



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
**Medical Use of Marijuana Program**  
99 Chauncy Street, 11<sup>th</sup> Floor, Boston, MA 02111

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-6370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

**APPLICATION OF INTENT**  
**Request for a Certificate of Registration to**  
**Operate a Registered Marijuana Dispensary**

**INSTRUCTIONS**

This application form is to be completed by any non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts.

If seeking a Certificate of Registration for more than one RMD, the applicant non-profit corporation ("Corporation") must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an *Application of Intent* for more than one RMD, an applicant need only submit one *Character and Competency form* for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Application of Intent*, with all required attachments, the \$1,500 application fee, and Remittance Form to:

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111

**Application fees are non-refundable and non-transferable.**

RECEIVED  
JUN 29 2015

MA Dept of Public Health  
99 Chauncy Street  
Boston, MA 02111

## REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health ("Department"), the Department will review the information and will contact the applicant if clarifications/updates to the submitted application materials are needed. The Department will notify the applicant whether they have met the standards necessary to be invited to submit a *Management and Operations Profile*.

If invited by the Department to submit a *Management and Operations Profile*, the applicant must submit the *Management and Operations Profile* within 45 days from the date of the invitation letter, or the applicant must submit a new *Application of Intent* and fee.

## PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the *Management and Operations Profile* to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional of Certificate of Registration after one year, the applicant must submit a new *Application of Intent* and fee.

## REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

## PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

## QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

## CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- A fully and properly completed *Application of Intent*, signed by an authorized signatory of the corporation
- A copy of the Corporation's *Certificate of Legal Existence* from the Massachusetts Secretary of State
- Financial account summary(ies) (as outlined in Section D)
- A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$1,500.
- A completed *Remittance Form* (use template provided)
- A completed and signed *Character and Competency* form (use template provided) for each of the following actors:
  - Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

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**SECTION A. APPLICANT INFORMATION**

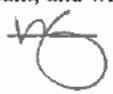
1. Middlesex Integrative Medicine, Inc.  
Legal name of Corporation
2. Nancy J. Koury  
Name of Corporation's Chief Executive Officer
3. 155 Federal Street, Suite 402  
Boston, MA 02110  
Address of Corporation (Street, City/Town, Zip Code)
4. Nancy J. Koury  
Applicant point of contact (name of person the Department should contact regarding this application)
5. (617) 904-9424  
Applicant point of contact's telephone number
6. njk@mimrmd.com  
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 3

**SECTION B. INCORPORATION**

8. Attach a *Certificate of Legal Existence* from the Massachusetts Secretary of State, documenting that the applicant non-profit entity is incorporated as a non-profit in Massachusetts.

**SECTION C. CHARACTER AND COMPETENCY**

9. Attach a *Character and Competency* form (use template provided) for each of the following actors:
  - The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

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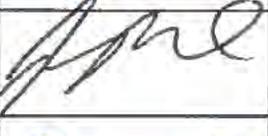


**SECTION D. INITIAL CAPITAL REQUIREMENT**

Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the Corporation, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a **one-page** financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Edward J. Bartlett, Jr.	DailyAccess Corporation	Retirement Account	\$ 480,000.00	
Jason D. Rand	Merrill Lynch	Retirement Account	\$ 170,000.00	
Frances A. Helms	Ameriprise Financial	Retirement Account	\$ 170,000.00	
		<b>TOTAL:</b>	\$1,300,000.00	---

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# Section D. Initial Capital Requirement Part 1

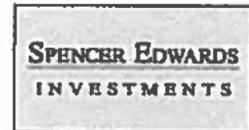
BALANCES	POSITIONS	PROFIT & LOSS	SPREADSHEET	QUOTES	WATCH LIST
SUMMARY	ACTIVITY	DOCUMENTS	PORTFOLIO REPORTS	ACCOUNT MAINTENANCE	LOG OFF

**Choose your Account:**  
[REDACTED] - THE LIST CONSULTING LLC ±

**Registered Representative:**  
 JOE LAVIGNE  
 ( )  
 STEVE QUOY  
 ( )

**Client Information:**  
 LLC  
[REDACTED]  
 ITF

Asset Category	Market Value Q/27/2015 Credit/(Debit)	% Of Assets
[REDACTED]		
<b>Total: Portfolio Values</b>	<b>\$2,405,612.03</b>	<b>100.00%</b>



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Mutual Funds Quotes - Price Reflects The Previous Business Day Calculated Net Asset Value (NAV).  
 Fixed Income Quotes - Priced Periodically By Pricing Service - Frequency Dependent On Type Of Issue.

Market Data Powered By ComStock. [Interactive Data](#)



**B | BARTLETT** Bartlett P.C.  
155 Federal Street, Suite 402  
Boston, MA 02110

**Your Account Statement**

Bartlett P.C.  
Bartlett P.C. 401(k) Profit Sharing Plan

Edward J Bartlett Jr  
[Redacted]

Statement Period January 1, 2015 to June 29, 2015

**Your Plan Sponsor Contact**  
Nancy Koury  
155 Federal Street Suite 402  
Boston, MA 02110  
617-904-9424 // nkj@bartlettpc.com

**Your Plan Financial Advisor**  
J. Michael Grenon  
Grimes & Company  
508-368-3883 ext 244 // mgrenon@grimesco.com

**Important Message**

Welcome to Your Participant Statement. This is a great time to start building your dream retirement. As the summer temperature rises, so can your retirement savings. Dream big and start planning now.

**Personal Information**

Dept./Division: DEFAULT 0000  
Participant ID: [Redacted]  
Date of Birth: [Redacted]  
Date of Hire: [Redacted]

**Your Current Account Value**

**\$1,000,196.44**

Period Rate of Return	5.08%	YTD Rate of Return	5.08%
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Rate of Return = Net Investment Change for the Period DIVIDED BY (Conversion Transfer In + Conversion Loan + (50% X (Beginning Balance + Ending Balance - Net Investment Change)))

**Activity Highlights**

This Period Plan Year-to-Date

[Redacted]	[Redacted]
------------	------------

Total Account Value as of 06/29/2015	\$1,000,196.44
Total Vested Balance as of 06/29/2015	\$1,000,196.44



6/25/2015

RAND, JASON

**Current Balance - As of June 24, 2015**

Click the investment name to view the fund description, review the fund performance, and access the fund prospectus or fund fact sheet.

Click Display Combined View to see a comprehensive view of your account performance and view your account balance by contribution source and asset class.

**Balance by Investment**

Investment	% of Account	Share/ Units/Bonds	Pending Accruals	Closing Price	Change in Price	Cost Basis	Vested Balance	Market Value
[REDACTED]								
<b>Total</b>	<b>100%</b>					<b>\$363,983.25</b>	<b>\$377,094.90</b>	<b>\$377,094.90</b>

**Balance by Source**

Source	% of Account	Vested Balance	Vested %	Market Value
<b>Total Account</b>				
[REDACTED]				
<b>Total</b>	<b>100%</b>	<b>\$377,094.90</b>		<b>\$377,094.90</b>

**Balance by Asset Class**

Asset Class	% of Account	Market Value
[REDACTED]	100.00%	\$377,094.90
<b>Total</b>	<b>100%</b>	<b>\$377,094.90</b>



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*America's leader in financial planning\**

Symbol

Phrase or keywords

[Home](#) [Investment #](#) [Account #](#) [Funds](#) [Investment #](#) [Market](#) [My Account](#)

[Overview](#) [Portfolio](#) [Total View](#) [Transfers & Bill Pay](#) [Trade](#) [Statements & Documents](#)

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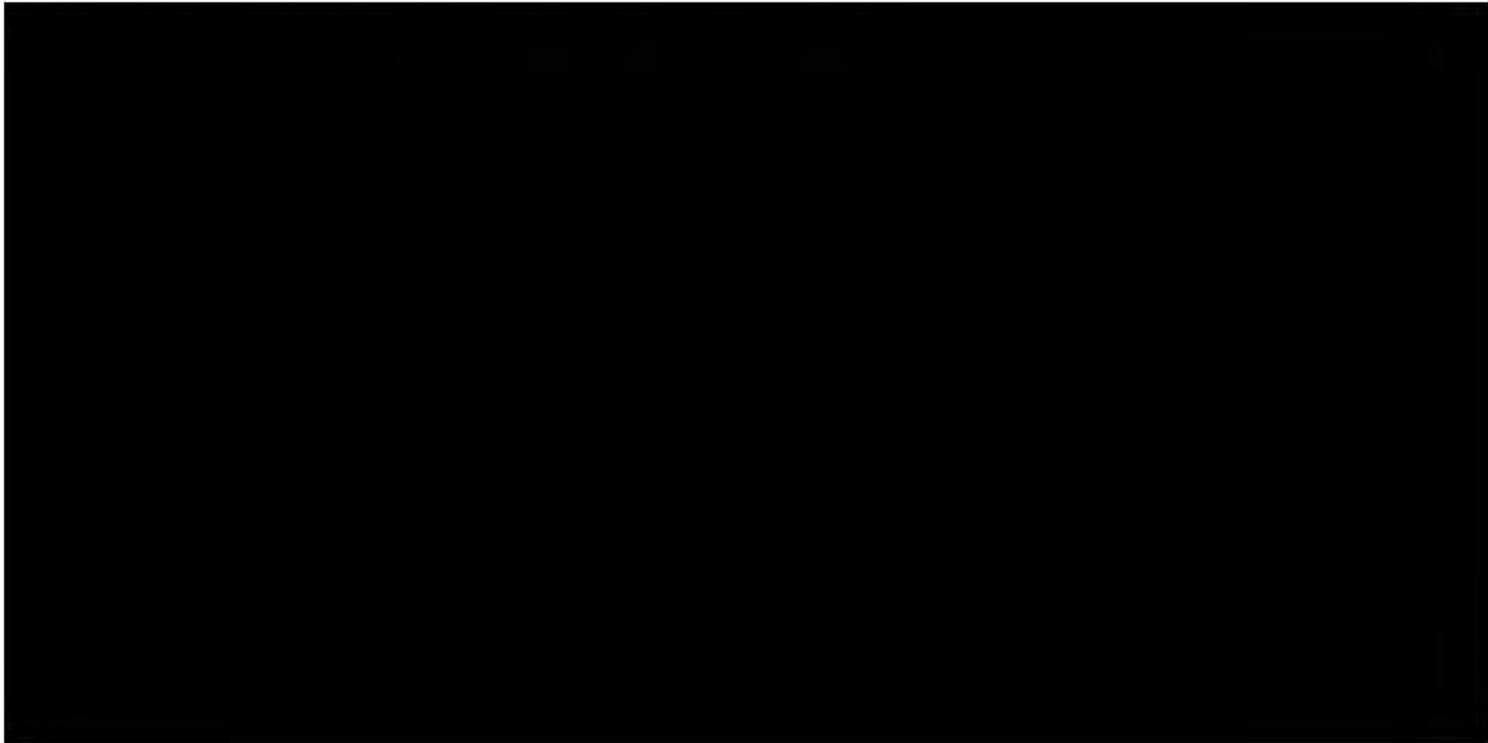
Go to group: [REDACTED] [Edit settings](#)

Go to account: [Select an account](#)

### Your Accounts

Ameriprise Financial Accounts Total  
**\$470,658.52** as of 06/25/2015 (ET)

[Recent Activity](#) [Portfolio Allocation](#) [Portfolio Performance](#) [Detailed Holdings](#) [SEC Filings](#)



Roll over the pie chart to see more details about your Portfolio Allocation.

**ATTESTATIONS**

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.

  
Signature of Authorized Signatory

6/29/15  
Date Signed

Nancy J. Koury

Print Name of Authorized Signatory

President/Executive Director

Title of Authorized Signatory

I hereby attest that if the non-profit corporation is allowed to proceed to submit a *Management and Operations Profile*, the applicant non-profit corporation is prepared to pay a non-refundable application fee of \$30,000 and the cost of all required background checks, and comply with all *Management and Operations Profile* and *Siting Profile* requirements.

  
Signature of Authorized Signatory

6/29/15  
Date Signed

Nancy J. Koury

Print Name of Authorized Signatory

President/Executive Director

Title of Authorized Signatory

I hereby attest that I understand that registered marijuana dispensaries are required to conduct background investigations of proposed Dispensary Agents, that such background investigations are subject to the Department's inspection and review, and that the applicant non-profit corporation will not engage the services of a Dispensary Agent that has ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority.

  
Signature of Authorized Signatory

6/29/15  
Date Signed

Nancy J. Koury

Print Name of Authorized Signatory

President/Executive Director

Title of Authorized Signatory

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: June 25, 2015

To Whom It May Concern :

I hereby certify that

**MIDDLESEX INTEGRATIVE MEDICINE, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **August 15, 2013** (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 15063983630

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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