Medical Marijuana Dispensary Permit Application

You may apply for one dispensary permit in this application for any of the medical marijuana regions listed below. A separate application must be submitted for each primary dispensary location sought by the applicant. Please see the Medical Marijuana Organization Permit Application Instructions for a table of the counties within each medical marijuana region and the counties in which you are eligible to locate your primary dispensary.

Please check to indicate the medical marijuana region, and specify the county, for which you are applying for a dispensary permit:

☐ Northwest  ☐ Northcentral  ☐ Northeast
☐ Southwest  ☑ Southcentral  ☐ Southeast

County 1 (Primary Dispensary Location): Blair
County 2 (if applicable): n/a
County 3 (if applicable): n/a
Medical Marijuana Dispensary Permit Application

Part A - Applicant Identification and Dispensary Information

(Scoring Method: Pass/Fail)

FOR THIS PART, THE APPLICANT IS REQUIRED TO PROVIDE BACKGROUND AND CONTACT INFORMATION FOR THE BUSINESS OR INDIVIDUAL APPLYING FOR A DISPENSARY PERMIT, THE PRIMARY DISPENSARY LOCATION, ALONG WITH ANY SECOND OR THIRD DISPENSARY LOCATIONS THAT ARE BEING SOUGHT UNDER THE APPLICATION.

Section 1 – Applicant Name, Address and Contact Information

Business or Individual Name and Principal Address

<table>
<thead>
<tr>
<th>Business Name, as it appears on the applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other legal business formation documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

Section 2 – Dispensary Information

The applicant is required to provide a primary dispensary location. The applicant may include a second or third location under this application. A second or third dispensary may be added to a dispensary permit at a later date through the filing of an application for additional dispensary locations.

By checking “Yes,” you affirm that you possess the ability to obtain in an expeditious manner the right to use sufficient land, buildings and other premises and equipment to properly carry on the activity described in the medical marijuana dispensary permit application, and any proposed location for a dispensary.

| ☒ Yes | ☐ No |
| Primary Dispensary Location (please indicate dispensary name as you would like it to appear on the dispensary permit) |
| [Redacted] |
Pennsylvania Department of Health  
Medical Marijuana Dispensary Permit Application  

<table>
<thead>
<tr>
<th>City: Altoona</th>
<th>State: PA</th>
<th>Zip Code: 16602</th>
</tr>
</thead>
<tbody>
<tr>
<td>County: Blair</td>
<td>Municipality: Logan Township</td>
<td></td>
</tr>
</tbody>
</table>

Please provide a description of the public access to the dispensary location, including any local public transportation that may be available:

Our Primary location is located at James E. VanZandt Veteran’s Administration Medical Center, which is an outpatient specialty center serving more than 26,000 veterans from an adjacent 14 county region to Altoona, PA. Additionally, The Veteran’s Home of Hollidaysburg, housing 339 disabled and senior veterans and dependants, is 4 miles south of our center. UPMC-Altoona, a general medical and surgical hospital with 380 beds & 524 practicing, privileged physicians is located 2.9 miles from our Center. There are several physician offices, outpatient treatment facilities and other medical providers located within a 5 mile radius. It is located near major transportation routes, including Interstate 99, Business Route 220, local state route 22, Route 36 and Route 764. We are situated in a major commercial retail shopping district which is serviced by public transit, with 4 bus stops within 300 feet; 10 bus stops within 1000 feet and a train station one mile away. A recent Department of Transportation traffic study showed that 24,000 vehicles traveled nearby on Interstate 99 in a 24 hour period; 24,000 vehicles traveled Business Route 220; 11,000 vehicles traveled Route 22; and 4,600 vehicles traveled Route 36.

Second Dispensary Location

<table>
<thead>
<tr>
<th>Facility Name: n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>County:</td>
</tr>
</tbody>
</table>

Please provide a description of the public access to the dispensary location, including any local public transportation that may be available:

Please limit your response to no more than 5,000 words.

Third Dispensary Location

<table>
<thead>
<tr>
<th>Facility Name: n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>County:</td>
</tr>
</tbody>
</table>

Please provide a description of the public access to the dispensary location, including any local public transportation that may be available:

Please limit your response to no more than 5,000 words.
Part B – Diversity Plan

(Scoring Method: 100 Points)

In accordance with Section 615 of the Act (35 P.S. § 10231.615), an applicant shall include with its application a diversity plan that promotes and ensures the involvement of diverse participants and diverse groups in ownership, management, employment, and contracting opportunities. Diverse participants include a person, including a natural person; individuals from diverse racial, ethnic and cultural backgrounds and communities; women; veterans; individuals with disabilities; corporation; partnership; association; trust or other entity; or any combination thereof, who are seeking a permit issued by the Department of Health to grow and process or dispense medical marijuana. Diverse groups include the following businesses that have been certified by a third-party certifying organization: a disadvantaged business, minority-owned business, and women-owned business as those terms are defined in 74 Pa. C.S. § 303(b); and a service-disabled veteran-owned small business or veteran-owned small business as those terms are defined in 51 Pa. C.S. § 9601.

Section 3 – Diversity Plan

By checking “Yes,” the applicant affirms that it has a diversity plan that establishes a goal of opportunity and access in employment and contracting by the medical marijuana organization. The applicant also affirms that it will make a good faith effort to meet the diversity goals outlined in the diversity plan. Changes to the diversity plan must be approved by the Department of Health in writing.

The applicant further agrees to report participation level and involvement of Diverse Participants and Diverse Groups in the form and frequency required by the Department, and to provide any other information the Department deems appropriate regarding ownership, management, employment, and contracting opportunities by Diverse Participants and Diverse Groups.

DIVERSITY PLAN

In narrative form below, describe a plan that establishes a goal of diversity in ownership, management, employment and contracting to ensure that diverse participants and diverse groups are accorded equality of opportunity. To the extent available, include the following:

1. The diversity status of the Principals, Operators, Financial Backers, and Employees of the Medical Marijuana Organization.
2. An official affirmative action plan for the Medical Marijuana Organization.
3. Internal diversity goals adopted by the Medical Marijuana Organization.
4. A plan for diversity-oriented outreach or events the Medical Marijuana Organization will conduct during the term of the permit.
5. Contracts with diverse groups and the expected percentage and dollar amount of revenues that will be paid to the diverse groups.
6. Any materials from the Medical Marijuana Organization’s mentoring, training, or professional development programs for diverse groups.

7. Any other information that demonstrates the Medical Marijuana Organization’s commitment to diversity practices.

8. A workforce utilization report including the following information for each job category within the Medical Marijuana Organization:
   a. The total number of persons employed in each job category,
   b. The total number of men employed in each job category,
   c. The total number of women employed in each job category,
   d. The total number of veterans in each job category,
   e. The total number of service-disabled veterans in each job category, and
   f. The total number of members of each racial minority employed in each job category.

9. A narrative description of your ability to record and report on the components of the diversity plan.

Diversity Overview
The diversity status of the Principals, Operators, Financial Backers, and Employees of the Medical Marijuana Organization is detailed below.

We are proud to claim a very diverse group of employees, contractors, security personnel who will work together to create a unique Alternative Health and Wellness Center and Medical Marijuana Dispensary. Blair and its surrounding counties do not have a very diverse population. The racial makeup of the county is 96.18% white, 1.68% African American, .02% Asian; and less than 1% Latino. In every other category or stratification, you can call it very middle class. The neighboring counties have a very similar makeup.

However, my definition of diversity also includes minorities such as women, the veteran population, the LGBTQ community, and the disabled adults and children that populate Blair and its neighboring counties.

We are a female owned and operated business, with the intent to hire very accomplished minority and female professionals. We have also formed an Advisory Board, filled with talented women and team of community healthcare professionals.

We have identified, interviewed and intend to hire 3 female pharmacists as well as 2 pharmacy techs. Our identified team of Physician Assistants & Nurse Practitioners include 4 women, an African American male who part of the LGBTQ community and a Hispanic service disabled veteran. Our administrative staff will include 5 well-qualified women from the local community - a Marketing/advertising representative, billing representative, patient liaison, product assistant, and community awareness/education outreach coordinator. We have also identified 2 veterans to serve as our Security and Transportation Directors. We found our intended current staff to be the most qualified in all of the talent pool available, they also happen to be diverse.

We have strategically identified the location of our first dispensary. James E. Van Zandt Veteran’s Administration Medical Center, which serves 26,000 veterans in a 14 county region. We anticipate an active recruitment process from the outpatient pool from this VA
hospital and would like to institute a volunteer program with their large inpatient population to counsel many of our patients suffering from similar disabilities. We are currently working with an Altoona based contracting team who are very active in the LGBTQ community. The head of our Board of Advisors is the [redacted], a local Rehabilitation Hospital. He is of Asian descent. The rest of our advisory Board consists of 6 professional women who are active members of the local community, serving on the boards of several non-profit organizations, and a male healthcare professional of Middle Eastern heritage. It is our mission to fully integrate, hire and train as many members of diverse minority groups from our local communities.

**AFFIRMATIVE ACTION PROGRAM**

- Organizational Profile
- Job Group Analysis
- Utilization Analysis
- Placement of Incumbents in Job Groups
- Determining Availability
- Comparing Incumbency to Availability
- Placement Goals
- Additional Required Elements
- Designation of Responsibility for Implementation

- Identification of Problem Areas
- Action-Oriented Programs

- Internal Audit and Reporting System
- Support Data
- General Requirement (optional inclusion in AAP)
- Guidelines on Discrimination because of Religion or National Origin
- Organizational Display

*(OUR COMPANY - Projected Status and intended/recruited (non-hired key roles) – Currently only 2 WF principles are employed)*
<table>
<thead>
<tr>
<th>Title</th>
<th>Wage Rate</th>
<th>RED-1</th>
<th>Total</th>
<th>White</th>
<th>Black/AA</th>
<th>Asian/Pl</th>
<th>Hispanic</th>
<th>Total</th>
<th>White</th>
<th>Black/AA</th>
<th>Asian/Pl</th>
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</thead>
<tbody>
<tr>
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<td>P</td>
<td>p/m</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>General Manager</td>
<td>S</td>
<td>p/M</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
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<td>6</td>
<td>6</td>
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<tr>
<td>Product managers</td>
<td>s</td>
<td>p/m</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
</tbody>
</table>
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| Reception/intake technicians | 2 | 4 | 2 | 2 | 2 | 2 | 1 | 1 | 1 |
| Security agents             | 4 | 3 | 3 | 1v| 1v| 1 | 1 | 1 | 1 |

Current (including recruited non-hired pharmacists; pa; np and advisory committee members)

**DEPARTMENT/WORK UNIT: All**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Wage Rate</th>
<th>EEO-1 Category</th>
<th>Total Employees</th>
<th>Total</th>
<th>White</th>
<th>Black/AA</th>
<th>Asian/PI</th>
<th>American Indian/AN</th>
<th>Hispanic</th>
<th>Total</th>
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<th>Asian/PI</th>
<th>American Indian/AN</th>
<th>Hispanic</th>
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<tr>
<td>CEO</td>
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<td>P/M</td>
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<tr>
<td>General Manager</td>
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<td>1</td>
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<tr>
<td>advisors</td>
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<td>p/m</td>
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<tr>
<td>Product managers</td>
<td>s</td>
<td>p/m</td>
<td>1</td>
<td>6</td>
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<td>1</td>
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<td>4</td>
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</tr>
<tr>
<td>Reception/intakes</td>
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<tr>
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</tr>
<tr>
<td>Security agents</td>
<td>s</td>
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</tr>
</tbody>
</table>

Job Group Analysis:
**Listing of Job Titles**

| Job Titles | Job Group Name | EEO-1 Category |
Utilization Analysis:
Placement of Incumbents in Job Groups (current including principles and recruited pharmacists and advisory committee members)

<table>
<thead>
<tr>
<th>Job Group</th>
<th>Total # of Incumbents</th>
<th># of Females</th>
<th>Female Incumbency %</th>
<th># of Minorities</th>
<th>Minority Incumbency %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>17</td>
<td>12</td>
<td>.70</td>
<td>2</td>
<td>.11</td>
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<tr>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>5</td>
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<tr>
<td>4</td>
<td>3</td>
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</tbody>
</table>
## Determining Availability

<table>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minority</td>
<td>Female</td>
<td>Minority</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>1. Percentage of minorities or women with requisite skills in the reasonable recruitment area</td>
<td>4.2%</td>
<td>51.2%</td>
<td>75%</td>
<td>3.1%</td>
<td>38.17%</td>
</tr>
<tr>
<td>2. Percentage of minorities or women among those promotable, transferable, and trainable within the organization.</td>
<td>11.1%</td>
<td>70%</td>
<td>22%</td>
<td>2.75%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Comparing Incumbency to Availability and Establishing Placement Goals

<table>
<thead>
<tr>
<th>Job Group</th>
<th>Female Incumbency %</th>
<th>Female Availability %</th>
<th>Establish Goal? Yes/No</th>
<th>If Yes, Goal for Females</th>
<th>Minority Incumbency %</th>
<th>Minority Availability %</th>
<th>Establish Goal? Yes/No</th>
<th>If Yes, Goal for Minorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>70</td>
<td>51.2</td>
<td>No</td>
<td>11.1%</td>
<td>4.2%</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2</td>
<td>51.2</td>
<td>51.2</td>
<td>Yes</td>
<td>50</td>
<td>4.2%</td>
<td>Yes</td>
<td>20%</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>51.2</td>
<td>51.2</td>
<td>Yes</td>
<td>40%</td>
<td>4.2%</td>
<td>Yes</td>
<td>30%</td>
<td>N/A</td>
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<tr>
<td>4</td>
<td>51.2</td>
<td>51.2</td>
<td>Yes</td>
<td>33%</td>
<td>4.2%</td>
<td>Yes</td>
<td>33%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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Designation of Responsibility for Implementation

**Responsibilities of the Equal Employment Opportunity Manager:**
The Personnel Manager has the responsibility for designing and ensuring the effective implementation of (OUR COMPANY’s) Affirmative Action Program (AAP). These responsibilities include, but are not limited to, the following:

- Developing Equal Employment Opportunity (EEO) policy statements, affirmative action programs and internal and external communication procedures;
- Assisting in the identification of AAP/EEO problem areas;
- Assisting management in arriving at effective solutions to AAP/EEO problems;
- Designing and implementing an internal audit and reporting system that:
  - Measures the effectiveness of OUR COMPANY’s program;
  - Determines the degree to which AAP goals and objectives are met; and
  - Identifies the need for remedial action;
- Keeping OUR COMPANY’s General Manager informed of equal opportunity progress and reporting potential problem areas within the company through quarterly reports;
- Reviewing the company’s AAP for qualified minorities and women with all managers and supervisors at all levels to ensure that the policy is understood and is followed in all personnel activities;
- Auditing the contents of the company’s bulletin board to ensure compliance information is posted and up-to-date; and
- Serving as liaison between OUR COMPANY and enforcement agencies.

**Responsibilities of Managers and Supervisors:**

- It is the responsibility of all managerial and supervisory staff to implement OUR COMPANY’s AAP. These responsibilities include, but are not limited to:
  - Assisting in the identification of problem areas, formulating solutions, and establishing departmental goals and objectives when necessary;
  - Reviewing the qualifications of all applicants and employees to ensure qualified individuals are treated in a nondiscriminatory manner when hiring, promotion, transfer, and termination actions occur; and
  - Reviewing the job performance of each employee to assess whether personnel actions are justified based on the employee’s performance of his or her duties and responsibilities.

**Identification of Problem Areas**

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Corrective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Low minority and female applicant rate resulting from demographic makeup</td>
<td>No later than July 1, 2017, notify management and professional recruitment sources, in writing, of OUR COMPANY’s interest in attracting qualified minorities and women to apply for job openings.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Include veterans and service disabled veterans</td>
<td>No later than July 1, 2017, notify management and professional recruitment sources, in writing, of OUR COMPANY’s interest in attracting qualified candidates to apply for job openings. Utilize community relationships with veteran’s groups to locate candidates</td>
</tr>
</tbody>
</table>

### Action-Oriented Programs

OUR COMPANY has instituted action programs to eliminate identified problem areas and to help achieve specific affirmative action goals. These programs include:

- Conducting annual analyses of job descriptions to ensure they accurately reflect job functions;
- Reviewing job descriptions by department and job title using job performance criteria;
- Making job descriptions available to recruiting sources and available to all members of management involved in the recruiting, screening, selection and promotion processes;
- Evaluating the total selection process to ensure freedom from bias through:
  - Reviewing job applications and other pre-employment forms to ensure information requested is job-related;
  - Evaluating selection methods that may have a disparate impact to ensure that they are job-related and consistent with business necessity;
- Training personnel and management staff on proper interview techniques; and
- Training in EEO for management and supervisory staff;
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- Using techniques to improve recruitment and increase the flow of minority and female applicants. OUR COMPANY presently undertakes the following actions:
  - Include the phrase "Equal Opportunity/Affirmative Action Employer" in all printed employment advertisements;
  - Place help wanted advertisement, when appropriate, in local minority news media and women’s interest media;
  - Disseminate information on job opportunities to organizations representing minorities, women and employment development agencies when job opportunities occur;
  - Encourage all employees to refer qualified applicants;
  - Actively recruit at secondary schools, junior colleges, colleges and universities with predominantly minority or female enrollments; and
  - Request employment agencies to refer qualified minorities and women;
  - Hiring a statistical consultant to help OUR COMPANY perform a self-audit of its compensation practices; and
  - Ensuring that all employees are given equal opportunity for promotion. This is achieved by:
    - Posting promotional opportunities;
    - Offering counseling to assist employees in identifying promotional opportunities, training and educational programs to enhance promotions and opportunities for job rotation or transfer; and
    - Evaluating job requirements for promotion.

Internal Audit and Reporting System

The Personnel Manager has the responsibility for developing and preparing the formal documents of the AAP. The Personnel Manager is responsible for the effective implementation of the AAP; however, responsibility is likewise vested with each department manager and supervisor. OUR COMPANY’s audit and reporting system is designed to:

- Measure the effectiveness of the AAP/EO program;
- Document personnel activities;
- Identify problem areas where remedial action is needed; and
- Determine the degree to which OUR COMPANY’s AAP goals and objectives have been obtained.

The following personnel activities are reviewed to ensure nondiscrimination and equal employment opportunity for all individuals without regard to their race, color, sex, sexual orientation, gender identity, religion, or national origin:

- Recruitment, advertising, and job application procedures;
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- Hiring, promotion, upgrading, award of tenure, layoff, recall from layoff;
- Rates of pay and any other forms of compensation including fringe benefits;
- Job assignments, job classifications, job descriptions, and seniority lists;
- Sick leave, leaves or absence, or any other leave;
- Training, apprenticeships, attendance at professional meetings and conferences; and
- Any other term, condition, or privilege of employment.

The following documents are maintained as a component of OUR COMPANY’s internal audit process:

- An applicant flow log showing the name, race, sex, date of application, job title, interview status and the action taken for all individuals applying for job opportunities;
- Summary data of external job offers and hires, promotions, resignations, terminations, and layoffs by job group and by sex and minority group identification;
- Summary data of applicant flow by identifying, at least, total applicants, total minority applicants, and total female applicants for each position;
- Maintenance of employment applications (not to exceed one year); and
- Records pertaining to OUR COMPANY’s compensation system.

OUR COMPANY’s audit system includes a quarterly report documenting OUR COMPANY’s efforts to achieve its EEO/AAP responsibilities. Managers and supervisors are asked to report any current or foreseeable EEO problem areas and are asked to outline their suggestions/recommendations for solutions. If problem areas arise, the manager or supervisor is to report problem areas immediately to the Personnel Manager. During quarterly reporting, the following occurs:

The Personnel Manager will discuss any problems relating to significant rejection ratios, EEO charges, etc., with the General Manager; and

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<tr>
<th>OFCCP Category: Officials and Managers</th>
<th>External Hires</th>
<th>External Applicants</th>
<th>Promotions – Into Job Group</th>
<th>Promotions - Within Job Group</th>
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### Pennsylvania Department of Health
#### Medical Marijuana Dispensary Permit Application

#### OFCCP Category: Officials and Managers

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<th>Layoffs</th>
<th>Recalls</th>
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### Race & Ethnicity Categories
- White
- Black/African American
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic
- Race Missing or Unknown
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**Applicant Flow Log**

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<tr>
<th>NAME</th>
<th>RACE/ETHNICITY</th>
<th>SEX</th>
<th>DATE OF APPLICATION</th>
<th>JOB TITLE</th>
<th>INTERVIEW (Y/N)*</th>
<th>ACTION TAKEN (H/NH)) &amp; DATE</th>
</tr>
</thead>
</table>
Support Data

**ANALYSIS OF AFFIRMATIVE ACTION PROGRAM PROGRESS:**

<table>
<thead>
<tr>
<th>JOB GROUP*</th>
<th>GOAL PLACEMENT RATE (%)**</th>
<th>ACTUAL PLACEMENT RATE (%)***</th>
<th>ANALYSIS OF GOOD FAITH EFFORTS</th>
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<tbody>
<tr>
<td>MINORITY</td>
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</table>

*JOB GROUPS WHERE GOALS ARE REQUIRED

** GOAL PLACEMENT RATE EQUALS AVAILABILITY PERCENTAGE RATE FOR MINORITIES OR FEMALES AS APPLICABLE

*** ACTUAL PLACEMENT RATE FOR MINORITIES OR FEMALES FOR A PARTICULAR JOB GROUP IS EQUAL TO THE NUMBER OF MINORITY OR FEMALE PLACEMENTS DIVIDED BY THE TOTAL NUMBER OF PLACEMENTS. FOR EXAMPLE, IF JOB GROUP A EXPERIENCED 45 FEMALE PLACEMENTS OUT OF 90 TOTAL PLACEMENTS, THE ACTUAL PLACEMENT RATE FOR FEMALES IS (45/90=0.5) OR 50%.

Guidelines on Discrimination Because of Religion or National Origin

It is the policy of OUR COMPANY, Inc. to take affirmative action to insure that applicants are employed, without regard to their religion or national origin. Such action includes, but is not limited to the following employment practices: hiring, promotion, demotion, transfer, recruitment or recruitment advertising, layoff, termination, rates of pay or other forms of compensation and selection for training.
Employment practices have been reviewed to determine whether members of the various religions and/or ethnic groups are receiving fair consideration for job opportunities. Attention has been directed toward executive and middle management levels.

The policy concerning OUR COMPANY’s obligation to provide equal employment opportunity without regard to religion or national origin is communicated to all employees via employee handbooks, policy statement and the Affirmative Action Program.

Internal procedures have been developed in this program to insure that OUR COMPANY’s obligation to provide equal employment opportunity without regard to religion or national origin is being fully implemented.

Employees are informed at least annually of OUR COMPANY’s commitment to equal employment opportunity for all persons, without regard to religion or national origin.

Recruiting sources have been informed of our commitment to provide equal employment opportunity without regard to religion or national origin.

Employment records of all employees are reviewed to determine the availability of promotable and transferable employees.

Contacts with religious and ethnic organizations will be made for purposes of advice, education, technical assistance and referral of potential employees as necessary to accomplish the purpose of this program.

OUR COMPANY engages in recruitment activities at educational institutions with substantial enrollments of students from various ethnic and religious groups.

Ethnic and religious media may be used for employment advertising.

Reasonable accommodations to the religious observances and practices of employees or prospective employees will be made, unless doing so would result in undue hardship. In determining whether undue hardship exists, factors such as the cost to the company and the impact on the rights of other employees would be considered.

Internal diversity goals adopted by the Medical Marijuana Organization.

- Ensure a diverse workplace
- Ensure a company culture of acceptance, tolerance, respect, and care
- Promote and support diverse groups and organizations within the community
- Periodically audit the organization and measuring the results
- Monitoring records of all personnel activity, including referrals, placements, transfers, promotions, termination, and compensation at all levels
- Requiring managers to periodically report on their efforts to meet goals – review report results with all levels of management
- Advise top administration of program effectiveness and submitting recommendations to improve unsatisfactory performance
- Ensure equal pay for job categories and experience without disparity between groups

A plan for diversity-oriented outreach or events the Medical Marijuana Organization will conduct during the term of the permit.

Our company will conduct the following outreach and events:

- Utilization of a ‘diversity training’ specialty service to incorporate best practices, cultural acceptance, respect, and promotion of a diverse workplace. This service is to be used initially to ensure best hiring and management practices during the startup phase of our company,
Pennsylvania Department of Health
Medical Marijuana Dispensary Permit Application

and will be used to educate employees on an initial basis upon conclusion of initial hiring, and on an ongoing basis as the team increases in size.

- Utilization of diversity group recruitment services, job fairs, colleges, adult learning centers, and open houses for employees during the preliminary hiring phase, and on an ongoing basis as the team increases in size to ensure our affirmative action and diversity goals are met and exceeded.

- Charitable donations to veterans groups and service disabled veteran recovery, as well as participation in ongoing treatment/cannabinoid therapy and progress assessments, with anonymous data shares with medical specialists and cannabis experts. We also aim to utilize these veteran’s groups as labor force recruiting centers and invite all members to apply for opportunity within our team.

- Charitable donations to groups which provide ongoing opportunity and development for diverse groups in the areas of education and employment.

Contracts with diverse groups and the expected percentage and dollar amount of revenues that will be paid to the diverse groups.

Our company and facilities will utilize a number of diverse groups for the construction and ongoing operations- Our contracting construction firm intends to be utilizing subcontractors which are officially listed as ‘diverse and/or disadvantaged business groups’ in the commonwealth of PA, which are minority, veteran, and women owned.

- four of our intended primary employees (pharmacists;pa;np) are women, with outstanding records and credentials. They are long time PA residents, and have contributed highly to the community.

- Construction; flooring; electrical; hvac; paint: $c. $386,000.00 / construction, equipment, service and installation costs

- Pharmacists;pa;np roles: c. $100,000.00 / position / annually

Any materials from the Medical Marijuana Organization’s mentoring, training, or professional development programs for diverse groups.

- Our company will serve to afford equal opportunity and employment to all groups, and to mentor, train, and professionally develop all members of our team to help them achieve further success. All employees will be invited to participate in regular meetings which further their business experience, education, and ability to ascend from their employee position to management and entrepreneurship.

- Mentoring/Professional development workshops for all employees; including onsite education, webinars, and at-home opportunities for participants to become educated, promoted, and enabled to progress to the entrepreneurial level regardless of their background or current status. Our goal is to enable participants to ascend their position and ability, and allow them to operate, manage, or own any business, as well as practical and specialty information which will allow them to operate, manage, or own a cannabis based business.

- Opt-in programs include:
- Per the intended provider; Cornell University Professional Development Series:
- **THE 7 HABITS OF HIGHLY EFFECTIVE PEOPLE**
- The 7 Habits program is a dynamic training experience to increase both personal and professional effectiveness.
- **COMMUNICATION**
- The objective of the certificate program is to provide participants with a baseline competency in today’s most critical workplace skill—communication.
- **CUSTOMER SERVICE**
- Quality service provides efficiencies, promotes healthy working relations, and reduces stress.
- **TIME MANAGEMENT**
- Getting the most out of every hour in a day is a constant challenge in our busy work world. This value packed training program explains the fundamentals of time management.
- **PROJECT MANAGEMENT ESSENTIALS**
- ...will help participants consistently complete projects successfully by teaching them to implement a disciplined process to execute projects and to master informal authority.

*Additional workshops, mentoring, and professional development to be held by principles, specialty groups, and accredited professional development groups:*
- Training seminars for base level employees; with the progression into higher responsibility and management
- Managerial concepts and practices
- Entrepreneurship 101; business understanding and practices; how to start and operate a business; business administration; finance management and raising capital
- Special considerations for managing and/or operating a cannabis based business
- Ongoing education and professional development classes will be encouraged utilizing accredited higher learning organizations, with incentives and assistance provided by our company to participants

Any other information that demonstrates the Medical Marijuana Organization’s commitment to diversity practices.

A group which promotes, educates, and provides diversity based training and practices shall be utilized to ensure our company establishes and maintains best practices and affirmative action planning.
Per the diversity training provider collateral:
“Diversity in Action Course
Managing and benefiting from a varied workforce
Positioning your product or service to a diverse consumer base
Developing and promoting a positive corporate identity
Diversity Training: Beyond Tolerance
What’s Covered in the Diversity Benefits Course?
Our modules cover a broad range of concepts to address the issues that face a diverse workforce:

Equal Opportunity, Affirmative Action and Diversity: What are your responsibilities under the law?
Understanding and managing unconscious and conscious biases: How uncovering hidden biases opens the door for inclusion
Acceptance versus Assimilation: Move past requiring others to conform; learn how to go from tolerating to accepting and embracing diversity
Beyond the Law: As you promote diversity in your workforce, go beyond what the law requires, and create a culture of inclusion
The importance of a positive cultural identity: How your corporate identity translates to productivity and success

Hiring High Quality Diverse Candidates
Our diversity training guide for hiring presents supervisors with advice on how to find applicants with a variety of backgrounds, experience, and expertise.
Hiring managers will learn:
How and where to place effective employment ads by employing word-of-mouth and community networks, as well as conventional job-posting outlets
Guidance about remaining open and understanding of various cultural differences regarding the application and interview processes
Strategies to create an inclusive environment before applicants even step foot in the office

Leading a Diverse Organization Course
Diversity Courses for a Global Market
Creating a culture that capitalizes on differences begins with workplace diversity training. Workplace Answers' diversity programs help staff and managers approach diversity issues with a wide range of topics, including:

- Legal obligations and regulatory requirements
- Harassment and discrimination
- Impact versus intent
- Recognizing and overcoming stereotypes and implicit bias
- Creating a culture of respect and inclusion

Diverse Team Building Course

- Productivity: Help managers overcome biases to build effective and motivated teams
- Development: Utilize an expanded range of ideas a diverse workforce offers
- Marketing: Glean a better understanding of how products are perceived and purposed
- Corporate Identity: Create a positive corporate identity. People want to work for you, and customers want to buy from you when you have a reputation for fairness and inclusion

Transition to Respect Course
Course Details
The Transition to Respect online course follows federal laws pertaining to the 1964 Civil Rights Act (Title VII and Title IX), guidelines and best practices to teach employees:

- The differences between gender identity and sexual orientation
- The history and best practices regarding bathroom policies
- Which pronouns to use when addressing a transgender person
- The legal protections afforded to individuals related to gender identity and expression
- The challenges that transgender and intersex individuals face in the workplace
A workforce utilization report including the following information for each job category within the Medical Marijuana Organization:

Current - reflects principals and recruited advisors / pharmacists

<table>
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<th>Job Group</th>
<th>Incumbents</th>
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<th>Total men</th>
<th>Total women</th>
<th>Total veterans</th>
<th>Total service disabled veterans</th>
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Highlighted fields reflect Intended hiring goals per availability & incumbency determination goals

A narrative description of your ability to record and report on the components of the diversity plan. Our chief operating officer (COO) shall ensure that all diversity practices, affirmative action plans and goals are met to the best of the population’s demographic ability, and that all the components of our diversity plan are recorded, filed indefinitely, and reported as necessary to the department, and any other pertinent labor authority.

This will include items such as copies of collective bargaining agreements and other documents that indicate employment policies and practices; copies of letters sent to suppliers and vendors stating the EEO/affirmative action policy; copies of letters sent to recruitment sources and community organizations; and copies of contract language.

Internal Audit and Reporting System

The Personnel Manager has the responsibility for developing and preparing the formal documents of the affirmative action plan (AAP). The Personnel Manager is responsible for the effective implementation of the AAP; however, responsibility is likewise vested with each department manager and supervisor. OUR COMPANY’s audit and reporting system is designed to:
• Measure the effectiveness of the AAP/EEO program;

• Document personnel activities;

• Identify problem areas where remedial action is needed; and

• Determine the degree to which OUR COMPANY’s AAP goals and objectives have been obtained.

The following personnel activities are reviewed to ensure nondiscrimination and equal employment opportunity for all individuals without regard to their race, color, sex, sexual orientation, gender identity, religion, or national origin:

• Recruitment, advertising, and job application procedures;

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<tr>
<td>Black/African American</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<td>American Indian/Alaskan</td>
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<td>Hispanic</td>
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<td>Race Missing or Unknown</td>
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### Part C – Applicant Background Information

**(Scoring Method: Pass/Fail)**

For this part the applicant is required to provide background and contact information for the principals, financial backers, operators and employees.

### Section 4 – Principals, Financial Backers, Operators and Employees

**A. Please list all Principals, Financial Backers and Operators**

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Pennsylvania Department of Health
Medical Marijuana Dispensary Permit Application
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IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON OTHER INDIVIDUALS IN A SEPARATE DOCUMENT.
B. Please list Employees

Please provide the following information for any employees that have been hired to date to work for the applicant listed in this application. If no employees are currently employed, please leave this section blank.

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<tr>
<th>Name and Residential Address</th>
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</table>

If more space is required, please submit additional information on other individuals in a separate document.
Pennsylvania Department of Health
Medical Marijuana Dispensary Permit Application

TITLED “EMPLOYEES (CONT'D.)” IN ACCORDANCE WITH THE ATTACHMENT FILE NAME FORMAT REQUIREMENTS AND INCLUDE IT WITH THE ATTACHMENTS.

Section 5 – Moral Affirmation

By checking “Yes,” you affirm that each principal, financial backer, operator and employee listed in this permit application is of good moral character.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

Section 6 – Compliance with Applicable Laws and Regulations

By checking “Yes,” you affirm that you, as well as the principals, financial backers, operators and employees listed in this permit application are able to continuously comply with all applicable Commonwealth laws and regulations relating to the operation of a medical marijuana dispensary.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

Section 7 – Civil and Administrative Action

For the statements below:
- By checking “Yes,” you affirm the statement
- If you check “No,” you must state your reasoning in “Schedule A” below

<table>
<thead>
<tr>
<th>Civil and Administrative Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant has never responded to an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, permit or any other authorization to grow, process or dispense medical marijuana in any state.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>The applicant has never responded to a civil or administrative action relating to a registration, license, permit or authorization to grow, process or dispense medical marijuana in any state.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>The applicant has never been accused of obtaining a registration, license, permit or other authorization to operate as a grower, processor or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information.</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>No civil or administrative action has been taken against the applicant under the laws of the Commonwealth or any other state, the United States or a military, territorial or tribal authority relating to a principal, operator, financial backer or employee of the applicant’s profession, or occupation or fraudulent practices, including fraudulent billing practices.</td>
<td>☒</td>
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</table>

Schedule A: Civil or Administrative History Incident
Part D – Plan of Operation
(Scoring Method: 550 Points)

A PLAN OF OPERATION IS REQUIRED FOR ALL DISPENSARY PERMIT APPLICATIONS. THE PLAN OF OPERATION MUST INCLUDE A TIMETABLE OUTLINING THE STEPS THE APPLICANT WILL TAKE TO BECOME OPERATIONAL WITHIN SIX MONTHS FROM THE DATE OF ISSUANCE OF A PERMIT. THE PLAN OF OPERATION MUST ALSO DESCRIBE HOW THE APPLICANT’S PROPOSED BUSINESS OPERATIONS WILL COMPLY WITH STATUTORY AND REGULATORY REQUIREMENTS NECESSARY FOR THE CONTINUED OPERATION OF THE FACILITY.

Plan of Operation

What must be covered in a Plan of Operation?
Applicants must identify how they will comply with relevant laws and regulations regarding:

- Security and Surveillance
- Employee qualifications and training
- Transportation of medical marijuana and medical marijuana products
- Storage of medical marijuana products
- Inventory management
- Recordkeeping
- Prevention of unlawful diversion of medical marijuana and medical marijuana products
- A timetable outlining the steps required for the applicant to become operational within six months from the date of issuance of a dispensary permit

By checking “Yes,” you affirm that you are 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.

Section 8 – Operational Timetable

IF ISSUED A PERMIT, PLEASE DESCRIBE THE STEPS AND TIMEFRAMES FOR BECOMING FULLY OPERATIONAL AS A DISPENSARY WITHIN SIX MONTHS FROM THE DATE OF ISSUANCE OF A DISPENSARY PERMIT. SPECIFICALLY, PLEASE PROVIDE THE STEPS
You will take to begin the process for the handling, storing, and transporting of medical marijuana and medical marijuana products.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Date</th>
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<tbody>
<tr>
<td>establish community relationships</td>
<td>3/2017</td>
</tr>
<tr>
<td>secure facility and verify zoning</td>
<td>3/2017</td>
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<tr>
<td>build principle team and advisory board</td>
<td>3/2017</td>
</tr>
<tr>
<td>recruit key employees</td>
<td>3/2017</td>
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<tr>
<td>develop facility plans, costs, and timeline with contractors</td>
<td>3/2017</td>
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<tr>
<td>Secure industry specific training service for operations and security</td>
<td>3/2017</td>
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<tr>
<td>Secure funding via member contribution and ensure availability / budget constraints</td>
<td>3/2017</td>
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If more space is required for the Operational Timetable, please submit additional information in a separate document titled “Operational Timetable (Contd.)” in accordance with the attachment file name format requirements and include it with the attachments.

Section 9 – Employee Qualifications, Description of Duties and Training

A. Please provide a description of the duties, responsibilities, and roles of each principal, financial backer, operator and employee.
Chief Executive Officer (CEO)

1. Duties
   - Determines compliance budget and presents to CFO
   - Develops Code of Conduct/Standards of Conduct
   - Chairs all disciplinary hearings and assist Human Resources with investigations
   - Manages the internal auditing/monitoring activities including quality assurance, risk management, utilization review, fiscal auditing, and special projects
   - Monitors and assures compliance with state and local regulations and statute

2. Authority
   - Administrative authority granted by the Board over all areas of operations Serves as the CEO

3. Responsibilities
   - Participation in development and presentation of staff training including the content and objective of each training or class session; determine target audience for each training or class session; review materials for training sessions
   - Oversight of labeling and packaging
   - Management of Quality and Control Unit

4. Personnel Supervision
   - Reports to the Board of principles
   - Oversight of all compliance agents with quality and regulation compliance duties
   - Requires training and adherence to confidentiality requirements, requires periodic performance evaluations and is subject to disciplinary actions
Chief Operating Officer (COO)

The Chief Operating Officer reports to the CEO as the highest ranking member of the Board. This position works with the CEO on implementing high-level strategies and corporate decisions, and is responsible for both management and operations.

All other positions report to the CEO and/or the COO, or as indicated in the job description.

1. Duties
   - Determine compliance budget and presents to CFO
   - Develop Code of Conduct/Standards of Conduct
   - Participate in all disciplinary hearings and assist Human Resources with investigations
   - Manage the internal auditing/monitoring activities including quality assurance, risk management, utilization review, fiscal auditing, and special projects

2. Authority
   - Administrative authority granted by the Board over all areas of operations

3. Responsibilities
   - Participation in development and presentation of employee training including the content and objective of each training or class session; determine target audience for each training or class session; review materials for training sessions
   - Oversight of operations
   - Management of Quality and Control Unit

4. Personnel Supervision
   - Reports to the CEO and the Board
   - Oversight of all compliance agents with quality and regulation compliance duties under the direction of the CEO

Requires training and adherence to confidentiality requirements, requires periodic performance evaluations and is subject to disciplinary actions.
I. Chief Financial Officer (CFO)

The CFO reports to the COO, and is responsible for the company's capital structure, investments and how the company manages income and expenses.

1. Duties
   - Oversight of financial and accounting system controls and standards and ensures timely financial and statistical reports; advises the CEO, COO and Board with respect to financial reporting, planning, practices, financial stability and liquidity and financial growth.
   - Supervision of Human Resources and Information Technology Departments.
   - Responsible for strategic planning, operations, investment portfolios and cash management.
   - Develop financial and tax strategies and recordkeeping as well as performance measures that are consistent with strategic goals and financial objectives.
   - Maintain relationships with financial institutions.
   - Establish major economic objectives and policies; direct the preparation of reports that detail financial position in the areas of income, expenses, and earnings based on past, present and future operations.
   - Ensure effective internal controls, optimum efficiencies, improvement of processes, and compliance with Generally Accepted Accounting Principles.
   - Prepare and review proformas and budgets of new and existing operations; recommend annual budget for Board approval.
   - Achieve the financial objectives of the organization by exercising control and implementation over the budgetary processes of all departments and capital budgets.
   - Review activity reports and financial statements to determine progress and status in attaining objectives; revise objectives and plans in accordance with current conditions.
   - Perform other duties as assigned.

2. Authority
   - Administrative authority granted by the CEO and/or the COO

3. Responsibilities
   - The 401(k) administrator.
   - Assist operational management and prepares financial reports and analysis.
   - Increase management’s effectiveness by recruiting, selecting, orienting, training, coaching, counseling, and performance improvement managers; communicating values, strategies, and objectives; assigning accountabilities; planning, monitoring, and appraising job results; developing a climate for offering information and opinions; integrating functional objectives; providing and participating in educational opportunities.
   - Contribute to the organization’s effectiveness by offering information and opinions as a member of the executive management team; integrating objectives with other functions accomplishing related results as needed.
   - Stay abreast of new technologies and principles by conducting research; attending seminars, educational workshops, classes, and conferences; reviewing professional publications, establishing networks; participating in professional societies; and conferring with representatives of contracting agencies and related organizations.
• Maintain strict confidentiality of all privileged information.
• Participate in cross-functional team process improvement projects.
• Perform other responsibilities as assigned.
• At least 21 years of age

Personnel Supervision
• Reports to the COO
• Requires training and adherence to confidentiality requirements, requires periodic performance evaluations and is subject to disciplinary actions
Compliance Officer

1. Duties
   - Determine compliance budget and present to CFO
   - Develop Code of Conduct/Standards of Conduct
   - Chair all disciplinary hearings and assist Human Resources with investigations
   - Manage the internal auditing/monitoring activities including quality assurance, risk management, utilization review, fiscal auditing, special projects.

2. Authority
   - Administrative authority granted by the Board of Directors over all areas of operations. Serves as the CCO

3. Responsibilities
   - Participation in development and presentation of staff training including the content and objective of each training or class session; determine target audience for each training or class session; review materials for training sessions
   - Oversight of security planning, protocol, drills, and recordkeeping
   - Oversight of labeling and packaging
   - Management of operational, inventory, Quality and Control compliance
   - Inspection oversight and protocol

4. Personnel Supervision
   - Reports to the Board of Directors
   - Oversight of all agents compliance with quality and regulation compliance

5. Training in adherence to confidentiality requirements
   - Works with Human Resources to assure confidentiality and HIPAA compliance

6. Periodic Performance Evaluation
   - Subject to annual performance evaluation by Board of Directors

7. Disciplinary actions
   - Subject to the disciplinary action policies
General Manager

1. Duties
   - Full oversight of site/corporate functions
   - Direct, manage and report on all operations
   - Oversight for the continuous improvement of maintenance, quality, safety and other related activities
   - Ensuring adherence and compliance with regulations, policies and procedures

2. Authority
   - Administrative authority granted by the CEO and/or the COO

3. Responsibilities
   - Purchasing
   - Inspections
   - Conduct on-site meetings
   - Training staff
   - Create reports
   - Recommend changes regarding procedures and activities, as necessary.
   - Coordinate activities with other departments to ensure the facility's objectives are accomplished in a timely and cost effective manner
   - Establish and monitor the overall performance objectives relative to sales and quality standards
   - Maintains security/emergency drills and maintains records
   - Prepare and report progress of goals and objectives monthly to executive management and associates within the facility
   - Direct and organize people and activities
   - Establish sales priorities for products in keeping with effective operations and cost factors
   - Review and analyze sales, quality control, maintenance and operation reports
   - Determine causes of non-conformity with respect to product, specifications, and/or operating or sales problems; using associate input to develop and implement change to improve
   - Consult with CEO and/or COO to improve sales and quality of products
   - Provide direction, development, leadership and assist with problem resolution when needed
   - Convey information to all employees so they can make knowledgeable decisions regarding work conditions, products, and corrective action plans
   - With the CFO, develop and control financial plans and budget; monitor key indicators and adjusts operations accordingly
   - Ensure compliance with state, county, local, OSHA, HIPAA and EPA regulations
   - Must be skilled in project planning and execution
   - Provide an environment that promotes team work and continuous improvement
   - Computer skills to navigate all organizational software systems
   - Must possess applicable Microsoft Office skills
• Must possess inventory and audit skills

4. Personnel Supervision
• Reports to the COO
• Requires training and adherence to all operational requirements, requires periodic performance evaluations and is subject to disciplinary actions
Inventory/Product Manager

1. Duties
   - Inventory control at all levels
   - Complete reports on inventory levels
   - Complete reports on inventory location, e.g.,
   - Label inventory storage

2. Authority
   - Administrative authority granted by the CEO and/or the COO

3. Responsibilities
   - Responsible for adhering to stipulations as follows:
     1. Maintain an inventory control system, assurance and integrity.
     2. Research strain/cannabinoid/terpene benefit and maintain tables of uses/applications
     3. Serves as liaison with producers to ensure best product profiles for treatment/application
     4. Research and maintain updated, compliant child proof packaging requirements
     5. Supervise labeling/packaging technicians and dispensing technicians
     6. Fulfill inventory / stocking requirements for operation
     7. Maintain access control to vault areas
     8. Ensure product security and non-diversion practices/features
     9. Approve / verify shipments, manifests, and label information
    10. Conduct daily assessments, monthly inventory audits and annual comprehensive reviews
    11. Monitor and report information, including, without limitation:
        a. Insofar as is practicable, the chain of custody and current whereabouts, in real time, of medical marijuana, edible marijuana products or marijuana-infused products from the point that it is received until it is sold;
        b. The name of each person to which the establishment sold marijuana;
        c. The date on which it sold marijuana to a person who holds a registry identification card and, if any, the quantity of edible marijuana products or marijuana-infused products sold, measured both by weight and potency; and
        d. Such other information as the Division may require.
    12. Maintain The inventory control system that is encrypted, protected and not divulged for any purpose not specifically authorized by law.
        a. Ensure that operational logs, records and post orders are established and maintained appropriately.

13. Personnel Supervision
    - Reports to the compliance officer
Product Assistant

1. Duties
   - Manual assembly of labeling/packaging as required.
   - Visual inspection of product and product information accuracy
   - Data entry and documentation
   - Follow all SOP’s, Master Control Documents and safety guidelines and company policies and procedures relative to inventory control, storage, inspection, and documentation of products.

2. Authority
   - Administrative authority granted by the CEO and/or the COO

3. Responsibilities
   - Performs tasks to support room cleaning, inspection, assembly, labeling, material handling and facility cleaning.
   - Ensures product security, quality, and accuracy
   - Ensures non-diversion controls
   - Operate labeler, inserter, in a proficient manner to meet established standards.
   - Perform inspection to ensure all product meets established quality criteria and that corresponding data and labels are correct
   - Maintain the inventory control system that is encrypted, protected and not divulged for any purpose not specifically authorized by law.
   - Ensure proper disposal/destruction of product waste; maintain waste logs; inventory control system accordingly
   - Ensure that operational logs, records and post orders are maintained appropriately
   - Demonstrates required competencies on a consistent basis.
   - Demonstrates company values on a consistent basis.
   - Performs other duties as requested.

4. Personnel Supervision
   - Reports to the On site product manager
   - Requires training and adherence to all inventory, data entry, and security protocol; requires periodic performance evaluations and is subject to disciplinary actions
Clerical

1. Duties
   - Maintain in/out log for clients/inspections
   - Direct clients/purveyors to their appropriate destination

2. Authority
   - Administrative authority granted by the CEO and/or the COO

3. Responsibilities
   - Answer Company telephone and direct callers
   - Complete intake ID/registry checks, photographs of patient/ID; logging patient/caregiver data, visitor logging, and entry / filing of information into System
   - Record keeping and file storage
   - Maintain cleanliness of reception/sales area
   - File documents and forms as required

4. Personnel Supervision
   - Reports to the General Manager
   - Requires training and adherence to confidentiality requirements, requires periodic performance evaluations and is subject to disciplinary actions
4. Personnel Supervision
   - Reports to the COO
   - Requires training and adherence to operational, compliance and security requirements, requires periodic performance evaluations and is subject to disciplinary actions

B. PLEASE DESCRIBE THE EMPLOYEE QUALIFICATIONS OF EACH PRINCIPAL AND EMPLOYEE.

Chief Executive Officer (CEO)

5. Qualifications
   - Bachelor of Science degree or higher
   - Three (3) years of experience in quality assurance management
   - Five (5) years general management experience
   - Has completed the subscribed 4 hour training course by the department
   - Has passed FBI background check and is registered as an agent with the Department
   - Ability to understand the strengths and development opportunities of employees and foster their development
   - Must possess excellent oral, written and personal communications skills
   - Knowledge of PA state marijuana regulations
   - Current knowledge of HIPAA regulations

At least 21 years of age

COO- chief operating officer

5. Qualifications
   - Bachelor of Science degree or higher
   - Has completed the subscribed 4 hour training course by the department
   - Has passed FBI background check and is registered as an agent with the Department
   - Three (3) years of experience in quality assurance management
   - Five (5) years general management experience
   - Ability to understand the strengths and development opportunities of employees and foster their development
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- Must possess excellent oral, written and personal communications skills
- Knowledge of PA marijuana regulations
- Current knowledge of OSHA and HIPAA regulations
- At least 21 years of age

Chief Financial Officer (CFO)
- BA/BS in Accounting, Finance, Business or related field required
- MBA or Masters of Accounting/Finance is a strongly desired
- CPA or CMA preferred
- Has completed the subscribed 4 hour training course by the department
- Has passed FBI background check and is registered as an agent with the Department
- Human Resource and Information Technology experience preferred
- A minimum of 2 years of directly related experience, minimum of 2 years of supervisor experience
- Valid driver’s license and ability to clear a background check

Compliance Officer
8. Qualifications
   - Bachelor of Science degree or higher
   - Has completed the subscribed 4 hour training course by the department
   - Has passed FBI background check and is registered as an agent with the Department
   - 3 years of experience in quality assurance management
   - 5 years general management experience
   - Ability to understand the strengths and development opportunities of employees and foster their development
   - Must possess excellent oral, written and personal communications skills
   - Knowledge of all PA medical marijuana regulations
   - Current knowledge of OSHA and HIPAA regulations
   - At least 21 years of age

General Manager
5. Qualifications
   - general management experience, as applicable.
   - Ability to understand the strengths and development opportunities of employees fosters their development.
   - Must possess excellent oral, written and personal computer communication skills.
   - Knowledge of budgets and financial statements.
   - Has completed the subscribed 4 hour training course by the department
   - Has passed FBI background check and is registered as an agent with the Department
• At least 21 years of age

• Computer skills: Microsoft Office software (Word, Outlook, PowerPoint, Excel); inventory control system and state registry
• Licensed in PA state as a pharmacist pursuant to the applicable acts
• Inventory control experience
• Strong organizational and analytical skills
• Ability to prioritize and work under deadlines while wearing multiple hats
• Project management experience
• Attention to detail and strong organizational skills
Inventory / Product Manager

14. Qualifications
- Computer skills: Microsoft Office software (Word, Outlook, PowerPoint, Excel); inventory control systems, state registry system
- Licensed in PA state as a pharmacist, nurse practitioner or physicians assistant pursuant to the applicable acts
- Has completed the subscribed 4 hour training course by the department
- Has passed FBI background check and is registered as an agent with the Department
- Inventory control experience
- Excellent written and verbal communication skills
- Strong organizational and analytical skills
- Ability to prioritize and work under deadlines while wearing multiple hats
- Knowledge of Microsoft Office programs, with a focus on word and excel
- Project management experience
- Attention to detail and strong organizational skills
- At least 21 years of age

Product Assistant

5. Qualifications
- High School Diploma/GED
- Computer skills: Microsoft Office software (Word, Outlook, PowerPoint, Excel); inventory control system; state registry system
- Understanding of Safety guidelines
- Has completed the subscribed 4 hour training course by the department
- Has passed FBI background check and is registered as an agent with the Department
- Strong knowledge of applicable computer system functions.
- Warehouse/Operations/Transportation experience preferred, but not required.
- Understands procedures in other areas of operation for a more global understanding of all processes.
- Excellent communication/decision-making skills
- Ability to interact with all departments and all levels of management
- At least 21 years of age
Clerical
5. Qualifications
- Basic computer skills: Microsoft Office software (Word, Outlook, PowerPoint, Excel)
- Courtesy
- Discretion
- HIPAA and data entry compliance proficiency
- Has completed the subscribed 4 hour training course by the department
- Has passed FBI background check and is registered as an agent with the Department
- Three (3) to five (5) years Front Desk and Customer Service experience
- Excellent English verbal and written communication skills
- Proficient in MS Office, Word and Excel
- Excellent multitasking, organizational and time management skills
- Professional appearance, friendly, warm personality, team oriented
- Bi-lingual a plus
- A.A. degree, B.A. or B.S. preferred
- At least 21 years of age

Security agent
5. Qualifications
- Be a citizen of the United States of America entitled to remain and work in the United States.
- Be at least 21 years of age. While there is no maximum age limit, they must be able to withstand the physical demands of the job and be capable of responding to emergency situations.
- Be of good moral character and temperate habits.
- Have no conviction of a felony or a crime involving moral turpitude or the illegal use or possession of a dangerous weapon.
- Undergo a criminal history background check through the Federal Bureau of Investigation (FBI)
- Have passed the applicable courses pursuant to PA licensure for armed security guard agents and completed all mandated hourly requirements
- Be a high school graduate or have a General Educational Development (GED), or equivalency.
- Be able to read, write, and speak the English language fluently.
- Possess a valid state driver’s license.
- Successfully completed or graduated from a certified Federal, state, county, local or military law enforcement training academy or program that provided instruction on the use of police powers in an armed capacity while dealing with the public. The certificate shall be recognized by a Federal, state, county, local or military authority, and provide evidence that an individual is eligible for employment
Be free from conviction of any misdemeanor crime of domestic violence in accordance with Title 18, Section 922(g)(9) of the United States Code.

<table>
<thead>
<tr>
<th>C. PLEASE DESCRIBE THE STEPS THE APPLICANT WILL TAKE TO ASSURE THAT EACH PRINCIPAL AND EMPLOYEE WILL MEET THE TWO-HOUR TRAINING REQUIREMENT UNDER THE ACT AND REGULATIONS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our company will ensure that each principal, operator and employee will meet the training requirement under the act and regulations in the following manner:</td>
</tr>
<tr>
<td>2. A; the chief operating officer (COO) will ensure that they are consistently informed as to the status of, and that upon approved development of the training course by the Department, the policy is enforced that all persons to be affiliated with, employed by, or principals of the company must attend and complete the mandated training, and that accompanying documents are prepared for personnel, including personal identification, attendance logs, and certification details</td>
</tr>
<tr>
<td>3. The COO will communicate and confirm with the department as to the format (in person or online, etc.) of the course, the materials, and the scheduling of the courses, ensure any necessary fees are paid, and communicate/promulgate this process to all principals and employees.</td>
</tr>
<tr>
<td>4. The COO will confirm the attendance and certification passing of all principals and employees, record the information accordingly, and store the files indefinitely. Any persons not passing the certification will need to retake the course, and will not be able to hold a position with our company without verified attendance/satisfaction of the requirement and approved certification by the department.</td>
</tr>
<tr>
<td>5. Additional training modules have been scheduled for all team members, which include 20-40 hours of onsite and online educational curriculum (varied by position) regarding basic cannabis information, legislation, operations, security, inventory control, safety, compliance, quality control, data entry, and all areas concerning the business</td>
</tr>
</tbody>
</table>

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**IF MORE SPACE IS REQUIRED FOR ANY OF THE ABOVE THREE COMPONENTS OF SECTION 9 (A, B AND C), PLEASE SUBMIT ADDITIONAL INFORMATION IN A SEPARATE DOCUMENT TITLED “EMPLOYEE QUALIFICATIONS, DESCRIPTION OF DUTIES AND TRAINING (CONTD.)” IN ACCORDANCE WITH THE ATTACHMENT FILE NAME FORMAT REQUIREMENTS AND INCLUDE IT WITH THE ATTACHMENTS.**
Section 10 – Security and Surveillance

A dispensary must have security and surveillance systems, utilizing commercial-grade equipment, to prevent unauthorized entry and to prevent and detect diversion, theft, or loss of any medical marijuana or medical marijuana products.

Please provide a summary of your proposed security and surveillance equipment and measures that will be in place at your proposed facility and site. These measures should cover, but are not limited to, the following: general overview of the equipment, measures and procedures to be used, alarm systems, surveillance system, storage, recording capability, records retention, premises accessibility, and inspection/servicing/alteration protocols.
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DEPARTMENT OF HEALTH
Section 11 – Transportation of Medical Marijuana

| A. Transportation | Yes | No |
By checking “Yes,” you affirm that any delivery of medical marijuana to any other medical marijuana organization or approved laboratory within the Commonwealth will adhere to the following:

If you check “No” to any statement, you must state the reasoning for doing so at the end of this section. If issued a permit, you must be able to affirm each statement by the time the Department determines you to be operational under the Act and regulations.

- Medical marijuana will only be delivered between 7 a.m. and 9 p.m.
- Medical marijuana will not be transported to any location outside of this Commonwealth.
- A global positioning system will be used to ensure safe, efficient delivery of the medical marijuana to a medical marijuana organization.

In addition to having a transport vehicle staffed with a delivery team consisting of at least two individuals, the applicant affirms the following:

- At least one delivery team member will remain with the vehicle at all times that the vehicle contains medical marijuana.
- Each delivery team member shall have access to a secure form of communication with the dispensary, such as a cellular telephone, at all times that the vehicle contains medical marijuana.
- Upon demand, each delivery team member shall produce an identification badge or card to the Department or its authorized agents, law enforcement or other Federal, State, or local government officials if necessary to perform the government officials’ functions and duties.
- Each delivery team member will have a valid driver’s license.
- While on duty, a delivery team member will not wear any clothing or symbols that may indicate ownership or possession of medical marijuana.
- Medical marijuana stored inside the transport vehicle may not be visible from the outside of the transport vehicle.
- A delivery team shall proceed in a transport vehicle from the dispensary, where the medical marijuana is loaded, directly to the medical marijuana organization, where the medical marijuana is unloaded, without unnecessary delays. Notwithstanding the foregoing, a transport vehicle may make stops at multiple facilities, as appropriate, to deliver medical marijuana.
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- Any vehicle accidents, diversions, losses, or other reportable events that occur during transport of medical marijuana must be immediately reported to the Department either through a designated phone line established by the Department or by electronic communication with the Department in a manner prescribed by the Department.

- The Department shall be notified daily of the dispensary’s delivery schedule, including routes and delivery times, either through a designated phone line established by the Department or by electronic communication with the Department in a manner prescribed by the Department.

- A transport vehicle is subject to inspection by the Department or its authorized agents, law enforcement or other Federal, State or local government officials if necessary to perform the government officials’ functions and duties.

- A transport vehicle may be stopped and inspected along its delivery route or at any medical marijuana organization.

- If a third-party contractor is used, the contractor must comply with all the transportation requirements listed in the Act and regulations.

### B. Transport Manifest

By checking “Yes” to any statement, you affirm that the transport manifest (printed or electronic) that accompanies every transport vehicle will contain the following information and meet the following requirements:

If you check “No” to any statement, you must state the reasoning for doing so at the end of this section. If issued a permit, you must be able to affirm each statement by the time the Department determines you to be operational under the Act and regulations.

- The name, address and permit number of the medical marijuana organization receiving the delivery, and the name of and contact information for a representative of the medical marijuana organization.

- The quantity, by weight or unit, of each medical marijuana harvest batch, harvest lot or process lot contained in the transport, along with the identification number for each harvest batch, harvest lot or process lot.

- The date and approximate time of departure.

- The date and approximate time of arrival.

- The transport vehicle’s make, model, and license plate number.
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<tbody>
<tr>
<td>1. The identification number of each member of the delivery team accompanying the transport.</td>
<td>☒</td>
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<tr>
<td>2. When a delivery team delivers medical marijuana to multiple medical marijuana organizations, the transport manifest must correctly reflect the specific medical marijuana in transit; each recipient will also provide the dispensary with a printed receipt for the medical marijuana received.</td>
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<tr>
<td>3. All medical marijuana being transported must be packaged in shipping containers and labeled in accordance with §§ 1151.34 and 1161.28 (relating to packaging and labeling of medical marijuana; and labels and safety inserts).</td>
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<tr>
<td>4. Separate copies of the transport manifest will be provided to each recipient receiving the medical marijuana product described in the transport manifest. To maintain confidentiality, a dispensary may prepare separate manifests for each recipient.</td>
<td>☒</td>
</tr>
<tr>
<td>5. The applicant acknowledges that, upon request, a copy of the printed transport manifest, and any printed receipts for medical marijuana being transported, will be provided to the Department or its authorized agents, law enforcement, or other Federal, State, or local government officials if necessary to perform the government officials' functions and duties.</td>
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**PLEASE PROVIDE AN EXPLANATION OF ANY RESPONSES ABOVE THAT WERE ANSWERED AS A “NO” AND HOW YOU WILL MEET THESE REQUIREMENTS BY THE TIME THE DEPARTMENT DETERMINES YOU TO BE OPERATIONAL UNDER THE ACT AND REGULATIONS:****

n/a

C. **PLEASE DESCRIBE YOUR PLAN REGARDING THE TRANSPORTATION OF MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS. FOR EXAMPLE, EXPLAIN WHETHER YOU PLAN TO MAINTAIN YOUR OWN TRANSPORTATION OPERATION AS PART OF THE FACILITY OPERATION, OR WHETHER YOU WILL USE A THIRD-PARTY CONTRACTOR. IF YOU CHOOSE TO USE YOUR OWN TRANSPORTATION OPERATION, PLEASE PROVIDE THE NUMBER AND TYPE OF VEHICLES THAT WILL BE USED TO TRANSPORT MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS, THE TRAINING THAT WILL BE PROVIDED TO EMPLOYEES THAT WILL TRANSPORT MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS, AND ANY ADDITIONAL MEASURES YOU WILL TAKE TO PREVENT DIVERSION DURING TRANSPORT. IF YOU WILL BE USING A THIRD-PARTY CONTRACTOR FOR TRANSPORTING MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS, PLEASE EXPLAIN THE STEPS YOU WILL TAKE TO GUARANTEE THE THIRD-PARTY CONTRACTOR WILL BE COMPLIANT WITH THE TRANSPORTATION REQUIREMENTS UNDER THE ACT AND REGULATIONS:**
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DOH REDACTION
Section 12 – Storage of Medical Marijuana

<table>
<thead>
<tr>
<th>A. Storage Requirements</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>By checking “Yes” to any statement, you affirm that the plan of operation will address the below statements:</td>
<td></td>
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<tr>
<td>If you check “No” to any statement, you must state the reasoning for doing so at the end of this section. If issued a permit, you must be able to affirm each statement by the time the Department determines you to be operational under the Act and regulations.</td>
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<tr>
<td>• 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 grower/processor, destroyed or otherwise disposed of, as required by § 1151.40 (relating to the management and disposal of medical marijuana waste).</td>
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<tr>
<td>• All storage areas will be maintained in a clean and orderly condition and free from infestation by insects, rodents, birds, and pests.</td>
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<tr>
<td>• A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.</td>
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Please provide an explanation of any responses above that were answered as a “No” and how you will meet these requirements by the time the Department determines you to be operational under the Act and regulations:

n/a

B. Please describe your plans regarding the storage of medical marijuana and medical marijuana products within your facility:

Doh Redaction
### Section 13 – Labeling of Medical Marijuana Products

<table>
<thead>
<tr>
<th>A. Labeling Requirements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
By checking “Yes” to any statement, you affirm that the applicant will implement a quality control process to ensure that the label does not bear any of the following:
If you check “No” to any statement, you must state the reasoning for doing so at the end of this section. If issued a permit, you must be able to affirm each statement by the time the Department determines you to be operational under the Act and regulations.

- Any resemblance to the trademarked, characteristic or product-specialized packaging of any commercially available food or beverage product.
- Any statement, artwork or design that could reasonably lead an individual to believe that the package contains anything other than medical marijuana.
- Any seal, flag, crest, coat of arms, or other insignia that could reasonably mislead an individual to believe that the product has been endorsed, manufactured, or approved for use by any State, county or municipality or any agency thereof.
- Any cartoon, color scheme, image, graphic or feature that might make the package attractive to children.

Please provide an explanation of any responses above that were answered as a “No” and how you will meet these requirements by the time the Department determines you to be operational under the Act and regulations:

n/a

B. Please describe your process for creating and monitoring the labeling used for medical marijuana products:

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Section 14 – Inventory Management

### A. Electronic Tracking System

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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You acknowledge that you must use the electronic tracking system prescribed by the Department containing the requirements in section 701 of the Act (35 P.S. § 10231.701).

You acknowledge that an electronic tracking system that is approved by the Department will be deployed to log, verify and monitor the receipt of medical marijuana product from a grower/processor, the verification of the validity of an identification card presented by a patient or caregiver, the dispensing of medical marijuana product to a patient or caregiver, the disposal of medical marijuana waste and the recall of defective medical marijuana.

### B. Inventory Management

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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By checking “Yes” to any statement, you affirm that each dispensary will maintain the following inventory data in its electronic tracking system:

If you check “No” to any statement, you must state the reasoning for doing so at the end of this section. If issued a permit, you must be able to affirm each statement by the time the Department determines you to be operational under the Act and regulations.

- Medical marijuana received from a grower/processor.
- Medical marijuana dispensed to a patient or caregiver.
- Damaged, defective, expired, or contaminated medical marijuana awaiting return to a grower/processor or awaiting disposal.
- Inventory controls and procedures will be established for the conducting of monthly inventory reviews and annual comprehensive inventories of medical marijuana at the facility.
The written or electronic record will include the date of the inventory, a summary of the inventory findings, and the employee identification numbers and titles or positions of the individuals who conducted the inventory.

PLEASE PROVIDE AN EXPLANATION OF ANY RESPONSES ABOVE THAT WERE ANSWERED AS A “NO” AND HOW YOU WILL MEET THESE REQUIREMENTS BY THE TIME THE DEPARTMENT DETERMINES YOU TO BE OPERATIONAL UNDER THE ACT AND REGULATIONS:

n/a

C. PLEASE DESCRIBE YOUR APPROACH REGARDING THE IMPLEMENTATION OF AN INVENTORY MANAGEMENT PROCESS. THIS APPROACH MUST ALSO INCLUDE A PROCESS THAT PROVIDES FOR THE RECALL OF MEDICAL MARIJUANA PRODUCTS AND THE MANAGEMENT OF MEDICAL MARIJUANA PRODUCT RETURNS FROM YOU TO THE ORIGINATING GROWER/PROCESSOR:
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DOH REDACTION
Section 15 – Diversion Prevention

A. PLEASE PROVIDE A SUMMARY OF THE PROCEDURES THAT YOU WILL IMPLEMENT AT EACH PROPOSED FACILITY FOR THE PREVENTION OF THE UNLAWFUL DIVERSION OF MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS, ALONG WITH THE PROCESS THAT WILL BE FOLLOWED WHEN EVIDENCE OF THEFT/DIVERSION IS IDENTIFIED:
DOH REDACTION
Section 16 – Sanitation and Safety

A. PLEASE PROVIDE A SUMMARY OF THE INTENDED SANITATION AND SAFETY MEASURES TO BE IMPLEMENTED AT EACH PROPOSED FACILITY LISTED IN THE PERMIT APPLICATION. THESE MEASURES SHOULD COVER, BUT ARE NOT BE LIMITED TO, THE FOLLOWING: A WRITTEN PROCESS FOR CONTAMINATION PREVENTION, PEST PROTECTION PROCEDURES, MEDICAL MARIJUANA PRODUCT HANDLER RESTRICTIONS, AND HAND-WASHING FACILITIES.

II. Safety & Sanitation Overview

A. Contamination prevention (General), medical marijuana product handler restrictions, and hand-washing facilities

All members of the team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines for the purpose of reducing infections and medical marijuana contamination, as well as the food-handler restrictions set forth in section p.s. 27.153 regarding food-handler restrictions and practices

1. Policy & Procedure
2. Hand Washing, Hand Wash Stations & Lavatories
   • Hand washing Stations are to be located in each lavatory facility, and in the storage area adjacent to the product storage vaults/product dispensing area/general storage areas; each with adequately heated water, effective non-toxic sanitizing cleansers, Sanitary towels and no-touch sanitary air dry devices provided
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- Lavatories will be: adequate with toilet and hand washing/drying stations; readily accessible; kept in good repair; have all surfaces, stations, and door handles cleaned/sanitized daily;

3. General

All employees will:
- Clean his or her hands and exposed portions of his or her arms in a hand-washing sink at minimum, and utilize proper practices, equipment, and dress code including sterile glove use as described herein and as necessary to maintain sanitary practices
- Perform cleaning duties as assigned by mgmt.
- Report to management any stocking needs, cleanliness issues, and malfunctioning equipment

Management will maintain:
- responsibility to inspect cleanliness, stocking, and function of facilities; provider contact information & immediate service request & response for malfunction repairs; a log / designation of employees responsible for cleaning ; time and date of cleaning; a storage area designated for chemical cleaning agents which is locked and segregated from any areas containing cannabis; posted signage regarding mandatory hand washing/sanitizing within lavatory and product areas and material safety sheets being posted visibly in appropriate areas
- That effective non-toxic sanitizing cleansers, Sanitary towels and no-touch sanitary air dry devices are provided at lavatory/hand washing facilities

4. Hand Washing

General conditions in which hands shall be washed:
- After handling soiled equipment or utensils
- After touching bare human body parts other than his or her clean hands and exposed portions of arms
- After using the toilet facilities.
- When the hands are visibly dirty or contaminated
- Before and after eating
- At the start of work shift
- Between contact with patients
- Whenever hands become soiled
- Whenever one has coughed, sneezed or blown his/her nose
- At the end of shift
- Upon touching a common use door handle or surface exposed to persons with potentially non-sanitary hands/items
- After cleaning duties.
- Before wearing disposable gloves.
• After smoking, eating, or drinking.
• Before handling cannabis products
• Any other time an unsanitary task has been performed – i.e. taking out garbage, handling cleaning chemicals, wiping counters, picking up a dropped food item, etc.

Hand washing and/or sanitizing gels may also be used for routinely decontaminating hands in the following situations:
• Before having direct contact with patients or caregivers
• After contact with inanimate objects including equipment
• After removing gloves

5. Hand Hygiene Technique
• Remove all jewelry
• Wash hands under warm running water
• Keep hands at a lower angle than your elbows to prevent the dirty water from running back onto your arms
• Using soap from a dispenser, wet hands and apply a sufficient amount of soap to obtain a good lather
• Hand washing shall be for a minimum of 30 seconds to two minutes dependent upon the exposure level
• Interlace your fingers to clean between them
• Using friction be careful the wash fingernails and fingernail beds with a scrub brush or nail pick if available or use disposable brush with soap
• Rinse thoroughly and dry hands with an individual paper towel and/or no-touch air dryer
  o Dispose of used paper towel
• Make sure that your hands do not touch areas that were not included in the scrub
• Turn off the faucet using a clean, dry paper towel
  o Dispose of used paper towel
• Use a clean, dry paper towel to contact the door handle upon exiting
  o Dispose of used paper towel

6. Alcohol-based hand rub
• Apply product to palm of one hand
• Rub hands together, covering all surfaces of hands and fingers

7. Nails
• Artificial fingernails or extenders may not be worn if duties include direct contact with patients or products
• Natural nail tips shall be less than ¼ inch long and cleanly maintained
8. Gloves and Hand Hygiene

- Gloves reduce hand contamination by 70-80 percent, prevent cross-contamination and protect from infection. However, the use of gloves does not eliminate the need for hand hygiene.
- Disposable, sanitary nitrite (or equivalent) gloves shall be available and worn at all times while handling cannabis products, and in cannabis storage/dispensing areas.
- Employees will:
  - Remove and replace gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before caring for another patient.
  - Decontaminate hands after removing and/or before replacing gloves.

9. Dress Code and Personal Grooming

Management shall ensure all agents are following proper hygiene requirements when they report to work and will follow up as necessary.

Grooming:
Employees shall:
- Arrive at work clean – clean hair, teeth brushed, and bathed with deodorant used daily.
- Maintain short, clean, and polish-free fingernails.
- Keep facial hair trimmed, and/or long hair tied back so as that minimal strands will become detached while on-site. Excessively long (.25”+) beards or hair will require beard and/or hair net use.
- Large lip, septum, and other potentially dangerous piercings must be removed before work, as they may present a risk for accidental injury.

Dress Code
- Only Supervisor approved attire will be allowed, dependent on their tasking/workload
  - This may include uniform dress, face masks, gloves, smocks, lab coats, scrubs, etc. based on employee role
- Bags, purses, back-packs, etc. are not allowed in work areas, and must be left in Employee’s vehicle, home, or in the main office.
- Certain tasks may require specialized and/or safety attire, including:
  - gloves (medical grade or protective)
  - long-sleeves and pants
  - protective clothing
  - Hair and/or beard nets
  - Face masks
d. Employees are not to wear excessively loose / baggy clothing, or clothing with exposed outward pockets (overalls, hooded sweatshirts, etc.)
e. Employees shall wear closed-toe footwear (tennis-shoes, construction boots, etc.)
f. Employees shall not wear skirts, dresses, or other open seamed clothing which fits in such a manner that it may result in trip/fall etc.
g. Prohibited items include any: drugs or alcohol, weapons, explosives, chemicals, or any other potentially dangerous items/substances
h. Employees shall not wear full-face masks, hoods, etc. to or while at the facility

Smoking, eating, and gum chewing:
- Smoke only in designated areas. No smoking or chewing tobacco shall occur inside
- Eat and drink in designated areas only.
- Refrain from chewing gum or eating candy during work

Employees must:
a. cover / protect any open wounds or sores
   i. Employees with large, obvious, un-coverable, or potentially dangerously located wounds will not be permitted to engage with Patients/customers, or any material to be transferred to Patients/customers
b. not allow for the spread of infectious diseases
   i. it is the Employee’s responsibility to immediately notify Admin/Owners should they become ill
c. practice Food Safety- Regarding personal and/or employee foods- these may not be stored on-site; any such items will be discarded into provided waste bins after use/designated breaks/lunch periods, with the waste containers emptied into external, closed ‘dumpsters’ (to be removed/maintained by a professional waste removal company) upon closing each day and as necessary while on-shift

10. Animals
Will not be allowed on-site except for those provided for by service animal access requirements, only in patient access areas; the facility will be sanitized immediately upon any animal presence.

Doors and windows are to kept closed to the outside at all times (except for access doors, when in use) as to prevent animal/insect entry
11. Shaking hands with Patients/Customers is prohibited
employees will explain to them that they mean no disrespect, but are exposed to hundreds of people each day, and it is in all of your best interests to avoid the spread of potentially dangerous germs/diseases.

12. Sick Employee Practices

a. Employees that fall ill should not come to for a scheduled shift, provided they have contacted their supervisor within a reasonable time to make arrangements for that shift. With the sheer number of interactions that will take place on a daily level between Employees, Vendors, and Patients, it is simply too dangerous to bring such risks into workplaces.

b. Employees will not be considered negligent, abandoning, or failing to appear, assuming they are able to prove their illness via their physician’s statement, and responsibly notify the applicable / scheduling Admin. officer properly in order to allow for proper arrangements.

c. Employees that do not arrive for, or contact their supervisor relating to (no call / no show) their absence will be reprimanded, documented as an offense, and may result in termination based on the severity and consistency of these offenses.

PERSONS MAY NOT WORK if he/she has:

- Diarrhea
- Vomiting
- Flu, Pneumonia, Bronchitis, and other air/fluid-borne illness

If they have been told they have one of the following illnesses, they must report the illness to a manager:

- coli O157:H7
- Salmonella
- Shigella
- Hepatitis A

Agents must report any incident of illness, diarrhea, vomiting, jaundice (yellowing of skin or whites of eyes) to their manager.

they must also report to a manager if they have an open and/or infected wound so precautions can be taken to prevent contamination.

13. Sick Persons
Persons (patient, visitor, or employee) exhibiting sickness or symptoms that have entered the facility will require that the facility areas that were exposed to be sanitized immediately after their departure.

14. **Employee Responsibility to Notify**

It is the responsibility of Employees to notify, alert, or otherwise indicate directly to the management officer directly above them, or a principle officer whether they will be late for their shift, absent, ill, compromised per health & sanitation standards, stranded, or incurred in any situation that will render them unable to arrive on time, properly dressed, and ready to begin their shift.

15. **Trash / Waste Removal**

- All areas within the facility will have waste bins readily accessible.
- The company will maintain a service agreement for external, closed lid waste ‘dumpsters at each site with regular removal/emptying.
- All waste bins will be emptied into these dumpsters upon closing each day, and as necessary upon being filled or having contaminated / hazardous substances.
- An approved, locking hazardous waste container will be utilized/available as necessary.
- Food Safety - Patients/visitors may not bring food or drink items onto the premises.
- Regarding personal and/or employee foods- employees may bring food and drink in approved, sealed containers, or procure food items during their approved breaks; these may only be eaten in employee offices, and may not be stored overnight on-site; any such items will be discarded into provided waste bins after use/designated breaks/lunch periods.

16. **Good state of repair**

Our company shall ensure that all areas within the facility, including those used to process, package or hold marijuana or marijuana products is maintained in a good state of repair.

17. **Facility Cleaning**

Employees are to:

- keep supplies in their designated storage area
- maintain a clean work station
- complete and document any cleaning/facility related tasks as per the daily checklist

Cleaning
Management will assign these duties; ensure stock levels are adequate; and verify employee tasking; creating/verifying logs; filing logs indefinitely; this will include that:

a. Facilities are to be kept clean at all times, inside and out, and as per this manual and the daily checklist using non-toxic cleaning agent, appropriately timed and designed around patient flow throughout the day, upon contamination or spillage, and at closing each day.
   i. Cleaning display cases / dispensing areas
   ii. Cleaning & organizing work-stations & equipment
   iii. Sanitizing door handles, floors, lavatories, hand wash stations
   iv. cleaning of facility, floors, office / break-room & open areas
   v. Waste removal
   vi. Exterior walkways/ingress and egress points
      1. A subcontractor will be utilized to regularly clean/pressure wash exterior walkways, parking areas, etc.

b. A storage area is to be designated for chemical cleaning agents which is locked and segregated from any areas containing cannabis;

B. Contamination prevention (product and product storage)
   1. Product Safety

Required use of provided non-allergenic gloves, hairnets, smocks or lab-coats, shoe covers, facemasks, and proper tools shall be implemented

Employees are trained so as:

- To never touch or retrieve product with bare hands or any part of being
- Not to place products close to face, breathe upon, or otherwise risk contaminating the product
- To visually inspect materials for molds, mildew, debris, foreign objects, proper labeling and other issues
- Any individual unit packaging (astm; crreo bags; any final/exit packaging) to be used or to enclose producer packaging will use sterile, food grade components, and be stored in a sanitized, sealed container within a regularly sanitized, segregated storage area
- To Inspect packaging for proper labeling, breaches, seal issues, or contamination/compromise
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- That any product that is found to have compromising issues must be reported, weighed, logged, segregated into ‘waste vault’ storage and returned to the producer/destroyed as waste
- Use of hand washing stations are precursor requirements to the entry of these rooms.
  e. Products / materials shall remain in sealed, airtight and light proof containers until their time of use
  f. Regular maintenance of expiration inspection and shelf-life aspects is required
  g. OSPM shall ensure inspection and quality assurance of products.
  h. Containers will be sealed, discarded, or decontaminated immediately upon / after use respectively
  i. Inspected materials will be approved or denied based upon:
    • Lab test Results
    • Visual signs of biological contamination including mold, disease, or fungus
    • Physical contamination or compromise
    † Foreign objects
    † Other Biological issues
    • Compromised Labeling, packaging, or storage requirements

Exterior walkways and ingress / egress points
will be made of concrete, kept clean, and are to have a subcontractor utilized to regularly clean/pressure wash exterior walkways, parking areas, etc.

2. Storage areas
   are secureable, regularly cleaned/sanitized, environmentally controlled, with all materials off the floor and placed in approved safes or on stainless steel shelving.

3. Facility Floors and fixtures
   will be concrete and/or hardwood (or similar) and sanitized daily; walls, windows, doors, vents, etc. are to be sealed properly, cleaned daily and in good condition at all times

4. Sanitizing storage containers
   Containers used to hold bulk quantities of cannabis products in storage will be sanitized before and after each use with approved non-toxic agents and will be stored on metal racks above the floor in a segregated storage area between uses

5. Storage Packaging Suitability

Any equipment used to process, package or hold marijuana or marijuana
products:

- Is to be of appropriate design and adequate size and is suitably located to facilitate operations for its intended use and for its cleaning and maintenance
- Is constructed so that surfaces which have direct contact with components, in-process materials, marijuana or marijuana products are not reactive, additive or absorptive so as to alter the safety, identity, strength, quality or purity of the marijuana or marijuana products

### 6. Substance Contamination Control

- Any substances required for operation, or any substances otherwise, such as cleaning agents, and any human based/borne contaminants will not come into contact with components, product containers, in-process materials, marijuana or marijuana products so as to alter the safety, identity, strength, quality or purity of the marijuana or marijuana products
- Equipment and utensils are to be cleaned, maintained and, as appropriate for the nature of the marijuana or marijuana products, sanitized and sterilized at appropriate intervals to prevent malfunctions or contamination that would alter the safety, identity, strength, quality or purity of the marijuana or marijuana products
- Storage areas will be regularly sanitized, and segregated from general access for the Protection of clean equipment from contamination before use
- Employees will be trained as to proper Inspection of equipment for cleanliness immediately before use.

### 7. Storage requirements and segregating items / products

OSPM’s shall ensure that:

- Procedures are followed as to the receipt, identification, storage, handling, sampling, testing and approval or rejection of components, product containers and closures
- Components, product containers and closures are at all times handled, sealed and stored in a manner so as to prevent contamination;
- Items requiring low temperature storage will be placed in a properly regulated, regularly cleaned/sanitized, locking, commercial grade refrigeration unit within the ‘storage vault’ upon inspection and clearance into inventory
- Bagged or boxed components, containers or closures are stored off the floor and are suitably spaced to permit cleaning and inspection
- All items and containers will be segregated from inventory until they are inspected and cleared for release
C. Pest Prevention and Control

1. Licensed pest control provider will be contracted to:
   - Inspect the entire interior and exterior of the premises for infestation, potential entry points, and to complete necessary remedies/service prior to opening the facility for initial operation
   - Ongoing remedy in case of pest issues
   - Regular inspection as necessary
   - Advise / educate further regarding identification and management of pest problems
Section 17 – Recordkeeping

A. PLEASE PROVIDE A SUMMARY OF YOUR RECORDKEEPING PLAN AT EACH PROPOSED FACILITY LISTED IN THE PERMIT APPLICATION. THIS PLAN SHOULD COVER, BUT IS NOT LIMITED TO, RECORDS OF INVENTORY AND ALL DISPENSING TRANSACTIONS:
DOH REDACTION
2. Legal Information and Documentation

Employees will be briefed on the provisions of the law as stated in the Regulations of PA State Agencies as well as provided with required information on the laws surrounding employment both in the state and Federally.

a) This information is also to be made available within the Manager’s office, and to Employees at any time

Specifically, instruction will focus on:

- Patient rights,
- Employee rights,
- Rules and Regulations of the operation of a dispensary facility
- Rules and regulations regarding their specific position in the dispensary facility
- Complete and satisfactory documentation of all elements otherwise required to be recorded for proper registration, verification, and certification.

3. Quality Assurance and the Reporting of Dispensing Errors

The process by which an employee may bring attention to and report a dispensing error will be reviewed, and instruction of our quality assurance program initiation protocol will take place.

- a written quality assurance program intent on exceeding levels of quality already in place under will be distributed to all employees and measures to prevent dispensing errors will be reviewed.

- employees will be informed of the review process, which will take place following a dispensing error.
- Quality Assurance program for applicable employees including ensuring accurate labeling of dispensary facility packaging and marijuana products, verification of producer label accuracy, checking expiration dates, and product specific quality

- Control including interpretation of Chromatography / similar testing results, applied Cannabis etc.

- Any such errors will be reported, and filed with the department. The patient or producer will be notified for reconciliation/return respectively, with the corresponding personnel details and supervisor information recorded and filed permanently; with the ospm and supervising compliance officer responsible for assuring the ICS is reconciled and accurate upon completing the report. Such reports will be made immediately to the department, with the pursuing investigation being conducted immediately, and a final report being filed within 30 days.

Employees will be informed of OSHA and HIPAA workplace standards and control policy. Monthly meetings (if not more frequently) dedicated to on-site safety and OSHA protocol & HIPAA standards will be mandatory

4. HIPAA
   a. Employees are expected to follow any and all HIPAA statutes, and always maintain sensitive Patient information / records confidentiality and compliance. This also applies to digital / software system usage
   b. See [http://www.hhs.gov/ocr/privacy/hipaa/understanding](http://www.hhs.gov/ocr/privacy/hipaa/understanding) for additional details and information
   c. Management is responsible for understanding these statutes, communicating them to Employees, ensuring that they are followed, and reporting any violations
   d. Employees must immediately report any violations they performed or witnessed to Admin / Management

5. SENSITIVE INFORMATION
   a) Employees/Management will often possess or contact sensitive information including Patient /medical files; customer or company financial information; company information, strategies or records; or other personal / private information
   b) Employees / management must protect the confidentiality of this sensitive information, and are prohibited from releasing it to any persons outside the company, or with any non-pertinent Employees.
   c) Employees / Management are responsible for their actions- failure to comply with confidentiality requirements will result in documented offenses and/or termination
6. **Inventory Control System, POS, PA state electronic tracking systems, and Patient Reporting Systems - Policy**

   a) All Employees must only use their personal login  
   b) No off-site logins are permitted  
   c) All Employees are to log out each time they leave their station  
   d) HIPAA - information must be protected and compliance maintained  
   e) Administration/OSPM will monitor all computer activity  
   f) All Employees are responsible for any activity and data entered through their login  
   g) OSPM is responsible for oversight and entry of inventory data

8. **Patient Recordkeeping**  
Patient recordkeeping pertains to diligent filing of all patient records. Paper and digital copies of all patient paperwork must be completely up-to-date and maintained during the entire tenure of operation. All electronic and paper records are to be maintained in compliance with the Act, the Regulations, and HIPAA, and also consistent with the OMM retention schedule.

9. **Verification Protocol**  
The registry status and compliance/dispensing information of each patient / caregiver will be verified, along with their personal identity, each time a patient / caregiver enters the facility, and before they are permitted to access or purchase Cannabis at the point of sale. This information is also recorded through the ICS and verified for each transaction that takes place.
12. Compliance Recordkeeping

Compliance recordkeeping pertains to all corporate compliance documents including business licenses, inspection cards, zoning documents, leases, formation documents, operational manuals and training materials, statutes and inspection records, affirmative action/diversity plans and records, community outreach relationships, and any other documents issued by state or local government authorities. It also includes records of all independent inspections by the fire department, building inspectors, etc. Paper and digital copies are required to be up-to-date and maintained at all times.

13. Testing documentation

All testing documentation obtained from licensed producers will remain on file, both paper and digitally, for all marijuana products. This includes the batch number and shipment details of marijuana being tested, the amount tested, the test being performed, where the test was performed, the results of the test, and the name/title/signature of the person performing the test.
20. **Travel Manifests, Invoices, and Purchase Orders**
All electronic and physical copies must be maintained in accordance with our recordkeeping protocols. This gives a paper trail of all product dating back to inception of the program, along with producer, transporter & transport vehicle/agents, shipment, order, receiving/inspecting employee, authorizing administrator, security, and accounting information.

21. **Agent / Personnel Records**
The compassion center is required to maintain strict personnel records for both agents and employees, and will keep shift/schedule records along with pertinent attendance records indefinitely.

   a) **Employees and Agents**
Employee records include any resume, application and contract for employment, state authorized agent identification/clearance, a signed copy of the operating manual and related forms, tax forms related to employment, any record of disciplinary action taken against the individual, documentation of shift attendance, and any other pertinent information. Agent records should also maintain general information such as current address and phone number.

22. **Financial Records**
The company shall maintain strict financial records using proprietary software, printed reports and documentation, both physical and digital, filed and stored indefinitely according to our general record keeping protocol. This includes accurate and current bookkeeping records such as income, payroll,
revenue sources, taxes, donations to community programs/groups, and expenses. It also entails a record of all funding sources including name, address, and date of birth.

23. Training Attendance Records
Including employee / agent information, demonstrated knowledge, and attendance / compliance acknowledgements of required training indicating the date, time, and place of training as well as topics discussed including the name and title of the presenter. To be filed and stored indefinitely per our record keeping protocol.

24. 3rd party service provider records
Including security, pest control, maintenance, electrical, hvac, transportation, or other necessary services rendered to maintain facilities in good repair and/or otherwise used throughout normal operation. Provider contact, license, agent, vehicle, and service details will be recorded and stored per our record keeping protocol.

25. Cleaning and Sanitation Records
We shall maintain a log / designation of employees responsible for cleaning ; area, time and date of cleaning; an inventory log for the storage area designated for chemical cleaning agents which is locked and segregated from any areas containing cannabis
Part E – Applicant Organization, Ownership, Capital and Tax Status  
(Scoring Method: 150 Points)

**SECTION 18 – ORGANIZATIONAL STRUCTURE**

<table>
<thead>
<tr>
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<tr>
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<tr>
<td>☐ C-Corporation</td>
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<tr>
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<tr>
<td>☐ Limited Liability Partnership</td>
</tr>
<tr>
<td>☐ Non-Profit Organization</td>
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<tr>
<td>☐ Other (explain):</td>
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</table>

<table>
<thead>
<tr>
<th>Applicant’s Organization Documents</th>
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</thead>
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<tr>
<td>State of Incorporation or Registration: Pennsylvania</td>
</tr>
<tr>
<td>Date of Formation: 3/20/2017</td>
</tr>
<tr>
<td>Business Name on Formation Documents: [Redacted]</td>
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</table>

<table>
<thead>
<tr>
<th>Applicant’s Identification Numbers</th>
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<tbody>
<tr>
<td>Federal Employer ID number:</td>
</tr>
<tr>
<td>[Redacted]</td>
</tr>
<tr>
<td>PA Department of Revenue Tax number (if applicant is currently doing business in Pennsylvania):</td>
</tr>
<tr>
<td>n/a</td>
</tr>
<tr>
<td>PA Workers’ Compensation Policy Number (if applicant is currently doing business in Pennsylvania):</td>
</tr>
<tr>
<td>n/a</td>
</tr>
</tbody>
</table>

The applicant affirms that workers’ compensation insurance will be obtained by the time the Department determines you to be operational under the Act and regulations.  

| ☑ Yes | ☐ No |
SECTION 19 – BUSINESS HISTORY AND CAPACITY TO OPERATE

DESCRIBE YOUR BUSINESS HISTORY AND YOUR ABILITY AND PLAN TO MAINTAIN A SUCCESSFUL AND FINANCIALLY SUSTAINABLE OPERATION:

Executive Summary

Introduction

Our Company’s number one goal is to make our patients well, no matter the cost. We believe in patient focused decision making in everything we do, from the products we offer to the way we reach the market and the community. In order to ensure our successes, we will be committed to first-class customer service, the highest quality products, maintaining compliance, and effectively capturing the existing and future market share while also generating a positive image and impact for our community. This is carried out through strict protocol, high quality training, and constantly improved operating procedures. Quality patient service, competitive pricing, sound business practices, a safe environment and attention to detail shall always be top priority for the company, its employees and customers.

Our goal is to establish an overall wellness center, which focuses not only on cannabinoid based treatments, but also those of nutrition, alternative medicine and therapy, as well as referral to specialized treatment within the community using the already proven successful methodology and approach of our founding member’s dispensary in Connecticut. Her approach has been successful financially, and more importantly has been so at healing patients based on specific need, improving the local community, and furthering the efficacy of treatments through research participation, data assessment, and striving for ‘patient centered business practices’. Once we receive initial approval, we fully intend to apply for secondary and tertiary licenses to best serve the western areas of region 3, which we feel will certainly benefit from additional operations such as our proposed concept.

Our dispensary will offer Marijuana based and Marijuana centered products, along with a select number of compliant, necessary paraphernalia, ancillary items, as well as herbal and educational goods including non-drug based relief, to further our goal to holistically heal the mind, body and spirit adjunct to traditional medicine.

Our Company’s strengths include:

- Experienced Ownership
- Highly rigorous training modules
- Compliance
- Educational Marketing
- Research Engagement
- Compassion
- Relationships with patients
Financial Considerations

Our Company will fund its startup with a capital infusion of $150,000.00, as well access to a liquid source of personal funds which total over $2,000,000.00 from its founding Members which will be more than enough startup capital to purchase all necessary equipment and inventory and allow the company to operate in a positive cash position until it is self-sufficient. Our estimated startup costs are c. $538,430.00, which includes all necessary facets to become operational within 6 months, and to maintain a profitable, successful business.

Capacity to Operate

Our founding member has successfully operated a dispensary in the State of Connecticut for nearly three years, and has maintained a high level of operations, medical efficacy, and full compliance without incident. It should be mentioned that CT has perhaps the most rigid and highly regulated medical marijuana program in the country, with stringent controls that parallel and/or exceed those in Pennsylvania. Her expertise in the full scope of operations as well as medicine, research, philanthropy, nutrition, and alternative therapy has helped countless patients, as well as the community in general.

The facilities and operations will be overseen by the principles and general management, with full transparency and accountability for all activities and employees. The on-site product managers are to be highly trained, licensed pharmacists. These specialists will also be educated specifically in the arenas of cannabis, its use and treatments, as well as ongoing research and development.

Our operational policy and procedures are among the most in-depth in the industry, and are designed to promote successful, compliant business with top-tier quality assurance, and a focus on positive customer experience and treatment. In addition to the experience in ownership, we intend to utilize on-site pharmacist oriented training from pharmacists and technicians that have first-hand experience dispensing cannabis and maximizing its benefit to patients, as well as an expert consulting firm specializing in cannabis operations which has been engaged to provide training, operating procedure and support to all levels of employees, and has successfully done so in states such as Colorado, Connecticut, California, and Nevada.

These policies, procedures, and training modules include:

- Employee Best Practices
- Facility Specific Controls
- Access Controls
- Security and Site Control
- Employee Procedures & Practices
- Customer service
- Operations
- Inventory: Control and Compliance
- Security and safety
- Pharmacist specializing in Cannabis use and dispensing
- Research and development participation
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- Ongoing patient survey and monitoring
- Alternative therapy, nutrition, and holistic counseling

Security Features Overview
To prevent unauthorized access, and to ensure against theft, loss, and/or diversion, our facilities are constructed with: (see attached Addendum for detailed equipment specifications)

- Full access controls
- Comprehensive policy, procedures and training
- A brick and mortar (or concrete) founded and walled structure with an affixed roof
- Steel plate framing and/or steel reinforced concrete within shared-walls, and at interior visitor/agent access control points
- Steel doors and roll-down locking door grates with commercial grade locks
- Concrete and steel anti-vehicle impediments
- Ballistic level glass at interior visitor/agent access points and glass treatments at exterior windows
- Affixed ‘access prevention’ (steel bars, locking fire escape grates) equipment on exposed windows (along with affixed window coverings/anti-visibility treatments), vents, and other potential access points
- Security doors using approved commercial grade locks, both manually operated and electronic, controlled by a secured, interior position along with access control protocols
- Secured, automatically locking doors at all interior access points by auditable biometric systems, key-fobs or codes
- Auto-lock and entry monitoring of all product areas to prevent access to persons during the temporary absence of management
- PA State approved safe(s) housed within a fortified, secured vault area (steel plate framing within concrete walls, walk-through vault door)
- Sufficient battery backup for alarms, video cameras and recording equipment to support ongoing operation, recording, and storage in the event of power loss
- A series of devices (motion, video/photo, pressure, DVR, etc.) to continuously detect and monitor all activities including unauthorized intrusion (alarm/surveillance system)
- Dedicated DVR storage enclosure
- Fire and smoke detection / alert / suppression systems
- Exterior lighting- commercial HPS/MH/LED lighting, adequate to fully illuminate access points, walkways, and parking areas; timed/photo-sensed for sunset and sunrise

INVENTORY AND SALES CONTROL
Our Company has implemented a stringent control system that will be put in place via: a point of sale/inventory tracking system; tools and form for accounting and verification; and tasks and processes that will ensure accountability at every stage through the product chain. Our Company will implement a Department approved industry management database system. This system will allow Our Company to strictly enforce the patient purchasing limits as established by the State of Pennsylvania. In addition these purchasing limits will be communicated to each patient verbally during orientation and via the Patient education materials. Also, employee will be educated on patients’ purchasing limits and how to best communicate this to each patient and/or their caregiver. To best monitor the tracking of product to patients, Our Company will institute a database tracking system which will be automated to determine if a patient is allowed to make a purchase based upon their monthly limitation.

Company Management, Operators, and Medical Advisory/Research Committee

Our founding and operating Members have specific entrepreneurial expertise in starting and operating a wellness centered, cannabis dispensing business, as well as general business expertise. Our Company will be structured around their strengths, as well as their compassion. We have also recruited highly qualified, licensed pharmacists, NP’s, and PA’s to serve as our product managers and patient/medical liaisons. The employment and advisory of both of these groups is contingent upon our license award, and all personnel will be subject to passing background checks, required training, and any other registry/department requirements as applicable. These positions will be trained on site and by visitation to our existing dispensary, to be educated by practicing pharmacists dispensing marijuana products to patients to learn procedures and patient care practices first-hand.

Our team also includes a number of specialty medical advisors and business leaders, as well as community, armed service members, and public servants who have volunteered to assist and help further this opportunity to help those in need, and to help us develop and deliver the best means of patient care possible based on research, data, and expertise from within the community.

including but not limited to; laws, ordering, paperwork, sales, vendor relationships, patient services, regulatory compliance, patient communication and education. Speak and coordinate all educational classes in dispensary and at support groups for approved diseases. Meet with doctors to educate and hopefully sign up to become a certifying doctor for the program.
Train, coach and encourage success of all managers and staff. Maintain daily contact with security specialist to ensure all security measure are current and operational. Maintain all patient lists and communicate with expired card holders to help in the recertification process. Handle all marketing and merchandising for __________________________ Responsible for all aspects of Wellness and Holistic Services.

Art publishing and Licensing
Developed and built business from start up to generate multi million dollar sales annually; established strong account customer base of retailers, manufacturers, and independents. Increased sales year after year by leveraging referenceable accounts to build credibility and introducing new sales tools and marketing collateral. Opened the market ahead of the competitions, persuasively overcoming customers concerns about current economic down trend and belief in our product viability. Created marketing presentation and demo products. Developed all trade show booth design and trend. Hired, trained and supervised all staff, sales team, and independent contractors

PROFESSIONAL EXPERIENCE
Owner/Operator -
• Owner/operator of unique consignment store including logo design; implementation of advertising/marketing and public relations initiatives

• Established inventory and consignor management system

Division Administrator of Gastroenterology & Hepatology - University of __________________________ Center
• Overall administrative manager for the division’s clinical, research and educational missions.

• Administrative supervisor of 17 clinicians, 13 administrative staff, 24 nursing/therapeutic personnel, 8 research specialists and 15

COMMUNITY INVOLVEMENT

President of __________________________ Board of Directors •
Golf Tournament Director and Volunteer for __________________________ •
21 year member of Hollidaysburg Area Women’s Club •
Member of Hollidaysburg Community Partnership •
Volunteer at Hollidaysburg Area Junior High School
Parent Advisory Committee •
PROFESSIONAL ORGANIZATIONS

- American Hospital Association
- American College of Healthcare Executives
- Association of Fundraising Professionals
- Member Blair County Rotary Club
- Member Blair County Chamber of Commerce

Licensure: Commonwealth of Pennsylvania

Board Certification

- American Board of Physical Medicine and Rehabilitation
- Medical School
  - Chicago College of Osteopathic Medicine
  - Midwestern University

Professional Affiliations:

- American Academy of Physical Medicine and Rehabilitation
- Pennsylvania Osteopathic Medical Association
- Pennsylvania Medical Society
- Blair County Medical Society

Presentations:

- Catecholamines Induced Hypertension in Lumbosacral Paraplegia: Case Report
- Theophylline Induced Arousal in Comatose Patients

Committees:

- CVA Program Co-Coordinator, HealthSouth Rehabilitation Hospital
- Spinal Cord Injury Program Coordinator, HealthSouth Rehabilitation Hospital
- Orthopedic Program Coordinator, HealthSouth Rehabilitation Hospital
- General Program Co-Coordinator, HealthSouth Rehabilitation Hospital
Over 25 years of clinical experience with diverse populations in the mental health field.

- Clinical management, directing, training, and supervision experience.
- Trained and experienced in administering and scoring psychological assessments.
- Exceptional communicator and problem solver, confident and organized.
- Pennsylvania Licensed Professional Counselor

PROFESSIONAL EXPERIENCE:
11/01/2008 to present Psychotherapy Private Practice Owner

- Provide individual, family, and couples therapy to adolescents and adults.
- Maintain marketing, billing, and practice development following ethical and HIPPA guidelines.
- Electronic patient notes and communication with outside patient resources when needed.

LICENSES AND CERTIFICATIONS

- American Association of Nurse Practitioners- Adult Nurse Practitioner Certification
- American Association of Nurse Practitioners- Family Health Nurse Practitioner
- Pennsylvania Certified Registered Nurse Practitioner-Family Health
- Pennsylvania Registered Nurse:
- DEA License
- Basic Life Support Instructor/Provider – American Heart Association
- Advanced Cardiac Life Support Instructor/Provider- American Heart Association

AWARDS
• 3 Navy and Marine Corps Achievement Medals for medical/military action and leadership

• Army Commendation Medal for medical/military action and leadership

• 2012 Geisinger Nurse Excellence Award Nominee

• Beacon Award silver level for nursing unit excellence

RESEARCH/ RESEARCH SUPPORT

• 2011 PARTNER TRIAL- Transaortic Valve Replacements for surgically inoperable patients - resulted in FDA approval of aortic transcatheter Sapien valve device use in patients who were previously inoperable for severe aortic valve stenosis

• 2011 EARLY AMBULATION OF CRITICALLY ILL PATIENTS - resulted in implementation of ambulation protocols for stable intubated intensive care patients

• 2010- C-Port trial: Comparing thrombolytic therapy vs PCI at community hospitals - resulted in the establishment of cardiac catheterization lab at a community hospital and increased early accessibility to PCI and diagnostic catheterizations

COMMUNITY/VOLUNTEER INVOLVEMENT

• Disabled American Veterans- Life Member

• AACCU Fundraiser Chair 2011-2013

  o Raised more than $7,000 dollars for the Children’s Miracle Network

• Luzerne County Community College Student Nursing Forum

  o Organized multiple fund raising events and community service projects

• VA Medical Center; 500+ hours of volunteer service

Pennsylvania State Police Academy June, 1990
Mount Aloysius College, Associates Degree in Criminology May, 1988

RELATED EXPERIENCE/WORK:

United States Naval Reserves assigned to a Construction Combat Unit 1984-1991

Pennsylvania State Police; 25 years Law Enforcement; worked 8 years in Patrol Operations/Criminal Investigations and 17 years with Vice/Narcotic/Units Investigations

LICENSURE & CERTIFICATIONS

- Pennsylvania State Board of Pharmacy
- Authorization to Administer Injectibles
- American Pharmacists Association Certifications

- Pharmacist & Patient-Centered Diabetes Care January 2015
- Pharmacy-Based Immunization Delivery May 2015
- Duquesne University

- Provided phone-based Medication Therapy Management services nationwide to patients qualified under Medicare Part D
  - Identified and resolved drug interactions and medication-related issues
  - Identified gaps in pharmaceutical care and contacted prescribers
  - Recommended alternative therapies for high-risk medications in geriatric patients

- Educated patients on appropriate use of medications and chronic disease states

Doctor of Pharmacy
Duquesne University Mylan School of Pharmacy

Geriatric- Focused Study

Pittsburgh, Pennsylvania

LICENSURE

Commonwealth of Pennsylvania

Pharmacist License

Authorization to Administer Injectables License

IV. LICENSES AND CERTIFICATIONS

- NCCPA Surgical Recognition by board examination
- License Pennsylvania State Board of Medicine
- License Pennsylvania State Board of Osteopathic Medicine
- DEA License current
- Basic Life Support Provider – American Heart Association, current
- Advanced Cardiac Life Support- American Heart Association
- NIH Stroke Scale Certified

V. AWARDS

- Geisinger Service Hero Award- 2008 recipient
  - Award given to members of the healthcare system that provide exemplary customer service and patient care

“I personally have 16 years of experience in direct patient care. Most recently I have spent the last 7 years in the field of Gastroenterology. I have extensive experience in diagnosing and treating patients with inflammatory bowel diseases inclusive of Crohn’s disease and Ulcerative Colitis. I diagnose and treat patients with cancers of the pancreas and biliary tract, colon, stomach, and intestine.

I talk with patients daily that have had success in treating their illnesses and symptoms with cannabis. The recent legislation supporting the use of cannabis for medicinal purposes in Pennsylvania has
provided hope for these patients. They will soon be able to treat their diseases in a controlled and legal manner”

Products and Services

Our Company will offer the following core products to our customers, with additional products added as demand and feedback indicates from our customers.

- Medical marijuana in compliant forms and dosages per the act and regulations
- Products and services to complement the above

See below for in-depth details

A variety of Cannabis based or infused products will be available to assure that patients are provided access to Cannabis via a number of ingestion modes, providing a safer, viable means of access, which encompasses the full community population.

- Cannabis Products
- Cannabis-Centered Products
- Books and Educational Materials

Patient Oriented Product Approach

We will feature such products that inventory is encompassing of not only a full range of ingestion modes, but also that a full spectrum of Indica, Sativa, Hybrid, and Cannabidiol (CBD) rich Cannabis Strains in order to create a diverse Terpene and Cannabinoid profile available to patients. (As will be feasible subject to producer availability). Our focus also includes cannabinoid oriented clinical trials and research participation in local and international universities and medical centers. Our product managers are responsible for understanding specific use and benefit of cannabinoids and terpenes, their synergies with complimentary healing modalities, and serving as liaisons between patient needs, ongoing research participation, and producer output; thus creating a closed loop system which increases the ability to treat patients, and further the overall benefit them as well as the community.

pill; oil; topical forms, including gel, creams or ointments; a form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form;
tincture; liquid.

Supplies required to operate the business on a day-to-day basis will be procured from local suppliers. These supplies include office supplies, cartons and packing, supplies, cups, lids, napkins and other paper items, marketing materials, merchandising displays, and other tangibles required to service our customers, display the products, and execute the services we offer. Equipment will be procured from local distributors and retailers and store improvements will be contracted out to local tradesmen.

Patient Oriented Services and Education

**Intake/Orientation Process.**

Newly registered qualifying patients and their personal caregivers must initially participate in an "Intake/Orientation Process".

The Intake/Orientation Process will provide patients with a comprehensive understanding of rules, special programs and library resources; various methods of medical-cannabis administration and/or ingestion options, and related side effects; safety, effectiveness and techniques relating to alternative dosage forms

**Consultations with the OSPM**

Will also aid in delivering ‘Patient centered care’, based on their specific needs, conditions, and provide the ability to perform and improve this care on an ongoing basis

**Continued One-On-One Interviews and Training Sessions.**

Our company believes that the best way to provide counseling and education to member patients is through one-on-one interviews and information sessions. Through training and experience, our professional staff will share their knowledge in helping patients make the right choices of cannabis and application.

**Ongoing Medical Studies and Research.**

Our company is receptive to assisting new or ongoing medical studies and research and strives to help patients help themselves in a positive and compassionate way. We do this by offering patients the opportunity to participate in ongoing medical studies and research trials which, if agreed to, will be shared with their recommending physicians and our advisory medical committee on a voluntary, anonymous basis

**Events and Workshops**

A calendar of events and workshops integrating all aspects of well-being will be posted and updated in the dispensary facility. These workshops will include, but are not limited to:

- Seminars featuring patients and their experiences.
• Seminars featuring legal experts in the continuously developing and changing medical marijuana industry.
• Scheduled talks by physicians, pharmacists, nurses and other medical practitioners and healthcare providers.
• Seminars involving the common participation of patients, doctors and community though leaders will also be organized to allow cross education

**Pain Management and Wellness Community Calendar and Services.**
We intend our dispensary facility to be viewed by patients as a pain management, general health and wellness resource whereby holistic medical and wellness consultation and treatment may occur through a wide range of professionals...

- Compassionate understanding and assessment of the multidimensional nature of patients in pain; and
- Diagnosis and alleviation of acute, chronic and cancer pain and the pain and suffering of persons with advanced serious illnesses;
- Development and utilization of advanced modalities in pain medicine to help patients live more fulfilling and productive lives; and
- Promotion of care and wellness for the whole patient and his or her family.

As such, we strive to promote an innovative and multidisciplinary approach utilizing all available services and products directed through such professionals to assist member patient recovery in multiple aspects of their lives to the extent so needed and desired by the individual patient. We intend to offer certain services (and categories thereof) on-site with licensed visitor professionals, as well as provide referrals and recommendations to patients regarding:

**Dietary Planning and Nutritionist Consulting**
With specific illnesses come dietary insufficiencies and a compromise in nutrition. Our goal is to address each client’s needs on an individual basis and provide the necessary dietary recommendations to facilitate a full return to health

**Acupuncture**
With certain health conditions, acupuncture can be effective enough to reduce or eliminate the need to take drugs to control pain or symptoms. Additional benefits of acupuncture include faster recovery from injuries, decreased symptoms of stress and improved circulation

**Reiki**
One of the greatest Reiki healing health benefits is stress reduction and relaxation, which triggers the body’s natural healing abilities
Massage Therapy –
Therapeutic massage incorporates a variety of advanced modalities that enhance the body’s natural restorative functioning

**Our educational platforms include:**

**Reference Library**
We will maintain a reference library in a very relaxing setting at the dispensary facility that includes current research on medical marijuana, legal aspects, booklets on specific conditions treated by cannabis, and reference materials on integrative medicine
- **Interactive Website and New Media Interaction**
- Internet Resources on Medical Marijuana
- Published literature and resources

**Future Commitment to Evaluation**
At the end of the first fiscal quarter (and each successive quarter) we will evaluate and determine any new Cannabis or non-Cannabis based products and brands to best serve its patient's needs.

**Educational Outreach, Branding, and Marketing**

Our Company will succeed in marketing through relationship building, and a competitive business structure that offers additional value to our customers compared to other dispensaries. Our competitive edge will be our patient oriented care approach, development of treatments and ongoing care approach which has proven successful in our existing operation.

We will launch an integrated marketing campaign that is educational in nature, and designed to maximize the benefit to Patients in the community, while remaining in full compliance with the act and regulations. It is paramount that local physicians and patients alike understand the potential synergies of cannabinoid therapies, and are exposed to the latest scientific data, research, and successes. This includes one on one engagement, event participation, and targeted engagement of patients that may benefit from utilizing a wellness and efficacy oriented approach; targeting issues with specific forms / compounds in cannabis, complimented with nutrition, alternative therapies, and an overall approach to healing.

We will develop and market an image of a high quality provider of our products and services- this image will be presented in our marketing materials, sell sheets, signage, website, and the presentation and attitude of our employees. Service will be completed with a smile, and the customer will receive unparalleled service and response to questions, problems, or requests.
Market Analysis
Our financial and traffic projections are based on statistical trends from the industry, qualifying patient statistics, average spend and market capture rates, which we have assessed and determined a conservative series of estimates thereof. We anticipate an increase in traffic as the social paradigm shifts towards cannabis acceptance as it has in other states with medical marijuana programs, and as more doctors begin to become educated in cannabinoid therapies and become certified to write recommendations.

The industry has seen an average annual growth rate of 30.2% over the last five years, placing industry revenue at an expected $1.9 billion for 2015. Since 1996, proponents of cannabis have pushed for individual states to recognize marijuana as a treatment or pain-reliever for a range of illnesses. New medical research and changing public opinion have advanced these efforts and have contributed to the growth of the industry during the past five years. Over the next five years, the industry will continue to benefit from increasingly favorable attitudes toward medical marijuana-based treatments. Additionally, the industry will be led by the growth in demand for recreational marijuana. The Medical & Recreational Marijuana Growing industry is expected to grow at an average annual rate of 31.4% over the next five years, placing industry revenue at $7.4 billion in 2020; this includes a 22.1% growth rate for 2016.

The market for medical and recreational marijuana is heavily dependent on state regulation of cannabis. Medical Marijuana is used to treat many ailments, but it is most commonly used to relieve pain. IBISWorld estimates that medical Marijuana Patients account for an estimated 85.9% of all industry revenue in 2015, and is generally inline with slightly higher Indica dominant product consumption.

The industry's customer markets can be segmented across a variety of factors, including sex, age, and ailments for which medical Marijuana is prescribed. The median age of a medical Marijuana customer is 41.5 years of age. 24.0% of customers are between the ages of 18-30; 26.0% of customers are between the ages of 31-40; 23.0% of customers are between the ages of 41-50; and 27.0% of customers are more than 50 years old. The customer market is heavily skewed toward males, who account for about two-thirds of all medical marijuana sales, while females account for the remaining one-third of industry revenue.

Muscle spasms can be caused by multiple sclerosis, Lou Gehrig's disease, cerebral palsy, quadriplegia, cranial and spinal nerve injuries, and Tourette’s syndrome, among others. Because medical marijuana is purported to help patients relax and sleep better, it is estimated that 8.9% of industry customers used medical marijuana because of muscle spasms in 2015. The wide variety of diseases that cause muscle spasms has kept demand stable from this market over the past five years.

A variety of diseases can cause nausea and migraines, including digestive disorders. Medical marijuana can provide relief and muscle relaxation, which helps alleviate nausea. IBISWorld estimates that in 2015, 6.9% of industry customers used medical marijuana because of severe nausea. This market has not significantly changed over the past five years.

Medical marijuana is used to help provide pain relief in a variety of more specific diseases and conditions, such as patients suffering from cancer and seizures. Cancer treatment can be painful, and medical marijuana can help patients relax and rest to accelerate the recovery process. Over the past
five years, demand from other patients has remained stable, as the incidence of these diseases has not significantly changed. Additional cancer, epilepsy, and other severe condition treatments are being developed using Cannabinoid based therapies and treatments.

**Population and patient estimates**

Given the list of qualifying conditions, and the demographic survey of the surrounding counties, we have conservatively estimated/calculated at an average Patient use and capture rate based on national averages, as well as our personal experience operating a dispensary in a state that is conservative in nature, and has only recently launched a medical marijuana program. We reflect in our financial summary just 50% of these calculated estimates; in both capture rate and spend rates. (Attachment name: Pro Forma)

Per the qualifying conditions list:

- **Positive status for human immunodeficiency virus or acquired immune deficiency syndrome** (HIV/AIDS)
- **Cancer**
- Amyotrophic lateral sclerosis (ALS)
- Parkinson’s disease
- Multiple sclerosis
- **Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity**
- Epilepsy
- Inflammatory bowel disease
- **Neuropathies**
- Huntington’s disease
- Crohn’s disease
- Post-traumatic stress disorder
- **Intractable** seizures
- Glaucoma
- **Sickle cell anemia**
- **Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention or opiate therapy is contraindicated or ineffective**
- Autism
- Pediatric epilepsy, etc.
- **Terminally ill, where a medical prognosis of life expectancy of approximately one year or less if the illness runs its normal course**

We estimate an average service of c. 900, growing to c. 1700 patients that may be served by our facility by the end of fiscal year one, and Q1/2 of year 2; with an average national spend rate of $225.00 / month. It is anticipated that these capture and spend rates are highly conservative, given available data, as well as our own experience operating a dispensary in a rural community with similar demographics and qualifying patient rates, and given the post-legalization/introductory phase growth rate. The financial summary is attached to this application as (attachment name) ‘pro forma’
Pennsylvania Department of Health  
Medical Marijuana Dispensary Permit Application

Blair county:  
75,944 age 18-64 @ .03 qualifying patient rate average; .10-.20 capture rate average; .0035 - .0075 annual capture rate; estimated patients by year 1; 225; estimated patients by year 2; 550

Huntingdon county:  
37,082 age 18+ @ .03 qualifying patient rate average; .10-.20 capture rate average; .003 - .006 annual capture rate; estimated patients by year 1; 111 estimated patients by year 2; 330

Bedford county  
38,674 age 18+ @ .03 qualifying patient rate average; .10-.20 capture rate average; .003 - .006 annual capture rate; estimated patients by year 1; 116 estimated patients by year 2; 325

Fulton county  
11,542 age 18+ @ .03 qualifying patient rate average; .10-.20 capture rate average; .003 - .006 annual capture rate; estimated patients by year 1; 55 estimated patients by year 2; 170

Mifflin County  
36,037 age 18+ @ .03 qualifying patient rate average; .1 capture rate average; .003 - .006 annual capture rate; estimated patients by year 1; 110 estimated patients by year 2; 325

Financial Overview

Our Company will fund its startup with a capital infusion from board member participation, which is enough startup capital to complete renovations, purchase all necessary equipment, inventory etc. and allow the company to operate in a positive cash position until it is self sufficient through the free cash flow generated from operations.

Detailed estimates, engagement commitments, and timelines for completion have been secured for our primary location, and our spending plan includes all necessary items to become operational within 6 months of permit award. These details are summarized in the operational, and financial summary sections of this application, as well as in the accompanying attachments, respectively.
Our estimated costs, income, and break even estimates based on the local qualifying population of patients, demographics, expected social acceptance growth and other contributing factors are also detailed in the accompanying file: ‘attachment; pro forma’.

**Start-up Summary**

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**SECTION 20 – CURRENT OFFICERS**

Provide the position, title in the applicant’s business, and address information for all current officers, directors, partners or trustees.
**Pennsylvania Department of Health**

**Medical Marijuana Dispensary Permit Application**

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If more space is required, please submit additional information on other officers in a separate document titled “Current Officers (Cont.)” in accordance with the attachment file name format requirements and include it with the attachments.

**SECTION 21 – Ownership**

In this section, list all persons with a controlling interest in the business, defined as follows:

1. For a publicly traded company, voting rights that entitle a person to elect or appoint one or more of the members of the board of directors or other governing board, or the ownership or beneficial holding of 5% or more of the securities of the publicly traded company.
(2) For a privately held entity, the ownership of any security in the entity.

Complete the appropriate section(s) below:

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### Pennsylvania Department of Health
### Medical Marijuana Dispensary Permit Application

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**Pennsylvania Department of Health**

**Medical Marijuana Dispensary Permit Application**

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**DEPARTMENT OF HEALTH**

199
# Pennsylvania Department of Health
## Medical Marijuana Dispensary Permit Application

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Pennsylvania Department of Health
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C. OTHER PERSONS HOLDING AN INTEREST IN THE PROPOSED SITE OR FACILITY

LIST ANY OTHER PERSONS HOLDING AN INTEREST IN THE PROPOSED SITE OR FACILITY, THAT ARE OTHERWISE NOT DISCLOSED IN SECTIONS A OR B.

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Also known as: [ ]

Nature, type, terms and conditions of the interest in the applicant:

Owner of proposed dispensary site; relationship is strictly lessor/lessee; terms are per standard commercial lease terms with approval of intended use; lessor has no internal role or interest in the applicant otherwise

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SECTION 22 – CAPITAL REQUIREMENTS

PROVIDE A SUMMARY OF YOUR AVAILABLE CAPITAL AND AN ESTIMATED SPENDING PLAN TO BE USED FOR YOU TO BECOME OPERATIONAL WITHIN SIX MONTHS FROM THE DATE OF ISSUANCE OF THE PERMIT:
Part F – Community Impact  
(Scoring Method: 100 Points)

SECTION 23 – COMMUNITY IMPACT

PLEASE BE ADVISED, INDICATION OF SUPPORT FROM PUBLIC OFFICIALS WILL NOT BE CONSIDERED WHEN EVALUATING THIS SECTION.

PROVIDE A SUMMARY OF HOW THE APPLICANT INTENDS TO HAVE A POSITIVE IMPACT ON THE COMMUNITY WHERE ITS OPERATIONS ARE PROPOSED TO BE LOCATED:

I have lived in Blair County for most of my life. I left Hollidaysburg to attend the main campus of The Pennsylvania State University, in neighboring Centre County, then moved to Washington DC to continue coursework in Public Administration at Georgetown University. I have raised 3 children in Hollidaysburg; one is currently in 9th grade.

I have seen this county go from a strong industrial railroad region (Altoona is known as the Railroading capital of the USA) to a county that is currently working to recover from industrial decline and urban decentralization. With the economic fallout, two major groups are especially at risk here in Blair: the Veteran population and the growing numbers of those with opioid addiction. I’ve seen many of my neighboring families suffer as loved ones turn to opioids, then heroin, with several overdosing. It has been painful to watch their agony and the lack of resources here in Blair. Another segment of the population that continues to expand is the Veterans. Most of my family served in the military (my nephew is currently stationed in Alaska and will be deployed for the 3rd time to Afghanistan later this summer) and most have experienced PTSD, a common condition for soldiers at arms. The VA Hospital proved a respite for them, a strong community for the members of my family in the armed services. But it was extremely disheartening for me to watch them anguish for years with afflictions that never seemed to go away. It is for these 2 reasons, I am extremely dedicated to helping these 2 groups find healing.

I was drawn to the medical marijuana business for one main reason - to service my community of which I am an integral part. Blair County is one of the 4 counties in the state designated for a dispensary, and I have a vested interest to be the one who opens a community minded Wellness Center as part of a Medical Marijuana Dispensary operation. I am currently the a Board member of our local YMCA and am still actively involved in much committee work. I am the Tournament Director for several area non-profit Golf tournaments, am an active member of St. Michael’s Catholic Church, am an officer in the school district’s Parent Advisory Council, and a Board member of the Hollidaysburg Community Partnership. As a small business owner, I am active with the Blair County Chamber of Commerce, and the Altoona & Hollidaysburg Rotary Clubs.

Governor Tom Wolfe hosted a town hall meeting with local political and healthcare leaders in neighboring Bedford County to discuss efforts to curb the opioid abuse epidemic in our region. I learned Heroin and pain killer abuse killed 2500 Pennsylvanians in 2014, 3500 in 2015 (a 30% increase from 2014) and although the statistics aren’t final, even
more died in 2016. Many happened in Blair County and I know many of the families well who have been affected by this serious problem.

More recently, I discussed my plans to open a Medical Marijuana dispensary with Andrea Young, the Director of Public Affairs for the James E. VanZandt Veteran’s Administration Medical Center, which treats 26,000 vets in a 14 county region. Vets account for about 10% of Pennsylvania’s population, the 4th largest concentration of Vets in the nation. Over 20% of all Veterans suffer from PTSD.

As a healthcare professional, I have seen many of my local constituents suffering. And for the last several years, I have been researching medical marijuana and the relief it has provided to many in other states and countries. There have been several clinical trials evaluating the efficacy of medical marijuana at Temple University, Thomas Jefferson University, and the Perelman School of Medicine at the University of Pennsylvania. I am hoping that we can add to the research data, perhaps partnering with nearby UPMC Altoona and the Altoona Center for Clinical Research to help find cures and palliative solutions for qualified ailments.

I chose my location for a dispensary as it is and near Pyramid Healthcare Drug Rehabilitation Center and the Hollidaysburg Veteran’s Home. I have the backing and support of all 3 organizations. Not only that, I have spoken to both of my State Representatives and my State Senator, all of whom are Republicans. They are now supporting my efforts, acknowledging the fact that a well-run MMJ dispensary will add to the economic development, creating jobs and stimulating the economy of Blair County.

In my communications during the research and development phase preceding the decision to open this center, I spoke with many business leaders, parents and professionals from all walks of life. Like many communities across the Commonwealth, Blair County is battling an epidemic of opioid abuse. Pennsylvania leads the nation in the number of deaths from drug overdoses in men aged 12-25 and is eighth among the general population. Governor Tom Wolf’s push for more and better-funded opioid treatment centers is in line with a general attitude that the opioid crisis should be treated more as a medical and less as a criminal issue. Governor Tom Wolf has said “The big issue is learning to view this as a medical issue, a disease – not a social problem,” “You don’t criticize someone for getting cancer for example. You don’t say...What’s wrong with you?”

I am committed to work with Pyramid HealthCare and other drug addiction treatment centers in our area to offer another modality for treatment. It is our hope that our Center can offer physicians an alternative option to prescribing opioids as pain management. Over prescription of medications is the leading gateway to a lifetime of battling addiction. We must stop it. In speaking with my partner, I was impressed with her dedication to wellness and passion for helping her patients become healthy again through the administration of appropriate variations and dosages of medical marijuana derivatives. The more I learned about the operations in , I became energized to model her approach to alternative modalities for treatment of patients suffering from cancers, neuropathies, PTSD, Alzheimer’s and the many other chronic conditions that have been proven to be positively treated by appropriate administration of medical marijuana. I have always made a commitment to wellness in my personal life, as well as my professional life as a Health Care Administrator - focusing on practice plan management and senior care living. We will be delivering multiple Alternative Wellness and Health Care Therapy choices for treatment.

We intend to offer access and referrals to holistic and alternative modalities of treatment including Nutritional counseling, Psychological evaluations, Acupuncture, Chiropractic Medicine, Hypnotherapy and different forms of Oriental Medicine including yoga and reiki. Our vision is to serve the whole being and offer prescribing physicians
an alternative to common, traditional opioid prescriptions to treat disease. I will continue to serve on the many area boards and advisory groups, which will make a positive impact in our youth, senior citizens and underserved populations in our region. We also plan to partner with many community-based organizations, some of which are listed below, to translate their mission into visible change, and ensure that we genuinely reflect and help resolve the community’s needs.

Contained herein:

- Structure and Frequency
- Summaries of Concerns and Impacts
- Direct Community Benefits
- Community Beneficial Outreach Efforts
- Environmental Impacts and Efforts
- Three Year Plan for our Community
- Continual Improvement and Ongoing Efforts

We understand that a business of this type may draw some concern, some of which is valid. And, although this particular location and business type do circumvent many traditional impacts associated with those of Cannabis distribution, it is our goal to mitigate all and any associated communal risks and impacts, and to always positively impact our community.

A. Structure and Frequency

A company Principle will serve as the “Community Service Officer”, and hold the responsibility of coordinating, executing, acquiring technology, and delegating the accompanying matters to achieve our goals, as well as the delegation or substantiation of associated donations, hosting/attendance commitments, etc. Practices, techniques, etc. on a consistent basis will be a shared responsibility of all Employees, Administrators, and Officers.

Should no Officer or Employee be able to host/attend a function for any outreach program, the equivalent monetary donation for admission to a similar event will be made within 30 days.

A portion of each scheduled staff meeting will be dedicated to discussing, expanding, and/or improving our community service / impact practices, information, and goals.

The program will undergo a quarterly review by the directing board, to assess data, practices, new information, and how to improve our benefit to the community, to at least the extent of the categories listed as per our ‘Summaries of Concerns and Impacts’ section.

B. Summaries of Concerns and Impacts

- Crime, security, and diversion
- Traffic and public nuisances
- Substance abuse in the Community
First Responders

Education

Diverse group professional development

Animal Protection and Care

Armed Service Veteran Services and Rehabilitation

Homeless Persons Support and Outreach

Environmental impacts and efforts

Crime, Security, and Diversion

Security improvements

Our facility and operations employ security features and practices which protect not only our business, products, and team, but also those of our neighbors and communities. Our security plans include protection from theft, loss, diversion, and assault, and are far exceeding those of traditional dispensary facilities. They too will help us maintain full compliance, and will rival nearly any high-security facility.

Several physical features, staff protocols, and functional design concepts are being implemented to ensure a secure, comfortable environment which poses minimal risk, and is in no way deleterious to the community.

These include:

- ‘state of the art’ interior and exterior physical access controls
- detailed ‘seed to sale’ inventory controls and record keeping software
- robust exterior lighting
- secured transportation
- direct relationships with and oversight from local authorities
- full-time security staffing
- detailed security planning & site controls
- categorical access controls

Community partnerships/relationships

In order to positively impact our community we must understand its needs and hear its voice. Thus, we have begun to form communicable relationships and strategic partnerships with local businesses, community improvement as well as relationships with public service groups including substance
abuse, homelessness outreach, veteran’s support and rehabilitation, fire and police, animal protection, environmental, and educational.

Neighborhood task-force / community-watch program
We also intend to participate in our community watch / responsibility program(s), in order to cohesively work with our community to protect it.

Employee protocol & community mindedness
All Employees and Officers will be invited and/or required to participate in company related community programs/events, and encouraged to practice community mindedness and participation in their respective communities and neighborhoods.

Traffic and public nuisances

Traffic impacts
Because of the nature of our facility with ample parking, and location adjacent to major highways, public transportation and within walking distance of the urban concentration in our proposed areas, our business will impose minimal traffic impact to the community.

Facility appearance, signage, professionalism
We understand that in this emerging industry, there are still a number of social and cultural differences of opinion and understanding. Our model is that of a professional medical provider, and in operations will use only medically oriented, professional branding and signage, utilized in a manner that is fully compliant and non-intrusive to the residents of the community. Our facility is to include high-end professional interiors, exteriorly is designed to draw minimal attention, and to cause minimal impact or traffic with regard to the nearby businesses, communal/public centers or homes.
Employees and Officers are required to maintain highly professional etiquette and workplace control on and off-site. Additionally, no loitering, soliciting, or on-site consumption is to be allowed.

Odor Control
All/any air to be exhausted or recycled within the facility will be filtered for micro-particles, organic materials, and odor elements, including residual Cannabinoids and Terpenes via active carbon filtration driven by high-volume in-line fans, at a capacity which will filter the full volume of the facility, fully or substantially eliminating accompanying odors inside the facility, and render them undetectable outside it, ensuring higher safety and quality levels of used air, and leaving any exhausted or contained air effectively ‘scrubbed’ of odor and other particles.

Substance Abuse
Substance abuse is an overwhelming problem in this community which has or will affect nearly every family and business. Our company shares an altruistic vision to encourage prevention and recovery versus jail/prison sentences, and the accompanying taxpayer burdens. Beyond ensuring that our product is of medical grade caliber, fully secured and accounted for, and never to be dispersed other than for medical use, it is our goal to actively improve our community through outreach and education.

We have also dedicated a portion of our net revenues, and assistive participation to a substance abuse prevention and solutions group, as well as creating an internal / community watch concept. We plan to employ the following steps once operational:

- Our company will provide free drug counseling to its patients / members at least once per fiscal quarter, upon their request, as so to evaluate, monitor, and establish an ongoing case file which helps determine a particular at risk individual’s needs, issues, and potential care solutions. A focus will be set on effective treatment solutions, non-drug based options, treatment options and center referral, and overall wellness counseling.

- Our company will also provide free drug & community counseling to any person(s) in need, as to offer a communal solution to, and outreach center for drug abuse. This counseling will include the same compassionate service set as that patients receive, and will also include a focus on treatment solutions, outreach, referral to treatment centers, and overall wellness counseling.

- Our company also intends to set a policy of denial to and revocation of membership and / or service to persons that are found to be abusing Cannabis- Determined at discretion by openly discussing misuse, diversion, or any other form of abuse in the presence of the facility, staff, etc.

- Our company also intends on providing educational materials and responsible marketing tactics that discourage irresponsible use and abuse through education, enlightenment, and encouragement. This information will be available at our facility, as well as at nearby treatment & outreach centers, as well as any partner organizations.

Strategic Partnership Planning

Partnering with community, state, and other outreach organizations will be another tool employed. By supporting these crucial programs, we can immediately impact and benefit our community.

Our goal is to partner with and raise support for the following groups, along with any other approved program / party interested in future cooperation and drug abuse eradication.

Ongoing Support

We will also make it a priority to donate time and monetary resources to local law enforcement, outreach centers, and any other organization devoted to eliminating drug abuse in our community. We wish to promote a healthy, safe
environment in and outside of our facility, and wish to improve the overall quality of life for all members of our community on a long-term and ongoing basis.

Environmental impacts and efforts
A business of this type also includes a number of environmental impacts in our community, which must be reduced or mitigated as much as possible. These include:

- Power consumption
- Water usage
- Lighting related waste
- Greenhouse gas emissions and Carbon ‘footprint’

We’ve created a comprehensive plan to minimize our communal and global environmental impact, the summaries of which are included in this document. Including:

- Practices and Methodologies
- Equipment, Usage, and Technology
- Internal and External Programs & Contributions
- Additional / Future Concepts

C. Direct Community Benefits

Local economic stimulation & tax revenue

- This project will directly and indirectly create sustainable income initially, and permanently for a number of residents, local contractors and service providers. These groups are to be sourced with priority given to those businesses/persons deemed as ‘diverse’ in ethnic, gender, or service and disability, from within the local community.

- communal economic gain of well compensated employees that have growth and/or expendable income to reinvest into their communities.

- Other / Outside service providers such as landscaping, maintenance, contractors, ancillary services, etc. will be sourced from within the community as much as possible.

- Direct and in-direct economic stimulations will also positively impact the community through the associated and/or accompanying applicable tax revenues.

- Utilization of vacant space in an area which will benefit from positive economic development

Improved alternative health solutions / medical grade Cannabis availability
Our goal is to deliver medical grade Cannabis and palliative Patient care. This means approaching the Medicinal Cannabis industry with the goal of developing effective treatments based on modern scientific and medical research.

Employees will be trained at the highest levels in Cannabis specific application, along with a number of other non-Cannabis elements, and will have continued learning mandated as necessary to incorporate new products and services throughout operation.

Ongoing data and analytic relationships will also be evaluated and applied, to ensure a continued improvement into the future. This will also include physical measures, with regard to quality control and assurance. We intend to establish a voluntary, anonymous patient data program which monitors patient care, usage, and treatment efficacy over the length of our tenure. This information is shared (in full HIPAA and related compliance) with a medical specialty and an analytic group, to help determine the effects and efficacy of specific therapies and treatments.

Quality Assurance, Control and Product Safety

We have developed and implemented specialized training, controls, and processes to establish additional in-house quality control and assurance elements in addition to the required safety and quality controls.

Independent Laboratory Analysis Assessment and Application

Our focus is placed on using this quantitative data, along with traditional and pertinent Patient data to deliver the highest level of care with application of many Cannabinoid / Terpene profiles, and including non-psychoactive Cannabidiol based (CBD) products.

Adjunct Patient Care Goals

- Compassionate valuation and efficient operations to reduce costs
- Supporting Health Care Reform and Reducing Health Disparities
- Educating on the concerns of, and the use of medical Cannabis
- Chronic disease management in disadvantaged populations
- Focus on health needs for the uninsured, low income persons, elderly, and immigrants.

As a reflection of our adjunct patient care goals and successes, and of our principal operator’s successes at literal communal and well-being improvement, we have excerpted here actual statements from existing patients that have made massive progress and improvement using cannabinoid therapy with the direction, assistance, and cooperation of our team.

“March 10, 2017

Newtown, CT 06470
RE: My experience with utilizing Concentrated Oil Blend to kill Brain Cancer

On October 3, 2014 I was diagnosed with Testicular cancer that spread to my lungs and lymphatic systems. I did 6 months of chemo 5 days and week for 6 hours a day. This treatment almost killed me. This (cannabis) treatment put me into remission. On May 20, 2014 I had a 10 hour seizure, a client of mine found me and rushed me to the hospital. I was diagnosed with an egg size tumor in my brain. The cancer had come back. I had immediate brain surgery May 23, 2014. They removed the tumor, following with a partial brain radiation. I was in Danbury CT hospital for one month. I had to re-learn how to walk and talk just like a baby, and thought the road to remission was there. I had radiation for two weeks and was released from the hospital on June 20th, 2014. Three months later I was retested and they found 4 more brain tumors, and so many small er tumor throughout my body, too many to count.

I stated at the September 27, 2014, 4 days after the center opened for the first time. It was just in time to help me fight the battle of my life. I had a meeting with Owner ..., she shared all her knowledge and research she had done. She shared all the experience she had while researching cannabis while living in California. She also put me into a trail where... would pay for all my medication. Probably over $100,000 to date. She educated me on the healing protocols of a vegan alkaline diet, and taught me how to eat to starve/kill the cancer.

I started the diet protocol along with the cannabis protocol, which was given to me in syringes, the oil was 1-1 CBD-THCoil at very high doses. I was at my highest taking almost 1000 mg of each.

My first brain scan after doing the therapeutic dose for at least 3 months, was March 2014; the results were back April 15, 2014, 25% reduction in all 4 tumors.

I continued on the oil, under the compassionate need program, as of today, I am completely cancer free. I owe my life to ____

CANCER CENTER

April 20, 2015
RE: ____

DOB ____

To Whom It May Concern:
I am the treating physician caring for ____’s aggressive Thyroid cancer. He has been utilizing the medical marijuana program and has had clear results. ____ has undergone several major complex surgeries, radiation therapy and
radioactive iodine treatments without success. He has suffered major lymphedema with several hospitalizations for leg infections.

To date the only thing that has helped stabilize the lymphedema is the medical marijuana. We believe it may be inhibiting the growth of his aggressive cancer as well. He has been following a high dose regimen and needs to continue this to keep his lymphedema in check and hopefully keep his cancer at bay.

The current regimen is 700-900mg/ml of THC and 100-300mg/ml of CBD. This is 86-125 grams a month. This protocol is for 90 days.

I sincerely request that ___ be provided exception and be allowed to continue this regimen.

---- ----
_____ MD
Medical Oncologist ___ Cancer Center

April 20, 2015

Re:
____
DOB ______

To Whom it May Concern,

I am the treating physician caring for Mrs. _____ breast cancer. She has been utilizing the medical marijuana program for about 6 months and has had some clear benefits. She has an aggressive form of breast cancer and had been off of chemotherapy for more than 6 months now. I think her ability to delay restarting chemotherapy may be due to the effects of her marijuana use and slowing of cancer growth and I recommended she continue with her therapeutic regimen. It is my understanding that she had been following a high-dose regimen that requires 84 - 125 grams of marijuana per month. This regimen is recommended for a period of 3 months and she has an additional 2 months to complete.

I sincerely request that she be provided exception and allowed to continue this regimen and receive up to 125 grams of marijuana monthly for the next 2 months. Please do not hesitate to contact me with any concerns or questions.
Sincerely,

___ Cancer Center ____

D. Community Beneficial Outreach Efforts

Our goal is to make a positive impact on the surrounding community through direct, continued, monetary and participative support. To ascertain these goals, we have developed a relationship with the following groups and/or have devoted the following allotments.

A flat rate amount listed herein, or a 2% commitment (whichever is higher) of net profit (split equally between applicable groups) will be donated to the following (or similar) groups in each area our facilities operate.

Drug Abuse Counseling

Upon operations, a dedicated percentage and flat rate minimum portions of profits will be donated to Pyramid HealthCare Center, which is a local treatment facility to overcome opioid addictions. This will directly help eradicate the resulting harm from drug misuse felt by users, families, communities, and public resources.

- Percentage based on revenue; $1,000 minimum/year, to be escalated assuming improved net revenues
  - Host and/or attend fundraiser events

Donation to Family Services, Inc., Domestic Abuse Shelter of Blair County, An Altoona based non profit providing help for families in need

- $500 minimum/year, to be escalated assuming improved net revenues

Donation to the Central Pennsylvania Humane Society, an Animal Shelter providing health care and foster homes for abandoned and unwanted animals

- $500 minimum/year, to be escalated assuming improved net revenues
  - Co-Host and/or attend fundraiser events

Donation to Operation Our Town, a community and business partnership to promote healthy neighborhoods and protect citizens from illegal drug use and resulting crime.

- $1,000 minimum/year, to be escalated assuming improved net revenues
  - Host and/or attend fundraiser events

Donation to diverse Group’s professional development and education assistance

- Percentage based on revenue; $500 minimum/year, to be escalated assuming improved net revenues
  - Host and/or attend fundraiser events
Donation to Salvation Army Men’s Shelter & American Rescue Workers in Altoona, PA
Percentage based on revenue; $500 minimum/year, to be escalated assuming improved net revenues
Host and/or attend fundraiser events

Donations and Ongoing treatment programs; Pancreatic Cancer
Percentage based on revenue; $1,000 minimum/year, to be escalated assuming improved net revenues to the Griffith Family Foundation, a community based non-profit dedicated to raising awareness & funds to assist in Pancreatic Cancer Research.
We will also invite members to participate in our ongoing treatment and data program to support their recovery
Host and/or attend fundraiser events

Donation to James E. Van Zandt Medical Center & Hollidaysburg Veterans Home Volunteer & Activities programs
Percentage based on revenue; $1,000 minimum/year, to be escalated assuming improved net revenues to both institutions serving sick, injured, disabled and elderly veterans in a 14 county region. We will also invite veterans to participate in our ongoing treatment and data program to support their recovery.
We will invite veterans to join our team through employment opportunities for security, reception, technician, group counseling, and any other positional opportunity
Host and/or attend fundraiser events

E. Environmental Efforts

Recycling program / internal waste minimization
All applicable materials consumed on-site are to be placed in provided receptacles, sorted by a delegated or volunteering employee, and recycled. This includes goods for production, as well as general items such as paper, food & beverage packaging, etc. and will be encouraged for all employees and officers in their homes and communities as well.

Road segment / rest stop sponsorship
In order to compensate for our vehicle and travel related consumption/output, and adjunct to our ‘carbon reduction sponsorships’, we are also participating in a State approved, ‘road segment / rest stop sponsorship’ program.

Rainforest protection / carbon reduction sponsorships
As per our environmental impact and goal summary, it is estimated that at $30/ton CO2e, a common assumed social cost of GHG emissions; these estimates imply climate damage worth between about 1 cent per gram of product for indoor growing.

Our actual cost/impact will be determined upon actual operational / sales values, and an equivalent amount of funding will go directly to tropical rainforest protection, and/or local carbon reduction/environmental improvement groups.

Car-pooling program for Employees

This program will reduce our emissions output, demand for resources, and risk of malfeasance regarding staff transportation. This will also reduce traffic in the surrounding areas.

Additional Environmental Concepts

Solar panels

Will be added using a local supplier/installation service, on an as-possible basis as per our facility ability / limits, in order to supplement office related consumption, during and after achieving our eventual goal of electric independence reduction. Installation/capacity is earmarked at 15-25% offsetting of office use for fiscal years 1, 2, and 3, with the hope to reduce this time if it is found to be financially reasonable. We hope to reach 100% by fiscal year 5.

F. Three Year Plan for our Community

Our three year plan involves yearly goals to attain the objectives for a safer, healthier community through education and awareness. Each year a new goal is made, our new objective will be focused upon to help the community in specific ways.

<table>
<thead>
<tr>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
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<tbody>
<tr>
<td>Create local alliances with community groups and carry out community service objectives</td>
<td>Continue and grow support with local groups</td>
<td>Outreach and awareness beyond local community</td>
</tr>
<tr>
<td>Establish parameters for internal assessment &amp; initial improvements</td>
<td>Improve abilities through internal assessment</td>
<td>Continue improvement and begin to implement / achieve milestones for environmental objectives</td>
</tr>
<tr>
<td>Give donations to key community organizations and assist them</td>
<td>Donations to organizations increase to a higher level</td>
<td>Increase list of organizations for donations, and increase donation levels with existing groups.</td>
</tr>
</tbody>
</table>
G. Commitment to Continual Improvement

Our goal will again be to serve as a model operation in all facets, including community service and risk mitigation. This category too is to fall within the objectives of our overall goal of continual evaluation and improvement, and one which contributes maximally to our community, while reducing or eliminating any undesirable associated elements.

We will continue the support of these and future organizations and community groups indefinitely throughout the term of our operation, and continually seek to improve or discover new ways to positively impact our community.
Attachment A: Signature Page

Instructions:
This attachment is the signature page for your application and all other attachments.
- Please review the application
- By checking the appropriate boxes, indicate the sections that are included in your submission
- Print this attachment
- Sign the document (primary contact or registered agent)
- Scan this sheet and save it as a file called "Attachment A," using the appropriate file name format

By checking “Yes,” you acknowledge that you have read the Medical Marijuana Organization Permit Application Instructions before completing an application for a medical marijuana organization permit.

<table>
<thead>
<tr>
<th></th>
<th>☑ Yes</th>
<th>☐ No</th>
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The applicant hereby submits this application for a Medical Marijuana Organization Permit to the Pennsylvania Department of Health, which consists of the completed application parts and attachments listed below:

FEES:
- ☑ Initial Application Fee
- ☑ Initial Permit Fee

APPLICATION:
- ☑ Completed Application

OTHER ATTACHMENTS:
- ☑ Attachment B: Organizational Documents
- ☑ Attachment C: Property Title, Lease, or Option to Acquire Property Location
- ☑ Attachment D: Site and Facility Plan
- ☑ Attachment E: Personal Identification
- ☑ Attachment F: Affidavit of Business History
- ☑ Attachment G: Affidavit of Criminal Offense
- ☑ Attachment H: Tax Clearance Certificates
- ☑ Attachment I: Affidavit of Capital Sufficiency
- ☑ Attachment J: Sample Medical Marijuana Product Label
- ☑ Attachment K: Release Authorization
- ☑ Attachment L: Applicant Priorities for Multiple Applications

BACKGROUND CHECKS:
- ☑ The applicant has requested background checks, as described in the instructions.
ADDITIONAL ATTACHMENTS:

Please list any other documents you are submitting as part of this application:

<table>
<thead>
<tr>
<th>File Name</th>
<th>Name of Document</th>
<th>Purpose</th>
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<tbody>
<tr>
<td></td>
<td>Security equipment overview/specifications</td>
<td></td>
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<tr>
<td></td>
<td>Proof of ownership of accounts with available capital</td>
<td></td>
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<tr>
<td></td>
<td>Financial projections and estimates for applicant</td>
<td></td>
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<tr>
<td></td>
<td>Reflection of patient care based approach</td>
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<td></td>
<td>Continuation of steps to become operational within 6 months</td>
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<td>Proof of available capital</td>
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<td></td>
<td>Additional proof of available capital</td>
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<tr>
<td></td>
<td>Statement of commitment of funds from founding principal of applicant to applicant project</td>
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<td></td>
<td>Member developed PTSD research study for use of cannabinoids</td>
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03-19-2017
Date
A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Signature                      Title in Applicant's Business            Date

Printed Name

A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Signature                      Title in Applicant's Business            Date

Printed Name

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature.
Attachment C: Property Title, Lease, or Option to Acquire Property Location

Instructions:
- 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 permit
  - Other evidence that shows that the applicant has a location to operate its medical marijuana organization
- Complete this cover sheet. Scan this sheet and the appropriate document(s) and save it as a PDF file called "Attachment C," using the appropriate file name format.

Business Name, as it appears on the applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents:
USE: Office Space delivering Medical Therapy
Retail use for dispensing Medical Marijuana

TERM: The initial term will be for three years, with opportunity for multi-year renewal
Date:
*The Lease Commencement Date will be 1 July 2017
*The Lease Termination Date will be 30 June 2020

RENT: A monthly rent charge of $4,000. Specific inclusions in the rent including real
estate taxes, common charges and property insurance will be spelled out in the formal lease
document. The tenant’s responsibility shall include Electric, Garbage, Heat, Janitorial, Water and
Sewer Taxes. Telephone, cable, data and security will also be the Tenant’s responsibility.

SECURITY: An amount equal to one month’s rent deposit will be held by the Landlord as
security. The security deposit will be made payable to

The security deposit will be returned in full upon the signed, returned and executed copy of this
Offer to Lease Agreement. The deposit will be held in trust until the lease agreement is fully
executed at which point it will be delivered to the landlord. The lease will be signed jointly and
severally between partners and will be personally guaranteed. If for any reason the lease is not
fully executed the deposit will be returned to the Tenant in full.

CONTINGENCIES: The “Offer to Lease Agreement” is contingent upon the following:
1. Tenant will provide copies of their MMJ licensing agreement with the State of PA.
2. The building will be delivered as is. Landlord will pay for repairs in excess of $500.00 per event.
3. The Lease will be subject to the receipt from Logan Township of a Letter of Zoning compliance within 7 days of the acceptance of this Offer to Lease Agreement.
4. The Lease is also subject to the receipt of approval from the State of PA to dispense medical marijuana from this location within 7 days.
5. The expense of any additional modifications will be paid by the Tenant. Tenant agrees that any work it performs in the leased premises shall be done by PA licensed tradesmen whose names appear on the building permit. All additional work will be completed by licensed contractors with the proper permitting from all State, County and Town agencies and with the approval of the landlord.
6. Tenant shall have full access to the premises once the lease is fully executed, the insurance binder is in place, and the first month's rent and security deposit is in place. Tenant will provide the Landlord with certificates of insurance and place the utilities in Tenant's name and will be responsible for all utility expenses prior to the start of any installations or work on the space.
7. The Tenant will be permitted signage as approved by the Landlord and subject to Logan Township planning and zoning sign regulations.
8. The lease will be prepared by the Landlord's attorney within 7 days of the acceptance of this Offer to Lease and will be subject to the review and approval of the Tenant and Tenant's Attorney. The tenant is targeting a lease execution no later than March 15, 2017.
9. In the event the landlord secures another tenant, the landlord shall give Compassionate Care Center of PA 7 days notice; unless the tenant deposits $4000 nonrefundable rent to hold.
10. Owner has 10 days from date of “Offer to Lease” agreement signed by agent to review & modify contract.

This agreement is not intended to create a legally-binding obligation on either party. Such an obligation will be created only when both parties execute a formal contract covering all of the rights and obligations of the parties; which is then delivered by and between us. Neither party will bind or otherwise affect the terms of this lease by any acts, statements, negotiations or negotiations.
Affidavit of Business History
☐ No principal(s) listed in this permit application have been convicted of a criminal offense graded higher than a summary offense.

☐ One or more principals listed in this permit application have been convicted of a criminal offense graded higher than a summary offense.

If one or more principal(s) listed in this permit application has been convicted of a criminal offense graded higher than a summary offense, please provide below the name(s) of the principal(s) and the offense(s) of which one or more principal(s) was convicted.

Name(s): __________________________________________
Offense(s): ______________________________________

Operator(s):

☐ No operator(s) listed in this permit application have been convicted of a criminal offense graded higher than a summary offense.

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Name(s): __________________________________________
Offense(s): ______________________________________

Financial Backer(s):

☒ No financial backer(s) listed in this permit application have been convicted of a criminal offense graded higher than a summary offense.

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Name(s):

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature.
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Name(s):

Offense(s):

My Commission Expires April 30, 2017

A photocopy, facsimile or other electronic version of this document shall be accepted as an original
signature.
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

AFFIDAVIT OF CAPITAL SUFFICIENCY

DOH REDACTION
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<thead>
<tr>
<th>Type of Capital</th>
<th>Source of Capital</th>
<th>Name and address of Financial Institution</th>
<th>Account number</th>
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I hereby certify that I am authorized to execute this affidavit on behalf of the applicant and that the information contained herein is true and correct and that there is no misrepresentation, falsification or

[Signature]

MY COMMISSION EXPIRES AUGUST 5, 2018

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature.
Attachment J: Sample Medical Marijuana Product Label

Instructions:
- Provide a sample label for each medical marijuana product you expect to produce
- Complete this cover sheet. Scan this sheet and the sample labels and save it as a PDF file called "Attachment J," using the appropriate file name format.

Business Name, as it appears on the applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents:
Our company dispensary  5678 main street  Philadelphia PA 18098

GROWER XYZ  1234 ROAD ST. Philadelphia PA 18098

Permit #12345

Cannabis Oil Cartridge ; 100mg cannabis extract; net weight: 250mg

Sativa; 20 doses; 18% THC .51% CBD

This medical marijuana must be kept in the original container in which it was dispensed.

This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant's pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children.

Unauthorized use is unlawful and will subject the purchaser or user to criminal penalties.

Use By: 6/6/2018

Packaged: 4/6/2018

Store in a cool, dry place. Do not leave exposed to heat or sun.  Product ID#1234-04062018-4477
Our company dispensary  5678 main street  Philadelphia PA 18098

GROWER XYZ  1234 ROAD ST.  Philadelphia PA 18098
Permit #12345
Cannabis Liquid Tincture; 250mg cannabis extract; net weight: 4 fluid ounces
Sativa; 100 doses; 18% THC .51% CBD

This medical marijuana must be kept in the original container in which it was dispensed.

This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant’s pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children.

Unauthorized use is unlawful and will subject the purchaser or user to criminal penalties.

Use By: 6/6/2018
Packaged: 4/6/2018
Store in a cool, dry place. Do not leave exposed to heat or sun. Product ID#1234-04062018-4466
Our company dispensary  5678 main street  Philadelphia PA 18098

GROWER XYZ  1234 ROAD ST. Philadelphia PA 18098
Permit #12345

Cannabis Topical Cream; 100 mg Cannabis extract; net weight: 1 fluid ounce
Sativa; 1 dose; 18% THC .51% CBD

This medical marijuana must be kept in the original container in which it was dispensed.

This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant’s pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children.

Unauthorized use is unlawful and will subject the purchaser or user to criminal penalties.

Use By: 6/6/2018
Packaged: 4/6/2018

Store in a cool, dry place. Do not leave exposed to heat or sun.  Product ID#:1234-04062018-4488
Sample Label

Our company dispensary 5678 main street Philadelphia PA 18098

GROWER XYZ 1234 ROAD ST. Philadelphia PA 18098
Permit #12345

Cannabis Pills; 10 units; 100mg cannabis extract each; net weight 1,000mg
Sativa; 10 doses; 18% THC .51% CBD

This medical marijuana must be kept in the original container in which it was dispensed.

This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and, in the case of breastfeeding, the infant’s pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children.

Unauthorized use is unlawful and will subject the purchaser or user to criminal penalties.

Use By: 6/6/2018
Packaged: 4/6/2018
Store in a cool, dry place. Do not leave exposed to heat or sun. Product ID#1234-04062018-4455
RELEASE AUTHORIZATION

TO: _____________________________

(Do not write above this line – For Department of Health Only)

[Redacted]

I, the undersigned applicant, have filed a

[Redacted] in the Department of Health, and hereby authorize the

[Redacted] in this document that I am authorized by the

[Redacted] within this

[Redacted] Release Authorization. I understand that the applicant is seeking the granting of a privilege and acknowledge that the burden of proving the applicant's qualifications and suitability for a favorable determination is at all times the burden of the applicant.

I understand that a background investigation may be conducted by the Department pursuant to its statutory duty to investigate the character, honesty, integrity and suitability of myself and any entity with which I am associated. I further understand and agree that I am voluntarily executing this Release Authorization to expressly authorize and permit the Department to obtain any and all information it deems necessary, and accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this permit application.

The rights and powers herein are granted to facilitate the background investigation being conducted by the Department at my request and on behalf of the applicant and is not otherwise intended to create or establish a legal or fiduciary relationship between the Department, its agents and employees, and me. I hereby acknowledge that no such relationship exists.

1. I hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every Federal, state or local government entity, including but not limited to every court, law enforcement agency, criminal justice agency or probation department, without exception, both foreign and domestic, to whom this Release Authorization is presented having any knowledge, information, documents, forms, photographs, computer files, accounts, ledgers or other items about, relating to or concerning the applicant and to fully discuss with and answer any inquiry made by any duly authorized investigator of the Pennsylvania Department of Health.

2. If this Release Authorization is presented to any brokerage firm, bank, savings and loan, or other financial institution or officer of same, I hereby authorize and request any and all documents, records or correspondence pertaining to the applicant, including but not limited to past loan information, notes, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.

3. I hereby authorize an agent of the Department to obtain and review copies of any and all documents, records or correspondence pertaining to myself and the applicant, and I hereby authorize any Federal, state or municipal agency or body, law enforcement agency or criminal justice agency or department, tax agency or authority, regulatory agency, authority or body, to make full and complete disclosure of any and all information and documents including, but not limited to, documents and information otherwise privileged or not subject to public disclosure, as well as other information on file or available concerning the applicant.

4. This Release Authorization extends to the review and copy of any information protected by law or contact from disclosure, privilege or obligation.

5. I do for the applicant, as well as for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate and forever discharge the Department, its members, agents and
employees, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, from any and all liabilities including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known and unknown, in law or equity, which exist now or in the future against those entities and persons other than relating to a willfully unlawful disclosure or publication of material or information acquired during my investigation.

6. I do for the applicant, as well as for myself, my heirs, administrators, successors and assigns, hereby release, remise, exonerate and forever discharge every person, firm, company, corporation, board, association or institution of any kind, and every Federal, state or local government entity, including but not limited to every court, law enforcement agency, criminal justice agency or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents or employees thereof, from any and all liabilities, including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which exist now or in the future against those entities and persons to whom this request is presented, and any agents or employees thereof, arising out of or by reason of the furnishing or inspection of documents, records or other information released in compliance with a request made pursuant to, or as a result of, having been presented with, this Release Authorization.

7. The applicant agrees to indemnify and hold harmless the Department, its officials and employees and every person, firm, company, corporation, board, association or institution of any kind, and every Federal, state or local government agency, to whom this request is presented and form and against all claims, damages, losses, and expenses including reasonable attorneys' fees arising out of or by reason of, the acts permitted and provided for in the Release Authorization.

8. I agree that a reproduction of this request by photooopy, facsimile or other similar process shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this Release on this _7__ day of _March___ 2023.
DOH REDACTION

<table>
<thead>
<tr>
<th>Account Summary for Simple Business Checking</th>
<th>DOH REDACTION</th>
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<tbody>
<tr>
<td>Date</td>
<td>Description</td>
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<td>Feb 01</td>
<td>DOH REDACTION</td>
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<td>Feb 02</td>
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<td>Feb 09</td>
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D&B WELLNESS, LLC

Business Statement Savings

Account Summary for Business Statement Savings

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<tr>
<th>Date</th>
<th>Amount</th>
<th>Balance</th>
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<tr>
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Overdraft and Returned Item Fees Summary -

<table>
<thead>
<tr>
<th></th>
<th>Total This Period</th>
<th>Total Year To Date</th>
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</thead>
<tbody>
<tr>
<td>Total Overdraft Fees</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Returned Item Fees</td>
<td>$0.00</td>
<td>$0.00</td>
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</table>
IF ISSUED A PERMIT, PLEASE DESCRIBE THE STEPS AND TIMEFRAMES FOR BECOMING FULLY OPERATIONAL AS A DISPENSARY WITHIN SIX MONTHS FROM THE DATE OF ISSUANCE OF A DISPENSARY PERMIT. SPECIFICALLY, PLEASE PROVIDE THE STEPS YOU WILL TAKE TO BEGIN THE PROCESS FOR THE HANDLING, STORING, AND TRANSPORTING OF MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS.

OPERATIONAL TIMELINE; CONTINUED

<table>
<thead>
<tr>
<th>Step Description</th>
<th>Date</th>
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<tbody>
<tr>
<td>Secure Industry Specific Training Service for Operations and Security</td>
<td>3/2017</td>
</tr>
<tr>
<td>Submit Application</td>
<td>3/2017</td>
</tr>
<tr>
<td>Receive Permit Award</td>
<td>6/2017</td>
</tr>
<tr>
<td>Execute Employment Agreements with Key Employees and Recruit/ hire Any Additional Non-Key Employees</td>
<td>6/2017</td>
</tr>
<tr>
<td>Submit Employee Background Checks and Receive Registered Agent Information</td>
<td>6/2017</td>
</tr>
<tr>
<td>Finalize Standard Operating Procedures- Site Specific Sections</td>
<td>7/2017</td>
</tr>
<tr>
<td>Secure Building Permits &amp; Begin Construction</td>
<td>8/2017</td>
</tr>
<tr>
<td>Finalize Marketing Aspects; Website; ETC.</td>
<td>8/2017</td>
</tr>
<tr>
<td>Begin Training Modules Utilizing Cannabis Industry and Security Experts; Ensure All Principles, Management, Employees Complete 4 Hour Department Approved Training Course; Ensure Key Employees Complete Approved Food Handler Course; General Cannabis Education and Legal Elements; Operations; Inventory and Patient Data Control System; Recordkeeping Training; Security System Training;</td>
<td>7/2017 – 9/2017</td>
</tr>
<tr>
<td>Implement Existing Dispensary Owner (Founding Principal) Training Modules for Pharmacists/Pharm Technicians From For PA Employees- On Site Learning, Management, Visitation to Existing Operation</td>
<td>9/2017</td>
</tr>
<tr>
<td>Construction, Installation of Security &amp; Retail Features Completed</td>
<td>10/2017</td>
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<tr>
<td>Execute Ancillary Needs Fulfillment</td>
<td>11/2017</td>
</tr>
<tr>
<td>Compliance/Operational Review and Inspection/Test of All Security and Inventory Control Features</td>
<td>11/2017</td>
</tr>
<tr>
<td>Complete Final Training Modules; Comprehension Testing; Conduct Mock Operations On Site</td>
<td>11/2017</td>
</tr>
<tr>
<td>Pass Inspection by Department &amp; Local Authorities for Operational Clearance and Certificate of Occupancy</td>
<td>11/2017</td>
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<tr>
<td>Engage Security Provider Contracts/Services for On Site Guards, Monitoring and Response</td>
<td>11/2017</td>
</tr>
<tr>
<td>Verify Compliance / Status Of, and Secure Vendor &amp; Product Transportation Relationships</td>
<td>11/2017</td>
</tr>
<tr>
<td>Begin Initial Patient Enrollment / Registry</td>
<td>11/2017</td>
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<tr>
<td>Authorize / Execute Cannabis Product Fulfillment</td>
<td>11/2017</td>
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<tr>
<td>Begin Daily Operations</td>
<td>12/10/2017</td>
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CONSTRUCTION TIMELINES CONTINUED ON FOLLOWING PAGES:

TIMELINE (Based on a starting date of August 1st 2017)
AUGUST 1

Mobilize equipment, dumpster for debris in place Demo existing interior of building site.

• Remove existing flooring, Remove ceilings, Remove walls AUGUST 10

• Frame new interior walls
  • Remove windows in locations where windows are to be closed off for security and layout reasons

AUGUST 20

• Rough in plumbing
• Rough in electrical
• Rough in data
• Rough in fire alarms and smoke detectors
• Rough in emergency lighting AUGUST 30

• FRAMING INSPECTIONS
• ROUGH MECHANICAL INSPECTIONS
  • (electrical and plumbing)

SEPTEMBER 3

• Close in walls, frame and spackle
• Install security spec’d vault wire mesh
• Install new storefront and sign
• Finish drywall and prepare for paint

SEPTEMBER 20

• Paint walls throughout building

SEPTEMBER 24th

• Install security and electric devices
• Install ceiling grid throughout
• Install fire suppression

SEPTEMBER 30

• Install flooring throughout

OCTOBER 5th
• Install mill work and countertops OCTOBER

• Install security doors, features/equipment and controls

OCTOBER 12

• Install new lighting fixtures

• Install new plumbing fixtures

• Install new restroom accessories’ OCTOBER 15th

17th

• ABOVE CEILING INSPECTION OCTOBER

OCTOBER 21st

• FINAL BUILDING INSPECTIONS - Including labor & industry OCTOBER 23rd

• COMPLETE PUNCHLIST

OCTOBER 25th

• TURN OVER SPACE TO TENANT

Construction Details: provided by secured/intended PA licensed contractor

March 15, 2017

PROJECT: _______

LOCATION: _______
NAME (Last, First): ________________________________________  DOB: __________ / ______ / ______

HOME #: ___________________  CELL #: ___________________  CELL PHONE PROVIDER: ___________________

ADDRESS: ___________________  CITY ___________________  ZIP: ___________________

EMERGENCY CONTACT: ___________________  PHONE #: ___________________

MEDICAL MARIJUANA ID#: ___________________  EXP. DATE: ______ / ______ / ______

DRIVER’S LICENSE#: ___________________  EXP. DATE: ______ / ______ / ______

CERTIFYING PHYSICIAN: Dr. ___________________  PHONE #: ___________________

TREATING DOCTOR: Dr. ___________________  PHONE #: ___________________

Are you employed? (Circle one): YES  NO  OCCUPATION: ___________________

Marital Status (Circle one): SINGLE  MARRIED  DIVORCED

My State Approved Diagnosis Is: ___________________________________

Qualifying conditions include: Cancer, Glaucoma, Positive Status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome, Parkinson’s Disease, Multiple Sclerosis, Severe Chronic or Intractable Pain, Neuropathies, ALS, Autism, I.B.S., Spinal Cord Intractable Spasticity, Epilepsy, Huntington’s Disease, Crohn’s Disease, PTSD Sickle Cell Disease, Intractable Seizures

Additional Pertinent Diagnosis: ___________________________________

Negative Symptoms I Am CURRENTLY Experiencing (Circle all that apply):

Nerve pain, muscle pain, general pain, migraines, anxiety, depression, nightmares, general insomnia difficulty falling asleep, difficulty staying asleep, ocular pressure, nausea, tremors, seizures, poor appetite, abdominal pain/cramping, hyperactive bowels

Other: ___________________________________

Do you have a family history of psychosis or schizophrenia? (Circle one): YES  NO

Do you have a history of cardiac complications? (Circle one): YES  NO

Current Medications/Vitamins/Supplements:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How well are your current medications controlling your symptoms? (1 = not at all 5 = completely):

Circle one:  1  2  3  4  5
I have used marijuana in my life prior to this visit (circle one): YES NO
If yes, how often? (1 = barely, if at all 5 = nearly every day): 0 1 2 3 4 5
Negative effects experienced using marijuana (if applicable): ____________________________
Positive effects experienced using marijuana (if applicable): ____________________________
My preferred method of using medical marijuana (circle all that apply):
Smoking Vaporizing Edibles Oils Tinctures Concentrates Wax
I am looking for medical marijuana with (circle all that apply):
High THC Low THC High CBD Low CBD 1:1 THC to CBD I am NOT sure
Positive outcomes I hope to achieve using medical marijuana: ____________________________

PLEASE READ AND INITIAL ALL ITEMS BELOW:

[ ] is NOT responsible for any adverse effects caused by the ingestion of medical marijuana or non-marijuana products sold at this facility.
[ ] I am responsible for reporting any adverse effects immediately to my physician.
[ ] I understand that medical marijuana affects everyone differently, and I may experience one or more or more of the following side effects: drowsiness, dry mouth or thirst, giddiness, hunger, insomnia, red eyes, respiratory issues, short-term memory loss, uneasiness, anxiety or paranoia.
[ ] My medical marijuana dosage may need to be adjusted daily until optimal effects are achieved. I will consult my physician for adjustment recommendations as needed.
[ ] I am fully responsible for securing my medication in a safe location that is considered childproof and away from the reach of children. All edibles that come in multi-pack or single dose packed by the grower/producer are NOT in childproof containers.
[ ] I am fully responsible for notifying the pharmacist of any changes to my medication and will immediately contact my physician or provider as needed for my medication.

[ ] I do NOT permit the use of marijuana:
1. In a motor bus or a school bus or in any other moving vehicle;
2. In the workplace;
3. On any school grounds or any public or private school, dormitory, college or University property;
4. In any public place;
5. In the presence of a person under the age of eighteen (18); or
6. In any other way that endangers the health or well-being of a person other than the qualifying patient or the primary caregiver.

I agree with all responsible for any adverse effects caused by the ingestion of medical marijuana or non-marijuana products sold at this facility.

Name (Last, First): ____________________________ Date: __/__/____
Signature: ____________________________
Witness: ____________________________ Pharmacist Initials: ____________________________
March 15, 2017

State of Pennsylvania, Harrisburg, PA

To whom it may concern:

I am the sole Owner/Founder of The [Redacted] since April 2014.

Please accept this promissory letter stating that I have the available resource to solely fund the project if awarded a Medical Marijuana License in the state of Pennsylvania.

Please note attachments indicating my bank funds available as well as documents showing I am the sole owner of The [Redacted]

Sincerely,
### Business Inquiry

#### Business Details
- **Business Name:**
- **Business ID:**
- **Business Address:**
- **Mailing Address:**
- **Date Inc./Registration:**

#### Principals Details
- **Name/Title:**
- **Agent Name:**
- **Agent Business Address:**
- **Agent Residence Address:**

[View Filing History]  [View Name History]  [View Shares]
Medicinal Cannabis for Post-Traumatic Stress Disorder: Efficacy of Whole-Plant Vaporization based on Cannabinoid Concentration

A Research Proposal

for

and

The State of Pennsylvania Department of Health
Rationale and Background

As the medicinal marijuana program in Pennsylvania begins and producers gain the ability to provide an increased range of products available to our patients, we propose this research focusing in depth on the therapeutic efficacy of these products in relation to their cannabinoid and terpene profiles when used for symptoms of the approved condition, Post-Traumatic Stress Disorder. Cannabis contains a variety of pharmaceutical compounds that seem to work synergistically together, but as technology and methods of production increase, patients begin to be presented with marijuana products that focus specifically on a higher concentration of certain compounds called cannabinoids. It has been suggested by researchers that these compounds "deserve further attention regarding their contributions to the effects of clinical cannabis" (Russo, 2001).

The cannabis plant, in all its biotypes, contain compounds known as “phytocannabinoids” that are defined as the C_{21} terpenphenolic compounds naturally occurring in the cannabis plant (to distinguish from endogenous cannabinoids and synthetic cannabinoids). While these compounds are not solely responsible for the therapeutic effects of cannabis, they have been those which have seen the most attention; two in particular having certain scientific promise. Cannabidiol (CBD, fig. 1) is a non-psychoactive cannabinoid that, as the naturally
occurring (-) enantiomer, acts as a CB₂ receptor inverse agonist. CBD occurs either It has been reported by clinical trials to have neuroprotective, anti-inflammatory, antipsychotic and sedative/hypnotic effects. Research on both animals and humans has supported the anxiolytic effect of CBD and reported its administration being relatively well tolerated (Mechoulam et. al, 2002) A 2012 review of the current scientific literature regarding CBD concluded that it is “the cannabinoid compound that is closer to have its preliminary findings in anxiety translated into clinical practice”, and that “future studies should test this possibility in clinical trials involving patients with anxiety disorders” (Schier et. al). Tetrahydrocannabinol (figure two) is the main psychoactive component of cannabis. It is the most widely researched and well understood phytocannabinoid and has been approved by the FDA for the treatment of anorexia in AIDS patients and refractory nausea and vomiting in patients undergoing chemotherapy. Clinical research has found THC both alone, in combination with CBD and as cannabis to be an effective therapeutic for a large number of illnesses and symptoms (Kumar et. al, 2001).

Post-traumatic stress disorder (PTSD) is an anxiety disorder that occurs after being exposed to significant and devastating emotional trauma, causing unpleasant symptoms long after the trauma occurs. Despite advances in psychotherapeutic approaches and novel treatments (e.g. eye movement desensitization and reprocessing), PTSD has proven a condition with a high probability for treatment resistance and recurrence. PTSD commonly presents clinically with comorbid psychiatric conditions, making evaluating treatment efficacy in PTSD alone challenging. It is suggested that 80% of patients diagnosed with PTSD also qualify for at least one other mental disorder as classified by the DSM-IV-TR. The most common of these comorbidities are major depressive disorder, substance abuse disorder or another anxiety disorder besides PTSD (Kessler et. al, 2005). The primary goals of PTSD
pharmacotherapy are the alleviation of core symptom severity, improvement of psychosocial functioning, increasing resilience and improvement of ability to cope with stressors (Hidalgo & Davidson, 2000). Neurobiological changes are found in patients diagnosed with PTSD, including altered neuroanatomy of the prefrontal cortex and limbic system. One theoretical model proposes that drugs which interact strongly with memory processes might prevent the development of the disorder if administered during the acute manifestation (O’Brien & Nutt, 1998). It has been demonstrated in the rat models of PTSD that a dysfunction of pattern completion and separation in hippocampal nervous conduction through the dentate gyrus, CA1 and CA3. Interrupting the long-term potentiation (LTP) between neurons in this area, which contributes to the inappropriate and pathological pattern completion observed in PTSD, may be key to some of the most severe behavioral manifestations of the disease. Both CBD and THC have been shown to interact with the brain’s memory processing functions. THC has been found to have reversible disruptive effects on hippocampal LTP and working memory in humans through modulation of CB1 receptors in the hippocampus (Wise et. al, 2009).

Recent studies examining cannabinoids and PTSD using animal stress models and the pavlovian conditioning paradigm, which is to say the response of fear and hypervigilance to stress long after circumstances no longer necessitate such a dramatic reaction is a learned and conditioned response, have found CB1 agonists to have a positive effect on long term extinction and reducing fear response (de Bitencort et. al, 2013; Reich et. al, 2013). Furthermore, it was discovered that the endocannabinoid system was downregulated by chronic mild stress in rodents (Reich et. al, 2013). Research done on healthy human subjects has revealed THC facilitated fear extinction through modulation of the prefrontal-limbic circuits and concluded “the cannabinoid system may serve as a promising target for innovative
intervention strategies (e.g. pharmacological enhancement of exposure-based therapy) in PTSD” (Rabinak et. al, 2013). Persistent nightmares experienced by PTSD patients were found to be alleviated by the synthetic cannabinoid nabilone (Fraser et. al, 2009). The brain’s endocannabinoid system displays increased cannabinoid receptor availability and decreased levels of the endogenous cannabinoid neurotransmitter anandamide, a possible explanation for the therapeutic benefits of cannabinoid receptor agonists in PTSD (Neumeister et. al, 2013).

Proponents of phytomedicine have argued the gestalt approach to whole-plant medication; that the therapeutic value of a botanical medicine is more than the sum of its constituent parts. The cannabis plant contains more than 400 different compounds, a significant number of which have unique pharmacological action. Eighteen different classes of chemicals, including nitrogenous compounds, amino acids, hydrocarbons, carbohydrates, terpenes, and simple and fatty acids, contribute to the known pharmacological and toxicological properties of cannabis. Non-cannabinoids present in cannabis have distinct therapeutic value, for example, the terpenoids linalool, cinronellol and alpha-terpineol present in cannabis were all found to have discernable sedative and anxiolytic effects (Buchbauer et al., 1993). Many cannabinoid compounds are closely related or direct products of one another, yet still retain unique and clinically significant effects separate from their counterparts. Mc Partland and Russo (2001) outline the benefits of whole plant cannabis based medicine from synergy between compounds as well as the mitigation of side effects through interaction, for example, the reduction of THC’s unwanted psychoactive side effects (i.e., anxiogenesis, paranoia, audiovisual hallucinations) by cocommitent CBD ingestion. Pharmacokinetic alterations result in intricate processes of potentiation and mitigation to
specific drug effects, a phenomena deemed the “entourage effect”, which is best illustrated by the model of phytocannabinoid-terpenoid synergy proposed by Russo (2011). These findings emphasize the importance of whole plant cannabis research, rather than research on preparations like nabiximols or marinol which synthetically isolate one or two cannabinoids.

The aim of this study will be to evaluate the efficacy and tolerability of treatment with high CBD/low THC (herein high CBD) medicinal cannabis, high THC/low CBD (herein high THC) medicinal cannabis and placebo (as well as in comparison with each other) in adult patients with a primary diagnosis of post-traumatic stress disorder as defined by the Diagnostic and Statistics Manual of Mental Disorders, fourth edition text revision (DSM-IV-TR, table 1). A flexible-dose range double-blind placebo-controlled randomised clinical trial will be conducted to determine the range of therapeutic differences, if any, which exist between treatment with these marijuana products.
Sample Selection and Screening

The study aims to enroll subjects of both genders into a 12-week long trial. Each subject will provide written consent. Participants will be informed of: their rights as patients enrolled as human subjects in medical research including their right to privacy as afforded to them by the
Health Insurance Portability and Accountability Act (HIPAA) and guaranteed anonymity and confidentiality as far as it can feasibly be preserved, their rights as medicinal marijuana patients registered in the state of Pennsylvania, the scope of the study, their status as volunteers, and provided a full written and oral explanation of research safety protocols, compliance with the treatment program, benefits and risks associated with participation in the study and the medication provided thereby. Patients who enter research are to be referred by local clinicians and/or a Pennsylvania state dispensary. The patient population will consist of subjects with symptomatic PTSD status post service in the armed forces (“veterans”). The prevalence of PTSD in this population, according to a RAND meta-analysis of current literature titled *Invisible Wounds of War*, reports a rate of “roughly 5 to 15 percent of service members, depending on who is assessed and when they are assessed” (Greenberg, 2009; Holdeman, 2009).

Prospective participants may have been the recipient of information detailing a research study involving veterans diagnosed with PTSD who qualify as medicinal marijuana patients in the state of Pennsylvania, whether they are currently using marijuana or not, and who are experiencing post-traumatic stress and associated symptoms refractory to past and current interventions. Advertisements may be utilized, with explicit written permission, at practices and treatment centers amicable to involvement.

Patients’ voluntary agreement to participate in the study will include an offer of compensation based on time spent directly involved, as well as for transportation costs. Participants may apply to be screened for eligibility via e-mail or on site at the testing facility. Participants will be informed of their rights as patients enrolled as human subjects in medical research including their right to privacy as afforded to them by the Health Insurance Portability and
Accountability Act (HIPAA) and guaranteed anonymity and confidentiality as far as it can feasibly be preserved, their rights as medicinal marijuana patients registered in the state of Pennsylvania, the scope of the study, their status as volunteers, and provided a full written and oral explanation of research safety protocols, compliance with the treatment program, benefits and risks associated with the study and procedures. Necessary approval and written consent will be obtained from all participants in the study. To meet eligibility requirements, patients must be aged 18-60 years old, have a primary diagnosis of post-traumatic stress disorder secondary to military service for more than one month, subjectively describe their current symptoms as resistant to attempted treatment modalities to date and currently participating in a psychotherapeutic program meeting at least once a week. To further ensure privacy and confidentiality, after the confirmation is completed participant names will be discarded in favor of an identification number associated only with their individual data. Exclusion criteria will include:

- Past medical history or current diagnosis of psychosis, suicidal ideation, substance abuse disorder, malingering, organic neurological disorder or other mental disorder, significant cardiovascular disease, or significant hypertension
- Prescription drugs that metabolize exclusively via cytochrome P450 3A4 enzymatic process
- Substance or alcohol abuse or dependency within the past six months, including recreational cannabis
- Pregnancy, lactation or current attempts to become pregnant

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1 Due to the often inseparable nature of comorbid disorders in post-traumatic stress, patients who have been diagnosed with certain psychiatric comorbidities (i.e. generalized anxiety disorder, adjustment disorder, dysthymia, major depressive disorder) under control for more than six months may be considered pending clinical evaluation.
● Intolerance to the effects of psychoactive drugs (subjective)

Each patient, or their referring physician, will be encouraged to provide a detailed medical and psychiatric history, as well as their current valid medicinal marijuana recommendation and registration with the state of Pennsylvania, for cross reference against exclusion criteria. At admission, all patients will undergo a clinical evaluation consisting of:

● A comprehensive Review of Systems (ROS):
  ● Head-to-Toe Physical Examination
  ● Recorded Vital Signs (HR, RR, BP, SpO2, Temperature)
  ● If deemed necessary, routine diagnostics (e.g., BMP, CBC, 12-Lead EKG)

● 12-Panel Urinalysis

● Initial Screening Scales:
  ○ CGI-S
  ○ PCL-M
  ○ SPRINT

● Administration of subtherapeutic dose of medicinal cannabis (allergy test)

After the clinical evaluation, patients will be excluded based on the following:

● Positive result for illicit drugs

● Baseline PCL-M score of below 50

● SPRINT invalidation of PTSD diagnosis

● Sustained tachycardia, impaired respiratory function and/or unresolved abnormal exam findings of concern

Those remaining participants will be our sample population. Participants will be compensated for their time at the end of the study, for an amount tentative on the time spent directly
involved. Patients will be counselled on the use of medicinal cannabis and the side effects that may be associated with its use and advised to have someone with them when they first administer the drug, and until they are used to the effects. Patients will be warned about the possibly intoxicating effects of cannabis and instructed not to drive or operate heavy machinery while under its effect. Patients will be informed on the potential for addiction and habituation, introduced to resources they may utilize if they feel they have a problem and advised that they significantly reduce their risk for addiction if they use medicinal cannabis appropriately as prescribed- as is the case with all other medically useful but potentially addictive drugs. It will be emphasized that each patient should follow the recommendations of their personal physician and psychiatrist during the course of the study, and it will be requested that any changes in medications or master treatment plans be reported to the researchers as soon as possible. Any patient who meets exclusion criteria while the study is underway will be asked to discontinue all interventions, be debriefed and have their relevant data destroyed.

**Titration**

All patients will perform titration under the supervision of the researchers and markers for cannabis activity (tachycardia, postural hypotension, subjective reports of intoxication) will be observed by researchers as patients titrate their dose until they have reached symptom relief. A dosing schedule of 25 milligrams (.025g) of vaporized cannabis inhaled every 15 minutes, with a report on the subjective effects after every administration. Inhalation results in a very rapid onset of effects. A comprehensive pharmacokinetic study by Huertis in 2009 recorded
the mean time to peak plasma concentration following inhaled cannabis to be 13.5 minutes, as measured by serological concentration of the THC metabolite 11-OH-THC. The dosing will be repeated q15m until either symptom alleviation is reported or side effects become substantial. Patients will be instructed to use 50-75% of the total dose required to reach optimal clinical benefit as their first “at-home” dose, and re-titrare themselves. Patients will be instructed to reduce their dose to the previous level if side effects such as excessive sedation, paranoia or confusion appear. For patients who exhibit sensitivity to the effects of marijuana, the dosage increment will be reduced to .0125g of vaporized cannabis to allow for increased control of effects.

**Study Design**

A series of double-blind, randomised, placebo-controlled single patient crossover (“n-of-one” design) with a treatment period of 12 weeks will be performed in this study (Guyatt et. al, 1990). In this design, each patient will act as his or her own control. This design is optimal for this first study for a number of reasons, including that “n-of-one” studies generate information on the efficacy of the treatment with a more individualized approach that each patient will be able to use to tailor their treatment plan after the study is completed, while still retaining the rigorous nature of the double-blind, placebo-controlled crossover. Also, new information from each individual patient will alert the researchers quickly if any modifications need to be made to the study design. Further rationale for this design rather than a parallel group assignment is found in the Institute of Medicine’s 1999 support for the single-patient crossover design, which reads:
The challenge of integrating the ideal of standardized and rigorous processes for treatment evaluation with everyday clinical practice has encouraged interest in single-patient trials. Methods for such trials have been established and tested in a variety of clinical settings, usually under everyday conditions. They are particularly valuable when physicians or patients are uncertain about the efficacy of treatment for symptomatic diseases. Controls can be incorporated even in this kind of trial. Such trials can be double blinded and can involve cross-over designs in which the patient is treated with alternating treatments, such as placebo-drug-placebo or one drug followed by another drug. As with any other clinical trial, a single-patient trial should be designed to permit objective comparison between treatments.

This design will also ensure that the sliding scale of dosage, as determined by titration against symptom relief or adverse side effects, does not present a confounding variable to analysis within parallel groups and allows for a greater degree of freedom and flexibility when working with this very sensitive patient population.

*Treatment Period and Data Collection*

On a week to week basis, patients will self-administer either high CBD medicinal marijuana, high THC medicinal marijuana or placebo for twelve weeks. Patients will be randomly assigned to a three-week structure consisting of two weeks of each high-THC, placebo, high-CBD. The first period will proceed as placebo-high CBD-high THC-placebo-high THC-high CBD. In this manner, we record a period of placebo with no treatment exposure and
each form of medicinal cannabis will directly follow a period of placebo to mediate the potential for tolerance development interferring between treatments. Patients will be blind to the schedule, but instructed that there will be three different kinds of medication utilized in the study. Further research is necessary to determine if alterations to the scent and taste of the placebo will be necessary to preserve the effect’s integrity. Patients will keep a diary in which they will record symptom, functioning and subjective intoxication scores daily. Every two weeks, clinic visits will occur when a psychiatrist will assess, double-blind, the patient’s CGI score, a GAF score, a PCL-M score, record reports of adverse drug effects and collect urinalysis which will be analysed for cannabinoid content using a homogenous enzyme immunoassay (EMIT) as described by DeLaurentis et. al (1982).

**Termination**

At the end of the study, it will be considered, for ethical reasons, offering the patients who took part in the study an option to continue receiving medicinal marijuana from D&B Wellness in a research capacity. In addition to providing a service to patients who experienced relief, this will provide an opportunity for chronic, long-term research.

**Statistical Analysis**

Data collected will be analyzed using the successful and valid statistical approach to data gathered using single-patient crossover RCTs as described by Edgington (1975, 1984). Please refer to the outlined methods for more information.
Instruments and Materials

Medicinal Cannabis: Determination and Analysis

The research will focus on the use of two different strains of *cannabis sativa* with either higher cannabidiol (CBD) and lower delta-9-tetrahydrocannabinol (THC) content (defined, for purposes of this study, <2% THC and >15% CBD) or high THC and low CBD content (>15% THC, <2% CBD) with comparably similar terpene profiles (see Appendix A for terpene analysis information). The phytocannabinoid and terpene levels of the products will be assessed initially based on producer labels and then submitted to an independent laboratory for gas chromatographic analysis to ensure homogeneity and gain a more detailed report on the terpene profile in order to minimize discrepancies between the strains besides THC and CBD. Patients will be instructed to only use the cannabis that they have been provided with by the researchers for the duration of the study.

Administration Device

All participants will be provided with a Volcano vaporization device, the same as that found by the University of California Center for Medicinal Cannabis Research to be a “safe mode of delivery” (Abrams et. al, 2005). Patients will be instructed to only use this device to administer their medication, in order to minimize confounding variables presented by device contamination.
Screening Tools

This study will use screening tools that have demonstrated validity multiple times in clinical practice to determine changes in a patient’s condition, with a preference for tools that have a higher sensitivity rather than specificity.

Global Assessment of Functioning (GAF):
The Global Assessment of Functioning is a subjective numeric scale which measures the adaptive functioning in a social, psychological and occupational capacity. It is scored along a scale of 0-100 with ten individual criteria determining which number correlates to how severely symptoms are affecting day to day functioning. The GAF has been determined to have high construct validity as a tool for patients with anxiety disorders (Schwartz, 2003).

Clinical Global Impression (CGI):
The CGI (Guy, 1976) is a 3-item observer rated scale intended to be completed by a physician that scores illness severity (CGI-S), global improvement or change (CGI-I) and therapeutic response. There is no global CGI score, each item is scored separately and gives a unique insight on how the patient’s condition has changed. The CGI will be completed by an independent physician who is unaware of specific study conditions, in order to prevent bias.

PTSD Checklist - Military (PCL-M):
The PCL-M is a 17-item self-report measure which cross-references the experience of a patient with the DSM-IV diagnostic criteria for PTSD, focusing on responses to “stressful military experiences”. For this study, responses will be concerning the past 30 days. For initial
inclusion in the trial, participants will be required to have a total initial symptom severity score of 42 - or in other words, they must meet the DSM-IV-TR diagnostic criteria of experiencing:

- At least one intrusion (re-experiencing) symptom;
- At least three avoidance (emotional numbing) symptoms;
- Two or more hyperarousal symptoms,

and indicate that they are distressed by each of these symptoms moderately (for example, by consistently answering 3 and occasionally 2 when asked how they are bothered by each experience; 1 - Not at All to 5 - Extremely). As advised by the U.S. Department of Veteran Affairs, patients will be considered responding to treatment with a change of 5 or more points, and this response will be considered clinically meaningful with a change of 10 or more points. Reports on the psychometric properties and validity of the PCL are strong, with Weathers reporting a Cronbach’s Alpha consistency range of .97, and a sensitivity of 1.00 and specificity of 0.92 (meaning 100% of PTSD cases are detected and 8% may be detected incorrectly) reported by Blanchard (1996).

The Short Post-Traumatic Stress Disorder Rating Interview (SPRINT):
A brief assessment used to validate the diagnosis of PTSD. It consists of eight items that require subjects to rate the severity of the core symptoms of PTSD in the past week using a 4 point Likert scale. There are two other items that are related to overall improvement since the start of treatment. A study conducted by Connor and Davidson (2001) assessed the validity of the SPRINT against commonly used global stress scales as well as assessment scales specific to PTSD. The researchers found that the SPRINT was responsive to symptom change over time and was comparable to other measures of PTSD symptoms. The study also
found that the SPRINT had good test-retest reliability, internal consistency, convergent and divergent validity. A 96% accuracy rate for the diagnosis of PTSD was found with scores between 11 and 13. This will be conducted at the initial assessment, at the end of each treatment period and upon cessation of the study.
Intended Use of Results

Results of this research will be intended to be used for the goal of helping clinicians, primary care providers and patients determine the right type of medicinal cannabis they wish to employ in the treatment of PTSD. In regards to the modern medical community, medicinal marijuana is a novel treatment proposed for many ailments. With current findings suggesting a future for cannabis as a scientifically valid and efficacious treatment, the current method of “trial and error” with medication for those prescribed must be phased out. According to a systematic search of peer-reviewed journals on the PsycINFO, PubMed and Web of Science databases, there have been no studies examining the effects of different strains of *cannabis sativa* or *cannabis indica* raw plant material as classified by cannabinoid content on PTSD. Thus, our results will contribute a new area of understanding and possibilities for expansion in the academic pursuit of understanding medicinal cannabis. Ideally, our study will provide a template for other scientific inquiries approaching research on the effects of different cannabis strains and their cannabinoid profiles in the treatment of illness, who may utilize it, improve upon it, review its validity and perhaps attempt to reproduce our results. In comparison to studies examining the effects of either synthetic, individually extracted or paired cannabinoid preparations for the treatment of PTSD, these results will present those differences to the effect of treatment that a whole-plant preparation and an uncommonly supported route of administration brings to the discussion. These results should be incorporated into future research for the field. If the results of this study show that either high CBD, high THC or both forms of cannabis has resulted in a statistically significant improvement in patient condition, following-up with a well-thought out parallel group, double-blind, randomised
placebo-controlled study on the same topic, using the lessons gained from this study, will certainly be the next step.

Operation as a dispensary in conjunction with our offer to continue treatment will open up an opportunity for research on the long term effects of vaporized whole plant cannabis used medicinally.

Our research will provide results directly applicable to the medicinal marijuana program in Pennsylvania by only using cannabis manufactured and provided by licensed producer in the state of Pennsylvania. This will allow our research to provide scientific insight on the effects of specific cannabinoids administered with the entire spectrum of bioactive compounds present in cannabis, including terpenoids, all other phytocannabinoids and flavonoids. In the opinion of the researchers, the data available on the medicinal use of cannabis that examines differing effects of specific cannabinoids based on cannabinoid levels in raw plant material is limited and warrants further development. It seems most of the research has focused on specific cannabinoids using a delivery system which contains extracted and isolated cannabinoids in solvent. This approach certainly allows conclusions to be drawn accurately on one or a few cannabinoids, but does not provide adequate insight into the efficacy of those cannabinoids when administered in the form of cannabis products and cannot apply completely to the many patients who are using medicinal marijuana products. While it is frequently the case that the isolation and study of plant alkaloids produces more safe, potent and precise pharmaceutical compounds, we do not currently know enough about medicinal cannabis use to discredit the possibility that the unique combination of various pharmacologically relevant and biologically active compounds in cannabis may be more medically efficacious for certain patient populations in the treatment of debilitating medical
conditions. It would prove a more reasonable approach to examine the effects of the plant and then break it down into its constituent compounds, extract/isolate them and examine their individual effects, rather than the other way around. With the safety profile of cannabis, it may be more effective to gain insight into which compounds we may wish to combine based on research conducted using reliably HPLC analyzed whole-plant preparations. Once it is more understood how the myriad compounds present in the cannabis plant interact with each other and affect the body, there will be more information that may be used in the creation of combination cannabinoid medications that may be able to minimize side effects and treat symptoms with increased specificity.

According to a systematic search of peer-reviewed journals on the PsycINFO, PubMed and Web of Science databases, there have been no studies examining the effects of different strains of cannabis sativa or cannabis indica raw plant material as classified by cannabinoid content on PTSD. Thus, our results will contribute a new area of understanding and possibilities for expansion in the academic pursuit of understanding medicinal cannabis more fully. Ideally, our study will provide a template for other scientific inquiries approaching research on the effects of different cannabis strains and their cannabinoid profiles in the treatment of illness, who may utilize it, improve upon it, review its validity and perhaps attempt to reproduce our results. We also intend to incorporate our results into future research, which will be guided by our findings.
References


