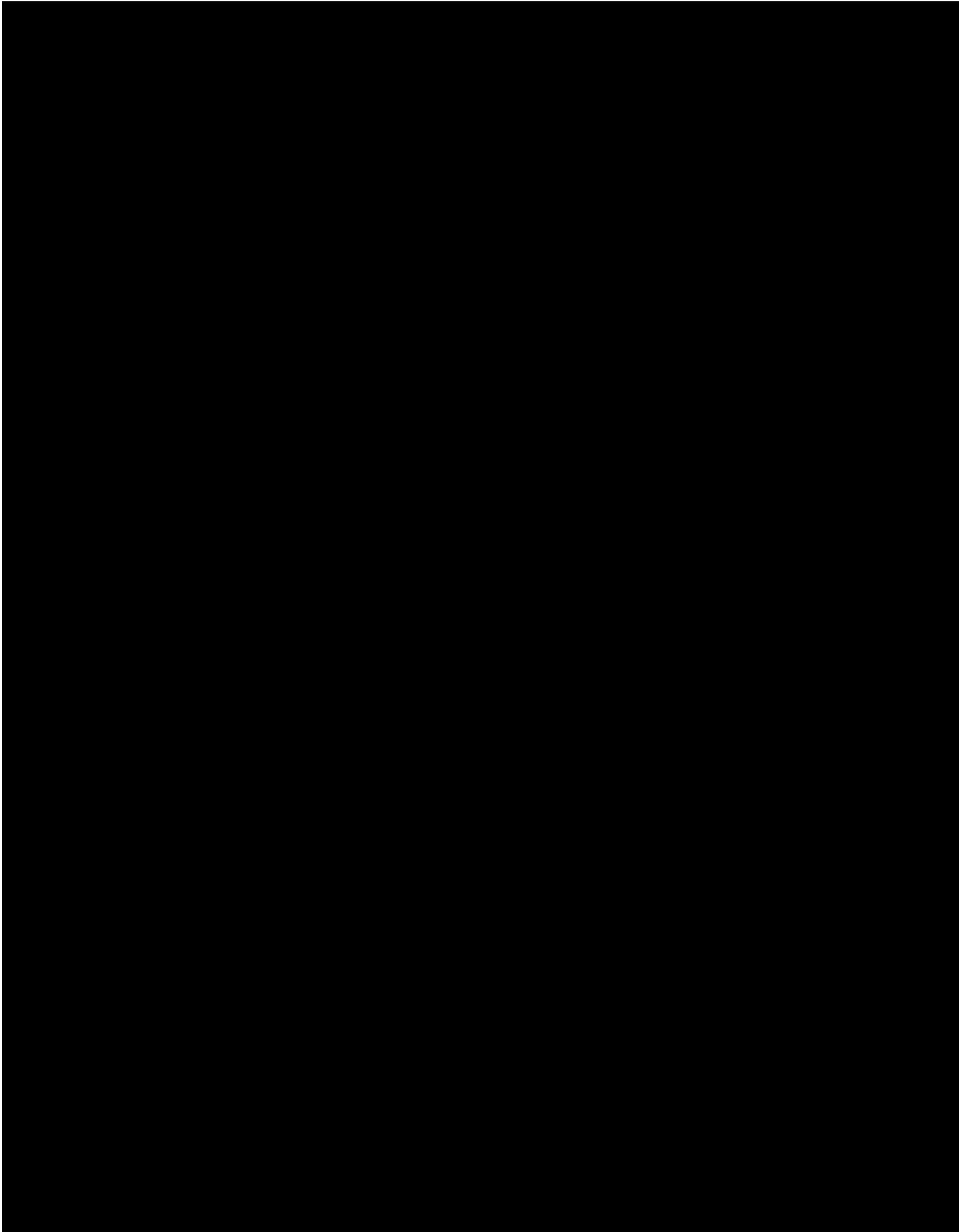
YES

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

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

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





described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Dispensing of Product)

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

YES

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

YES

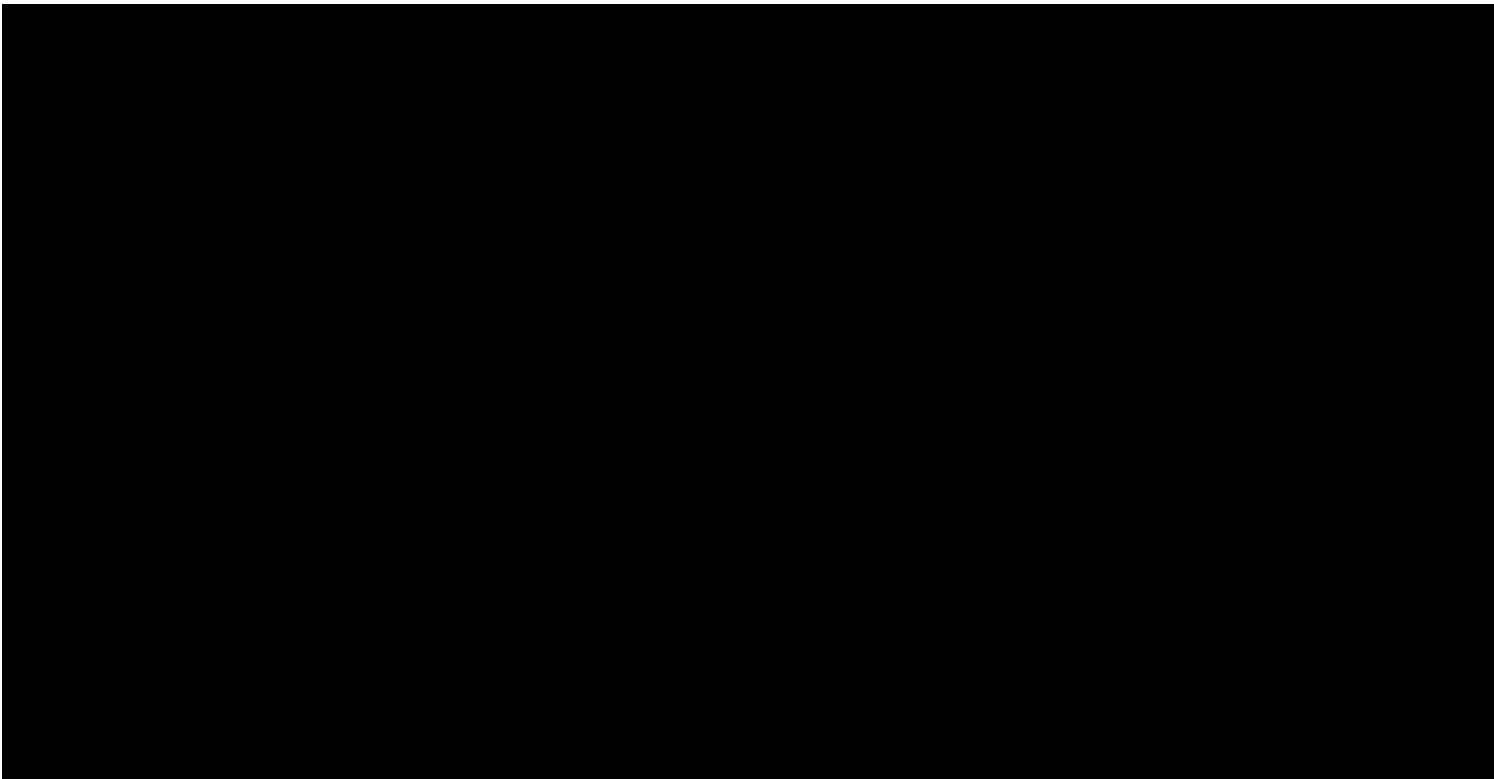
D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

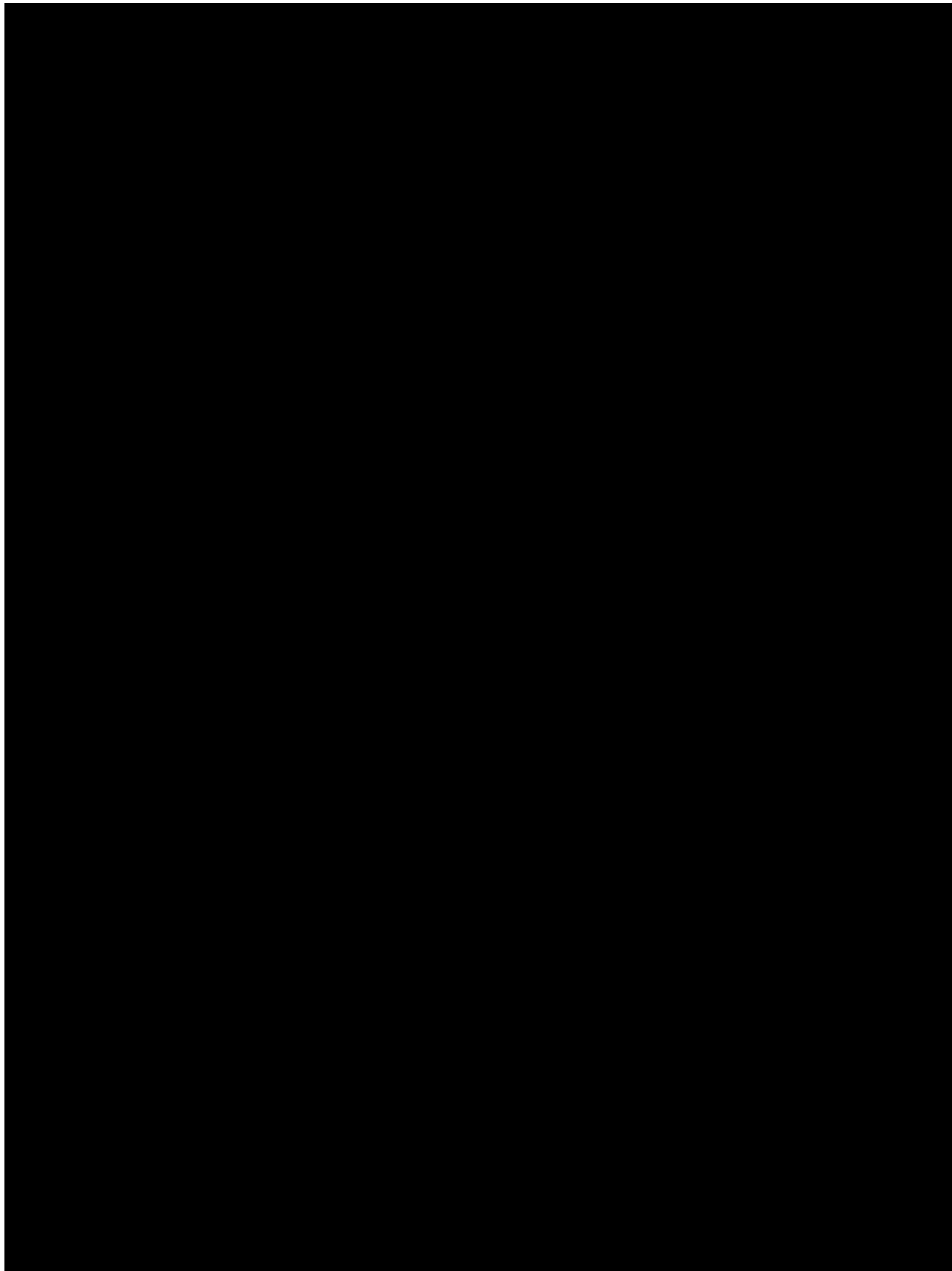
2

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](#)





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

Uploaded Document Name: **D-5.5_Sample Label.pdf**

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

Lot#: 316
Date of Harvest: 7.29.18
UBI: hu8gsh



T M
T M



Dispensary Name:

Tropical Kush

7.8% TCH // 6.7 THCA // 1.2% CBD // 0.3% CBDA

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

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

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

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

KEEP AWAY FROM CHILDREN

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

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

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

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

Bear a personalized label for the qualifying patient.

The amount of product and form;

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

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

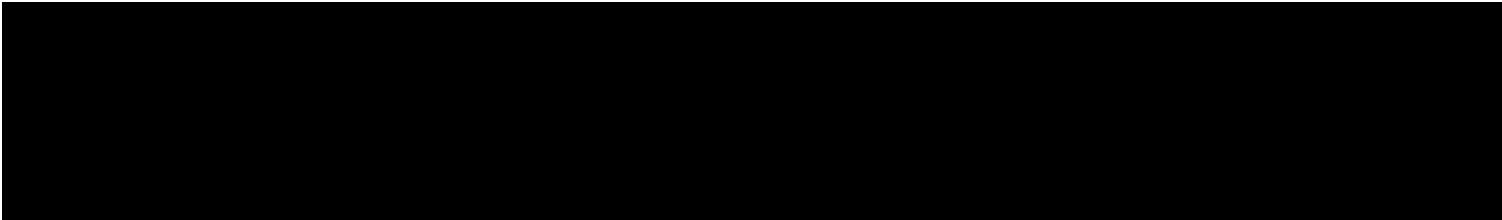
D-6.6 By selecting "**Yes**" the Applicant attests that it will maintain records of expired, damaged, deteriorated, misbranded, or adulterated medical marijuana awaiting return to a cultivator / processor or awaiting disposal, in its internal inventory control system. [OAC 3796:6-3-20](#)

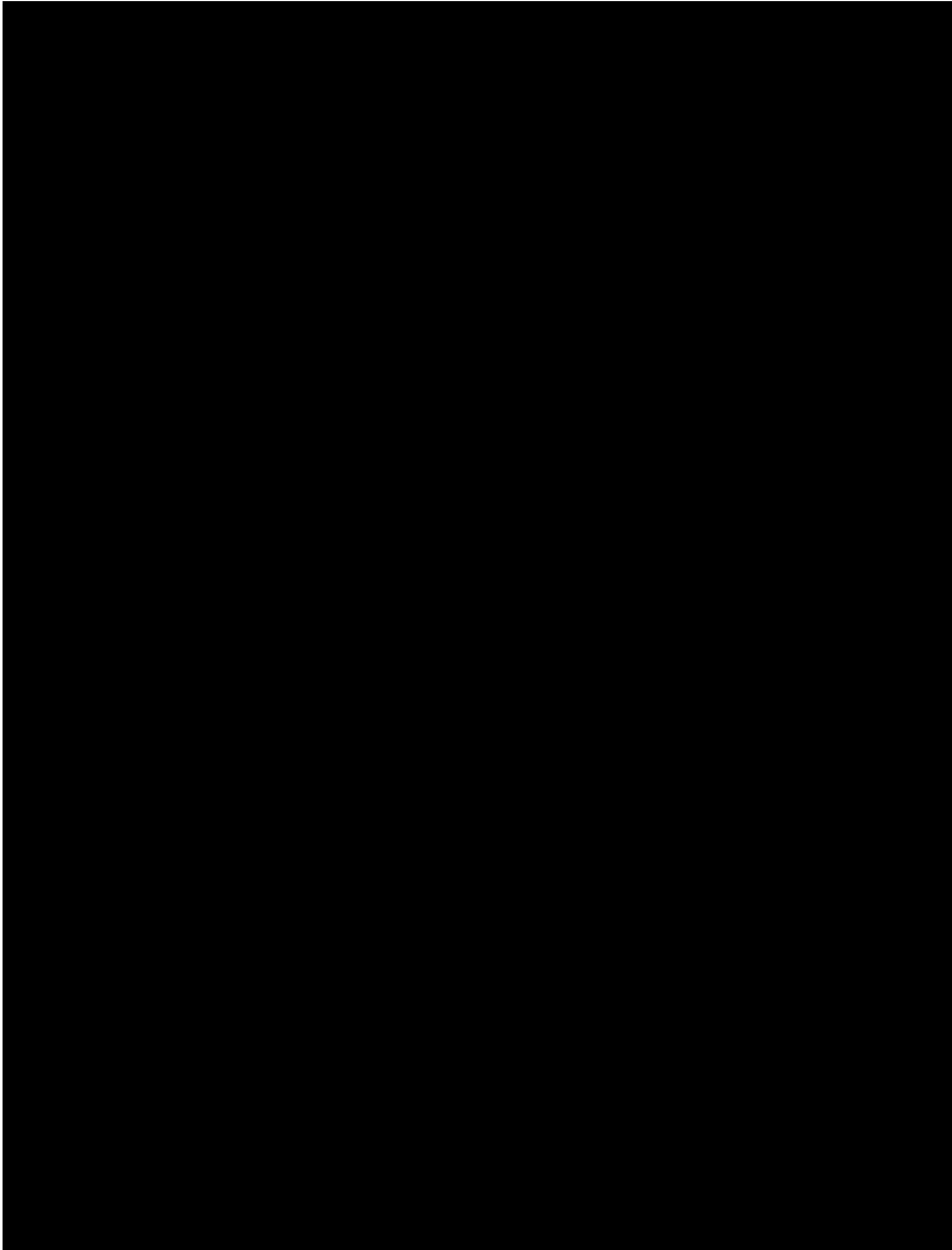
YES

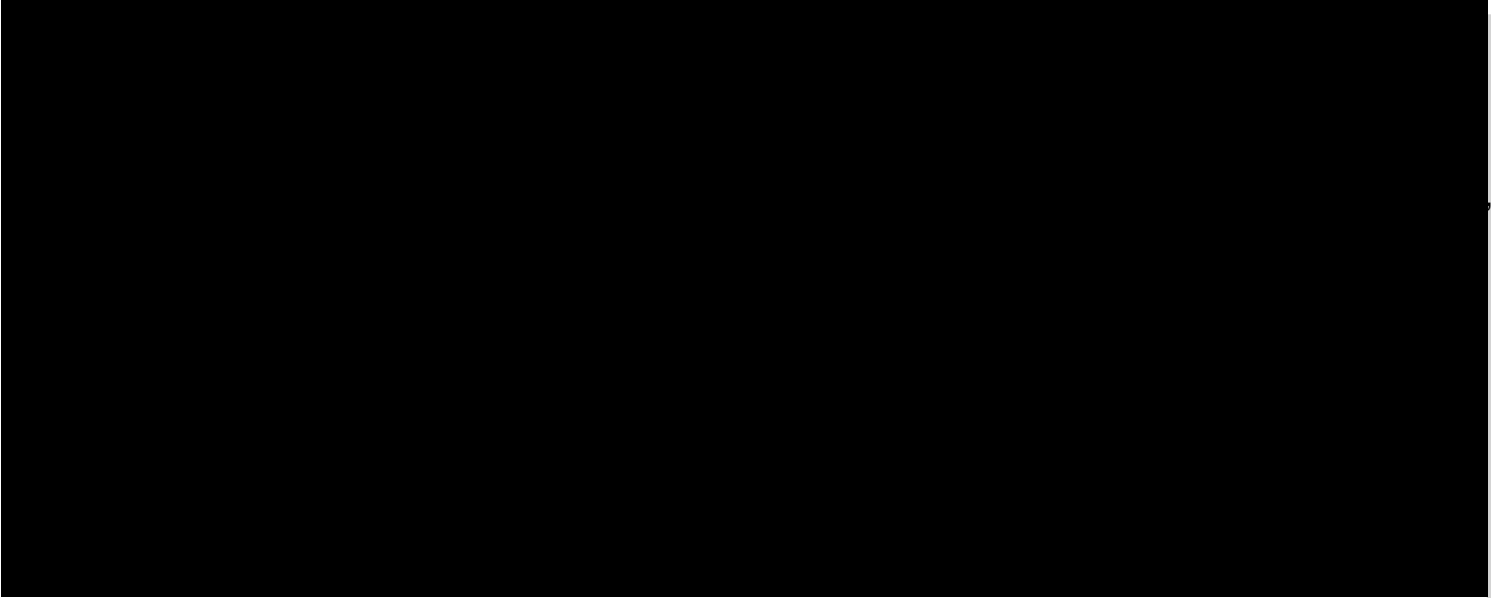
D-6.7 Please provide an explanation for selecting "**No**" in response to questions D-6.1 through D-6.6

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](#)



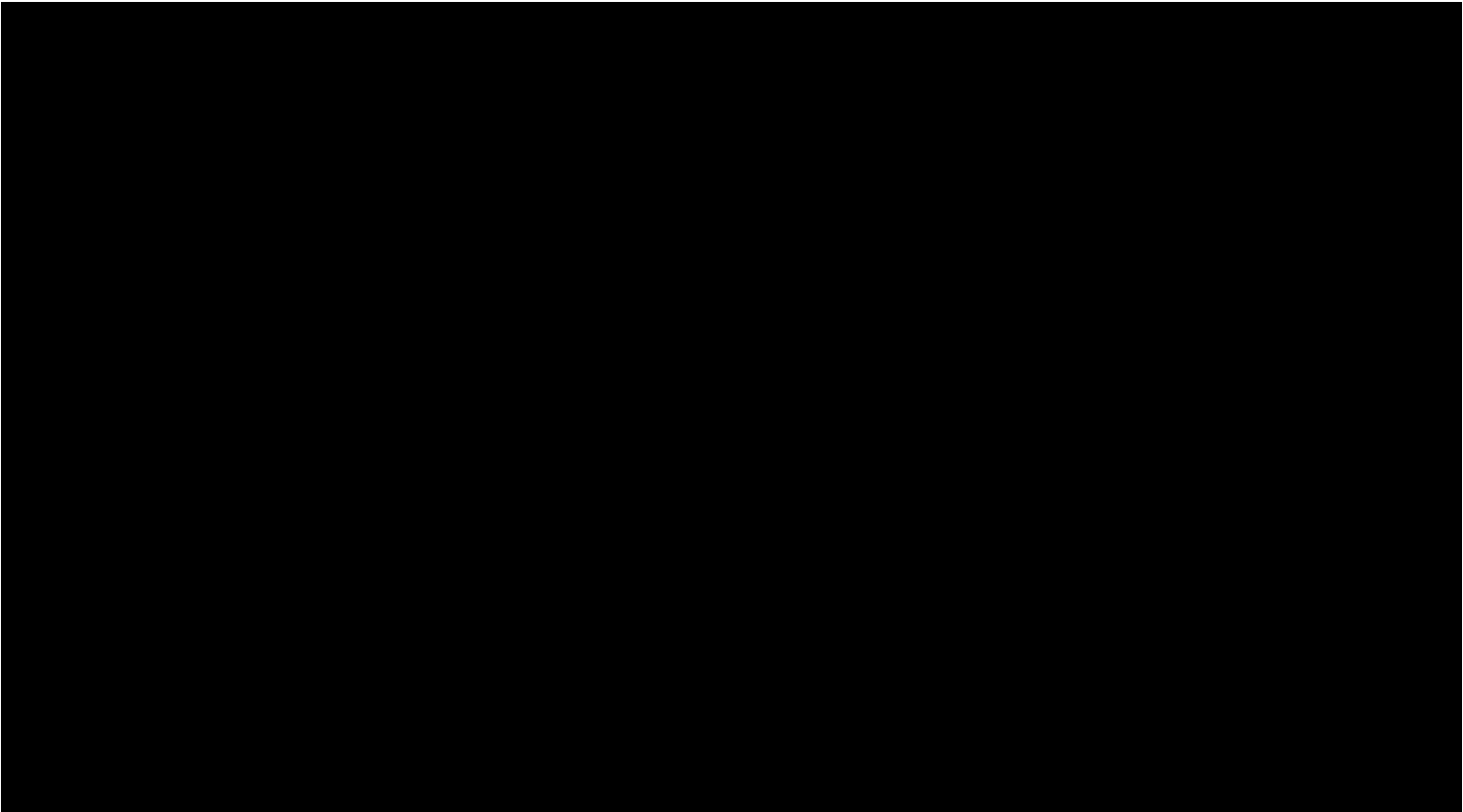


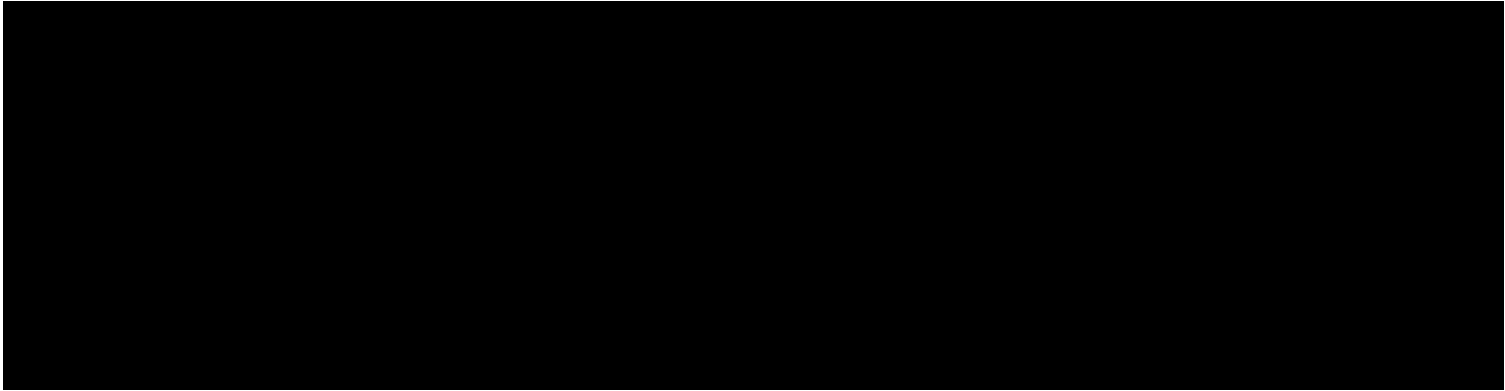


D-6.8.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.8. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

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

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

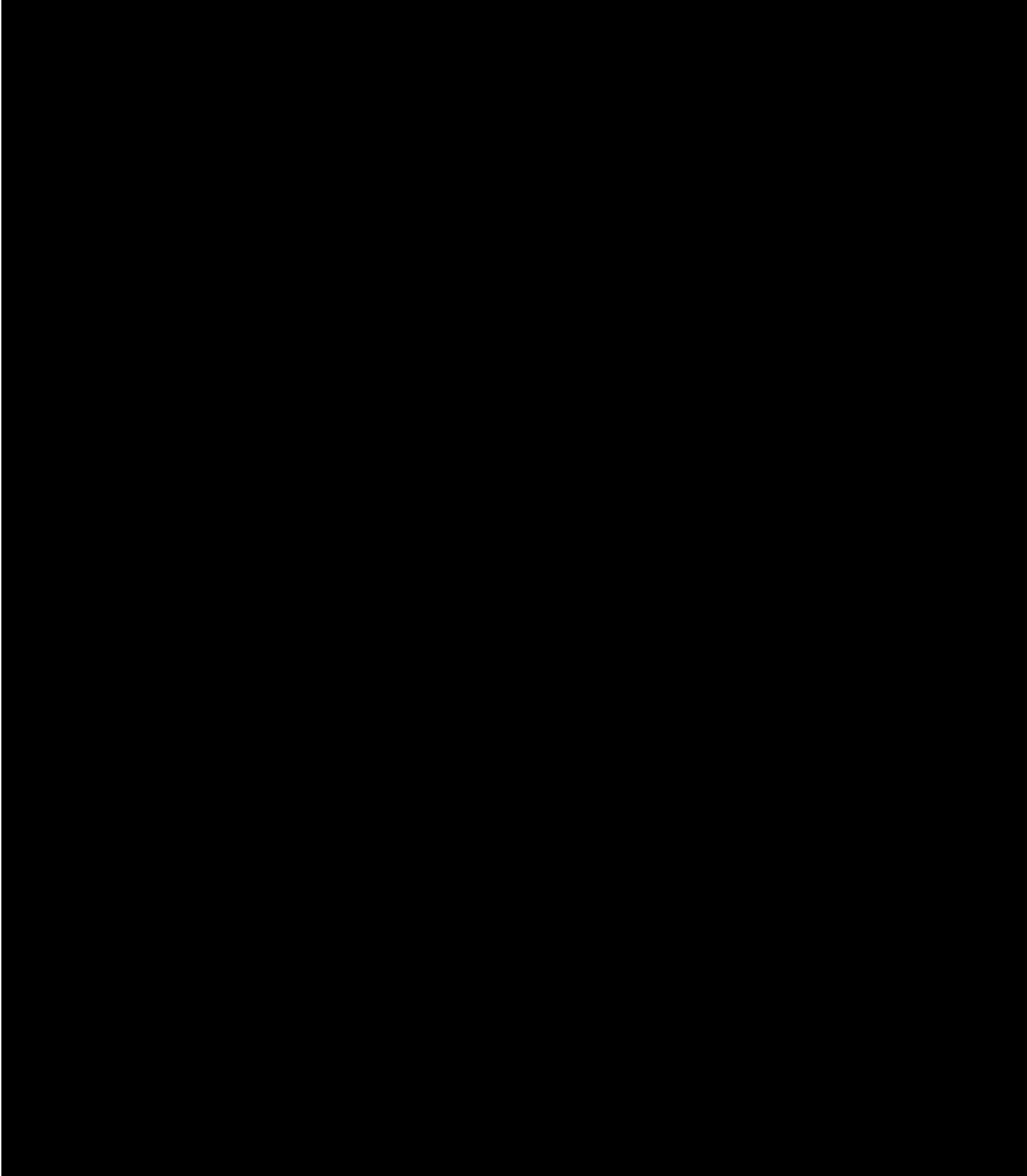


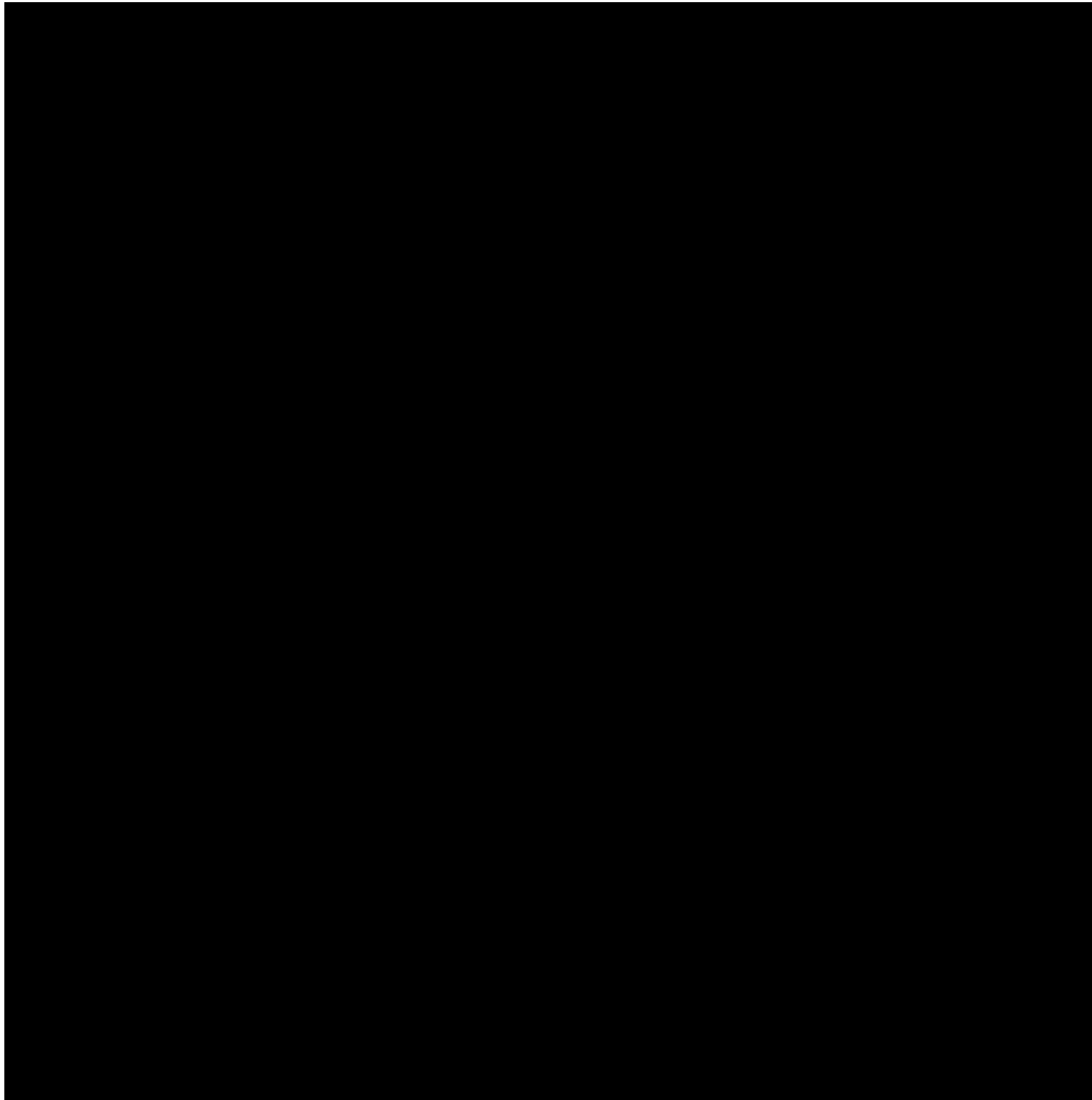
D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

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



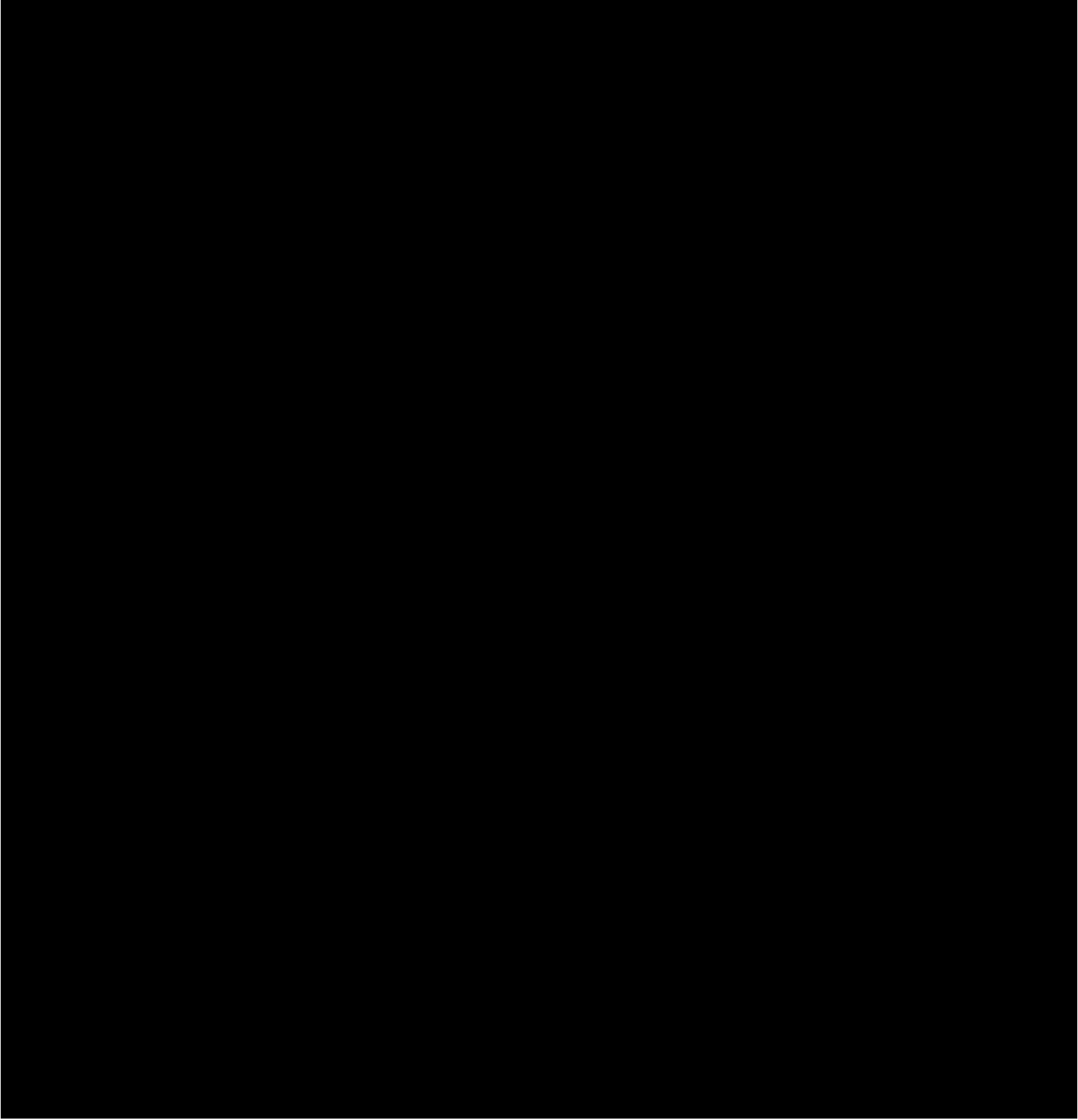


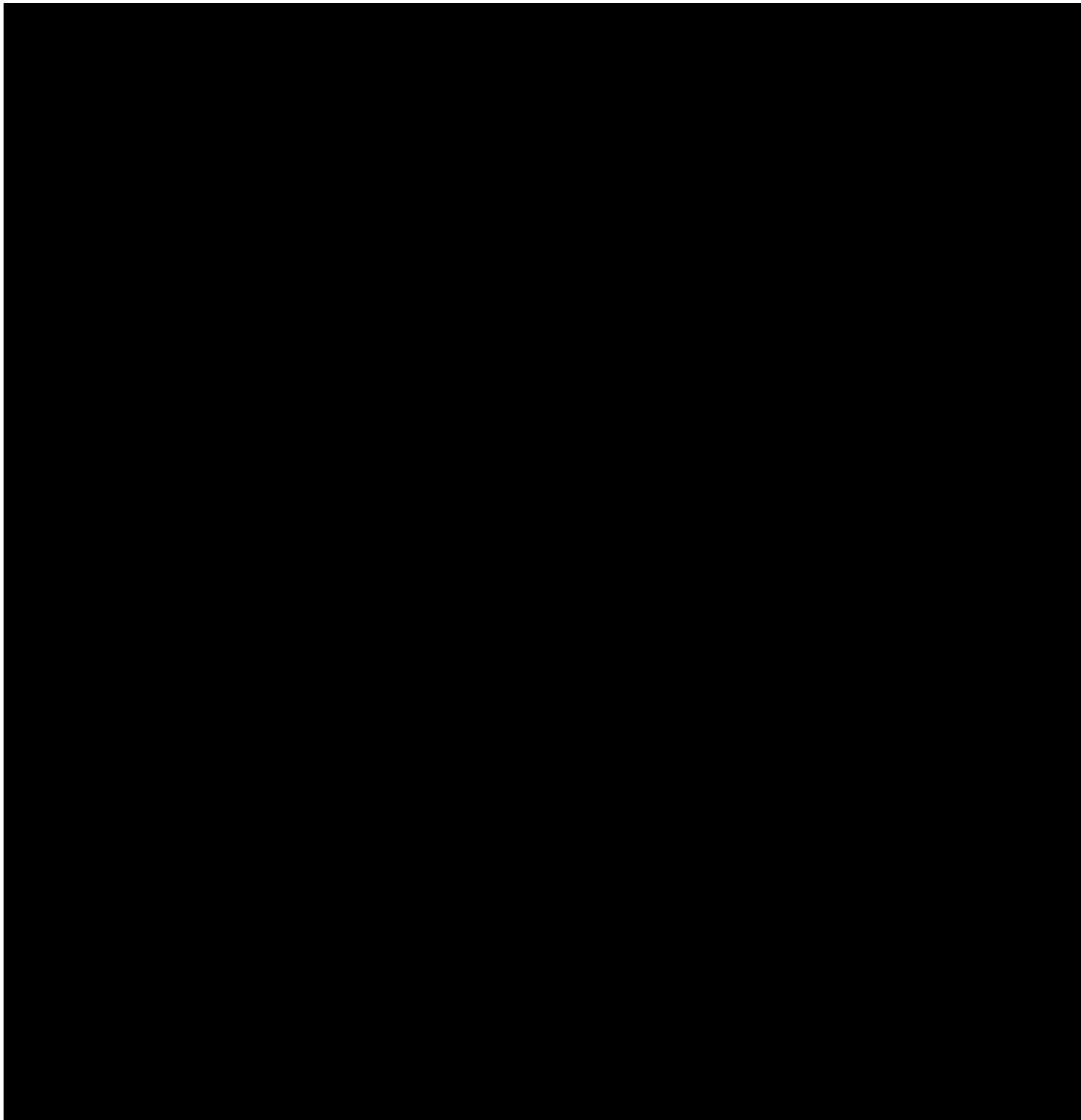
Operations Plan(Sanitation and Safety)

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.





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](#)

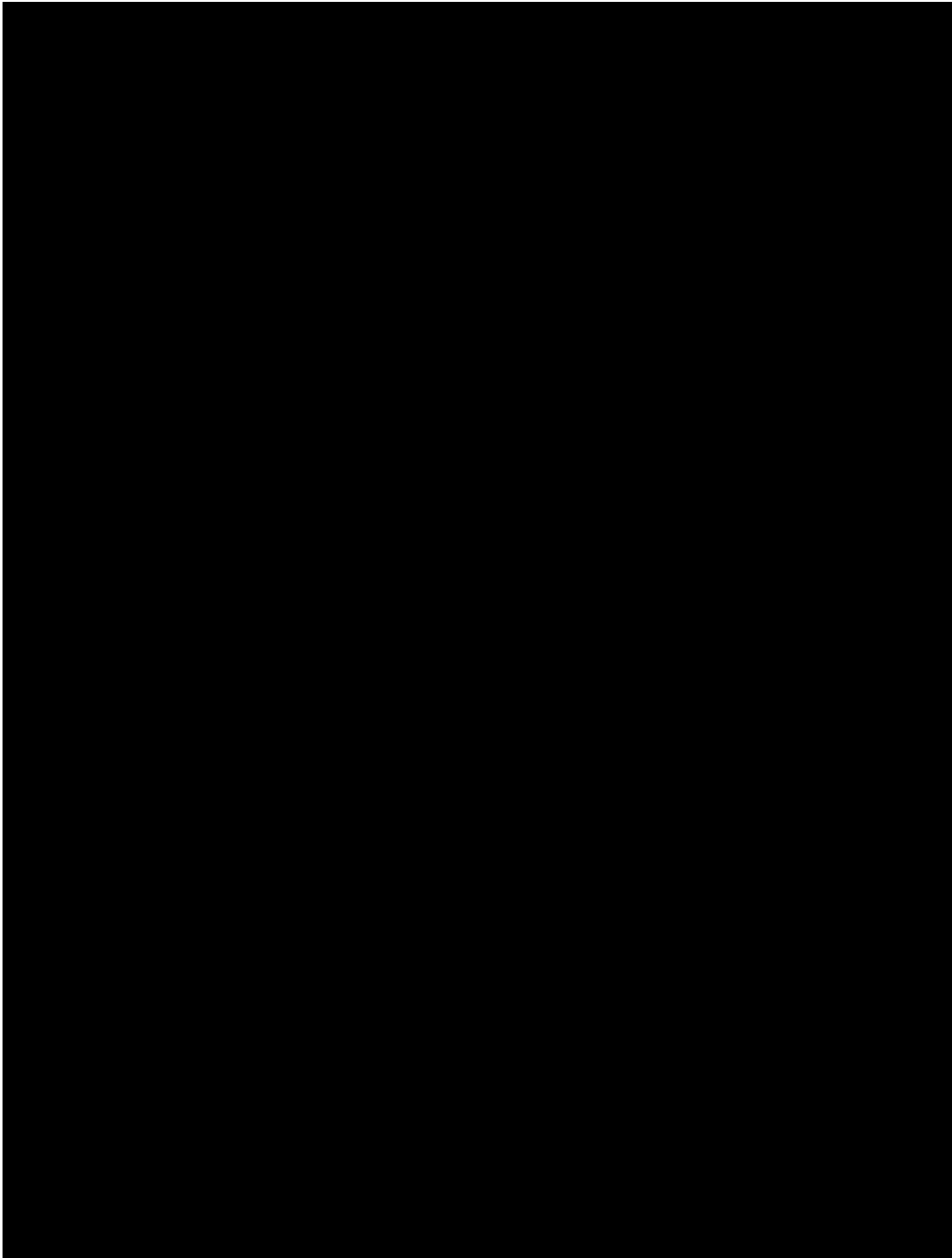
YES

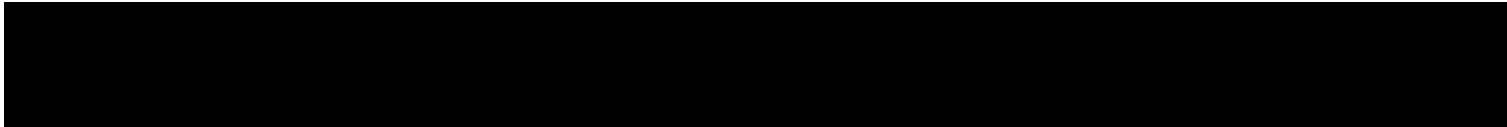
D-9.2 Please provide a summary of the Applicant’s record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

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.

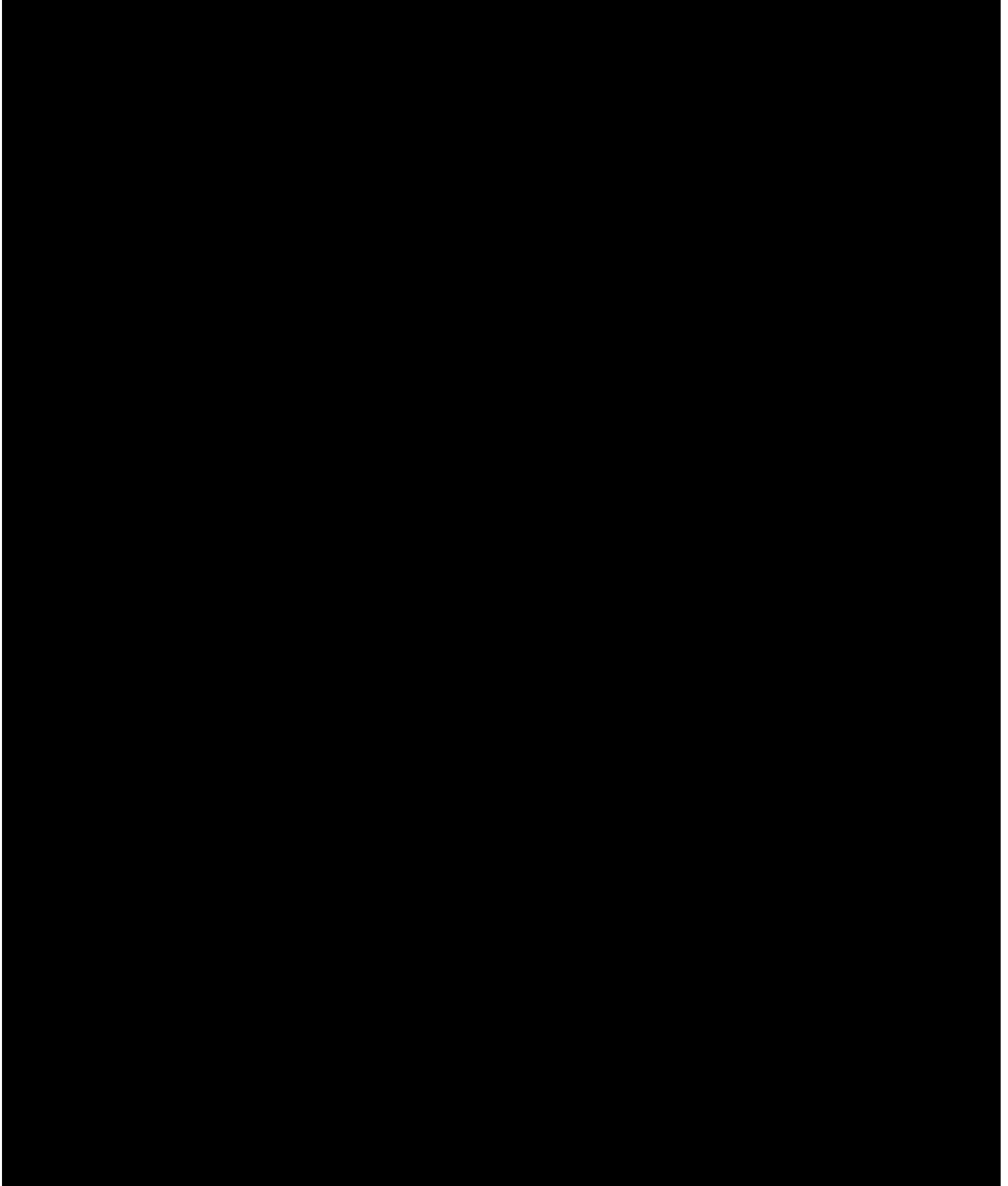


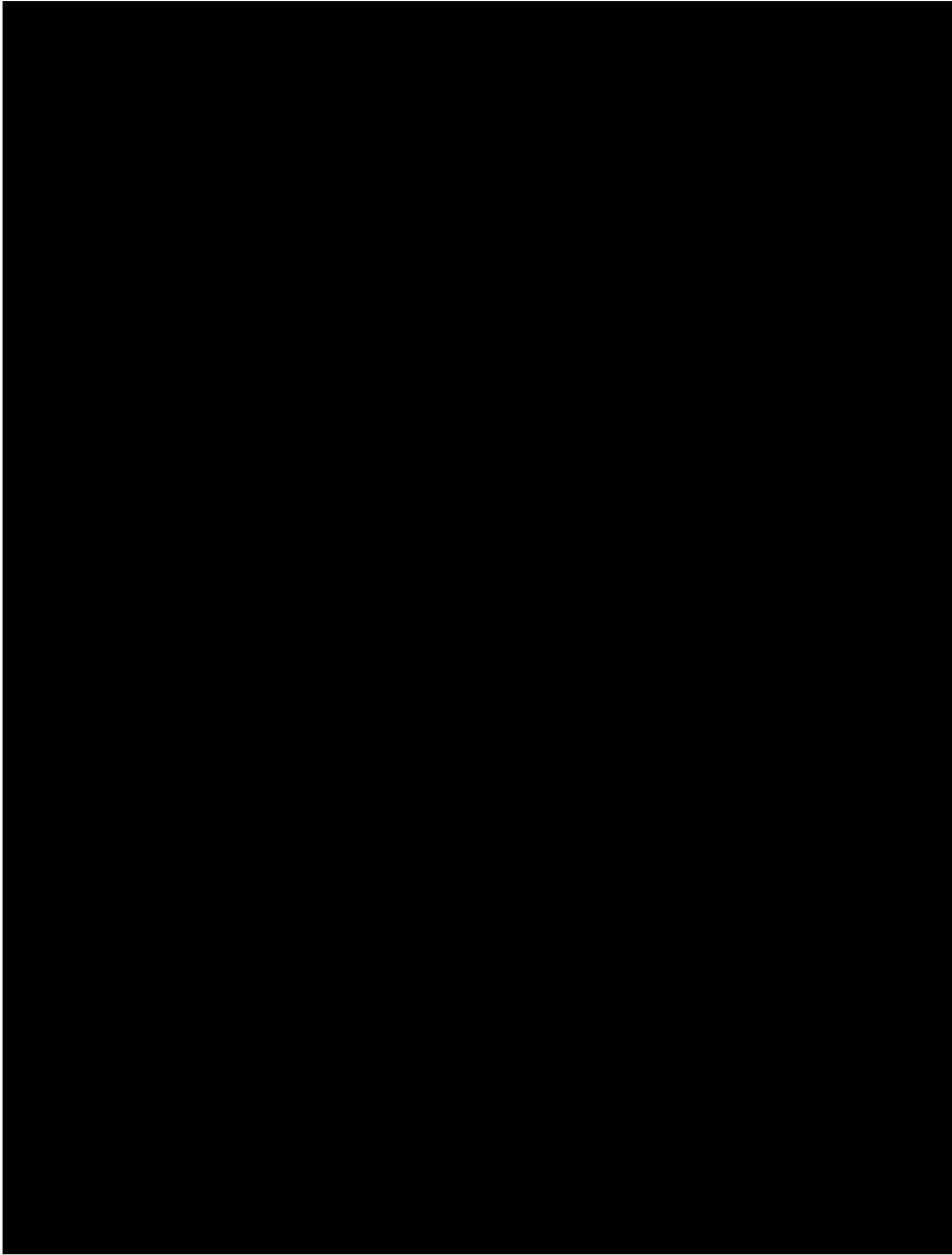




Operations Plan(Other)

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](#)



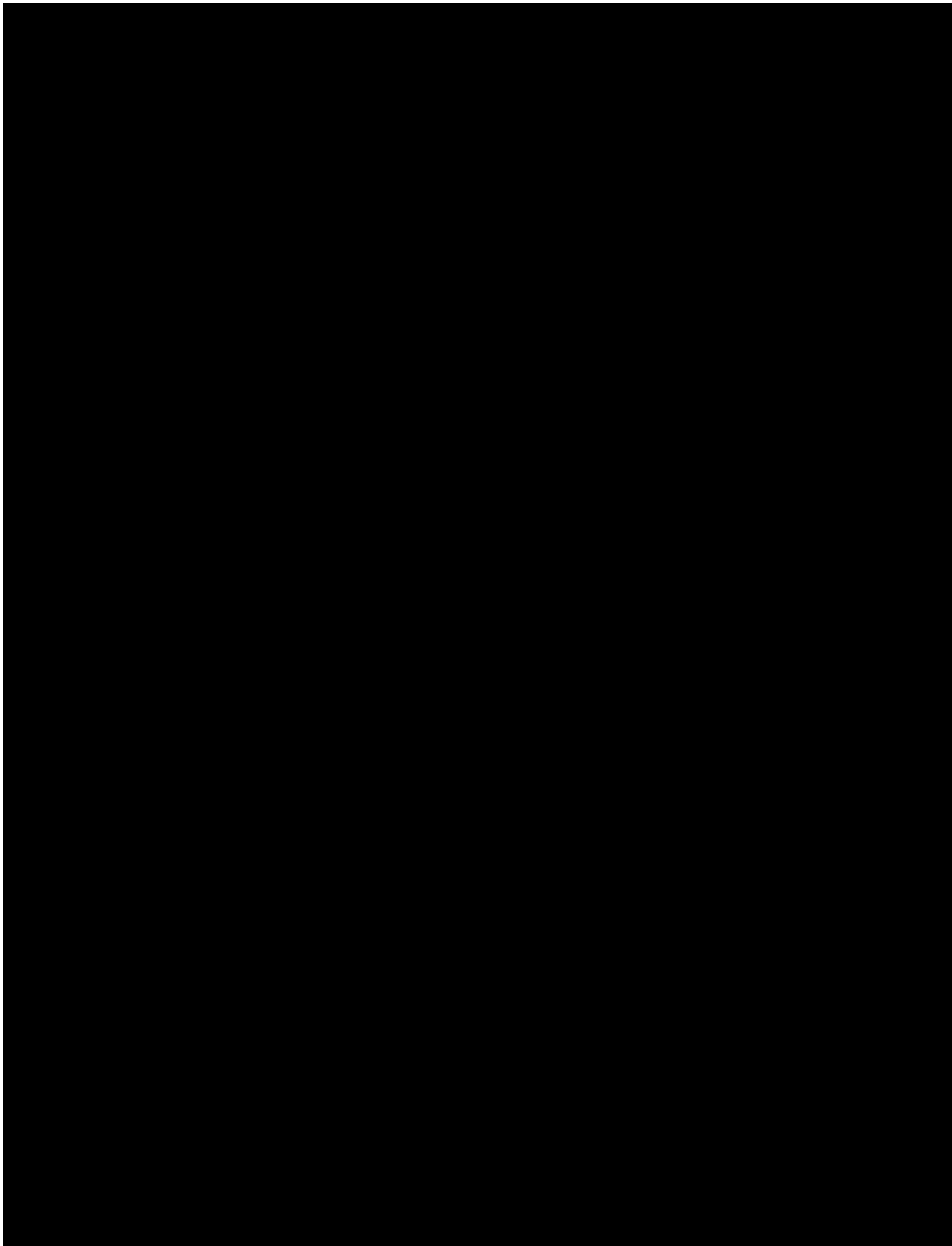



D-10.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

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

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





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

No response provided by applicant

Operations Plan(Security & Infrastructure Records)

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

YES

Patient Care(Staff Education and Training)

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

In order to ensure that all staff are able complete the functions of their respective job description, the Applicant will provide all personnel with comprehensive training. Employees must understand the importance of complying with all Applicant SOPs in addition to adhering to all regulations outlined by the State, for their own safety, the safety of the patient, and the success of treatment. Each dispensary employee will be trained in the SOPs related to the receipt, storage, dispensing, and disposal of medical marijuana (MM). Applicant will implement an employee training program that is in compliance with all rules and regulations set forth by the State of Ohio.

Each employee will receive an Employee Handbook outlining company policies to ensure that employees have the resources they need to perform their job efficiently and effectively. The company will maintain an employee training plan that will accommodate the development and growth phases of the employee business cycles to ensure employees meet all regulatory requirements. All employees will be trained in policies and procedures, both at commencement of employment and at regular intervals to consistently improve quality of patient care.

During onboarding, new employees must complete a foundational training series within 30 days of hire. Foundational training will include training on the drug database established pursuant to ORC 4729.75; training on the inventory tracking system established pursuant to ORC 3796.07; responsible use training, including specific instruction on use of the toll-free line established pursuant to ORC 3796.17 and learning to recognize signs of medicine abuse or adverse events in the medical use of marijuana by a patient; training on the proper use of security measures and controls adopted by the Applicant for the prevention of diversion, theft, or loss of MM; training on the confidentiality requirements of a dispensary, instruction on the different forms, methods of administration, and strains of MM; instruction on qualifying conditions for MM patients; instruction on authorized uses of MM in the treatment of qualifying conditions; instruction regarding regulatory compliance, and awareness of the legal requirements for maintaining status as a licensed dispensary employee. Applicants will receive at least 50 hours of foundational training prior to commencement of work functions.

During foundational training, new hires will undergo extensive product training where they will tour the facility and receive in-depth descriptions of each product that is dispensed for patient treatment. For each product, the new employee will be instructed on: symptoms it treats; recommended dosage; cost per unit and cost per dose; ingredients; source and growing methods of its cannabis materials; processing method; and methods of consumption for patients. A new hire is not considered "trained" until they can flawlessly describe five of the points discussed above about every product the dispensary offers for treatment.

Foundational training will be done in accordance with OAC 3796:6-3-19(C). Following their initial hire date, all employees will be required to retake the foundational training series on an annual basis. At least a week prior to the commencement of any foundational trainings, Applicant's designated representative will submit all required items to the state board of pharmacy for approval pursuant to OAC 3796:6-3-19(F) and OAC 3796:6-3-19(H); including the names and qualifications of the training staff; the primary objective of the training and how it is intended to improve dispensary employee's competencies; and the manner and method of presenting the information.

To ensure effective treatment and the safe use of MM, employees will be required to undergo continuing education during each two-year licensing period. Each employee will be mandated to receive a minimum of 36 hours of continuing education during that two-year period. All employees will

be encouraged to obtain continuing education above the minimum hours required. Applicant has established a scholarship fund to award partial and full scholarships for local education courses to employees on a case-by-case basis. Applicant has established a library containing up-to-date publications on cannabis in the form of books, magazines, and DVDs for employees to borrow and review in their spare time. Applicant employees will only receive continuing education hours for actual instruction time. OAC 3796:6-3-19(K). Applicant employees will receive 36 hours of mandatory training during each two-year licensing period. There will be at least 20 hours of elective training available during each two-year period including additional topics not covered in mandatory trainings.

Continuing education topics will include, but are not limited to, guidelines for providing information to patients and caregivers related to the risks associated with MM, including possible drug interactions; guidelines for providing support to patients related to the patients' symptoms; recognizing signs and symptoms of substance abuse; guidelines for refusing to provide MM to an individual who appears to be impaired or abusing MM; the safe handling of MM, including an overview of common industry hazards, current health and safety standards, dispensary best practices; legal updates training pertaining to the Ohio MM control program; and other topics as specified by the state board of pharmacy. OAC 3796:6-3-19(E). At least a week prior to the commencement of any continuing education trainings, Applicant's designated representative will submit all required items to the state board of pharmacy for approval pursuant to OAC 3796:6-3-19(F) and OAC 3796:6-3-19(H); including the names and qualifications of the training staff; the primary objective of the training and how it is intended to improve dispensary employee's competencies; and the manner and method of presenting the information.

Applicant's continuing education program will also consist of seminar sessions where vendors and industry professionals are invited to lecture employees on the products and services offered and to provide instruction on patient care services. These seminars will be mandatory for all employees and will consist of at least 18 hours of continuing education annually.

In an effort to ensure the quality of trainings made available to Applicant employees, Applicant will only employ the most qualified individuals in the MM. In accordance with OAC 3796:6-3-19(G), For all trainings involving guidelines for providing information to patients and caregivers related to the risks associated with MM, including possible drug interactions; guidelines for providing support to patients related to the patients' symptoms; recognizing signs and symptoms of substance abuse; guidelines for refusing to provide MM to an individual who appears to be impaired or abusing MM; learning to recognize signs of medicine abuse or adverse events in the medical use of marijuana by a patient, and instruction on qualifying conditions for MM patients, Applicant will employ a pharmacist licensed under ORC 4729; a clinical nurse specialist or certified nurse practitioner; a physician; or a physician assistant to perform the training. For all other trainings, Applicant will employ only experts in the MM industry as sources for employee trainings.

At least 60 days prior to the commencement of proposed trainings, Applicant will submit all training materials to the state board for approval. 3796:6-3-19(H). Pursuant to OAC 3796:6-3-19(B), Applicant will maintain exhaustive records for all trainings provided to every Applicant employee. These records, which will be available for inspection and audit by the state board of pharmacy, will include transcripts; certifications of completion; or other forms of documentation that will include the participant's name, course title, course content, and the dates of training.

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

No response provided by applicant

E-1.2 Summarize how the Applicant's training plan will identify and incorporate advancements in medical marijuana research. Include a description of the frequency with which the training plan will be

updated, how new information will be incorporated into the training plan, the method for providing updated training to dispensary employees, and the frequency with which updated training will be provided to dispensary employees. [OAC 3796:6-3-19](#)

In order to provide quality treatment to patients, Applicant's training plan described in Question E-1.1 will continually be updated to include advancements in medical marijuana research. Applicant has employed multiple employees that have several years of experience in the medical marijuana industry and who are all experienced in recognizing and identifying advancements in medical marijuana industry. Several of Applicant's employees are at the forefront of the treatment of qualifying conditions utilizing medical marijuana. Because of this, Applicant will be one of the first dispensaries that is able to identify advancements in research, fully understand the advancements in research, and implement those advancements into its treatment of patients.

In addition to the several employees that are already immersed into medical marijuana research, Applicant has made the conscious effort to stay abreast of ongoing research in the medical marijuana industry by attending conferences and workshops where ongoing research is discussed and presented. Currently, Applicant employees attend internationally-recognized cannabis science conferences that are focused on cutting edge research in cannabis medicine. Additionally, Applicant will participate in a health care provider cannabis conference sponsored by a respected university to form relationships with physicians and other health care providers who immerse themselves in continuing education opportunities. In order to stay at the forefront of cannabis research and to be able to implement those advancements into treating Ohio Patients, Applicant employees will continue to attend these internationally-recognized conferences and the advancements that are discussed and presented back to the dispensaries in Ohio to improve the quality of treatment given to patients. Applicant will use the knowledge exchanged at these conferences and workshops and integrate it into its treatment processes and procedures.

In addition to attending conferences and workshops, Applicant will continue to develop strong relationships with cannabis experts and medical professionals to strengthen its efforts to identify and incorporate updates to medical marijuana research into its training plans. These cannabis experts and medical professions are the leading authority in medical marijuana and by making these strong relationships with them, Applicant will ensure that it is one of the first dispensary facilities in the State of Ohio able to identify and incorporate the foremost advancements in medical marijuana research. Applicant has also established a relationship with a respected bioscience organization to collaborate on a genetics project to help identify particularly chemotypes of cannabis that aid in specific qualifying conditions.

Finally, Applicant will continue to subscribe to several of the leading medical marijuana and patient care peer-reviewed journals that are published containing the leading research on medical treatment utilizing medical marijuana. Often times, these journals contain more in-depth analysis of advancements in research than conventions or workshops. By digesting these scientific journals, Applicant to continue to identify advancements in research that other dispensary facilities may not be aware of, thus leading to Applicant's position as one of the leaders in up-to-date employee trainings and patient care utilizing the most advance research in medical marijuana treatment.

Updates to Applicant's training plan will be managed by our Designated Representative (DR) and happen in two ways. First, Applicant will update the employee trainings detailed in E-1.1 to incorporate advancements in medical marijuana research every time an advancement has been discovered and has been vetted by Applicant's cannabis experts. Updating the training plan continuously as advancements are discovered will allow Applicant to stay at the forefront of medical marijuana treatment plans and to be able to provide the highest quality treatment for its patients. Applicant will ensure that each and every advancement has been vetted by cannabis experts and medical professions prior to its incorporation into the training plan. The vetting process will include Applicant's experts diving into the science behind the advancement, communication with medical professions on the safety of implementing the advancement into treatments of qualifying conditions, and

communication with the state board of pharmacy for input on the particular advancement. This vetting process will guarantee that only the safest advancements in medical marijuana research are incorporated into Applicant's training plans to preserve the health and wellbeing of patients. With the strong relationships Applicant has and will continue to build, with cannabis experts and medical professionals, Applicant will ensure that only the safest advancements are incorporated into its training programs. All staff will be immediately notified of training updates and encouraged to participate in the corresponding modules within two weeks of their posting.

Second, Applicant will review all training programs quarterly to update the programs by incorporating new advancements in medical marijuana research. The review and update of the training programs will be accomplished by a team of Applicant employees that consist of medical marijuana experts, medical experts, and cannabis researchers. Additionally, lower level dispensary employees will be included in the review and update processes for input on whether inclusion of these advancements in medical marijuana research is feasible in a practical way for dispensary operations. Applicant will give all employees the ability to make their voice heard with their opinions on these updates prior to any complete update of the training programs and the opportunity for career advancement based on Applicants in-depth staff education program. The inclusion of all of these relevant parties will ensure that any updates to the training program are able to be practically implemented and will lead to an increase in the quality of treatment offered by the dispensary.

Any updates to the training program will be communicated to all employees once the review process has been completed. Employees will be informed of these updates through weekly staff meetings and through seminars and posters. In order to properly incorporate updates into the training plan, the foundational training programs and continuing education programs detailed in E-1.1 will continue to be structure the same way, but the content of these programs will be changed to recognize these updates. Applicant will work with those cannabis experts and medical professionals who initially assisted Applicant in crafting these programs to update these programs accordingly. Updates to the training program will include overhauling training content, if required, or adding sections/learning models to existing curricula. If new information invalidates older training programs, Applicant will ensure that the older learnings are removed from all training programs.

The method for providing updated training to dispensary employees will be three-fold. First, updates to the training program will be discussed at the next regularly scheduled staff meeting. Here, employees will be provided a high-level overview of the updates and will be provided educational materials where they can dive into the updates in a manner that best suits them. Second, because of the frequency that Applicant provides continuing education, as described in E-1.1, employees will receive these updated trainings as often as they attend continuing education training programs. Because Applicant will continually be updating its training programs, the continuing education programs that Applicant provides to employees will always contain the foremost research in medical marijuana treatment.

Finally, Applicant will provide training programs quarterly that coincide with Applicant's quarterly review and update of the training programs. These quarterly trainings will be structured as update sessions where employees will be informed of the updates and will instructed on how to apply these updates to their treatment of patients. As all Applicant training programs are, these update trainings will be taught by cannabis experts and medical professionals, and additional communications/notifications will be provided to the Board to ensure training reporting requirements are being met.

To show a commitment to advancing medical marijuana research, Applicant will work with renowned medical marijuana research, substance abuse specialists, and medical professionals to assist with research studies into the opioid and other substance abuse epidemics that are plaguing the state and the country. Applicant will assist research by recruiting study participants for research project and will help disseminate research throughout the medical marijuana community. Additionally, Applicant will connect patients to a variety of medical professionals who wish to examine the impact that medical marijuana treatment can have on qualifying conditions.

E-1.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures

described in E-1.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Patient Care(Patient Care and Education)

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

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

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

Applicant is dedicated to building and maintaining a professional and strong relationship with patients and caregivers. A vital component of Applicant's business operations will be to provide proper education to all employees and patients concerning cannabis science and use. As part of Applicant employee training, all employees shall 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; and (5) Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.

Applicant employees will be trained to operate the dispensary similar to a pharmacy. Employees receive detailed training from cannabis experts in order to become knowledgeable in the science and use of medical cannabis, including the pharmacology of cannabis, its active components, dosage forms, its pharmacodynamics impact, and consumer safety issues. Each employee will receive appropriate training in order to educate and train patients in the handling and use of medical cannabis. Applicant will offer patients and caregivers the most precise and informed material of fundamental importance. Applicant's training program will incorporate extensive education to its staff for the purpose of keeping patients and caregivers up-to-date with trusted source information. OAC 3796:6-3-19. Applicant employees will be extensively trained in areas relating to therapeutic use of medical marijuana; self-assessment of the qualifying patient's symptoms, including rating scales for pain, nausea, seizures, and muscle spasms; and recognizing symptoms of substance use disorders. Employees shall undergo updated training at least every six months in order to provide quality patient care. Applicant shall employ numerous cannabis experts with several years of experience in the medical marijuana industry to train employees. These experts will include pharmacists, physicians, certified nurse practitioners, physician assistants. OAC 3796:6-3-19(G).

In order to train employees to effectively use medical marijuana to treat a qualifying condition, Applicant shall develop a patient and caregiver education and support policy. The patient and caregiver education and support policy shall include updated information about the purported effectiveness of various forms and methods of medical marijuana administration; updated information about the purported effectiveness of strains of medical marijuana for specific conditions; information regarding the signs and symptoms of substance abuse, including tolerance, dependency, and withdrawal; information about possible side effects and contraindications; and information on drug-to drug interactions, including interactions with alcohol, prescription drugs, non-prescription drugs, and supplements. OAC 3796:6-3-15(B).

To better treat patients, Applicant will utilize 1-on-1 consultations with each new patient to determine the symptoms that each patient is experiencing, as well as to provide patient care information to the patient regarding the use of medical marijuana to treat qualifying conditions. We will utilize our patient consultation areas to allow for discreet conversations at the patient's request. At these consultations, Applicant will utilize a patient journal where Applicant employees will record all symptoms identified, information discussed with the patient regarding treatment, any signs of substance abuse, and will

track all medicine dosages as well as any adverse reactions. Applicant will store these records in the patient care system for easy access by all Applicant employees. Use of these patient journals will greatly increase the quality of treatment Applicant offers to patients as well as the ability to easily track what symptoms the patient is currently being treated for and whether the patient shows any signs of substance abuse. Applicant will utilize these patient journals to update and improve the quality of treatment the patient is being offered. We will never rush a patient interaction or sacrifice educational opportunities for the sake of increased sales. Our extensive experience in existing full mature state markets has demonstrated patient loyalty and quality of care are far more important than a volume based transaction model.

In order to substantially lower the risk of substance abuse and diversion of medical marijuana, Applicant will institute a policy to refuse to provide medical marijuana to an individual who appears to be impaired or to be abusing medical marijuana. Employees will be extensively trained by licensed physicians, nurse practitioners, and pharmacists to spot the signs of abuse and impairment. These training sessions shall occur in person and through online courses provided by reputable sources that have been approved by the state board of pharmacy. These trainings shall be focused on spotting the signs of substance abuse in areas including appearance; speech; attitude; and behavior. Applicant will utilize charts and checklists to keep track of a patient's physical and mental abilities to determine if they are diminished by any alcohol or drugs to a point that it can be observed by others. All employees will be tested on whether they can recognize the visible signs of intoxication. Employees will not be permitted to dispense medical marijuana to any patient that shows any signs of intoxication. Applicant will report any interactions with patients showing signs of intoxication or substance abuse to the state board of pharmacy within 24 hours of the interaction. Applicant will train all employees in various de-escalation techniques to facilitate encounters with patients who appear to be intoxicated.

Applicant shall make available to patients and caregivers information regarding the possession and use of marijuana. Prior to disbursement of this information, Applicant shall submit all relevant information to the state board of pharmacy for approval pursuant to OAC 3796:6-3-15(C). Information made available shall include limitations on the right to possess and use marijuana pursuant to ORC 3796; Safe techniques for the proper use of medical marijuana and medical marijuana paraphernalia; prohibition against and dangers associated with medical marijuana extractions; alternative methods and forms of consumption or inhalation by which one can use medical marijuana; instruction for patients and caregivers with medical marijuana-related inquiries or reports of adverse reactions to the toll-free telephone line established by the state board of pharmacy in accordance with ORC 3796.17; signs and symptoms of substance abuse; and opportunities to participate in substance abuse programs. OAC 3796:6-3-15(C).

Applicant will establish guidelines and best practices in order to increase the quality of treatment offered to patients by the applicant. These guidelines and best practices will include guidelines for support to patients related to the patient's symptoms and guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana. Applicant will work in conjunction with medical marijuana experts as well as caregivers, physicians, and registered nurses to formulate these guidelines and best practices. These guidelines and best practices will be updated annually to incorporate new methods of treatment and to recognize scientific progress for the use of medical marijuana to treat qualifying conditions. Applicant will employ only cannabis experts and medical professionals to update the patient care guidelines and best practices.

In addition to guidelines and best practices, Applicant will create a patient questionnaire for use to determine patient abuse of medical marijuana and determine whether a patient has experienced an adverse reaction to medical marijuana that has gone unidentified by the patient. These questionnaires will be crafted with the assistance of medical marijuana experts and medical professionals.

Additionally, Applicant will stay informed of all treatment centers or therapy centers that provide substance abuse treatment. Applicant will provide this information to all patients that request it as well as all patients that show the signs of substance abuse.

During the onboarding process, all employees will be trained on these guidelines and best practices.

All trainings will be given by cannabis experts and medical professionals. At the commencement of the trainings, employees must demonstrate that they are able to effectively recognize the abuse and impairment as well as able to effectively treat patient's qualifying conditions. Applicant will work hand-in-hand with cannabis experts and medical professionals to establish training programs centered on identifying and understanding the risks associated with the use of medical marijuana to treat qualifying conditions, including the risk of drug interactions. Applicant will employ pharmacists and physicians to train employees to recognize common drug interactions and to instruct employees on how to best inform patients of these risks, and to develop treatment plans to avoid these risks. All of these trainings will be updated accordingly as more and more medical information becomes available of the risks associated with treatment uses of medical marijuana.

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.

No response provided by applicant

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

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

The Applicant has developed an Adverse Event Plan, in accordance with OAC 3796:6-3-11, to properly handle adverse events occurring as a result of the administration of medical marijuana such as suspected contamination of medical marijuana; adverse reactions experienced by patients; expired medical marijuana; non-compliant packaging or labeling; product recalls; and compromise of security. Applicant has worked with medical professionals, cannabis experts, and security advisors to develop guidelines and procedures to respond to adverse events that may occur during the administration of medical marijuana. Applicant recognizes that the best way to avoid any adverse event is through prevention.

The Adverse Event Plan will include recognizing and responding to incidents related to inventory management, security, and patient care. The Adverse Event Plan will detail how to report any adverse event to the state board of pharmacy, relevant cultivators, and relevant processors. Implementation of the Adverse Event Plan will begin with the creation of an internal reporting system. Employees will be trained to document any adverse event within the internal system and the system will generate reports for dissemination to all relevant parties within 24 hours of an adverse event occurring pursuant to OAC 3796:6-3-11(C).

The Adverse Event Plan will detail the procedures and processes followed when a patient experiences an adverse reaction to treatment of their symptoms using medical marijuana. Employees will be trained to recognize the signs of adverse drug interactions and will act accordingly to preserve the health and well-being of the patient. Applicant will employ physicians, registered nurse practitioners, physician assistants, and other medical marijuana experts to develop training programs involving instructions on common adverse drug interactions with medical marijuana; how to prevent adverse drug interactions between medical marijuana and other medications; how to spot the signs of an adverse drug interaction; how to best respond to an adverse drug interaction to preserve the health and well-being of the patient; and how to efficiently utilize the internal reporting system to document and report all adverse events. These training programs will be mandatory for all Applicant employees upon their hire and employees will undergo retraining annually.

Applicant will make available to patients, when dispensing medical marijuana, information related to

how to respond to adverse interactions occurring because of treatment. Patients will be informed to contact emergency services immediately upon experiencing an adverse reaction. Patients will also be informed to contact the dispensary with a report of the adverse interaction immediately after the safety of the patient has been secured. Applicant will establish a telephone number to call with reports of adverse events as well as set up a system on its website where reports can be filed. In addition to reporting adverse interactions to the Applicant, patients will be instructed to contact the state board of pharmacy with any reports of adverse interactions through the State's 1-800 Hotline.

Employees will take these reports and will identify the inventory that caused the adverse reaction and pull all of that inventory from dispensary displays and secure it within the product vault, quarantined from all other stored inventory. Employees will note in the internal reporting system and inventory tracking system that said inventory caused a patient to experience an adverse reaction to treatment. Employees will update the Patient Journal to reflect the patient's adverse reaction to medical marijuana.

Employees will then investigate the inventory for any visible signs of contamination, defectiveness, or damage. If the inventory is determined by the employees to be contaminated, defective, or damaged, Employees will note as such in the internal reporting system and inventory tracking system and will designate said inventory for destruction, pursuant to OAC 3796:6-2-14, or will send the inventory back to the processor or plant-based cultivator that the inventory was purchased from. If the inventory is determined not to be contaminated, defective, or damaged, employees will then contact the particular processor or plant-based cultivator that said inventory was purchased from to determine whether the inventory is safe to dispense to future patients. If deemed to be safe, employees will note the processor's/plant-based cultivator's response to the inquiry in the internal reporting system and inventory tracking system. Applicant will then reintroduce the products back into inventory to be dispensed. If another patient undergoes a similar adverse reaction to the same inventory, employees will treat the medical marijuana as contaminated and will destroy the inventory pursuant to OAC 3796:6-2-14 or send it to the processor or plant-based cultivator for destruction. For all adverse reactions, Applicant employees will produce a detailed report describing the adverse reaction, the employee's response to the reaction, and what steps were taken to ensure that the inventory is still safe for medical use or if the inventory is being designated for destruction. Applicant will disseminate these reports to any relevant cultivators, processors, and the state board of pharmacy within 24 hours of the adverse interaction.

Additionally, Applicant has developed standard operating procedures that will be implemented to lower any inventory discrepancies that are caused by internal adverse events. These SOPs will include morning, afternoon, and evening reconciliation of physical inventory with inventory records kept digitally. Employees will be trained to recognize discrepancies and input any discrepancies into the internal reporting system as an adverse event. Inventory discrepancies will be reported to the state board of pharmacy as an adverse event pursuant to OAC 3796:6-3-11(C) within 24 hours of discovery. Applicant has developed strong relationships with cultivators and processors to respond and react to adverse events occurring because of improper inventory received from vendors. Applicant employees will be trained to inspect all marijuana products for damage and contamination as the product arrives at the facility and before the product is integrated with any inventory already on site. Employees will quarantine products that are discovered to be contaminated, defective, or damaged. Quarantined product will be separately stored from all other inventory. Applicant will institute procedures to record the quarantined inventory in the inventory tracking system. Applicant will disseminate adverse event reports regarding the quarantined inventory to all relevant cultivators, processors, and the state board of pharmacy by e-mail and telephonically within 24 hours of discovering the contamination, defective, or damaged inventory. All quarantined inventory will be destroyed pursuant to OAC 3796:6-2-14. In the event that a theft or diversion of medical marijuana adverse event occurs, Applicant will disseminate a report of said adverse event to all relevant parties, including the state board of pharmacy, within 24 hours of notification of the event. The security and surveillance measures implemented by Applicant as detailed in D-2.2 are in place to prevent any such theft or diversion

adverse event to occur. In the event that one does occur, however, Applicant will ensure that all relevant information is disseminated to local law enforcement and the state board of pharmacy as soon as possible to prevent any harm befalling the people of the community.

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]

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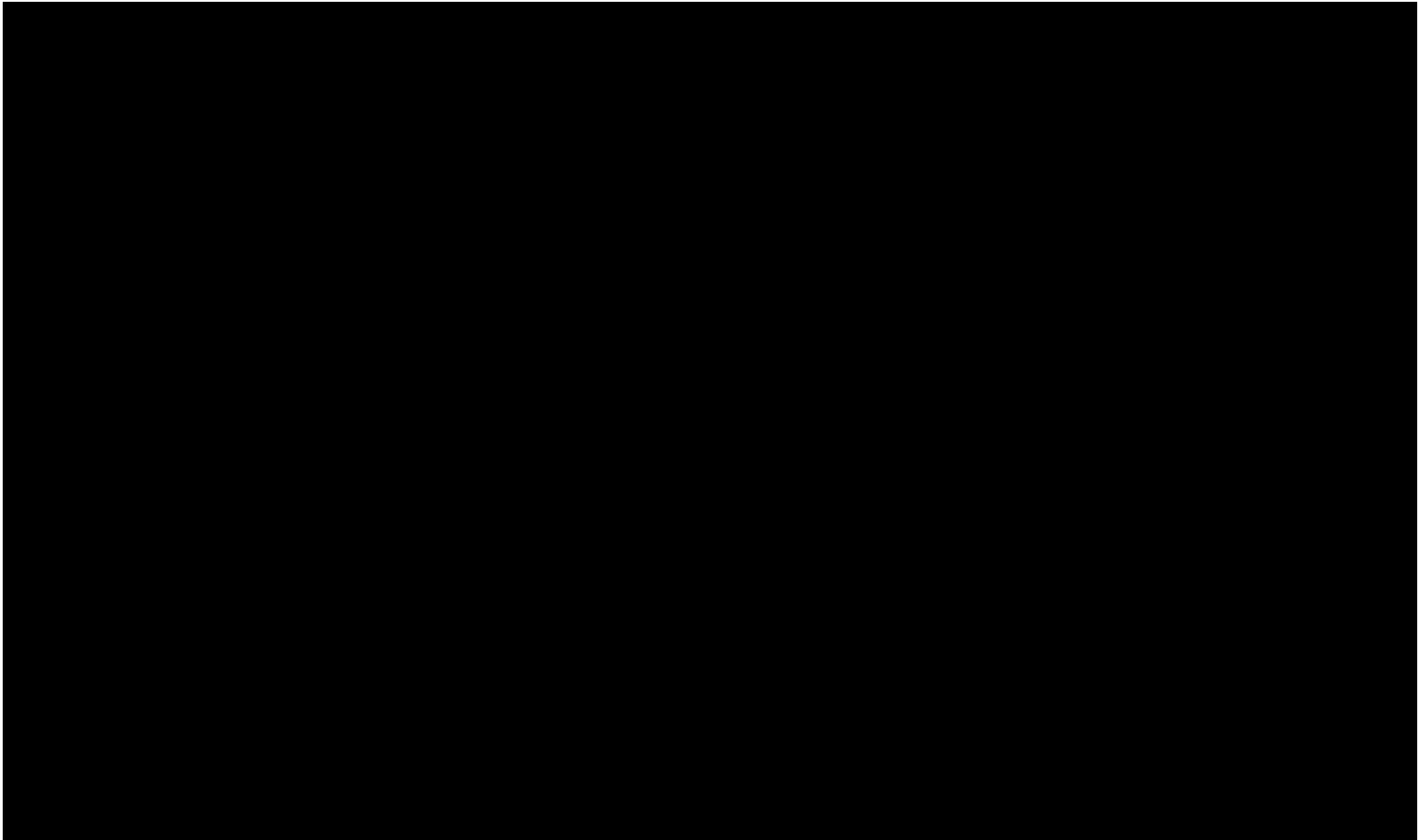
[REDACTED] This arrangement will deter rodents and other pests coming into contact with Applicant's inventory. 3796:6-3-07.

[REDACTED]

[REDACTED]

[REDACTED]

Uploaded Document Name: **E-3.1_Interior Design (1).pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.



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](#)

9AM-7PM

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: BCCO, LLC	
<p>The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.</p> <p>While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.</p> <p>Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.</p> <p>Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.</p>	
Printed Name of Authorized Representative Jason Kabbes	
Signature 	Date 11/17/17



**Ohio Medical Marijuana Control Program
Dispensary Application**



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
D-2.2	D-2.2_Security and Infrastructure	Details Security Plans
D-3.3	Narrative	Method and technique have economic value
D-4.4	Narrative	Method and technique have economic value
D-5.5	D-5.5_Sample Product Label	Compilation and method have economic value
D-5.5	Narrative	Method and technique have economic value
D-6.8	Narrative	Method and technique have economic value
D-6.9	Narrative	Method and technique have economic value
D-7.1	Narrative	Method and technique have economic value
D-8.1	Narrative	Method and technique have economic value
D-9.2	Narrative	Method and technique have economic value
D-10.1	Narrative	Business information has economic value
D-10.2	Narrative	Business information has economic value
D-10.3	Narrative	Business information and methods have economic value
E-3.1	E-3.1_Interior Design	Security and infrastructure record

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