



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application **BLOSSOM ENTERPRISES, LLC** Application ID 352

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

Blossom Enterprises, LLC

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

Blossom

A-1.3 Business Street Address

508 Old Harbor Court

A-1.4 City

Centerville

A-1.5 State

OH

A-1.6 Zip Code

45458

A-1.7 Phone

2027704708

A-1.8 Email

jakinnagbe@mycannabisforwellness.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

Jumoke

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Akinnagbe

A-2.5 Street Address

508 Old Harbor Court

A-2.6 City

Centerville

A-2.7 State

OH

A-2.8 Zip Code

45458

A-2.9 Phone

2027704708

A-2.10 Email

jakinnagbe@mycannabisforwellness.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

DE

A-3.3 Date of Formation

11/03/2017

A-3.4 Business Name on Formation Documents

Blossom Enterprises 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.

YES

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

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

Horizon Respiratory Medical Supply, LLC

1997 Annapolis Exchange Parkway

Annapolis, MD 21401

EIN: [REDACTED]

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](#)

YES

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 6

A-6.1 First Name

Adebayo

A-6.2 Middle Name

Clement

A-6.3 Last Name

Adenupebi

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Pharmacist

A-6.6 Title in the Applicant's business

Clinical Director

A-6.7 Applicant's business related compensation

\$80,000/year

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

OWNER

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

Seasoned Pharmacist expertise, clinical management with pharmacognostic background , and a

supervisor of the day-to-day operations of his own pharmacy, Hollywood Pharmacy located in College Park, MD since 2006. His pharmacy often is rated by his client has an excellence pharmacy. He has experience in avoiding diversion of medicines through securing product inventory, supervising and monitoring staff development, and ensuring the highest standards \$5000

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

3528 Turbridge Drive

A-6.17 City

Burtonsville

A-6.18 State

MD

A-6.19 Zip Code

20866

A-6.20 Phone

3013004174

A-6.21 Email

hollywoodpharm@gmail.com

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

Black or African American

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

No response provided by applicant

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

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

This response has been entirely redacted

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 6

A-6.1 First Name

Obiora

A-6.2 Middle Name

Peace

A-6.3 Last Name

Nwude

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Financial Consultant/Accountant

A-6.6 Title in the Applicant's business

Chief Financial Officer

A-6.7 Applicant's business related compensation

\$80,000

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

OWNER

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

CPA for 21 years implementing and enhancing accounting systems. Performing and paying payroll,

filing state and federal taxes. Create countless projections, P&L, Balance Sheets. close and certify books for end of year. Accountant for Mary and Main, a dispensary located in Maryland. Knowledge of Section 280E and dispensary operational activity.Owner company. My uncle used marijuana to help numb the pain he was feeling while he battled cancer so I am familiar with his ability to subside pain.\$5000

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

2034 Meadow Springs Drive

A-6.17 City

Vienna

A-6.18 State

VA

A-6.19 Zip Code

22182

A-6.20 Phone

2403812640

A-6.21 Email

obi.nwude.cpa@gmail.com

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

Black or African American

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

No response provided by applicant

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

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

This response has been entirely redacted

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 6

A-6.1 First Name

Kehinde

A-6.2 Middle Name

Joan

A-6.3 Last Name

Ekeh

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Formal Lawyer in IUK

A-6.6 Title in the Applicant's business

Patient Advocate/Community Outreach

A-6.7 Applicant's business related compensation

\$50,000/year

A-6.8 Number of shares owned

10%

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

OWNER

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

have lived in Centerville Ohio for 17 years and have 3 children. The Opiod crisis affects us all. It is

difficult for you not to know someone directly affected by the drug overdose. My former neighbor lost her first son in June. He overdosed. He had been an addict for years. His parents had tried different treatments. Due to this I am back in school to be addiction counselor. To advocate for patients to MDs to consider cannabis before opioid. 80% of all addicts start with a opioid prescri \$5000

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

508 Old Harbor Court

A-6.17 City

Centerville

A-6.18 State

OH

A-6.19 Zip Code

45458

A-6.20 Phone

9374770127

A-6.21 Email

sisterak!@yahoo.com

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

Black or African American

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:

17 years

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

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

This response has been entirely redacted

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 6

A-6.1 First Name

Ugochukwu

A-6.2 Middle Name

Obi

A-6.3 Last Name

Nwokoro

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Medical Director

A-6.7 Applicant's business related compensation

\$50,000

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

OWNER

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

President and CEO of Dayton Internal Medicine –with 2 locations. Serving patients from over 12

surrounding counties. Grew from 1 patient to over 7000.underserved and underprivileged-Created 10 jobs, Trained at the VA medical Center in Murfreesboro TN, 2 years seeing PTSD Vets. Despite best efforts many Vets don't respond well. I have done clinical medical research throughout my career, cofounded Advance Clinical Research in Dayton.Principal Investigator conducted 3 large multicenter studie\$5000

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

1509 Ashbury Woods Drive

A-6.17 City

Centerville

A-6.18 State

OH

A-6.19 Zip Code

45458

A-6.20 Phone

9376035363

A-6.21 Email

mymumsie@yahoo.com

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

Black or African American

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:

16 years

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

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

This response has been entirely redacted

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

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 6

A-6.1 First Name

Jumoke

A-6.2 Middle Name

Itun

A-6.3 Last Name

Akinnagbe

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Registered Polysomnography Technologist (RPSGT and RST)

A-6.6 Title in the Applicant's business

President and CEO

A-6.7 Applicant's business related compensation

80,000

A-6.8 Number of shares owned

40

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

40%

A-6.11 Voting percentage

40%

A-6.12 Proposed Role

OWNER

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

\$10,000-own and operate medical/health business-10yrs. Created over 100+ jobs operating my

business. Company started at \$100,000 took it to 1.8 Million in 3 years. Created policies, procedures, protocol for accreditation. My 4 year was in a coma/life support near death. She was on morphine, various opioids due to pain. Methadone was used to wean her. I saw how these meds changed her. Once she was well she had no appetite so CBD assisted to increased her appetite. I learned cannabis underused.

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

508 Old Harbor Court

A-6.17 City

Centerville

A-6.18 State

OH

A-6.19 Zip Code

45458

A-6.20 Phone

2027704708

A-6.21 Email

jakinnagbe@mycannabisforwellness.com

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

Black or African American

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:

10 months

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 6

A-6.1 First Name

Brian

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Ruden

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Entrepreneur- Owner of 10 Dispensaries Nationally

A-6.6 Title in the Applicant's business

Experienced Operational Manager and Partner & Investor

A-6.7 Applicant's business related compensation

Return On Investment

A-6.8 Number of shares owned

10

A-6.9 Types of shares owned

Class A

A-6.10 Percent interest in Applicant's business

10%

A-6.11 Voting percentage

10%

A-6.12 Proposed Role

OWNER

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

Expertise on owning and operating multiple medical cannabis dispensaries (10) nationally. He has

created 100s of jobs with over 7 years of experience owning and operating his own businesses. Building out, staffing, managing dispensaries. Contracting, negotiating, Hi Net worth to assist with capital investment. Strong network of employees to get dispensary operational. Create public awareness through feature on msnbc. Letter of Intent to invest.

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

1155 Orchard Street

A-6.17 City

Golden

A-6.18 State

CO

A-6.19 Zip Code

80401

A-6.20 Phone

3033591678

A-6.21 Email

brian@starbuds.us

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

Non-Minority

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

No response provided by applicant

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

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

This response has been entirely redacted

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

This response has been entirely redacted

Compliance(Compliance with Applicable Laws and Regulations)

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

YES

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

YES

Compliance(Civil and Administrative Action)

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

NO

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

NO

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

NO

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

NO

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

No response provided by applicant

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 6

B-3.1 First Name

Obiora

B-3.2 Middle Name

Peace

B-3.3 Last Name

Nwude

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Financial Officer

B-3.6 Brief description of role

Strategize an effective financial operation for Blossom LLC, with a focus on preserving the assets of Blossom by minimizing risk and maintaining detailed financial records.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 2 of 6

B-3.1 First Name

Adebayo

B-3.2 Middle Name

Clement

B-3.3 Last Name

Adenupebi

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Clinical Director

B-3.6 Brief description of role

Clinical Director will oversee the dispensary team in patient interactions, provide clinical counseling, and provide patient recommendations and dosages based upon patient conditions in accordance with the medical marijuana laws in Ohio.

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 3 of 6

B-3.1 First Name

Kehinde

B-3.2 Middle Name

Joan

B-3.3 Last Name

Ekeh

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Property Specialist

B-3.6 Brief description of role

Will be in charge of securing and renewing the property lease, hiring security personnel for dispensary, coordinate the maintenance of the 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?

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 6

B-3.1 First Name

Ugochukwu

B-3.2 Middle Name

Obi

B-3.3 Last Name

Nwokoro

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Medical Director

B-3.6 Brief description of role

Will guide the dispensary towards best practices when using medical marijuana to treat qualifying conditions

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

YES

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 5 of 6

B-3.1 First Name

Jumoke

B-3.2 Middle Name

Itun

B-3.3 Last Name

Akinnagbe

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

President/CEO

B-3.6 Brief description of role

Will be in charge of executive decisions and operation of 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.

Maryland Physicians Compassionate Care - 8700 Central Ave., Landover MD 20785
National Academy of Medical Cannabis - 8700 Central Ave., Landover MD 20785
Cannabis for Wellness - 8700 Central Ave., Landover MD 20785

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.

Maryland Physicians Compassionate Care - 8700 Central Ave., Landover MD 20785

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 6

B-3.1 First Name

Brian

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Ruden

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Experienced Operator Partner, Investor

B-3.6 Brief description of role

Mr. Ruden will assist with Early Stage Execution and ensuring our operations are successful, as well as funding for Blossoms.

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.

Mr. Ruden began working in the cannabis industry in 2010. He is one of the larger license holders in the State of Colorado. Given the number of licenses he holds, and the amount of time he has been operating, his administrative record reflects a dedication to regulatory compliance akin to that of the most diligent amongst his peers. Mr. Ruden is also a licensed attorney in the State of Colorado and was in private practice prior to moving into the cannabis industry.

Tree of Wellness, Owner/Operator, 2010-2016 (sold in 2016)

1000 W. Fillmore St. #105, Colorado Springs, CO 80907

Medical Marijuana Dispensary, with associated Cultivation (located in Denver) and Marijuana Infused Products Manufacture

Administrative history: fined by the City of Denver in 2016 for a fire code violation; issued an administrative order from the City of Denver in 2016 to destroy plant material that failed a contaminant test.

Colorado Health Consultants (dba Starbuds), Owner/Founder, 2013-present

4690 Brighton Blvd., Denver, CO 80216

Retail Marijuana Dispensary (licensed as Medical prior to 2014)

Administrative history: signed an assurance of compliance with the Colorado Marijuana Enforcement Division in 2014 to adjust placement of security camera; fined by the City of Denver in 2015 and 2016 for advertising visible from the street.

Herbal Alternatives II, Owner/Founder, 2013-present
1710 Rhode Island Ave NW, Washington, DC 20036
Medical Marijuana Dispensary
Administrative history: none

Starbuds Aurora, Owner/Founder, 2014-present
1408 Del Mar Pkwy., Aurora, CO 80010
Retail Marijuana Dispensary
Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2015 regarding placement of surveillance cameras.

Starbuds Louisville, Owner/Founder, 2014-present
1156 W. Dillon Rd., Unit 3, Louisville, CO 80027
Retail Marijuana Dispensary
Administrative history: none

Lucky Ticket (dba Starbuds), Owner/Founder, 2015-present
1451 Cortez St., Unit A, Denver, CO 80221
Retail Marijuana Dispensary
Administrative history: none

Starbuds Pueblo, Owner/Founder, 2015-present
4305 Thatcher Ave., Pueblo, CO 81005
Retail Marijuana Dispensary
Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an erroneous entry of data in the state seed-to-sale tracking software.

Starbuds Alameda, Owner/Founder, 2016-present
428 S. McCulloch Blvd., Pueblo West, CO 81007
Retail Marijuana Dispensary
Administrative history: none

Starbuds Mips, Owner/Founder, 2016-present
9670 Dallas St., Unit E, Henderson, CO 80640
Marijuana Infused Products Manufacture
Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an outage of the recorded backup of the video surveillance system; entered into a stipulation with the City of Commerce City to correct the video surveillance backup and to re-engineer the odor mitigation systems.

Aloha Green, Owner/Founder, 2017-present
1314 S. King St., Honolulu, HI 96814
Medical Marijuana Dispensary, with associated Cultivation and Marijuana Infused Products Manufacture
Administrative history: none

Starbuds Commerce City, Owner/Founder, 2017-present

5844 Dahlia St., Commerce City, CO 80022

Retail Marijuana Dispensary

Administrative history: issued a warning letter by the Colorado Marijuana Enforcement Division for missing paperwork in the license renewal application.

Starbuds Niwot, Owner/Founder, 2017-present

6924 N. 79th St., Niwot, CO 80503

Retail Marijuana Dispensary

Administrative history: none

Hope Heal Health, Owner/Founder/Board of Directors, 2017-present

1880 West St., Fall River, MA 02720

Non-Profit Medical Marijuana Dispensary, Cultivation, and Marijuana Infused Products Manufacture

Administrative history: none

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.

Mr. Ruden began working in the cannabis industry in 2010. He is one of the larger license holders in the State of Colorado. Given the number of licenses he holds, and the amount of time he has been operating, his administrative record reflects a dedication to regulatory compliance akin to that of the most diligent amongst his peers. Mr. Ruden is also a licensed attorney in the State of Colorado and was in private practice prior to moving into the cannabis industry.

Tree of Wellness, Owner/Operator, 2010-2016 (sold in 2016)

1000 W. Fillmore St. #105, Colorado Springs, CO 80907

Medical Marijuana Dispensary, with associated Cultivation (located in Denver) and Marijuana Infused Products Manufacture

Administrative history: fined by the City of Denver in 2016 for a fire code violation; issued an administrative order from the City of Denver in 2016 to destroy plant material that failed a contaminant test.

Colorado Health Consultants (dba Starbuds), Owner/Founder, 2013-present

4690 Brighton Blvd., Denver, CO 80216

Retail Marijuana Dispensary (licensed as Medical prior to 2014)

Administrative history: signed an assurance of compliance with the Colorado Marijuana Enforcement Division in 2014 to adjust placement of security camera; fined by the City of Denver in 2015 and 2016 for advertising visible from the street.

Herbal Alternatives II, Owner/Founder, 2013-present

1710 Rhode Island Ave NW, Washington, DC 20036

Medical Marijuana Dispensary

Administrative history: none

Starbuds Aurora, Owner/Founder, 2014-present

1408 Del Mar Pkwy., Aurora, CO 80010

Retail Marijuana Dispensary

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2015 regarding placement of surveillance cameras.

Starbuds Louisville, Owner/Founder, 2014-present
1156 W. Dillon Rd., Unit 3, Louisville, CO 80027
Retail Marijuana Dispensary
Administrative history: none

Lucky Ticket (dba Starbuds), Owner/Founder, 2015-present
1451 Cortez St., Unit A, Denver, CO 80221
Retail Marijuana Dispensary
Administrative history: none

Starbuds Pueblo, Owner/Founder, 2015-present
4305 Thatcher Ave., Pueblo, CO 81005
Retail Marijuana Dispensary
Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an erroneous entry of data in the state seed-to-sale tracking software.

Starbuds Alameda, Owner/Founder, 2016-present
428 S. McCulloch Blvd., Pueblo West, CO 81007
Retail Marijuana Dispensary
Administrative history: none

Starbuds Mips, Owner/Founder, 2016-present
9670 Dallas St., Unit E, Henderson, CO 80640
Marijuana Infused Products Manufacture
Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an outage of the recorded backup of the video surveillance system; entered into a stipulation with the City of Commerce City to correct the video surveillance backup and to re-engineer the odor mitigation systems.

Aloha Green, Owner/Founder, 2017-present
1314 S. King St., Honolulu, HI 96814
Medical Marijuana Dispensary, with associated Cultivation and Marijuana Infused Products Manufacture
Administrative history: none

Starbuds Commerce City, Owner/Founder, 2017-present
5844 Dahlia St., Commerce City, CO 80022
Retail Marijuana Dispensary
Administrative history: issued a warning letter by the Colorado Marijuana Enforcement Division for missing paperwork in the license renewal application.

Starbuds Niwot, Owner/Founder, 2017-present
6924 N. 79th St., Niwot, CO 80503
Retail Marijuana Dispensary
Administrative history: none

Hope Heal Health, Owner/Founder/Board of Directors, 2017-present
1880 West St., Fall River, MA 02720

Non-Profit Medical Marijuana Dispensary, Cultivation, and Marijuana Infused Products Manufacture
Administrative history: none

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?

YES

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

Mr. Ruden began working in the cannabis industry in 2010. He is one of the larger license holders in the State of Colorado. Given the number of licenses he holds, and the amount of time he has been operating, his administrative record reflects a dedication to regulatory compliance akin to that of the most diligent amongst his peers. Mr. Ruden is also a licensed attorney in the State of Colorado and was in private practice prior to moving into the cannabis industry.

Tree of Wellness, Owner/Operator, 2010-2016 (sold in 2016)

1000 W. Fillmore St. #105, Colorado Springs, CO 80907

Medical Marijuana Dispensary, with associated Cultivation (located in Denver) and Marijuana Infused Products Manufacture

Administrative history: fined by the City of Denver in 2016 for a fire code violation; issued an administrative order from the City of Denver in 2016 to destroy plant material that failed a contaminant

test.

Colorado Health Consultants (dba Starbuds), Owner/Founder, 2013-present

4690 Brighton Blvd., Denver, CO 80216

Retail Marijuana Dispensary (licensed as Medical prior to 2014)

Administrative history: signed an assurance of compliance with the Colorado Marijuana Enforcement Division in 2014 to adjust placement of security camera; fined by the City of Denver in 2015 and 2016 for advertising visible from the street.

Herbal Alternatives II, Owner/Founder, 2013-present

1710 Rhode Island Ave NW, Washington, DC 20036

Medical Marijuana Dispensary

Administrative history: none

Starbuds Aurora, Owner/Founder, 2014-present

1408 Del Mar Pkwy., Aurora, CO 80010

Retail Marijuana Dispensary

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2015 regarding placement of surveillance cameras.

Starbuds Louisville, Owner/Founder, 2014-present

1156 W. Dillon Rd., Unit 3, Louisville, CO 80027

Retail Marijuana Dispensary

Administrative history: none

Lucky Ticket (dba Starbuds), Owner/Founder, 2015-present

1451 Cortez St., Unit A, Denver, CO 80221

Retail Marijuana Dispensary

Administrative history: none

Starbuds Pueblo, Owner/Founder, 2015-present

4305 Thatcher Ave., Pueblo, CO 81005

Retail Marijuana Dispensary

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an erroneous entry of data in the state seed-to-sale tracking software.

Starbuds Alameda, Owner/Founder, 2016-present

428 S. McCulloch Blvd., Pueblo West, CO 81007

Retail Marijuana Dispensary

Administrative history: none

Starbuds Mips, Owner/Founder, 2016-present

9670 Dallas St., Unit E, Henderson, CO 80640

Marijuana Infused Products Manufacture

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an outage of the recorded backup of the video surveillance system; entered into a stipulation with the City of Commerce City to correct the video surveillance backup and to re-engineer the odor mitigation systems.

Aloha Green, Owner/Founder, 2017-present

1314 S. King St., Honolulu, HI 96814

Medical Marijuana Dispensary, with associated Cultivation and Marijuana Infused Products Manufacture

Administrative history: none

Starbuds Commerce City, Owner/Founder, 2017-present

5844 Dahlia St., Commerce City, CO 80022

Retail Marijuana Dispensary

Administrative history: issued a warning letter by the Colorado Marijuana Enforcement Division for missing paperwork in the license renewal application.

Starbuds Niwot, Owner/Founder, 2017-present

6924 N. 79th St., Niwot, CO 80503

Retail Marijuana Dispensary

Administrative history: none

Hope Heal Health, Owner/Founder/Board of Directors, 2017-present

1880 West St., Fall River, MA 02720

Non-Profit Medical Marijuana Dispensary, Cultivation, and Marijuana Infused Products Manufacture

Administrative history: none

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?

YES

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

Mr. Ruden began working in the cannabis industry in 2010. He is one of the larger license holders in the State of Colorado. Given the number of licenses he holds, and the amount of time he has been operating, his administrative record reflects a dedication to regulatory compliance akin to that of the most diligent amongst his peers. Mr. Ruden is also a licensed attorney in the State of Colorado and was in private practice prior to moving into the cannabis industry.

Tree of Wellness, Owner/Operator, 2010-2016 (sold in 2016)

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Administrative history: fined by the City of Denver in 2016 for a fire code violation; issued an administrative order from the City of Denver in 2016 to destroy plant material that failed a contaminant test.

Colorado Health Consultants (dba Starbuds), Owner/Founder, 2013-present

4690 Brighton Blvd., Denver, CO 80216

Retail Marijuana Dispensary (licensed as Medical prior to 2014)

Administrative history: signed an assurance of compliance with the Colorado Marijuana Enforcement Division in 2014 to adjust placement of security camera; fined by the City of Denver in 2015 and 2016 for advertising visible from the street.

Herbal Alternatives II, Owner/Founder, 2013-present

1710 Rhode Island Ave NW, Washington, DC 20036

Medical Marijuana Dispensary

Administrative history: none

Starbuds Aurora, Owner/Founder, 2014-present

1408 Del Mar Pkwy., Aurora, CO 80010

Retail Marijuana Dispensary

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2015 regarding placement of surveillance cameras.

Starbuds Louisville, Owner/Founder, 2014-present

1156 W. Dillon Rd., Unit 3, Louisville, CO 80027

Retail Marijuana Dispensary

Administrative history: none

Lucky Ticket (dba Starbuds), Owner/Founder, 2015-present

1451 Cortez St., Unit A, Denver, CO 80221

Retail Marijuana Dispensary

Administrative history: none

Starbuds Pueblo, Owner/Founder, 2015-present

4305 Thatcher Ave., Pueblo, CO 81005

Retail Marijuana Dispensary

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an erroneous entry of data in the state seed-to-sale tracking software.

Starbuds Alameda, Owner/Founder, 2016-present

428 S. McCulloch Blvd., Pueblo West, CO 81007

Retail Marijuana Dispensary

Administrative history: none

Starbuds Mips, Owner/Founder, 2016-present

9670 Dallas St., Unit E, Henderson, CO 80640

Marijuana Infused Products Manufacture

Administrative history: received a warning letter from the Colorado Marijuana Enforcement Division in 2016 regarding an outage of the recorded backup of the video surveillance system; entered into a stipulation with the City of Commerce City to correct the video surveillance backup and to re-engineer the odor mitigation systems.

Aloha Green, Owner/Founder, 2017-present

1314 S. King St., Honolulu, HI 96814

Medical Marijuana Dispensary, with associated Cultivation and Marijuana Infused Products Manufacture

Administrative history: none

Starbuds Commerce City, Owner/Founder, 2017-present

5844 Dahlia St., Commerce City, CO 80022

Retail Marijuana Dispensary

Administrative history: issued a warning letter by the Colorado Marijuana Enforcement Division for missing paperwork in the license renewal application.

Starbuds Niwot, Owner/Founder, 2017-present

6924 N. 79th St., Niwot, CO 80503

Retail Marijuana Dispensary

Administrative history: none

Hope Heal Health, Owner/Founder/Board of Directors, 2017-present

1880 West St., Fall River, MA 02720

Non-Profit Medical Marijuana Dispensary, Cultivation, and Marijuana Infused Products Manufacture

Administrative history: none

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

NO

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

No response provided by applicant

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

NO

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

No response provided by applicant

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

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

YES

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

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

YES

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

C-1.1 Attach one of the following:

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

Uploaded Document Name: **C-1.1_Purchase Agreement.pdf**

NOTE: This applicant uploaded document is the next 7 page(s) of this document.



AGENCY DISCLOSURE STATEMENT



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

Property Address: 732-740 Watervliet Ave, Dayton OH 45420
Buyer(s): Blossom Enterprises LLC
Seller(s): _____

I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by _____, and _____
AGENT(S) BROKERAGE

The seller will be represented by _____, and _____
AGENT(S) BROKERAGE

II. TRANSACTION INVOLVING TWO AGENTS IN THE SAME BROKERAGE

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

☒ Agent(s) Kehinde J. Ekeh work(s) for the buyer and
Agent(s) Karen Huelsman work(s) for the seller. Unless personally involved in the transaction, the broker and managers will be "dual agents", which is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information.

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

III. TRANSACTION INVOLVING ONLY ONE REAL ESTATE AGENT

Agent(s) _____ and real estate brokerage _____ will

☐ be "dual agents" representing both parties in this transaction in a neutral capacity. Dual agency is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____

☐ represent only the (check one) ☐ seller or ☐ buyer in this transaction as a client. The other party is not represented and agrees to represent his/her own best interest. Any information provided the agent may be disclosed to the agent's client.

CONSENT

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

Blossom Enterprises LLC 11/17/17
BUYER/TENANT DATE

BUYER/TENANT

DATE

SELLER/LANDLORD

DATE

Watervliet Properties LLC 11/17/17
SELLER/LANDLORD DATE



Affiliated Business Arrangement Disclosure

To: Blossom Enterprises LLC

From: Kehinde J. Ekeh (Buyer/Tenant/Seller)

Property: 732-740 Waterliet Ave, Dayton OH 45420 (Agent For Irongate Inc., Realtors)

This is to give you notice that Irongate, Inc. has a business relationship with Southern Ohio Real Estate Title Agency, LLC ("SORETA") and Southern Ohio Insurance Agency, LLC ("SOIA"). Because Irongate, Inc. or its shareholders are equity owners of 49% of each of these related companies, this referral and the use of one or more of these companies may provide Irongate, Inc. or its shareholders with a financial or other benefit, although SORETA and SOIA do not pay any fees or compensation to Irongate, Inc. sales agents for referrals made to them. The fees paid by customers of SORETA and SOIA are solely for the services rendered. Any profits of SORETA and SOIA are distributed only to those holding an ownership interest in the companies, including Irongate, Inc. or its shareholders.

•SORETA provides title insurance services to owners and lenders.

•SOIA provides property, casualty, accident, health and life insurance to its customers.

Set forth below is the estimated charge or range of charges for the settlement services listed. You are NOT required to use SORETA or SOIA as a condition for purchase, sale or refinance of the subject property. THERE ARE FREQUENTLY OTHER SETTLEMENT SERVICE PROVIDERS AVAILABLE WITH SIMILAR SERVICES. YOU ARE FREE TO SHOP AROUND TO DETERMINE THAT YOU ARE RECEIVING THE BEST SERVICE AND THE BEST RATES FOR THESE SERVICES.

Provider	Settlement Service	Estimated Cost
SORETA	Title Insurance Binder	\$75.00
SORETA	Title Insurance & Endorsements	Rates approved by Ohio Department of Insurance
SORETA	Title Closing & Title Exam	\$400.00*
SOIA	Property & Casualty, Life and Health Insurance Policies	Rates approved by Ohio Department of Insurance

I/We have read this disclosure and understand that Irongate, Inc. is referring me/us to purchase the above described settlement service(s) and may receive a financial or other benefit as the result of this referral.

Blossom Enterprises LLC 11/17/17

Buyer/Tenant

Date

Seller/Landlord

Date

Buyer/Tenant

Date

Seller/Landlord

Date

*These services provided by agencies at Buyer's election from the following providers: Fidelity Lawyers Title Agency, LLC and Landmark Title Agency South.



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

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



Dayton, Ohio 11-15, 2017

1. **1. OFFER.** The undersigned Purchaser offers to buy through Tringate Realtors Broker(s), on the
2. terms and conditions set forth below, the real property (the "Property") located in _____, County of _____
3. State of Ohio, described as follows: 73C-740 Watervliet Ave. Dayton OH
4. 45620

5. **2. INCLUDED IN THE SALE.** The Property shall include the land, all appurtenant rights, privileges and easements, and all buildings,
6. improvements and fixtures, including, but not limited to, such of the following as are now on the Property: all electric, plumbing, heating and air
7. conditioning and humidifying equipment and their control apparatus; attached floor coverings and any attached wall coverings; window coverings
8. and awnings; internal wire for communication system, telecommunication wiring and cables; security systems and controls; smoke alarms; all
9. exterior landscaping; and the following items of personal property (trade fixtures, furnishings, equipment, etc.): _____
10. _____

11. **3. PRICE.** Purchaser agrees to pay for the Property the sum of \$ \$40,000 payable as follows: (a) EARNEST MONEY: Within
12. two (2) business days after acceptance of this offer, Purchaser shall deliver to _____
13. _____, the sum of \$ 1000.00 ("Earnest Money") to be deposited in the trust or
14. _____

15. escrow account of the party holding the Earnest Money. The Earnest Money shall be paid to Purchaser or delivered to the closing or escrow agent
16. to be applied on the purchase price at closing. If the closing does not occur because of Seller's default or because any condition of this Contract is
17. not satisfied or waived, Purchaser shall be entitled to the Earnest Money. If Purchaser defaults, Seller shall be entitled to the Earnest Money.
18. When Earnest Money is held by a licensed real estate broker, the broker must maintain the Earnest Money in its trust account until one of the
19. following occurs: (1) the transaction closes and the broker disburses the Earnest Money to the closing or escrow agent or otherwise disburses
20. money pursuant to the terms of this Agreement; (2) the parties provide the broker with written instructions that both parties have signed that specify
21. how the broker is to disburse the Earnest Money; (3) the broker receives a copy of a final court order that specifies to whom the Earnest Money is
22. to be awarded; or (4) the funds become unclaimed and the broker turns them over to the Division of Unclaimed Funds. In the event of a dispute
23. between Seller and Purchaser regarding the disbursement of the Earnest Money, the broker is required by Ohio law to maintain such funds in its
24. trust account until the broker receives (A) written instructions signed by the parties specifying how the Earnest Money is to be disbursed or (B) a
25. final court order that specifies to whom the Earnest Money is to be awarded. If within two years from the date the Earnest Money is deposited in
26. the broker's trust account, the parties have not provided the broker with such signed instructions or written notice that legal action to resolve the
27. dispute has been filed, the broker shall return the Earnest Money to Purchaser with no further notice to Seller. Payment or refund of the Earnest
28. Money shall not prejudice the rights of the Broker(s) or the non-defaulting party in an action for damages or specific performance against the
29. defaulting party. (b) BALANCE: The balance of the purchase price shall be paid by cash (certified or cashier's check) at time of closing. (c)
30. FINANCING: If Purchaser's obligations under this Contract are conditioned on obtaining financing, check here _____ and describe on the
31. Financing Addendum.

32. **4. DEED.** Seller shall furnish a transferable and recordable general warranty/limited warranty/fiduciary (circle as applicable; general warranty if
33. nothing circled) deed conveying to Purchaser, or nominee, a marketable title to the Property (as determined with reference to the Ohio State Bar
34. Association Standards of Title Examination) with dower rights, if any, released and free and clear of liens, rights to take liens, and encumbrances
35. whatsoever, except (a) legal highways, (b) any mortgage assumed by Purchaser, (c) all installments of taxes and assessments becoming due and
36. payable after the closing, (d) rights of tenants in possession, (e) zoning and other laws, and (f) easements and restrictions of record which would
37. not prevent Purchaser from using the Property for the following purpose: _____ If title to all or part of
38. the Property is unmarketable or is subject to matters not excepted as provided above, Seller at Seller's sole cost shall cure any title defects and/or
39. remove such matters within 10 days after receipt of written notice from Purchaser, and if necessary the closing date shall be extended to permit
40. Seller the full 10 days to clear title. Seller shall have the right at closing to pay for the removal of any encumbrances or liens out of the purchase
41. price. The cost of any title examination and title insurance shall be borne by Purchaser.

42. **5. INSPECTION.** Purchaser reserves the right to make the following inspections of the Property (check one): _____ None _____ See Inspection
43. Addendum.

44. **6. TAXES.** At closing, Seller shall pay or credit on the purchase price (a) all real estate taxes and assessments, including penalties and interest,
45. which became due and payable prior to the closing, (b) a pro rata share, calculated as of the closing date in the manner set forth below, of the
46. taxes and assessments becoming due and payable after the closing, and (c) the amount of any agricultural tax savings accrued as of the closing
47. date which would be subject to recoupment if the Property were converted to a non-agricultural use (whether or not such conversion actually
48. occurs), unless Purchaser has indicated in Paragraph 4 that Purchaser is acquiring the Property for agricultural purposes. If the Property is located
49. in Montgomery County, the tax proration shall be made in accordance with the Montgomery County "short proration" method, in which Seller's
50. share is based upon the number of days from the date of the immediately preceding semi-annual installment to the date of closing. If the Property
51. is located outside of Montgomery County, the tax proration shall be made in accordance with (check one): ✓ the Montgomery County "short
52. proration" method or _____ the "long proration" method, in which Seller's share is based upon the taxes and assessments which are a lien for
53. the year of the closing. (If neither method is checked, the short proration shall apply.) If the short proration method is used, any special
54. assessments which are payable in a single annual installment shall nevertheless be prorated on the long proration method. All proratations shall be
55. based upon the most recent available tax rates, assessments and valuations, and the payment made at closing shall be final. Note: Real estate
56. taxes and assessments are subject to retroactive change by governmental authority. The real estate taxes for the Property for the current tax year
57. may change as a result of the transfer or as a result of a change in the tax rates or values.

58. **7. PRORATIONS.** Rents, utilities and other operating income and expenses shall be prorated as of the date of closing. Purchaser shall pay all
59. utilities and other operating expenses which may become due and payable following the date of closing. Any security deposits held by Seller shall
60. be transferred to Purchaser at closing.

61. **8. SELLER'S REPRESENTATIONS.** Seller represents that those signing this Contract constitute all of the owners of the Property, together with
62. their respective spouses. Seller further represents that with respect to the Property (a) no orders of any public authority are pending, (b) no work
63. has been performed or improvements constructed that may result in future assessments, (c) no notices have been received from any public agency

Purchaser's Initials: BE / _____ Seller's Initials: WDLJSB

DAYTON AREA BOARD OF REALTORS®
CONTRACT TO PURCHASE REAL ESTATE
COMMERCIAL/INDUSTRIAL/INVESTMENT REAL ESTATE

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

71. EXCEPTIONS: _____
72. _____

73. These representations shall survive the closing.

74. **9. POSSESSION.** Possession shall be given, subject to tenants' rights, 1 (insert "at" or number of days after) closing. If possession
75. is to be given after closing, Seller shall vacate no later than 10/17 A.M./P.M. on the possession date and utilities shall not be prorated as in
76. Paragraph 7 but paid for by Seller until the possession date. Seller shall be responsible to Purchaser for any damages caused by Seller's failure to
77. deliver possession on the stated date.

78. **10. DAMAGE OR DESTRUCTION TO PROPERTY.** If any buildings or other improvements are substantially damaged or destroyed prior to
79. closing, Purchaser shall have the option (a) to proceed with the closing and receive the proceeds of any insurance payable in connection therewith,
80. or (b) to terminate this Contract. Seller shall keep the Property adequately insured against fire and extended coverage perils prior to closing. Seller
81. agrees to maintain the Property in its present condition until delivery of possession, subject to ordinary wear and tear and the provisions of this
82. paragraph.

83. **11. ACCEPTANCE; CLOSING.** This offer shall remain open for acceptance until 11/17, 2017 at 4:59 p.m. The closing for
84. delivery of the deed and payment of the balance of the purchase shall be held on or before (complete only one, as applicable): (a) the fixed date of
85. JAN 30, 2017 or (b) _____ days after the expiration (or waiver, if earlier) of the last contingency period provided in this Agreement. The
86. closing shall be held at a time and place mutually agreed upon by Seller and Purchaser. In the event of a failure of the parties to agree, the closing
87. shall be held on the last day designated in this paragraph and the Broker procuring the Purchaser shall designate the time and place of closing.

88. **12. PROFESSIONAL ADVICE AND ASSISTANCE.** The parties acknowledge and agree that the purchase of real property encompasses many
89. professional disciplines. While Broker possesses considerable general knowledge, Broker is not an expert on matters of law, tax, financing,
90. surveying, structural conditions, hazardous materials, environmental conditions, inspections, engineering, etc. Broker hereby advises the parties,
91. and the parties acknowledge that they should seek professional expert assistance and advice in these and other areas of professional expertise. In
92. the event Broker provides to the parties names of companies or sources for such advice and assistance, the parties additionally acknowledge and
93. agree that Broker does not warrant, guarantee, or endorse the services and/or products of such companies or sources.

94. **13. SIGNATURES.** Only original manual signatures or facsimile signatures (which includes both faxes and PDF documents sent by e-mail) shall
95. be valid for purposes of this Contract and any amendments or any notices to be delivered in connection with this Contract. Documents,
96. amendments or notices given in any manner permitted by this paragraph shall be effective when delivered to a party or its authorized
97. representative, including the broker representing that party and any of the licensees within the brokerage who have an agency relationship with that
98. party. Only original, manually signed documents shall be valid for deeds or other documents to be delivered at closing. This Paragraph 13 cannot
99. be waived except by a manually signed agreement of the parties.

100. **14. GENERAL PROVISIONS.** Upon acceptance, this offer and the attached addenda shall become a complete agreement binding upon and
101. inuring to the benefit of Purchaser and Seller and their respective heirs, personal representatives, successors, and assigns, and shall be deemed to
102. contain all of the terms and conditions agreed upon, there being no oral conditions, representations, warranties or agreements. Any subsequent
103. conditions, representations, warranties or agreements shall not be valid and binding upon the parties unless in writing signed by both parties. Upon
104. Purchaser's examination of the Property as provided herein, and except as otherwise provided in this Contract, Purchaser is accepting the Property
105. "as is" in its present condition, relying upon such examination as to the condition, character, size, utility and zoning of the Property. Time is of the
106. essence of all provisions of this Contract. All representations, warranties and agreements in this Contract shall survive the closing. Any word used
107. in this offer and the acceptance thereof shall be construed to mean either singular or plural as indicated by the number of signatures hereto.

108. **15. ADDENDA.** The following Addenda and attachments are included and shall be considered an integral part of this Contract:

109. ☐ Financing ☒ Inspection ☒ Other (Describe) License Contingencies

110. Witness: _____ Purchaser (if entity): Blossom Enterprises LLC

111. Make Deed To: Blossom Enterprises LLC By: Kehinde J. Ekeh

112. _____ Purchaser (if individual(s))

113. _____

114. **ACCEPTANCE**

115. _____ Date: _____, 20____

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

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

119. Witness: _____ Seller (if entity): _____

119. Make Deed To: _____ By: _____

120. _____ Seller (if individual(s)) Watenvliet Properties LLC John Scott Burris

121. _____



INSPECTION ADDENDUM CONTRACT TO PURCHASE

Commercial/Industrial/Investment Real Estate



PURCHASER Blossom Enterprises LLC
PROPERTY 732-740 Watervliet Ave Dayton OH 45420

1. Inspection Profile.

- (a) Purchaser shall have a period of 14 calendar days (this paragraph 1(a) not applicable if number of days not inserted) after the date this Contract is fully executed (the "Physical Inspection Period") to conduct any physical inspections of the structure, mechanical and utility systems, soil conditions and other physical characteristics of the land and improvements desired by Purchaser. Environmental inspections are subject to the terms and limitations set forth in paragraph 1(d) of this Addendum.
- (b) Purchaser shall have a period of 1 calendar days (this paragraph 1(b) not applicable if number of days not inserted) after this Contract is fully executed (the "Lead-Based Paint Inspection Period") to conduct an assessment or inspection of the Property to determine the presence of lead-based paint and/or lead-based paint hazards. The Lead-Based Paint Inspection Period, if applicable, represents the agreed upon time for Purchaser to conduct such assessment or inspection. Purchaser waives any other right or opportunity to conduct an assessment or inspection of the Property for these purposes.
- (c) Purchaser shall have a period of 14 calendar days (this paragraph 1(c) not applicable if number of days not inserted) after the date this Contract is fully executed (the "Lease Inspection Period") to review all leases, rent rolls and financial data furnished by Seller with respect to the Property. Within 7 calendar days after acceptance of this Agreement, Seller shall deliver to Purchaser copies of all leases, rents rolls, operating statements and statements of income and expenses for the Property for the preceding three (3) years (if available), as well as monthly statements for the current year and any other financial records and detail concerning the Property that Purchaser may reasonably request (collectively, the "Lease Information"). The Lease Inspection Period shall be extended by one day for each day that Seller fails to deliver copies of the Lease Information to Purchaser as required under this paragraph. In the event of any material adverse change in the Lease Information that occurs or of which Seller becomes aware after the initial delivery of the Lease Information to Purchaser ("New Information"), Seller shall promptly deliver the New Information to Seller and if less than 10 calendar days remain in the Lease Inspection Period, the Lease Inspection Period shall be extended until the date 10 calendar days after delivery of the New Information. At closing, Seller shall provide updated Lease Information as current as is reasonably practical.
- (d) Purchaser shall have a period of _____ calendar days (this paragraph 1(d) not applicable if number of days not inserted) after the date this Contract is fully executed (the "Environmental Inspection Period") to conduct an environmental site assessment of the Property. The Environmental Inspection Period shall be extended for no more than _____ calendar days if further environmental testing is requested by Purchaser. Purchaser shall not conduct intrusive testing without Seller's prior approval, such approval not to be unreasonably withheld. Purchaser and Seller acknowledge that the Broker(s) have made no independent investigation to determine whether hazardous materials exist in, on or about the Property.
- (e) During each applicable Inspection Period, Purchaser and Purchaser's inspectors and contractors shall be permitted access to the Property, at Purchaser's sole risk, at all reasonable times. Purchaser shall be responsible for and shall indemnify, defend and hold Seller harmless against any employees, personal injury or property damage caused or suffered by Purchaser or Purchaser's inspectors or contractors, as a result of their entry onto the Property. All inspectors selected by Purchaser shall be qualified and licensed when appropriate. Unless otherwise provided in this Contract, Purchaser shall pay the costs of all inspections.

2. Notice of Objections.

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

3. Right to Cure.

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

WPLJSB

DAYTON AREA BOARD OF REALTORS®
INSPECTION ADDENDUM
CONTRACT TO PURCHASE

4. **Right to Cancel.**

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

5. **Release.**

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

OTHER ADDENDA

Buyer reserves the right to terminate the Contract
1. If the provisional license cannot be obtained
2. If the closing for whatever reason comes back by the
0 cannot's commission unsuitable
3. If the space cannot meet the requirement security
4. Buyer is aware that seller is doing a 1031 Exchange

Seller (if entity):

(Name of Entity)

Watervliet Properties LLC John Scott Burris

By:

(Authorized Signatory)

Watervliet Properties LLC John Scott Burris

Purchaser (if entity):

(Name of Entity)

Blossom Enterprises LLC

(Authorized Signatory)

Blahinde J. Ekeh

Seller (if individual(s)):

Purchaser (if individual(s)):



FINANCING ADDENDUM CONTRACT TO PURCHASE

Commercial/Industrial/Investment Real Estate



PURCHASER Blossom Enterprises LLC
PROPERTY 732 - 740 Watervliet Ave. Dayton OH 45420

(a) **FINANCING CONDITION.** Purchaser's obligations under this Contract are conditioned upon Purchaser's ability to obtain prior to closing a mortgage loan of \$ _____ / _____ % of the purchase price (complete as applicable) at rates and terms generally prevailing for commercial mortgages in the Dayton, Ohio area. Purchaser agrees to use reasonable efforts to secure this financing. Seller shall have the option to cancel this Contract if Purchaser fails to either (i) apply for a mortgage loan within _____ days after the acceptance of this offer or (ii) obtain written approval for this financing within _____ days after acceptance of this offer.

(b) **SELLER FINANCING.** A portion of the purchase price in the sum of \$ _____ (the "Principal Sum") shall be paid pursuant to the terms of a promissory note (the "Note") to be executed by Purchaser and delivered to Seller at the closing. Under the Note, the Principal Sum shall bear interest at the rate of _____ % per annum and be payable as follows: _____

If not sooner paid, the Principal Sum plus all accrued interest shall mature and be due and payable in full on _____, 20____. The Note shall provide that Purchaser may prepay the Principal Sum in whole or in part without any penalty or premium. No partial prepayment shall relieve Purchaser from its obligation to pay each subsequent installment under the Note when due, unless and until the entire Principal Sum and all accrued interest have been paid in full. The Note shall be secured by a _____ (insert "first," "second," or other priority) mortgage on the Property executed by Purchaser in favor of Seller at the closing. The mortgage shall include a covenant prohibiting the sale of the Property by Purchaser without Seller's written consent, and other terms customarily included in commercial form mortgages used by banking institutions in the Dayton, Ohio area.

(c) **OTHER FINANCING TERMS AND CONDITIONS:** _____

Seller (if entity):

(Name of Entity)

By:

(Authorized Signatory)

Purchaser (if entity):

(Name of Entity)

(Authorized Signatory)

Seller (if individual(s)):

Purchaser (if individual(s)):

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

Blossom Enterprises, LLC

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

Blossom

C-1.4 Business Address

732-740 Watervliet Ave

C-1.5 City

Dayton

C-1.6 State

OH

C-1.7 Zip Code

45420

C-1.8 Phone

2027704708

C-1.9 Email

jakinnagbe@mycannabisforwellness.com

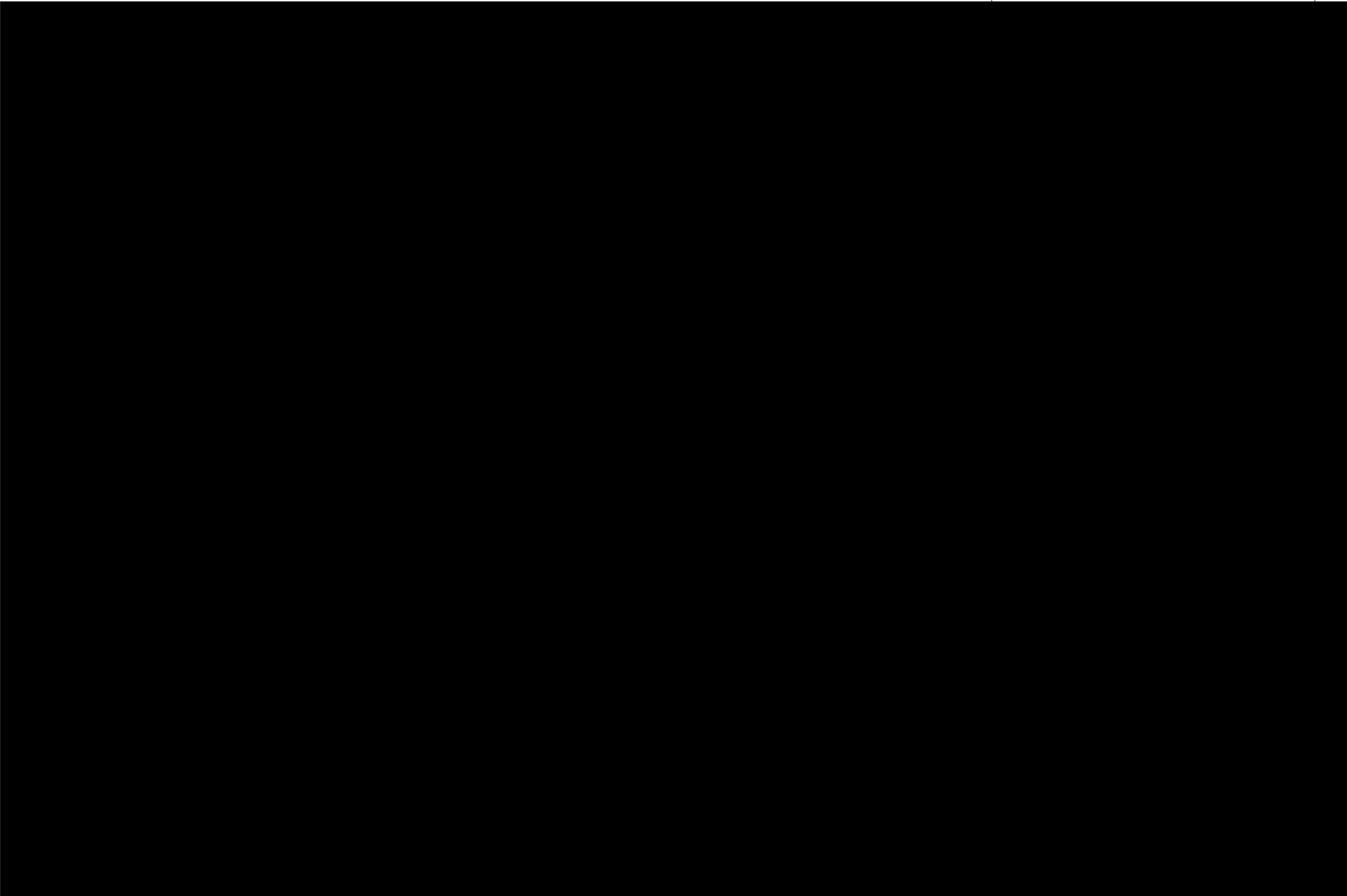
Business Plan(Site and Facility Plan)

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

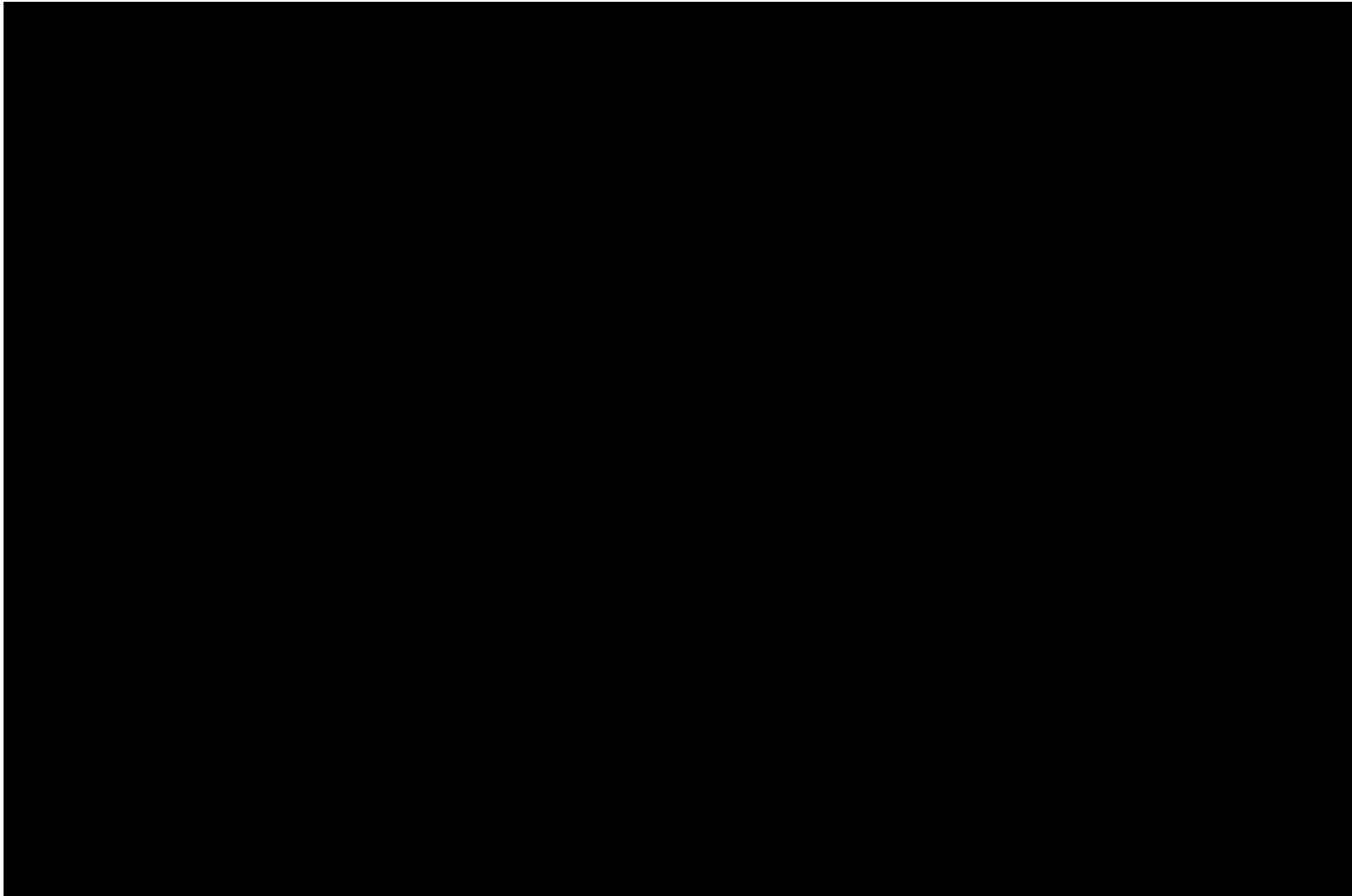
- If the facility is in existence at the time that the provisional license application is submitted, submit plans and specifications drawn to scale for the interior of the facility.
- If the facility is in existence at the time that the provisional license application is submitted, and the Applicant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

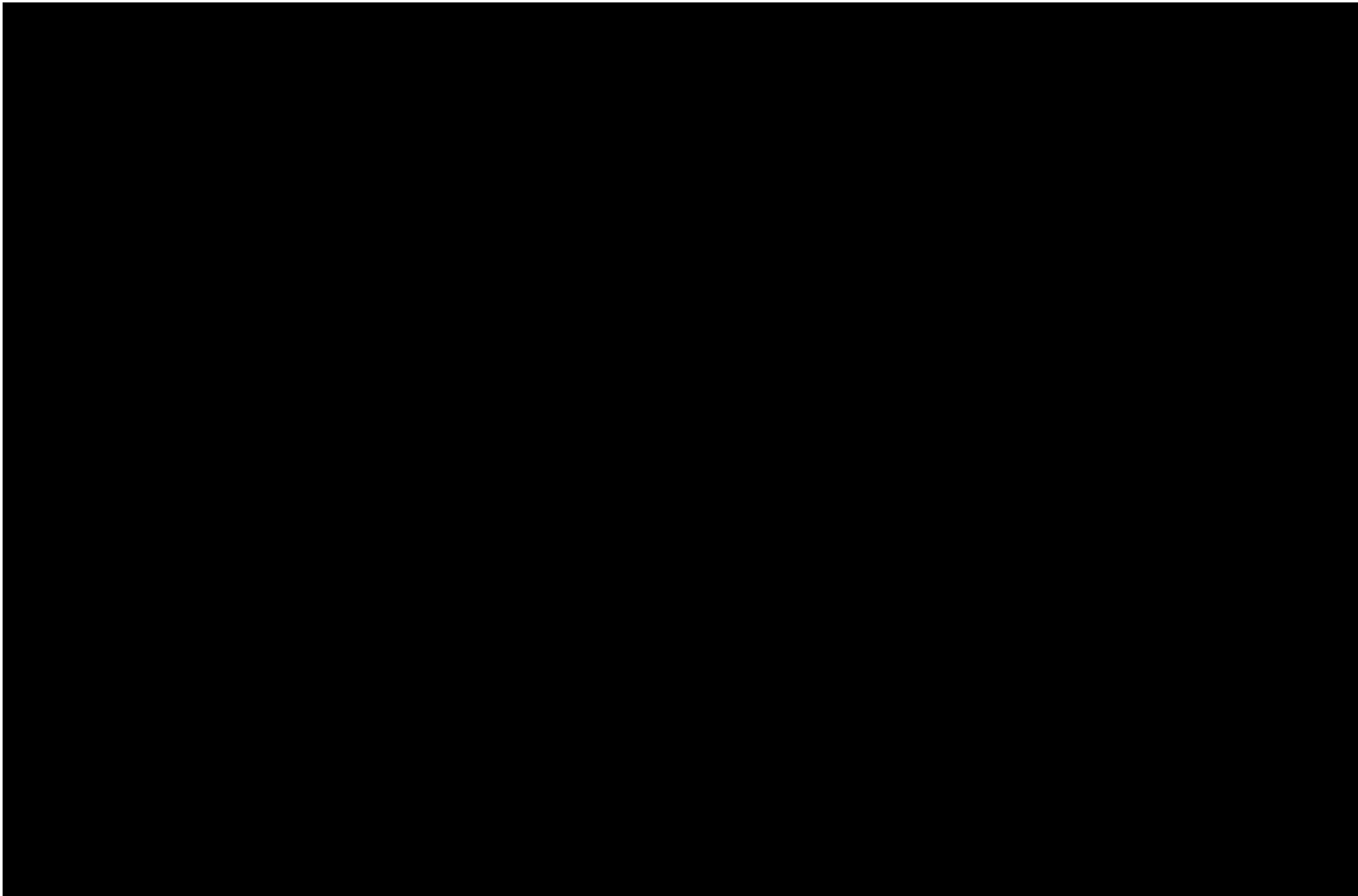
Uploaded Document Name: **C-2.1_Floor Plan.pdf**

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









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

Uploaded Document Name: **C-2.2_Zoning 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



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: <u>Blossom Enterprises LLC</u>	
Physical Address and Name of Proposed Medical Marijuana Dispensary: <u>732 = 7110 Waterwheel Ave, Dayton 45420</u>	
City: <u>Dayton</u>	County: <u>Montgomery</u>
State: <u>Ohio</u>	Zip Code: <u>45420</u>
Phone Number: _____	
To be Completed by Zoning Authority or Local Government	
Jurisdiction of Zoning Office or Local Government: <u>CITY OF DAYTON</u>	
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)

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

Printed Name of Local Government Representative:

Title:

Signature:

Date:

CARL J. BAUGHERTY
Local Government

ZONING ADMIN.
11/17/17

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

Uploaded Document Name: **C-2.3_Map of Area.pdf**

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

Medical Marijuana Dispensary Analysis

Potential Dispensary

★ Permitted

Permitted Retail Districts

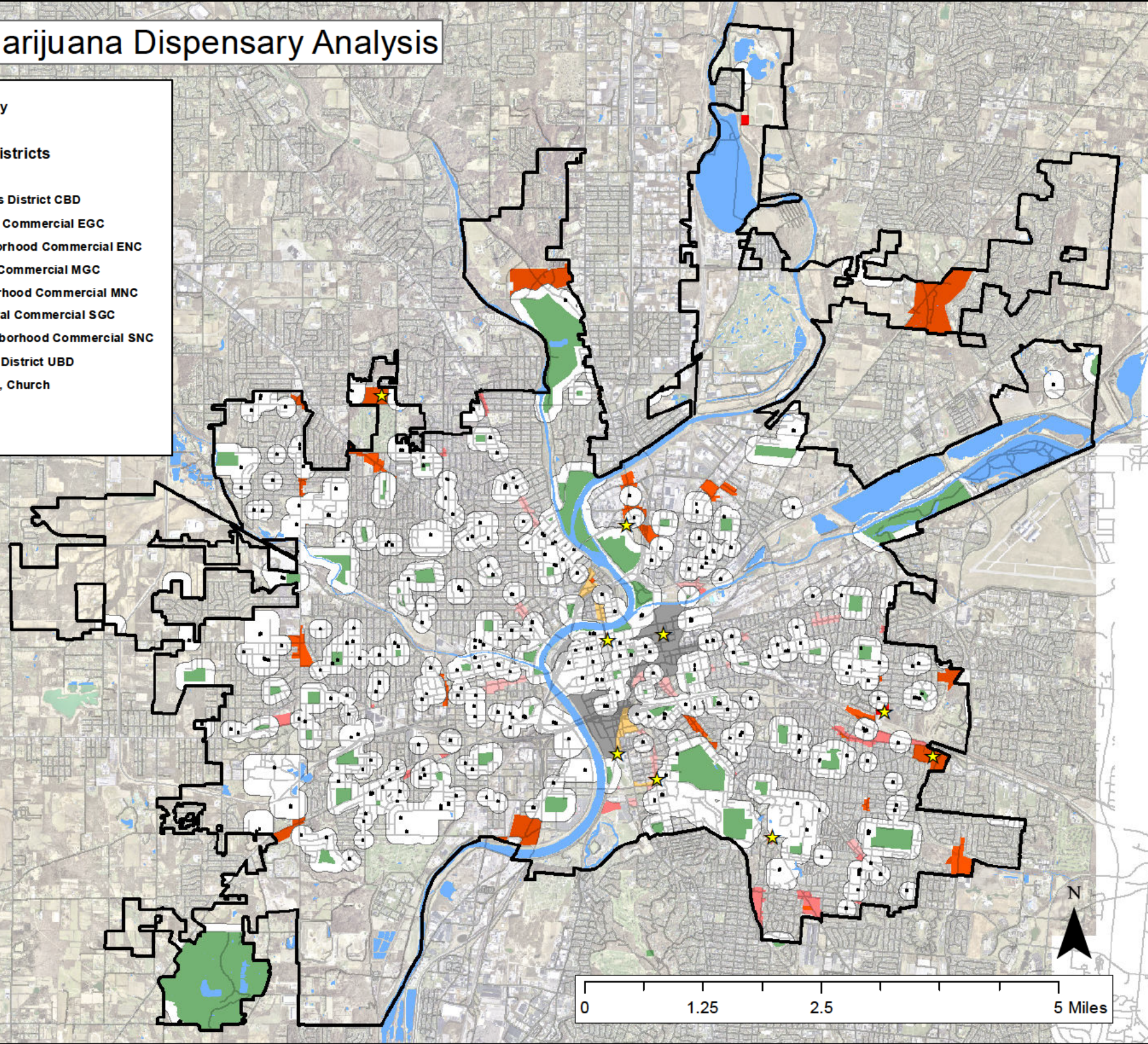
Zoning District

- Central Business District CBD
- Eclectic General Commercial EGC
- Eclectic Neighborhood Commercial ENC
- Mature General Commercial MGC
- Mature Neighborhood Commercial MNC
- Suburban General Commercial SGC
- Suburban Neighborhood Commercial SNC
- Urban Business District UBD

• School, Daycare, Church

■ Park

○ 500 Foot Buffer



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

Start-Up Activities. Once DISPENSARY receives a provisional license, team members are in place to begin working towards becoming a fully licensed and operational dispensary. Within the 6 months after receiving a provisional license DISPENSARY will be fully operational and up to code. Fortunately, DISPENSARY has partnered with an investor that has access to capital to perform the start-up activities without concern for financial constraints. The following outlines the steps necessary to become operational.

Security and Surveillance. Once awarded the provisional license, team members will give the go ahead to its security contractor to begin implementing the DISPENSARY's Security Plan. This is a two-prong process – facility security and operational security. Facility security focuses on the location and site security, 24/7 coverage, maintenance of security systems, perimeter security, secured employee parking, security systems, access controls for ingress and egress, and product security. Operational security focuses on security threats, delivery security, employee security training, guest/visitor protocols, emergency response, transactional security, inventory control, and neighborhood involvement. The security protocols will be repeatedly tested in order to guarantee its 100% function by the time state inspectors are doing final inspections.

Employee Qualifications and Training. Upon provisional licensing, DISPENSARY will begin its search for qualified employees and send its training manuals to the state board of pharmacy for approval. DISPENSARY will place an emphasis on those individuals that are knowledgeable, compassionate, and excited to be involved in the medical marijuana industry. Once employees are hired and go through the necessary background checks and security clearances, DISPENSARY will begin the employee orientation process and in-depth training outlined in the DISPENSARY Employee Training and Excellence Program. It is important that the first round of hires can make it through training with the skills necessary to interact with patients and work in a highly regulated space like a dispensary. During this time employee training will include mock scenarios so employees can practice using the skills and protocols learned for DISPENSARY standard operating procedures. Furthermore, dispensary employees will work on community outreach to in order to mitigate an ill will the community may feel towards the dispensary being located in their community. This may include education sessions, community engagement activities, and sponsorship of community events.

Storage of Medical Marijuana Products. DISPENSARY will acquire equipment necessary for storing its medical marijuana and medical marijuana products. This includes a marijuana vault that regulates temperature, humidity, and light. Storage containers, air tight tempered glass jars, will be ordered in bulk. Furthermore, the stainless steel shelving will be ordered and installed in a manner as to not obstruct the video recording. A refrigerator will also be used to store perishable medical marijuana products. During operational hours, these jars will be stored underneath a class counter. This counter will be constructed during this phase and installed with locking mechanisms.

Inventory Management. DISPENSARY will also contract with a inventory control company to provide the software and equipment necessary to maintain a tight control of all dispensary inventory. This includes software, scanners, computers, label printers, database subscriptions, and guarantees that required reporting procedures are working. At this point PAKes should also be looking to specific cultivators, processors, and manufacturers for pricing on their medical marijuana and related products. DISPENSARY wants to offer its patients a wide range of highly regarded products that will enhance the patients' medical marijuana experience.

Record-keeping. At this time DISPENSARY will make sure that there is adequate hard drive space for the massive amounts of video and data collection that is required by Ohio laws. During the 6 month period, DISPENSARY will push its record-keeping capacity to the limit to make sure it can handle the load. If troubleshooting occurs, there will be enough time to call in technology consultants that specialize in storing massive amounts of data. Furthermore, those documents which require physical copies per DISPENSARY handbook will be organized in a manner where staff can easily file, print/scan, store and disperse to necessary personnel.

Prevention of Medical Marijuana Diversion. We will thoroughly train staff to detect diversion and take security and accounting measures to avoid diversion/shrinkage. We will educate employees and patients on penalties for diversion and preventing diversion through safe storage and disposal of cannabis medicine. DISPENSARY staff will be trained to look at inventory audits and spot potential diversion. Furthermore, DISPENSARY will repeatedly stress the internal reporting procedure if a staff member suspects diversion of medical marijuana.

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.

No response provided by applicant

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

Start-Up Activities – Regulatory Compliance. Once DISPENSARY receives a provisional license, team members are in place to begin working towards becoming a fully licensed and operational dispensary. Within the 6 months after receiving a provisional license DISPENSARY will be fully operational and up to code. Regulations are extremely important in becoming a licensed cannabis dispensary, and DISPENSARY will work diligently to surpass all regulations.

Security and Surveillance. DISPENSARY's security plan meets all regulatory standards for Ohio dispensaries. This includes protocols for patient, caregiver, and employee safety and management and security of medical marijuana and currency, restricted access to the areas in the dispensary that contain medical marijuana to authorized employees, identification of authorized employees through

secure means carried on employee, controlled access and prevention of loitering both inside and outside the facility, electronic monitoring, use of a panic button, and entails crisis protocols. DISPENSARY security plans are also designed to protect the premises by limiting who is allowed in certain areas during certain times. At this time, DISPENSARY plans on incorporating all aspects of recommended security, however, if we are looking into an alternative they will contact state board of pharmacy to see if its appropriate.

Employee Qualifications and Training. DISPENSARY employee will oversee the training process during this start-up period. All employee training will be logged and stored in employee files noting the employee's transcript, certificates of completion, name, course title, course content, dates of training, provider's name, signature of course instructor. This training will be considered the fundamental training all hires will eventually go through before they are able to dispense medical marijuana. Each employee shall be provided with course materials in the form of written, electronic, or other format that are of such quality and quantity to indicate that adequate time has been devoted to their preparation and that they will be of value to employees.

Storage of Medical Marijuana Products. There are two goals. First, to maintain the quality of the product for the patients. Second, to keep the product secure on the DISPENSARY premises by preventing diversion and theft.

Physical Security Measures. The secure room will be constructed of cement block with a steel door for ingress and egress and constructed to commercial security standards along an interior wall of the premises. The secure room will be located within the operations zone in a location that may not be seen from any public part of the licensed premises. The door will be equipped with a timed cipher or chip activated key lock which will allow access to the secure room 1 hour prior to the start of the business day and it will lock no later than 1 hour after the end of the business day. A PAKE will have to override for other entrance. Both sides of the entrance will have complete video coverage within 20 feet of the door and the entire inside of the room will also be under 24/7 video surveillance. The access control devices will be fully integrated into the alarm system that reports to a central monitoring and full dispatch station. The DISPENSARY perimeter and all areas storing medical cannabis will be monitored by a second independent, professionally installed alarm system reporting to a UL listed central monitoring, and full dispatch station. The door will be secured and equipped with magnetic position indicators, keyless magnetic key card access locks, and require dual authentication through via keypunch pad. These devices will trigger fail-safe solenoid deadbolts, electric door-strikes or electromagnetic locks.

Inventory Management. DISPENSARY will look to the industry's top-rated internal inventory control system in order to monitor its inventory. One such program, Metrc, is an example of comprehensive cannabis software that allows dispensaries to monitor thousands of products through a single interface. This particular software automatically keeps track of expiration dates, product recalls, and test results. Tracking products and their expiration dates is essential as DISPENSARY wants to keeps its inventory as fresh as possible and would rather use the older products first before the newer inventory. In terms of tracking inventory, this software will document each transaction, daily inventories, sales, disposals, returns, acquisitions of medical marijuana products, descriptions of the products, name and license numbers of providers, license numbers of delivery agents, and any other information deemed necessary by board. Each recorded transaction will include the product being sold, its description in detail, information on the dispensary employee that is dispensing the medical marijuana, the date, and patient. It is essential to utilize a software system that is focused on compliance. DISPENSARY will seek out a software system that automatically reports data to the Ohio's system. This includes data on dispensary waste, destruction, and conversion/moisture losses. Furthermore, Metrc also aids in producing state compliant labels and organizes transport manifests with all necessary information. By

installing a well-integrated inventory system will allow DISPENSARY to display a digital menu for patients' waiting to be seen by dispensary staff. This inventory tracking system will use real-time inventory reports to let customers know what products are available allowing DISPENSARY staff to spend less time explaining what products are in stock and more time explaining the product characteristics to each patient. Furthermore, internal inventory software will operate at the highest security standards. This includes two-factor authentication, which adds another level of protection for dispensary owners and their patients by mitigating the compromise of unwanted access by outsiders/hackers. Furthermore, these inventories are protected with the most advanced encryption technologies including bcrypt and SSL encryption.

Record-keeping. The medical marijuana industry is highly regulated which calls for thorough record keeping in order for the state and its agencies to adequately oversee and regulate the medical marijuana market. In Ohio, dispensary records must be maintained and made available for the state board of pharmacy upon request. DISPENSARY aims to meet dispensary best practices in regards to record keeping. Furthermore, DISPENSARY'S electronic database will be easily accessible so upon request DISPENSARY staff can easily provide a digital and physical copy of all requested information to the state board of pharmacy.

Prevention of Medical Marijuana Diversion. The first step in DISPENSARY'S diversion prevention plan is to follow the Ohio rules and regulations that outline the requirements for the storage and handling of medical marijuana in a dispensary. Each DISPENSARY employee will be instilled with the belief that there is a professional responsibility to store, administer, and dispose of medical marijuana appropriately. Secondly, DISPENSARY will have a comprehensive security system that will remain operational at all times, using commercial grade equipment to prevent and detect diversion. This includes multiple alarms, video cameras, motion detectors, recordings, power-proof locks, etc. During times that the dispensary is particularly vulnerable to diversion (i.e. when there is an unusually large stock of medical marijuana, exposed handling, or high vulnerability) DISPENSARY will consult with outside security professionals about the acquisition of a watchman service for that period.

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.

President/CEO

This PAKE will act as the leader of the DISPENSARY. The President/CEO has assembled an ideal team to make the Company's vision a reality, including experienced dispensary operators from other medical cannabis states and valuable, local partners with legal, sales, security, and medical backgrounds. The DISPENSARY will be grounded in the values of beneficence and nonmaleficence, equality, and quality. will oversee a patient-focused dispensary that is truly ethical, truly clinical, and truly medical—using best practices and up-to-date research to provide patients with access to the medicine they need in a safe, consistent, and dignified manner. The duties and responsibilities are:

- 1) Creating, communicating, and implementing the DISPENSARY'S vision, mission, and overall direction. This is done by making sure all levels of employees are able to grasp the vision and make them feel like they are an important part of the team. Lead, direct and evaluate upper management .
- 2) Organize team meeting where DISPENSARY decisions are discussed and advance planning can occur, these meetings allow employees to understand their expected role in carrying out the DISPENSARY mission and the responsibilities that are associated.
- 3) Oversee the complete operation of the DISPENSARY in accordance with the direction established in the strategic plans and the Ohio State regulations.

Medical Director. The Medical Director is highly trained physicians knowledge in the medicinal use of cannabis for treat area of illnesses. He will work in tandem with the Clinical Director to provide patients the best cannabis option for their specific illness.

- 1) Head the research department to design retrospective research on patients' outcomes after period and of cannabis usage.
- 2) Work with local universities to design research for the VA population utilizing cannabis to treat PTSD and insomnia.
- 3) Work with local universities to development of retrospective research in which cannabis strain works best on what illnesses, titration ratio of CBD to THC and impact on how quick one achieve results, which methodology of administrating is best for what illnesses and so on.
- 4) Preside over project HOPE (Helping Opioid Patients Education) an initiative to reduce overdose deaths by working with prescribers and their patients to think of using cannabis, a none addictive holistic medication, first to treat pain and other illnesses before prescribing opioids. Educate the medical professional to see cannabis as a armament in their tool box to have available to the right patient for the appropriate ailment.
- 5) Work with local universities pharmacy programs to provide classes, lectures series and internship to the next generation of pharmacist graduates who will work in this new industry.

Clinical Director/Compliance Officer. The Clinical Director who has broad experience in pharmacology, pharmacognosy, pharmacokinetic and pharmacy operation will make sure the DISPENSARY runs efficiently and according to Ohio Board of Pharmacy regulations. DISPENSARY will be run in a professional, medical-like environment to ensure the safety of the patient. Clinical Director will be responsible for the daily reporting of sales to the state board of pharmacy. Clinical Director will also make sure that all dispensary agents, especially those interacting with patients, are current with the latest employee training courses and pharmacology related to medical marijuana. It is the Clinical Director's responsibility that the patient-interaction process is running efficiently, yet remains patient-

focused. This position will also be in charge of dispensary compliance.

In addition, the Clinical Director selects the point of sale (POS) software that the dispensary will utilize for cannabis medication, tracking outcomes, monitoring drug interactions and quality inventory control. The Clinical Director has a years excellent knowledge of what is needed in such a system and how to implement it thus assuring the dispensary will be fully operational in no time. As a pharmacist, duties and responsibilities are as follow:

- 1) Manage a team of dispensary agents and develop training programs materials for the DISPENSARY
- 2) Develop quality assurance in cannabis medication delivery policies and procedures
- 3) Utilize continuous quality improvement(CQI) systems and high level inventory management.
- 4) Manage and direct the activities of dispensary staff and ensuring that the highest standards of patient care are met at all times.
- 5) Initiate and execute strategies to meet Company set goals such as addressing reducing opioid usage among.
- 6) Run high volume, large-scale, and fast-paced DISPENSARY retail
- 7) Review patient's medication profiles to ensure safe and effective therapy is established per patient in the DISPENSARY.
- 8) Make recommendations to doctors where necessary to ensure recommendation aligns with patient's needs
- 9) Develop procedures and protocols to avoid diversion of cannabis medicines through securing product inventory, supervising and monitoring staff.
- 10) Ensure the highest standards of accuracy is maintained in dispensing and compounding of cannabis strains to achieve various medication results in reduction/elimination of symptoms.
- 11) Provide Drug and Alcohol education

Experienced Operational Manager and Partner & Investor

The Operational Manager is responsible for short term plans in accordance with its strategy and to lead and oversee the implementation of the Company's long and short goals.

- 1) Ensure the Company is appropriately organized and staffed and to have the authority to hire and terminate staff as necessary to enable to achieve the approved strategy;
 - 2) Ensure that expenditures of the Company are within the authorized annual budget of the Company;
- Proficiency in point of sale applications

General Manger

The General Manager is responsible for managing all day-to-day operations of the dispensary in accordance with the State of Ohio and standards set by Company and responsible for the overall profitability of the dispensary. The General Manger provides support to all Cashiers, Dispensary Agents and Patient/Customer Coordinators which includes: scheduling, training, providing policy and procedure updates, keeping updated with industry news and product information. ordering and receiving of all inventory and products, arranging deliveries, maintaining agent and facility compliance and cleanliness. Familiar with the Point of Sale system.

Support and Management Responsibilities:

- 1) Responsible for managing dispensary staff, schedules, inventory and patient/customer relations
- 2) Serves as a role model and resource for dispensary staff concerning products and services, policies and procedures, industry news and changes in regulations.

Chief Financial Officer (CFO). This PAKE is responsible managing the financial strength of the DISPENSARY. The CFO, with a degree n Finance and over 10 years as an accountant, will supervise

the accounting department to insure the accuracy of the financial reporting, the adequacy of the internal accounting controls, and the compliance.

Responsibilities and expectations include:

- 1) Preparing financial reports and analyses
- 2) Develop performance metrics that can drive positive changes for all areas of the company (executive team, marketing, sales, business development, engineering, project management, production, finance, HR, IT/tech support, etc.).
- 3) Developing accurate cash flow, forecasts, budgets and monitoring of performance against plan by deterring which cannabis strain is selling the most. Alert the clinical and medical director to determine why and look at outcomes for that strain.

Patient Advocate/Community Outreach

Maintains patient rights by educate patients about their rights under the new Ohio Marijuana law. Give patient brochure

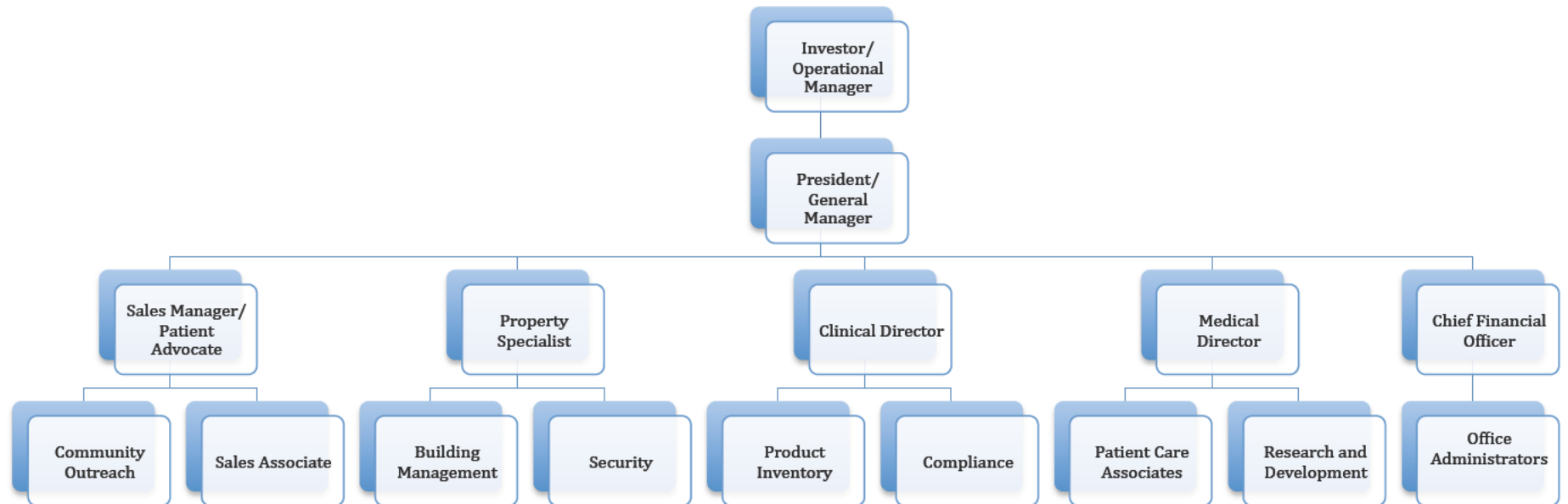
- 1) Respond to patient and patient family complaints; resolving patient issues; reporting to supervisor unresolved

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

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

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

Table of Organization and Control for DISPENSARY



Prospective Associated Key Employees

Jumoke Akinagbe – President/General Manager

Obiora Nwude – Chief Financial Officer

Ugochukwu Nwokoro – Medical Director

Adebayo Clement Adenupebi – Clinical Director/Compliance Officer

Kehinde Ekeh – Patient Advocate/Community Outreach

Brian Ruden – Investor/Operational Manager

Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Liquid Assets

C-5.2 Source of Capital

Checking Account

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 Capital Requirements.pdf**

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

Member Statement

Page 1 of 2

Account Number
Statement Period

Summary - All Accounts

Type	Beginning Balance	Ending Balance
PRIMARY SAVINGS	5.00	5.00
SECURE CHOICE C	886490.00	1445874.42

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PRIMARY SAVINGS ID 01

Date	Transaction Description	Withdrawal	Deposit	Balance
10/01	PREVIOUS BALANCE			5.00
10/31	Ending Balance			5.00
	Dividends Paid YTD		0.00	

SECURE CHOICE CHECKING ID 80

Date	Transaction Description	Withdrawal	Deposit	Balance
10/01	PREVIOUS BALANCE			886490.00
10/03	Withdrawal ACH WF HOME MTG TYPE: AUTO PAY ID: DATA: ACH CO: WF HOME MTG	-1012.60		885477.40
10/03	Withdrawal ACH WF HOME MTG TYPE: AUTO PAY ID: DATA: ACH CO: WF HOME MTG	-1442.25		884035.15
10/03	Withdrawal ACH THS TYPE: ACH PMT ID: CO: THS DATA: DRAFT PAYMENTS	-3564.76		880470.39
10/04	Check 1076 Tracer 1	-4166.00		876304.39
10/19	Deposit by Check		64386.51	940690.90
10/19	Deposit by Check		245545.64	1186236.54
10/23	Withdrawal ACH IRS TYPE: USATAXPYMT ID: CO: IRS	-104812.00		1081424.54
10/25	Check 1078 Tracer 1	-4505.00		1076919.54
10/27	Check 1077 Tracer 1	-4500.00		1072419.54
10/30	Deposit Transfer From COLORADO HEALTH 117962 Share 80		24162.61	1096582.15

Account Number
Statement Period

1.800.3

Date	Withdrawal	Deposit	Balance
10/30		14864.90	1111447.05
10/30		12306.63	1123753.68
10/30		1597.00	1125350.68
10/30		63020.00	1188370.68
10/30		52930.88	1241301.56
10/30		36800.00	1278101.56
10/30		29120.65	1307222.21
10/30		138634.24	1445856.45
10/30		49.92	1445906.37
10/31	-30.00		1445876.37
10/31	-1.95		1445874.42
10/31			1445874.42
		0.00	

Check hold placed 10/19/17 in the amount of 4800.00 to be released on 10/23/17
 Check hold placed 10/19/17 in the amount of 200.00 to be released on 10/19/17
 Check hold placed 10/19/17 in the amount of 54486.51 to be released on 10/25/17

CHECKS CLEARED AT A GLANCE

Check #	Amount	Check #	Amount	Check #	Amount	Check #	Amount
1076	4166.00	1077	4500.00	1078	4505.00		

* Asterisk next to number indicates skip in number sequence

Business Plan(Business History and Experience)

Item 1 of 6

C-6.1 First Name

Adebayo

C-6.2 Middle Name

Clement

C-6.3 Last Name

Adenupebi

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

Hollywood Pharmacy and Wellness Healthcare

C-6.6 Business Address

9901 Rhode Island Ave, College Park, MD 20740

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

YES

C-6.8 Dates

04/2006 - Present

Business Plan(Business History and Experience)

Item 2 of 6

C-6.1 First Name

Obiora

C-6.2 Middle Name

Peace

C-6.3 Last Name

Nwude

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

A Plus Tax Solutions

C-6.6 Business Address

2034 Meadow Springs Drive Vienna, VA 22182

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

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 3 of 6

C-6.1 First Name

Ugochukwu

C-6.2 Middle Name

Obi

C-6.3 Last Name

Nwokoro

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

Dayton Internal Medicine Clinic

C-6.6 Business Address

1 Elizabeth Place Suite #260, Dayton, OH 45417

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

YES

C-6.8 Dates

2005-Present

Business Plan(Business History and Experience)

Item 4 of 6

C-6.1 First Name

Kehinde

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Ekeh

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

Irongate Realtors

C-6.6 Business Address

1353 Lyons Road, Dayton, OH 45458

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

NO

C-6.8 Dates

2011-Present

Business Plan(Business History and Experience)

Item 5 of 6

C-6.1 First Name

Jumoke

C-6.2 Middle Name

Itun

C-6.3 Last Name

Akinnagbe

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

Horizon Respiratory Medical Supply, LLC

C-6.6 Business Address

1997 Annapolis Exchange Pkwy Annapolis, MD 21401

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

YES

C-6.8 Dates

2004-2017

Business Plan(Business History and Experience)

Item 6 of 6

C-6.1 First Name

Brian

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Ruden

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

Starbuds

C-6.6 Business Address

7030 E 46th Ave Dr. Unit F Denver CO 80216

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

YES

C-6.8 Dates

2009-Present

Business Plan(Business History and Experience 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.

DISPENSARY has strategically chosen experienced business owners, medical experts with a knowledge of cannabis, and an experienced dispensary operations partner from Colorado for our Key Employees. All employees are in good standing with their professional communities and have never been disciplined by a state body or similar.

Adebayo Clement Adenupebi

Mr. Adenupebi is the owner of Hollywood Pharmacy and Wellness Healthcare for the last 11 years. He operates a successful pharmacy and alternative wellness center in Maryland, and has never had any administrative discipline history.

Mr. Adenupebi has 11+ years of experience providing optimal healthcare services to patients including counseling, recommendations for routine vaccinations, and assistance with medical issues and over-the-counter medications. Mr. Adenupebi has experience with positive and in-depth interventions in Pain Management which will inform our medical cannabis dispensary operations and help us treat patients living with pain. Mr. Adenupebi will review all policies relating to patient treatment to ensure the successful integration of pharmaceutical care through rational, cost-effective medical cannabis therapy that is consistent with current guidelines, policies, and procedures in the medical cannabis field.

Mr. Adenupebi has been deeply involved in community health awareness programs, for which he has received numerous awards. He is a leader in the medical community in Maryland. We are very lucky to have him on our team, and look forward to working together to ensure Ohio medical cannabis patients are getting the best treatment available.

Obiora Peace Nwude:

Mr. Nwude is the owner of A Plus Tax Solutions in Vienna Virginia for the last 2 years. He operates a successful accounting practice, and has never had any administrative discipline history.

Mr. Nwude has relevant experience in the accounting field for 21+years implementing and enhancing accounting systems. His practice at A Plus Tax Services focuses on the financial needs of medical practices, including the Maryland licensed dispensary Mary & Main.

We are excited to use his expertise as CFO of DISPENSARY, specifically in designing and implementing our strategic financial and growth plans. Mr. Nwude will utilize his relevant expertise to create an accurate and controlled accounting environment for DISPENSARY. He will bring his experience with Mary and Main to our dispensary in Ohio, ensuring that we remain compliant with local, state, and federal guidelines which are ever-changing in the cannabis industry. Mr. Nwude is an expert in Section 280E, along with all other business and medical tax codes.

Kehinde Ekeh

Kehinde Ekeh is a Realtor with Irongate Realtors in Dayton Ohio for the last 7 years. Kehinde Ekeh has lived in Centerville OH for 17 years and has experience in real estate, zoning regulations, and facilities and property management. She has been instrumental in building a relationship with the town where we propose to locate, and he will continue to work closely with the local community. In the last several years, Mrs. Ekeh has gone back to school for addictions counseling, with a focus on integrated approaches to addiction treatment and the collaboration between social services, hospitals, local

police, and crisis treatment centers.

Ugochhukwu Nwokoro

Dr. Nwokoro is the President and CEO of Dayton Internal Medicine for 12+ years, and has never had any administrative discipline history. Dr. Nwokoro has a wealth of clinical and business expertise that will ensure the success of DISPENSARY'S medical cannabis dispensary. He successfully grew his clinical practice from 1 patient to over 7,000 currently. He has consistently provided the highest quality of clinical care, most times to the underserved and underprivileged in a well-equipped and friendly environment utilizing current clinical data, technology and human resources.

At Dr. Nwokoro's practice, he is exposed daily to individuals from various walks of life suffering from various ailments. Dr. Nwokoro will oversee the policies and treatment procedures at our medical cannabis dispensary for these medically complicated patients ensuring they are getting the very best and safest treatment available to them.

Dr. Nwokoro's also has relevant experience treating Veterans with PTSD which is a side-passion of his. Despite best efforts from clinicians, he has seen first-hand how traditional medicine has failed Veterans with severe PTSD and co-morbid physical pain. His goal is to help these Veterans live meaningful, pain-free lives here in Ohio.

Lastly, Dr. Nwokoro has a deep interest in clinical research and has been involved in various capacities in clinical medical research throughout his medical training. In 2017, he cofounded Advance Clinical Research here in Dayton, and he is the Principal Investigator conducting three large multicenter studies. His desire is to undertake post market clinical research on medical cannabis in Ohio State to better serve patients and communities, while equipping the medical community with best scientific practice measures.

JUMOKE

Jumoke Akinngabe is a Registered Polysomnography Technologist (RPSGT and RST) and the Owner of Horizon Respiratory Medical Supply (Horizon) for 13 years. In addition, Ms. Akinngabe owns two medical cannabis education companies and is part owner in a medical cannabis physicians practice in Maryland. None of these businesses have ever had any administrative discipline history, nor does Ms. Akinngabe have any personal history of disciplinary action.

Ms. Akinngabe has a wealth of experience operating health/medical businesses that will inform her decision making as President and CEO of Blossoms Enterprise. For 13 years, she owned and operated Horizon Respiratory Medical Supply, a company she started with just \$5,000 and grew to \$890,000 in annual sales within three years. It was no happy accident; she worked hard to develop strategic sales, marketing and community engagement plans, and then implement these plans with mission oriented personnel and operations that focused on patient comfort, safety, and satisfaction. This is the same approach that Ms. Akinngabe is taking to Blossoms medical cannabis dispensary. Along with the experience detailed above, Ms. Akinngabe has relevant experience in the cannabis industry, that will set our dispensary apart from others. Ms. Akinngabe incorporated National Academy of Medical Cannabis (NAMC) to educate patients, caregivers and clinicians on an array of topics surrounding cannabis. This was a highly sought-after class, and she met with many patients for whom cannabis was changing their lives and their health. It's these conversations with patients that inform her business plans, and that Ms. Akinngabe keeps in the forefront of her mind whenever she's faced with a business decision. Ensuring that patients are receiving the best, safest, and most affordable treatment for their condition is her goal.

After two years of running NAMC, Ms. Akinngabe decided to move into direct patient care. She partnered with other professionals and opened Maryland Physicians Compassionate Care, Inc. Maryland Physicians Compassionate Care is a medical practice that evaluates patients for the certification of medical cannabis. As the Vice-President, she worked closely with the Chief Financial Officer to create five year projections; develop policies and procedures for both patients and staff; and develop educational plans for patients. She researched the necessary electronic medical record

software (HER) suitable for the cannabis industry and worked with vendors on implementation. In addition, she was able to successfully establish credit card processing, banking, and security for her company.

Ms. Akinngabe's experience at Horizon, as well as NAMC and Maryland Physicians Compassionate Care, has prepared her for owning and operating a medical cannabis dispensary in Ohio. Her goal is to own and operate a safe, secure medical cannabis facility. She has assembled a team who will implement her business plan and who have 15+ years of cannabis industry experience combined. Her years of experience both in and out of the cannabis industry will ensure our success moving forward. Above everything else, she will focus on serving patients and serving the community where our medical cannabis dispensary is located.

Brian Ruden

Mr. Ruden began working in the cannabis industry in 2010. He is one of the larger license holders in the State of Colorado. Given the number of licenses he holds, and the amount of time he has been operating, his administrative record reflects a dedication to regulatory compliance akin to that of the most diligent amongst his peers. Mr. Ruden is also a licensed attorney in the State of Colorado and was in private practice prior to moving into the cannabis industry.

Operations Plan(Dispensary Oversight)

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

YES

Operations Plan(Security and Surveillance)

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

YES

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

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

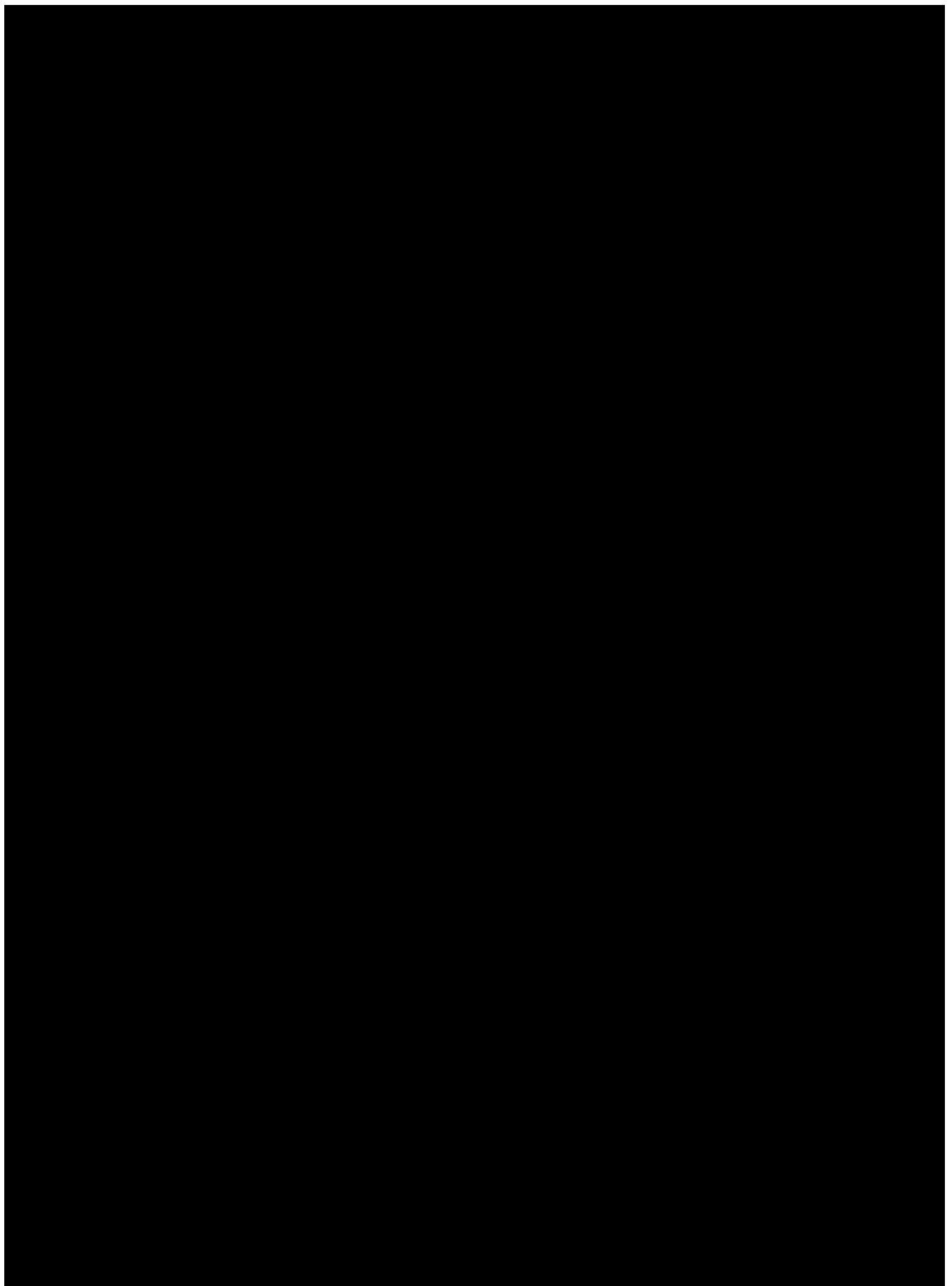
Please reference [OAC 3796:6-3-16](#) for more information.

This response has been entirely redacted

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

Uploaded Document Name: **D-2.2.1_Facility Access.pdf**

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



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

YES

Operations Plan(Receiving of Product)

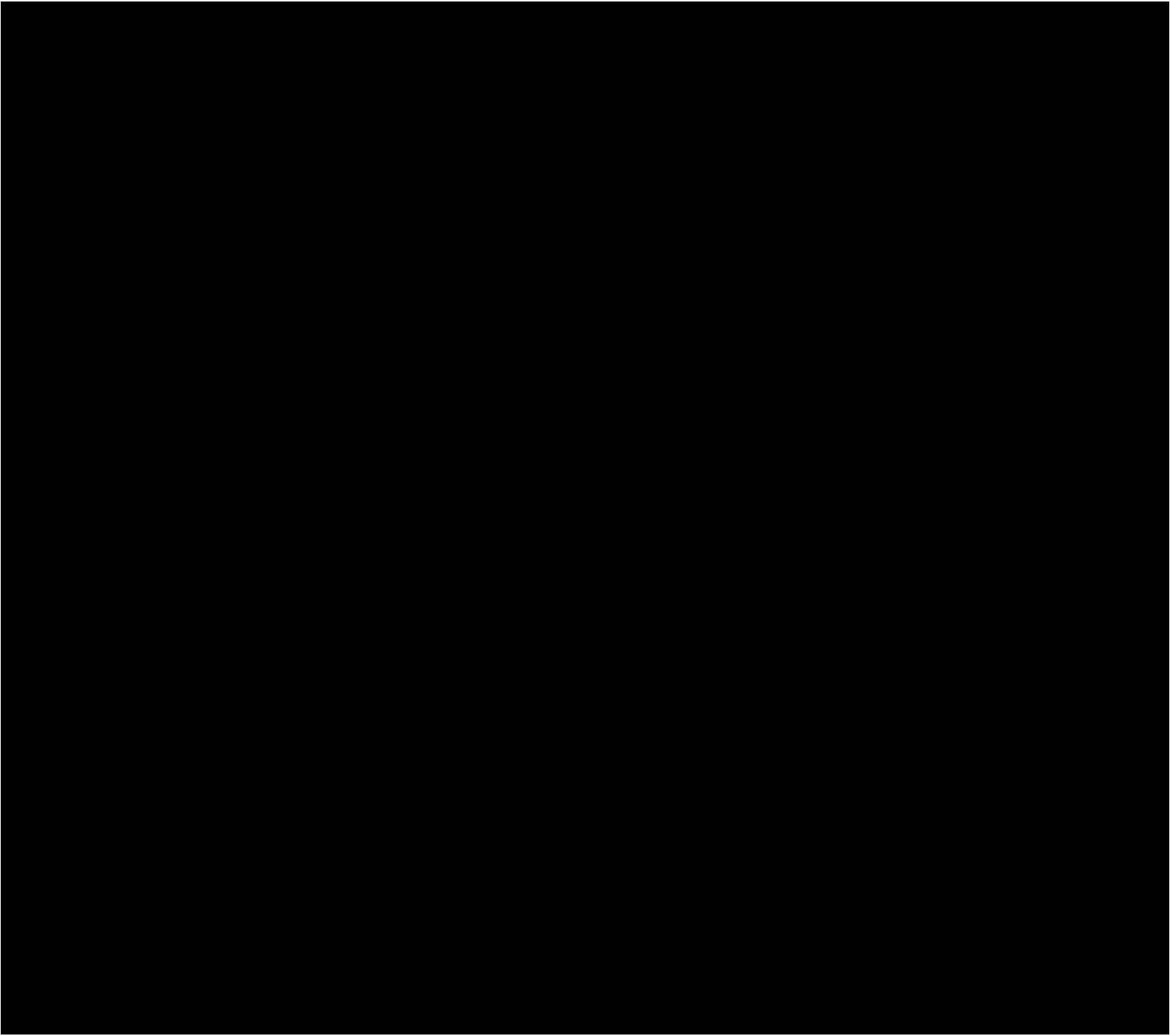
D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

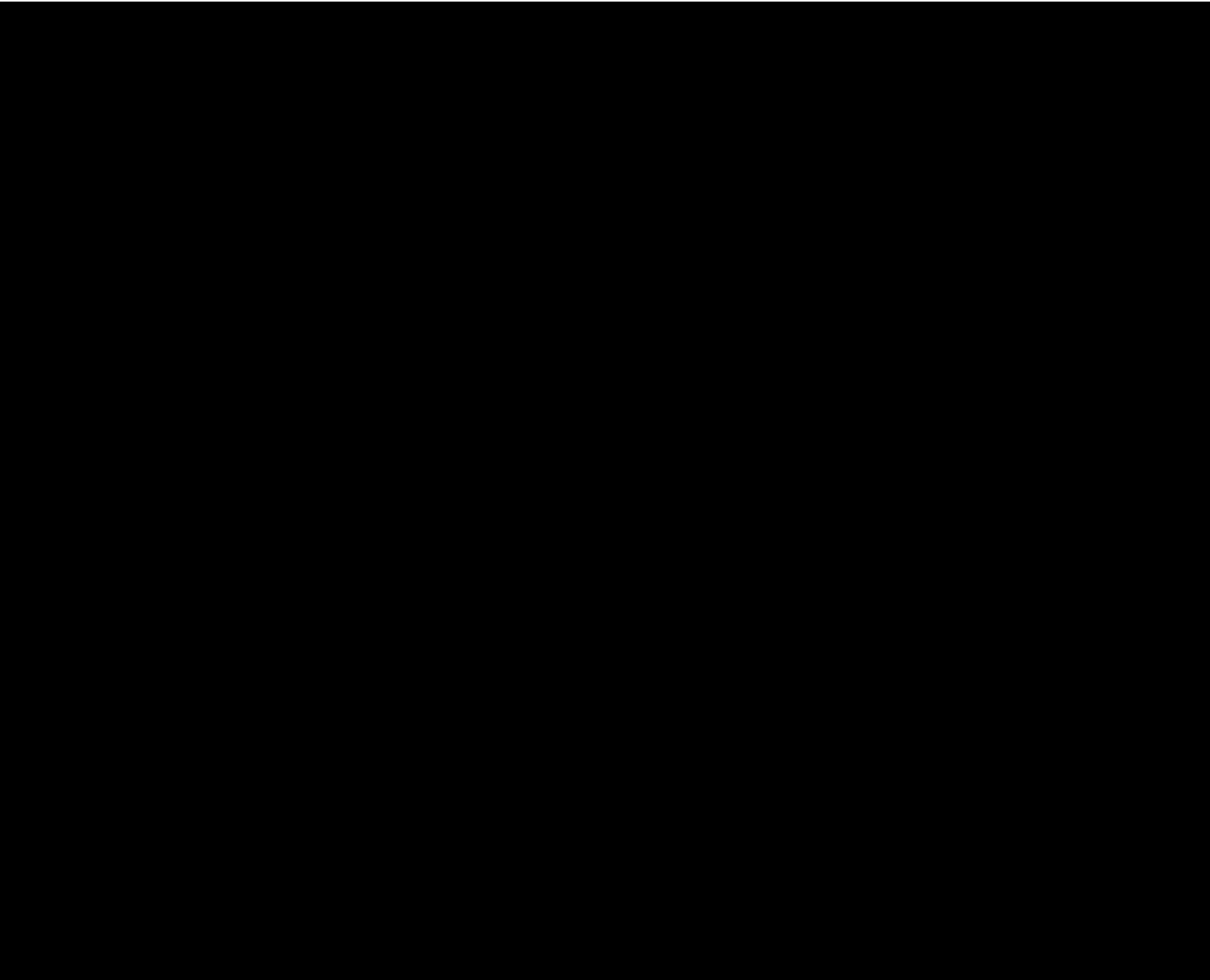
YES

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

YES

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





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

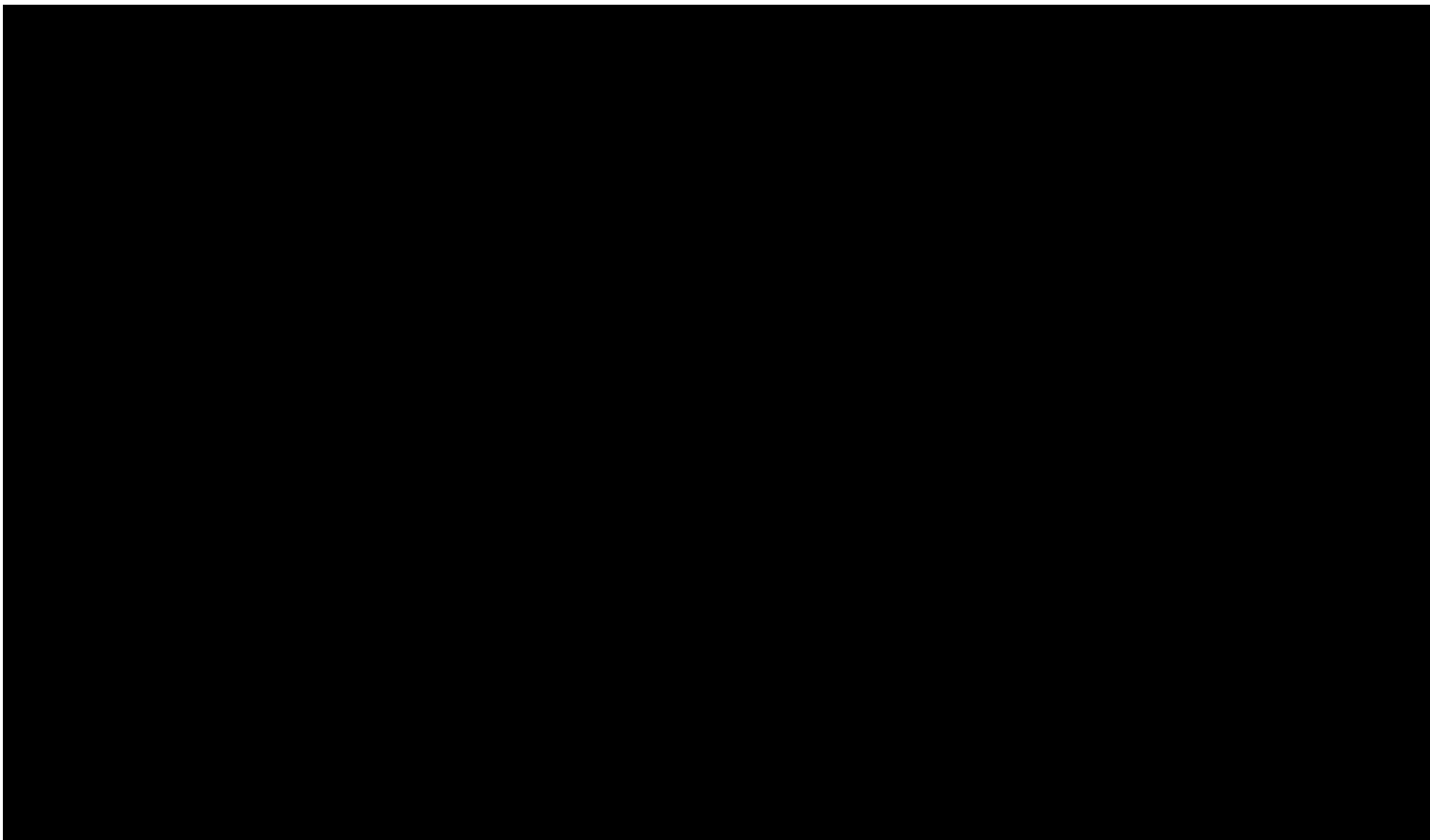
D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

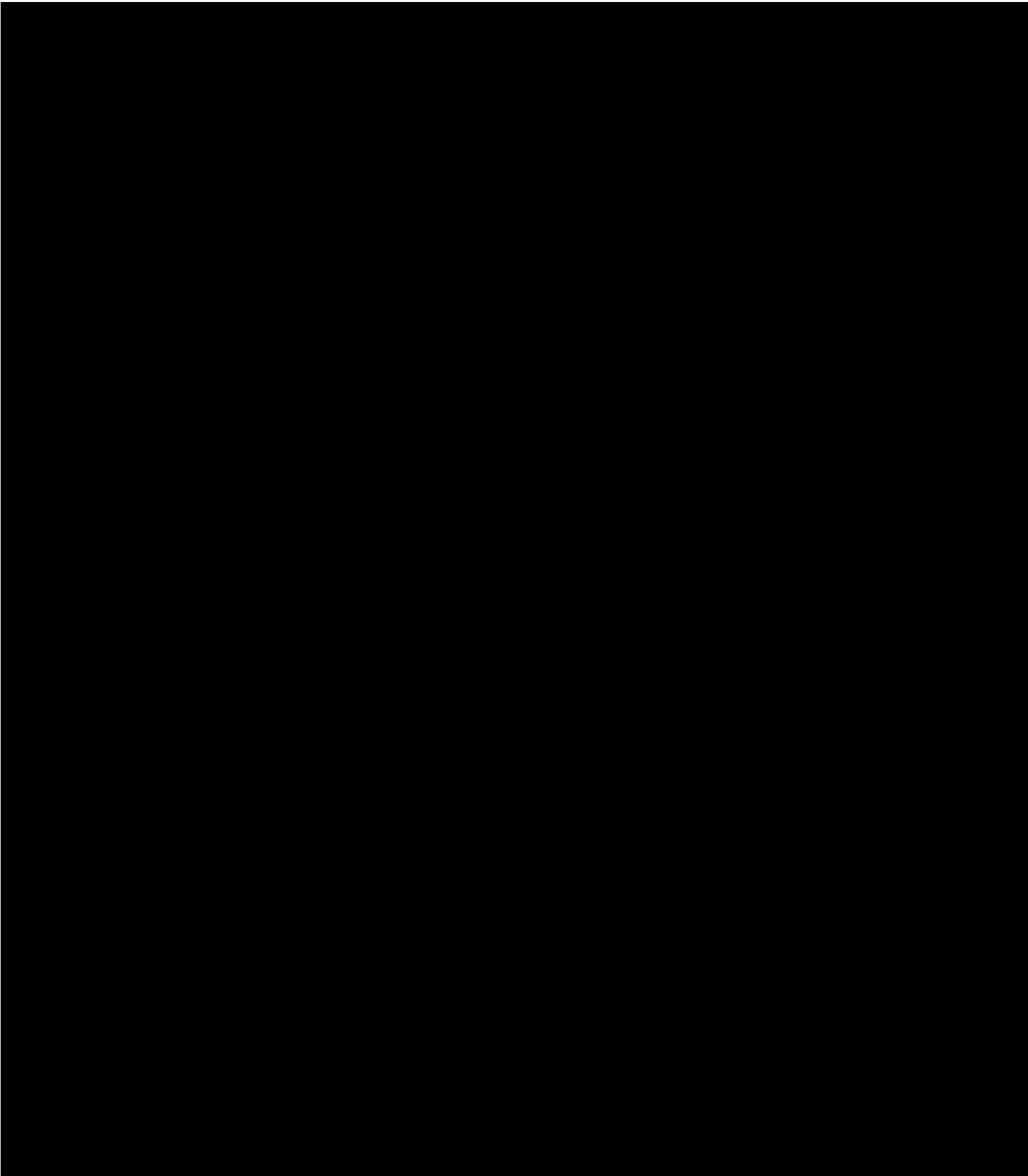
YES

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.





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

No response provided by applicant

Operations Plan(Dispensing of Product)

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

YES

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

YES

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

1

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](#)

Introduction. Dispensing the medical marijuana to qualifying patients is the primary reason DISPENSARY exists. Therefore, DISPENSARY understands the importance of maintaining superior dispensing and reporting practices in order to comply with Ohio regulations.

Dispensing Practices. DISPENSARY standard operating procedure focuses on dispensing of medical marijuana as a key responsibility of employees, especially those who will be interacting with the patients and selling them their medical marijuana. DISPENSARY handbook outlines the two types of clients that may purchase medical marijuana. First, those qualified patients who are 18 years or older, and/or their designated caregivers. Second, DISPENSARY is authorized to sell medical marijuana to those laboratories that have been licensed to possess dangerous drugs and controlled substances for scientific and clinical purposes. DISPENSARY staff has discretion on whether or not to sell to a patient/caregiver, however, this discretion should only be used if they feel that dispensing medical marijuana may cause the patient or public safety concerns. Upon the initiation of the face-to-face sale, DISPENSARY sales associates will verify the patient's registry identification card in combination with a valid state-issued photo ID. Sales associates will scan the patient's registration card and ID; this will bring up the patient profile and link into the internal and state inventory tracking system. DISPENSARY handbook requires sales associate to verify that each patient recommendation is complete – requiring a range of information from patient info to recommending physician information, and dispensary information. A DISPENSARY employee who believes a recommendation is doubtful, questionable, or of suspicious origin does not have to dispense any medical marijuana. This verification attempts to

prevent and fraudulent attempts at acquiring medical marijuana while limiting DISPENSARY's liability for negligence if there is an adverse event. Upon verification, sales associate will gather the desired medical marijuana products and do a secondary examination for any defective traits – as DISPENSARY procedures forbid the sale of any expired, damaged, deteriorated, misbranded, adulterated, or opened medical marijuana. At this point, sales associate will scan the product serial number as to track in the internal and state tracking systems and place in an unmarked opaque bag for the patient. DISPENSARY sales associate can dispense any portion of the patient's 90-day supply of medical marijuana, so long as the patient does not exceed the recommended allotment for the 90 day period.

Updating Patient Records. When a patient purchases medical marijuana or a medical marijuana product the sale will automatically be registered in DISPENSARY's internal inventory system and attached to the patient's individual file. Information that will stored include DISPENSARY's certificate of operation number, dispensary name/address/telephone number, date order filled, order/product number, quantity, days' supply, product identifier, payment code, and drug name. Keeping patient records as current as possible helps both DISPENSARY and its patients. DISPENSARY will benefit by building personalized patient profiles to provide patients with products and strains that are more likely to give them the desired effect rather than if they just choose a product off the shelf. Secondly, by having a detailed patient record the patient is protected in case there is any recall or problem with a product they can be easily searched and contacted in order to remedy the problem.

Product Labeling. Labeling products is an important aspect of DISPENSARY procedure. First, labeling is necessary for organizational purposes, allowing the oldest inventory to be used before newer inventory. Second, adequate labeling allows the patient to identify distinguishing factors between their different products that may be used for various applications. For example, a DISPENSARY patient may require to different medical marijuana strains - a high THC strain and a high CBD strain – sufficient labeling allows the patient to distinguish between the two. DISPENSARY will require, at a minimum, that all containers of medical marijuana are labeled with the name and license number of the cultivator, the product identifier, date and quantity dispensed, name and registry number of patient/caregiver, name/address/license number of the dispensary, the cannabinoid profile and concentration levels and terpenoids profile, required warnings, date of marijuana harvest. For non-plant material, added labeling requirements include date of manufacture, name/license number of processor, list of all ingredients and major food allergens, warnings about altered consumption, and disclosure of extraction solvent. DISPENSARY will disclose to patients any pesticide applied to the marijuana plants and growing medium during production and process, it is not required on the container labeling but must be disclosed in accompanying materials. This is required to provide patients with the necessary warnings, health risks, and toll-free telephone number established by the state board of pharmacy.

Reporting to OARRS/ASAP. DISPENSARY's internal inventory control system will be integrated with the state inventory system in a manner that will automatically meet the reporting requirements of Ohio regulations. Within 5 minutes of every sale of medical marijuana made, DISPENSARY's inventory system will send a report containing the following information – state license number, dispensary name, address, telephone number, patient's full address, patient ID number, patient address, patient telephone number, DOB, gender, recommending physician's full name, DEA physician ID number, date of recommendation, new/refill, number of refill, date order filled, order number or product, quantity, days' supply, product identifier, date order written, payment code, and drug name. This information will be produced and sent in the recognized ASAP 4.2A form required by ASAP (American Society for Automation in Pharmacy) with files named in a unique fashion to indicate the date, such as 20171117.dat as to simplify retrieval. This is necessary in order to submit information to the Prescription Monitoring Program Clearinghouse, which will subsequently be uploaded on the OARRS database. DISPENSARY's internal inventory control system will also be programmed to send a zero

report for a reporting period where no sales took place. All pharmaceutical reporting will be done electronically, unless the electronic medium is non-functioning, in that case DISPENSARY personnel must immediately contact the state board of pharmacy and decide on a mutually agreeable way to report that days sales. DISPENSARY will also take measures to secure the confidentiality of these files given that they contained confidential patient information protected by HIPPA.

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.

Sample Label for Medical Marijuana

MEDICAL MARIJUANA

CULTIVATOR NAME

Cultivator License Number

Product Identifier

DISPENSARY

Dispensary Name

Address

Telephone Number

CANNABINOID PROFILE

Concentration levels

Terpenoid Profile

DATE

QUANTITY

DATE OF HARVEST

PATIENT/CAREGIVER

Patient Registry Number

**WARNING: THIS PRODUCT MAY CAUSE IMPAIRMENT
AND MAY BE HABIT-FORMING**

This product may be unlawful outside of the State of Ohio

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](#)

Introduction. DISPENSARY will have an internal inventory management system that can be integrated into the state inventory tracking system and will allow DISPENSARY staff to provide patients with best products and services.

Inventory Management Process. DISPENSARY will look to the industry's top-rated internal inventory

control system in order to monitor its inventory. One such program, Metrc, is an example of comprehensive cannabis software that allows dispensaries to monitor thousands of products through a single interface. This particular software automatically keeps track of expiration dates, product recalls, and test results. Tracking products and their expiration dates is essential as DISPENSARY wants to keep its inventory as fresh as possible and would rather use the older products first before the newer inventory. In terms of tracking inventory, this software will document each transaction, daily inventories, sales, disposals, returns, acquisitions of medical marijuana products, descriptions of the products, name and license numbers of providers, license numbers of delivery agents, and any other information deemed necessary by board. Each recorded transaction will include the product being sold, its description in detail, information on the dispensary employee that is dispensing the medical marijuana, the date, and patient. It is essential to utilize a software system that is focused on compliance. DISPENSARY will seek out a software system that automatically reports data to the Ohio's system. This includes data on dispensary waste, destruction, and conversion/moisture losses. Furthermore, Metrc also aids in producing state compliant labels and organizes transport manifests with all necessary information. By installing a well-integrated inventory system will allow DISPENSARY to display a digital menu for patients' waiting to be seen by dispensary staff. This inventory tracking system will use real-time inventory reports to let customers know what products are available allowing DISPENSARY staff to spend less time explaining what products are in stock and more time explaining the product characteristics to each patient. Furthermore, internal inventory software will operate at the highest security standards. This includes two-factor authentication, which adds another level of protection for dispensary owners and their patients by mitigating the compromise of unwanted access by outsiders/hackers. Furthermore, these inventories are protected with the most advanced encryption technologies including bcrypt and SSL encryption.

Recall Procedures. Using the real-time internal inventory software, DISPENSARY staff will be notified of any product recalls immediately. Once DISPENSARY staff has been alerted about a product recall through its own inventory control system, the board of pharmacy, and/or the department of commerce, standard operating procedures will be initiated to issue a recall notice to patients. First, DISPENSARY staff will remove and defective or potentially defective medical marijuana from the market and replace with improved products and/or packaging. Using the inventory control software, DISPENSARY staff can immediately generate a patient list that has obtained the product from the dispensary. Using this list all patients will receive an email and text notifying them of the specific product recall and the manner in which the product should be returned and disposed of. In order to reach as many affected patients as possible, DISPENSARY staff will issue recall notices on all social media platforms and website. Furthermore, notice of DISPENSARY'S voluntary recall will be relayed to the cultivator and processor that manufactured the recalled product and the state board of pharmacy, department of commerce, and the state medical board within 24 hours. A DISPENSARY key employee will be in charge of coordinating staff to meet recall standard operating procedure. All returned medical marijuana products will be disposed according to Ohio laws and recorded and accounted for in the inventory control system.

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

Introduction. DISPENSARY will provide dispossession and disposal services to its patients when a patient returns medical marijuana products to the dispensary.

Returns by Patients and Caregivers. DISPENSARY will provide a complimentary disposal service for medical marijuana returns. This service will be complimentary as to prevent inappropriate disposal by patients that could result in the diversion of medical marijuana products to unintended people – especially minors in the household of the patient. DISPENSARY wants to be a positive, healing aspect of OHIO County, not a problematic or controversial entity. Within the dispensary there will be conspicuous signage noting the complimentary return and disposal process available for DISPENSARY patients and caregivers.

Return Tracking. When a patient or caregiver returns medical marijuana and/or medical marijuana products, DISPENSARY staff will record the return in its inventory systems and denote the product for destruction. All products that are returned need to be recorded for state and internal inventory purposes.

Secured Returns. Returns scheduled for destruction will be locked in a limited access and locked waste room until the weekly destruction process begins. This room will be continuously monitored and under video surveillance.

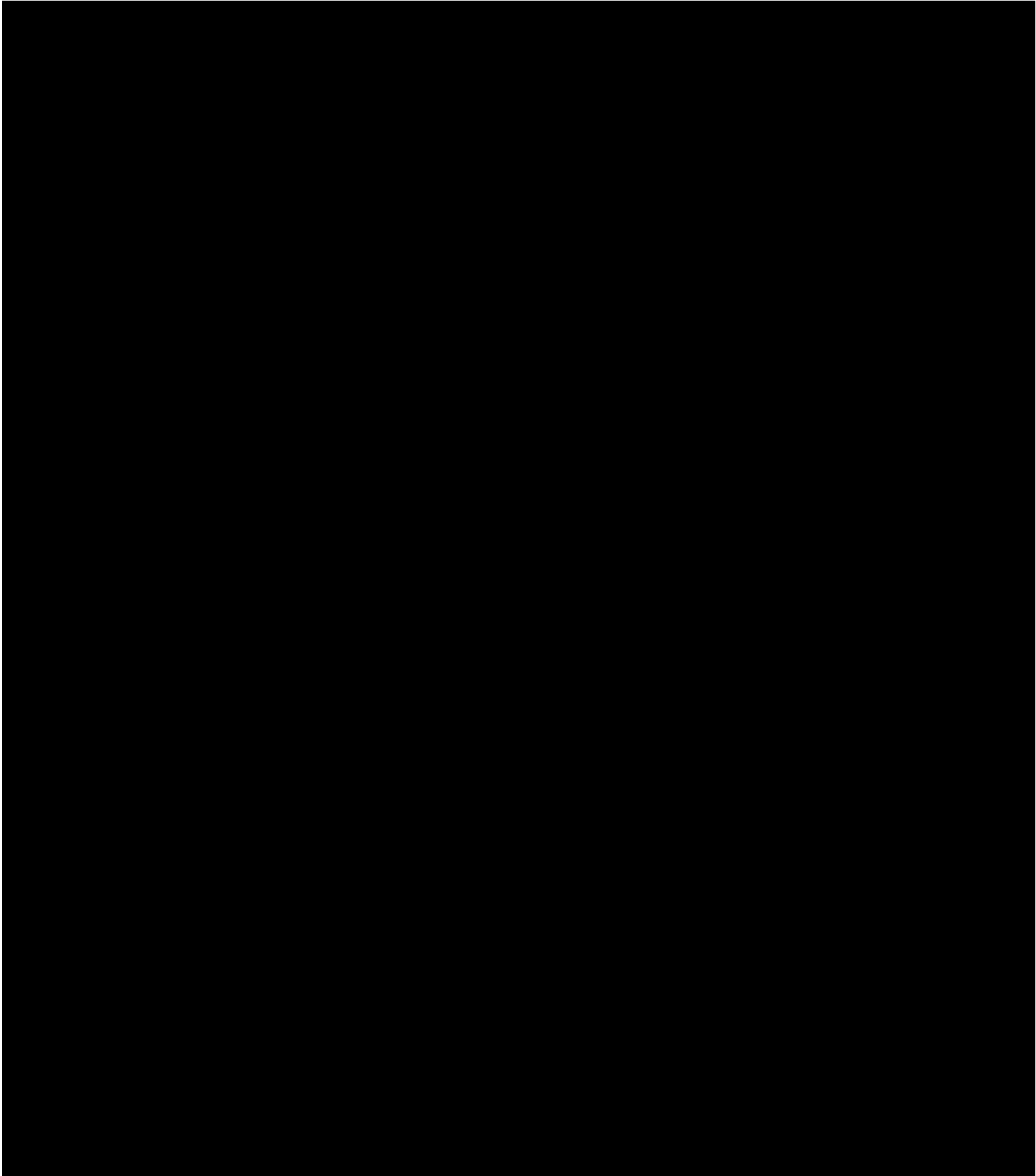
Timeframe. DISPENSARY will destroy returned medical marijuana on a weekly basis, meaning that any returned product will be stored at the facility for a week or less. Because Ohio regulations require the dispensary to notify the state board of pharmacy, DISPENSARY will relate the day and time that they will initiate the weekly disposal. Given the disposal process, which requires medical marijuana to be rendered unusable through its incorporation with other waste, it would not be prudent (from a health, safety and cleanliness perspective) to keep the destroyed product for long periods at the facility. Once DISPENSARY has rendered the medical marijuana destroyed, they will deliver it to a permitted solid waste facility for final disposition.

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.

Processes for Contamination Prevention. DISPENSARY'S standard operating procedure requires all staff to maintain the sanitation of the building and equipment, with special attention placed on those that come in contact with medical cannabis in order to prevent contamination. DISPENSARY staff will retain maintenance and cleaning logs that note that dispensary employee, date, time, and maintenance performed. Under Ohio law, dispensaries are subject to random and unannounced inspections and medical marijuana testing by the board of pharmacy. In order to meet the safety standards promulgated by the board, DISPENSARY will keep the maintenance logs for the last two years to demonstrate its active and continued effort to prevent any contamination in its facility. DISPENSARY will require employees to wear a single-use, disposable gloves while in direct contact with medical cannabis and any equipment that has direct contact with cannabis. All equipment that has direct contact with medical cannabis for an extended period of time, such as containers, utensils, and tables shall be cleaned and sterilized using isopropyl alcohol on a regular schedule and recorded for inspection purposes. All equipment that may come into contact with medical cannabis shall be cleaned on a weekly basis according to the cleaning schedule, or if equipment becomes contaminated more frequently. The DISPENSARY standard operating procedure attempts to limit the potential for other contamination risks by instructing employees to consume food and beverages in the staff lounge/kitchen area, away from the operational zones of the dispensary where medical marijuana and concentrates are handled. Patients of the dispensary will also be instructed to leave any outside food and/or beverage outside of the premises. The DISPENSARY staff that is responsible for maintaining the cleanliness of the facility will be instructed in the proper manner to dispose of chemicals and which cleaning products are safe to use in the operational zones where medical marijuana will be handled.

Pest Prevention. The services of professional exterminators and pest management companies will be used to combat prevent any occurrence of pests. DISPENSARY will have professional pest prevention companies service the facility every three months in order to control any pest problems. Further measures will be taken to store all products in an elevated manner in containers that are impermeable to common pests such as rodents and insects. Non-toxic, organic pesticides and repellents will be used in the extermination and pest prevention measures in the facility. This will prevent lost inventory and defective medical marijuana. DISPENSARY staff will assist in the integrated pest management plan by regularly taking out the trash and sterilizing trashcans throughout the facility. In the case of a pest infestation, all effected product will be destroyed and reported.

Handling Medical Marijuana. DISPENSARY'S employee handbook outlines the standard operating procedures for the safe handling of medical marijuana and products. This will include training on common industry hazards, current health and safety standards, and dispensary best practices. First, per DISPENSARY'S standard operating procedure any person who, by medical examination or supervisory observation, is shown to have or appears to have an illness, open lesion, including boils, sore, or infected wounds, or any other abnormal source of microbial contamination, will be excluded from any operations that may result in the contaminations of medical cannabis until the condition is corrected. Secondly, dispensary agents who are handling medical marijuana are expected to maintain

adequate person hygiene (i.e. hair pulled back, clean fingernails and hands). Third, dispensary agents who are handling medical marijuana should be held to a similar standard that food handlers are in relation to sanitary practices (i.e. single-use non-latex gloves, tongs, and hair masks, etc.). Lastly, any DISPENSARY staff member should immediately report any health conditions that might compromise the cleanliness or quality of the medical cannabis to a dispensary supervisor.

Hand-washing Facilities. There will be clearly designated hand-washing stations throughout the dispensary to ensure that every employee has access to a place to wash their hands throughout the day with adequate heated water, sanitizing cleansers, and sanitary towel service. This includes staff and patient restrooms, staff lounge/kitchen, and any operational zones where medical marijuana may be handled. Antibacterial soap will be used to ensure a reduction of pathogens. Automated paper towel dispensers will be used and disposed in sizeable trashcans that will be opened by foot. Automated sinks that will not require touching will be installed. Furthermore, hand sanitizer will be throughout the facility, for patient and staff use, especially at the dispensary register to combat the spread of bacteria through cash handling.

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.

Introduction. The medical marijuana industry is highly regulated which calls for thorough record keeping in order for the state and its agencies to adequately oversee and regulate the medical marijuana market. In Ohio, dispensary records must be maintained and made available for the state board of pharmacy upon request. DISPENSARY aims to meet dispensary best practices in regards to record keeping. Furthermore, DISPENSARY'S electronic database will be easily accessible so upon request DISPENSARY staff can easily provide a digital and physical copy of all requested information to the state board of pharmacy.

Employee Records. Each staff member will have a file that is populated with their hiring application, an initial background check, and the tax paperwork when they first begin their career at DISPENSARY. These files will also document each employee’s training since employment with DISPENSARY – this entails the basic training modules found in the DISPENSARY Employee Training and Excellence Program. Every additional lecture, workshop, certification, educational course will be documented in the employee’s file with the number of hours and certifications. This guarantees that DISPENSARY management can make sure that all employees meet the biennial training requirement minimums. However, staff will be held to a higher standard than the state of board of pharmacy requires. Furthermore, every year DISPENSARY employees will do background checks of their employees to make sure they within the guidelines of appropriate hires, given the sensitivity it is imperative that staff maintain the highest standard in regards to following the laws and regulations promulgated by the state. This file will remain on the premises in a locked file cabinet in the administrative offices as long as the employee works at the dispensary, where only upper level management can access. However, these files will also be scanned into a secure electronic database that will be made available for state inspection.

Operating Procedures. DISPENSARY'S standard operating procedures will be thoroughly laid out in the employee handbook that every DISPENSARY staff member will receive during their orientation and will have to prove their proficiency in before they go “live” working at DISPENSARY. The handbook will be updated as needed with evolving best practices as to inform employees of the updated standards they should follow. Any and all changes will be sent out to employees via electronic correspondence

and posted. If staff feels that the changes are significant to warrant a team meeting, then all employees will be gathered to go over the changes in standard operating procedures and/or operating controls. Records of these additions will be noted with references to the date of modification.

Audit Records. Medical marijuana dispensaries are more likely to get audited by federal agencies like the IRS and state agencies to account for all products and revenue. As a result, DISPENSARY needs to keep immaculate records in case they are audited – this begins with doing internal audits of products and financial statements. First, the designated team member will perform an audit of the dispensary's daily inventory 2x per week. If these weekly auditing practices identify a reduction or increase of medical marijuana in the dispensary's inventory not due to documented causes, staff will be alerted and corrective action must be immediately taken. Each audit performed will be electronically stored and analyzed as to alert staff of irregularities. Furthermore, the quarterly and annual financial audit statements that include income statements, balance sheets, and weekly marijuana inventory statistics including acquisitions, wholesale costs and sales will be electronically prepared and stored for a period of ten years.

Staffing & Business Records. As part of its business plan, DISPENSARY created a staffing plan to make certain the dispensary has sufficient staff with the right skills and experience to ensure a successful operation of the dispensary. Given the nature of Ohio laws, it is mandatory to have at least two employees working at the dispensary with at least one being a "Key Employee" – having a detailed staffing plan will make sure that DISPENSARY fulfills this requirement. DISPENSARY will keep a physical binder where each week's schedule will be stored and on display so employees can consult. This binder is where all shift changes will be noted and signed off by supervisors. These schedules will be stored for a period of two years in case there is any audit or investigation into staff and/or practices. DISPENSARY'S CFO will be in charge of managing the business records and how they are stored. The CFO will collect and manage records including assets and liabilities, a third party vendor list, all monetary transactions, and all financial statements relevant to dispensary operations - including bank statements, journals, ledgers, agreements, checks, and invoices and vouchers. These documents will be collected monthly and filed and stored in the electronic database. These will be kept for a period of 10 years for audit purposes and be secondarily stored on external hard drives/cloud storage as to prevent loss of information.

Surveillance. All of DISPENSARY'S video surveillance equipment will allow for the exporting of still images in an industry standard image format and archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Surveillance system will collect and store video surveillance on a 24-hour basis. Images captured by the video surveillance system cameras will be recorded and stored on servers and kept in a locked access-limited surveillance room on the premises. Recording a lot of digital surveillance video often requires a hard drive essential for storage, which are often associated with high risks of failure or informational bottlenecks. In order to mitigate these concerns, DISPENSARY will be using RAID technology, which is a method of combining hard drives to achieve redundancy and greater speed. Images captured will be stored on a RAID system that will store 6 months of continuous 24-hour image backups. Upon request, any recording of security video surveillance shall immediately be completely indexed and stored in MPEG4 (or similar) format so as to provide the original (or a copy) for investigational purposes for the commission or a law enforcement agency for just cause as requested. The videos will be separately logged and stored to maintain the chain of custody, and an unadulterated copy of the recording will be maintained until the commission or law enforcement agency provides written notification that it is no longer necessary to retain the video recording. At this point, and under normal operating procedures, all recordings shall be erased or destroyed prior to disposal.

Attendance. Will be electronically stored with every entrance into dispensary and can be recalled at

any time by staff and kept for 10 years.

Quality Assurance. DISPENSARY will implement a quality assurance process that will help staff in its development of products and services and emphasize catching any defects in products or service before patients experience them. DISPENSARY'S quality assurance program will be designed with the outcome of greater patient confidence and the dispensary's overall credibility in the industry. DISPENSARY will work towards ISO 9000 certification and will hire outside assessors to look at their quality assurance programs, all reports prepared by these assessors will be stored and analyzed by staff to improve dispensary functioning. Retaining these records for reference will allow the dispensary to work towards the highest ISO certification that would demonstrate superior levels of quality in both products and services.

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](#)

Introduction. As an authorized dispensary DISPENSARY will be authorized to sell medical marijuana, medical marijuana products, and medical marijuana devices, which it will engage in pursuant to the advertising and marketing rules set forth by Ohio law. DISPENSARY will work with cultivators, processors, and manufacturers to provide the most selection for its patients. DISPENSARY will provide other goods and services to facilitate the patients' medical marijuana experience.

Products. DISPENSARY will have a literature section that includes a number of books and magazines that promote a better understanding of medical marijuana, the plant itself, its cultivation, and its consumption. Literature for purchase will be ideal for the patient that wants to do additional research into the medical marijuana industry and prefers to do so in with literature. Certain literature may provide patient with creative consumption methods that align with Ohio laws.

Services. DISPENSARY will actively advocate and educate OHIO County and beyond about medical marijuana. First, DISPENSARY will focus on public education. Even though attitudes about medical cannabis are changing, a social stigma still exists. DISPENSARY will educate the public on both the benefits and risk of medical cannabis in a number of classes for the public. Specific topics include but are not limited to the following:

- The Endocannabinoid System
- Safety and Dosing
- Therapeutic Uses for Medical Cannabis
- Driving and Marijuana Use
- Equivalency Factor of Vaporizing versus Ingesting
- Marijuana and Chemical Dependency
- Benefits of CBD

Secondly, DISPENSARY will forge strategic alliances that will be critical for DISPENSARY to increase awareness in the community and increase out potential referral base. DISPENSARY plans on establishing strong local relationships with health clinics, patient advocacy groups, hospices, senior citizen homes, veterans groups, hospitals and outpatient clinics. We have already reached out to a number of organizations and plan on reaching out to more to pursue joint educational and sponsorship efforts. Lastly, DISPENSARY will create an online presence. Leading dispensaries have shown that over 90% of new patients arrive from referrals or online sources. DISPENSARY has found its social media platforms to be the most efficient and effective tools to educate and interact with our patients.

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

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](#)

DISPENSARY believes in providing medical marijuana to those who qualify, regardless of their financial ability to pay. As a result, DISPENSARY has developed a compassion program that is designed to provide a financial discount for veterans and the indignant.

The fact that marijuana is still classified as a Schedule I drug complicates the process for many

veterans who say that medical marijuana has helped them with PTSD and traumatic brain injuries they have attained while at war. Veterans, who often rely on the Veterans Affairs Department for their healthcare, a federal agency, cannot receive the necessary recommendations from their VA physicians to legally acquire medical marijuana. Veterans who opt for medical marijuana, over the opioids and anti-depressants that are often pushed on them, have to make an appointment with an outside physician to get the recommendation costing them. DISPENSARY hopes to ease the financial burden with a 15% to any veteran that can provide a valid military ID.

DISPENSARY also recognizes the fact that the financial crash of 2008 hit Ohio particularly hard, with OHIO County having a poverty rate of 14.4%, and the per capita average for income only at \$27, 490. Poverty is often a major factor in one's inability to access health care and the necessary treatment, often forcing families in poverty to go into serious medical debt or sell major assets to afford necessary medical care. Currently, health care for the indigent is provided by the federal government through Medicaid, Medicare (for the elderly), and CHIP (for children). As federal programs they will not cover medical marijuana at this time. DISPENSARY will attempt to ease the burden of medical treatment for these indigent individuals and their families by providing a 25% for those living under the poverty line, and a 15% discount for those making under \$30,000 with the proof of pay-stubs and/or tax information

Furthermore, DISPENSARY will advocate on behalf of these groups for greater access to medical marijuana without the extra costs. This means advocating for the rescheduling of marijuana to allow the VA to recommend for veterans. Furthermore, once the federal government allows participating physicians in Medicare/Medicaid to recommend medical marijuana, it could save the federal government millions of dollars when patients opt for the more affordable medical marijuana options.

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

DISPENSARY will emphasize the importance of environmentally conscious and sustainable business practices for all employees and operating procedures.

Energy efficiency will be imperative to lower DISPENSARY'S environmental impact. In order to lessen its environmental impact DISPENSARY will use LED lighting instead of traditional incandescent bulbs and compact fluorescent lights. The growing demand for LED lighting has pushed manufacturers to increase efficiency, with the average efficiency of LED bulbs looming at 100 lumens per watt and expected to reach 150 lumens per watt by 2020. In comparison, the listed lighting efficiency for CFLs and incandescent bulbs are 60 lumens per watt and 17 lumens per watt, respectively. Furthermore, commercially available LED bulbs are becoming very affordable to the consumer costing on average \$6 per bulb and generating over \$100 in lifetime savings. Furthermore, the dispensary will use motion activated lighting systems in places that do not need continuous surveillance lighting – this includes the restrooms, storage closets, and the kitchen area. DISPENSARY will also look to install appliances and office electronics that have been designated Energy Star efficient or sustainable in nature. DISPENSARY is also planning to use solar energy to meet the dispensaries energy needs, resorting to traditional electrical power if necessary.

DISPENSARY will also aim to create a sustainable environment that limits waste. First, there will be an integrated recycling program throughout the building, with recycling bins in the waiting room area, in the office spaces, and in the kitchen area. OHIO County has numerous resources for local businesses in regards to identifying various recycling processors that work with local businesses to reduce waste. In the kitchen space, DISPENSARY will provide staff with reusable company plates, flatware, and glassware to prevent the waste associated with paper plates, plastic and/or Styrofoam cups, and plastic flatware. In another attempt to reduce waste DISPENSARY will place a priority on electronic

documents over physical paper copies. Blossom will offer e-versions of receipts and dispensary documents to vendors and patients rather than traditional paper copies.

Buying in bulk will also decrease DISPENSARY'S environmental impact. Buying in bulk has two advantages. First, bulk products usually have less wasteful packaging than buying smaller allotments of the same product. Second, buying in bulk negates the need for frequent deliveries by emission-emitting vehicles.

DISPENSARY will also modify the exterior of the dispensary with a landscape plan designed to mitigate its environmental impact. This includes planting deciduous trees along the east and west sides of the building which will provide shade in the summer months in an attempt to conserve energy by regulating the building temperature. The building's air conditioner unit will be shaded in a manner which allows the unit to run more efficiently than if left out in the sun and heat. As these trees grow, the lower branches can be pruned so they will not block the windows but still provide the shade benefits. Furthermore, Blossom will plant small shrubbery around the outside of the building that aids in creating a buffer to block wind during the winter months.

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](#)

DISPENSARY will mandate initial and continuing education for all registered dispensary agents, while updating hard copies of the materials to reflect any changes to the laws, regulations, and penalties. All dispensary agents will be required to complete an approved continuing education course at least once per year, or as necessary as determined by DISPENSARY. Additionally, we will continually review and update our training protocols based on feedback and effectiveness of the training needs of the dispensary agents at the completion of each training offering and at least every 12 months.

The DISPENSARY Employee Training and Excellence Program (DETEP) development will be led by DISPENSARY General Manager to meet and exceed the most rigorous approved standards promulgated by Ohio law. DETEP's essential mission will be to approve quality, focused training on all relevant laws and regulations related to dispensary agent responsibilities, promote and foster a culture of strict compliance with the law, and provide all dispensary agents with the tools necessary to respond appropriately to a variety of scenarios that they may encounter while working for DISPENSARY. ETEP will focus on employee education and company compliance to all federal, state and local regulations. The compliance program tracks changes in federal laws and regulations, as well as government enforcement that affects the medical cannabis industry. ETEP is tasked with providing DISPENSARY employees and agents with the education and information needed to comply with medical cannabis regulations.

ETEP includes:

- A designated agent tasked to implement, monitor,, and evolve ETEP
- Compliance policies and producers that provide all DISPENSARY employees and agents with information on regulatory requirements and appropriate business practices and procedures
- Education and training programs for all DISPENSARY employees, including general compliance and HIPPA, among others
- Accountability for employees determined to have violated DISPENSARY SOPs
- Open lines of communication between DISPENSARY employees and management
- Processes to detect and mitigate compliance issues within the company.

The ETEP program will require that all dispensary agents attend legal training upon hire and throughout their employment. We will train all registered dispensary agents on the comprehensive medical cannabis laws, regulations, penalties, and agent responsibilities on both the federal and state levels in sessions beginning immediately upon hire.

Dispensary agents will be provided in-house training by trained upper- and – lower management as well as dispensary agents with at least twelve 12 months- experience. Dispensary agents will receive instruction on the current SOPs and policy on an on going basis as new laws, regulations and techniques are developed. Dispensary agents will receive lectures on protocols for serving patients, screening patient identifications, our SOPs, general office producers (“ front of the house and back of the house)

Prior to working at the facility, we estimate that each dispensary agent will be under the direct supervision for a probationary period that will last between 45 and 90 days, with 40 hours of probationary period solely dedicated to training and education. During the estimated 45 to 90 day

period of time, dispensary agents will have scheduled training sessions that shall address DISPENSARY SOP and policy standard to the industry as well as operating procedure and policy standard to our dispensing centers - inventory, reporting, pharmacy system, qualifying conditions, consumption, and other mandated topics outlined in the OHIO law. The sessions will address general day-to-day operation, (i.e. filing and satisfying prescriptions, inventory, receiving deliveries, replying to requests for information, managing patient records etc.) as well as procedures executed once a month and/or year (i.e. supply orders, audits, etc). General repetitive and /or routine tasks will also be addressed, such as answering phones filing paperwork and record/data entry.

Depending on position and duties, dispensary agents will receive additional in-house training offered by director of the dispensary as well as dispensary agents with at least twelve (12) months experience. Dispensary agents will have mandatory training sessions that address Federal and Ohio – mandated policies as they are enacted and enforced. Dispensary agents will also have hands on standard dispensary operating training sessions in which they will learn how to operate laboratory dispensary tools/equipment and learn standard industry techniques.

DISPENSARY will retain training materials and attendance records and make the training materials available for inspection by the commission. These modules will be an overview of federal and Ohio regulations for the cannabis industry. Dispensary agents will complete worksheets at the end of each training session. The worksheet will be comprised of a practical series of scenarios that require the dispensary agents to use critical thinking and the SOPs in order to solve challenges such as escalating and triaging issues, dealing with medications that trigger drug-to-drug interaction flags, and how to clean and sanitize dispensary table/equipment.

Furthermore, dispensary agents may receive credit for elective educational courses towards their biennial requirements if they bring valid documentation of their attendance and completion of various courses. These elective training courses do not negate the employees responsibility to complete the DISPENSARY's training courses, they will just be recorded as extra hours.

Training will come from variety of sources including upper management, respected industry professionals, product demonstrations on use, medical professionals, pharmacists, and/or researchers. This educational training material will be approved by the state board of pharmacy in order to meet all educational requirements.

Training and Drills

Security and emergency response training is only part of the comprehensive training required for all employees. Training will also cover:

- Medical marijuana laws and regulations,
- Patient privacy, confidentiality, and secure electronic record keeping,
- Procedures for patient reception and registration,
- Procedures for product sales, and
- Personal safety, fire safety, and crime prevention.

Employees will be tested on training content and must pass the test by their third attempt in order to remain employed. All staff will also go through periodic refresher seminars, as well as new training on any policy updates or changes in procedure. All emergency procedures will be rehearsed in periodic drills.

In addition to training and periodic drills, all employees will receive official Company reference material, written in plain English and presented in an easy-to-use outline format, explaining all our operational,

safety, and security policies and protocols.

In developing our official safety and security policies, we will consult with local law enforcement. We will also work with local police to develop effective ongoing employee training seminars and practices. Especially in developing our policies and training procedures on crime prevention and security threat response, we will seek the involvement of local law enforcement.

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](#)

The DISPENSARY's Medical Director will be the designated representative that will oversee the training program and retain all the employee files with their recorded training and educational logs. In addition to the foundational training discussed in the above section, DISPENSARY recognizes the importance to keep staff operating at the highest level. Therefore, our Medical Director will stay current with dispensary best practices and leading research in the industry. Given his advanced medical, clinical, and research background the Medical Director will have the necessary skills to determine the credibility of the newest research and whether or not DISPENSARY agents should be introduced to the new advancements or they need more credibility before DISPENSARY agents convey the information to patients. At DISPENSARY, we place a high standard on substantiated knowledge and facts that can be backed up by scientific proof – we believe this provides the patient with the best medical marijuana experience. Any worthy advancement noted in medical marijuana research or industry standards will be noted by the Medical Director during a six-month period and then incorporated into training materials if approved by the state board of pharmacy. Once incorporated into the training plan it will be part of the mandated training that every new employee has to go through. DISPENSARY will hold training sessions for all DISPENSARY agents every 6 months to maintain and build their medical marijuana knowledge. These sessions will not count towards the 16 hours of biennial continuing education as DISPENSARY wants its agents to pursue other certifications that can build their personal skills while bring a new skill to the DISPENSARY. Furthermore, DISPENSARY will pay employees for attending these training sessions and provide refreshments as to make the educational process more enjoyable. DISPENSARY wants to equate knowledge as a positive experience. During these sessions employees will be asked to perform group scenarios incorporating the new material and at the end of the session will be asked to take a performance assessment, which will be recorded for inspection purposes.

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.

Introduction. DISPENSARY recognizes that medical marijuana can be abused or have adverse effects similarly to other pharmaceuticals and/or substances. Therefore, DISPENSARY employees will be trained to provide patients with information to mitigate potential abuse. This aspect of employee education will be included in the biennial continuing education requirements in addition to the DISPENSARY Employee Training and Excellence Program (DETEP) given to all employees. In doing so, DISPENSARY employees will be prepared with the insights and knowledge to provide patients with the most advantageous medical marijuana experience.

Recognizing Signs of Abuse. It is important to distinguish between “use” and “abuse” in utilizing medical marijuana. Effective “use” of medical marijuana can be characterized as facilitating the desired outcome. For example, if an individual is suffering severe pain, the use of medical marijuana may provide some analgesic effects for the user and an overall better wellness. On the contrary, one may see “abuse” when the individual is consuming medical marijuana in a manner that is not leading towards a more desirable state of health and wellness, rather an escape from reality and its stressors. DISPENSARY employees will seek to convey the difference between the “use” and “abuse” of medical marijuana so patients are can seek alternative treatments that may address the underlying causes of marijuana abuse.

Instructions for Patients. DISPENSARY patient-care associates will consult with each patient when they enter the dispensary and review the physician recommendation to determine the best possible dosage and strain of medical marijuana. DISPENSARY'S Clinical Director will be responsible for training dispensary employees and serving as a clinical resource for all dispensary employees. Not only is the Clinical Director a licensed and practicing pharmacist, they have been abreast of the latest research and advancements in regards to medical marijuana. Furthermore, our Clinical Director and other DISPENSARY staff that will be interacting with patients will be taking external certification courses for to guarantee DISPENSARY is operating at the highest standards in the cannabis industry. This could include certifications from the Cannabis Training Institute, National Academy of Medical Cannabis, and courses provided by universities pharmacology departments (i.e. University of Maryland's School of Pharmacy provides training for providing medical marijuana). These courses will cover basic pharmacology – pharmacokinetics and pharmacodynamics – and will incorporate the latest literature in the medical marijuana field. The lectures will focus on medical cannabis uses, effects as well as chemical compounds and chemical reaction (active compounds). Medical marijuana interactions will also be included in DISPENSARY curriculum, which will encompass cannabis-pharmaceutical interactions, cannabis-food interactions, and cannabis-disease interactions. Toxicology, poisoning and recognition of acute intoxication will also be explored. The Clinical Director will design an informative booklet for each patient with various strains that DISPENSARY will offer describing the THC content, CBD content and what ailments they are best suited to treat. Furthermore, the booklet will include the various consumption methods in a manner that makes it easy and approachable for the first time cannabis user. Each dispensary staff member will be required to have a

thorough understanding of strain applications and pharmacology practices in order to answer any questions or concerns patients may have when using medical marijuana. If there are any uncertainties when interacting with patients, dispensary staff will be required to contact the Clinical Director in order to provide the patient with the most accurate and effective information. Furthermore, all training materials and information will be kept in a hard copy in the staff library for easy access and reference. To determine staff competency of the required pharmacology and patient protocol, DISPENSARY employees will be required to take performance assessments to demonstrate their ability to effectively guide the patient towards the correct strain, dosage, and consumption method.

Risks of Medical Marijuana. Medical marijuana provides relief from a number of ailments. However, DISPENSARY patients will be informed about the potential risks of using medical marijuana. First, there is the potential for abuse and addiction as patients may form dependency issues using medical marijuana as a form of dealing with stress rather than treating a permissible condition. Patients opting for strains with higher levels of tetrahydrocannabinol (THC), the cannabinoid responsible for creating the “high” effect, should be made aware of the potential for misuse of medical marijuana – as with many pharmaceuticals that are being prescribed to patients in traditional pharmacology. Secondly, there are risks when medical marijuana is used irresponsibly or incorrectly. This is why there will be an emphasis on patient education on safe and effective medical marijuana consumption. However, patients will be made aware of the potential reactions including drowsiness, impaired coordination, delayed reaction time, and lowered alertness. This could impair the patients’ ability to perform tasks like driving automobiles or operating heavy machinery. It will be important for DISPENSARY staff to convey the importance of learning how one’s body interacts with medical marijuana. Lastly, marijuana still remains federal illegal, which means that there are certain rules and regulations that patients must follow in order to be in accordance with Ohio laws. For example, in Ohio combustion is still banned, which means that patients must become familiar with consumption methods like vaporization, oils, topicals, concentrates, and edibles. If patients fail to heed the warnings provided by dispensary staff they may face legal trouble.

Guidelines for Patient Support. During the consultation, patients will inform dispensary staff with all relevant medical information in order to make the best recommendation in terms of strain, dosage and consumption. DISPENSARY staff will provide each patient and caregiver with a log to track the use and effects of medical marijuana, a place to note the patients’ symptoms related to the qualifying conditions, and instructions on how the patient and/or caregiver should assess their own use and effects. However, there is always a chance that patients may have an adverse reaction. First, if the patient is unfamiliar with using medical marijuana DISPENSARY staff will prepare patients with the various reactions, both intended and adverse. In the occurrence of an adverse reaction, the patient will already be informed that this was a possibility and will eventually dissipate after the acute absorption phase. However, DISPENSARY will maintain a 24/7 emergency hotline that patients and caregivers can call if they feel the need to talk to a medical professional about the adverse reaction. Adverse reactions should be noted and reported to DISPENSARY staff so Clinical Director can take a more in-depth look at this particular patient case and find a better solution.

Guidelines for Refusing To Provide Medical Marijuana. In some cases providing medical marijuana may not be the right option for a patient. First, the patient must have the required physician recommendation and identification to enter into the dispensary and acquire the allotted amount of medical marijuana. Second, if it is apparent that a patient is intoxicated or impaired and DISPENSARY staff believes that they are abusing medical marijuana, dispensary staff will consult with a superior before making a decision to dispense the medical marijuana. If the superior staff member agrees that this patient should not be given more medical marijuana, the Clinical Director will request that the patients schedule an appointment with their primary care physician or their recommending doctor to schedule an intervention and address the misuse 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

Introduction. DISPENSARY will have a standard operating procedure when there are adverse events relating to the use of medical marijuana by its patients. There is no duty to report adverse events to state officials, however, DISPENSARY will create detailed documentation that monitors adverse events and prevent future adverse events from occurring.

Reporting Adverse Events. When a patient reports an adverse event, the dispensary staff will create an Adverse Event Report (AER) that will be entered electronically in the DISPENSARY database. Each report will contain the patient name, qualifying condition that is being treated, the strain or marijuana product that was consumed, and the manner it was consumed. Further information will be collected from patient if available including what the patient had ingested with the medical marijuana, if the patient was using any other substances/pharmaceuticals, and the patient's state of mind when consuming the medical marijuana. DISPENSARY staff will instruct patients to best identify what medical marijuana product was consumed leading up to the adverse event. However, DISPENSARY staff will be able to look back at patient records and note what products were bought and consumed. Product and product serial numbers/lot numbers should be recorded in the AER in case there are faulty or unsafe products that is indicative of a more systemic problem that requires notice up the supply chain. Each AER should be printed out and stored for reference in a binder and stored. Furthermore, a physical copy will be given to the Clinical Director and the DISPENSARY staff member responsible for inventory for a closer review.

Circumstances to Trigger Reporting Process. All adverse events will be documented in an AER. The DISPENSARY database will be programmed to analyze all filed AERs and notify DISPENSARY staff of any reoccurring products, strains or other factors that have appeared in one or more AER. When the DISPENSARY staff is notified of the recurring product in connection with an adverse event the product will be taken off the shelf and inspected by staff for any noticeable defects or imperfections that could be the cause of an adverse reaction (i.e. expiration date, incorrect allergen labeling, mold). If there is no discernable imperfection, DISPENSARY supervisors will determine the next step that should be taken. Staff may inquire with cultivators and processors if there had been any other reports by other dispensaries concerning the same product. If it has been determined that a medical marijuana product or strain is defective and is causing/could cause adverse events DISPENSARY will initiate its recall procedure. DISPENSARY will search its database for all patients that bought a particular defective recalled product and send out an immediate email and text correspondence to the patients outlining how they should return the recalled product for store credit. The recall will also be uploaded on all social media platforms as to notify as many dispensary patients as possible. Furthermore, DISPENSARY staff will acquire the patient list and make individual phone calls to each patient alerting them of the recall and return process. At this point, DISPENSARY will begin reporting up the supply chain to processors and cultivators that may need to contact other dispensaries that use their products. Furthermore, DISPENSARY will have to report this recall to the state board of pharmacy, the

department of commerce, and the state medical board with 24 hours of the recall. This process will be in the employee handbook and will be required knowledge for anyone working at DISPENSARY. Staff will inform patients of the recall procedure so they can be reassured that they are working with a dispensary that operates at the highest levels of safety and caution when it comes to their health.

Timing to Provide Reports. Each AER will be completed as the patient comes in or calls about an adverse event. Being electronically filed allows the DISPENSARY database to perform an immediate analysis and notify DISPENSARY staff of the irregularity. DISPENSARY staff will immediately begin the determination if reporting is necessary and whether a recall is warranted – this should all be completed within 24 hours as to prevent any patients from experiencing an unnecessary adverse event. This will be outlined in the DISPENSARY employee handbook and reiterated every training session as to stress the importance of providing the patients' with the best services and care.

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

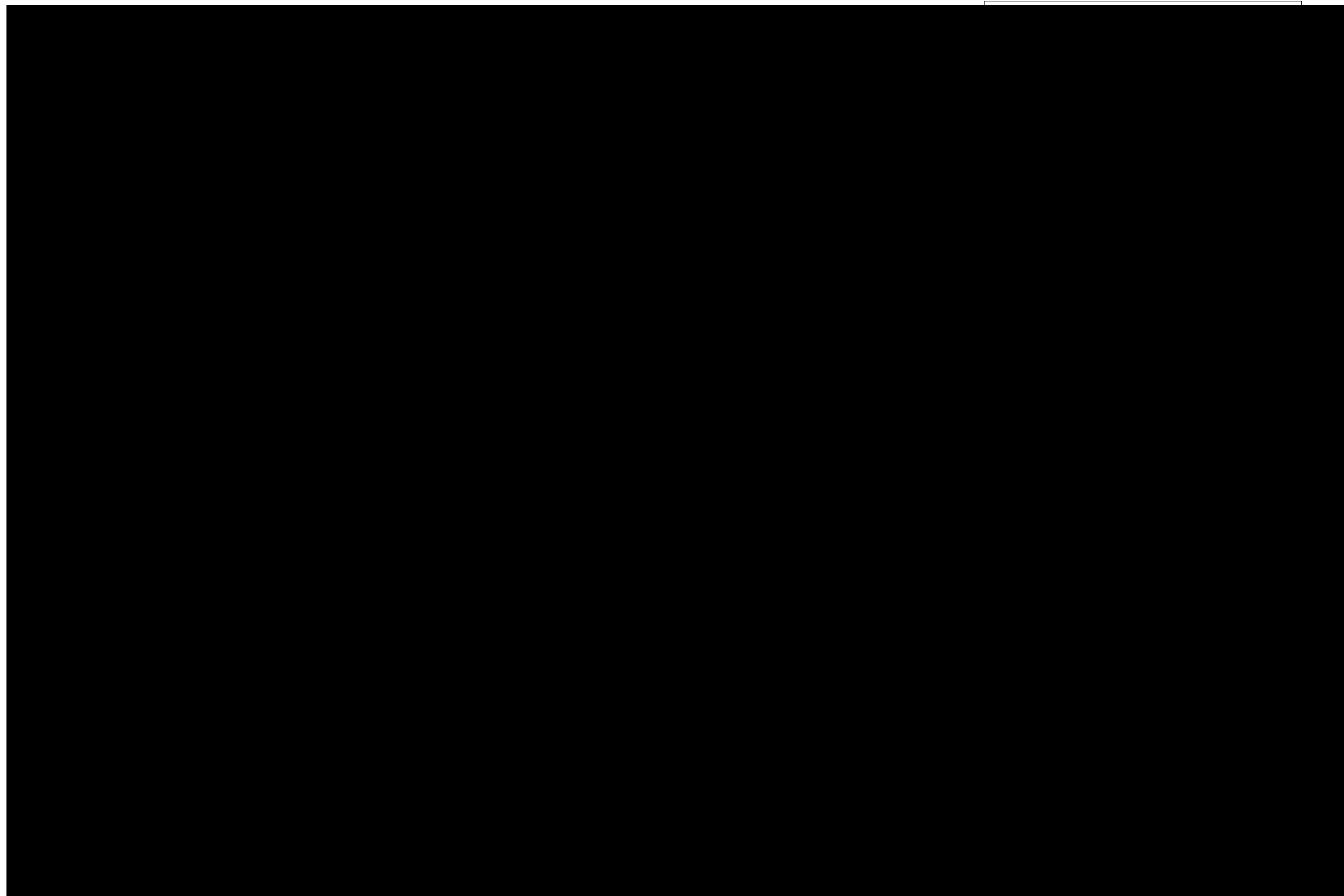
Please reference [OAC 3796:6-2-02](#) for more information.

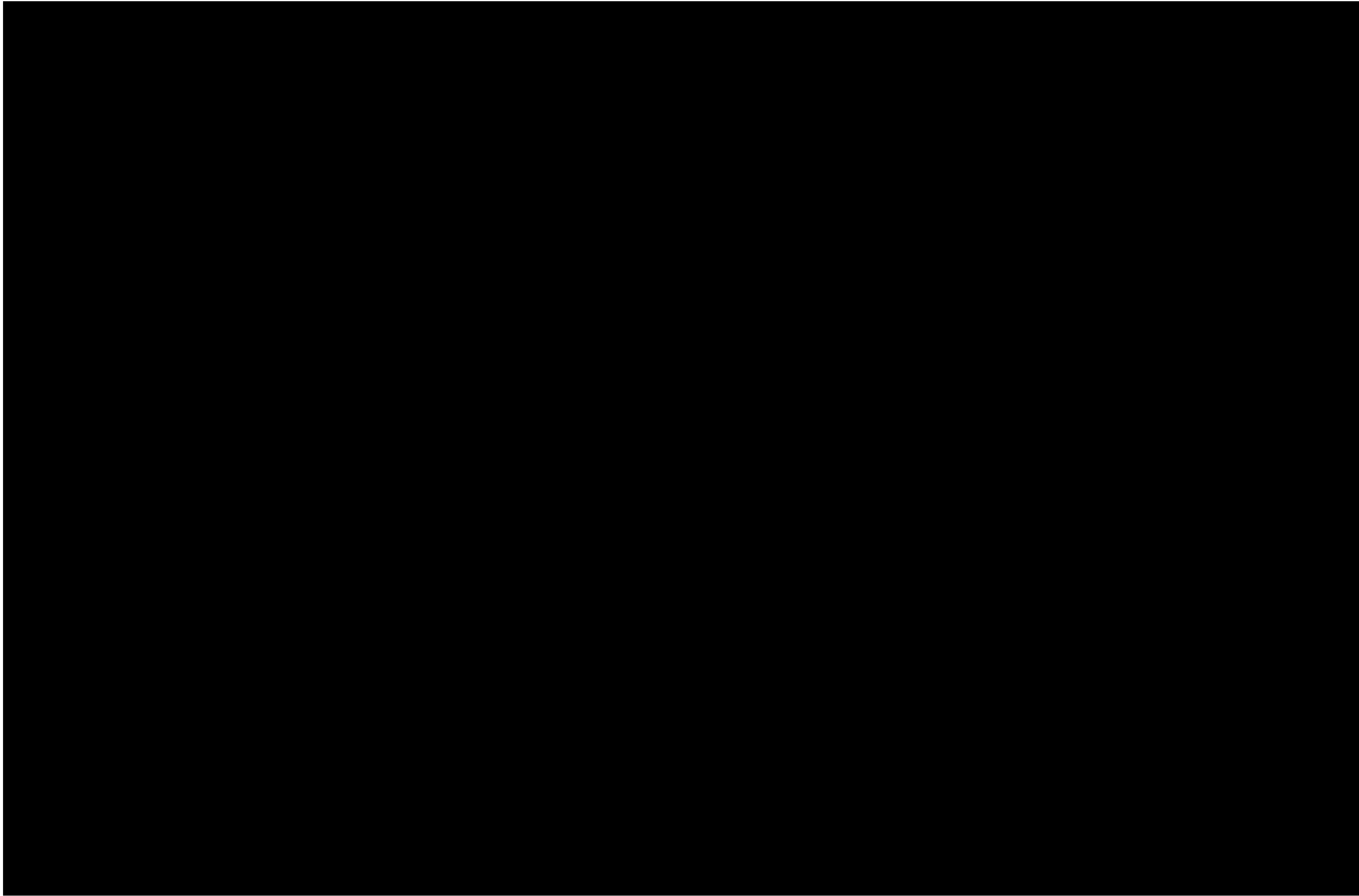
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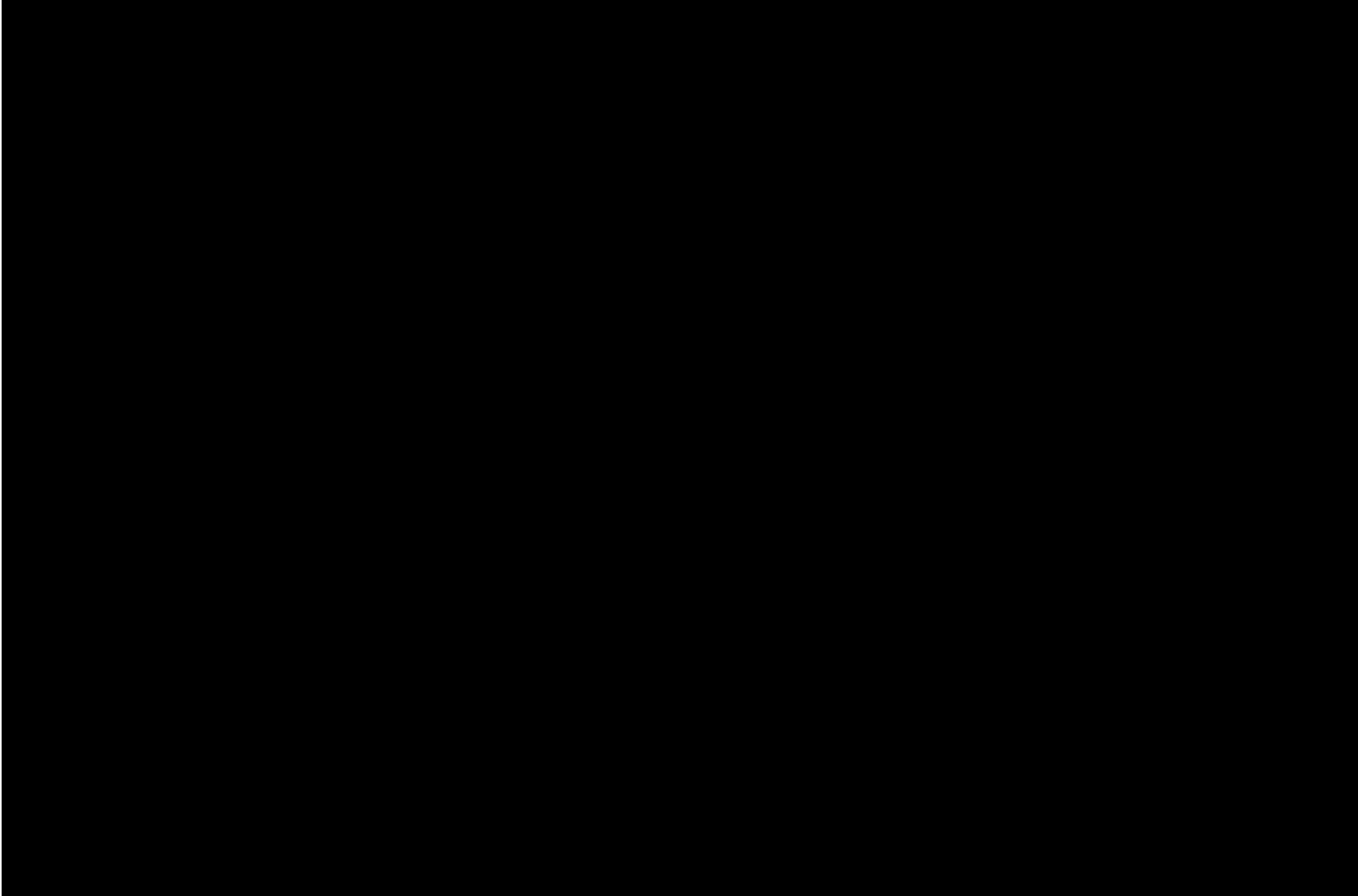
E-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

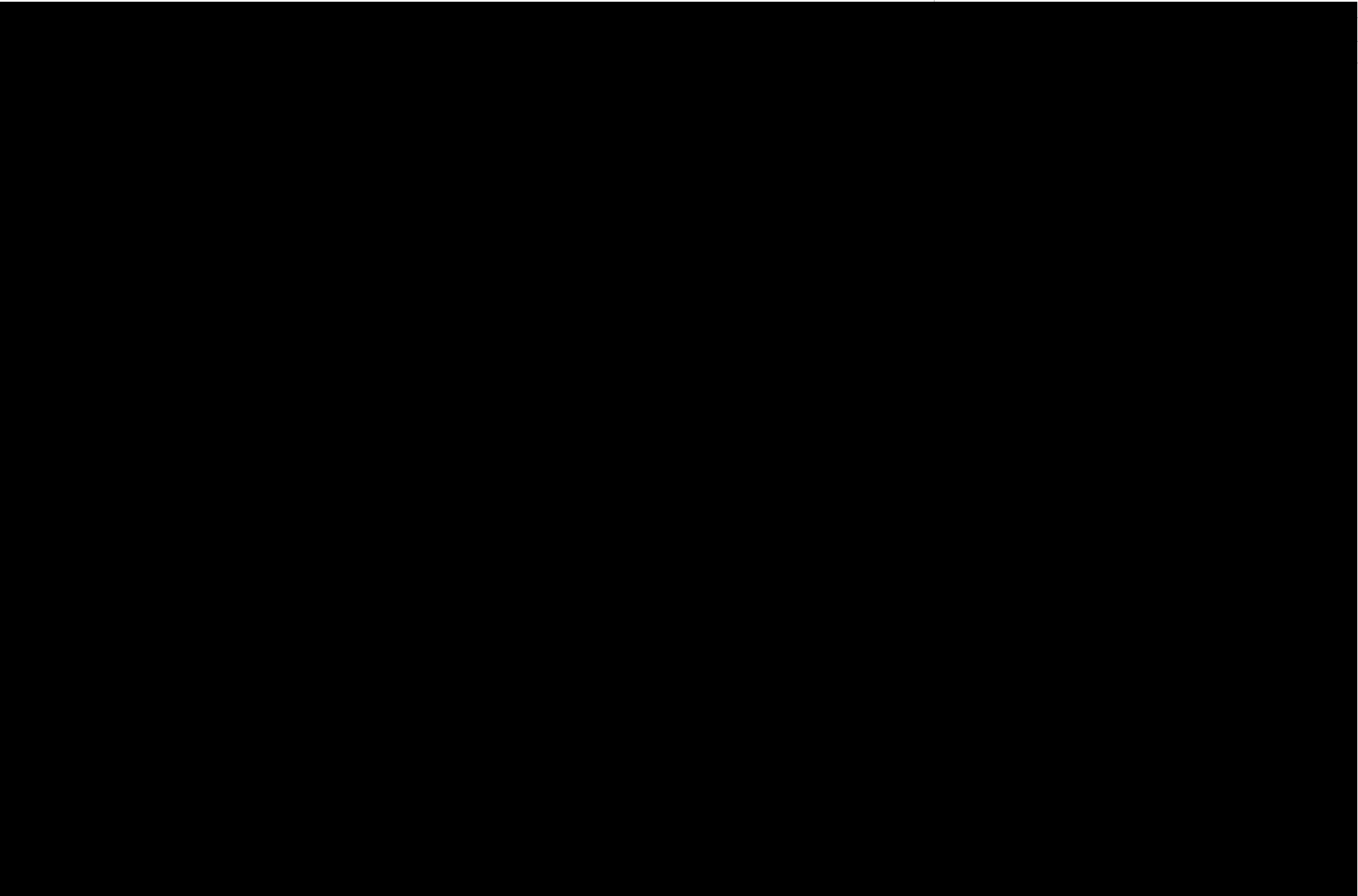
Uploaded Document Name: **E-3.1.1_Floor Plan-2.pdf**

NOTE: This applicant uploaded document is the next 4 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](#)

The dispensary will be open for business from 8am to 8pm Monday through Friday, weekend hours will be from 9am until 7pm on Saturday and Sunday. If there is a demand, Blossom will extend the operating hours to 7am until 9pm Monday through Friday.

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.



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:

Blossom Enterprises, LLC

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

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

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

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

Printed Name of Authorized Representative

Jamake Akinnagbe

Signature

Jamake Akinnagbe

Date

11/17/2017



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application



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

F-1.2 To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.

This response has been entirely redacted