

# Medical Marijuana Program



**ADVANCED  
GROW LABS**

Application for Registration  
as a Registered Organization  
for Advanced Grow Labs New York, LLC

Volume 1 of 3

**Advanced Grow Labs New York, LLC  
c/o Advanced Grow Labs, LLC  
400 Frontage Road  
West Haven, Connecticut 06516**

June 4, 2015

New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program 150  
Broadway  
Albany, NY 12204

Re: MMP Application for Registration as a Registered Organization  
("Application")

Advanced Grow Labs New York, LLC ("AGL-NY" or the "Applicant") is seeking a license from the New York Department of Health ("DOH") to produce and sell medical marijuana ("MMJ") in New York, and is pleased to submit the enclosed Application and related materials. As explained below, AGL-NY is highly qualified to grow consistent pharmaceutical-grade medical marijuana. The AGL-NY team has the managerial expertise and financial resources to execute its business plan in a manner that is fully compliant with all New York State legal and regulatory requirements, and to best serve those New Yorkers who suffer from one of the statutorily identified debilitating diseases.

*Growing Experience.* The Applicant is an affiliate of Advanced Grow Labs Connecticut (AGL-CT) by virtue of the fact that the Applicant and AGL-CT are under the common control of the founding principals of each entity. The Applicant is not a subsidiary of AGL-CT. AGL-CT is an established business participating in the medical marijuana production industry in Connecticut, having obtained one of only four production licenses in Connecticut. It has a state-of-the-art production facility that efficiently, safely and securely produces extremely high quality MMJ with an extremely consistent cannabinoid profile. Moreover, AGL-CT's medical marijuana products are subject to rigorous quality control testing under Connecticut's very stringent, highly regulated MMJ regime. All of AGL-CT's intellectual property and technical and regulatory know-how will be shared with the Applicant, and the Applicant will replicate AGL-CT's success within the New York regulatory framework. As a result, AGL-NY has complete confidence in its ability to produce an uninterrupted supply of pharmaceutical grade MMJ to meet the patient supply demands at AGL-NY's

dispensaries in a manner that is fully compliant with the DOH's rigorous regulatory regime. AGL-NY is also confident in its ability to promptly begin New York operations, having already entered into a lease for its growing and production facility in West Nyack, NY.

Regulatory Compliance Culture. A culture of regulatory compliance will be a cornerstone of AGL-NY's operations. The Applicant's Managing Partner has significant experience working within a highly regulated health care field. In addition, another principal of the Applicant, William Rubenstein, who recently retired from the law firm of Skadden, Arps, Slate, Meagher & Flom after more than 33 years, comes from a regulatory background. He was co-head of Skadden, Arps' Financial Institutions Group for many years until his retirement, working with highly regulated financial institutions for virtually his entire career.

At both AGL-CT and AGL-NY, working with regulatory authorities in a highly regulated environment is viewed as a core competency and a competitive advantage, not a necessary evil. AGL-CT enjoys an excellent relationship with the Connecticut Department of Consumer Protection while meeting Connecticut's very strict regulations and exacting specifications of production. In fact, in May, AGL-CT experienced an unannounced comprehensive onsite inspection of its facility and operations. As can be seen by the detailed report included in the Application, AGL-CT fully met all requirements. The Applicant fully expects to enjoy excellent relations with the DOH and is quite confident it will meet or surpass all of the DOH's very stringent regulatory requirements.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[REDACTED] In addition, in connection with AGC-NY's proposed New York operations, AGC-NY has hired Nicholas Tamborino as Executive Vice President of Dispensary Operations. Mr. Tamborino, [REDACTED] [REDACTED] [REDACTED] [REDACTED], has extensive experience in multiple areas of pharmacy practice and will be responsible for overseeing the construction of AGC-NY's four dispensaries, staffing and training, and operational and security procedures for the dispensaries.

Real Estate. AGL-NY has entered into a lease for a 45,000 square foot growing and production facility in West Nyack, and has entered into a lease for a dispensary in Syracuse. Leases for dispensaries in Manhattan, White Plains, and Rochester are expected to be executed shortly. Although AGL-NY has executed leases for 2 properties, because it does not yet have all of the leases finalized, AGL-NY is including a copy of a bond for the benefit of the DOH in the amount of \$2 million.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Compassionate Need Plan. As part of AGL-NY's commitment to the New York's medical marijuana program and its residents, AGL-NY will implement a Compassionate Need Plan. This program will provide significant subsidies to certified patients in financial need (based on household income). Additionally, veterans will automatically qualify for this financial assistance program.

Collaboration with Yale University. AGL intends to be an industry leader in collaborating with research universities to study and improve the efficacy of medical marijuana. In this regard, AGL-NY has agreed with Tamas Horvath, Professor of Biomedical Research and Neurobiology at Yale School of Medicine, to collaborate on the exploration of mechanistic aspects of the effects of various marijuana plants on animal behavior and autonomic functions.

\* \* \*

We are available to meet with the DOH at any time, and we would invite you to contact the Connecticut Department of Consumer Protection to verify our track record, both as to personal integrity and technical competence, as well as see our Connecticut facility. We look forward to establishing a strong partnership with the State of New York.

Very truly yours,



David Lipton

cc: Francis J. Serbaroli, GreenbergTraurig, LLP  
William S. Rubenstein, Advance Grow Labs New York, LLC



Section A: Business Entity Information
1. Business Name: Advanced Grow Labs New York, LLC
2. Organization Type (choose one): [X] For-profit [ ] Non-profit
3. Business Type (choose one): [ ] Corporation [ ] Sole Proprietorship [ ] Limited Partnership [ ] Other: [X] Limited Liability Company [ ] General Partnership
4. Phone: 475-227-0028 5. Fax: 855-280-3137 6. Email: DLipton@advancedgrowlabs.com
7. Business Address: 169 Western Highway
8. City: West Nyack 9. State: NY 10. ZIP Code: 10994
11. Mailing Address (if different than Business Address): 400 Frontage Road
12. City: West Haven 13. State: CT 14. ZIP Code: 06516
Section B: Primary Contact Information
15. Name: David Lipton 16. Title: Managing Partner
17. Phone: 203-247-2998 18. Fax: 855-280-3137 19. Email: DLipton@advancedgrowlabs.com
20. Mailing Address: 400 Frontage Road
21. City: West Haven 22. State: CT 23. ZIP Code: 06516
Section C: Proposed Manufacturing Facility Information
24. Proposed Facility Name: AGL NYACK
25. Proposed Facility Address: 169 Western Highway
26. City: West Nyack 27. State: NY 28. ZIP Code: 10994
29. County: Rockland
30. Property Status (choose one): [ ] Owned by the applicant [X] Leased by the applicant [ ] Other:
If you checked "Other" above, describe the property status in the field provided.
31. Proposed Hours of Operation:
Monday: 8:00 AM to 5:00 PM Friday: 8:00 AM to 5:00 PM
Tuesday: 8:00 AM to 5:00 PM Saturday: 8:00 AM to 1:00 PM
Wednesday: 8:00 AM to 5:00 PM Sunday: 8:00 AM to 1:00 PM
Thursday: 8:00 AM to 5:00 PM
An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).



32. Proposed Facility Name: N/A
33. Proposed Facility Address:
34. City: 35. State: NY 36. ZIP Code:
37. County: 38. Property Status (choose one):
39. Proposed Hours of Operation:
Section D: Proposed Dispensing Facility #1 Information
40. Proposed Facility Name: AGL WHITE PLAINS
41. Proposed Facility Address: 188 Martine Avenue
42. City: White Plains 43. State: NY 44. ZIP Code: 10601
45. County: Westchester 46. Property Status (choose one):
47. Proposed Hours of Operation:
Section E: Proposed Dispensing Facility #2 Information
48. Proposed Facility Name: AGL MANHATTAN
49. Proposed Facility Address: 338 East 49th Street
50. City: New York 51. State: NY 52. ZIP Code: 10017
53. County: New York 54. Property Status (choose one):



55. Proposed Hours of Operation:
Monday: 9:30 AM to 6:00 PM
Tuesday: 9:30 AM to 6:00 PM
Wednesday: 9:30 AM to 6:00 PM
Thursday: 9:30 AM to 6:00 PM
Friday: 9:30 AM to 6:00 PM
Saturday: 9:00 AM to 1:00 PM
Sunday: Closed to Closed

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: AGL SYRACUSE

57. Proposed Facility Address: 203 East Water Street

58. City: Syracuse
59. State: NY
60. ZIP Code: 13210

61. County: Onondaga
62. Property Status (choose one):
[ ] Owned by the applicant
[X] Leased by the applicant
[ ] Other:
If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:
Monday: 9:30 AM to 6:00 PM
Tuesday: 9:30 AM to 6:00 PM
Wednesday: 9:30 AM to 6:00 PM
Thursday: 9:30 AM to 6:00 PM
Friday: 9:30 AM to 6:00 PM
Saturday: 9:00 AM to 1:00 PM
Sunday: Closed to Closed

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: AGL ROCHESTER

65. Proposed Facility Address: 2341 Brighton Henrietta Town Line Road

66. City: Henrietta
67. State: NY
68. ZIP Code: 14467

69. County: Monroe
70. Property Status (choose one):
[ ] Owned by the applicant
[ ] Leased by the applicant
[X] Other: Lease pending
If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:
Monday: 9:30 AM to 6:00 PM
Tuesday: 9:30 AM to 6:00 PM
Wednesday: 9:30 AM to 6:00 PM
Thursday: 9:30 AM to 6:00 PM
Friday: 9:30 AM to 6:00 PM
Saturday: 9:00 AM to 1:00 PM
Sunday: Closed to Closed



**Section H: Legal Disclosures**

72. Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? Yes No

**If the answer to this question is “Yes,” a statement providing details of such bankruptcy or insolvency must be included with this application.**

73. Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

OR

Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

Yes No

**If the answer to either of these questions is “Yes,” a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.**

74.

A. Is the applicant a corporate subsidiary or affiliate of another corporation? Yes No

**If the answer to this question is “Yes,” a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate’s financial or contractual obligations with respect to the applicant.**

B. Is any owner, partner or member of the applicant not a natural person? Yes No

**If the answer to this question is “Yes,” a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity’s financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).**



75. Has construction, lease, rental, or purchase of the manufacturing facility been completed? [X]Yes [ ]No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

76. Has construction, lease, rental, or purchase of the dispensing facilities been completed? [ ]Yes [X]No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

Applications received without the required attachments will not be eligible for consideration until the required attachments are received. All such attachments must be postmarked by the Deadline for Submission of Applications.

77. [X] The applicant has enclosed a non-refundable application fee in the amount of \$10,000.

Applications received without the \$10,000 application fee will not be considered.

78. [X] The applicant has enclosed a conditionally refundable registration fee in the amount of \$200,000.

Applications received without the \$200,000 registration fee will not be considered.

The \$200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

79. [X] The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.

80. [X] The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as "Attachment A."

81. [X] The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as "Attachment B."

82. [X] The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than \$2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as "Attachment C."



83.  The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "**Attachment D – Operating Plan**" with the information clearly labeled and divided into the following sections:
- Section 1 - Manufacturing (§ 1004.5(b)(4))
  - Section 2 - Transport and Distribution (§ 1004.5(b)(4))
  - Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
  - Section 4 - Devices (§ 1004.5(b)(4)(i))
  - Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
  - Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
  - Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
  - Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
  - Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
  - Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))
84.  The applicant has attached copies of the organizational and operational documents of the applicant, pursuant 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "**Attachment E.**"
85.  "**Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).
86.  The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "**Attachment F.**"
87.  The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "**Attachment G.**"
88.  The applicant has completed "**Appendix B – Architectural Program**" and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).
89.  The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "**Attachment H.**"
90.  The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "**Attachment I.**"
91.  The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "**Attachment J.**"



- 92. [X] The applicant has attached proof from the local internet service provider(s) that all of the applicant's manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as "Attachment K."
93. [X] The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as "Attachment L."
94. [X] The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as "Attachment M."

Section J: Attestation and Signature

As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.

95. Signature:

96. Date Signed: 6/3/2015

[Handwritten signature of David Lipton]

97. Print Name: David Lipton, Managing Partner

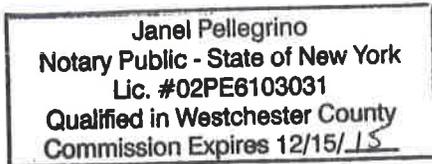
The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.

Notary Name: Janel Pellegrino
Janel Pellegrino

Notary Registration Number: 02PE6103031

Notary (Notary Must Affix Stamp or Seal)

Date: 6/3/2015



Q. 73



**ADVANCED  
GROW LABS**

## **Question 73**

**Advanced Grow Labs New York, LLC**

**Legal Disclosure**



**ADVANCED  
GROW LABS**

Question 73:

There is no individual who holds an interest in AGL-NY, nor any entity that holds an interest in AGL-NY, or any combination thereof, that will provide goods, leases, or services to AGL-NY. It is worth noting, however, that there are common interest holders in AGL-NY and AGL's Connecticut licensed entity.

AGL-NY, LLC was formed by the same partners who applied for and secured a medical marijuana production license in CT. AGL-NY, however, will be operated, managed, and staffed as a separate company that has a financial responsibility only to the investors of AGL-NY. The finances of AGL NY-have been raised separately than those for AGL in CT and no comingling of funds has or will occur. AGL-NY has no fiduciary or contractual responsibility to AGL in CT. The partners of AGL-NY will only be compensated for their expertise provided to AGL-NY, through their ownership stake in AGL-NY. As indicated elsewhere in this application, however, certain key employees of AGL in CT may be offered the opportunity to apply for positions within AGL-NY. To the extent that those individuals accept employment with AGL-NY, they will be paid from AGL-NY's payroll.

*This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

Q. 74 A



**ADVANCED  
GROW LABS**

**Question 74A**

**Advanced Grow Labs New York, LLC**

**Legal Disclosure**



**ADVANCED  
GROW LABS**

Question 74(A)

AGL-NY was formed by the same partners who applied for and successfully obtained a license in CT. As a result, AGL-NY is an affiliate of Advanced Grow Labs Connecticut (AGL-CT) by virtue of the fact that the Applicant and AGL-CT are under the common control of the founding principals of each entity. The Applicant is not, however, a subsidiary of AGL-CT. AGL-NY will be run, managed, and staffed as a stand alone company that has a financial responsibility only to the investors of AGL-NY. The finances of AGL- NY have been raised separately than those for AGL-CT and no comingling of funds has or will occur. AGL- NY has no fiduciary responsibility to AGL-CT. The partners of AGL-NY will be compensated for the expertise that they bring to AGL-NY only through their ownership stake in AGL-NY, not by AGL-CT. There will be no contractual obligations between AGL-NY and AGL-CT. AGL-NY will, however, offer key employees of AGL-CT opportunities to apply for positions within AGL-NY, and, if they accept, the AGL-NY employees will be paid by AGL-NY, and the vacated positions at AGL-CT will be filled through new hires.

The primary activities of AGL-CT or Advanced Grow Labs LLC, located at 400 Frontage Road, West Haven CT 06516, are the pharmaceutical production of multiple forms and delivery methods of Medical Marijuana for the 6 licensed dispensaries in Connecticut. The organizational materials for this entity are enclosed.

*This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

























































































This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.









Q. 74 B



**ADVANCED  
GROW LABS**

**Question 74B**

**Advanced Grow Labs New York, LLC**

**Legal Disclosure**



Question 74(B)

AGL-NY was formed by the same partners who applied for and secured a medical marijuana manufacturing license in CT. Each of the principals of AGL in CT, plus one additional executive, and one additional key investor, formed LLCs to invest in AGL-NY. The primary activity of each LLC that is a member of the applicant, AGL-NY, is to hold membership interests in AGL-NY. None of the entities will have involvement in the activities of AGL-NY, nor will they have any responsibility for AGL-NY's financial or contractual obligations. Each LLC is identified in the below chart, and the relevant organizational documents are attached.

AGL-NY will be run, managed and staffed as a stand alone company that has a financial responsibility only to the investors of AGL-NY. The finances of AGL-NY have been raised separately than those for AGL in CT, and no comingling of funds has or will occur. AGL-NY has no fiduciary responsibility to AGL in CT. The partners bring their years of experience to AGL-NY, but will be compensated for this expertise through each respective LLC. Neither the individuals, nor their corresponding LLC, will be compensated by AGL in CT for any services rendered for AGL-NY. Moreover, there are currently no private contracts between AGL-NY and AGL in CT, and there will not be any in the future. Any contractual obligations incurred by AGL-NY will be borne by AGL-NY. Certain key employees of AGL in CT may be offered the opportunity to apply for positions within AGL-NY. If accepted, however, those individuals will subsequently be AGL-NY employees and paid by that entity. Any vacated positions at AGL in Connecticut will be separately filled, and paid by AGL in Connecticut.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "WSR HOLDINGS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2015, AT 2:50 O'CLOCK P.M.

5754990 8100

150783011

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2413896

DATE: 05-27-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:50 PM 05/27/2015  
FILED 02:50 PM 05/27/2015  
SRV 150783011 - 5754990 FILE

**CERTIFICATE OF FORMATION**

OF

**WSR HOLDINGS, LLC**

1. The name of the limited liability company is WSR Holdings, LLC.
2. The address of its registered office in the State of Delaware is One Rodney Square, 920 N. King Street, Wilmington, New Castle County, 19801. The name of its registered agent at such address is Skardel, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 27<sup>th</sup> day of May, 2015.

By: Dawn A. MacFarlane  
Name: Dawn A. MacFarlane  
Title: Authorized Person

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Redacted pursuant to N.Y. Public Officers Law, Art. 6





Redacted pursuant to N.Y. Public Officers Law, Art. 6





SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

OCTOBER 9, 2012

D. BAYER  
BAYER & BLACK PC  
PO BOX 459  
WILTON, CT 06897

**RE: Acceptance of Business Filing**

This letter is to confirm the acceptance of the following business filing:

**Business Name:**  
LITTLE BUFFALO, LLC

**Work Order Number:** 2012230846-001  
**Business Filing Number:** 0004729005  
**Type of Request:** ARTICLES OF ORGANIZATION  
**File Date/Time:** OCT 05 2012 08:30 AM  
**Effective Date/Time:**  
**Work Order Payment Received:** 225.00  
**Payment Received:** 170.00  
**Credit on Account:** .00  
**Customer Id:** 002135544  
**Business Id:** 1085375

**ATIYA LANZA**  
Commercial Recording Division  
860-509-6003  
[WWW.CONCORD.SOTS.CT.GOV](http://WWW.CONCORD.SOTS.CT.GOV)

**BUSINESS FILING REPORT**

**WORK ORDER NUMBER: 2012230846-001**  
**BUSINESS FILING NUMBER: 0004729005**

**BUSINESS NAME:**

**LITTLE BUFFALO, LLC**

**BUSINESS LOCATION:**

**204 LONG LOTS RD**  
**WESTPORT, CT 06880**

**MEMBER INFORMATION FOR ONE MEMBER:**

**NAME: SETH SHOLES**  
**TITLE: MEMBER**

**\*\* END OF REPORT \*\***



SECRETARY OF THE STATE

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNEC
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONN
PHONE: 860-509-6003 WEBSITE: www.concord-sols.ct.gov

FILING #0004729005 PG 01 OF 02 VOL B-01726
FILED 10/05/2012 08:30 AM PAGE 03311
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

Form with sections: FILING PARTY (Bayer & Black, P.C.), FILING FEE: \$120, 1. NAME OF LIMITED LIABILITY COMPANY (Little Buffalo, LLC), 2. DESCRIPTION OF BUSINESS (To engage in any lawful act...), 3. LLC'S PRINCIPAL OFFICE ADDRESS (204 Long Lots Road, Westport, CT), 4. MAILING ADDRESS, 5. APPOINTMENT OF STATUTORY AGENT, BUSINESS ADDRESS, CONNECTICUT RESIDENCE ADDRESS, SIGNATURE ACCEPTING APPOINTMENT.

B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

Bayer & Black, P.C.

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS: 195 Danbury Road, Suite 160

CITY: Wilton

STATE: Connecticut

ZIP: 06897

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:



PRINT NAME & TITLE OF PERSON SIGNING:

Douglas I. Bayer, President

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
 ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Seth Sholes	Member	204 Long Lots Road Westport, CT 06880	[REDACTED]

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 4<sup>th</sup> DAY OF October, 2012

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Douglas I. Bayer	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sofs.ct.gov](http://www.concord-sofs.ct.gov)  
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO [www.ct.gov/tfs](http://www.ct.gov/tfs)



**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details **5. EIN Confirmation**

**Congratulations! The EIN has been successfully assigned.**

EIN Assigned: [REDACTED]

Legal Name: **LITTLE BUFFALO LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

**We strongly recommend you print this page for your records.**

Click "Continue" to get additional information about using the new EIN.

**Continue >>**

**Help Topics**

[Can the EIN be used before the confirmation letter is received?](#)

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

000367.268324.0003.001 1 MB 0.404 692



LITTLE BUFFALO LLC  
SETH SHOLES SOLE MBR  
204 LONG LOTS RD  
WESTPORT CT 06880

000367

Date of this notice: 11-16-2012

Employer Identification Number:  
[REDACTED]

Form: SS-4

Number of this notice: CP 575 0

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06116-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06108
PHONE: 860-509-6003 WEBSITE: WWW.RECORD-STATE.CT.GOV

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY - DOME

C.G.S. §§34-120; 34-121

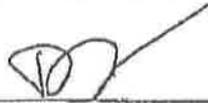
USE INK, COMPLETE ALL SECTIONS. PRINT OR TYPE, ATTACH 81/1

FILING #0004739878 PG 01 OF 03 VOL B-01733
FILED 10/26/2012 11:00 AM PAGE 00163
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Form with sections: FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS); FILING FEE: \$120; 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED; 2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED; 3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED; 4. MAILING ADDRESS, IF DIFFERENT THAN #3; 5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED; BUSINESS ADDRESS; CONNECTICUT RESIDENCE ADDRESS.

FILING #0004739878 PG 02 OF 03 VOL B-01733  
FILED 10/26/2012 11:00 AM PAGE 00164  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

**SIGNATURE ACCEPTING APPOINTMENT:**



**B. IF AGENT BUSINESS:**

**PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:**

**CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)**

**ADDRESS:**

**CITY:**

**STATE: ZIP:**

**SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**

**PRINT NAME & TITLE:**

**8. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)**

NAME	TITLE	BUSINESS ADDRESS (No. P.O. Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O. Box)
David Lipton	Member	61 Unquowa Road Fairfield, CT 06824	[REDACTED]

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 25th DAY OF October, 2012

NAME OF ORGANIZER (print/type)	SIGNATURE
Peggie Golgor	<i>Peggie Golgor</i>

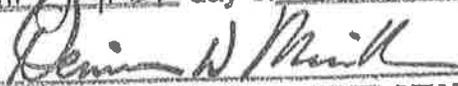
AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [WWW.CONNECTICUT-STATE.CT.GOV](http://WWW.CONNECTICUT-STATE.CT.GOV).  
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-8982 OR GO TO [WWW.CT.GOV/drs](http://WWW.CT.GOV/drs)

FILING #0004739878 PG 03 OF 03 VOL B-01733  
 FILED 10/26/2012 11:00 AM PAGE 00165  
 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE

STATE OF CONNECTICUT }  
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record  
in this Office

In Testimony whereof, I have hereunto set my hand,  
and affixed the Seal of said State, at Hartford,  
this thirty first day of October A.D. 2012

  
\_\_\_\_\_  
SECRETARY OF THE STATE *ejm*



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 80 TRINITY STREET, HARTFORD, CT 06108
PHONE: 860-509-8008 WEBSITE: www.concord-nots.ct.gov

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK, COMPLETE ALL SECTIONS, PRINT OR TYPE. ATTACH

FILING #0005328150 PG 01 OF 02 VOL B-02062
FILED 04/10/2015 01:00 PM PAGE 02520
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Form with sections: FILING PARTY (CONFIRMATION WILL BE SENT TO THIS), 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED, 2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED, 3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED, 4. MAILING ADDRESS, IF DIFFERENT THAN #3, 5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED, BUSINESS ADDRESS, CONNECTICUT RESIDENCE ADDRESS, SIGNATURE ACCEPTING APPOINTMENT.

B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

FILING #0005328150 PG 02 OF 02 VOL B-02062  
FILED 04/10/2015 01:00 PM PAGE 02521  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O. Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O. Box)
Marc Garc	Manager	31 Bridge Rd. Weston, CT 06883	

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")

[Redacted]

9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 10th DAY OF April, 2015

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Peggie Golger	<i>Peggie Golger</i>

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sols.ct.gov](http://www.concord-sols.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (800) 297-5982 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

STATE OF CONNECTICUT }  
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record  
in this Office.

In Testimony whereof, I have hereunto set my hand,  
and affixed the Seal of said State, at Hartford,  
this 17<sup>th</sup> day of May A.D. 2015

  
\_\_\_\_\_  
SECRETARY OF THE STATE



**SECRETARY OF THE STATE**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION  
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION  
PHONE: 860-509-8003 WEBSITE: WWW.CS

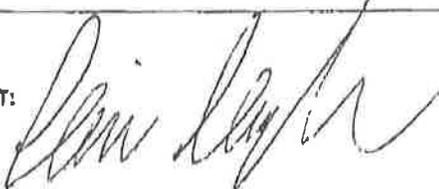
FILING #0004691326 PG 01 OF 03 VOL B-01705  
FILED 07/24/2012 04:00 PM PAGE 00918  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY - DOMESTIC**

C.G.S. §§34-120; 34-121

USE INK, COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b>		<b>FILING FEE: \$120</b> MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
NAME: Peggie Golger ADDRESS: Cohen and Wolf, P.C. CITY: 1115 Broad Street STATE: Bridgeport, CT ZIP: 06604		
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED:</b> (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) TLC10, LLC		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:</b> to engage in any lawful activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act and the general laws of the State of Connecticut		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED:</b> (NO P.O. BOX) ADDRESS: 61 Silliman Street CITY: Fairfield STATE: CT ZIP: 06824		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3:</b> ADDRESS: CITY: STATE: ZIP:		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED:</b> (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> <b>A. IF AGENT IS AN INDIVIDUAL:</b> PRINT OR TYPE FULL LEGAL NAME: Christopher Mayle		
<b>BUSINESS ADDRESS (P.O.BOX UNACCEPTABLE)</b> IF NONE, MUST STATE "NONE" ADDRESS: 61 Silliman Street CITY: Fairfield STATE: CT ZIP: 06824		<b>CONNECTICUT RESIDENCE ADDRESS (P.O.BOX UNACCEPTABLE)</b> [REDACTED]

**SIGNATURE ACCEPTING APPOINTMENT:** 

**B. IF AGENT BUSINESS:**

**PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:**

FILING #0004691326 PG 02 OF 03 VOL B-01705  
 FILED 07/24/2012 04:00 PM PAGE 00919  
 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE

**CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)**

**ADDRESS:**

**CITY:**

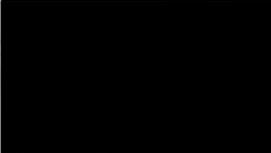
**STATE:**

**ZIP:**

**SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**

**PRINT NAME & TITLE:**

**6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)**

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Christopher Maylo	Manager	61 Silliman Street Fairfield, CT 06824	

**7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES**  
 **MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS**

**8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)**  
 DATED THIS 24th DAY OF July, 2012

NAME OF ORGANIZER (print/type)	SIGNATURE
Peggie Golger	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.copcorrd-90ts.ct.gov](http://www.copcorrd-90ts.ct.gov)  
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
 TAX PAYER SERVICE CENTER: (800) 382-1463 OR (800) 297-5962 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

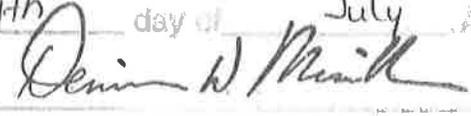
FILING #0004691326 PG 03 OF 03 VOL B-01705  
 FILED 07/24/2012 04:00 PM PAGE 00920  
 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE

STATE OF CONNECTICUT  
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record  
in this Office

In Testimony whereof, I have hereunto set my hand  
and affixed the Seal of said State, at Hartford

this 24th day of July, A.D. 1912



SECRETARY OF THE STATE

AG

# Application for Employer Identification Number

OMB No. 1545-0003

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>MDM 555, LLC</b>		3 Executor, administrator, trustee, "care of" name	
	2 Trade name of business (if different from name on line 1)			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>336 Sunset Road</b>		5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code (if foreign, see instructions) <b>Pompton Plains, NJ 07444</b>		5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located <b>Morris County, NJ</b>			
	7a Name of responsible party <b>Joseph Musto</b>		7b SSN, ITIN, or EIN [REDACTED]	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>1</b>		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9a Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.				
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>Disregarded Entity</b>				
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____				
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country	
10 Reason for applying (check only one box)				
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Investment Holding Company</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____				
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____				
11 Date business started or acquired (month, day, year). See instructions. <b>February 7, 2013</b>		12 Closing month of accounting year <b>December</b>		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
Agricultural <b>0</b>		Household <b>0</b>	Other <b>0</b>	
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)				
16 Check one box that best describes the principal activity of your business.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Investment Holding Company</b>				
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Investment Holding Company</b>				
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶				

<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>Douglas I. Bayer</b>	Designee's telephone number (include area code) <b>( 203 ) 762-0751</b>
	Address and ZIP code <b>Bayer &amp; Black, P.C., 195 Danbury Road, Suite 160, Wilton, CT 06897</b>	Designee's fax number (include area code) <b>( 203 ) 761-9421</b>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Joseph Musto, Member**

Signature ▶

Date ▶

## Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	Complete lines 1-18 (as applicable).
Purchased a going business <sup>3</sup>	Does not already have an EIN	Complete lines 1-18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust <sup>4</sup>	Complete lines 1-18 (as applicable).
Created a pension plan as a plan administrator <sup>5</sup>	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	Complete lines 1-5b, 7a-b (SSN or ITIN optional), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1-6, 9a, 10-12, 13-17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	Complete lines 1, 2, 4a-5b, 9a, 10, and 18.
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup>	Complete lines 1-18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	Complete lines 1-18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

<sup>2</sup> However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer* on page 4 of the instructions. **Note.** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.





### EIN Assistant

Your Progress: 1 Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! The EIN has been successfully assigned.

EIN Assigned: [REDACTED]  
Legal Name: MDM 555 LLC

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Continue >>

#### Help Topics

[Can the EIN be used before the confirmation letter is received?](#)

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

FEBRUARY 14, 2013

BAYER & BLACK, P.C.  
195 DANBURY ROAD  
SUITE 160  
P.O. BOX 459  
WILTON, CT 06897

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of the following business filing:

Business Name:  
MDM 555, LLC

Work Order Number: 2013047432-001  
Business Filing Number: 0004802617  
Type of Request: ARTICLES OF ORGANIZATION  
File Date/Time: FEB 13 2013 08:30 AM  
Effective Date/Time:  
Work Order Payment Received: 225.00  
Payment Received: 170.00  
Credit on Account: .00  
Customer Id: 002196752  
Business Id: 1096474

STEPHANIE GARY  
Commercial Recording Division  
860-509-6003  
WWW.CONCORD.SOTS.CT.GOV

BUSINESS FILING REPORT

WORK ORDER NUMBER:2013047432-001  
BUSINESS FILING NUMBER: 0004802617

BUSINESS NAME:

MDM 555, LLC

BUSINESS LOCATION:

336 SUNSET ROAD  
POMPTON PLAINS,NJ 07444

MEMBER INFORMATION FOR ONE MEMBER:

NAME:JOSEPH MUSTO  
TITLE:MEMBER

\*\* END OF REPORT \*\*

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

FEBRUARY 14, 2013

BAYER & BLACK, P.C.  
195 DANBURY ROAD  
SUITE 160  
P.O. BOX 459  
WILTON, CT 06897

RE: Request for Information

Work Order Number: 2013047432-002  
Type of Request: CERTIFIED COPY  
Work Order Payment Received: 225.00  
Payment Received: 55.00  
Credit on Account: .00  
Customer Id: 002196752

Attached is the information you requested.

Copies of most filings may be requested from our office. Due to the implementation of CONCORD, you may receive more information than you requested. Please read your request for information carefully.

STEPHANIE GARY  
Commercial Recording Division  
860-509-6003



MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470  
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06105  
 PHONE: 860-509-6003 WEBSITE: [www.comrecrd-sols.ct.gov](http://www.comrecrd-sols.ct.gov)

# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11

FILING #0004802617 PG 01 OF 02 VOL B-01768  
 FILED 02/13/2013 08:30 AM PAGE 01897  
 SECRETARY OF THE STATE  
 CONNECTICUT SECRETARY OF THE STATE

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)</b> NAME: <b>Bayer &amp; Black, P.C.</b> ADDRESS: <b>195 Danbury Road, Suite 160</b> CITY: <b>Wilton</b> STATE: <b>Connecticut</b> ZIP: <b>06897</b>		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)</b> <b>MDM 555, LLC</b>		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:</b> ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. <p>To engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.</p>		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE</b> ADDRESS: <b>336 Sunset Road</b> CITY: <b>Pompton Plains</b> STATE: <b>New Jersey</b> ZIP: <b>07444</b>		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.</b> ADDRESS: CITY: STATE: ZIP:		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)</b> <input type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME:		
<b>BUSINESS ADDRESS</b> (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		<b>CONNECTICUT RESIDENCE ADDRESS</b> (P.O. BOX NOT ACCEPTABLE)
ADDRESS:		ADDRESS:
CITY:		CITY:
STATE:		STATE:
ZIP:		ZIP:

**SIGNATURE ACCEPTING APPOINTMENT:**

B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

Bayer & Black, P.C.

FILING #0004802617 PG 02 OF 02 VOL B-01768  
FILED 02/13/2013 08:30 AM PAGE 01898  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS: 195 Danbury Road, Suite 160

CITY: Wilton

STATE: Connecticut

ZIP: 06897

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:



PRINT NAME & TITLE OF PERSON SIGNING:

Douglas I. Bayer, President

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Joseph Musto	Member	336 Sunset Road Pompton Plains, NJ 07444	

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 7<sup>th</sup> DAY OF February, 2013

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Douglas I. Bayer	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sofs.ct.gov](http://www.concord-sofs.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

Q.76

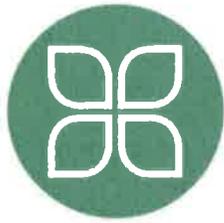


**ADVANCED  
GROW LABS**

**Question 76**

**Advanced Grow Labs New York, LLC**

**Legal Disclosure**



**ADVANCED  
GROW LABS**

Question 76

As of the date of submission, Advanced Grow Labs New York has executed leases for 1 dispensary and is in continuing negotiations on leases for 3 dispensaries. All dispensary sites are either leased or subject to a Letter of Intent or agreements in principle. Attachment A provides details for each site and potential site. Leases and proposed leases, as well as Letters of Intent or agreements in principle are included as Attachment C. Advanced Grow Labs anticipates that all pending leases will be finalized shortly.

Funding for ongoing lease payments, security deposits, and construction/renovation costs will come from equity capital raised from investors.

A surety bond in the amount of \$2,000,000 has been obtained in accordance with DOH requirements. Evidence of the bond is included as part of Attachment C.

*This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

Q. 77



Cashier's Check



Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 06/02/15 11:03:52 AM

NTX

FAIRFIELD

0001 0021104 0046

Pay

BANK OF AMERICA ONE ZERO ZERO ZERO ZERO CTSCTS

\*\*\*\$10,000.00

To The Order Of NEW YORK STATE DEPARTMENT OF HEALTH  
AGL APP FEE

Remitter (Purchased By): ADVANCED GROW LABS NEW YORK LLC

Bank of America, N.A.  
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

00-51-3364B-31-20110

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.





www.bankofamerica.com

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www.bankofamerica.com

DO NOT WRITE BELOW THIS LINE  
DEPOSITORY BANK ENDORSEMENT

ENFORCE CHECK HERE  
DR-57-3348R 11-2016

Q. 700



Cashier's Check

No. [REDACTED]

Notice to Purchaser: In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 06/02/15 11:03:52 AM

NTX

FAIRFIELD

0001 0021104 0046

Pay

BANK OF AMERICA TWO ZERO ZERO ZERO ZERO ZERO CTSCTS

\*\*\*\$200,000.00

To The Order Of NEW YORK STATE DEPARTMENT OF HEALTH  
AGL APP FEE

Remitter (Purchased By): ADVANCED GROW LABS NEW YORK LLC

Bank of America, N.A.  
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

ENDORSE CHECK HERE

00-53-356-11 11-2010

[www.bankofamerica.com](http://www.bankofamerica.com)



DO NOT WRITE OR STAMP BELOW THIS LINE

DEPOSITORY BANK ENDORSEMENT

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Q. 79

**See Tabs for:**

- **Q. 73**
- **Q. 74A**
- **Q. 74B**
- **Q. 76**

Q. 80

ATTACHMENT A  
ADVANCED GROW LABS NEW YORK, LLC  
PROPERTY LOCATIONS



**ADVANCED GROW LABS**

# ADVANCED GROW LABS NY PRODUCTION AND DISPENSARIES

Attachment A

Property Name:	AGL Nyack	AGL White Plains	AGL Manhattan	AGL Syracuse	AGL Rochester
Address	169 Western Highway West Nyack, NY 10994	188 Martine Ave White Plains, NY 10601	338 E. 49th Street New York, NY 10017	203 East Water Street Syracuse, NY 13210	2341 Brighton Henrietta Town Line Road Henrietta, NY 14467
County	Rockland	Westchester	New York	Onondaga	Monroe
Size: (square feet)	45,000	2,000 (+2,000 basement)	4,000	2,400	2,500
Property Type	Light Industrial	Urban Retail Storefront	Medical Office	Urban Retail Storefront	Suburban in-Line Retail
Property Status	Leased	Lease Pending	Lease Pending	Leased	Lease Pending
Purpose	Manufacturing Facility	Dispensary	Dispensary	Dispensary	Dispensary



**ADVANCED GROW LABS**

# ADVANCED GROW LABS NY LOCATIONS

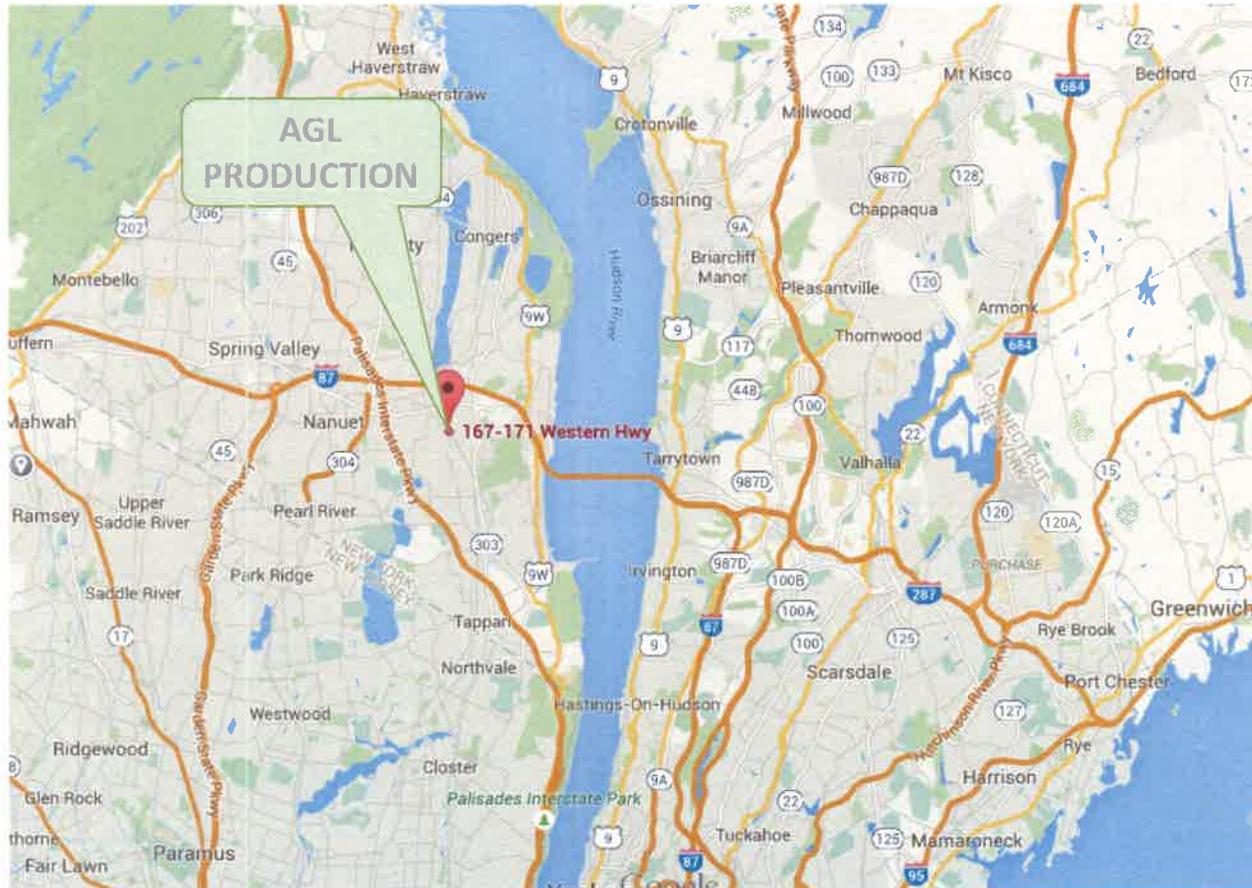


# ADVANCED GROW LABS NY PRODUCTION FACILITY 169 WESTERN HIGHWAY, WEST NYACK, NY 10994

- AGL NY has currently leased 45,000 square feet ready to build
- Well located with easy freeway access to I-287/I-87
- 1 hour drive to AGL CT operation in West Haven, CT
- 30 Minute drive to either southern dispensary
- Architectural plans, and Security plans produced



# ADVANCED GROW LABS NY PRODUCTION FACILITY 169 WESTERN HIGHWAY, WEST NYACK, NY 10994



ADVANCED GROW LABS NY PRODUCTION FACILITY  
169 WESTERN HIGHWAY, WEST NYACK, NY 10994



ADVANCED GROW LABS

ADVANCED GROW LABS NY PRODUCTION FACILITY  
169 WESTERN HIGHWAY, WEST NYACK, NY 10994

Redacted pursuant to N.Y. Public Officers Law, Art. 6



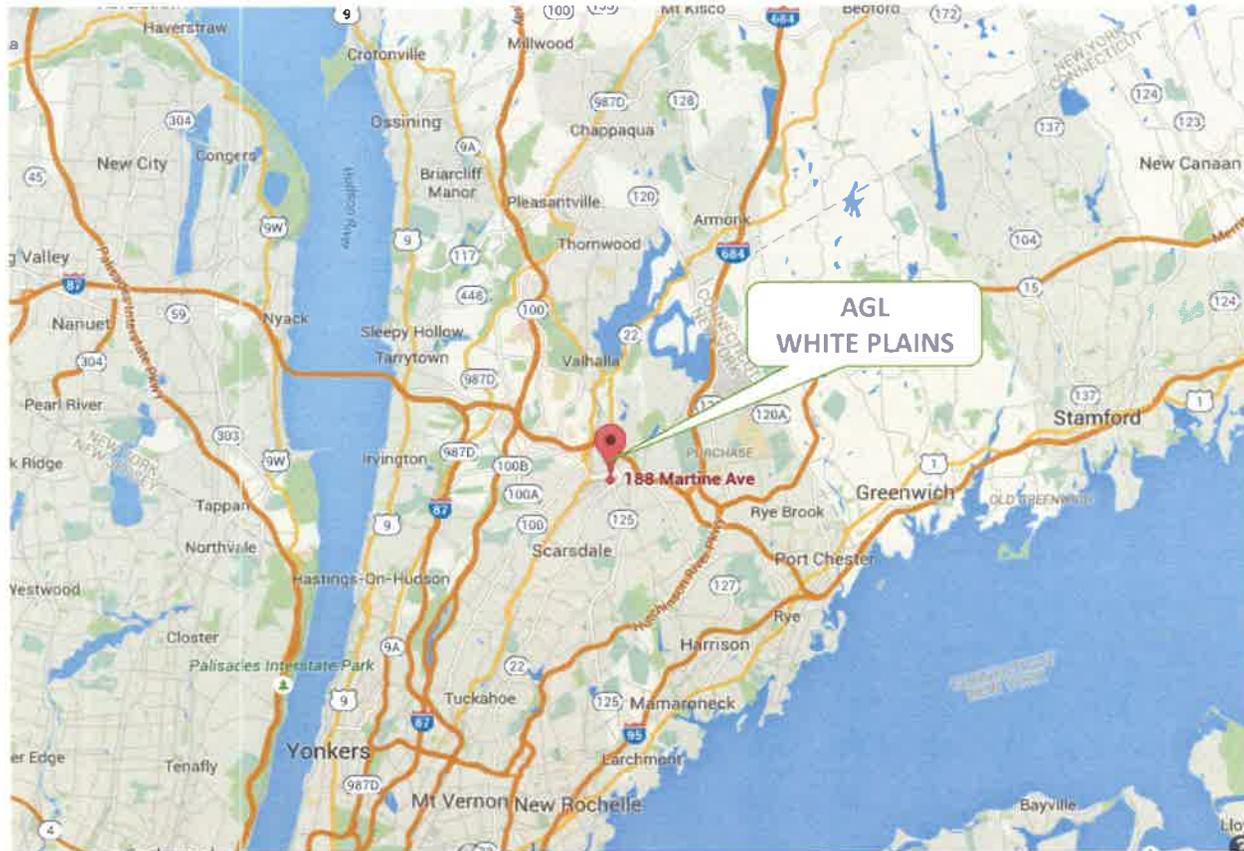
ADVANCED GROW LABS

ADVANCED GROW LABS NY  
WHITE PLAINS DISPENSARY  
188 MARTINE AVE., WHITE PLAINS, NY 10601-3305

- AGL NY has a lease pending for 4000 square feet of retail space minutes off I-87
- Semi urban downtown White Plains location with ready parking availability.
- Central location, easily accessible, will serve the northern NYC suburbs up to the Hudson Valley



**ADVANCED GROW LABS NY  
WHITE PLAINS DISPENSARY  
188 MARTINE AVE., WHITE PLAINS, NY 10601-3305**



ADVANCED GROW LABS NY  
WHITE PLAINS DISPENSARY  
188 MARTINE AVE., WHITE PLAINS, NY 10601-3305



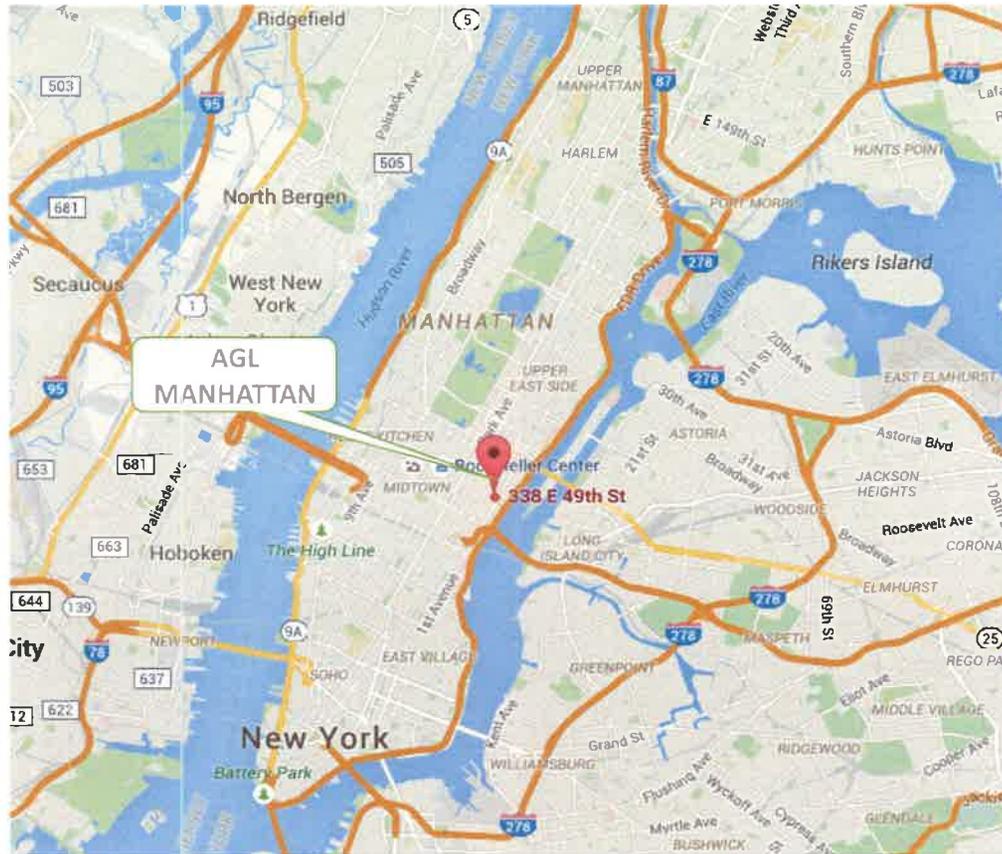
ADVANCED GROW LABS

ADVANCED GROW LABS NY  
MANHATTAN DISPENSARY  
338 E. 49TH ST., NEW YORK, NY 10017

- Urban medical office location mid-town East Side
- Easy on off access FDR drive via 48 / 49th streets.
- Walking distance from Lex / 51st St. Subway
- Walking distance to M Bus route
- Memorial Sloan Kettering 20 blocks north.



ADVANCED GROW LABS NY  
MANHATTAN DISPENSARY  
338 E. 49TH ST., NEW YORK, NY 10017



ADVANCED GROW LABS NY  
MANHATTAN DISPENSARY  
338 E. 49TH ST., NEW YORK, NY 10017



ADVANCED GROW LABS NY  
MANHATTAN DISPENSARY  
338 E. 49TH ST., NEW YORK, NY 10017

Redacted pursuant to N.Y. Public Officers Law, Art. 6



ADVANCED GROW LABS

ADVANCED GROW LABS NY  
SYRACUSE DISPENSARY  
203 EAST WATER ST., SYRACUSE, NY 13202

- AGL NY has currently leased a 2400 square foot Urban Location in the Historic Hanover Square area
- Parking is available on streets in front and behind the building, and public parking lots are 2 blocks north
- Easy access to I-690 and I-81 affords patient coverage for entire central NY area from Ithaca and Binghamton in the south, Oswego and Watertown to the North, Oneida, Rome and Utica to the East, and the upper finger lakes area to the west.
- The facility is located approximately 1 mile from the SUNY Upstate Medical Center and University Hospital.





ADVANCED GROW LABS NY  
SYRACUSE DISPENSARY  
203 EAST WATER ST., SYRACUSE, NY 13202



ADVANCED GROW LABS

ADVANCED GROW LABS NY  
SYRACUSE DISPENSARY  
203 EAST WATER ST., SYRACUSE, NY 13202  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



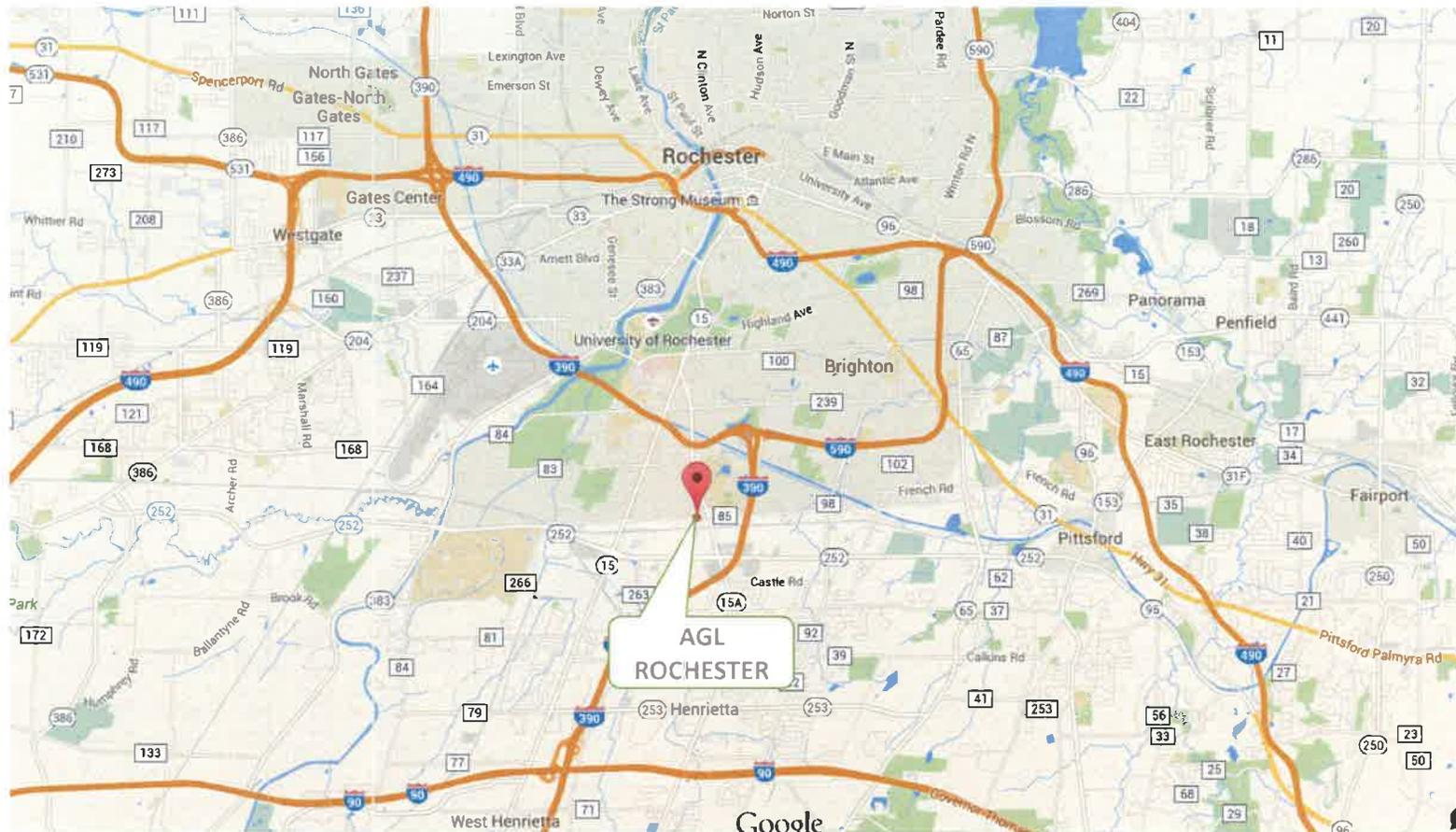
ADVANCED GROW LABS

ADVANCED GROW LABS NY  
ROCHESTER DISPENSARY  
2341 BRIGHTON HENRIETTA TOWN LINE ROAD, NY 14623

- AGL NY has a lease pending for a 2500 square foot Suburban location in Henrietta in new retail construction with easy parking
- This facility features multiple early access points to I-390 and points south (Corning region).
- The facility is within 2 miles of Strong Memorial Hospital and Rochester Community Hospital, and 3 miles from Rochester Institute of Technology
- Retail construction has begun and is scheduled to be complete 7-2015



# ADVANCED GROW LABS NY ROCHESTER DISPENSARY 2341 BRIGHTON HENRIETTA TOWN LINE ROAD, NY 14623



ADVANCED GROW LABS

ADVANCED GROW LABS NY ROCHESTER DISPENSARY  
2341 BRIGHTON HENRIETTA TOWN LINE ROAD, NY 14623



ADVANCED GROW LABS

**ADVANCED GROW LABS NY ROCHESTER DISPENSARY  
2341 BRIGHTON HENRIETTA TOWN LINE ROAD, NY 14623**

Redacted pursuant to N.Y. Public Officers Law, Art. 6



ADVANCED GROW LABS

Q. 81



**ADVANCED  
GROW LABS**

## **Attachment B**

**Advanced Grow Labs New York LLC**

**Items for Production, Delivery and Sale of**

**MMJ**

## EQUIPMENT FOR MANUFACTURING AND PROCESSING MMJ

AGL NY Equipment Software and Subscriptions			
<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
QUICKBOOKS	2015 ENTERPRISE	5	ACCOUNTING
MJ FREEWAY	GROWTRACKER	1	SEED TO SALE TRACKING
BIOTRACK	BIOTRACK THC	4	DISPENSARY POS
APPOINTMENT PLUS	APPOINTMENT PLUS	4	ONLINE PATIENT SCHEDULING
BLUEPOINT	CANNAWATCH	4	ADVERSE EVENTS TRACKING

AGL NY Equipment Office Area			
<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
LENOVO	YOGA PRO 2	10	EMPLOYEE USE
KYOCERA	MITA COPIER	1	EMPLOYEE USE
OFFICE SUPPLIES	10 DESKS, CUBES AND CHAIRS	10	EMPLOYEE USE
FILING CABINETS	3 DRAWER	20	EMPLOYEE USE
PITNEY BOWES	POSTAGE MACHINE	1	COMPANY USE
GENERAL OFFICE SUPPLIES	PENS, PAPER CLIPS, ETC	N/A	COMPANY USE
MAILBOX	INTER-OFFICE MAILBOX	1	EMPLOYEE USE
LIGHTPATH	DESK TELEPHONE SYSTEM	10	EMPLOYEE USE

AGL NY Equipment Security Office			
<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
SAMSUNG	56 LED DISPLAY	1	CAMERA MONITOR STATION
OFFICE SUPPLIES	DESK, CHAIR, FILING CABINET	1	SECURITY USE
BADGE HOLDER	LOCKING WALL MOUNTED BADGE HOLDER	1	SECURE EMPLOYEE ID BADGES
INTERCOM	2 WAY INTERCOM FOR OUTSIDE DOOR	5	SECURITY USE
MOTOROLA	2 WAY WALKIE TALKIES	6	SECURITY USE
APC	UPS DEVICES FOR ALL ELECTRONICS	4	BACKUP
LIGHTPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE

**AGL NY Equipment AV Room**

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
LENOVO	YOGA PRO 2	10	EMPLOYEE
KYOCERA	MITA COPIER	1	EMPLOYEE
IBM	STATION WITH DISPLAY, MOUSE, KEYE	1	SECURITY USE
IBM	EXCHANGE SERVER	1	NETWORK
CISCO	WIRELESS ACCESSPOINT	1	NETWORK
LEVEL 3	ROUTING SWITCH	1	NETWORK
SAMSUNG	56 LED DISPLAY	1	CAMERA MONITOR STATION
VERIZON	XLTE WIRLESS BACKUP	1	NETWORK
OFFICE SUPPLIES	DESK, CHAIR, FILING CABINET	1	AV ROOM USE
APC	UPS DEVICES FOR ALL ELECTRONICS	4	BACKUP
LIGHPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE

**AGL NY Equipment Conference Room**

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
OFFICE SUPPLIES	CONFERENCE ROOM TABLE	1	EMPLOYEE USE
OFFICE SUPPLIES	CONFERENCE ROOM CHAIRS	10	EMPLOYEE USE
OFFICE SUPPLIES	CREDENZ	1	EMPLOYEE USE
SAMSUNG	56 LED DISPLAY	1	CAMERA MONITOR STATION
LIGHPATH	DESK TELEPHONE SYSTEM	10	EMPLOYEE USE

**AGL NY Equipment Laboratory**

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
CapsulCN	SEPARATED CLEAR GEL CAPSULES	10,000	CAPSULE MAKING
CapsulCN	MANUAL CAPSULE FILLING MACHINE CN-100	2	CAPSULE MAKING
SCI LOGEX	100-1000UL MICROPIPETTE	2	CAPSULE MAKING
Fischer Scientific	1000UL STERILE PIPETTE TIPS (96 CELL)	2 boxes	CAPSULE MAKING
Hain Pure Foods	SAFFLOWER OIL	32oz	CAPSULE MAKING
SIGMA ALDRICH	A&D FX-1200I SCALE	1	LAB SUPPLIES
Nature's Promise	ORGANIC EXTRA VIRGIN COCONUT OIL	29oz	CAPSULE MAKING
LIGHPATH	DESK TELEPHONE SYSTEM	10	EMPLOYEE USE
SIGMA ALDRICH	AUTOCLAVE	3	LAB SUPPLIES
SIGMA ALDRICH	CULTURE TUBE BASKETS FOR AUTOCLAVE	5	LAB SUPPLIES
SIGMA ALDRICH	GLASS BEAD STERILIZERS	2	LAB SUPPLIES
SIGMA ALDRICH	LAMINAR FLOW HOOD	1	LAB SUPPLIES
SIGMA ALDRICH	ANALYTICAL BALANCE (0.0001 G CAP.)	1	LAB SUPPLIES
SIGMA ALDRICH	BALANCE (0.01 G CAP.)	1	LAB SUPPLIES
SIGMA ALDRICH	BALANCE (0.1 G CAP.)	1	LAB SUPPLIES
SIGMA ALDRICH	SPATULAS OF VARIOUS SIZES	5	LAB SUPPLIES
SIGMA ALDRICH	WEIGHING BOATS (VESSELS) OF VARIOUS SIZES	5	LAB SUPPLIES
SIGMA ALDRICH	INCUBATION CABINET	1	LAB SUPPLIES
SIGMA ALDRICH	CABINET (SIMILAR TO VEGETABLE STORAGE CABINETS)	1	LAB SUPPLIES
SEARS	REFRIGERATORS (18 FT3) FREEZERLESS	2	LAB SUPPLIES
SEARS	SMALL FREEZER	1	LAB SUPPLIES
GRAINGER	8"W X 24"D X 74"H CHROME WIRE ROLLING CART	4	LAB SUPPLIES
HTC SUPPLY	4' SUN BLASTER FLUORESCENT FIXTURES.	20	GROWING SUPPLIES
SIGMA ALDRICH	TYGON TUBING	5	LAB SUPPLIES
SIGMA ALDRICH	150 MM CULTURE TUBES	24	LAB SUPPLIES
SIGMA ALDRICH	150 MM SCREW CAP CULTURE TUBES	24	LAB SUPPLIES
SIGMA ALDRICH	24 MM CULTURE TUBE CLOSURES	100	LAB SUPPLIES
SIGMA ALDRICH	MAGENTA CULTURE VESSELS AND CAPS	10	LAB SUPPLIES
SIGMA ALDRICH	PLANT TISSUE CULTURE (BABY FOOD JARS OF VA	20	LAB SUPPLIES
SIGMA ALDRICH	MAGENTA CAPS FOR BABY FOOD JARS	20	LAB SUPPLIES
SIGMA ALDRICH	AUTOCLAVABLE TEST TUBE RACKS FOR 25MM TUBE	1	LAB SUPPLIES
SIGMA ALDRICH	NALGENE PMP AUTOCLAVABLE BEAKERS WITH HA	3	LAB SUPPLIES
U-LINE	WALL MOUNTED DRYING RACKS	2	LAB SUPPLIES
U-LINE	WALL MOUNTED PAPER TOWEL DISPENSORS	2	LAB SUPPLIES
U-LINE	WALL MOUNTED GLOVE DISPENSER	1	LAB SUPPLIES
LAB DEPOT	WATER DEIONIZING SYSTEM AND DEIONIZER CARTRID	1	LAB SUPPLIES
LAB DEPOT	VORTEX MIXER	1	LAB SUPPLIES
LAB DEPOT	FAUCET ASPIRATOR VACUUM	1	LAB SUPPLIES
LAB DEPOT	REDUCER FOR CONNECTION TO WATER DION	1	LAB SUPPLIES
GRAINGER	STAINLESS STEEL CARTS	2	LAB SUPPLIES
SEARS	LARGE MICROWAVE	1	LAB SUPPLIES
SIGMA ALDRICH	SEROLOGICAL PIPETS, VARIOUS SIZES	5	LAB SUPPLIES
SIGMA ALDRICH	DISPOSABLE PASTEUR PIPETS	20	LAB SUPPLIES
SIGMA ALDRICH	DISPOSABLE DROPPING PIPETS OF VARIOUS CAPACIT	20	LAB SUPPLIES
SIGMA ALDRICH	PIPETTORS OF VARIOUS CAPACITY	20	LAB SUPPLIES
SIGMA ALDRICH	PIPETTOR TIPS OF VARIOUS CAPACITY	20	LAB SUPPLIES
SIGMA ALDRICH	GRADUATED CYLINDERS OF VARIOUS SIZE	5	LAB SUPPLIES
SIGMA ALDRICH	AUTOCLAVABLE BEAKERS OF VARIOUS SIZES	5	LAB SUPPLIES
SIGMA ALDRICH	CARTRIDGE-TYPE WATER DEIONIZATION SYSTEM	1	LAB SUPPLIES
SIGMA ALDRICH	1L AND 500 ML MEDIA JARS (AUTOCLAVABLE)	5	LAB SUPPLIES
SIGMA ALDRICH	100 ML AMBER STORAGE JARS FOR LIGHT-SENSITIVE M	5	LAB SUPPLIES
SIGMA ALDRICH	RESISTANT FUNNELS OF VARIOUS SIZES FOR POWD	5	LAB SUPPLIES
SIGMA ALDRICH	BINOCULAR COMPOUND MICROSCOPE	1	LAB SUPPLIES
SIGMA ALDRICH	DISSECTING MICROSCOPE	1	LAB SUPPLIES
SIGMA ALDRICH	COMBINATION MAGNETIC STIRRER/HOT PLATE	1	LAB SUPPLIES
SIGMA ALDRICH	MAGNETIC STIRRER WITH MULTIPLE (6-12) STIRRING POS	1	LAB SUPPLIES
SIGMA ALDRICH	MAGNETIC STIRRER STIRRING BARS OF VARIOUS SIZ	1	LAB SUPPLIES
SIGMA ALDRICH	STIRRING BAR RETRIEVER	1	LAB SUPPLIES
SIGMA ALDRICH	CORROSIVE CHEMICAL STORAGE CABINET	1	LAB SUPPLIES
SIGMA ALDRICH	CABINET FOR NON-CORROSIVE & NON-FLAMMABLE	1	LAB SUPPLIES
SIGMA ALDRICH	FLAMMABLE CHEMICAL STORAGE CABINET FOR USED CHEMICALS FOR I	1	LAB SUPPLIES
SIGMA ALDRICH	STORAGE CABINETS FOR GLASSWARE AND PLASTICWA	1	LAB SUPPLIES
SIGMA ALDRICH	CABINETS FOR ORGANIC AND INORGANIC CHEMICALS AND CI	1	LAB SUPPLIES

**AGL NY Equipment Laboratory**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
IBM	WORKSTATION WITH DISPLAY, MOUSE, KEYBOARD	1	LAB USE
SEARS	REFRIGERATORS (18 FT3) FREEZERLESS	1	LAB STORAGE
SEARS	UPRIGHT FREEZER (13 FT3)	1	LAB STORAGE
STAPLES	6 OUTLET SURGE PROTECTORS	4	SAFETY
HTC	7' X 10' GORILLA GROW TENT FOR MALES & POLLE	1	GROWING SUPPLIES
SIGMA ALDRICH	SCREWDRIVERS, & SPATULAS (CAN BE SHARED WITH MICROPROP	2	LAB SUPPLIES
SIGMA ALDRICH	AUTOMATED OR MANUAL DNA SEQUENCER	1	LAB SUPPLIES
SIGMA ALDRICH	GEL ELECTROPHORESIS SYSTEM	1	LAB SUPPLIES
SIGMA ALDRICH	REFRIGERATED AND NON-REFRIGERATED MICROCENTR	1	LAB SUPPLIES
SIGMA ALDRICH	THERMOCYCLERS	3	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY (CAN BE SHARED WITH MICROPROPAGATION	1	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY (CAN BE SHARED WITH MICROPROPAGATION/MIC	1	LAB SUPPLIES
SIGMA ALDRICH	PLATFORM SHAKER	1	LAB SUPPLIES
SIGMA ALDRICH	DNA ANALYSIS SOFTWARE	1	LAB SUPPLIES
SIGMA ALDRICH	PIPETTES, PIPETTORS, PIPETTE TIPS OF VARIOUS SIZE	10	LAB SUPPLIES
LAB DEPOT	SHARP BIN FOR BROKEN GLASS, PIPETTE TIPS, SHARPS	2	LAB SUPPLIES
LAB DEPOT	PCR TUBE RACKS	4	LAB SUPPLIES
LAB DEPOT	MICROCENTRIFUGE TUBES	20	LAB SUPPLIES
LAB DEPOT	PCR TUBES	20	LAB SUPPLIES
LAB DEPOT	TUBE RACKS	4	LAB SUPPLIES
LAB DEPOT	VORTEX	1	LAB SUPPLIES
LAB DEPOT	HEAT BLOCK	1	LAB SUPPLIES
LAB DEPOT	BIODIVERSITY HOOD WITH UNDERHOOD CHEMICAL STORAGE	1	LAB SUPPLIES
LAB DEPOT	BIODIVERSITY HOOD WITH UNDERHOOD STORAGE	1	LAB SUPPLIES
WATERS	ANALYTICAL FLUID EXTRACTION SYSTEM (SMALL-SCALE SYST	1	LAB TESTING
WATERS	GAS CHROMATOGRAPH WITH FID DETECTOR	1	LAB TESTING
WATERS	HPLC-MS	1	LAB TESTING
WATERS	COLUMN CHROMATOGRAPHY COLUMNS	1	LAB TESTING
WATERS	BIODIVERSITY STANDS FOR COLUMN CHROMATOGRAPH	1	LAB TESTING
LAB DEPOT	VACUUM PUMP	1	LAB SUPPLIES
LAB DEPOT	ROTARY EVAPORATOR	2	LAB SUPPLIES
LAB DEPOT	VACUUM DISTILLATION GLASSWARE	6	LAB SUPPLIES
LAB DEPOT	STANDARD DISTILLATION APPARATUS GLASSWARE	6	LAB SUPPLIES
LAB DEPOT	BIODIVERSITY STANDS/GRID FOR DISTILLATION APPARAT	2	LAB SUPPLIES
LAB DEPOT	HEATING MANTLES FOR DISTILLATION/EXTRACTION FL	2	LAB SUPPLIES
LAB DEPOT	SOXHLET EXTRACTION GLASSWARE	6	LAB SUPPLIES
LAB DEPOT	VACUUM FLASKS, VARIOUS SIZES	6	LAB SUPPLIES
LAB DEPOT	VACUUM FUNNELS, VARIOUS SIZES	6	LAB SUPPLIES
LAB DEPOT	TYGON TUBING	10	LAB SUPPLIES
LAB DEPOT	FLAT BOTTOM BOILING OR FLORENCE FLASKS	6	LAB SUPPLIES
LAB DEPOT	FAUCET ASPIRATOR VACUUM	1	LAB SUPPLIES
LAB DEPOT	PIPETTES AND PIPETTORS - VARIOUS SIZES AND TYPE	20	LAB SUPPLIES
LAB DEPOT	ERLENMEYER FLASKS -- VARIOUS SIZES	6	LAB SUPPLIES
LAB DEPOT	GLASS BEAKERS -- VARIOUS SIZES	6	LAB SUPPLIES
LAB DEPOT	BIODIVERSITY CHEMICALLY INERT FUNNELS FOR POWDERS AND	6	LAB SUPPLIES
LAB DEPOT	MICROCENTRIFUGE	1	LAB SUPPLIES
LAB DEPOT	REFRIGERATED ULTRASPEED CENTRIFUGE	1	LAB SUPPLIES
LAB DEPOT	VOLUMETRIC FLASKS, VARIOUS SIZES	6	LAB SUPPLIES
LAB DEPOT	GRADUATED CYLINDERS, VARIOUS SIZES	6	LAB SUPPLIES
LAB DEPOT	5 GAL CAPACITY FLAMMABLE LIQUID STORAGE CABIN	1	LAB SUPPLIES
LAB DEPOT	CORROSIVE CHEMICAL STORAGE CABINET	1	LAB SUPPLIES
SIGMA ALDRICH	LABORATORY CABINET FOR NON-CORROSIVE & NON-FLAMMABLE	1	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY STORAGE CABINETS FOR GLASSWARE AND PLASTICWA	1	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY STORAGE CABINET FOR WASTE CHEMICALS.	1	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY REFRIGERATED FACE MASKS AND EYE PROTECTION APPROPRIA	1	LAB SUPPLIES
SIGMA ALDRICH	CHEMICAL AND PARTICLE RESPIRATORY MASKS	5	LAB SUPPLIES
SIGMA ALDRICH	THIN LAYER CHROMATOGRAPHY TANKS	2	LAB SUPPLIES
SIGMA ALDRICH	THIN LAYER CHROMATOGRAPHY PLATES	2	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY CLEAR GLASS VIALS OF DIFFERENT SIZES WITH CHEMIC	6	LAB SUPPLIES
SIGMA ALDRICH	BIODIVERSITY VIALS AND LIQUID ORGANIC AND INORGANIC CHEMICA	2	LAB SUPPLIES
SIGMA ALDRICH	HAND-HELD UV LAMP	2	LAB SUPPLIES
SIGMA ALDRICH	MOLECULAR MODELING SOFTWARE	1	LAB SUPPLIES
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
ABC	BIODIVERSITY FIRE EXTINGUISHERS FOR ALL ELECTRONICS	4	SAFETY

### AGL NY Equipment Break Room

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
OFFICE SUPPLIES	BREAKROOM TABLES	4	EMPLOYEE USE
OFFICE SUPPLIES	BREAKROOM CHAIRS	12	EMPLOYEE USE
STAPLES	MIRCOWAVE	1	COMPANY USE
SEARS	REFRIGERATOR	1	COMPANY USE
SEARS	DISHWASHER	1	EMPLOYEE USE
STAPLES	WALL CREDENZA	2	EMPLOYEE USE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
LIGHPATH	DESK TELEPHONE SYSTEM	10	EMPLOYEE USE

### AGL NY Equipment Quarantine Room

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
ULINE	RUBBERMAID ROLLING TRASH CANS	10	PLANT REMEDIATION
HOME DEPOT	ECO SHREDDER	1	PLANT REMEDIATION
HOME DEPOT	WORX CHIPPER	1	PLANT REMEDIATION
HOME DEPOT	48 GALLON ROLLING BINS	10	PLANT REMEDIATION
HOME DEPOT	RESPIRATOR FACE MASK	3	PLANT REMEDIATION
HOME DEPOT	SAFETY EYEWEAR	3	PLANT REMEDIATION
STAPLES	3X6 WHITEBOARD	1	ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	HYGENE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
HOME DEPOT	L1 GALLON SWING TOP WASTE BASKET	1	ROOM CLEANUP
LIGHPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE

### AGL NY Equipment Mother Room

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
HURRICAIN	2 INCH WALL MOUNT OSCILATING FAN	16	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	8	AIR CURCULATION
HYDROFARM	OGRO T5 HIGH OUTPUT FLOURECENT	57	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	2	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	2	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	2	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	2	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	2	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	2	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	32	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	8	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	125	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	1	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	2	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER	1	PLANT MAINTENANCE
GORILLA	8X8 GROW TENT	1	CUTTING SET UP AREA
SUNLIGHT SUPPLY	2FT ROLLING PLANT DOLLY	10	PLANT STORAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	PLANT STORAGE
HURRICAIN	4FT STANDING OSCILATION FANS	4	AIR CURCULATION
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
HOME DEPOT	WALL MOUNTED TOOL KIT	1	MACHINE MAINTENANCE
STAPLES	3X6 WHITEBOARD	1	ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	HYGENE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
HOME DEPOT	L1 GALLON SWING TOP WASTE BASKET	1	ROOM CLEANUP

### AGL NY Equipment Vegetative Room

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
HURRICAINA	2 INCH WALL MOUNT OSCILATING FAI	15	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	18	AIR CURCULATION
HYDROFARM	OGRO T5 HIGH OUTPUT FLOURECENT	72	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	WORK STOOLS
ULINE	WALL MOUNTED DRYING RACK	1	CLEANING
ULINE	ROLLING MOP AND BUCKET	1	CLEANING
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANING
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	HYGENE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
HOME DEPOT	L1 GALLON SWING TOP WASTE BASKET	1	ROOM CLEANUP
HOME DEPOT	6FT STEP LADDER		PLANT MAINTENANCE

### AGL NY Equipment Flower Room 1

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
HURRICAINA	2 INCH WALL MOUNT OSCILATING FAI	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER	1	PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

**AGL NY Equipment Flower Room 2**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
HURRICAINA	2 INCH WALL MOUNT OSCILATING FAN	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER	1	PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

### AGL NY Equipment Flower Room 3

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
HURRICAINA	2 INCH WALL MOUNT OSCILATING FAI	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER	1	PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

### AGL NY Equipment Flower Room 4

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
HURRICAINA	2 INCH WALL MOUNT OSCILATING FAI	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER	1	PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

**AGL NY Equipment Flower Room 5**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
HURRICAIN	2 INCH WALL MOUNT OSCILATING FAI	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER		PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

**AGL NY Equipment Flower Room 5**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
HURRICAIN	2 INCH WALL MOUNT OSCILATING FAI	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PI ANT FFFDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER		PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

**AGL NY Equipment Flower Room 6**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
HURRICAINA	2 INCH WALL MOUNT OSCILATING FAI	22	AIR CURCULATION
HYDROFARM	10 INCH ROW FAN	12	AIR CURCULATION
HYDROFARM	RADIANT HPS LIGHT HOOD	48	PLANT LIGHTING
PARSORCE	1000W 277V LIGHING BALLAST	48	PLANT LIGHTING
CHEMTAINER	150 GALLON RESERVIOR TANKS	6	PLANT FEEDING
ECOPLUS	396 SUBMERSABLE PUMP	6	PLANT FEEDING
ECOPLUS	RECUIRCULATING PUMP	6	PLANT FEEDING
HIGH YIELD	LIGHTING TIMER	6	PLANT FEEDING
GRIFFIN GREENHOUSE	SENNINGER IRRIGATION DRIP LINE	6	PLANT FEEDING
GRIFFIN GREENHOUSE	AMIAD DRIP LINE FILTRATION SYSTEM	6	PLANT FEEDING
BOTANICARE	4FTX4FT PLANT TRAYS	48	PLANT SETUP
ULINE	9 FT WAREHOUSE SHELVEING	24	PLANT SETUP
HOME DEPOT	PLUMBING SUPPLIES PVC PIPE	250	PLANT DRAINAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
SIGMA ALDRICH	GRADUATED CYLINDERS	6	PLANT FEEDING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	PLANT MAINTENANCE
HOME DEPOT	WALL MOUNTED HOSE	1	CLEANUP
HOME DEPOT	6FT STEP LADDER		PLANT MAINTENANCE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP

**AGL NY Equipment Flower Curing Room**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
ULINE	STAINLESS STEEL STORAGE RACK 4X6	4	PLANT DRYING RACKS
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	1	WORKING AREA
GE	DEHUMIDIFIER	2	PLANT DRYING
AMAZON	MEDICAL ROLLING STOOLS	2	PLANT MAINTENANCE
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
RESTAURANT SUPPLY DEPOT	24 QUART STORAGE CONTAINERS	25	PLANT STORAGE
AMAZON	6 GALLON FOOD GRADE BUCKETS	25	PLANT STORAGE
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
RESTAURANT SUPPLY DEPOT	CLEAN STORAGE BINS	20	PLANT STORAGE
ULINE	9 FT WAREHOUSE SHELVEING	4	PLANT STORAGE
HOME DEPOT	11 GALLON SWING TOP WASTE BASKET	1	ROOM CLEANUP
HOME DEPOT	6FT STEP LADDER	1	PLANT STORAGE
RESTAURANT SUPPLY DEPOT	INDUSTRIAL FOOD PROCESSOR	1	PREPARE CANNABIS FOR EXTRACTION
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
SIGMA ALDRICH	A&D FX-1200I SCALE	1	LAB SUPPLIES

**AGL NY Equipment Flower Drying Room**

<b>MAKE</b>	<b>MODEL</b>	<b>QUANTITY</b>	<b>PURPOSE</b>
ULINE	STAINLESS STEEL STORAGE RACK 4X6	40	PLANT DRYING RACKS
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	2	WORKING AREA
GE	DEHUMIDIFIER	2	PLANT DRYING
AMAZON	MEDICAL ROLLING STOOLS	2	PLANT MAINTENANCE
STAPLES	3X6 WHITEBOARD	1	PLANT ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	PLANT CARE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
RESTAURANT SUPPLY DEPOT	ROLLING BAKERS BIN	6	PLANT TAKEDOWN
WALMART	PLASTIC COAT HANGERS	1000	PLANT TAKEDOWN
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
RESTAURANT SUPPLY DEPOT	CLEAN STORAGE BINS	6	PLANT TAKEDOWN
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
SIGMA ALDRICH	A&D FX-1200I SCALE	1	LAB SUPPLIES
GE	DEHUMIDIFIER	2	PLANT DRYING
HYDROFARM	TRIMMING SCISSORS	10	PLANT TAKEDOWN
STAPLES	FOLDING TABLES	2	PLANT TRIMMING
ULINE	WALL MOUNTED HAIRNET RACK	1	PLANT CARE
HOME DEPOT	1 GALLON SWING TOP WASTE BASKET	1	ROOM CLEANUP
LIGHPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE

**AGL NY Equipment Packaging Room**

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
ULINE	9 FT WAREHOUSE SHELVING	1	STORAGE
ULINE	STAINLESS STEEL STORAGE RACK 4X6	4	STORAGE
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	3	WORKING AREA
AMAZON	MEDICAL ROLLING STOOLS	4	WORK STOOLS
STAPLES	3X6 WHITEBOARD	5	ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	HYGENE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
HOME DEPOT	11 GALLON SWING TOP WASTE BASKET	1	ROOM CLEANUP
STAPLES	CORNER DESK SET WITH CHAIR	1	WORKSTATION
IBM	STATION WITH DISPLAY, MOUSE, KEYE	1	SECURITY USE
SYGMA ALDRICH	WARMING BATH	1	HEAT OIL FOR PACKING
SYGMA ALDRICH	WARMING MAT	1	HEAT OIL FOR PACKING
STAPLES	HP 8610 PRINTER	1	PACKAGING
ZEBRA	LB2824 PLUS PRINTER	1	PACKAGING
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
SIGMA ALDRICH	A&D FX-1200I SCALE	6	PACKAGING
HOME DEPOT	18 DRAWER WALL MOUNTED STORAGE	1	PACKAGING
RESTAURANT SUPPLY DEPOT	CLEAN STORAGE BINS	6	PACKAGING
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL MIXING BOWLS	10	PACKAGING
STAPLES	48 QUART STORAGE BINS	10	PACKAGING
STAPLES	3 DRAWER FILING CABINETS	2	STORAGE
ULINE	LABEL DISPENSER	2	PACKAGING
LIGHPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE
APC	UPS DEVICES FOR ALL ELECTRONICS	1	BACKUP

**AGL NY Equipment Extraction Room**

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
GE	DEHUMIDIFIER	2	HUMIDITY CONTROL
STAPLES	3X6 WHITEBOARD	3	ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	HYGENE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
HOME DEPOT	11 GALLON SWING TOP WASTE BASKET	2	ROOM CLEANUP
STAPLES	CORNER DESK SET WITH CHAIR	1	WORKSTATION
IBM	STATION WITH DISPLAY, MOUSE, KEYE	1	SECURITY USE
HOME DEPOT	WALL MOUNTED TOOL KIT	1	MACHINE MAINTENANCE
WATERS	2 SUPER CRITICAL EXTRACTION MACH	1	CANNABIS OIL EXTRACTION
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
HOME DEPOT	CO2 SENSOR	1	SAFETY
APC	UPS DEVICES FOR ALL ELECTRONICS	2	BACKUP

### AGL NY Equipment Extraction Processing Room

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
GE	DEHUMIDIFIER	2	HUMIDITY CONTROL
STAPLES	3X6 WHITEBOARD	1	ORGANIZATION
ULINE	WALL MOUNTED GLOVE RACK	1	HYGENE
SHARK	PROFESSIONAL VACUUM	1	ROOM CLEANUP
HOME DEPOT	DUSTPAN AND BRUSH	1	ROOM CLEANUP
HOME DEPOT	L1 GALLON SWING TOP WASTE BASKET	3	ROOM CLEANUP
IBM	STATION WITH DISPLAY, MOUSE, KEY	1	SECURITY USE
HOME DEPOT	FIRE EXTINGUISHER	1	SAFETY
ULINE	STAINLESS STEEL STORAGE RACK 4X6	2	SUPPLIES STORAGE
RESTAURANT SUPPLY DEPOT	STAINLESS STEEL WORK TABLE	4	WORKING AREA
SIGMA ALDRICH	SCIOGEX STIRRING HOTPLATE	4	LAB SUPPLIES
SIGMA ALDRICH	SCIOGEX MIXER	1	LAB SUPPLIES
SIGMA ALDRICH	A&D FX-1200I SCALE	5	LAB SUPPLIES
SIGMA ALDRICH	ROCKER 500 VACUUM PUMP	3	LAB SUPPLIES
SIGMA ALDRICH	BEAKERS FLASKS AND CYLINDERS	50	LAB SUPPLIES
SIGMA ALDRICH	WAGNER HEAT GUN	2	LAB SUPPLIES
SIGMA ALDRICH	ELECTROTHERMAL HEATING MANTLE	1	LAB SUPPLIES
SIGMA ALDRICH	DISTILLING APPARATUS	1	LAB SUPPLIES
BUCHI	ROTA VAP 205	2	LAB SUPPLIES
SIGMA ALDRICH	CHEMGLASS DISTILLING CHILLER	1	LAB SUPPLIES
SIGMA ALDRICH	NESSLAB CC-65 II CONDENSOR	1	LAB SUPPLIES
SIGMA ALDRICH	AACH50 CHILLER	1	LAB SUPPLIES
SIGMA ALDRICH	BUCHNER FUNNEL	3	LAB SUPPLIES
ULINE	WALL MOUNTED DRYING RACK	1	CLEANING
SEARS	KENMORE CHEST FREEZER	1	STORAGE
HOME DEPOT	ELECTRONIC COMBINATION SENTRY SAFE	2	STORAGE
SIGMA ALDRICH	CARBON FILTER	4	LAB SUPPLIES
SIGMA ALDRICH	MASTER FLEX PERISTALIC PUMP	2	LAB SUPPLIES
CHEM INSTRUMENTS	DRAW-DOWN COATER	1	STRIP MANUFACTURING
LAWSON	50 LEVEL DRYING RACK	1	STRIP MANUFACTURING
421 BRANDS	STRIP CUTTER	1	STRIP MANUFACTURING
SIGMA ALDRICH	10ML SYRINGE	500	LAB SUPPLIES
SIGMA ALDRICH	3ML SYRINGE	500	LAB SUPPLIES
SIGMA ALDRICH	SYRINGE NEEDLES AND CAPS	1000	LAB SUPPLIES
SIGMA ALDRICH	LASER THERMOMETER	5	LAB SUPPLIES
SIGMA ALDRICH	4ML PIPETS	1000	LAB SUPPLIES
SIGMA ALDRICH	TOUNGE DEPRESSORS	1000	LAB SUPPLIES
LAB DEPOT	SAFETY GOGGLES	5	LAB SUPPLIES
HOME DEPOT	PROPANE TORCHES	2	LAB SUPPLIES
SIGMA ALDRICH	MICROPETTE PIPETTOR	3	LAB SUPPLIES
LAB DEPOT	SHEL LAB WATERBATH	1	LAB SUPPLIES
LIGHTPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE
APC	UPS DEVICES FOR ALL ELECTRONICS	4	BACKUP

### AGL NY Equipment Vault Room

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
ULINE	STAINLESS STEEL STORAGE RACK 4X6	4	PRODUCT STORAGE
LIGHTPATH	DESK TELEPHONE SYSTEM	1	EMPLOYEE USE

**EQUIPMENT FOR TRANSPORTING MMJ**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

# Custom Fabricated Transportation Safe

## EQUIPMENT FOR DISPENSING AND SALE OF MMJ

### AGL NY DISPENSARY EQUIPMENT

<u>MAKE</u>	<u>MODEL</u>	<u>QUANTITY</u>	<u>PURPOSE</u>
Apple	iPad	2	Scheduling
Epicure	Digital Menu Board	2	Electronic Medication Display
JVC	EM55FTR - 55" Flat Panel Television	3	Dispensary/Waiting Room Menu Display/Dispensary Office Security Camera Display
Dell	OptiPlex 9020 All-in-One PC	1	Reception Computer
Dell	OptiPlex 3020 Mini-Tower PC	1	Dispensary Computer/Server
Dell	Latitude 15 5000 (E5540) Series Laptop	4	Dispensary Laptops
Microsoft	Office 2013 Home & Business	2	Word, Excel, PowerPoint, OneNote, Outlook
Dell	SonicWALL TZ 215 w/1 Year TotalSecure	1	Secure Unified Threat Management (UTM) Firewall
Dell	PowerConnect 2824 Ethernet Switch	1	24 Port Ethernet Switch
Apple	AirPort Extreme Wireless Router	1	Wi-Fi Base Station
Epson	WorkForce Pro WP-4540 Inject Multifunction Printer	2	Wireless Printer/Scanner
APG	T320-BL1616-U6 Cash Drawer	2	Heavy-Duty Adjustable Cash Drawer with MultiPRO 320 Interface
Honeywell	Voyager 1202g Barcode Scanner	2	Medication Barcode and Receipt Transaction Scanner
Zebra	GX430T Label Printer	2	Desktop Medication Label Printer
Star Micronics	TSP143Uii Thermal POS Receipt Printer	1	Desktop Receipt Printer
SiriusXM	XEZ1H1 Onyx EZ Satellite Radio	1	Satellite Radio
Russound	RSF-61T 6.5inch Twin Tweeter	4	In-Ceiling Speakers
Russound	CA4 Multizone Controller Amplifier System	1	Speaker Amplifier/Volume Control
Semacon	S-1215 Bank Grade Currency Counter	1	Currency counter with counterfeit detection and 200 note capacity
NEC	Univerge SV-8100 IP/TDM Telephone System	1	Provide 4 incoming lines, Automated Voicemail, 64 hours of storage,
NEC	DTL-12d-1 (BK) - DT330 Digital Phone	4	Desktop phone with digital display (4 is Included in Univerge Telephone System)
Vtech	DECT 6.0 Cordless Phone (CS6519-16)	2	Cordless Phone (1 is included in Univerge Telephone System)
Verifone	FD55 Credit Card Terminal	2	Debit Card Machine

Q. 82



**ADVANCED  
GROW LABS**

## **Attachment C**

**Advanced Grow Labs New York LLC**

**Copies of Applicable Executed and  
Proposed Deeds, Leases and Rental  
Agreements or Option Contracts**

**Lease Agreement**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Q. 83



**ADVANCED  
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## **Attachment D**

# **Advanced Grow Labs New York LLC**

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# Operating Plan

## Definitions

For purposes of this Attachment D, the following terms are defined:

- **Advanced Grow Labs, LLC (of Connecticut) as “AGL-CT”**
- **Advanced Grow Labs New York LLC as “AGL-NY”**
- **Medical Marijuana as “MMJ”**
- **Medical Marijuana Program as “MMP”**
- **New York State Department of Health as “DOH” or “the Department”**
- **DOH Certified Patients as either “certified patients” or “patients”**
- **DOH designated caregivers as either “designated caregivers” or “caregivers”**
- **DOH registered practitioners as “registered practitioners” or “practitioners” or “physicians”**

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**SECTION 1 – MANUFACTURING**

**SECTION 2 – TRANSPORT AND DISTRIBUTION**

**SECTION 3 – DISPENSING AND SALE**

**SECTION 4 – DEVICES**

**SECTION 5 – SECURITY AND CONTROL**

**SECTION 6 – STANDARD OPERATING PROCEDURES**

**SECTION 7 – QUALITY ASSURANCE PLANS**

**SECTION 8 – RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS**

**SECTION 9 – PRODUCT QUALITY ASSURANCE**

**SECTION 10 – RECORDKEEPING**

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**ADVANCED  
GROW LABS**

**Medical Marijuana (“MMJ”)  
Production, Extraction & Purification  
Policy and Procedure Manual**

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GROW LABS**

# **NEW YORK**

**DEPARTMENT OF HEALTH**

## **DISPENSARY OPERATING PLAN**

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Redacted pursuant to N.Y. Public Officers Law, Art. 6



ARCHITECT  
RONALD E. ZOCHER  
12400 BPC  
BRANFORD, CT 06405  
203 638 1628

**BLUEPOINT APOTHECARY  
469 EAST MAIN STREET  
BRANFORD, CT**


TITLE
DATE: 05/11
BY: [signature]

--

<b>A-1</b>

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# Medical Marijuana Program



**ADVANCED  
GROW LABS**

Application for Registration  
as a Registered Organization  
for Advanced Grow Labs New York, LLC

Volume 2 of 3











































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<p><b>ADVANCED GROW LABS NEW YORK</b></p>	<p>169 WESTERN HIGHWAY WEST NYACK, NY</p>  <p><b>Security101</b> Protecting People, Property &amp; Profits</p>	<p>10 Pine Street Plainville, Connecticut Fax: (860) 991-4172 Tel: (800) 991-4170</p> <p>DATE: 5-15-2015</p> <p>SCALE: NTS</p> <p>SECURITY 101 PROJECT NUMBER:</p>	<p>CCTV</p>	
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otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.

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<b>ADVANCED GROW LABS NEW YORK</b>	169 WESTERN HIGHWAY WEST NYACK, NY	 <b>Security101</b> Protecting People, Property & Profits	10 Pine Street Plainville, Connecticut Fax: (860) 891-4172 Tel: (800) 951-4170	DATE: 5-15-2015 SCALE: NTS SECURITY 101 PROJECT NUMBER:	<b>BURGLAR/ ALARM</b>	
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*result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

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NEW YORK

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WEST NYACK, NY



**Security101**<sup>®</sup>  
Protecting People, Property & Profits

10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER

ACCESS  
CONTROL

*result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

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WEST NYACK, NY



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Protecting People, Property & Profits

10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER:

FIRE ALARM  
EVACUATION  
SYSTEM

otherwise jeopardize the security of ADL-NT. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.

Following the layouts of the AGL-NY security system (above) is the production/manufacturing policies and procedures detailing how AGL-NY will operate securely on a routine basis while working within the framework of the state-of-the-art security system:



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**NEW YORK**

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What follows, in the Dispensary Policy & Procedure Manual, are the details of the security hardware that is to provide protection for the employees, the facility, and the product, and the policies AGL-NY will follow so as to successfully and securely commence operations while working within the framework of the state-of-the-art security system:



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**NEW YORK**

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Q. 84



**ADVANCED  
GROW LABS**

**Attachment E**  
**Advanced Grow Labs New York LLC**  
**Organizational and Operational**  
**Documents**



**SECRETARY OF THE STATE OF CONNECTICUT**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 160470, HARTFORD, CT 06115-0470  
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106  
PHONE: 860-509-8003 WEBSITE: [WWW.CDRNCORD-SOFS.CT.GOV](http://www.cdrncord-sofs.ct.gov)

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY - DOMESTIC**

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b>  NAME: Peggie Golger ADDRESS: Cohen and Wolf, P.C.  CITY: 1115 Broad Street STATE: Bridgeport, CT ZIP: 06604		<b>FILING FEE: \$120</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)</b> Advanced Grow Labs New York, LLC		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:</b> to engage in any lawful activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act and the general laws of the State of Connecticut		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX)</b> ADDRESS: 61 Unquowa Road  CITY: Fairfield STATE: CT ZIP: 06824		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3:</b>  ADDRESS:  CITY: STATE: ZIP:		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)</b>  <input checked="" type="checkbox"/> <b>A. IF AGENT IS AN INDIVIDUAL:</b> <b>PRINT OR TYPE FULL LEGAL NAME:</b> David Lipton		
<b>BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)</b> IF NONE, MUST STATE "NONE"  ADDRESS: 61 Unquowa Road  CITY: Fairfield STATE: CT ZIP: 06824		<b>CONNECTICUT RESIDENCE ADDRESS (P.O. BOX UNACCEPTABLE)</b>  ADDRESS: [REDACTED]  CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

SIGNATURE ACCEPTING APPOINTMENT:



B. IF AGENT BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

**CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)**

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE:

**6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)**

NAME	TITLE	BUSINESS ADDRESS (No. P.O. Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O. Box)
David Lipton	Manager	61 Unquowa Road Fairfield, CT 06824	

**7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES**

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

**8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)**

DATED THIS 5th DAY OF September, 20 14

NAME OF ORGANIZER (print/type)	SIGNATURE
Peggie Golger	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.cdcprd-sdls.ct.gov](http://www.cdcprd-sdls.ct.gov)

CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.

TAX PAYER SERVICE CENTER: (800) 382-9463 OR (800) 297-5982 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

SECRETARY OF THE STATE OF  
CONNECTICUT  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

09/09/2014

COHEN & WOLF PC  
1115 BROAD STREET  
BRIDGEPORT, CT 06604

RE: Acceptance of Business Filing **THIS IS NOT A BILL**

This letter is to confirm the acceptance of the following business filing:

Business Name: ADVANCED GROW LABS NEW YORK, LLC      Type of Request: ARTICLES OF ORGANIZATION

Work Order Number	: 2014256136-001	Business Filing Number	: 0005178203
Filing Date/Time	: 09/09/2014 08:30 AM	Effective Date/Time	: 09/09/2014 08:30 AM
Work Order Payment Total	: \$170.00	Payment Received	: \$170.00
Credit on Account	: \$1,575.00	Customer ID	: 000008335
Business ID	: 1153821		

If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

MARK MATTIOLI  
Commercial Recording Division  
860-509-6003  
[www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

Redacted pursuant to N.Y. Public Officers Law, Art. 6



- 2 -

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- 28 -

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- 30 -

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- 31 -

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- 32 -

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85



**ADVANCED  
GROW LABS**

## **Appendix A**

**Advanced Grow Labs New York LLC**

**Affidavits for Board Members, Officers,  
Managers, Owners, Partners, Principal  
Stakeholders, Directors, and Members**



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: DAVID LIPTON 3. Title: PRESIDENT/PARTNER
4. Briefly describe the role of this person or entity in the proposed registered organization:
\* FINANCIAL CONTROLS
\* OVERSEE OPERATIONS
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[Redacted]
NO VIOLATION



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education
Institution Address Dates Attended Degree
From To Degree Received Date Received
UNIVERSITY OF MASSACHUSETTS AMHERST, MA 1986 1990 BA 1990

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Contains entries for CT DRIVER'S LICENSE and MED. MARIJ. PRODUCER EMPLOYEE.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: From, To, Business Type, Name and Address of Business, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable. Includes checkboxes for open, closed, proposed.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have spent the last 20 years managing and owning healthcare-related companies.
Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: 6/3/15
Notary Name: MARYANNE E. PICCO-GUNNING Notary Registration Number: 01P14850769
Notary (Notary Must Affix Stamp or Seal) Date: 6/3/15
MARYANNE E. PICCO-GUNNING
Notary Public, State of New York
No. 01P14850769
Qualified in Westchester County
Certificate Filed in New York County 18
Commission Expires February 18, 2018



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: MARSHALL EDWARD STEARNS 3. Title: CFO
4. Briefly describe the role of this person or entity in the proposed registered organization:
• FINANCIAL CONTROLS
• FINANCIAL REPORTING
• ACCOUNTING
• CASH MANAGEMENT
• REAL ESTATE
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax: 10. Email: 11. Residence Address: 12. City: 13. State: 14. ZIP Code: 15. Formal Education table with columns: Institution, Address, Dates Attended (From, To), Degree (Degree Received, Date Received). Includes entries for UNIV. OF CALIFORNIA, LOS ANGELES and WESLEYAN UNIVERSITY.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains entries for CT DRIVER'S LICENSE and REAL ESTATE BROKER'S LICENSE.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a disclosure statement and a checkbox for 'Yes' or 'No'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with fields: From: 2005, To: 2006, Business Type: HOME INFUSION, Name and Address of Business: CORAM HEALTHCARE (COMPANY SOLD TWICE SINCE 2006) 555 17th STREET, DENVER CO 80202, Office Held/Nature of Interest: DIRECTOR - BOARD OF DIRECTORS, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: U.S. FOOD & DRUG ADMIN., 10903 NEW HAMPSHIRE AVE., SILVER SPRING, MD 20993

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Ed Stearns, CFO AGL-NY. Ed has 25+ years of experience in financial and real estate markets as a lender and investor.

As CFO, Ed will have responsibility for the cash management and financial planning needs of AGL-NY as well as the real estate portfolio.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 6/3/15

Notary Name: MARYANNE E. PICCO-GUNNING

Notary Registration Number: 1814850769

Notary (Notary Must Affix Stamp or Seal)

Date: 6/3/15

MARYANNE E. PICCO-GUNNING
Notary Public, State of New York
No. 01PI4850769
Qualified in Westchester County
Certificate Filed in New York County
Commission Expires February 18, 2018



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name, Name, Title, Role, and contact information regarding medical marijuana. Includes checkboxes for 'Yes' and 'No' and a redaction notice.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax:

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: UNIVERSITY OF VERMONT, 194 PROSPECT ST., BURLINGTON, VT 05405, 9/85, 12/89, BA, 12/89.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Connecticut Driver's License, CT DCP Med. Marij. Producer Employee, CT Swimming Pool Builder's License, and Plumbing & Piping Limited Contractor SP-1.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:
From: Name and Address of Business:
To:
Business Type: Office Held/Nature of Interest: [ ]open [ ]closed [ ]proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I am uniquely qualified for the job of Executive Vice President of Advanced Grow Labs New York.
Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6-3-15
Notary Name: [Handwritten Name] Notary Registration Number: 01PI4850769
Notary (Notary Must Affix Stamp or Seal) Date: 6/3/15
MARYANNIE E. PICCO-GUNNING
Notary Public, State of New York
No. 01PI4850769
Qualified in Westchester County
Certificate Filed in New York County
Commission Expires February 18, 2018

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: SETH SHOLES 3. Title: EXEC VP FINANCE
4. Briefly describe the role of this person or entity in the proposed registered organization:
• FUND RAISING
• INVESTOR RELATIONS
• FINANCIAL OVERSIGHT
• FUTURE PLANNING AND BUSINESS DEVELOPMENT
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[Redacted]
NO VIOLATION



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
WESLEYAN UNIVERSITY MIDDLETOWN, CT 06459 1978 1982 BA, GOVERNMENT MAY 2982

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Connecticut Driver's License, CT DCP Med. Marij. Producer Employee, Liquor License, and Series 7 licenses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with two identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As Executive VP of Finance of AGL-NY, I am responsible for raising all of the company's capital. My financial background of over 25 years on Wall Street has given me the skills to make prudent financial decisions in our long- and short-term planning. In a capital-intensive business, my experience will ensure that AGL-NY remains fully funded for all current and future operations.



20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/3/2015
Notary Name: [Handwritten Name] Notary Registration Number: 01P14850769
Notary (Notary Must Affix Stamp or Seal) Date: 6/3/15
Marianne E. Picco-Gunning
Notary Public, State of New York
No. 01P14850769
Qualified in Westchester County
Certificate Filed in New York County
Commission Expires February 18, 2018

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: ELAINE LONERGAN 3. Title: DIRECTOR OF COMPLIANC
4. Briefly describe the role of this person or entity in the proposed registered organization:
MANAGING POLICIES & PROCEDURES, COMPLIANCE TO REGULATIONS, OVERSEEING QUALITY ASSURANCE, AND PLANS OF CORRECTION
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[X] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
ADVANCED GROW LABS, LLC
DIRECTOR OF COMPLIANCE
NO VIOLATION



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Sarah Lawrence College and Michigan State University.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains two rows of license information.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form section for Business Type, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NOT APPLICABLE AS DIRECTOR OF COMPLIANCE AT ADVANCED GROW LABS, LLC, IN WEST HAVEN, CONNECTICUT

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6-2-15

Notary Name: Erik Suraci Notary Registration Number: 164415

Notary (Notary Must Affix Stamp or Seal) Date: 6/2/15





Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK, LLC ("AGLNY")
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: William S. Rubenstein 3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization:
Executive Vice President -- Legal Affairs; Owner [redacted] of units in AGLNY, anticipated to represent approximately [redacted]% of the outstanding equity interests in AGLNY.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains entries for Fairleigh Dickinson University and Cardozo School of Law.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Law, 1809805, New York State Bar, One Elk Street, Albany, NY 12207, 12/31/1982, 8/30/2016.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. The form is repeated for multiple individuals.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and a section for 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**~~Principal Stakeholders, Directors, and Members~~**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields for: Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable; From; To; Business Type; Name and Address of Business; Office Held/Nature of Interest; checkboxes for open, closed, proposed.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have served as a director of two private foundations, as a member of committees of my former law firm, and co-headed a significant practice group at my former law firm. I also have extensive experience advising regulated entities and interacting with state and federal regulatory authorities.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: JUNE 2, 2015
Notary Name: [Handwritten Signature] Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: BARBARA KRASA KELLY
Notary Public, State of New York
No. 31-4755928
Qualified in New York County
Commission Expires February 28, 2018
JUNE 2, 2015



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK, LLC ("AGLNY")
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: WSR Holdings, LLC ("Holdings") 3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization:
None. This entity exists solely to hold an equity interest in AGLNY. William S. Rubenstein [redacted] of Holdings.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains 5 empty rows for data entry.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		
Type of Business:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Not Applicable.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

June 2, 2015

Notary Name:

[Handwritten notary name]

Notary Registration Number:

BARBARA KRASA KELLY

Notary (Notary Must Affix Stamp or Seal)

Date:

Notary Public, State of New York
No. 31-4755928
Qualified in New York County
Commission Expires February 28, 2018

June 2, 2015



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: MARC GARE 3. Title: EXEC VP/ PARTNER
4. Briefly describe the role of this person or entity in the proposed registered organization:
\* EXECUTIVE VP OF SALES AND PARTNER
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[Redacted]
NO VIOLATION



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: ITACA COLLEGE, ITHACA, NY, 1986, 1990, BA, MAY 2990.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Connecticut Driver's License, CT DCP Med. Marij. Producer Employee, CT DCP Med. Marij. Producer Backer, and State of CT Home Impvmnt Contractor.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and a section for 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Checkboxes for 'open', 'closed', and 'proposed' are provided for the Office Held/Nature of Interest field.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/1/2015
Notary Name: Weston Heyward Notary Registration Number: N/A
Notary (Notary Must Affix Stamp or Seal) Date: 6/1/2015
WESTON HEYWARD
Notary Public, State of Connecticut
My Commission Expires May 31, 2018



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs of New York, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jeremy Gans

3. Title: Member of Applicant

4. Briefly describe the role of this person or entity in the proposed registered organization:

JDJ Aviation Holdings LLC is a Class C Common Member of Applicant. Jeremy Gans is of JDJ Aviaiton Holdings LLC.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

Yes No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? Yes No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains entries for Cornell University and George Washington University Law School.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table contains 6 empty rows.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and Name of Employer.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, supervisor details, and other businesses. Includes a redaction notice: 'Redacted pursuant to N.Y. Public Officers Law, Art. 6'.



Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields for From, To, Business Type, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable. Includes checkboxes for open, closed, and proposed.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/3/2015
Notary Name: Cheryl B. Russell Notary Registration Number: 01RU6100744
Notary (Notary Must Affix Stamp or Seal) Date: 6/3/15
CHERYL B. RUSSELL
Notary Public, State of New York
No. 01RU6100744
Qualified in Kings County
Commission Expires October 27, 2015



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK, LLC.
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: ROBERT STANZIOUE 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization:
INVESTOR / MEMBER
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: 16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/3/15
Notary Name: Maureen A McLoughlin Notary Registration Number: 01MC4983096
Notary (Notary Must Affix Stamp or Seal) Date:
Expires 8/5/17
Maureen A McLoughlin 6/3/15



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs NY, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Jon H. Elen
3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization:
Passive investor
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9 Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Connecticut College (BA, 5/85) and NYU Stern (MBA, 1/90).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten entry: EMT, 342565, NYS Dept of Health Bureau of EMS, 4/30/16.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and a section for other businesses (18. Offices Held or Ownership Interest in Other Businesses).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with fields: From: 3/14, To: -, Business Type: Trade ORA, Name and Address of Business: EDM COUNSEL, Office Held/Nature of Interest: Board member [checked] open [ ] closed [ ] proposed [ ]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable; From: ; To: ; Business Type: ; Office Held/Nature of Interest: [ ] open [ ] closed [ ] proposed [ ]



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

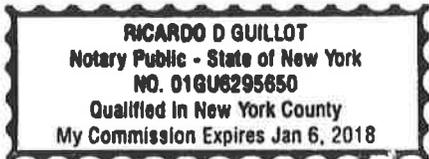
19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/1/15

Notary Name: Ricardo Guillot Notary Registration Number: 01G06295650

Notary (Notary Must Affix Stamp or Seal) [Handwritten Signature] Date: 6/1/15





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: ADVANCE GROW LABS NEW YORK, LLC; 2. Name: CHRISTOPHER JOHN BROWN; 3. Title: MEMBER; 4. Role: INVESTOR / MEMBER; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Arizona State University, Moravian College, and New York Univ Stern School of Bus.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Series 7, 63, and 24 licenses from FINRA.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and a section for other businesses (18. Offices Held or Ownership Interest in Other Businesses).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/1/15
Notary Name: [Handwritten Signature] Notary Registration Number: 01AD6233918
Notary (Notary Must Affix Stamp or Seal) Date: 6/1/15
FAYANN ADAMS
NOTARY PUBLIC STATE OF NEW YORK
KINGS COUNTY
LIC. #01AD6233918
COMM. EXP. 01/03/2019

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advanced Grow Labs New York, LLC; 2. Name: Nicholas P. Leone; 3. Title: Member; 4. Briefly describe the role of this person or entity in the proposed registered organization: Investor; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
10. Email: [Redacted]
11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for Columbia Univ. (BA, 1988) and Univ. of Chicago (MBA, 1992).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and a section for other businesses (18. Offices Held or Ownership Interest in Other Businesses).



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/1/15
Notary Name: Angela J. Partida Notary Registration Number: 01PA6265565
Notary (Notary Must Affix Stamp or Seal) Date: 6/1/15
ANGELA J. PARTIDA
Notary Public, State of New York
No. 01PA6265565
Qualified in New York County
Commission Expires July 9, 2016



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: JEFFREY SNYDER 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization:
INVESTOR / MEMBER
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
10. Email: [Redacted]
11. Residence Address: [Redacted]
12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Ithaca College, Ithaca, NY, Fall 1986, Spring 1990, Bachelor Science Management & Economics, May 1990.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Princinal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three sections for business information. Each section includes fields for 'From', 'To', 'Business Type', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The first section is filled with handwritten text: 'June, 2014', 'Current?', 'Non-Profit', 'Alex Lemonade Stand Foundation', '29 E. Wynnwood Rd, Wynnwood, PA 19096', and 'Board'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Clayton Wesley Samaroo, Date: 5/28/15, Notary Name: Clayton Wesley Samaroo, Notary Registration Number: 165646, Notary (Notary Must Affix Stamp or Seal), Date: 5/29/15, CLAYTON WESLEY SAMAROO NOTARY PUBLIC OF CONNECTICUT MY COMMISSION EXPIRES: 11/30/18



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal
stakeholders, directors, and members. For board members, officers, managers, owners, partners,
directors, and members of the applicant that are not natural persons, Appendix A must be completed by
each board member, officer, manager, owner, partner, director and member of that entity, going back to
the level of ownership by a natural person. An Organizational Chart documenting your
organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: John McEvoy 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Investor/member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products,
shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the
procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal
history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using
the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or
greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of
management or ownership held in such business, and any finding of violations of law or regulation by a
governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No (checked)

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include University of Texas (Austin, Tx) and Columbia University (New York City).



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and '18. Offices Held or Ownership Interest In Other Businesses' with a question about business ownership in New York, USA, or other countries, marked with a checked 'No' box.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with handwritten entries: From: 1/2012, To: Current, Business Type: Spirits, Office Held/Nature of Interest: Board Member, Name and Address of Business: Illegal Medical Panama City, Panama. Includes checkboxes for open, closed, proposed.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/1/15
Notary Name: [Handwritten Signature] Notary Registration Number: 01V16247419
Notary (Notary Must Affix Stamp or Seal) Date: June 1, 2015





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCE GROW LABS NEW YORK LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: DAVID R MAY 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor/member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education COLLEGE DEGREE Dates Attended 9/76 - 5/80 Degree BS

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: CORNELL UNIVERSITY, DAY HALL Ithaca, NY 14853, 9/76, 5/80, B.S., 5/80.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. NONE
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Dates of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with handwritten entries: From: 9/1987, To: present, Business Type: childcare, NOT FOR profit, Name and Address of Business: NORTH AVENUE DAY NURSERY, 2001 W. PIERCE, CHICAGO IL 60622, Office Held/Nature of Interest: BOARD MEMBER, [X] open [ ] closed [ ] proposed.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: David R. May Date: 6/1/15

Notary Name: Saffronia Goodwin Notary Registration Number: 818814

Notary (Notary Must Affix Stamp or Seal) Date:

june 1, 2015





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advance Grow Labs New York, LLC; 2. Name: Michael Marullo; 3. Title: Member; 4. Briefly describe the role of this person or entity in the proposed registered organization: Investor / member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form fields for contact information and education: 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, 15. Formal Education (table with columns: Institution, Address, Dates Attended, Degree, Date Received). Includes handwritten entries for Univ. of Southern Maine and New York University.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and a section for other businesses with a handwritten note 'See attached'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Michael [Signature] Date: 5/28/15

Notary Name: Ellen S. O'Keefe Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date:
ELLEN S. O'KEEFE
Notary Public, State of New York
No. 01OK6083763
Qualified in Nassau County
Commission Expires November 25, 2018
Ellen S O'Keefe

Michael Marocco is on the board of directors of the following companies:

1. Xplornet Communications  
625 Cochrane Drive  
Suite 1000  
Markham, Ontario  
Canada L3R 9R9

Broadband service provider. On board since 2004.

2. Farelogix  
760 NW 107<sup>th</sup> Avenue  
Suite 300  
Miami, FL 33172

Distribution and merchandising technology for global travel market. On board since 2001.

3. Modulant/PDIT  
5600 Tennyson Parkway  
Suite 355  
Plano, TX 75024

Data management solutions. On board since 2001.

4. Village Ventures  
430 Main Street  
Suite 1  
Williamstown, MA 01267

Provides service and capital for early stage venture capital funds. On board since 2000.

On the Board of Trustees for St. Davids School in New York City.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advance Grow Labs New York, LLC; 2. Name: MALCOM DAY; 3. Title: MEMBER; 4. Role: Investor/Member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
10. Email: [Redacted]

11. Residence Address: [Redacted]
12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Northwestern University (BS Industrial Eng., 3/1988) and UCLA Anderson School (Masters Business Admin, 6/1993).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple rows for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a question about owning or operating a business.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

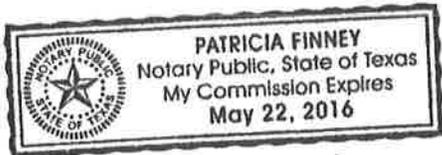
Date: 6/1/2015

Notary Name: Patricia Finney

Notary Registration Number: N/A

Notary (Notary Must Affix Stamp or Seal)

Date: 6-1-15



[Handwritten Signature: Patricia Finney]



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCE GROW LABS NEW YORK LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: JOHN BERTON 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization:
INVESTOR/MEMBER
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FCIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
HARVARD LAW SCHOOL 1500 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02167 9/88 5/91 JD 5/91
WILLIAMS COLLEGE WILLIAMSTOWN, MA 01268 9/81 5/85 B.A. 5/85

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
Row 1: LAW LICENSE, 430241, NYS BAR ASSOCIATION, 1994, 12/15/15

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and a question about other businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 6/1/15

Notary Name: Daniel Mullkoff

Notary Registration Number: 02MU6305721

Notary (Notary Must Affix Stamp or Seal)

[Handwritten Signature]

Date: 6/1/15

DANIEL MULLKOFF
Notary Public, State of New York
Registration #02MU6305721
Qualified in Kings County
Commission Expires June 9, 2018



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name, Name, Title, and questions regarding contact with medical marijuana and other business interests. Includes handwritten entries for Barry Bergman and a redacted area.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
SUNY Binghamton Binghamton NY 9/79 6/83 Bachelor of Science 6/83
University of Chicago Chicago IL 9/83 6/85 Masters Business Admin 6/85

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employee information, including fields for Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, and Supervisor Phone Number.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, supervisor details, and departure reasons. Includes fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:' (with checkboxes for open, closed, proposed), and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

5/28/15

Notary Name:

Casey Ann Conroy

Notary Registration Number:

01CO6312353

Notary (Notary Must Affix Stamp or Seal)

Date:

5/28/2015

CASEY ANN CONROY
Notary Public, State of New York
No. 01CO6312353
Qualified In New York County
Commission Expires 09/29/2018



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advanced Grow Labs NY LLC; 2. Name: Adam Rappaport; 3. Title: Member; 4. Role: Investor / member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? No.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Harvard College Cambridge, Mass 1971 1975 BA 6/75
Stanford Bus. School Stanford, Cal. 1976 1978 MBA 6/78

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Row 1 contains handwritten entries: Serial 7, 3, 24, 73, 63, 65, NA; License Number 1029265; Institution Granting License Finra; Effective Date 1982; Expiration Date NA.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities. Includes handwritten entries like '2014', 'NA', 'Investments', 'Board Member', and 'open'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three sections for business information. Each section includes fields for 'From', 'To', 'Business Type', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'. Handwritten entries include '2011', 'Allianz Multitend, NY', 'Mutual Fund', 'Board', '2014', 'PIMCO Funds, Newport Beach, Cal.', and 'Mutual Fund'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with three sections for licensing/regulatory agency information. Each section includes fields for 'From:', 'To:', 'Business Type:', and 'Office Held/Nature of Interest:' with checkboxes for 'open', 'closed', and 'proposed'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/11/15
Notary Name: JoAnn Perrone Notary Registration Number: 01PE6225191
Notary (Notary Must Affix Stamp or Seal) Date: 6/11/15
JOANN PERRONE
Notary Public - State of New York
No. 01PE6225191
Qualified in Richmond County
My Commission Expires July 19, 2018



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCE GROW LABS NEW YORK, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: PETER FEENEY 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization: INVESTOR / MEMBER
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Trinity College College Green 1980 1984 B.Sc [Mgmt] Dec, 1984
Dublin, Ireland Dublin 2, Ireland

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. Table with columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Handwritten 'NONE' in the first row.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and a section for other businesses.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N.A.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

6/1/2015

Notary Name:

[Handwritten name: Johnny M. Padilla]

Notary Registration Number:

01PA6293982

Notary (Notary Must Affix Stamp or Seal)

Date:

1st day of June of 2015

Johnny M. Padilla
Notary Public, State of New York
No. 01PA6293982
Qualified in New York County
Commission Expires: December 16th, 2017



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name (ADVANCED GROW LABS NEW YORK, LLC), Name (MAEYAR DAK), Title (MEMBER), and role description (INVESTOR / member). Includes questions about contact with medical marijuana and previous business ownership.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
CORNELL UNIVERSITY ITHACA, NY 1993 1997 BA MAY 1997

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. Includes handwritten entries for 'OPENFIN INC.', '25 BROADWAY, 9TH FLOOR, NEW YORK, NY 10004', and 'FINANCIAL TECHNOLOGY BOARD MEMBER'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business registration details, including fields for From/To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency information.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/2/2015
Notary Name: RONALD S THOMPSON Notary Registration Number: 01TH6273449
Notary (Notary Must Affix Stamp or Seal) Date: JUNE 02, 2015
RONALD S. THOMPSON
Notary Public, State of New York
Qualified in Bronx County
No. 01TH6273449
My Commission Expires 12-10-2016



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name (ADVANCE GROW LABS NEW YORK, LLC), Name (JASON FLOM), Title (MEMBER), and role description (INVESTOR / MEMBER). Includes questions about contact with medical marijuana and previous business interests.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education N.Y.U. Dates Attended Degree

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Handwritten entries: N.Y.U., N.Y.-N.Y., 1980, 1982.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason for Departure:
Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 2 columns: Name of Supervisor for Reference, Position/Responsibilities, Reason For Departure, Name of Employer; and 2 rows: Timing Date of Employment, Supervisor Phone Number.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field contains checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/2/15

Notary Name: [Handwritten Name] Notary Registration Number: 2002130

Notary (Notary Must Affix Stamp or Seal) Date: 06/02/2015

\* See Attached CA Bureau

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 2<sup>nd</sup> day of JUNE, 2015,  
by \_\_\_\_\_ Date Month Year

(1) Jason Flom

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature [Signature]  
Signature of Notary Public



Seal  
Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form containing fields for Business Name (Advance Grow Labs New York, LLC), Name (Jeremy Koster), Title (Member), role description (Investor/Member), and questions regarding contact with medical marijuana and management roles.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education 1986-1990 Degree BS

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Miami University, Oxford, OH, 9/86, 8/90, BS Finance, 1991.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Securities Licenses, Series 4,7,24 55,63,79, FINRA- Financial Industry Regulatory Authority Washington, D.C.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.
T. Jeremy Koslar

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/29/15

Notary Name: [Handwritten Signature] Notary Registration Number: No. 01RA6268761

Notary (Notary Must Affix Stamp or Seal) Date: May 29, 2015
ROSHNIE M. RAMPAL
Notary Public, State of New York
No. 01RA6268761
Qualified in Queens County
Commission Expires 9/17/2016

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name (Advance Grow Labs New York LLC), Name (Alan Shmaruk), Title (Member), and role description (Investor/Member). Includes checkboxes for contact with medical marijuana and other business ownership.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Colgate University Hamilton NY 1978 1982 B.A. May 1982
Albany Law School Near Scotland Rd Albany NY 1982 1985 J.D. May 1985



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten text: License to Practice Law, New York State, 9/1985.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. The Position/Responsibilities field contains the handwritten text 'N/A'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities. Includes handwritten 'N/A' in the Position/Responsibilities field.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Handwritten 'N/A' is present in the 'To:' and 'Office Held/Nature of Interest:' fields. Checkboxes for 'open', 'closed', and 'proposed' are present in the 'Office Held/Nature of Interest:' field.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Managerial Experience at former law firm and current [redacted]

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: 6/2/15
Notary Name: Michael Chang Notary Registration Number: 01CH 6252832
Notary (Notary Must Affix Stamp or Seal) Date: 6/2/15
MICHAEL L CHANG
Notary Public - State of New York
NO. 01CH6252832
Qualified in New York County
My Commission Expires 12/1/15



KD

Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advance Grow Labs New York, LLC; 2. Name: Katherine Davisson; 3. Title: Member; 4. Briefly describe the role of this person or entity in the proposed registered organization: Investor member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? No.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Office's Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Univ Virginia 1985 1989 BS 1989
Harvard 1992 1994 MBA 1994

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason for Departure:
Name of Employer:
Type of Business:
Street Address:
City: State: Zip Code:
Starting Date of Employment: Ending Date of Employment:
Name of Supervisor for Reference: Supervisor Phone Number:
Position/Responsibilities:
Reason For Departure:
Name of Employer:

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest In Other Businesses, List any affiliations you have been associated with in the past 10 years, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? (Yes/No), From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

Notary Name:

Fara Hafter

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



[Handwritten signature: Fara Hafter]



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Christine Armstrong 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Investor / member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
UNIV TEXAS 1980 1984 BA LIBARTS 1984

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table is mostly empty with a diagonal 'NA' written across it.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Form for employment history with fields for: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business. A diagonal 'NA' is written across the form.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple rows for personal information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. A large blue diagonal line is drawn across the form with 'N/A' written in the center.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest In Other Businesses.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Christie M. Buckley

Date:

Notary Name:

Fara Hafter

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



Fara Hafter





Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
10. Email: [Redacted]
11. Residence Address: [Redacted]
12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]
15. Formal Education: [Redacted] Dates Attended: [Redacted] Degree: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Skidmore college, Saratoga Springs, NY, 1979, 1982, BA Economics, 1982.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: 5/27/15
Notary Name: Fara Hafter Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date:
Stamp: FARA HAFTER, Notary Public, State of Connecticut, My Commission Expires May 31, 2019
Signature: Fara Hafter

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Department of Health

Medical Marijuana Program Application for Registration as a Registered Organization

Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: John Wahl 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor / Member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education table with columns: Institution, Address, Dates Attended (From, To), Degree (Degree Received, Date Received)

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table is mostly empty with a diagonal line and 'na' written across it.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Form for employment history with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business. A diagonal line is drawn through the form.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a specific section for '18. Offices Held or Ownership Interest in Other Businesses' with a handwritten 'na' and a blue diagonal line.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Date:

Notary Name: Fara Hafter Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date:



Fara Hafter

EDOMG  
W



# Department of Health

## Medical Marijuana Program Application for Registration as a Registered Organization

### Appendix A:

### Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name: <u>Advance Grow Labs New York, LLC</u> This is the name that was entered in Section A of the Application for Registration as a Registered Organization.	
2. Name: <u>Emma Wahl</u>	3. Title: <u>member</u>
4. Briefly describe the role of this person or entity in the proposed registered organization:  <u>member / investor</u>	
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at <a href="http://www.identogo.com/FP/NewYork.aspx">http://www.identogo.com/FP/NewYork.aspx</a> using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."	
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.	

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education table with columns: Institution, Address, Dates Attended (From, To), Degree Received, Date Received

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table is mostly empty with a diagonal line drawn through it and the handwritten text 'na' in the center.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer:

Type of Business:

Street Address:

City:

State:

Zip Code:

Starting Date of Employment:

Ending Date of Employment:

Name of Supervisor for Reference:

Supervisor Phone Number:

Position/Responsibilities:

Reason For Departure:

Name of Employer:

Type of Business:

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business registration details, including fields for From, To, Business Type, Office Held/Nature of Interest, and Agency information.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information provided herein is accurate, true, and complete in all material respects.

Signature:

Date:

5/27/15

Notary Name:

Fara Hafter

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



Fara Hafter



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advance Grow Labs New York, LLC; 2. Name: Ethan Wahl; 3. Title: member; 4. Briefly describe the role of this person or entity in the proposed registered organization: member / investor; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.

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Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.

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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Starting Date of Employment: \_\_\_\_\_ Ending Date of Employment: \_\_\_\_\_

Name of Supervisor for Reference: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

Reason For Departure: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

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Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and a section for 18. Offices Held or Ownership Interest in Other Businesses.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

5/27/15

Notary Name:

Fara Hafter

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



[Handwritten signature: Fara Hafter]



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advance Grow Labs New York, LLC; 2. Name: John Irish; 3. Title: member; 4. Briefly describe the role of this person or entity in the proposed registered organization: Investor member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Univ Notre Dame 1975 1979 BBA 1979
Fordham 1982 1985 MBA 1985

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: John S. Fisher

Date:

Notary Name: Fara Hafter

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



Fara Hafter



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Benjamin Nickoll 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor / Member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

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Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

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Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and '18. Offices Held or Ownership Interest in Other Businesses' with a checkbox for 'Yes'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Agency Name.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 5/27/15

Notary Name: FARA HAFTER

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



[Handwritten Signature: Fara Hafter]



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCE GROW LABS NEW YORK, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: MICHAEL OLIVERI 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization:
INVESTOR / MEMBER
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: PACE UNIVERSITY, 1 PACE PLAZA NEW YORK NY, 9/85, 6/89, BBA FINANCE, 9/89.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
Handwritten entry: SERIES 7/63/55

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Michael Oliveri Date: 5/27/2015
Notary Name: Maureen A. McLaughlin Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 5/27/15
Maureen A. McLaughlin
Expires 8/5/17



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Nicholas Tamborrino 3. Title: Dir of Dispensary Operations
4. Briefly describe the role of this person or entity in the proposed registered organization:
Oversee the day to day operations for each dispensary. The position will be involved in the hiring/training of pharmacists and staff. Maintain policy and procedure for all dispensary related activities.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains three rows of education data from the University of Connecticut.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Pharmacist, Dispensary, Dispensary Facility License, and Dispensary Facility Backer.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**~~Principal Stakeholders, Directors, and Members~~**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [X] Yes [ ] No

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for providing contact and business information for board members, officers, managers, owners, partners, principal stakeholders, directors, and members. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 5/26/15

Notary Name: Christine Cox

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date: 5/26/15

[Notary Seal: Christine Cox, NOTARY PUBLIC, CONNECTICUT, MY COMMISSION EXPIRES JULY 31st, 2019]

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



May 22, 2015

To NYS Department of Health Review Committee,

It is with great pleasure that I write this letter of recommendation for Nicholas Tamborrino in support of his application as Director of Dispensary Operations for Advanced Grow Labs in the State of New York. Nick has been a leader in the industry since our state passed Medical Marijuana legislation and was one of the first dispensaries to receive a license from the State of Connecticut Department of Consumer Protection.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

██████████ He has also committed to be part of a planned research monitoring project with the Connecticut Pharmacists Association (CPA) and Yale University School of Medicine in his Connecticut location to promote evidence-based research and education concerning the endocannabinoid system and therapeutic applications of endocannabinoid and cannabinoid agents.

From a professional perspective, Nick championed the concept of creating an Academy of Medical Marijuana Dispensaries within the CPA. Nick was elected Chairman of the Academy and currently serves in this role. The Academy has guided this fledgling industry through many of the challenges encountered as the dispensaries have experienced many growing pains. In his role as chairman, Nick developed CannaWatch, a reporting system that Connecticut dispensaries are currently using to monitor adverse events associated with cannabis related products.

Nick is committed to the profession of pharmacy and the scope of pharmacy practice that includes medical marijuana as an alternative therapy to address patient's needs. He sets high standards for himself and those around him. He is intelligent, insightful, and professional in every aspect of his career. His integrity is unquestionable. Last October, Nick was selected as the Excellence in Innovations Award recipient in 2014 by his peers. This award recognizes a pharmacist who has demonstrated Innovative Pharmacy Practice resulting in improved patient care.

In conclusion, I strongly support Nick Tamborrino as Director of Dispensary Operations for Advanced Grow Labs in the State of New York. Please feel free to contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink that reads 'Margherita R. Giuliano'.

Margherita R. Giuliano, RPh, CAE  
Executive Vice President

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*

# Medical Marijuana Program



**ADVANCED  
GROW LABS**

Application for Registration  
as a Registered Organization  
for Advanced Grow Labs New York, LLC

Volume 3 of 3



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name (Advance Grow Labs New York, LLC), Name (Michael Marocco), Title (Member), and role description (Investor / member). Includes questions about contact with medical marijuana and previous business ownership.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, Dates Attended (From, To), Degree Received, Date Received. Rows include Univ. of Southern Maine (BS Accounting, 05/81) and New York University (MBA Finance, 05/84).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a handwritten note 'See attached'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.

Michael Marocco is on the board of directors of the following companies:

1. Xplornet Communications  
625 Cochrane Drive  
Suite 1000  
Markham, Ontario  
Canada L3R 9R9

Broadband service provider. On board since 2004.

2. Farelogix  
760 NW 107<sup>th</sup> Avenue  
Suite 300  
Miami, FL 33172

Distribution and merchandising technology for global travel market. On board since 2001.

3. Modulant/PDIT  
5600 Tennyson Parkway  
Suite 355  
Plano, TX 75024

Data management solutions. On board since 2001.

4. Village Ventures  
430 Main Street  
Suite 1  
Williamstown, MA 01267

Provides service and capital for early stage venture capital funds. On board since 2000.

On the Board of Trustees for St. Davids School in New York City.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Michael [Signature]

Date: 5/28/15

Notary Name: Ellen S. O'Keefe

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:

ELLEN S. O'KEEFE
Notary Public, State of New York
No. 01OK6083763
Qualified in Nassau County
Commission Expires November 25, 2018

[Signature of Ellen S. O'Keefe]



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Richard K. Kiyomoto 3. Title: Dir. of Research & Plant Sci.
4. Briefly describe the role of this person or entity in the proposed registered organization:
Richard Kiyomoto will serve as interim Director of Research & Plant Science until the following are accomplished in approximate order: (1) Production of product for distribution to dispensaries; (2) develop within the facility a pest-free environment and hire a qualified pest management expert and an environmental microbiologist; (3) assist in hiring production personnel; and (4) design and partially equip research labs and hire qualified research scientists to head the Plant Science Research Department and the Chemistry Research department.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Reedley College, San Francisco State University, and Washington State University.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Supervisory Pesticide Applicator, Medical Marijuana Producer Employee, and Connecticut Drivers License.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [ ]Yes [ ]No, From/To, Business Type, Office Held/Nature of Interest, [ ]open [ ]closed [ ]proposed, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Checkboxes for 'open', 'closed', and 'proposed' are provided.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Richard K. Kyjimoto

Date: May 29, 2015

Notary Name: Gretchen A. Bushy

Notary Registration Number: 153061

Notary (Notary Must Affix Stamp or Seal)
Gretchen A. Bushy

Date: 5/29/15

GRETCHEN A. BUSHY
NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 30, 2018

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name:
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: ADVANCED Grow Labs New York LLC 3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organization:
Investor
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education (Institution, Address, Dates Attended, Degree Received, Date Received). Includes handwritten entry for Brandeis University.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. Table with columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and '18. Offices Held or Ownership Interest in Other Businesses'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with three identical sections for providing contact information for licensing/regulatory agencies and business details. Each section includes fields for 'From:', 'To:', 'Business Type:', and 'Office Held/Nature of Interest:' with checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/27/2018

Notary Name: Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date:

**MASSACHUSETTS SIGNATURE WITNESSING**

Gov. Exec. Ord. #465 (03-13), §5(f)

Commonwealth of Massachusetts  
 County of Worcester } ss.  
 On this the 27<sup>th</sup> day of May, 2015, before me,  
JoAnne L Remillard, the undersigned Notary Public,  
Name of Notary Public  
 personally appeared Jonathan H Colick,  
Name(s) of Signer(s)  
 proved to me through satisfactory evidence of identity, which was/were  
UNPL 576019487 x 6/20/2017,  
Description of Evidence of Identity

to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence.

[Signature]  
Signature of Notary Public  
JoAnne L Remillard  
Printed Name of Notary  
 My Commission Expires 10/08/2021



**JoAnne L. Remillard**  
 Notary Public  
 Commonwealth of Massachusetts  
 My Commission Expires Oct. 8, 2021

Place Notary Seal and/or Any Stamp Above

**OPTIONAL**

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document New York State Department of Health Medical Marijuana Program

Title or Type of Document: \_\_\_\_\_

Document Date: 5/27/2015 Number of Pages: 7

Signer(s) Other Than Named Above: \_\_\_\_\_

Right Thumbprint of Signer
Top of thumb here

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: BRIAN GRAINES 3. Title: PRODUCTION MANAGER
4. Briefly describe the role of this person or entity in the proposed registered organization:
• Attend to all plant needs
• Keep flowering cycles on schedule
• Oversee daily operations within vegetative and flowering areas
• Create propagation schedules for future rooms
• Manage inventory software for area of responsibility
• At least one Production Manager will have a minimum of one year of New York GAP experience
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[X] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
NO VIOLATIONS

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax:

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains two rows of education data from the University of Delaware, Newark.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Contains two rows of license information and a redaction notice.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and 18. Offices Held or Ownership Interest in Other Businesses.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for individual affidavits. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

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Appendix A:
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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NOT APPLICABLE AS

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5-29-15

Notary Name: [Handwritten Name] Notary Registration Number: 98038

Notary (Notary Must Affix Stamp or Seal) Date: 5/29/15

CAROLA A. NIKOLA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
August 31, 2016



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: DAIN COLANDRO 3. Title: DIR. PRODUCTION
4. Briefly describe the role of this person or entity in the proposed registered organization:
• Attend to all plant needs
• Keep flowering cycles on schedule
• Oversee daily operations within vegetative and flowering areas
• Create propagation schedules for future rooms
• Manage inventory software for their area of responsibility
• At least one Production Manager will have a minimum of one year of New York GAP experience
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[X] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[Redacted]
NO VIOLATION

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax:

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: CULINARY INST. OF AMERICAN, HYDE PARK, NY, 2010, 2012, ASSOCIATE IN CULINARY ARTS, 10/2012.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Contains two rows of license information and a section for employment history.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor, and Reason For Departure. Includes a section for '18. Offices Held or Ownership Interest in Other Businesses' with a disclosure question.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NOT APPLICABLE AS



20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 5/29/15

Notary Name: CAROL A NIKOLA

Notary Registration Number: 98038

Notary (Notary Must Affix Stamp or Seal)

CAROL A. NIKOLA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
August 31, 2016

Date: 5/29/15



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: KLAUS POLTTILA 3. Title: DIR. OF OPERATIONS
4. Briefly describe the role of this person or entity in the proposed registered organization:
• Attend to all plant needs
• Keep flowering cycles on schedule
• Oversee daily operations within vegetative and flowering areas
• Create propagation schedules for future rooms
• Oversee secure vault storage of all MMJ product
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[Redacted]
NO VIOLATIONS

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Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education (University of Connecticut Coop Extension).

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns and 3 rows, currently empty.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Contains 3 rows of license data and 2 empty rows.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for providing contact information and business details. Each section includes fields for 'From:', 'To:', 'Business Type:', and 'Office Held/Nature of Interest:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.

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Appendix A:
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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/29/15
Notary Name: Carol A. Nikola Notary Registration Number: 98038
Notary (Notary Must Affix Stamp or Seal) Date: 5/29/15
CAROL A. NIKOLA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
August 31, 2016

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal
stakeholders, directors, and members. For board members, officers, managers, owners, partners,
directors, and members of the applicant that are not natural persons, Appendix A must be completed by
each board member, officer, manager, owner, partner, director and member of that entity, going back to
the level of ownership by a natural person. An Organizational Chart documenting your
organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Peter Hermon 3. Title: MEMBER
4. Briefly describe the role of this person or entity in the proposed registered organization:
Investor / member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products,
shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the
procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal
history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using
the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or
greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of
management or ownership held in such business, and any finding of violations of law or regulation by a
governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education
Institution Address Dates Attended Degree
From To Degree Received Date Received
Middlebury College 14 Old Chapel Rd Middlebury, VT 05753 1977 1981 BA May 1981

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns and 3 rows for additional education entries.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
Handwritten entry: MA Insurance Producer, 1721342, 4/18/14, 4/18/16

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. A large diagonal line is drawn across the form.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Checkboxes for 'open', 'closed', and 'proposed' are present in the 'Office Held/Nature of Interest' field.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

[Handwritten signature] 5/29/2015

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten signature]

Date: 05/29/2015

Notary Name: DONALD J DONEGAN

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)
Comm. Exp 01/20/17

Date: 05/29/2015

# The Commonwealth of Massachusetts



To all to whom these presents shall come, Greeting:

*Know Ye, that We, confiding in the ability, discretion and integrity of*  
**Donald J. Donegan** *of* **Worcester** *in our*  
*County of* **Worcester** *do hereby, by Our Governor, with the advice and consent of Our*  
*Council, assign, constitute and appoint the said*

**Donald J. Donegan**

*to be One of Our Notaries Public, within and for the Commonwealth, for and dur-*  
*ing the term of Seven Years from the date of these Presents if said appointee shall so long*  
*behave well in said office.*

*And, we do hereby Authorize and Enjoin* said appointee, *to execute*  
*and perform all the Powers and Duties which, by Our Constitution and Laws, do or may*  
*appertain to the said office of Notary Public, so long as said appointee shall hold the same*  
*by virtue of these Presents.*

*Witness, His Excellency* **Deval L. Patrick,**

*Our Governor, and our Great Seal hereunto*  
*affixed, at Boston this* **twentieth** *day*  
*of* **January** *, in the year of Our Lord*  
*two thousand and ten*  
*and of the Independence of the United States of America, the*  
*two hundred and thirty-fourth*



Handwritten signature of Deval L. Patrick.

*By His Excellency the Governor,*  
*with the advice and consent of the Council*

Handwritten signature of William Francis Galvin.

**WILLIAM FRANCIS GALVIN**  
*Secretary of the Commonwealth*

# The Commonwealth of Massachusetts

Worcester SS,

February 1, 2010

Personally appeared Donald J. Donegan  
and took and subscribed the oaths prescribed by the Constitution of this Commonwealth, and  
a Law of the United States, to qualify the above named to execute the trust reposed in this  
individual by the foregoing Commission.

Before Sheresa A. Sunigaw  
Stephan S. [unclear] } *Commissioners to Qualify  
Public Officers*

NOTE: A Certificate of your qualification should be forwarded to the Secretary of the Commonwealth forthwith, by the officers before whom the oaths are taken.  
OFFICE OF THE SECRETARY, BOSTON.

In case of error occurring in name or residence, immediate notice should be given to the Secretary of the Commonwealth, and the Commission returned for correction.

(SECTION 12 OF CHAPTER 30, GENERAL LAWS)

SECTION 12. A person appointed to an office by the governor with or without the advice and consent of the council shall be notified of his appointment by the state secretary and his commission delivered to him upon qualification, and if he does not, within three months after the date of such appointment, take and subscribe the oaths of office, his appointment shall be void, and the secretary shall forthwith notify him thereof, and shall also certify said facts to the governor. This section shall be printed on every such commission.

(SECTION 9 OF CHAPTER 222, GENERAL LAWS)

SECTION 9. Whoever presumes to act as a justice of the peace or notary public after the expiration of his commission, and after receiving notice of such expiration, shall be punished by a fine of not less than one hundred nor more than five hundred dollars.

**Upon change of name by probate, divorce or marriage, commission becomes void until re-registration of change of name is made with the Secretary of the Commonwealth and re-registration fee paid.**

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Appendix A:

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Appendix A must be completed for all board members, officers, managers, owners, partners, principal
stakeholders, directors, and members. For board members, officers, managers, owners, partners,
directors, and members of the applicant that are not natural persons, Appendix A must be completed by
each board member, officer, manager, owner, partner, director and member of that entity, going back to
the level of ownership by a natural person. An Organizational Chart documenting your
organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: PAUL KOMINSKI 3. Title: individual/member

4. Briefly describe the role of this person or entity in the proposed registered organization:
unit holder / member

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
Yes No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products,
shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the
procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal
history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using
the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or
greater interest in any other business which manufactured or distributed drugs? Yes No

If the answer to this question is yes, provide the name of the business, a statement defining the position of
management or ownership held in such business, and any finding of violations of law or regulation by a
governmental agency against the business or person or entity.

This document contains sensitive personal information
which, if released to the public, would constitute an
unwarranted invasion of personal privacy and, as such,
should be exempt from FOIL pursuant to Public Officers
Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
University of Michigan Ann Arbor, MI 1979 1984 B.S. 1984

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Dates of Employment, Name of Supervisor, and Position/Responsibilities. Includes handwritten notes like 'See attached'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 28 May 2015

Notary Name: Marlene L. Reihard

Notary Registration Number: 4618044

Notary (Notary Must Affix Stamp or Seal)

Date: 5/28/15

Marlene L. Reihard
Notary Public, State of New York
No. 4618064
Qualified in Rockland County
Certificate Filed in New York County
Commission Expires August 31, 2017



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Robert Edward Donnelly Jr 3. Title: Director of Security and Safety
4. Briefly describe the role of this person or entity in the proposed registered organization:
The Security Director is responsible for oversight of the Security Department team, which consists of Officers, Security Systems and operation of the security systems. The policies and operations of the Security Department equipment and officers, employees of the security department and employees under the watch of the security department and its Officers to abide by the safety and security policies. The Security Director also conducts "Risk Assessments" and safety surveys to implement or adjust policies to protect the company assets, property and employees for theft, injury and loss. The Security Director also compiles reports and records according to established laws or regulations and maintains records according to law.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
None

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

None.

8. Phone: 9. Fax: 10. Email 11. Residence Address: 12. City: 13. State: 14. ZIP Code: 15. Formal Education Dates Attended Degree Institution Address From To Degree Received Date Received

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Conn. Municipal Police Academy, Southern Ct. Sate College, Conn. Municipal Police Academy NHPD, and Conn Minicipal Police Academy.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains 5 rows of license information, including Emergency Med Responder, Security Officer, and Pistol Carry Permit.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [ ] Yes [x] No

Form with fields: From: N/A, To:, Business Type: M/A, Name and Address of Business: None, Office Held/Nature of Interest: N/A, [ ] open [ ] closed [ ] proposed, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 05/29/15
Notary Name: Michael Rubino Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 5/29/2015

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Raymond Giordano 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor / Member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
10. Email: [Redacted]
11. Residence Address: [Redacted]
12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]
15. Formal Education
Institution Address From To Degree Received Date Received

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 7 columns: Institution, Address, From, To, Degree Received, Date Received. Handwritten entry: Wesleyan University, Middletown CT, 8/90, 5/94, Bachelor of Arts, 5/25/94.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten entry: Series 7,55, blank license number, First New York Securities 90 Park Ave NY, NY, 11/98, 1/13.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Princinal Stakeholders. Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field contains checkboxes for 'open', 'closed', and 'proposed'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/27/15
Notary Name: Nicole Demaio [Handwritten Signature] Notary Registration Number: 2430345
Notary (Notary Must Affix Stamp or Seal) Date: 5/27/15
NICOLE DEMAIO
Notary Public
State of New Jersey
My Commission Expires Feb. 22, 2018
I.D.# 2430345

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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Edna Boschat 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor/member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax

NA

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for University of Chicago and Iowa State University.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Contains handwritten entries for NASD Series 52, 3, 7, and 24.

Date GE cancelled registration at retirement

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. Includes handwritten initials 'MA'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, List any affiliations you have been associated with in the past 10 years, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:' (with checkboxes for open, closed, proposed), and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A (Investor)

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Edna Boschat

Date: 5/28/15

Notary Name: Mayra Tepan

Notary Registration Number: N/A in CT

Notary (Notary Must Affix Stamp or Seal)

Date: 5/28/15





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs New York LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Frank Friedler III
3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Member of the LLC
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Amherst University, Tulane Law School, and American College.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten data for a Life Insurance license from Louisiana Department of Insurance.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and a specific question about other businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

Date:

5/27/15

Notary Name:

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:

5/27/15





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Laboratory
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Roger Leifer 3. Title: individual
4. Briefly describe the role of this person or entity in the proposed registered organization: Passive investor
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]
10. Email: [Redacted]
11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for Columbia College and Harvard Law School.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains handwritten entries for Attorney licenses in NY and CT, and a Real Estate Broker license in CT.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: May 22, 2015
Notary Name: Janice Fay Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) [Signature] Date: JANICE FAY, NOTARY PUBLIC MY COMMISSION EXPIRES 8/31/17



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: ADVANCED GROW LABS NEW YORK, LLC; 2. Name: DAVID GREEN; 3. Title: MEMBER; 4. Role: INVESTOR/MEMBER; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax: 10. Email: 11. Residence Address: 12. City: 13. State: 14. ZIP Code: 15. Formal Education Dates Attended Degree

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for The University of Pennsylvania and The Columbia University School of Law.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains handwritten entries for Attorney, Real Estate Broker/Associate, and Notary Public.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and employment information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three entries. Each entry includes fields for 'From', 'To', 'Business Type', 'Name and Address of Business', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'. Handwritten entries include dates like '12/10', '2/12', business names like 'THEATER INVESTMENT', and addresses like '90 ELDERFIELDS ROAD MANHASSET, NY 11030'.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three entries. Each entry includes fields for 'From', 'To', 'Business Type', 'Name and Address of Business', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'. Handwritten entries include '9/13', 'CURRENT', 'THEATER INVESTMENT', 'BLUE SPRUCE THEATRICAL INVESTMENT FUND IV', 'MINORITY OWNER', '1/15', 'CURRENT', 'THEATER INVESTMENT', 'BLUE SPRUCE THEATRICAL INVESTORS FUND V, LLC', 'MINORITY OWNER', '3/15', 'CURRENT', 'REAL ESTATE INVESTMENT', 'RIVERDAK NYC I, LLC', 'MINORITY OWNER'.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three entries for business registration. Each entry includes fields for 'From', 'To', 'Business Type', 'Name and Address of Business', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'. Handwritten entries include 'OUT of AFRICA LLC', 'EFFICIENT TAX, LLC', and 'IMANU, LLC'.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with handwritten entries: From: 2010, To: CURRENT, Business Type: CHARITY, Name and Address of Business: VARIETY, THE CHILDREN'S CHARITY OF NEW YORK, 55 BROAD STREET, 18th FLOOR, NEW YORK, NY 10004, Office Held/Nature of Interest: BOARD MEMBER.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/27/15

Notary Name: Lai Chong Notary Registration Number: 01CH4848530

Notary (Notary Must Affix Stamp or Seal) Date: 5/27/15
LAI W. CHONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CH4848530
Qualified in New York County
My Commission Expires September 30, 2017
[Handwritten Signature]



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Alan M. Schmerzler 3. Title: member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor/member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No (checked)

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Oklahoma University 660 Farrington Oval Norman, OK 73019 Fall 1982 Spring 1985 B.B.A. Spring 1985
Mount Royal University 4825 Mt. Royal Gate SW Calgary, AB T3E-6K6 Fall 1980 Spring 1982 Assoc. Degree Spring 1982

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Empty table grid with 6 columns and 2 rows.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains handwritten entries for 'ASSOC. REAL ESTATE BROKER' and 'ASSOC. BROKER'.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: From, To, Business Type, Office Held/Nature of Interest, checkboxes for open/closed/proposed, and Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 05/28/15

Notary Name: Lai Chong Notary Registration Number: 01CH4848530

Notary (Notary Must Affix Stamp or Seal) Date: 05/28/15
LAI W. CHONG
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CH4848530
Qualified in New York County
My Commission Expires September 30, 2017



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advance Grow Labs New York, LLC; 2. Name: Paul Wevler; 3. Title: Member; 4. Role: Redacted pursuant to N.Y. Public Officers Law, Art. 6; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten entry for Real Estate Associate Broker license.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and position responsibilities.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: From, To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable. Includes checkboxes for open, closed, proposed.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Not Applicable

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Paul W. [Handwritten Signature]

Date: 5/28/15

Notary Name: Kathleen A. Caraccioppa

Notary Registration Number: 119711 - Connecticut

Notary (Notary Must Affix Stamp or Seal) Kathleen A. Caraccioppa

Date: 5/28/15



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advanced Grow Labs New York LLC; 2. Name: GREG S. FELDMAN; 3. Title: Member; 4. Briefly describe the role of this person or entity in the proposed registered organization: Investor/member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education (table with columns for Institution, Address, Dates Attended, Degree Received, Date Received).

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and a section for 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Redacted pursuant to N.Y. Public Officers Law, Art. 6**

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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

5/26/15

Notary Name:

MARLENE L. Reihard

Notary Registration Number:

4618064

Notary (Notary Must Affix Stamp or Seal)

Marlene L. Reihard

Date:

5/26/15

Marlene L. Reihard
Notary Public, State of New York
No. 4618064
Qualified in Rockland County
Certificate Filed in New York County
Commission Expires August 31, 2017



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: ADVANCED GROW LABS NEW YORK

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: DANIEL HESS

3. Title: DIR. OF EXTRACTION

4. Briefly describe the role of this person or entity in the proposed registered organization:

- Processes dried MMJ female flower and secondary leaves for extraction
Refine extracted oil to produce final production oil for laboratory testing
Manage inventory software for their area of responsibility
Oversee secure vault storage of all MMJ product

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

[X] Yes [ ] No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [ ] No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

NO VIOLATION



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains two rows of education data: UNIV. OF DELAWARE, NEWARK (MA, BIOCHEMISTRY, 2/2013) and UNIV. OF MISSOURI, COLUMBIA (BS, CHEMISTRY, 6/2008).

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Contains two rows of license information and a redacted section.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for From, To, Business Type, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency. Radio buttons for open, closed, and proposed are included.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

NOT APPLICABLE AS

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Daniel R. Mee Date: 5/29/15
Notary Name: Carol A. Nikola Notary Registration Number: 98030
Notary (Notary Must Affix Stamp or Seal) Date: 5/29/15
CAROL A. NIKOLA
NOTARY PUBLIC
State of Connecticut
My Commission Expires
August 31, 2016



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advanced Grow Labs New York, LLC; 2. Name: PAUL KOMINSKI; 3. Title: individual/member; 4. Briefly describe the role of this person or entity in the proposed registered organization: unit holder / member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax

10. Email:

11. Residence Address: 12. City: 13. State: 14. ZIP Code:

Table with 6 columns: Institution, Address, Dates Attended (From, To), Degree (Degree Received, Date Received). Row 1: University of Michigan, Ann Arbor, MI, 1979-1984, BS, 1984.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? (checked Yes), From, To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*

11

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

*This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.*

11/11/2020 10:00 AM



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.
20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.
Signature: [Handwritten Signature] Date: 28 May 2015
Notary Name: Marlene L. Reihard Notary Registration Number: 4618064
Notary (Notary Must Affix Stamp or Seal) Date: 5/28/15
Marlene L. Reihard
Notary Public, State of New York
No. 4618064
Qualified in Rockland County
Certificate Filed in New York County
Commission Expires August 31, 2017



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advance Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Scott Soid 3. Title: member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor / member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education (table with columns for Institution, Address, Dates Attended, Degree Received, Date Received).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with handwritten entries: From: 2002, To: Present, Business Type: non for profit, Name and Address of Business: Hwy Street Settlement, 265 Hwy Street, New York, NY 10002, Office Held/Nature of Interest: Board of Directors.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

20 The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Scott L. Smith Date: 5/28/15
Notary Name: Hope O. Daley Notary Registration Number: 01DA6138701
Notary (Notary Must Affix Stamp or Seal) Date: 5/28/18
HOPE O. DALEY
Notary Public - State of New York
No. 01DA6138701
Qualified in New York County
My Commission Expires December 27, 2018



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: ADVANCED GROW LABS NEW YORK, LLC; 2. Name: [Redacted]; 3. Title: MEMBER; 4. Briefly describe the role of this person or entity in the proposed registered organization: Investor / member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [ ] No. Includes a large redacted area at the bottom.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Pace University 1 Pace Plaza New York NY 10038 9/85 5/89 BBA 5/89



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains handwritten entries for FINRA licenses.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and employment information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and a section for 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The first section is partially filled with 'Advanced Grow Labs CT, LLC' and 'current'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N.A.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/28/15
Notary Name: CARLITO CABELIN Notary Registration Number: 2448433
Notary (Notary Must Affix Stamp or Seal) Date: 5/28/15
Carlito R. Cabelin
Notary Public
New Jersey
My Commission Expires July 31, 2019
No. 2448433



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Advanced Grow Labs New York, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Michael J Mackay 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Investor/Member
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, supervisor details, and a section for other businesses. Includes checkboxes for 'Yes' and 'No'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.
NA

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: 5/26/15

Notary Name: Nicole Phillips Notary Registration Number: 01PH6125638

Notary (Notary Must Affix Stamp or Seal) Date: 5/26/15
NICOLE PHILLIPS
Notary Public, State of New York
No. 01PH6125638
Qualified in Nassau County
Commission Expires April 18, 2017

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.

**Individual Subscriber\***

Michael J. Mekey

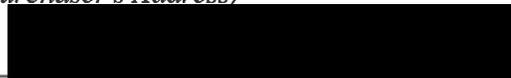
(Purchaser's Name)



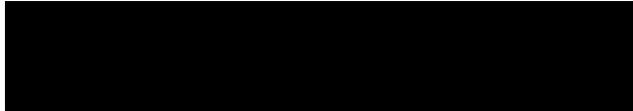
(Purchaser's Signature)



(Purchaser's Address)



(Purchaser's Telephone Number)



Subscription Amount

\*By executing this Subscription Agreement, the undersigned hereby agrees to the terms and conditions of the Company's Limited Liability Company Agreement effective as of May 21, 2015 as further amended to date (the "Operating Agreement") and agrees to be bound by the terms and provisions thereof. This signature page, and copies of it, may be appended to the Operating Agreement and when so appended, the Operating Agreement shall constitute an original binding agreement of the undersigned.

THE MEMBERSHIP UNITS SUBSCRIBED TO BY THE ABOVE MEMBER HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR THE SECURITIES LAWS OF ANY OTHER JURISDICTION, AND SUCH MEMBERSHIP UNITS MAY NOT BE SOLD OR DISTRIBUTED EXCEPT PURSUANT TO THE TERMS OF THE OPERATING AGREEMENT, THE SECURITIES ACT OF 1933, AS AMENDED, AND THE SECURITIES LAWS OF SUCH OTHER JURISDICTIONS AS MAY BE APPROPRIATE.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with handwritten entries: 1. Business Name: Advanced Grow Labs New York, LLC; 2. Name: Michael Dix; 3. Title: Member; 4. Role: Investor / member; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? No.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Northwestern University, Evanston, IL, '86, '90, BA in Economics, '90.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

This document contains sensitive personal information which, if released to the public, would constitute an unwarranted invasion of personal privacy and, as such, should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three entries. Entry 1: From: 2013, To: Present, Business Type: charity, Office Held: board member. Entry 2: From: 2014, To: present, Business Type: charity, Office Held: board member. Entry 3: From: (blank), To: (blank), Business Type: (blank), Office Held: (blank).



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For Individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 5/27/15

Notary Name: [Handwritten Signature]

Notary Registration Number: 111361

Notary (Notary Must Affix Stamp or Seal)

Date: 5/27/15





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: BSI Empire Holdings, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Greg Hershey 3. Title: Manager
4. Briefly describe the role of this person or entity in the proposed registered organization:
Investor in Advanced Grow Labs New York, LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education. Includes a table for education details with handwritten entries for Cornell University.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Real Estate Broker, 10351204407, New York State Department of State Division of Licensing Services, 7/5/13, 7/5/15.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with three identical sections for employee information, including fields for Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field contains checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a
statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not
be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,
true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/26/2015
Notary Name: Danny Shatz Notary Registration Number: 01SH6210710
Notary (Notary Must Affix Stamp or Seal) Date: 5/26/2015
DANNY SHATZ
Notary Public - State of New York
No. 01SH6210710
Qualified in Queens County
My Commission Expires August 24, 2017

[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number [REDACTED]

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/26/2015

**Status** PROCESSED

**Applicant Name** David Lipton

**Appointment Info** May 29, 2015 at 11:30 am

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** David Lipton

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** dlipton@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Ser

New York State  
EasyPath Netwo

Applicant: LIPTON, DAVID, BRADLEY  
Address:2 [REDACTED]

OCA:  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS

Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)



# SAFRAN

## MorphoTrust USA

[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number [REDACTED]

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/26/2015

**Status** PROCESSED

**Applicant Name** Christopher Mayle

**Appointment Info** May 29, 2015 at 10:30 am

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** Chris Mayle

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** cmayle@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

**Address 2** Fairfield

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: MAYLE, CHRISTOPHER, C  
Address: [REDACTED]

OCA: [REDACTED]  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS  
Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)

[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IISIIS003445823**

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/30/2015

**Status** PROCESSED

**Applicant Name** Richard Kiyomoto

**Appointment Info** June 2, 2015 at 10:30 am

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** Richard Kiyomoto

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** rkiyomoto@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

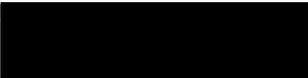
**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: KIYOMOTO, RICHARD. KI  
Address: 

OCA:  
Date Fingerprinted: 20150602

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS  
Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)



[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number [REDACTED]

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/26/2015

**Status** PROCESSED

**Applicant Name** Dain Colandro

**Appointment Info** May 29, 2015 at 10:45 am

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** Dain Colandro

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** dcolandro@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: MAYLE, CHRISTOPHER, C

Address: [REDACTED]

OCA: [REDACTED]

Date Fingerprinted: 20150529

Fingerprint Center: L117

Agency: NYS Dept of Health Bur Na

Reason Fingerprinted:

CONTROLLED SUBS

Amount Paid: 84.95

Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)



[Exit](#)

## Confirmation

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Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number



Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/26/2015

**Status** PROCESSED

**Applicant Name** Daniel Hess

**Appointment Info** May 29, 2015 at 11:45 am

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

## Payment Method

**Payer Name** Daniel Hess

**Card Number**



**Card Type**



**Approval Code**



**Confirmation Email** dhess@advancedgrowlabs.com

## Billing Address

**Address 1** 61 Unquowa Road

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: HESS, DANIEL, RUSK  
Address: 

OCA:  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason fingerprinted:  
CONTROLLED SUBS  
Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)

[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number [REDACTED]

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/26/2015

**Status** PROCESSED

**Applicant Name** Marc Gare

**Appointment Info** May 29, 2015 at 3:00 pm

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** Marc Gare

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** mgare@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Ser

New York State  
EasyPath Netwo

Applicant: GARE, MARC, STEVEN  
Address: 

OCA:  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS

Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117004

(Agency Copy)



[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number [REDACTED]

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/26/2015

**Status** PROCESSED

**Applicant Name** Brian Gaines

**Appointment Info** May 29, 2015 at 3:15 pm

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** Brian Gaines

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** bgaines@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: GAINES, BRIAN, MICHAEL  
Address: 

OCA:  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Ne  
Reason Fingerprinted:  
CONTROLLED SUBS  
Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117004

(Agency Copy)



[Exit](#)

## Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number [REDACTED]

### Payment Details

**Description** L-1 Enrollment Services  
Fingerprinting Services  
www.L1Enrollment.com

**Payment Amount** \$84.95

**Payment Date** 05/30/2015

**Status** PROCESSED

**Applicant Name** Klaus Polttila

**Appointment Info** June 2, 2015 at 10:45 am

**Customer Service Number** (877) 472-6915 or for TTY/TTD applicants, please call (877) 219-0199

### Payment Method

**Payer Name** Klaus Polttila

**Card Number** [REDACTED]

**Card Type** [REDACTED]

**Approval Code** [REDACTED]

**Confirmation Email** kpolttila@advancedgrowlabs.com

### Billing Address

**Address 1** 61 Unquowa Road

**City** Fairfield

**State** CT

**Zip Code** 06824

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: POLTTILA, KLAUS, ILVAN  
Address: 

OCA:

Date Fingerprinted: 20150602

Fingerprint Center: L117

Agency: NYS Dept of Health Bur Na

Reason Fingerprinted:

CONTROLLED SUBS

Amount Paid: 84.95

Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)

**From:** Elaine Lonergan  
**Sent:** Wednesday, June 3, 2015 11:41 AM  
**To:** Chris Mayle  
**Cc:** Seth Sholes; Ed Stearns  
**Subject:** FW: Payment Confirmation for Fingerprinting Services

-----Original Message-----

From: Electronic Payment Notification [mailto:noreply@epymtservice.com]  
Sent: Tuesday, May 26, 2015 4:47 PM  
To: Elaine Lonergan  
Subject: Payment Confirmation for Fingerprinting Services

\*\*\* PLEASE DO NOT RESPOND TO THIS EMAIL \*\*\*

Thank you for your payment.

This email is to confirm your payment submitted on May-26-2015 for Fingerprinting Services.

Applicant Name: Elaine Lonergan  
Confirmation Number: [REDACTED]  
Payment Amount: \$84.95  
Scheduled Payment Date: May-26-2015  
Amount Due: \$84.95

Account Nickname: N/A  
Credit Card Number: [REDACTED]  
Credit Card Type: [REDACTED]  
Payer Name: Elaine Lonergan  
Approval Code: [REDACTED]

Merchant: L-1 Enrollment Services  
Website: [www.L1Enrollment.com](http://www.L1Enrollment.com)

If you have questions about this payment or need assistance, please visit <http://www.L1Enrollment.com> and call Customer Service for your state at the phone number listed on the website.

Thank you for using the L-1 Enrollment Services electronic payment system.

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: LONERGAN, ELAINE, JAN  
Address [REDACTED]

OCA:  
Date Fingerprinted: [REDACTED]

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS  
Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)



New York

**Registration Completed for Mr. Marshall Edward Stearns**

**Appointment Details**

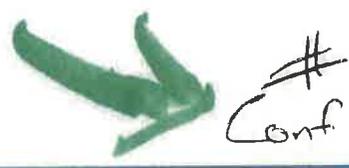
**Location**

White Plains  
Community Action Program  
70 Ferris Avenue, Lower Level  
White Plains, NY 10603  
United States

**Appointment**

Date: 05/29/2015  
Time: 12:30 PM

**Registration ID**



**Payment Details**

Remember to bring your payment with you to your appointment. You will not be fingerprinted without payment.

The following payment methods are accepted on site: Money Order, Business Check, Personal Check and Certified Bank Check.

Your total is \$84.95.

**Reminders**

Your photograph will be taken during the fingerprinting process. Please dress appropriately.  
Applicant MUST present two (2) forms of ID, at least one of which must have a photo (see Column A).

The full legal name on your two forms of identification must match exactly. If they do not match, an official document must be submitted to explain the discrepancy. Please call (877) 472-6915 if you have any further questions.

Please bring the two forms of identification you selected during the registration process with you to your fingerprinting appointment.

Column A - Valid Photo Identification	Column B - Valid Supplementary Identification
<ul style="list-style-type: none"> <li>• U.S. Passport (unexpired or expired)</li> <li>• Permanent Resident Card</li> <li>• Alien Registration Receipt Card</li> <li>• Unexpired Foreign Passport</li> <li>• Driver's License or Photo ID Card (issued by U.S. State or Territory)</li> <li>• School or College ID Card (with photo)</li> <li>• Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)</li> <li>• Photo ID Card issued by federal, state, or local govt.</li> </ul>	<ul style="list-style-type: none"> <li>• Voter registration card</li> <li>• U.S. Military card or draft record</li> <li>• Military dependent's ID card</li> <li>• Coast Guard Merchant Mariner Card</li> <li>• Native American Tribal Document</li> <li>• Canadian Driver's License</li> <li>• U.S. Social Security Card</li> <li>• Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal</li> <li>• Certification of Birth Abroad (issued by U.S. Department of State)</li> <li>• U.S. Citizen ID Card (Form I-7)</li> </ul>

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: STEARNS, MARSHALL, EI  
Address 

OCA:  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS

Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)

L-1 Enrollment Sen

New York State  
EasyPath Netwo

Applicant: SHOLES, SETH, ROGER  
Address: [REDACTED]

OCA:  
Date Fingerprinted: 20150529

Fingerprint Center: L117  
Agency: NYS Dept of Health Bur Na  
Reason Fingerprinted:  
CONTROLLED SUBS

Amount Paid: 84.95  
Fee Paid By: US BANK EPAY

Operator ID: NYL117003

(Agency Copy)

Q. 86



**ADVANCED  
GROW LABS**

**Attachment F  
Advanced Grow Labs New York LLC  
Labor Peace Agreement**

**Local 338**



**RWDSU/UFCW**

**JOHN R. DURSO**  
President

**JOSEPH FONTANO**  
Secretary-Treasurer

**JACK CAFFEY JR.**  
Executive Vice President

**DEBRA BOLLBACH**  
Recorder



Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

June 2, 2015

Re: Labor Peace Agreement between Local 338, RWDSU/UFCW and Advanced Grow Labs, LLC

Dear Commissioner Zucker,

Local 338, RWDSU/UFCW ("Local 338") is a labor organization, as defined in 29 U.S.C. § 402(i) and 29 U.S.C. § 152(5), representing close to 20,000 employees in New York State and its environs.

The enclosed document entitled, Neutrality Agreement, is intended in part to satisfy and comply with the requirement, under the New York Public Health Law, that an applicant (Advanced Grow Labs, LLC) seeking a license to conduct business relating to the use of medical marijuana in New York State submit proof that it has entered into a labor peace agreement with a bona-fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees. See Public Health Law §§ 3360(14), 3365(1)(III), 3365(3)(VII), 3365(6)(IV), and 3365(7).

The Neutrality Agreement contains explicit language which protects the State's proprietary interests by prohibiting Local 338 from engaging in picketing, work stoppages, boycotts, and any other economic interference with the business of an entity licensed to engage in the business relating to the use of medical marijuana in New York State.

Should any changes in the Neutrality Agreement be necessary for an applicant to comply with the Public Health Law, please feel free to communicate with us directly.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Fontano".

Joseph Fontano  
Secretary-Treasurer

**STRONGER | TOGETHER**

*Our Mission: To Better The Lives Of Our Members And All Working People.*  
1505 Kellum Place • Mineola, NY 11501 • (516) 294-1338 • [www.local338.org](http://www.local338.org)

**LABOR PEACE / NEUTRALITY AGREEMENT**  
**BY AND BETWEEN**  
**ADVANCED GROW LABS LLC**  
**AND**  
**LOCAL 338, RWDSU/UFCW**

By this Agreement dated June 2, 2015, Advanced Grow Labs LLC (the "Employer") and Local 338, RWDSU/UFCW, 1505 Kellum Place, Mineola, New York (the "Union") hereby establish the following procedure to address the Union's efforts to organize employees in any existing or new facility owned or operated by the Employer in which the employees are not represented by a labor organization:

1. **Bargaining Unit.** The bargaining unit at any particular facility shall include all full time and part-time employees at the facility, excluding pharmacists who are managers or supervisors under the National Labor Relations Act, consultants who assists in the commencement of the facility and who work at a particular facility for less than 60 days and less than two days per week, media or marketing consultants, and any employees otherwise statutorily excluded by the National Labor Relations Act ("NLRA"), including supervisors, guards and confidential employees.

2. Within ten (10) days after receiving written notice of the Union's intent to organize a facility's bargaining unit, the Employer agrees to furnish the Union with a complete list of employees in the facility designated in the notice, including job classifications, departments, street addresses, telephone numbers and e-mail addresses. The Employer agrees to thereafter provide updated lists as reasonably requested. The Employer waives the right under the NLRA to file any petition with the National Labor Relations Board for any election in connection with the invocation of this Agreement and agrees to refrain from directly or indirectly supporting any such petition.

3. The Employer agrees to take a neutral approach to unionization of employees. Neutrality means that the Employer will neither help nor hinder the Union's organizing effort by, for example, directly or indirectly demeaning by word or deed the Union or its representatives, or directly or indirectly supporting or assisting in any way any person or group who may oppose the Union. The Employer agrees not to communicate to any employee that it disfavors the Union or the signing of authorization cards, or that they may suffer adverse consequences for supporting the Union or signing cards. The Employer also agrees that it, and its managers, supervisors and other representatives will refer to the Union by name and not as "outsider" or in similar derogatory manner. The parties will conduct themselves with mutual respect for each other during any organizing effort.

4. During organizing efforts, the Employer's managers, supervisors and other representatives will remain neutral and will refrain from communicating with employees about how they should respond to the Union. The Employer agrees to inform all of its managers, supervisors and representatives of this obligation and that the Employer has no objection to employees supporting the Union or engaging in union activities, including meeting with Union representatives or signing authorization cards. The Employer will promptly act to address and

remedy any violation of this provision and immediately act to discourage any additional violation, including counseling and/or disciplining any manager or supervisor or counseling, or terminating its relationship with, any independent contractor representative who violates this provision. The Employer agrees to take prompt action to mitigate the effects of any violation, including informing employees of the Employer's position on organizing and the rights of employees to organize.

5. The Employer agrees to permit Union representatives access to the workplace, if permitted by law to do so, and to permit Union representatives to communicate with employees, including through the distribution of materials. Union representatives will not disrupt the Employer's operations or unreasonably interfere with employee production.

6. The facility's highest level manager will meet with and tell employees that the Employer has no objection to employees meeting with Union representatives, supporting the Union or signing authorization cards. That manager will also tell employees that the Employer is neutral in their selection of union representation.

7. If the Union requests recognition of the bargaining unit employees at any particular facility, the employer if presented with a showing of majority interest shall either recognize the Union as the collective bargaining representative, or may request that a neutral be selected in accordance with Paragraph 10 below (or another person mutually acceptable to the Employer and the Union) who shall be provided with a list of the names of all bargaining unit employees and who will conduct a review of the employees' authorization cards submitted by the Union in support of its claim to represent a majority of such employees. If that review establishes that a majority of such employees has designated the Union as their exclusive collective bargaining representative, the Employer will recognize the Union as the representative of such employees.

8. If the Union is recognized per the foregoing as the collective bargaining representative at a facility, the parties agree to bargain in good faith for the terms of a collective bargaining agreement. The parties agree to commence bargaining within 20 business days from the date the neutral verifies the Union's majority. If the parties are unable to reach agreement in bargaining, the parties agree to submit any remaining open proposals to final and binding interest arbitration pursuant to the rules of the American Arbitration Association's Labor Tribunal ("AAA").

9. With regard to any new facility operated by the Employer within New York State, the parties will apply the terms of the collective bargaining agreement to such facility, unless the National Labor Relations Board or a court determines that the parties may not lawfully extend this Agreement to that unit. To the extent that the collective bargaining agreement requires separate bargaining for such facility on any issues, the parties agree to commence bargaining within 20 business days from the date of the recognition verifying the Union's majority at such facility. If the parties are unable to reach an agreement in bargaining the matter shall be submitted to final and binding interest arbitration in accordance with Section 8 above.

10. The parties agree to resolve any dispute over the interpretation of this provision through expedited arbitration (except that interest arbitration shall not be expedited). The parties will invoke arbitration by filing a demand for arbitration with the AAA and requesting an arbitrators list from the AAA. Within 10 days of receiving AAA's arbitrators' list, the parties will submit their struck lists to the AAA. The parties agree that AAA will follow its labor arbitration rules to select an arbitrator based on the list or lists the parties submit. The AAA will strictly apply its rule requiring struck lists to be timely submitted in accordance with this provision. Except for interest arbitration, the arbitrator will hear the dispute on either the first or second date the arbitrator is available and issue an award within 20 days thereafter. The parties will equally share the arbitrator's fees and costs.

11. Labor Peace. At no time after execution of this Agreement shall the Union engage in any strike, picketing, sympathy strike, work slowdown, or other interruption of work at any facility operated by the Employer in the State of New York, whether the Union is or is not recognized as the collective bargaining representative of the Employer's employees at that or any other facility provided the Employer is not in violation of this Agreement.

12. The parties agree that should there be a dispute, the arbitrator has the authority to direct the breaching party to specifically perform its obligations under this provision. The arbitrator may award a penalty of up to \$10,000 for willful breaches. A willful breach is one that clearly violated this provision and was not corrected after the aggrieved party provided notice of it to the violating party. The parties consent to the entry of the arbitrator's award as the order of judgment of a United States District Court within the State of New York.

13. The Union and the Employer recognize that this Agreement is in their mutual best interests and therefore agree to prevent evasion of the terms of this Agreement through the use of contractors and/or subcontractors. To comply with the spirit of this Agreement, the Employer shall, as a condition of its relationship with any contractor and/or subcontractor require that the contractor and/or subcontractor assume the terms of this Agreement and any collective bargaining agreement applicable to the work to be contracted or subcontracted.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this 2nd day of June 2015, by their duly authorized representatives.

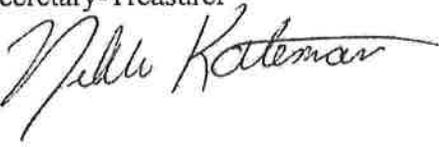
LOCAL 338, RWSDU/JFCW

By: 

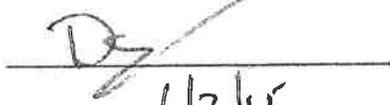
Date: 6/2/15

Name: Joseph Fontano

Title: Secretary-Treasurer

Witness: 

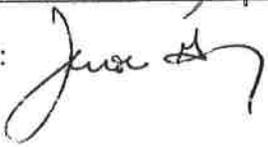
ADVANCED GROW LABS LLC

By: 

Date: 6/2/15

Name: David Kipton

Title: Managing Partner

Witness: 

Q. 87



**ADVANCED  
GROW LABS**

## **Attachment G**

**Advanced Grow Labs New York LLC**

**Financial Statement of Business  
Transactions Connected with the  
Application**

<b>Legal Representation</b>	Greenberg Traurig	<b>Estimated Cost:</b>	\$160,000
<b>Service Provided:</b> Legal Services and advice related to all aspects of preparation of the Application			

<b>Legal Representation</b>	Pullman & Comley LLC	<b>Estimated Cost:</b>	\$25,000
<b>Service Provided:</b> Legal Services and advice related to lease negotiation			

<b>Legal Representation</b>	Cohen and Wolf	<b>Estimated Cost:</b>	\$60,000
<b>Service Provided:</b> Legal counsel regarding corporate / business entity matters			

<b>Legal Services</b>	Houlihan-Parnes Realtors, LLC	<b>Estimated Cost:</b>	\$2,500
<b>Service Provided:</b> Lease review and negotiation for White Plains lease			

<b>Accounting Services</b>	Williams, Benator and Libby	<b>Estimated Cost:</b>	\$5,000
<b>Service Provided:</b> Accounting			

<b>Architectural Plans</b>	KA Davignon Architecture	<b>Estimated Cost:</b>	\$54,000
<b>Service Provided:</b> Drawings and blueprints for manufacturing facility and dispensaries			

<b>Engineering Plans</b>	Edwards and Zuck Engineers	<b>Estimated Cost:</b>	\$47,000
<b>Service Provided:</b> Preparation of mechanical and engineering plans related to build-out of manufacturing facility			

<b>Researcher</b>	Christine Dedrick	<b>Estimated Cost:</b>	\$6,800
<b>Service Provided:</b> Financial Consulting			

*This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

<b>Researcher</b>	Elaine Lonergan	<b>Estimated Cost:</b>	\$10,000
<b>Services Provided:</b> Document drafting and preparation			

<b>Surety Bond Provider</b>	Atlantic Specialty Insurance, an affiliate of OneBeacon Insurance Group	<b>Estimated Cost:</b>	\$20,000
<b>Services Provided:</b> Bond Purchase			

<b>Brokerage Commission</b>	Marsh USA, Inc.	<b>Estimated Cost:</b>	\$6,500
<b>Services Provided:</b> Bond Purchase			

*This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.*

Q. 88



**ADVANCED  
GROW LABS**

## **Appendix B**

**Advanced Grow Labs New York LLC  
Architectural Program**



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Advanced Grow Labs, New York, LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: M Mercantile (Drug Store and Counseling Offices)
Building Construction Type and Classification: 2B Non-Combustible (Unprotected)
Facility Address: 188 Martine Avenue, White Plains, New York 10601-3305
Primary Contact Telephone number: David Lipton Cell [redacted] Office 203-259-0811
Primary Contact Fax number: N/A
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[ ] BIDDING PHASE
[ ] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Solar, Oil, Other, Electric
Engineering Systems:
Heating System: Type boiler, Size tbd, Efficiency
Cooling System: Type chiller, Size tbd, Efficiency
Ventilation & Humidification Systems:
Type electroni, Size tbd, Efficiency
Electrical Distribution Available 3000 amps 480/277v., 3ph.
Water Supply: Municipal Water Service Yes or Private Well Water
Sewage: Municipal Sewer System Yes or Private Septic System
Emergency Power System:
Type, Size, Efficiency



Appendix B – Architectural Program

Table with 2 columns: checkbox and code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input checked="" type="checkbox"/> Alteration Level 3 <input checked="" type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
	<b>Select Work Involved:</b> Check all that apply.	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical

**CODE COMPLIANCE REVIEW**

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: *Fire Code*, PC: *Plumbing Code*, MC: *Mechanical Code*, FGC: *Fuel Gas Code*, ECC: *Energy Conservation Code*.

2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*

3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M Mercantile High Hazard protection and separation	M Mercantile (2,700 USF +/-) No High Hazard Use or Storage



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	All incidental storage areas shall be separated by 1 HR const. and/or sprinklered	Existing mechanical areas are separated / sprinklered. New Storage/Mech'l areas will be separated /protected.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Identify High Hazardous Contents & Means of Storage	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Establish Control Areas & Quantities of Storage	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Tbl 503 - 12,500 SF Allowed 4 Stories	13,500 GSF +/- 2 Stories
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Separate or Protect all Storage or Mech Rooms	Elev. Mech. Rm. (90 SF) 1 HR Separation



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and R-2 (2 HR)	Existing Horizontal Rated Separation to Remain.
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and R-2 (2 HR)	Existing Horizontal Rated Separation to Remain.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	2B Non Combustible (Unprotected)	2B Non Combustible (Unprotected)
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	NR	NR Existing mechanical areas meet size exceptions



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	NR	Existing w/ >30 FT Separation
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	2 HR	Existing rated separation wall construction to remain
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	1 HR Separation of incidental mechanical areas	All new mechanical and storage areas shall be of 1 HR rated construction
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	1 HR Separation between lower level M and upper level R occupancies	Existing rated horizontal floor/ceiling to remain.
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Adapt existing system to new architectural layout, in accordance with Group M	Existing sprinkler system
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	Based on a fully sprinkler building adding manual pull stations, horn/strobes, tied existing building fire alarm system	Existing fire alarm system



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR	NR
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Identify existing Fire Dept connections with necessary signage	Existing
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	All egress doors shall be 36 in. x 84 in. hollow metal w/ closers swining toward	All existing egress doors are 36 x 84 inches.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Tabular (40) Design (20) Table 1004.1.1 - 30 sf per person main level/60 sf per	Occupant Load = 40 for all code requirements
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 - Min. 44 in aisles w/ corridors of 4 FT	All existing means are 36 in. doors (32 IN Egress Width)
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Main entry shall be made accessible by ramp.	Two (2) existing means of egress at street level are fully accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	32 IN clear width required	All existing doors provide 32
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	36 IN width Req'd for Occy Load less than 50	Stair to lower level has 36 IN clear width.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	75 FT CPT allowed in M uses with sprinklers	Maximum CPT = 30FT
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Table 1015.1 requires one means for use M when Occ. Load is < 49	Offices shall have 1 door and total space has 2 means
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 requires no fire rating of corridors.	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	44 inch minimum	Open Plan Design - any corridors will have 44 in. width
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	In M occupancies 20 FT maximum dead end	No dead end corridor shall exceed 20 FT
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Table 1019.1 requires 2 means of egress	3 separate and remote means of egress will be provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	1 HR separation Required	1 HR vertical separation
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	44 inch minimum	44 IN width provided
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to exterior and public way	All exits discharge directly to exterior and public way
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All facilities shall be accessible to physically disabled persons	All rest rooms, break rooms, means of egress and meetings rooms shall be readily accessible
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	N/A All exterior walls are existing	All new doors or other exterior components shall meet NYSECCC.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	NR	NA
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Toilets Reqd. = 2 Lavs Reqd. = 2	Toilets = 2 Lavs = 2
48	Available Street Water Pressure			Provide the available street or well water pressure.	80PSI	80PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire must extend to within 300 FT of all exterior walls	Fire extends to within 250 FT from all exterior walls.







Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Advanced Grow Labs, New York, LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: M Mercantile (Drug Store and Counseling Offices)
Building Construction Type and Classification: 2B Non-Combustible (Unprotected)
Facility Address: 203 East Water Street, Syracuse, New York 13202
Primary Contact Telephone number: David Lipton Cell [redacted] Office 203-259-0811
Primary Contact Fax number: N/A
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[ ] BIDDING PHASE
[ ] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits, Public Parking Spaces, Staff Parking Spaces, Accessible Parking Spaces, Accessible Route(s), Fire Lane and/or Fire Apparatus Road, Percentage of Green Space, Location of Emergency Power Systems, Loading & Unloading, Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

<b>PART IV – BUILDING CODE COMPLIANCE:</b> (pages 3-13)	
CHECK ALL APPLICABLE CODES FOR THE FACILITY	
<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS
<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS
<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS
<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS
<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS
<input checked="" type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS
<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS
<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS
<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
<input type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE
<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE
<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE
<input checked="" type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



**Appendix B – Architectural Program**

<b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input checked="" type="checkbox"/> Alteration Level 3 <input checked="" type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3, Prescriptive Compliance Method <input type="checkbox"/> Chapter 13, Performance Compliance Method
	<b>Select Work Involved:</b> Check all that apply.	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical

**CODE COMPLIANCE REVIEW**

Applicant shall provide all applicable information in regards to the code topic and section listed below.

- Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: **Fire Code**, PC: **Plumbing Code**, MC: **Mechanical Code**, FGC: **Fuel Gas Code**, ECCC: **Energy Conservation Code**.
- Provide the Required standard for each applicable code section (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*
- Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M Mercantile High Hazard protection and separation	M Mercantile (2,700 USF +/-) No High Hazard Use or Storage



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	All incidental storage areas shall be separated by 1 HR const. and/or sprinklered	Existing mechanical areas are separated / sprinklered. New Storage/Mech'l areas will be separated /protected.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Identify High Hazardous Contents & Means of Storage	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Establish Control Areas & Quantities of Storage	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Tbl 503 - 12,500 SF Allowed 4 Stories	11,000 GSF +/- 4 Stories
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Separate or Protect all Storage or Mech Rooms	Elev. Mech. Rm. (90 SF) 1 HR Separation



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and R-2 (2 HR)	Existing Horizontal Rated Separation to Remain.
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and R-2 (2 HR)	Existing Horizontal Rated Separation to Remain.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	2B Non Combustible (Unprotected)	2B Non Combustible (Unprotected)
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	NR	NR Existing mechanical areas meet size exceptions



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	NR	Existing w/ >30 FT Separation
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	2 HR	Existing rated separation wall construction to remain
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	1 HR Separation of incidental mechanical areas	All new mechanical and storage areas shall be of 1 HR rated construction
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	2 HR Elevator Shaft	Existing rated shaft construction to remain.
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	2 HR Separation between lower level M and upper level R-2 occupancies	Existing rated horizontal floor/ceiling to remain.
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Adapt existing system to new architectural layout, in accordance with Group M	Existing sprinkler system
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	Based on a fully sprinkler building adding manual pull stations, horn/strobes, tied existing building fire alarm system	Existing fire alarm system



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR	NR
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Identify existing Fire Dept connections with necessary signage	Existing
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	All egress doors shall be 36 in. x 84 in. hollow metal w/ closers swining toward	All existing egress doors are 36 x 84 inches.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Tabular (70) Design (20) Table 1004.1.1 - 30 sf per person main level/60 sf per	Occupant Load = 70 for all code requirements
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 - Min. 44 in aisles w/ corridors of 4 FT	All existing means are 36 in. doors (32 IN Egress Width)
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Main entry shall be made accessible by ramp.	Two (2) existing means of egress at street level are fully accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	32 IN clear width required	All existing doors provide 32
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	36 IN width Req'd for Occy Load less than 50	Stair to lower level has 36 IN clear width.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	75 FT CPT allowed in M uses with sprinklers	Maximum CPT = 22FT
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Table 1015.1 requires one means for use M when Occ. Load is < 49	Offices shall have 1 door and total space has 2 means
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 requires no fire rating of corridors.	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	44 inch minimum	Open Plan Design - any corridors will have 44 in. wdth
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	In M occupancies 20 FT maximum dead end	No dead end corridor shall exceed 20 FT
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Table 1019.1 requires 2 means of egress	2 separate and remote means of egress will be provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	1 HR separation Required	1 HR vertical separation
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	44 inch minimum	44 IN wdth provided
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to exterior and public way	All exits discharge directly to exterior and public way
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All facilities shall be accessible to physically disabled persons	All rest rooms, break rooms, means of egress and meetings rooms shall be readily accessible
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	N/A All exterior walls are existing	All new doors or other exterior components shall meet NYSECCC.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	NR	NA
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Toilets Reqd. = 2 Lavs Reqd. = 2	Toilets = 2 Lavs = 2
48	Available Street Water Pressure			Provide the available street or well water pressure.	80PSI	80PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire must extend to within 300 FT of all exterior walls	Fire extends to within 250 FT from all exterior walls.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

## **PROGRAMMATIC DESIGN PLAN - TYPICAL DISPENSARY REQUIREMENTS**

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This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Advanced Grow Labs, New York, LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: M Mercantile (Drug Store and Counseling Offices)
Building Construction Type and Classification: 2B Non-Combustible (Unprotected)
Facility Address: 338 E 49th Street, New York, New York 10017
Primary Contact Telephone number: David Lipton Cell [redacted] Office 203-259-0811
Primary Contact Fax number: N/A
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[ ] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[ ] BIDDING PHASE
[ ] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Solar, Oil, Other, Electric
Engineering Systems:
Heating System: Type boiler, Size tbd, Efficiency, Ventilation Requirements
Cooling System: Type chiller, Size tbd, Efficiency, Ventilation Requirements
Ventilation & Humidification Systems:
Type electroni, Size tbd, Efficiency, Ventilation Requirements
Electrical Distribution Available 3000 amps 480/277v., 3ph.
Water Supply: Municipal Water Service Yes or Private Well Water
Sewage: Municipal Sewer System Yes or Private Septic System
Emergency Power System: Type, Size, Efficiency



Appendix B – Architectural Program

Table with 2 columns: checkbox and code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input checked="" type="checkbox"/> Alteration Level 3 <input checked="" type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
	<b>Select Work Involved:</b> Check all that apply.	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: <i>Fire Code</i> , PC: <i>Plumbing Code</i> , MC: <i>Mechanical Code</i> , FGC: <i>Fuel Gas Code</i> , ECCC: <i>Energy Conservation Code</i> .						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: <i>Not Applicable</i> , NR: <i>Not Required</i> , NP: <i>Not Permitted</i>						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M Mercantile High Hazard Protection and Separation Required	M Mercantile (3,650 USF) No High Hazard Contents, Use or Storage



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	All incidental storage areas shall be separated by 1 HR const. and/or sprinklered	Existing mechanical areas are separated / sprinklered. New Storage/Mech'l areas will be separated /protected.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Identify High Hazrad Contents & Means of Egress	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Establish control areas and quantities of storage	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Tbl 503 - UL SF Allowed 11 Stories	16,000 SF (Total Bldg) 5 Story (Existing)
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Separate or Protect all storage or mechanical	N/A Storage of Office Supplies



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and R-2 occupancies (above) - 1 HR	Existing rated tenant separations will remain
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	See Separated Occupancies Below	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and R-2 - 1 HR	Existing rated tenant separations will remain (Sprinklered Building)
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	1B Non Combustible (Unprotected)	1B Non Combustible (Unprotected)
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	NR	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	NR	Existing Separations Remain
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A	Existing rated tenant separations to remain
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	1 HR Separation of existing mechanical areas	All new mechanical areas will be separated or protected. (1 HR or Sprinklered)
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	1 HR Separation of incidental mechanical areas	All new mechanical areas will be separated or protected. (1 HR or Sprinklered)
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	N/A	N/A
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	adapt existing system to architectural layout, in accordance with Group F-	Existing sprinkler system
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	Based on a fully sprinkler building adding manual pu stations, horn/strobes, tied existing building fire alarm system	Existing fire alarm system



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR	NR
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Identify existing Fire Dept connections with necessary signage	Existing
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	All egress doors shall be 36 in. x 84 in. hollow metal w/ closers swining toward	All existing egress doors are 36 x 84 inches.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Tabular (75) Design (20) Table 1004.1.1 - 30 $sf/person M + 100 sf/person$	Occupant Load = 75 for code requirements
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 - Min. 44 in aisles w/ corridors of 4 FT	All existing means are 36 in. doors
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Main entry shall be made accessible by ramp.	One (1) means of existing egress is accessible at grade level by existing ramp.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	32 in clear width required	All existing doors provide
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	36 in Width required for occy. load less than 50	Stair to lower level has 36 in open clearance.
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	75 FT CPT allowed in M uses with sprinklers	Maximum CPT = 25 FT
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Table 1015.1 requires one means for use M when Occy Load is < 49	Office have 1 door each 3 total means of egress from space.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 requires no fire rating of corridors.	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	44 inch minimum	Open Plan Design - any added corridors will have 44 in. minimum width
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	In M occupancies 20 FT maximum dead end	No dead end corridor shall exceed 20 FT
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Table 1019.1 requires 2 means of egress	3 separate / remote means of egress will be provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	44 inch minimum	44 in Minimum provided
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to exterior and public way	All exits discharge directly to exterior and public way
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All facilities shall be accessible to physically disabled persons	All rest rooms, break rooms, means of egress and meetings rooms shall be readily accessible
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	N/A All exterior walls are existing	All new doors or other exterior components shall meet NYSECCC.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	NR	NA
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Toilets Req'd. = 2 Lavs Req'd. = 2	Toilets = 2 Lavs = 2
48	Available Street Water Pressure			Provide the available street or well water pressure.	80PSI	80PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire must extend to within 300 FT of all exterior walls	Fire extends to within 250 FT from all exterior walls.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

# 338th 49th Sreet MAIN LEVEL

$\frac{1}{8}'' = 1'-0''$

# 338th 49th Street LOWER LEVEL

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$\frac{1}{8}'' = 1'-0''$

This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

## **PROGRAMMATIC DESIGN PLAN - TYPICAL DISPENSARY REQUIREMENTS**

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This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Advanced Grow Labs, New York, LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: M Mercantile (Drug Store and Counseling Offices)
Building Construction Type and Classification: 2B Non-Combustible (Unprotected)
Facility Address: 2341 Brighton Henrietta Town Line Road, Brighton, New York
Primary Contact Telephone number: David Lipton Cell [redacted] Office 203-259-0811
Primary Contact Fax number: N/A
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[ ] BIDDING PHASE
[ ] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits, Public Parking Spaces, Staff Parking Spaces, Accessible Parking Spaces, Accessible Route(s), Fire Lane and/or Fire Apparatus Road, Percentage of Green Space, Location of Emergency Power Systems, Loading & Unloading, Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

Table with 2 columns: Compliance status (checkbox) and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input checked="" type="checkbox"/> Alteration Level 3 <input checked="" type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
	<b>Select Work Involved:</b> Check all that apply.	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: <i>Fire Code</i> , PC: <i>Plumbing Code</i> , MC: <i>Mechanical Code</i> , FGC: <i>Fuel Gas Code</i> , ECCC: <i>Energy Conservation Code</i> .						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: <i>Not Applicable</i> , NR: <i>Not Required</i> , NP: <i>Not Permitted</i>						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	M Mercantile High Hazard Protection and Separation Required	M Mercantile (2,600 USF) No High Hazard Contents, Use or Storage



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	All incidental storage areas shall be separated by 1 HR const. and/or sprinklered	New Storage/Mech'l areas will be separated /protected.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Identify High Hazrad Contents & Means of Egress	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Establish control areas and quantities of storage	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Tbl 503 - 12,500 SF Allowed 4 Stories	9,740 SF (Total Bldg) 1 Story (Existing)
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Separate or Protect all storage or mechanical	N/A Storage of Office Supplies



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M tenants - 1 HR	New demising walls shall be rated 1 HR
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	See Separated Occupancies Below	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of M Mercantile and B occupancies - 1 HR	New demising walls shall be rated 1 HR
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	2B Non Combustible (Unprotected)	2B Non Combustible (Unprotected)
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	NR	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	NR	Building on single lot Has > 30 FT Separation
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A	N/A
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	1 HR Separation of existing mechanical areas	All new mechanical areas will be separated or protected. (1 HR or Sprinklered)
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	1 HR Separation of incidental mechanical areas	All new mechanical areas will be separated or protected. (1 HR or Sprinklered)
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	N/A	N/A
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	adapt existing system to architectural layout, in accordance with Group F-	Existing sprinkler system
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	Based on a fully sprinkler building adding manual pull stations, horn/strobes, tied existing building fire alarm system	Existing fire alarm system



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR	NR
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Identify existing Fire Dept connections with necessary signage	Existing
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	All egress doors shall be 36 in. x 84 in. hollow metal w/ closers swining toward	All egress doors are 36 x 84 inches.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Tabular (87) Design (40) Table 1004.1.1 - 100 sf person Factory or Business	Occupant Load = 87 for code requirements
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 - Min. 44 in aisles w/ corridors of 4 FT	All means of egress are 36 in. doors
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Main entry shall be made accessible by ramp.	Two (2) means of egress at grade level/sidewalk w/ curb ramps.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	32 in clear width required	All doors provide min. 32 in
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	75 FT CPT allowed in M uses with sprinklers	Maximum CPT = 40 FT
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Table 1015.1 requires one means for use M when Occy Load is < 49	Office have 1 door each 2 total means of egress from space.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 requires no fire rating of corridors.	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	44 inch minimum	Open Plan Design - any added corridors will have 44 in. minimum width
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	In M occupancies 20 FT maximum dead end	No dead end corridor shall exceed 20 FT
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Table 1019.1 requires 2 means of egress	2 separate / remote means of egress will be provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	44 inch minimum	44 in Minimum provided
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to exterior and public way	All exits discharge directly to exterior and public way
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All facilities shall be accessible to physically disabled persons	All rest rooms, break rooms, means of egress and meetings rooms shall be readily accessible
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	N/A All exterior walls are existing	All new doors or other exterior components shall meet NYSECCC.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	NR	NA
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Toilets Reqd. = 2 Lavs Reqd. = 2	Toilets = 2 Lavs = 2
48	Available Street Water Pressure			Provide the available street or well water pressure.	80PSI	80PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire must extend to within 300 FT of all exterior walls	Fire extends to within 250 FT from all exterior walls.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**PA**  
PASSERO ASSOCIATES  
engineering architecture



Client:  
**BNTL Plaza LLC**  
1145 Channing Woods Drive  
Webster, NY 14580

**Passero Associates**  
247 West Main Street, Suite 800  
Rochester, NY 14614  
Project Manager: [Redacted]  
Architect: [Redacted]

No.	Date	By	Description
1	2/17/14	JB	PERMIT SET
2	3/23/14	JB	Revised March Plan

REPRODUCED AT PASSERO ASSOCIATES IN ACCORDANCE WITH THE PROVISIONS OF SECTION 87(2)(b) OF THE EDUCATION LAW, ARTICLE 17, SECTION 2001(4), AND ARTICLE 17, SECTION 2003(4) OF THE EDUCATION LAW.

**FLOOR PLAN**

DUNKIN' DONUTS PLAZA

**BRIGHTON/HEN. TOWNLINE ROAD**  
Town: City: BRIGHTON  
County: Madison State: New York

Project No.:  
**20130110.0002**

Drawing No.:  
**A-100**

Date:  
**1/20/14**

**SITE DATA:**

1. TAX ACCT. NUMBER: 149-170-0001-13.111
2. PARCEL ADDRESS: LOT 2 OF 2341 BRIGHTON-HEMETTA TOWNSHIP NO.
3. TOTAL PARCEL AREA = 1.419 ACRES 41,429 S.F.
4. ZONING: INDUSTRIAL

5. RESTAURANT AND RETAIL ALLOWED WITH A SPECIAL PERMIT.
6. PARCEL IS LOCATED IN THE TOWN OF HEMETTA ORIGINAL WATER DISTRICT, SANITARY SEWER DISTRICT 58 AND THE CONSOLIDATED DRAINAGE DISTRICT.
7. THERE ARE NO FEDERALLY REGULATED WETLANDS ON THIS PARCEL, ACCORDING TO ACOE MAPPING.
8. THERE ARE NO STATE REGULATED WETLANDS ON THIS PARCEL, ACCORDING TO NYSDAC MAP 8700.
9. THERE IS NOT A FLOOD PLAIN ON THIS PARCEL, PER FEMA MAP COMMUNITY PANELS 34850C0010 AND 34850C0020 DATED 8/28/2008.
10. WATER WILL BE PROVIDED BY THE MONROE COUNTY WATER AUTHORITY.
11. SANITARY SEWER WILL BE PROVIDED BY THE TOWN OF HEMETTA, 310AM SEWER AND DRAINAGE FACILITIES WILL BE PRIVATE.
12. AS AN INTEGRAL PART OF THIS APPROVAL, THE PLANNING BOARD EXPRESSLY APPROVES THE COLOR, TEXTURES, AND FINISH OF THE BUILDING AS DEPICTED ON THE ELEVATIONS ON OTHER DOCUMENTS SUBMITTED WITH THIS APPLICATION, ANY PROPOSED CHANGE IN COLOR, TEXTURE, OR FINISH OF THE BUILDING, FROM THAT APPROVED BY THE PLANNING BOARD SHALL REQUIRE A RE-APPLICATION FOR REVIEW AND APPROVAL OF THE PLANNING BOARD.



ZONING ANALYSIS (IG)		
	REQUIRED	PROPOSED
MINIMUM LOT AREA	3/4	1.419 ACRES
MAXIMUM BUILDING HEIGHT	35'	35'
MINIMUM FRONT YARD SETBACK	20'	20'
MINIMUM SIDE YARD SETBACK	20' & 5"	20' & 5"
MINIMUM REAR YARD SETBACK	25'	25'
JOHN DELOACH, ARCH. FIRMING	SEE (A) SHEET 2 - 30' x 40' LAYOUT	30' x 40' LAYOUT
MINIMUM STALL SIZE	8'x12'	8'x12'
MINIMUM ASSESSMENT	24'	24'
PERCENTAGE	20% MIN	20%

PROJECT REQUIRES THE FOLLOWING SPECIAL PERMITS FROM THE TOWN BOARD:  
 1) SPECIAL USE - RESTAURANT (TOWN BOARD) APPLICATION NO. 2013-042  
 2) SPECIAL USE - RESTAURANT (TOWN BOARD) APPLICATION NO. 2013-042  
 3) OUTDOOR SEATING - (TOWN BOARD) APPLICATION NO. 2013-042  
 4) OUTDOOR SEATING - (TOWN BOARD) APPLICATION NO. 2013-042  
 5) SPECIAL USE - RETAIL (TOWN BOARD) APPLICATION NO. 2013-042  
 6) SPECIAL USE - RETAIL (TOWN BOARD) APPLICATION NO. 2013-042  
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 99) SPECIAL USE - RETAIL (TOWN BOARD) APPLICATION NO. 2013-042  
 100) SPECIAL USE - RETAIL (TOWN BOARD) APPLICATION NO. 2013-042

**SURVEY NOTES:**  
 1.) THE MONROE COUNTY TAX MAP IS REFERENCED TO THE N.Y.S. PLANE COORDINATE SYSTEM.  
 2.) DISTANCES BETWEEN HEREON ARE GROUND DISTANCES. BEARINGS AND COORDINATES ARE REFERENCED TO GRS.  
 3.) SURVEY FIELD WORK ON THIS SURVEY WAS DONE TO AN ACCURACY GREATER THAN ONE PART IN 10,000, (1:10,000), USING RESEARCHED DOUBLE MONUMENTS REFERENCED HEREON.  
 MONUMENT 2729 (1994) NORTHING 1,129,264.7 EASTING 781,192.32 HAD 27 ELEV. 56.23 NAVD 29  
 MONUMENT 3197 (1994) NORTHING 1,128,640.0 EASTING 781,241.47 HAD 27 ELEV. 56.12 NAVD 29  
 ELEVATION FACTOR 1.000000  
 GRS FACTOR 1.000015

- REFERENCES:**
1. MAP PREPARED BY HES GROUP, ENGINEERING/SURVEYING ENTITLED "SUBDIVISION PLAT ERIC PROPERTIES, INC. - LOT 2" FILED IN THE MONROE COUNTY CLERK'S OFFICE IN LIBER 278 OF MAPS PAGE 32.
  2. MAP PREPARED BY HES GROUP, ENGINEERING/SURVEYING ENTITLED "SUBDIVISION PLAT PLAN OF LAND OWNED BY ERIC PROPERTIES, INC." FILED IN THE MONROE COUNTY CLERK'S OFFICE IN LIBER 284 OF MAPS PAGE 44.
  3. MAP PREPARED BY HES GROUP, ENGINEERING/SURVEYING ENTITLED "SUBDIVISION PLAT ERIC PROPERTIES, INC. - LOT 2" FILED IN THE MONROE COUNTY CLERK'S OFFICE IN LIBER 284 OF MAPS PAGE 13.
  4. ABSTRACT OF TITLE BY FIRST AMERICAN TITLE INSURANCE COMPANY, FILE NO. 372861, DATED MAY 31, 2012.
  5. APPLICATION FILED IN LIBER 10373 OF ENCL. PAGE 87
  6. EXCEPTION TO THE TOWN OF HEMETTA, LIBER 1962 OF ENCL. PAGE 27, MAP 16, PARCEL 1

**CERTIFICATION:**  
 WE, PASSERO ASSOCIATES, CERTIFY THAT THIS MAP WAS PREPARED ON FEBRUARY 26, 2013 USING PORTIONS OF THE REFERENCE MATERIAL LISTED HEREON AND FROM NOTES OF A BOUNDARY AND TOPOGRAPHIC SURVEY COMPLETED ON FEBRUARY 14, 2013. THIS CERTIFICATION IS SUBJECT TO ANY FURTHER SURVEY OR INVESTIGATION. THIS CERTIFICATION IS MADE TO:

EDWARD J. PASSERO, P.E.  
 201 West Main Street, Suite 809  
 Rochester, New York 14614  
 (716) 225-5488  
 Fax: (716) 225-1441  
 Principal-in-Charge: John F. Caruso, P.E.  
 Project Manager: David L. Cox, P.E.  
 Designed by: Karl M. Wheeler

A RECORDED SITE PLAN MUST BE PROVIDED TO THE TOWN ENGINEERING DEPARTMENT UPON COMPLETION OF THE PROJECT. SHEDS OR DOORWAYS WILL BE INDICATED FOR THE EXISTING AND PROPOSED WATER CURB BOULE, VALVES AND ALL LATERAL CLEANOUTS. THE RECORDED SITE PLAN WILL ALSO INCLUDE ALL IMPROVEMENTS SUCH AS OUTLETS, CURBS, ETC. ALL STRUCTURES WILL BE SHOWN WITH TIES TO THE PROPERTY LINES ON ALL SIDES.  
 \* ALL HVAC UNITS SHALL BE PROPERLY SCREENED

MONROE COUNTY  
 SOUTH CENTRAL FIRE WATERS DISTRICT  
 Review Number 1988  
 Conforms To Monroe County  
 Pure Waters Master Plan  
 11/19/2013  
 DATE

APPROVED BY: *Christine E. White* DATE: 11/28/2013  
 DIRECTOR OF BUILDINGS/PLANNING

APPROVED BY: *Peter C. ...* DATE: 11/28/13  
 PLANNING BOARD CHAIRMAN

APPROVED BY: *...* DATE: 11/28/2013  
 DIRECTOR OF BUILDING AND FIRE PREVENTION

APPROVED BY: *...* DATE: 11/25/13  
 COMMISSIONER OF PUBLIC WORKS

APPROVED BY: *NA* DATE: \_\_\_\_\_  
 MONROE COUNTY WATER AUTHORITY  
 TOWN APPLICATION NO. 13-014



- Drawing Index**
- C 101 Site Plan
  - C 102 Utility Plan
  - C 103 Grading & Erosion Control Plan
  - C 104 Landscaping & Lighting Plan
  - C 105 Profiles
  - C 201 Details
  - C 202 Details



Client:  
**Luis Ribeiro**  
 1145 Channing Woods Drive  
 Webster, NY 14580  
 (585) 202-7042

**Passero Associates**  
 201 West Main Street, Suite 809  
 Rochester, New York 14614  
 (716) 225-5488  
 Fax: (716) 225-1441  
 Principal-in-Charge: John F. Caruso, P.E.  
 Project Manager: David L. Cox, P.E.  
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Revisions		
No.	Date	Description
1	11/14/13	NO ARCH SCALE REVISIONS
2	11/22/13	RECEIVED PER TOWN COMMENTS
3	11/13/13	RECEIVED PER TOWN COMMENTS

**SITE PLAN**

**DUNKIN DONUTS**  
 2341 BHTL RD

Pl. Town Lot 4, Township 12, Range 4  
 Town/City: HEMETTA

County: Monroe State: New York

Project No.  
**20121516.0002**

Drawing No. Sheet No.  
**C-101 1**

Scale:  
**1"=30'**

Date  
**SEPTEMBER 2013**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

## **PROGRAMMATIC DESIGN PLAN - TYPICAL DISPENSARY REQUIREMENTS**

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This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Advanced Grow Labs, New York, LLC
Facility Type: Manufacturing Facility [checked] Dispensing Facility [ ]
Use and Occupancy Classification: F-1 Factory Industrial (Moderate Hazard)
Building Construction Type and Classification: 2B Non-Combustible (Unprotected)
Facility Address: 169 Western Highway, West Nyack, NY 10994
Primary Contact Telephone number: David Lipton Cell [redacted] Office 203-259-0811
Primary Contact Fax number: N/A
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[ ] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[checked] PREPARATION OF CONSTRUCTION DOCUMENTS
[checked] BUILDING PERMIT
[ ] BIDDING PHASE
[ ] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[checked] COMMENCEMENT OF CONSTRUCTION
[checked] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Solar, Oil, Other, Electric
Engineering Systems:
Heating System: Type boiler, Size tbd, Efficiency
Cooling System: Type chiller, Size tbd, Efficiency
Ventilation & Humidification Systems:
Type electroni, Size tbd, Efficiency
Electrical Distribution Available 3000 amps 480/277v., 3ph.
Water Supply: Municipal Water Service Yes or Private Well Water
Sewage: Municipal Sewer System Yes or Private Septic System
Emergency Power System:
Type, Size, Efficiency



Appendix B – Architectural Program

Table with 2 columns: Checkmark and Code Description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input checked="" type="checkbox"/> Alteration Level 3 <input checked="" type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3, Prescriptive Compliance Method <input type="checkbox"/> Chapter 13, Performance Compliance Method
	<b>Select Work Involved:</b> Check all that apply.	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical

<b>CODE COMPLIANCE REVIEW</b>						
<p>Applicant shall provide all applicable information in regards to the code topic and section listed below.</p> <p>1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: <i>Fire Code</i>, PC: <i>Plumbing Code</i>, MC: <i>Mechanical Code</i>, FGC: <i>Fuel Gas Code</i>, ECCC: <i>Energy Conservation Code</i>.</p> <p>2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: <i>Not Applicable</i>, NR: <i>Not Required</i>, NP: <i>Not Permitted</i></p> <p>3. Provide your facilities "Actual" value for each required standard as per applicable code section.</p>						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	F1 Factory (37,200 SF) +/- B Business (7,800 SF) +/-	F1 (45,000 SF)



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	All incidental storage areas shall be separated by 1 HR const. and/or sprinklered	Existing mechanical areas are separated / sprinklered. New Storage/Mech'l areas will be separated /protected.
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	Plant medium in packaging, organic fertilizers/feed. (20) 50lb bags of Coco (grow medium) and (30) 5 gal. containers of liquid feed
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	N/A	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Tbl 503 - 15,500 SF Allowed Area Modifications (506.2 and 506.3) = 58,125 GSF	45,000 GSF
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Approx. 2,000 SF of storage or mechanical rooms	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of F1 and B occupancies - 1 HR	Existing mechanical areas are separated and sprinklered
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	See Separated Occupancies Below	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Tbl 508.3.3 Separation of F1 and B occupancies - 1 HR	Existing mechanical areas are separated and sprinklered
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	2B Non Combustible (Unprotected)	2B Non Combustible (Unprotected)
11	Fire Resistance Rating Reqmt for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	NR	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	NR	Existing w/ >30 FT Separation
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A	Existing w/ >30 FT Separation
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	1 HR Separation between F1 and B use groups	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	1 HR Separation of incidental mechanical areas	N/A
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	N/A	N/A
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	adapt existing system to architectural layout, in accordance with Group F-	Existing sprinkler system
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	Based on a fully sprinkler building adding manual pull stations, horn/strobes, tied existing building fire alarm system	Existing fire alarm system



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR	NR
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Identify existing Fire Dept connections with necessary signage	Existing
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	All egress doors shall be 36 in. x 84 in. hollow metal w/ closers swining toward	All existing egress doors are 36 x 84 inches.
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Tabular (450) Design (40) Table 1004.1.1 - 100 sf person Factory or Business	Occupant Load = 450 for code requirements
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 - Min. 44 in aisles w/ corridors of 4 FT	All existing means are 36 in. doors
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Main entry shall be made accessible by ramp.	One (1) means of existing egress is accessible at grade level



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	All doors have card readers	All non-compliant doors will
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Entry Ramp shall slope 1:12 be min. 44 in. wide w/ rails and guards	No existing ramps
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	100 FT CPT allowed in F and B uses with sprinklers	Maximum CPT = 80 FT in Growing Rooms ONLY.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Table 1015.1 requires one means for uses F and B when Occ. Load is < 49	Grow Rooms are basically unoccupied. Minimal activity in rooms for plant
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 requires no fire rating of corridors.	NR



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	44 inch minimum	Major Corridor = 10 FT Other F1 Corridors = 6 FT B Corridors = 44 in. min.
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	In F and B occupancies 50 FT maximum dead end	No dead end corridor shall exceed 26 FT
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	Table 1019.1 requires 2 means of egress	5 separate and remote means of egress will be provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	44 inch minimum	Major Corridor = 10 FT Other F1 Corridors = 6 FT B Corridors = 44 in. min.
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	Entry Ramp shall slope 1:12 be min. 44 in. wide w/ rails	Entry Ramp shall slope 1:12 be min. 44 in. wide w/ rails
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to exterior and public way	All exits discharge directly to exterior and public way
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All facilities shall be accessible to physically disabled persons	All rest rooms, break rooms, means of egress and meetings rooms shall be readily accessible
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	N/A All exterior walls are existing	All new doors or other exterior components shall meet NYSECCC.
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	NR	NA
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	Toilets Reqd. = 8 Lavs Reqd. = 6	Toilets = 10 Lavs = 8
48	Available Street Water Pressure			Provide the available street or well water pressure.	80PSI	80PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire must extend to within 300 FT of all exterior walls	Fire extends to within 250 FT from all exterior walls.

<small>CLIENT / LOCATION</small> <b>ADVANCED GROW LABS, NEW YORK, LLC</b> <small>510 BROADWAY, NEW YORK, NY</small>	<small>DATE</small> <b>05/27/2015</b>	<small>PROJ. NO.</small> <b>5045</b>	<small>DESIGNER</small> <b>KAD</b>	<small>SCALE</small> <b>1" = 20'-0"</b>
<small>DESCRIPTION ONLY</small> <b>A-200</b> <b>OVERALL GROW FACILITY PLAN</b>	<small>The attached and/or accompanying designs, plans, details and/or specifications are the exclusive property of Kevin A. Davignon, Architect, who reserves the right to have this work reproduced, fabricated, constructed and/or manufactured. Kevin A. Davignon has placed the designs in your temporary custody, in confidence, solely for your inspection, and/or purpose of estimating the cost of the work. Use of this design and/or documentation is prohibited without written consent of Kevin A. Davignon.</small>			



**KA DAVIGNON**  
**ARCHITECT**  
 203 / 676-8383  
 KEVIN @  
 KADARCH.COM

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ADVANCED  
GROW LABS  
NEW YORK

169 WESTERN HIGHWAY  
WEST NYACK, NY



**Security101**  
Protecting People, Property & Profits

10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER:

DRAWING TITLE

ACCESS  
CONTROL

SCALE: 1/8" = 1'-0"

This document contains trade secrets or critical infrastructure information which, if released to the public, would result in substantial competitive harm to AGL-NY, constitute an unwarranted invasion of personal privacy, or otherwise jeopardize the security of AGL-NY. As such, the information contained in this record should be exempt from FOIL pursuant to Public Officers Law § 87.

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GROW LABS  
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10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER:

DRAWING TITLE:

BURGLAR/  
ALARM

DRAWING NO.:

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NEW YORK

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WEST NYACK, NY



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10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER

DRAWING TITLE

CCTV

DRAWING NO

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**ADVANCED  
GROW LABS  
NEW YORK**

169 WESTERN HIGHWAY  
WEST NYACK, NY



**Security101**  
Protecting People, Property & Profits

10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER

**FIRE ALARM  
EVACUATION  
SYSTEM**

CLIENT NO

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ADVANCED  
GROW LABS  
NEW YORK

169 WESTERN HIGHWAY  
WEST NYACK, NY



**Security101**  
Protecting People, Property & Profits

10 Pine Street  
Plainville, Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER:

UNOFFICIAL TITLE <b>INTERCOM</b>	DRAWING NO.
-------------------------------------	-------------

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Q. 89



**ADVANCED  
GROW LABS**

**Attachment H  
Advanced Grow Labs New York LLC  
Security Plan**







Redacted pursuant to N.Y. Public Officers Law, Art. 6

ADVANCED  
GROW LABS  
NEW YORK

149 WESTERN HIGHWAY  
WEST NYACK, NY



**Security101**  
Protecting People, Property & Profits

10 Pine Street  
Fairfield, CT 06424  
Tel: (800) 891-4170

SCALE: NTS  
INDICATIVE OF INCIDENT SEVERITY

CCTV

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<b>ADVANCED GROW/LABS NEW YORK</b>	100 WESTERN HESPERUS WEST NYACK, NY		<b>Security 101</b> Promoting People, Property & Profit	10 Pine Street Parsippany, NJ 07054 Tel: (908) 997-1170	Date: 5-16-2015 Issue: NTS History of Incident Status:	<b>BURGLAR/ ALARM</b>	
--	--	---	--	---	--	---------------------------	--

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<b>ADVANCED GROW LABS NEW YORK</b>	100 WESTERN HIGHWAY WEST NYACK, NY		<b>Security101</b> Protecting People, Property & Profits 10 Pine Street Pleasantville, Connecticut Fax: (800) 991-4172 Tel: (800) 991-4170	DATE: 5-15-2015 SCALE: NTS SECURITY 101 PROJECT NUMBER	<b>ACCESS CONTROL</b>	
--	---------------------------------------	---	---	--	---------------------------	--

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ADVANCED  
GROW LABS  
NEW YORK

160 WESTERN HIGHWAY  
WEST NYACK, NY



**Security101**  
Protecting People, Property & Profits

10 Pine Street  
Plainville Connecticut  
Fax: (860) 991-4172  
Tel: (800) 991-4170

DATE: 5-15-2015

SCALE: NTS

SECURITY 101 PROJECT NUMBER:

FIRE ALARM  
EVACUATION  
SYSTEM

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Q. 90



**ADVANCED  
GROW LABS**

**Attachment I**

**Advanced Grow Labs New York LLC**

**Financial Statements with**

**Independent Accounts' Review Report**

**ADVANCED GROW LABS NEW YORK, LLC**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2014**

**with**

**INDEPENDENT ACCOUNTANTS' REVIEW REPORT**

**Financial Statements (Unaudited)**

**ADVANCED GROW LABS NEW YORK, LLC**

**December 31, 2014**

<b>Independent Accountants' Review Report .....</b>	<b>1</b>
<b>Balance Sheet.....</b>	<b>2</b>
<b>Statement of Operations .....</b>	<b>3</b>
<b>Statement of Members' Equity.....</b>	<b>4</b>
<b>Statement of Cash Flows .....</b>	<b>5</b>
<b>Notes to Financial Statements .....</b>	<b>6</b>



CERTIFIED PUBLIC ACCOUNTANTS  
AND CONSULTANTS

## INDEPENDENT ACCOUNTANTS' REVIEW REPORT

Board of Managers and Members  
Advanced Grow Labs New York, LLC  
West Haven, Connecticut

We have reviewed the accompanying balance sheet of Advanced Grow Labs New York, LLC ("the Company") as of December 31, 2014, and the related statements of operations, members' equity, and cash flows for the period from inception (September 9, 2014) through December 31, 2014. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair representation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

*Williams Benator & Libby, LLP*

Atlanta, Georgia  
May 28, 2015

-1-

1040 Crown Pointe Parkway, NE | Suite 400 | Atlanta, GA 30338  
t) 770.512.0500 | f) 770.512.0200 | www.wblcpa.com

Member of American Institute of Certified Public Accountants and Russell Bedford International

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Q. 91



**ADVANCED  
GROW LABS**

**Attachment J**  
**Advanced Grow Labs New York LLC**  
**Staffing Plan**

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Management Team.

**David Lipton – Founder and Managing Partner**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[REDACTED] David is a BA graduate of the  
University of Massachusetts,

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

**Chris Mayle – Partner, Executive Vice President of Operations**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[REDACTED] and is a BA graduate from  
the University of Vermont.

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Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

**Seth Sholes – Partner, Executive Vice President of Finance**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[REDACTED] Seth is a graduate of Wesleyan University with a BA in International Politics.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

**Marc Gare – Partner, Executive Vice President of Sales**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[REDACTED] Marc received his BA from Ithaca College.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

The founding partners of Advanced Grow Labs will serve as board members for Advanced Grow Labs New York, and will oversee all day to day operations. In addition to the principals, the management team will be joined by the following persons.

**William Rubenstein – Executive Vice President of Legal Affairs**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Bill will serve as Executive vice president of legal affairs, and in this capacity will serve as in house council reporting to the Managing Partner [REDACTED]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

William Rubenstein will not come in contact with MMJ and was not finger printed.

Attachment A complete and notarized.

**M. Edward Stearns – Chief Financial Officer**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

[REDACTED] Mr. Stearns holds a BA in Economics

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from Wesleyan University and an MBA from The Anderson School at the University of California at Los Angeles.

Ed will serve as the Chief Financial Officer for Advanced Grow Labs [REDACTED]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

**Nick Tamborino – Executive Vice President of Dispensary Operations**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Nick earned his Doctor of Pharmacy degree in 2002 and his Master of Business Administration in 2011, both from the University of Connecticut. He is a member of Connecticut Pharmacists Association and a member of Canadian Consortium for the Investigation of Cannabinoids. Nick also serves as President for the Academy of Medical Marijuana Dispensaries in Connecticut.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Identogo finger-printing complete 5-30-15.

Attachment A complete and notarized with reference letter.

In addition to the management team, the following persons are committed to the startup of operations with Advanced Grow Labs New York. They will be responsible for commencing initial operations, during and after the completion of construction, and the eventual staffing of all the remaining open positions listed on our organization chart.

### Compliance and Security.

#### **Elaine Lonergan – Director Of Compliance**

Elaine is a technical writer, creative writer, organizational specialist, and has worked much of her career in the publishing industry. Elaine is adept at detailed oversight, including compliance to all Connecticut State regulations and for writing all Advanced Grow Labs designated policies and procedures, based on the Connecticut regulations. Elaine received her BA with honors from Sarah Lawrence College and did graduate work in the Ph.D. English Department at Duke University.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

#### **Robert Donnelly – Director of Security**

Bob has spent his entire professional career in public service. His resume includes work in the fields of EMS, Fire, Police and Private Security firms. Bob brings a wealth of knowledge on not only high tech security systems, but also the operations and protocols necessary to run a high value facility. Bob's proficiencies include: Emergency Management, Security Management, CPR certified and emergency first aid.

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Robert Donnelly will not come in contact with MMJ and was not finger printed.

Attachment A complete and notarized.

#### Production and Manufacturing

This team provides cultivation and production oversight, including all cultivation feeding schedules, production schedules, and plant management. This group also provides research and development and new product development initiatives.

#### **Dr. Richard Kiyomoto – PhD Plant Pathology, BA/MA Biology, Director of Plant Science**

With over 10 years of working in plant propagation, Dr. Kiyomoto has extensive experience in plant biochemistry, disease resistance, pest diagnostics, and plant tissue culture. [REDACTED] developing a tomato breeding program for chemical constituents of tomatoes for Del Monte  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Dr. Kiyomoto received his PhD in Plant Pathology from Washington State University (Pullman, Washington) and his BA and MA in Biology from San Francisco State University. He has published scientific and non-scientific articles and has been an adjunct Professor of Biology and

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Microbiology at Gateway Community College (New Haven, Connecticut), Quinnipiac College (Hamden, Connecticut), and at University of Connecticut (Storrs, Connecticut).  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 6-2-15.

Attachment A complete and notarized.

**Dan Hess – M.S. in Biochemistry, Extraction Manager**

Dan graduated *summa cum laude* with his Bachelor's in Chemistry from the University of Missouri-Columbia and thereafter earned a Master's degree in Biochemistry from the University of Delaware-Newark. In graduate school, he did a research rotation under the guidance of Dr. Eleftherios T. Papoutsakis with funding from the Chemistry-Biology Interface Research Program. His work involved elucidating the role of the protein SpoIIIE in the sporulation process of *Clostridia acetobutylicum* through a targeted inactivation of the *spoIIIE* gene. Characterization of the mutant was done by a team effort where Dan contributed data from sporulation assays, microscopy, Q-RT-PCR analysis of key genes, and HPLC analysis of the excreted metabolites of the genetically engineered strain he had created. His thesis work with direction from Dr. Thomas Hanson consisted of determining the effect of a chlorobiumquinone analog on the light harvesting process of *Chlorobaculum tepidum*. This research consisted of developing a novel chemical synthesis route to the analog, determining the physical properties of the analog through NMR, fluorescence, and UV-Vis spectroscopy, and growth studies of *C. tepidum* with varying concentrations of the analog. Dan's graduate research resulted in two publications and a patent.

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 5-29-15.

Attachment A complete and notarized.

**Klaus Poltilla – Director Of Operations**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Identogo finger-printing complete 6-2-15.

Attachment A complete and notarized.

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Q. 92

Attachment K  
Advanced Grow Labs New York, LLC  
Internet Availability By Facility Location



**ADVANCED GROW LABS**

## AGL-NY IP PROVIDER OVERVIEW

- ALL OF AGL-NY LOCATIONS WILL BE CONNECTED TO THE INTERNET BY A LOCAL IP
- IN THE EVENT OF AN IP PROVIDER OUTAGE, ALL AGL NY LOCATIONS WILL ALSO BE EQUIPED WITH A VERIZON WIRELESS XLTE BUSINESS BACK UP DEVICE
- THIS DEVICE WILL RE-ESTABLISH IP CONNECTIVITY WITHIN 30 SECONDS OF A LOSS OF SERVICE.
- ALL TELEPHONE/INTERNET DEVICES WILL BE EQUIPED WITH UPS BACKUP UNITS



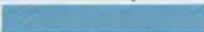
ADVANCED GROW LABS

# AGL-NY PRODUCTION FACILITY

## 169 WESTERN HIGHWAY, WEST NYACK, NY 10994

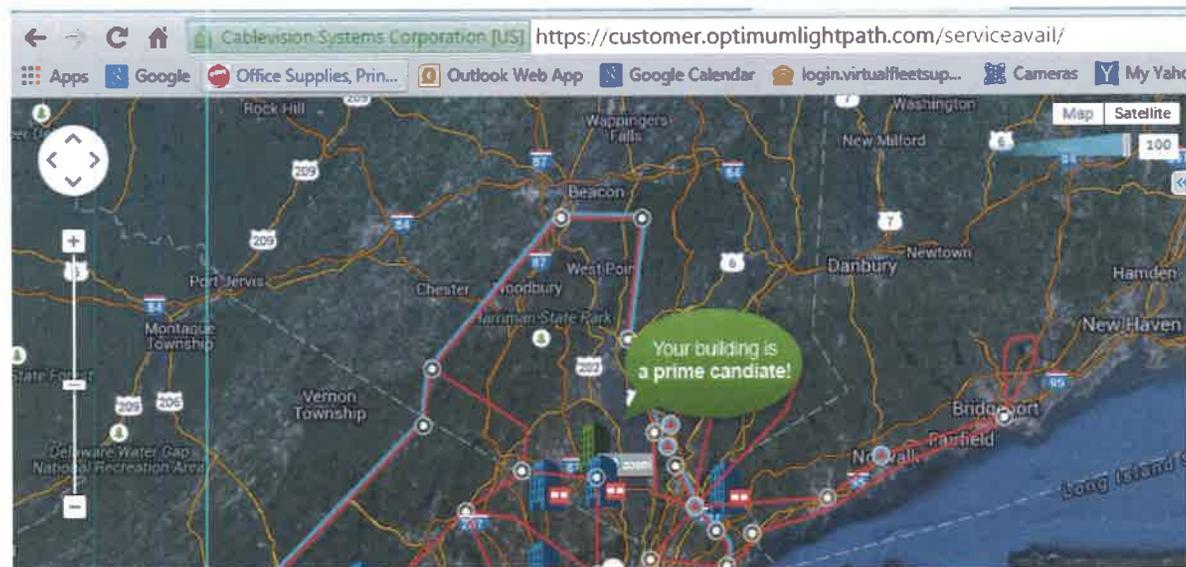
### Compare Internet Providers in West Nyack, NY

Enter your ZIP code for more accurate results, or visit a site to compare prices.

Providers	Rating	What to Expect	Speeds up to	Price
	87 reviews 	<ul style="list-style-type: none"> <li>• Prepaid card offer until 4/18</li> <li>• Fast fiber connection</li> <li>• FIOS TV bundle deals</li> </ul>	50 Mbps 	<a href="#">Visit Site</a>
	256 reviews 	<ul style="list-style-type: none"> <li>• Easy home WiFi setup</li> <li>• Bundle TV and save</li> </ul>	50 Mbps 	<a href="#">Visit Site</a>
	16 reviews 	<ul style="list-style-type: none"> <li>• Great in rural areas</li> <li>• 15x faster than dial-up</li> </ul>	15 Mbps 	<a href="#">Visit Site</a>
	28 reviews 	<ul style="list-style-type: none"> <li>• Free smart router</li> <li>• No annual contracts</li> </ul>	100 Mbps 	<a href="#">Visit Site</a>

Where are the prices?

# AGL-NY PRODUCTION FACILITY 169 WESTERN HIGHWAY, WEST NYACK, NY 10994



The screenshot shows a web browser window with the URL <https://customer.optimumlightpath.com/serviceavail/>. The browser's address bar and tabs are visible. The main content is a map of the West Nyack, NY area, showing a fiber optic network in red and blue. A green callout bubble with the text "Your building is a prime candidate!" points to a specific location on the map. Below the map, there is a text box with promotional information and a contact form.

Great news! 169 western highway, west nyack, NY, 10994 is a **prime candidate** for connection to our 100% fiber optic network.

Don't miss this opportunity to take advantage of savings up to 50% on voice and data services.

Please provide your remaining contact information so one of our communication specialists can follow up with you within the next few business days.

If you'd like to speak with us right away, please call 1-888-561-0177.

[Click here](#) to try another address.

**Contact us.** <sup>\*</sup> Required Fields

First Name *	Last Name *
Title *	Phone Number *
E-Mail Address *	Re-enter E-Mail *
Company Name *	Industry

Cancel Submit



ADVANCED GROW LABS

# AGL-NY SYRACUSE DISPENSARY

## 203 EAST WATER STREET, SYRACUSE, NY 13202

### INTERNET PROVIDERS IN SYRACUSE, NEW YORK

Only showing providers serving 13202 ✕

[\\$Donate](#) or [Share](#)

help make finding broadband easier

Enter Your Zip Code

Search

#### SYRACUSE, NY BROADBAND STATS

Fiber optic internet is available to 74% of Onondaga County residents.

Almost 98% of consumers in New York have access to a wired connection with true broadband speeds faster than 25mbps.

In Onondaga County, approximately 2,000 people do not have access to 25mbps wired broadband.

Provider	Availability	Rating	Speed	Pricing	
 <small>CABLE</small>				<b>\$34.99</b> for 15mbps	▼
 <small>DSL</small>				<b>\$29.99</b> for 3.0mbps	▼
<b>Verizon FiOS</b> <small>FIBER</small>				<b>\$44.99</b> for 25mbps	▼



ADVANCED GROW LABS

# AGL-NY SYRACUSE DISPENSARY 203 EAST WATER STREET, SYRACUSE, NY 13202

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# ADVANCED GROW LABS NY ROCHESTER DISPENSARY 2341 BRIGHTON HENRIETTA TOWN LINE ROAD, NY 14623

## BROADBAND PROVIDERS IN ROCHESTER, NEW YORK

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### ROCHESTER, NY BROADBAND STATS

There are 101 internet providers in all of New York.

Fiber optic internet is available to 49% of Monroe County residents.

Almost 98% of consumers in New York have access to a wired connection with true broadband speeds faster than 25mbps.

Within Rochester city limits, 100% of residents can choose from 2 or more wired providers.

New York is the 4th most connected state in the U.S.

[SEE ALL THE STATS FOR NEW YORK](#)

Provider	Availability	Rating	Speed	Pricing
 <small>CABLE</small>	<div style="width: 100%; height: 10px; background-color: #4CAF50;"></div>		<div style="width: 50%; height: 15px; background: linear-gradient(to right, #4CAF50, #FFC107); border-radius: 5px;"></div>	<b>\$34.99</b> for 15mbps <div style="float: right; font-size: 12px;">▼</div>
 <small>DSL</small>	<div style="width: 100%; height: 10px; background-color: #4CAF50;"></div>		<div style="width: 50%; height: 15px; background: linear-gradient(to right, #4CAF50, #FFC107); border-radius: 5px;"></div>	<b>\$39.99</b> for 12mbps <div style="float: right; font-size: 12px;">▼</div>

### BUSINESS INTERNET IN ROCHESTER

Provider	Availability	Rating	Speed	Pricing
 <small>FIBER - BUSINESS</small>	<div style="width: 50%; height: 10px; background-color: #FF9800;"></div>		<div style="width: 50%; height: 15px; background: linear-gradient(to right, #4CAF50, #FFC107); border-radius: 5px;"></div>	<b>--</b> <div style="float: right; font-size: 12px;">▼</div>
 <small>FIBER - BUSINESS</small>	<div style="width: 50%; height: 10px; background-color: #FF9800;"></div>		<div style="width: 50%; height: 15px; background: linear-gradient(to right, #4CAF50, #FFC107); border-radius: 5px;"></div>	<b>\$1,270.90</b> for 10mbps <div style="float: right; font-size: 12px;">▼</div>

# ADVANCED GROW LABS NY ROCHESTER DISPENSARY 2341 BRIGHTON HENRIETTA TOWN LINE ROAD, NY 14623



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# AGL-NY WHITE PLAINS DISPENSARY

## 188 MARTINE AVE., WHITE PLAINS, NY 10601-3305

### INTERNET PROVIDERS IN WHITE PLAINS, NEW YORK

Only showing providers serving 10601 ✕

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 help make finding broadband easier




#### WHITE PLAINS, NY BROADBAND STATS

New York is the 4th most connected state in the U.S.

There are 101 internet providers in all of New York.

In Westchester County, approximately people do not have access to 25mbps wired broadband.

Provider	Availability	Rating	Speed	Pricing	
 <small>CABLE</small>				<b>\$39.95</b> for 15mbps	▼
 <small>DSL</small>				<b>\$29.99</b> for 3.0mbps	▼
 <small>FIBER</small>				<b>\$44.99</b> for 25mbps	▼



# AGL-NY WHITE PLAINS DISPENSARY

188 MARTINE AVE., WHITE PLAINS, NY 10601-3305



Great news! 188 Martine Av, White Plains, NY, 10601 is a **prime candidate** for connection to our 100% fiber optic network.

Don't miss this opportunity to take advantage of savings up to 50% on voice and data services.

Please provide your remaining contact information so one of our communication specialists can follow up with you within the next few business days.

If you'd like to speak with us right away, please call 1-888-561-0177.

[Click here](#) to try another address.

## Contact us.

\* Required Fields

<input type="text"/>	<input type="text"/>

Cancel

Submit



ADVANCED SNOW LABS

# AGL-NY MANHATTAN DISPENSARY

## 338 E. 49TH STREET, NEW YORK, NY 10017

### INTERNET PROVIDERS IN NEW YORK, NEW YORK

Only showing providers serving 10017 ✕

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#### AT A GLANCE

New York City has 3 major internet service providers; they are Time Warner Cable, Verizon, and in some places RCN.

That said, because coverage varies dramatically from building to building, we recommend researching which providers offer service at your address before you move.

#### NEW YORK, NY BROADBAND STATS

Almost 98% of consumers in New York have access to a wired connection with true broadband speeds faster than 25mbps.

Provider	Availability	Rating	Speed	Pricing
 <small>CABLE</small>				<b>\$34.99</b> for 15mbps
 <small>DSL</small>				<b>\$29.99</b> for 3.0mbps
<b>Verizon FiOS</b> <small>FIBER</small>				<b>\$44.99</b> for 25mbps
 <small>CABLE</small>				<b>\$29.99</b> for 10mbps



# AGL-NY MANHATTAN DISPENSARY 338 E. 49TH STREET, NEW YORK, NY 10017

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Learn More



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Q. 93



**ADVANCED  
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## **Attachment L**

**Advanced Grow Labs New York LLC**

**Operations Timeline**





Q. 94



**ADVANCED  
GROW LABS**

**Attachment M**  
**Advanced Grow Labs New York LLC**  
**Statement of Compliance**

AGL-NY's leadership prides itself on its ability to fully comply with all state and local laws and regulations pertaining to the activities of the production, transportation, and sale of medical marijuana products. From "seed- to-sale," our experienced management team will oversee all aspects of the daily operations in both the production facility and our dispensaries to ensure compliance with New York's requirements.

As is illustrated in our Staffing Plan (Attachment J), AGL-NY's Compliance Director will oversee and ensure all operations are performed in a manner consistent with the DOH regulations; among other things, the Director of Security will manage all anti-theft and diversion programs with a "zero tolerance" policy; the Executive Vice President of Operations will oversee all daily operations and meet monthly with the Directors of Security and Compliance to ensure continued compliance.

To further demonstrate AGL's competence in meeting state and local laws, enclosed with this Attachment M, is a report issued by the Connecticut Department of Consumer Protection, Drug Control Division. This report certified the facility to commence operations, after conducting an all-day inspection at AGL's Connecticut production facility, on July 21, 2014. Also attached are the results of a recent unannounced, comprehensive 6 hour surprise onsite inspection also conducted at the Connecticut production facility on May 12, 2015. This thorough inspection report covers all aspects of AGL-Connecticut's operation from "seed-to-sale," with audits at each stage of production. These excellent results are the product of strong anti-theft and diversion policies and procedures, good manufacturing practices, and refined SOP's for all work areas.

Finally, included in this Attachment M is a letter of support from Yale University, School of Medicine Professor Tamas Horvath, DVM, PhD, expressing interest in working with AGL-NY on researching the effects of MMJ on animal behavior and autonomic functions. Professor Horvath made this decision to endorse AGL's application after visiting AGL-Connecticut's production facility and determining that AGL is a disciplined organization committed to consistent production.

AGL's past performance in Connecticut is strong indication of its ability to execute a safe and effective medical marijuana manufacturing and distribution program consistent with applicable laws and regulations. It is inherent in AGL's program design to ensure that this high level of compliance continues in New York State.

**DRUG CONTROL DIVISION**

Date: July 21, 2014

To: Chris Mayle  
Advanced Grow Labs, LLC  
400 Frontage Road  
West Haven, CT 06516  
Lic # MIMPR.0000001  
Exp Date 02-06-2015

Dear Mr. Mayle,

Please accept this letter as confirmation that your facility, Advanced Grow Labs, LLC, located at 400 Frontage Road, West Haven, CT, may commence production as a Medical Marijuana Producer effective July 21, 2014, as it has been found to be in compliance with all regulatory requirements with regard to Phase 1-A of your operation.

If you have any questions concerning this matter, please contact me at the Drug Control Division at (860) 713-6065.

Sincerely,



Scott L Stoppa  
Drug Control Agent



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### Production Facility Routine Inspection Report

1. Production Facility General Information			
Name	ADVANCED GLOW LABS		Inspection Date
Address	400 FRONTAGE RD		5/12/15
City	WEST HAVEN		Inspecting Agent
Phone	State	CT	SCOTT STOPPA / RICHARD BLOE
Producer License Number	Fax		Assignment Number
mmp PR, 0001			2015 -
Production Facility Hours of Operation:	Expiration Date		Zip Code
Monday-Friday			06516
8-4	Saturday	9-1	Email
	Sunday	9-1	

2. Production Facility Employees			
Name(s)	Position	MMP #	Active?
CHRIS MAYLE	EXECUTIVE VICE PRESIDENT	23	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
SEE ADDITIONAL ATTACHED SHEET			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N



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## Production Facility Routine Inspection Report

<b>2. Production Facility Employees (continued from page 1)</b>		
a. Each production facility employee is registered with the Connecticut Department of Consumer Protection and had their identification card issued by the Connecticut Department of Consumer Protection before working at the production facility. 21a-408-22(a); 21a-408-25(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
b. Any producer backer or other person exercising control over, or having management responsibility for, the production facility is registered with the Connecticut Department of Consumer Protection. 21a-408-22(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised N/A	<b>Comments:</b>
c. Each production facility employee conspicuously displays the identification card issued to him/her by the Connecticut Department of Consumer Protection while on the production facility premises. 21a-408-25(c)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
d. If one or more production facility employees have ceased employment at the production facility, the producer has returned each dispensary facility employee identification card to the Connecticut Department of Consumer Protection within five business days of leaving. 21a-408-25(d)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised N/A	<b>Comments:</b> 1 Former Employee Geoffrey Rice
<b>3. Production Facility Physical Layout</b>		
a. The storage areas provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions for the production and manufacture of marijuana. 21a-408-53(a)(1)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
b. There is a quarantined area for the storage of: <ul style="list-style-type: none"> <li>• marijuana that is outdated, damaged, deteriorated, misbranded, or adulterated. 21a-408-53(a)(2)</li> <li>• marijuana whose containers or packaging have been opened or breached. 21a-408-53(a)(2)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
(continued on page 3)		



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### Production Facility Routine Inspection Report

<b>3. Production Facility Physical Layout</b> (continued from page 2)		
c. The production facility is maintained in a clean and orderly condition. 21a-408-53(a)(3)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments:
d. The production facility is free from infestation by insects, rodents, birds, or vermin of any kind. 21a-408-53(a)(4)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments:
e. All areas within the production facility where marijuana is manufactured into an edible form comply with General Statutes 21a-91 to 21a-120, inclusive, and 21a-151 to 21a-159, inclusive, regarding bakeries and food manufacturing establishments. 21a-408-53(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments: Pick up by Fred Journalist
f. All areas within the production facility are compartmentalized based on function. 21a-408-53(c)	N/A <input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments:
<b>4. Production Facility Access</b>		
a. The production facility is kept securely locked and protected from entry at all times. 21a-408-61(a)(8)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments: * ADVISED RE. LATCH ON INTERNAL HALL DOOR
b. Access between the compartmentalized areas within the production facility is restricted. 21a-408-53(c)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments:
c. Access to any area within the production facility containing marijuana is limited to laboratory employees and production facility employees whose responsibilities necessitate access to the area of the production facility containing marijuana and then for only as long as necessary to perform the person's job duties. 21a-408-61(g)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	Comments:



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### Production Facility Routine Inspection Report

<b>5. Production Facility Security Alarm System</b>		
a. All security alarm system equipment and recordings are in a secure location so as to prevent theft, loss, destruction, or alterations. 21a-408-62(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
b. Access to surveillance areas is limited to persons that are essential to surveillance operations and other authorized individuals. 21a-408-62(d)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
c. The production facility provided a current list of authorized employees and service employees having access to the surveillance room. 21a-408-62(d)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b> <i>LOG attached</i>
d. All on-site surveillance rooms are locked and not used for any other function. 21a-408-62(d)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
e. The outside perimeter of the production facility premise is well-lit. 21a-408-62(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
f. All security equipment is: <ul style="list-style-type: none"> <li>• kept in good working order. 21a-408-62(g)</li> <li>• tested no less than two times per year. 21a-408-62(g)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
<b>6. Production Facility Visitation</b>		
a. All persons who are not production facility employees: <ul style="list-style-type: none"> <li>• obtain a visitor identification badge from a production facility employee prior to entering the production facility. 21a-408-53(g)(1)</li> <li>• are escorted by a production facility employee and monitored by a production facility manager at all times. 21a-408-53(g)(1)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b>

(continued on page 5)



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### Production Facility Routine Inspection Report

<b>8. Production Facility Operation</b>		
a. Marijuana is only produced or manufactured in the approved production facility. 21a-408-52(b)(1)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>
b. Marijuana is only sold, delivered, transported or distributed from the approved production facility to a dispensary facility located in Connecticut. 21a-408-52(b)(2); 21a-408-52(b)(4)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>
c. Marijuana is produced or manufactured for use outside of Connecticut. 21a-408-52(b)(3)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>
d. The producer entered into an exclusive agreement with a dispensary facility. 21a-408-52(b)(5)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>
e. The producer has refused to deal with a dispensary facility that is willing to deal with the producer on the same terms and conditions that other dispensary facilities deal with the producer. 21a-408-52(b)(6)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>
f. The producer has directly or indirectly discriminated in price between different dispensary facilities that purchase a like, grade, strain, brand, and quality of marijuana or marijuana product. 21a-408-52(b)(7)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>
<b>9. Marijuana Products</b>		
a. Marijuana is only manufactured or sold in the following forms: <ul style="list-style-type: none"> <li>• Raw material. 21a-408-55(a)(1)</li> <li>• Cigarettes 21a-408-55(a)(2)</li> <li>• Extracts, sprays, tinctures or oils 21a-408-55(a)(3)</li> <li>• <del>Topical applications, oils or lotions 21a-408-55(a)(4)</del></li> </ul>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<u>Comments:</u>

(continued on page 7)



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### Production Facility Routine Inspection Report

<b>6. Production Facility Visitation</b> (continued from page 4)		
<ul style="list-style-type: none"> <li>visibly display the visitor identification badge at all times while in the production facility. 21a-408-53(g)(1)</li> <li>return the visitor identification badge to a production facility employee upon exiting the production facility. 21a-408-53(g)(1)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b>
→ b. All visitors log in and out of the production facility on a log that includes the date, time and purpose of the visit. 21a-408-53(g)(2)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b>
c. The production facility visitor log for a period of not less than three years. 21a-408-53(g)(2)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b>
d. Written notice has been provided to the Connecticut Department of Consumer Protection as soon as practicable after the onset of an emergency requiring the presence of a visitor and it was impractical to obtain prior written approval from the Connecticut Department of Consumer Protection. Said written notice included the name and company affiliation of the visitor, purpose of the visit and date and time of the visit. 21a-408-53(g)(3)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b>
<b>7. Production Facility Signage</b>		
a. All areas of the production facility containing marijuana have a sign (minimum 12" x 12") posted at all entry ways stating "Do Not Enter - Limited Access Area - Access Limited to Authorized Employees Only" in lettering no smaller than one-half inch in height. 21a-408-61(h)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>



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### Production Facility Routine Inspection Report

<b>9. Marijuana Products (continued from page 6)</b>		
<ul style="list-style-type: none"><li>• <del>Transdermal patches 21a-408-55(a)(5)</del></li><li>• Baked goods 21a-408-55(a)(6)</li><li>• Capsules or pills 21a-408-55(a)(7)</li></ul>		
<b>b. Marijuana products:</b> <ul style="list-style-type: none"><li>• include alcoholic liquor, dietary supplements or drugs other than pharmaceutical grade marijuana. <u>Please Note:</u> Alcoholic liquor does not include any liquid or solid containing less than one-half of one percent of alcohol by volume or ethanol-based tinctures with an alcohol level approved by the Connecticut Department of Consumer Protection. 21a-408-55(b)(1)</li><li>• are manufactured or sold as a beverage or confectionary. 21a-408-55(b)(2)</li><li>• are manufactured or sold in a form or with a design that:<ul style="list-style-type: none"><li>- is obscene or indecent. 21a-408-54(b)(3)(A)</li><li>- may encourage the use of marijuana for recreational purposes. 21a-408-54(b)(3)(B)</li><li>- may encourage the use of marijuana for a condition other than a debilitating medical condition. 21a-408-55(b)(3)(C)</li><li>- is customarily associated with persons under the age of eighteen. 21a-408-55(b)(3)(D)</li></ul></li><li>• had pesticide chemicals or organic solvents used during the production or manufacturing process, except that the Connecticut Department of Consumer Protection may authorize the use of pesticide chemicals for purposes of addressing an infestation that could result in a catastrophic loss of marijuana crops. 21a-408-55(b)(4)</li></ul>	6	

(continued on page 8)



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### Production Facility Routine Inspection Report

<b>9. Marijuana Products</b> (continued from page 7)		
c. Marijuana is produced, manufactured or maintained in excess of the quantity required for normal, efficient operation. 21a-408-61(a)(1)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
<b>10. Marijuana Brand Names</b>		
a. A brand name has been assigned to each marijuana product. 21a-408-59(a)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
b. Each brand name has been registered with the Connecticut Department of Consumer Protection on the form prescribed by the Connecticut Department of Consumer Protection prior to any sale to a dispensary facility. 21a-408-59(a)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>
c. Marijuana products labeled with the same brand name have laboratory test results indicating that each product contains the same level of THC, THCA, CBD <u>and</u> CBDA within a range of 97% to 103%. 21a-408-59(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised N/A	<b>Comments:</b>
<b>11. Marijuana Storage and Security</b>		
a. All marijuana products are stored in an approved safe or approved vault. 21a-408-61(a)(2)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b> ADVISED REGARDING REQUIRED STATES IN EXTRACTION ROOM TO BE <i>secure</i>
b. All marijuana products and all marijuana in the process of manufacture, distribution, transfer, or analysis is stored in a manner as to prevent diversion, theft or loss. 21a-408-61(a)(2); 21a-408-53(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<b>Comments:</b>

(continued on page 9)



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### Production Facility Routine Inspection Report

11. Marijuana Storage and Security (continued from page 8)		
c. All marijuana that is not in a finished product is maintained in a secure area or location within the production facility that is accessible to only specifically authorized employees and the minimum number of employees essential for efficient operation. 21a-408-61(a)(3)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	Comments:
d. All approved safes, approved vaults, or any other approved equipment or areas used for the production, cultivation, harvesting, processing, manufacturing or storage of marijuana, are kept securely locked or protected from entry except for the actual time required to remove or replace marijuana. 21a-408-61(a)(4)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
e. All locks and security equipment are kept in good working order. 21a-408-61(a)(5)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Advised	Comments: SHIPPING <i>COULD NOT DO</i>
f. Keys are left in locks or in locations accessible to persons other than authorized employees. 21a-408-51(a)(6)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Advised	Comments:
g. Combination numbers, passwords or electronic/biometric security systems are accessible to persons other than specifically authorized employees. 21a-408-61(a)(7)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Advised	Comments:
h. Marijuana is made accessible only to the minimum number of specifically authorized employees essential for efficient operation. 21a-408-53(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
i. Marijuana is returned to its secure location immediately after completion of the process or at the end of the scheduled business day. 21a-408-53(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
j. Processing areas or tanks, vessels, bins, or bulk containers containing marijuana inside an area or building are securely locked when the manufacturing process cannot be completed at the end of a working day. 21a-408-53(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	Comments:



**State of Connecticut**  
**Drug Control Division**  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



## Production Facility Routine Inspection Report

<b>12. Marijuana Packaging and Labeling</b>		
a. Marijuana products are individually packaged, labeled and sealed in unit sizes. 21a-408-56(a)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u>
b. Single unit size containers contain more than a one-month supply of marijuana. 21a-408-56(a)	<input type="radio"/> Yes <input checked="" type="radio"/> No Advised	<u>Comments:</u>
c. All products containing marijuana are placed in child-resistant and light-resistant packages. 21a-408-56(b) <i>TAMER PROOF SEALS</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u>
d. The label securely affixed to each marijuana product prior to sale to a dispensary bears the following information in legible English: <ul style="list-style-type: none"> <li>• the name and address of the producer 21a-408-56(c)(1) ✓</li> <li>• the brand name of the marijuana product registered with the Connecticut Department of Consumer Protection 21a-408-56(c)(2) ✓</li> <li>• a unique serial number that will match the product with a producer batch and lot number to facilitate any warnings or recalls 21a-408-56(c)(3) ✓</li> <li>• the date of final testing and packaging 21a-408-56(c)(4) ✓</li> <li>• the expiration date 21a-408-56(c)(5) ✓</li> <li>• the quantity of marijuana contained therein 21a-408-56(c)(6) ✓</li> <li>• a terpenes profile and a list of all active ingredients including:             <ul style="list-style-type: none"> <li>– tetrahydrocannabinol (THC) 21a-408-56(c)(7)(A) ✓</li> <li>– tetrahydrocannabinol acid (THCA) 21a-408-56(c)(7)(B) ✓</li> <li>– cannabidiol (CBD) 21a-408-56(c)(7)(C) ✓</li> <li>– cannabidiolic acid (CBDA) 21a-408-56(c)(7)(D) ✓</li> </ul> </li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u>

(continued on page 11)



State of Connecticut  
 Drug Control Division  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

<b>12. Marijuana Packaging and Labeling</b> (continued from page 10)		
<ul style="list-style-type: none"> <li>any other active ingredient that constitutes at least 1% of the marijuana batch used in the product 21a-408-56(c)(7)(E)</li> <li>a pass or fail rating based on the laboratory's microbiological, mycotoxins, heavy metals and chemical residue analysis 21a-408-56(c)(8)</li> <li>such other information necessary to comply with State of Connecticut labeling requirements for similar products not containing marijuana including, but not limited to, the Connecticut Food, Drug and Cosmetic Act, Sections 21a-91 to 21a-120, inclusive, of the Connecticut General Statutes and Sections 21a-151 to 21a-159, inclusive, of the Connecticut General Statutes regarding bakeries and food manufacturing establishments 21a-408-56(c)(9)</li> </ul>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Advised	<b>Comments:</b>  
e. Marijuana products labeled as "organic" have been organically grown as defined in Section 21a-92 of the Connecticut General Statutes and the marijuana products have been produced, processed, manufactured and certified to be consistent with organic standards in compliance with Section 21a-92a of the Connecticut General Statutes. 21a-408-56(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Advised	<b>Comments:</b> N/A
<b>13. Marijuana Advertising</b>		
a. All advertisements for marijuana or a marijuana product have been submitted to the Connecticut Department of Consumer Protection at the same time as, or prior to, dissemination of the advertisement. 21a-408-66(c)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Advised	<b>Comments:</b>  
b. Advertisements for marijuana contain: <ul style="list-style-type: none"> <li>statements that are false or misleading in any material particular or are otherwise in violation of the Connecticut Unfair Trade Practices Act (CUTPA), Sections 42-110a to 42-110q, inclusive, of the Connecticut General Statutes. 21a-408-66(b)(1)</li> <li>statements that falsely disparage a competitor's product. 21a-408-66(b)(2)</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Advised	<b>Comments:</b>  
(continued on page 12)		



**State of Connecticut**  
**Drug Control Division**  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



## Production Facility Routine Inspection Report

<p><b>13. Marijuana Advertising (continued from page 11)</b></p> <ul style="list-style-type: none"> <li>• statements, designs, representations, pictures or illustrations that are obscene or indecent. 21a-408-66(b)(3)</li> <li>• statements, designs, representations, pictures or illustrations that encourage or represent the use of marijuana for a condition other than a debilitating medical condition. 21a-408-66(b)(4)</li> <li>• statements, designs, representations, pictures or illustrations that encourage or represent the recreational use of marijuana. 21a-408-66(b)(5)</li> <li>• statements, designs, representations, pictures or illustrations related to the safety or efficacy of marijuana, unless supported by substantial evidence or substantial clinical data. 21a-408-66(b)(6)</li> <li>• statement, designs, representations, pictures or illustrations portraying anyone under the age of eighteen, objects suggestive of the presence of anyone under the age of eighteen, or containing the use of figures, symbols or languages that are customarily associated with anyone under the age of eighteen. 21a-408-66(b)(7)</li> <li>• offers of a prize, award or inducement to a qualifying patient, primary caregiver or physician related to the purchase of marijuana or certification for the use of marijuana. 21a-408-66(b)(8)</li> <li>• statements that indicate or imply that the product or entity in the advertisement has been approved or endorsed by the Department of Consumer Protection or any person or entity associated with the State of Connecticut. 21a-408-66(b)(9)</li> </ul>	Yes <input checked="" type="radio"/> No Advised	<b>Comments:</b>  
<p>c. The producer advertises the price of its marijuana. 21a-408-68(b)  <u>EXCEPTION:</u>          The producer may make a price list available to a dispensary facility. 21a-408-68(b) ✓</p>	Yes <input checked="" type="radio"/> No Advised	<b>Comments:</b>  



State of Connecticut  
 Drug Control Division  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

14. Marijuana Transportation		
a. A shipping manifest on a form prescribed by the Connecticut Department of Consumer Protection was completed prior to transporting any marijuana or marijuana product. 21a-408-60(a)(1)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
b. A copy of the shipping manifest was securely transmitted to the dispensary facility receiving the marijuana or marijuana product(s) and the Connecticut Department of Consumer Protection at least twenty-four hours prior to transport of any marijuana or marijuana product. 21a-408-60(a)(2)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
c. All shipping manifests are maintained and readily available. 21a-408-60(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments: COPIES VIEWED DURING INSPECTION
d. Marijuana products are only transported: <ul style="list-style-type: none"> <li>• in a locked, safe and secure storage compartment that is part of the vehicle transporting the marijuana. 21a-408-60(c)(1)</li> <li>• in a storage compartment that is not visible from outside the vehicle. 21a-408-60(c)(2)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
e. Production facility employees transporting marijuana travel directly from the producer facility to the dispensary facility without any stops in between except to other dispensary facilities. 21a-408-60(d)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
f. All delivery times and routes are randomized. 21a-408-60(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
g. All transport vehicles are staffed with a minimum of two employees. 21a-408-60(f)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:

(continued on page 14)



**State of Connecticut**  
**Drug Control Division**  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



## Production Facility Routine Inspection Report

<b>14. Marijuana Transportation</b> (continued from page 13)		
h. At least one delivery team member remains with the vehicle at all times when the vehicle contains marijuana. 21a-408-60(f)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u>
i. A delivery team member has access to a secure form of communication with employees at the production facility at all times that the vehicle contains marijuana. 21a-408-60(g)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u>
j. A delivery team member possesses a department-issued identification card at all times when transporting or delivering marijuana and can produce the department-issued identification card upon request of an authorized representative of the Connecticut Department of Consumer Protection or a law enforcement official. 21a-408-60(g); 21a-408-60(h)	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u>
<b>15. Marijuana Disposition</b>		
a. Undesired, excess, unauthorized, obsolete, adulterated, misbranded or deteriorated marijuana is disposed by a producer, law enforcement or court official or the Connecticut Department of Consumer Protection in one of the following manners: <ul style="list-style-type: none"> <li>• by surrender without compensation to the Connecticut Department of Consumer Protection. 21a-408-64(a)(1)</li> <li>• by disposal in the presence of the Connecticut Department of Consumer Protection in a manner that renders the marijuana non-recoverable. 21a-408-64(a)(2)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<u>Comments:</u> DISCUSSED FUTURE DISPOSAL
b. The disposition record maintained for the disposal of marijuana indicates: <ul style="list-style-type: none"> <li>• date and time of disposal. 21a-408-64(b)(1)</li> <li>• manner of disposal. 21a-408-64(b)(2)</li> <li>• brand name and quantity of marijuana disposed. 21a-408-64(b)(3)</li> <li>• signatures of persons disposing of the marijuana, the Department of Consumer Protection and any other persons present during the disposal. 21a-408-64(b)(4)</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No Advised <input checked="" type="radio"/> N/A	<u>Comments:</u>



State of Connecticut  
 Drug Control Division  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

16. Required Notifications		
a. The Connecticut Department of Consumer Protection was notified no later than ten business days after the date a producer backer or production facility employee ceased to work for or be affiliated with the producer. 21a-408-23(e)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b> 1 Employee TERMINATED
b. The Connecticut Department of Consumer Protection was notified no later than five business days after a change was made to any of the information supplied on a producer or production facility employee's application. 21a-408-24(c)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input checked="" type="radio"/> N/A	<b>Comments:</b>
c. Upon becoming aware of discrepancies identified during inventory, diversion, theft, loss or unauthorized destruction of any marijuana or of any loss or unauthorized alteration of records related to marijuana or qualifying patients, the producer: <ul style="list-style-type: none"> <li>• immediately notified the Drug Control Division and appropriate law enforcement authorities. 21a-408-63(a)(1-2)</li> <li>• notified the Connecticut Department of Consumer Protection no later than 24 hours after discovery by way of a signed statement that included:               <ol style="list-style-type: none"> <li>1. an accurate inventory of the quantity and brand names of marijuana diverted, stolen, lost, destroyed or damaged. 21a-408-63(b)</li> <li>2. confirmation that local law enforcement authorities were notified. 21a-408-63(b)</li> </ol> </li> </ul>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input checked="" type="radio"/> N/A	<b>Comments:</b>
d. The Drug Control Division was notified no later than the next business, followed by written notification no later than ten business days, of an alarm activation or other event that required response by public safety personnel, a breach of security, failure of the security alarm system due to a loss of electrical support or mechanical malfunction that was expected to last longer than eight hours and corrective measures taken, if any. 21a-408-63(c)(1-4)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b> ~ 6 instances of internet occurrences that caused a response by Police



**State of Connecticut**  
**Drug Control Division**  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

<b>17. Required Policies and Procedures</b>		
<p>a. There are written policies and procedures approved by the Connecticut Department of Consumer Protection regarding best practices for the secure and proper production and manufacturing of marijuana. Such policies and procedures include, at the least, the:</p> <ul style="list-style-type: none"> <li>• restriction of movement between production compartments. 21a-408-53(c)(1)</li> <li>• provision for different colored identification cards for production facility employees based on the production compartment to which they are assigned at a given time so as to ensure that only employees necessary for a production function have access to that compartment of the production facility. 21a-408-53(c)(2)</li> <li>• requirement for pocketless clothing for all production facility employees working in an area containing marijuana. 21a-408-53(c)(3)</li> <li>• ability to document the chain of custody of all marijuana and marijuana products. 21a-408-53(c)(4)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<p><b>Comments:</b></p>
<p>b. There are written policies and procedures approved by the Connecticut Department of Consumer Protection for the manufacture, security, storage, inventory, and distribution of marijuana. Such policies and procedures include, at the least, the:</p> <ul style="list-style-type: none"> <li>• methods for identifying, recording, and reporting diversion, theft or loss. 21a-408-53(d)</li> <li>• methods for correcting all errors and inaccuracies in inventories. 21a-408-53(d)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<p><b>Comments:</b></p>
<p>c. There are written policies and procedures that include processes for:</p> <ul style="list-style-type: none"> <li>• handling mandatory and voluntary recalls of marijuana products that are adequate to deal with recalls due to:</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No Advised	<p><b>Comments:</b></p>

(continued on page 17)



State of Connecticut  
 Drug Control Division  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

<b>17. Required Policies and Procedures</b> (continued from page 16)		
<ul style="list-style-type: none"> <li>i. any action initiated at the request of the Connecticut Department of Consumer Protection.</li> <li>ii. any voluntary action by the producer to remove defective or potentially defective marijuana products from the market.</li> <li>iii. any action undertaken to promote public health and safety by replacing existing marijuana products with improved products or packaging.</li> </ul> <p>21a-408-53(d)(1)</p> <ul style="list-style-type: none"> <li>• preparing for, protecting against, and handling any crisis that affects the security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency.</li> </ul> <p>21a-408-53(d)(2)</p> <ul style="list-style-type: none"> <li>• ensuring that any outdated, damaged, deteriorated, misbranded, or adulterated marijuana is segregated from all other marijuana and destroyed.</li> </ul> <p>21a-408-53(d)(3)</p> <ul style="list-style-type: none"> <li>• providing written documentation for marijuana disposition. 21a-408-53(d)(3)</li> <li>• ensuring the oldest stock of a marijuana product is distributed first.</li> </ul> <p>21a-408-53(d)(4)</p>		
<b>18. Production Facility Records</b>		
<p>a. The records for all marijuana produced or manufactured are maintained and show:</p> <ul style="list-style-type: none"> <li>• the brand name, kind and quantity of marijuana involved. 21a-408-54(1)</li> <li>• the date of production or removal from production. 21a-408-54(2)</li> <li>• all marijuana sold, transported or otherwise disposed of. 21a-408-54(3)</li> <li>• the date and time of selling, transporting or disposing of the marijuana. 21a-408-54(4)</li> </ul>	<p>Yes <input checked="" type="radio"/></p> <p>No <input type="radio"/></p> <p>Advised</p>	<p><b>Comments:</b></p>
(continued on page 18)		



State of Connecticut  
 Drug Control Division  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

<b>18. Production Facility Records</b> (continued from page 17)		
<ul style="list-style-type: none"> <li>the name and address of the dispensary facility to which the marijuana was sold. 21a-408-54(5)</li> <li>the name of the dispensary who took custody of the marijuana. 21a-408-54(6)</li> <li>the name of the production facility employee responsible for transporting the marijuana. 21a-408-54(7)</li> </ul>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input type="radio"/> N/A	
b. All documentation related to becoming aware of discrepancies identified during inventory, diversion, theft, any loss or unauthorized destruction of any marijuana, any loss or unauthorized alteration of records related to marijuana or qualifying patients, an alarm activation or other event that requires response by public safety personnel, a breach of security and the failure of the security alarm system due to a loss of electrical support or mechanical malfunction that is expected to last longer than eight hours are maintained and can be made available. 21a-408-63(d)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Advised <input type="radio"/> N/A	<b>Comments:</b> <i>No temporary failures now resolved</i>
c. An initial comprehensive inventory of all marijuana at the facility was conducted prior to commencing business. 21a-408-65(1)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
d. The production facility has established ongoing inventory controls and procedures in order to conduct inventory reviews and comprehensive inventories of marijuana that enable the facility to detect any diversion, theft or loss in a timely manner. 21a-408-65(a)(2)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b> <i>Inventory Review twice weekly</i>
e. A weekly inventory of marijuana stock has been conducted since opening for business and the weekly inventory includes date of inventory, summary of inventory findings, name, signature and title of individuals conducting inventory, date of receipt of marijuana, name and address of producer from whom marijuana received, where applicable, and kind and quantity of marijuana received. 21a-408-65(b)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>

(continued on page 19)



State of Connecticut  
 Drug Control Division  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

18. Production Facility Records (continued from page 18)		
f. The record of all marijuana sold, dispensed or otherwise disposed shows date of sale, name of dispensary facility, <del>name and address of qualifying patient or primary caregiver to whom the marijuana was sold and the brand and quantity of marijuana sold. 21a-408-65(b)</del>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
g. An accurate record of all stocks or brands of marijuana on hand has been completed annually on the anniversary of the initial inventory or another date chosen by the producer as long as it is not more than one year following the prior year's inventory. 21a-408-65(c)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
h. All inventories, procedures and documents required by Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies are maintained on the premises. 21a-408-65(d)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
i. A receipt has been tendered when any sample or record is removed by a person authorized to enforce the provisions of Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies or the provisions of the State of Connecticut food, drug and cosmetic statutes and regulations for the purpose of investigation or as evidence and said receipt is maintained for a period of at least three years. 21a-408-65(e)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input checked="" type="radio"/> N/A	Comments:
j. All documents required pursuant to Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies are maintained in an auditable format for no less than three years. 21a-408-70(a)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
k. All documents required pursuant to Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies can be made immediately available for inspection and copying by the Connecticut Department of Consumer Protection and other authorized individuals. 21a-408-70(a)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:
l. No foreign languages, codes or symbols to designate marijuana types or persons are used when keeping the documents required pursuant to Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies. 21a-408-70(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	Comments:



**State of Connecticut**  
**Drug Control Division**  
 165 Capitol Avenue, Room 145  
 Hartford, CT 06106  
 (860) 713-6065  
 www.ct.gov/dcp



### Production Facility Routine Inspection Report

<b>19. Laboratory Testing</b>		
a. All harvested marijuana is segregated into <del>homogenized</del> batches immediately prior to manufacturing any marijuana product or packaging raw marijuana for sale to a dispensary. 21a-408-58(a)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
b. <del>Homogenized</del> batches of harvested marijuana are made available to a laboratory employee for the selection of a random sample. 21a-408-58(b)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
c. <del>Homogenized</del> batches of harvested marijuana are maintained in a secure, cool and dry location so as to prevent the marijuana from becoming contaminated or losing its efficacy from the time the batch was <del>homogenized</del> for sample testing, eventual packaging and sale to a dispensary facility to the time the laboratory provides the results from its tests and analysis. 21a-408-58(c)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
d. No marijuana has been included in a marijuana product or sold to a dispensary facility prior to the time that the laboratory has completed its testing and analysis and has provided the testing and analysis results in writing to the producer or other designated production facility employee. 21a-408-58(c)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>
e. The entire batch of <del>homogenized</del> harvested marijuana is disposed of when the random sample selected by a laboratory employee does not pass the microbiological, mycotoxin, heavy metal or pesticide chemical residue test. 21a-408-58(e)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised <input checked="" type="radio"/> N/A	<b>Comments:</b>
f. The producer provides each dispensary facility with the laboratory test results for each batch of marijuana used in a product purchased by the dispensary facility. 21a-408-58(h)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Advised	<b>Comments:</b>