



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: NY Compassion, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Andrew K. Boszhardt, Jr. 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. Boszhardt is a member of the Company.
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.



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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 Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains two entries for University of Wisconsin-Madison with degrees in BS Accounting and Finance (1978) and MBA (1980).



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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.





**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: 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. 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, From: 2012 To: current Name and Address of Business: Source4Style, Inc., New York, NY, Business Type: textile marketplace (online) Office Held/Nature of Interest: Board Member [X] open [ ] closed [ ] proposed, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



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From: 2012	Name and Address of Business:	
To: current	Forever.com, Inc., Pittsburgh, PA	
Business Type: Cloud-data storage	Office Held/Nature of Interest: Board Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2014	Name and Address of Business:	
To: current	Imagebrief, Inc., New York, NY	
Business Type: online photo marketplace	Office Held/Nature of Interest: Board Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
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:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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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: June 1, 2015
Notary Name: Jared Spiegel Notary Registration Number: 02SP6285068
Notary (Notary Must Affix Stamp or Seal) Date: [Handwritten Signature]
JARED B. SPIEGEL
Notary Public, State of New York
No. 02SP6285068
Qualified in New York County
Certified Filed in New York County
Commission Expires July 01, 2017
6/1/15





Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
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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: NY Compassion, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Audrey E. Selin 3. Title: Member & General Counsel
4. Briefly describe the role of this person or entity in the proposed registered organization:
Ms. Selin is the General Counsel and a member of the Company.
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.



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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]

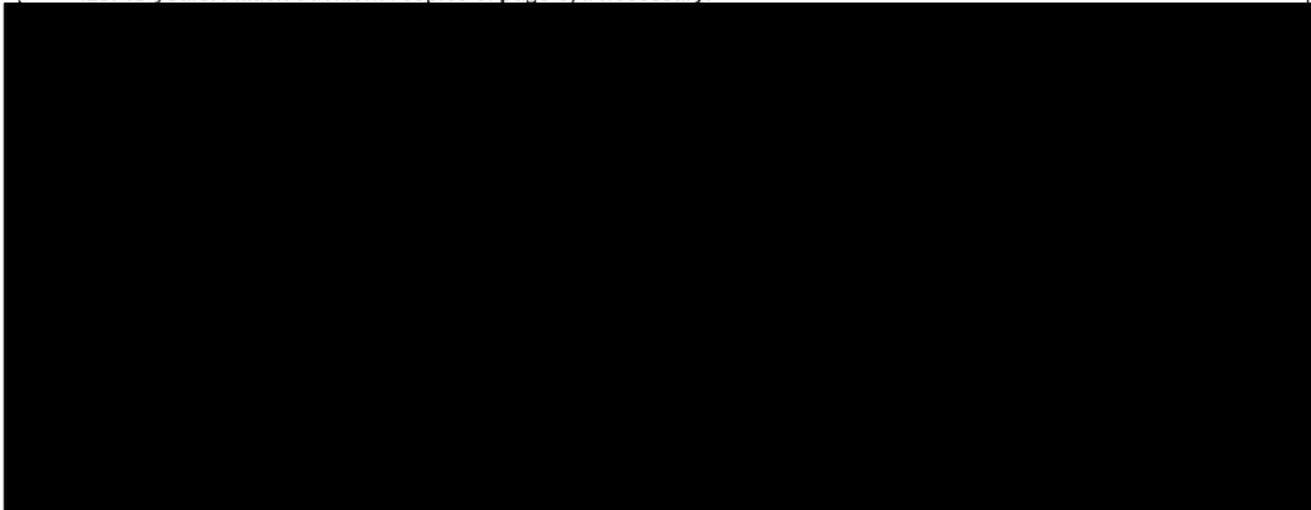
Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include University of Illinois and Loyola University School of Law.



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: Attorney, 2547341, Attorney Registration and Disciplinary Commission of the Supreme Court of Illinois, 10/29/1977, 12/31/2015.

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:



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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, Starting/Ending Dates 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 sections for business information, including 'From', 'To', 'Business Type', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'.



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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.

Ms. Selin is currently a partner in the Real Estate practice group at the [redacted] Since 2012, she has been selected by her peers for inclusion in The Best Lawyers in America and is AV Peer Review Rated by Martindale-Hubbell, the highest possible rating in both legal ability and ethical standards. Prior to joining [redacted] Ms. Selin served for more than 10 years as a member of the management committee of a full-service international law firm with 350 attorneys. She also was chairperson of that firm's Real Estate department as well as the firm's Hiring Committee. For the past six years, Ms. Selin has served on the Executive Board and the Board of Directors of the Lynn Sage Cancer Research Foundation, one of the nation's leading breast cancer research and education charities. She also has served on the Board of Directors of CJE Senior Life, which provides housing and programming for the lives of older adults and their families.

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: Audrey Selin Date: June 3, 2015
Notary Name: ROBERT A. WEISMAN Notary Registration Number: 529518
Notary (Notary Must Affix Stamp or Seal) Date: 6/3/15
OFFICIAL SEAL
ROBERT A WEISMAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/03/17



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: NY Compassion, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Daniel Reich 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization: Mr. Reich is a member of the Company and will serve as its Chief Operating Officer.
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.



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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 Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Wisconsin - Madison, Madison, Wisconsin, 8/2004, 5/2008, Bachelor of Science in Electrical Engineering, 5/2008.



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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 5 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.





**Appendix A:**

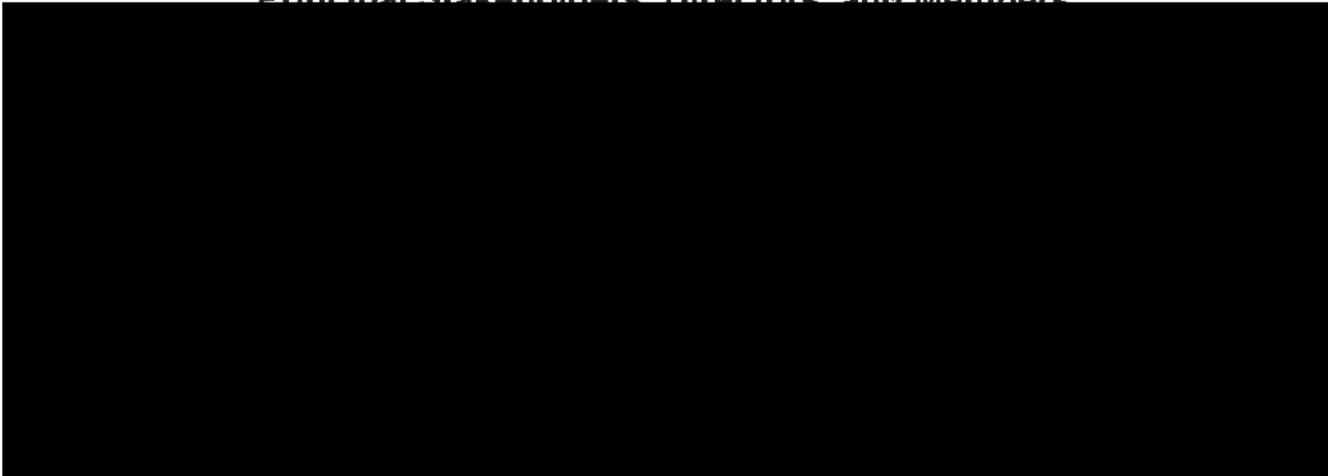
**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

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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 fields 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, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business..., From: 4/2013, To: To date, Business Type: Software Company, Office Held/Nature of Interest: Shareholder, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



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Form with three entries for Pippio, Inc, ImageBrief, Inc, and Olapic, Inc. Each entry includes fields for 'From' date, 'To' date, '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'.



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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: 5/19/2015

Notary Name: [Handwritten Signature] Notary Registration Number: 02SP6285068

Notary (Notary Must Affix Stamp or Seal) Date: 5/19/2015
JARED B. SPIEGEL
Notary Public, State of New York
No. 02SP6285068
Qualified in New York County
Certified Filed in New York County
Commission Expires July 01, 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 (NY Compassion LLC), Name (Kenneth H. Landis), Title (Member), and questions regarding contact with medical marijuana and previous business management.



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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

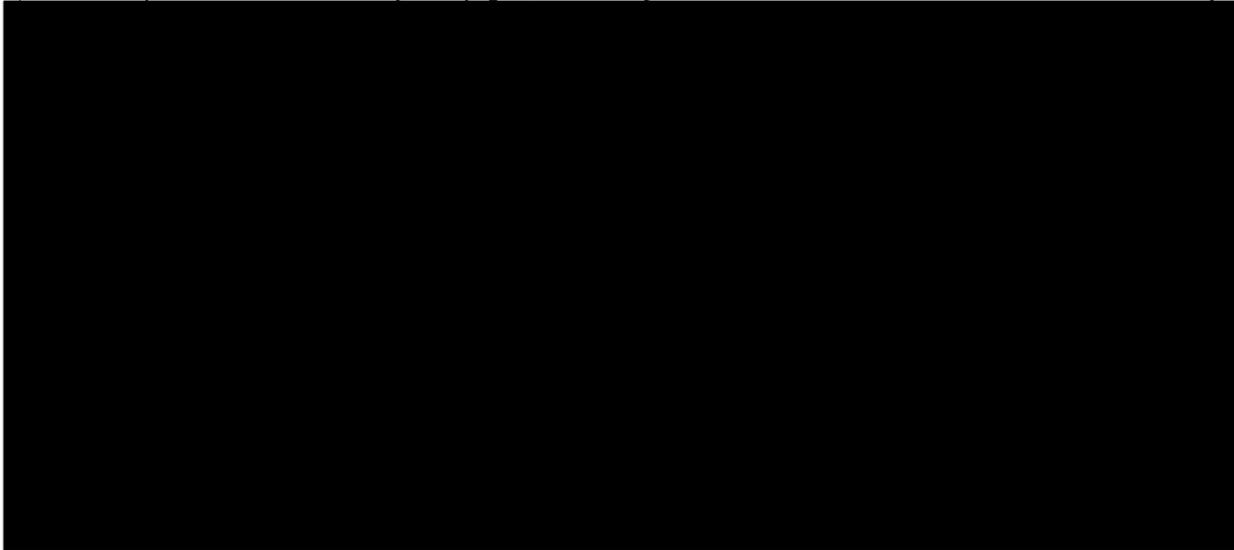
Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains entries for University of Pennsylvania and New York University.



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Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Certified Public Accountant, Pa. Institute of Certified Public Accountants, 1801 Market St. Phila. Pa 19103, 1975, Inactive.

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.





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

Form with multiple sections for personal and business 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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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:		
<p><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.</p>		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
From: 9/14	Name and Address of Business: Suffield Academy Suffield, Ct	
To: Current		
Business Type: School (9-12)	Office Held/Nature of Interest: Trustee	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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From: 2010	Name and Address of Business:	
To: 2013	The Hewitt School New York, NY	
Business Type: School ( K-12)	Office Held/Nature of Interest: Trustee	<input type="checkbox"/> open <input checked="" type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2013	Name and Address of Business:	
To: Current	Weill-Cornell Medical School New York, NY	
Business Type: Medical School	Office Held/Nature of Interest: Dean's Council	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2010	Name and Address of Business:	
To: Current	Central Park Conservancy New York, NY	
Business Type: Management of NYC Parks	Office Held/Nature of Interest: Chairman's Council	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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Form with three entries for different businesses: Art Museum, On line Textile Marketplace, and Marketer of OTC drugs. Each entry includes fields for 'From' and 'To' dates, 'Name and Address of Business', 'Office Held/Nature of Interest', and checkboxes for 'open', 'closed', or 'proposed' status.



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From: 2014	Name and Address of Business:	
To: Current	Tula, LLC New York, NY	
Business Type: Marketer of Cosmetic Products	Office Held/Nature of Interest: Managing Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2008	Name and Address of Business:	
To: 2014	Thymes LLC Minneapolis, MN	
Business Type: Marketer of Cosmetic Products	Office Held/Nature of Interest: Member and Board of Director	<input type="checkbox"/> open <input checked="" type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2015	Name and Address of Business:	
To: Current	Image Brief New York, NY	
Business Type: Photography marketplace	Office Held/Nature of Interest: Shareholder	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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Form with three entries for businesses: Help Remedies, Inc; Hello, LLC; and Joor, Inc. Each entry includes fields for 'From' and 'To' dates, 'Business Type', 'Office Held/Nature of Interest', and checkboxes for 'open', 'closed', and 'proposed' status. A section for 'Name, Address and Phone Number of Licensing/Regulatory Agency' is also present for each entry.



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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: <i>[Handwritten Signature]</i>	Date: <i>5/26/15</i>
Notary Name: <i>Jared Spiegel</i>	Notary Registration Number: <i>02SP6285068</i>
Notary (Notary Must Affix Stamp or Seal)	Date: <i>5/26/15</i>

**JARED B. SPIEGEL**  
 Notary Public, State of New York  
 No. 02SP6285068  
 Qualified in New York County  
 Certified Filed in New York County  
 Commission Expires July 01, 2017

This document should be exempt from disclosure under FOIL as it contains information about the Company's critical financial infrastructure.



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1. Business Name: NY Compassion, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Laurel V Dineff 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Ms. Dineff is a member of the Company.
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? [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.



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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 DePaul University, Tokyo University, AGSIM Thunderbird School of Arizona, Boeki Kenshu Center, and Occidental College.



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Affidavit for Board Members, Officers, Managers, Owners, Partners,
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Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Attorney, Interior Designer, Medical Cannabis Cultivation Center, Medical Cannabis Dispensary, and Medical Cannabis Dispensary.

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.





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

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



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

Form with fields: From: 1999, To: Present, Business Type: Service Corporation, Name and Address of Business: Index Environmental Inc, Summit, IL, Office Held/Nature of Interest: Secretary and Treasurer, checkboxes for open, closed, proposed, and a large black redaction box.

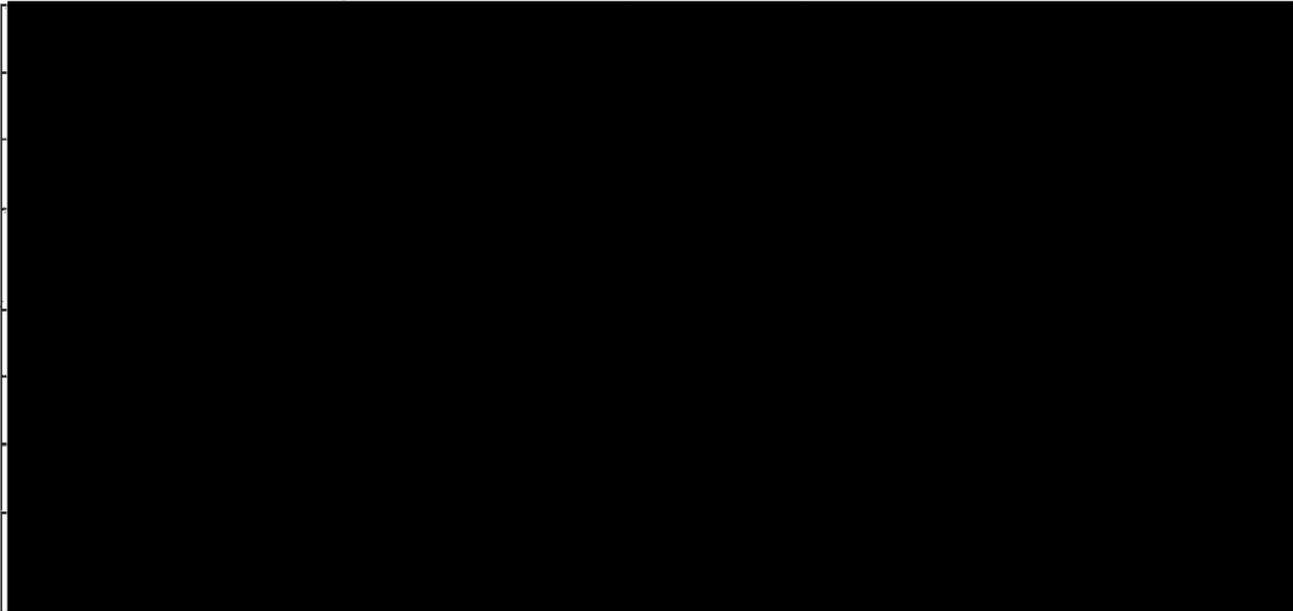


Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with fields: From: 2014, To: Present, Business Type: Investment Company, Name and Address of Business: LAL Funding LLC, Summit, IL, Office Held/Nature of Interest: Manager, and checkboxes for open, closed, proposed.



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



From: 2014:	Name and Address of Business:	
To: Present	Deerpath Development LLC Summit, IL	
Business Type: Land Ownership & Dev.	Office Held/Nature of Interest: Manager	<input checked="" 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

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]

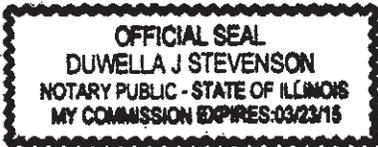
Date: 5/19/15

Notary Name: Duwella J. Stevenson

Notary Registration Number: 747074

Notary (Notary Must Affix Stamp or Seal)

Date: 5-19-15





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: NY Compassion, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Steven Weisman 3. Title: Managing Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. Weisman will serve as the managing member and Chief Executive Officer of the Company.
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? [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.
There have been no finding of violations of law or regulation by a governmental agency against the Mr. Weisman or WCCC, LLC.



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]

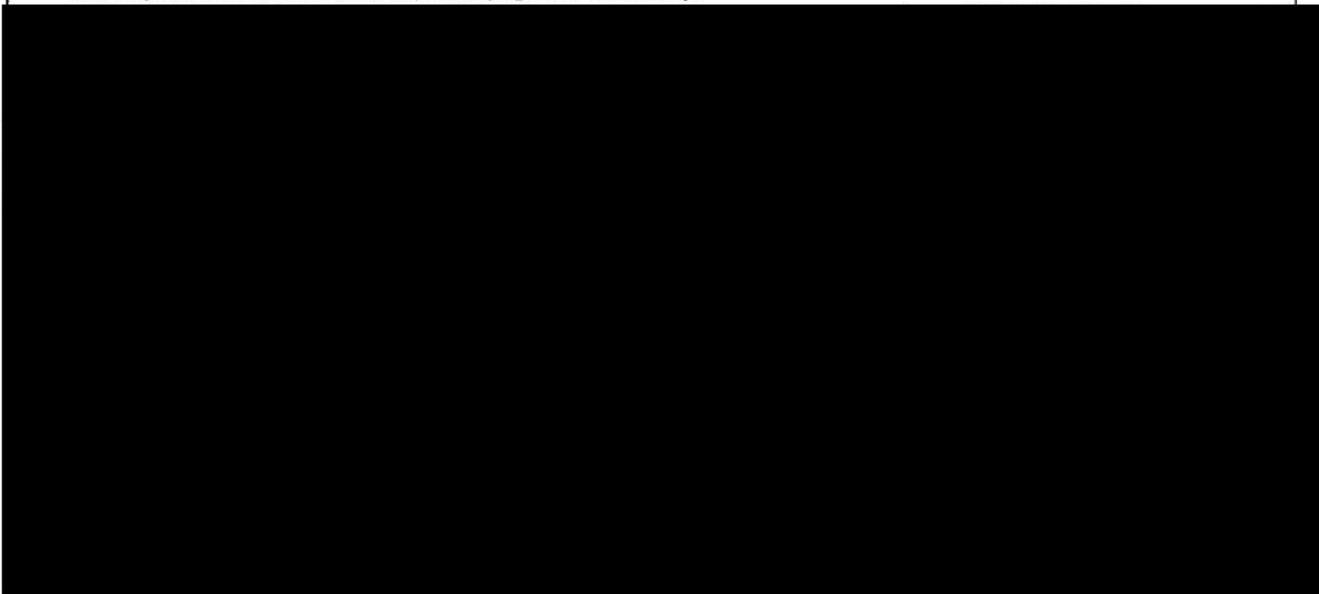
Table with 6 columns: Institution, Address, Dates Attended (From, To), Degree Received, Date Received. Rows include University of Chicago Booth School of Business, University of Chicago Law School, and University of Wisconsin - Madison.



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 Attorney, Medical Cannabis Dispensary, etc.

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.





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**Appendix A:**

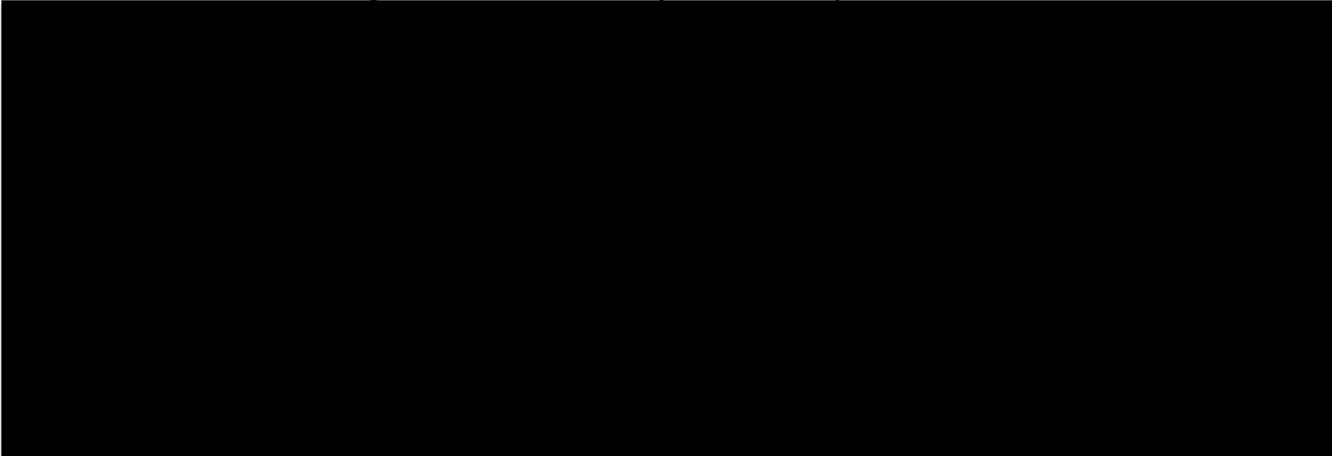
**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

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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: 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..., From: 1/2014, Name and Address of Business: WCCC, LLC, 33 North LaSalle, Suite 3200, Chicago, Illinois 60602, Business Type: Medical Marijuana, Office Held/Nature of Interest: Managing Member, Chief Executive Officer, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: IL Dept. of Fin. & Prof. Reg., 100 West Randolph, 9th Floor, Chicago, Illinois 60601, 312-814-4500



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.

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]

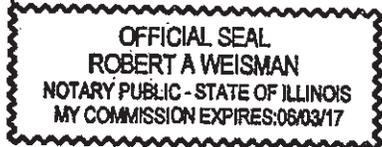
Date: 5/17/15

Notary Name: ROBERT A. WEISMAN

Notary Registration Number: 529518

Notary (Notary Must Affix Stamp or Seal) [Handwritten Signature]

Date: 5/19/15





**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:	NY Compassion, LLC		
Facility Type:	Manufacturing Facility <input type="checkbox"/>	Dispensing Facility <input checked="" type="checkbox"/>	
Use and Occupancy Classification:	M: Mercantile		
Building Construction Type and Classification:	IIA		
Facility Address:	201 Main Street, Binghamton, NY 13905		
Primary Contact Telephone number:	(773) 870-2439		
Primary Contact Fax number:	[REDACTED]		
<b>PART I – ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</b>			
Applicant shall identify planning requirements, including but not limited to:			
<input type="checkbox"/>	TOWN BOARD APPROVAL		
<input checked="" type="checkbox"/>	PLANNING BOARD APPROVAL		
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL		
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS		
<input checked="" type="checkbox"/>	BUILDING PERMIT		
<input checked="" type="checkbox"/>	BIDDING PHASE		
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)		
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION		
<input checked="" type="checkbox"/>	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.

<input checked="" type="checkbox"/> Entrance and Exits <input checked="" type="checkbox"/> Public Parking Spaces <input checked="" type="checkbox"/> Staff Parking Spaces <input checked="" type="checkbox"/> Accessible Parking Spaces <input checked="" type="checkbox"/> Accessible Route(s)	<input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road <input checked="" type="checkbox"/> Percentage of Green Space -> (0%) <input checked="" type="checkbox"/> Location of Emergency Power Systems -> (located in security equipment closet) <input checked="" type="checkbox"/> Loading & Unloading <input type="checkbox"/> Security Gates & Fences -> (not applicable)
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**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.

<b>Energy Source:</b> <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Solar <input type="checkbox"/> Oil <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Electric
<b>Engineering Systems:</b> <input checked="" type="checkbox"/> Heating System: Type <u>Duct Htr</u> , Size <u>480k BTU</u> , Efficiency <u>~90%</u> Ventilation Requirements <u>To Be Determined</u> <input checked="" type="checkbox"/> Cooling System: Type <u>AC</u> , Size <u>20 Tons</u> , Efficiency <u>~85%</u> Ventilation Requirements <u>To Be Determined</u> <input type="checkbox"/> Ventilation & Humidification Systems: Type _____, Size _____, Efficiency _____ Ventilation Requirements _____ <input checked="" type="checkbox"/> Electrical Distribution Available <u>NYSEG: 200 Amps</u> <input checked="" type="checkbox"/> Water Supply: Municipal Water Service <u>XX</u> or Private Well Water _____ <input checked="" type="checkbox"/> Sewage: Municipal Sewer System <u>XX</u> or Private Septic System _____ <input checked="" type="checkbox"/> Emergency Power System: Type <u>UPS</u> , Size <u>4KVA</u> , Efficiency <u>~40%</u>	



**Appendix B – Architectural Program**

<b>PART IV – BUILDING CODE COMPLIANCE:</b> (pages 3-13)	
<b>CHECK ALL APPLICABLE CODES FOR THE FACILITY</b>	
<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 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 type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<p><input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2</p>	<p><input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building</p>	<p><input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method</p>
<p><b>Select Work Involved:</b> Check all that apply.</p>	<p><input checked="" type="checkbox"/> General Construction <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm</p>	<p><input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical</p>	<p><input checked="" type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____</p>

<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: 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' (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.	NA	M Mercantile Max Occupancy 62p (1004.1.1)



**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.	NA	NA
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.	NA	NA
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	NA
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).	Max 4 Stories, 21,000 SF	Single Story, 6,848 SF
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	NA	1 HR fire rated (UL Des 419) at all interior partitions



**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).	NA	NA
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).	NA	NA
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).	NA	NA
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	NA	Type IIA
11	Fire Resistance Rating Reqmt't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Exterior: 1 Hour Rated Interior: 1 Hour Rated	Exterior: 1 Hour Rated Interior: 1 Hour Rated Roof : 1 Hour Rated



**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).	1 Hour Rated Table 601	1 Hour Rated
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>/= 30' for all type of construction, 0 fire resistance rating (602)	Min 60', >/=30' = 0 fire resistance rating
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NA	NA
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	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>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA
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.	NR	NR Fire Area is less than 12,000 SF
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	NR
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	NR
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 type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	Manual fire alarm & detection system required as per 907.2.7	New fire alarm system to comply with code as per 907.2.7



**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/NA	NR/NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Comply w/ section 912	Will comply with code as per section 912
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.	Door W: 32" Min Door H: 80" Min	Door W: 34" Min Door H: 82" Min 3/4 HR FPSC HM Door & Frame
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.	NA	Total Occupancy Load: 62
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	44" Min	48" Min
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.	Min number of exits: 2 common path of travel: >/=75' (Section 1014.3)	4 Exits from all locations with less than 75' travel distance



**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.	Door W: 32" Min Door H: 80" Min	Door W: 36" Min Door H: 82" Min
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.	NA	NA
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.	NA	NA
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.	Common path not to exceed 75' (Section 1014.3)	All common paths are less than 75'
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.	2 Exits Required	4 Exits Provided
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1 Hour fire rating required (Table 1018.1)	All interior partitions to be 1 hour fire rated (UL Des U419)



**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" Min Section 1018.2	48" Min
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead end corridor not to exceed 20' (Section 1018.4)	Corridor 10' Maximum
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.	2 Exits required	4 Exits provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.		Shall comply with all requirements in Section 1021
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	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>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	NA
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		
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.	To comply with Ansi 117.1 2003	All construction to comply with Ansi 117.1 2003
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).	Climate Zone 6 (Table 301.1) U-.051, R-13 + R-7.5 (table 502.2.1)	Provide additional material to the existing structure as required to comply with all energy conservation codes
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.		Provide new stationary generator
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.	NA	Provide new stationary generator



**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).	1 WC/Sex 1 Lavatory/Sex	1 WC/Sex 1 Lavatory/Sex 1 Unisex Restroom
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	Water pressure to be verified
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.	Min 20' wide access road	Existing access road is min 20' wide

**ATTACHMENT B – ADDITIONAL INFORMATION**

This attachment identifies additional information that would not fit or could not be demonstrated in the architectural and engineering plans.

In response to Question #13 from the *Application for Registration as a Registered Organization – Questions and Answers, Architectural/Appendix B*, this document serves as the additional sub-sheets that clearly identify and coordinate information to each applicable field.

**Facility Address:** 201 Main Street, Binghamton, NY 13905

**CODE COMPLIANCE REVIEW – ADDITIONAL INFORMATION**

No.	Topic	NYS Building Code Section	Additional Information Required to be Identified for this building/facility on the Building or Site Plan(s)
22	Fire Alarm & Detection Systems	907	The Fire Alarm & Detection System used <sup>1</sup> will consist of Siemens smoke detectors, alarms and annunciators connected to the central station and will deploy ADT as the central station.
26	Occupant Load	1004 & Table 1004.1.1	The Occupancy Load room is as follows <sup>2</sup> : <ul style="list-style-type: none"> <li>• Counseling – 11 persons max</li> <li>• Waiting Area – 29 persons max</li> <li>• Reception – 3 persons max</li> <li>• Dispensing Area – 19 persons max</li> <li>• Backroom – 4 persons max</li> <li>• Receiving Bay – 6 persons max</li> <li>• Office – 2 persons max</li> <li>• Cashier – 1 persons max</li> </ul>
31	Ramps	1010.1	The facility is on grade and meets the ICC/ANSI A117.1-2003 Standards <sup>3</sup>

**Application for Registration as a Registered Organization - Questions and Answers**

**Question 16.** For Appendix B No. 22 - Fire Alarm & Detection Systems, it appears that only code sections are being requested rather than information about the proposed design. In this case, the Required Code Value would list the applicable code sections while the Facility Actual Value would list the applicable code sections to which the facility will comply. Please confirm this is what is being requested.

*<sup>1</sup>Both the code information of all applicable requirements and the actual systems that will be installed at the facility should be included within each Appendix B submitted per facility.*

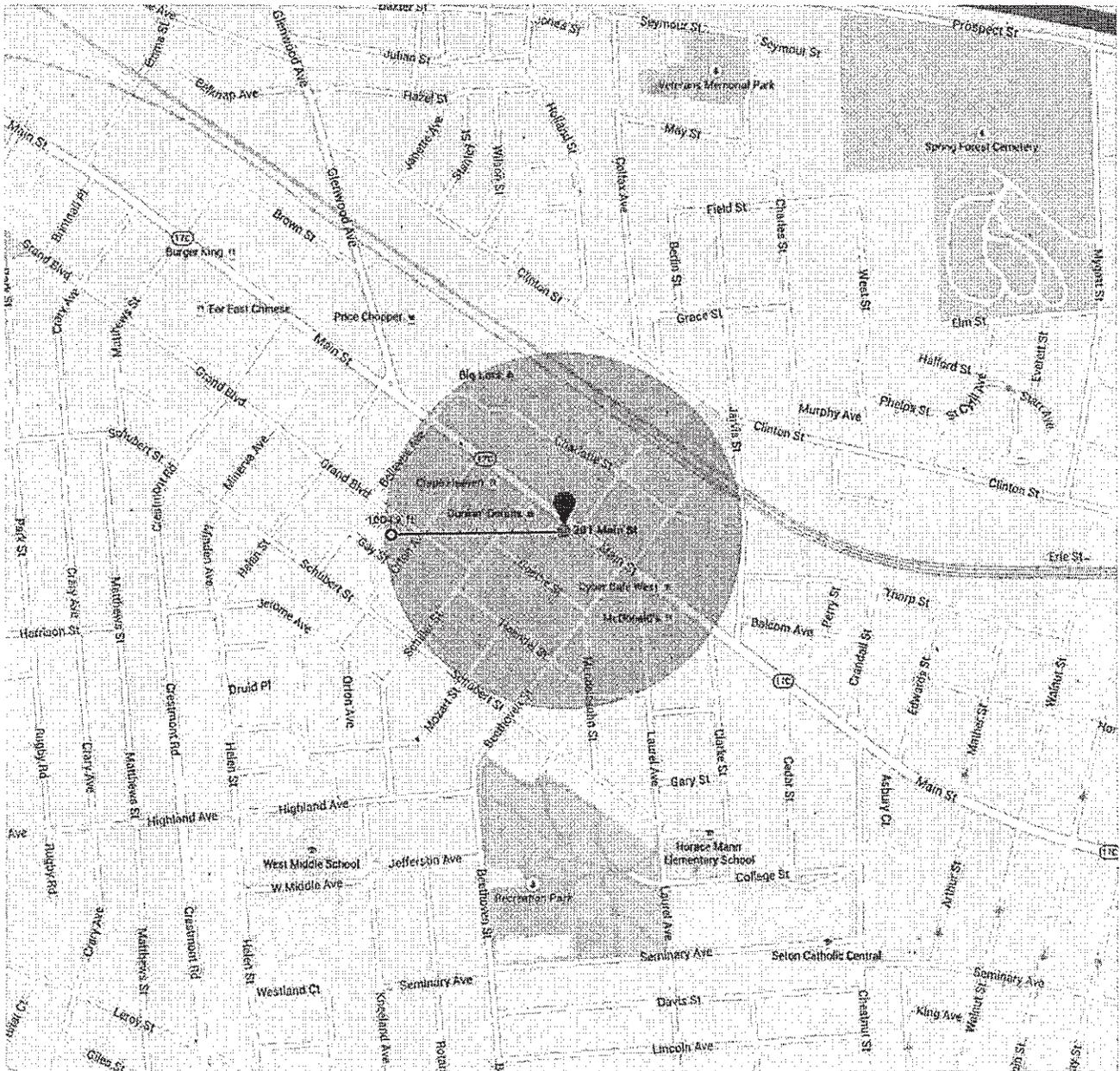
**Question 17.** For Appendix B No. 26 - Occupant Load, can applicants just indicate "Refer to Plan" for the required code value/allowed code value and facility's actual value?

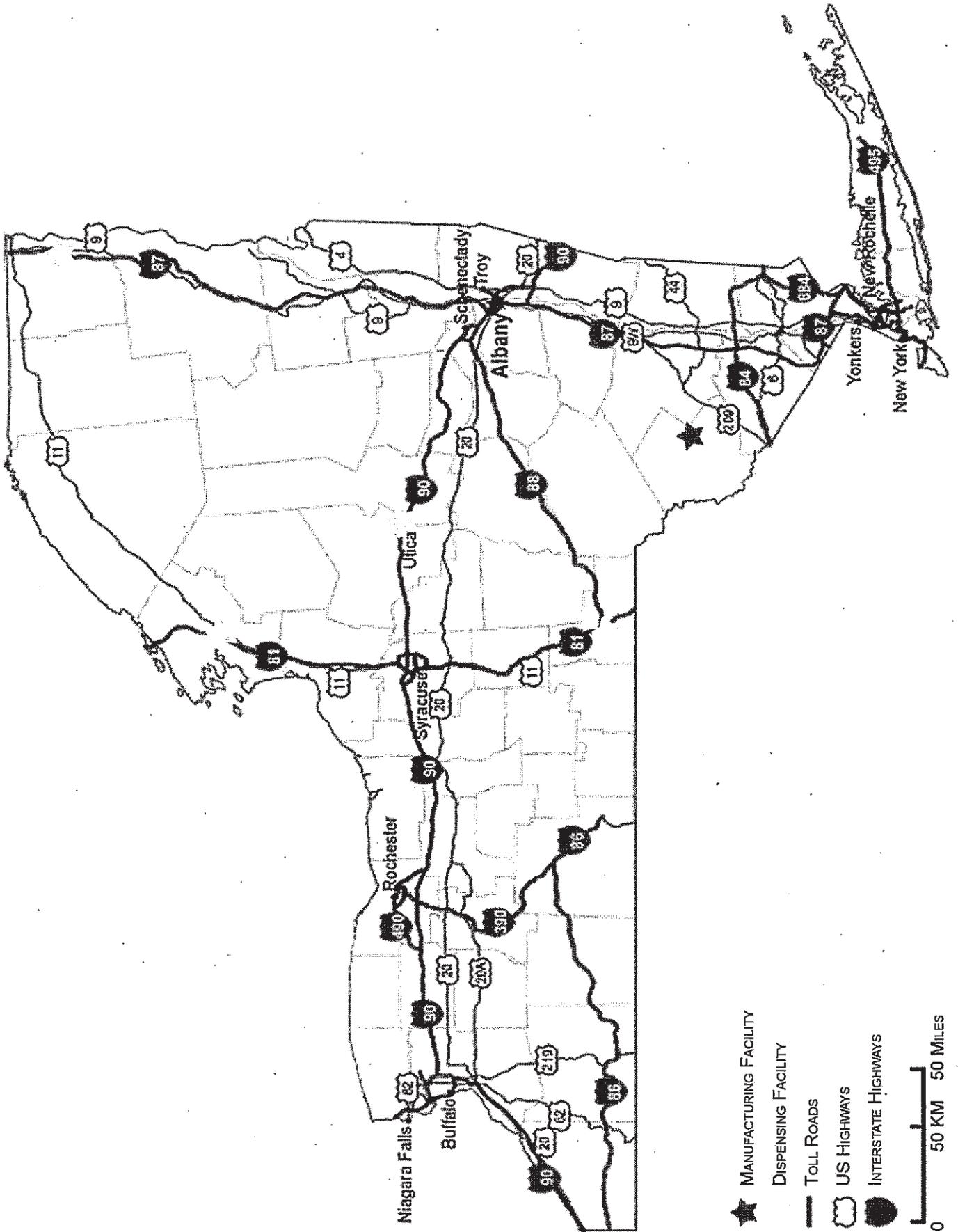
*<sup>2</sup>The applicant shall, as per NYS BC 1004.1, Table 1004.1.1, clearly identify in Appendix B the function of space, the floor area in square feet per occupant, the design load with any allowed increases. All information may be cross referenced to schematic floor plans.*

**Question 8.** Does the dispensing facility have to be ground floor/Retail? Does it have to be storefront or can it be on another floor such as an office?

*<sup>3</sup>Facilities must meet the ICC/ANSI A117.1-2003 Standards, which require all sites, facilities, buildings and the building elements that are accessible to and usable by people with physical disabilities, to meet all applicable accessibility requirements. As part of the criteria for consideration of applications, the Department will evaluate the suitability of proposed dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities.*

201 - 203 MAIN ST  
BINGHAMTON, NY 13905





- ★ MANUFACTURING FACILITY
  - DISPENSING FACILITY
  - TOLL ROADS
  - ▭ US HIGHWAYS
  - ▭ INTERSTATE HIGHWAYS
- 0 50 KM 50 MILES



NORTH

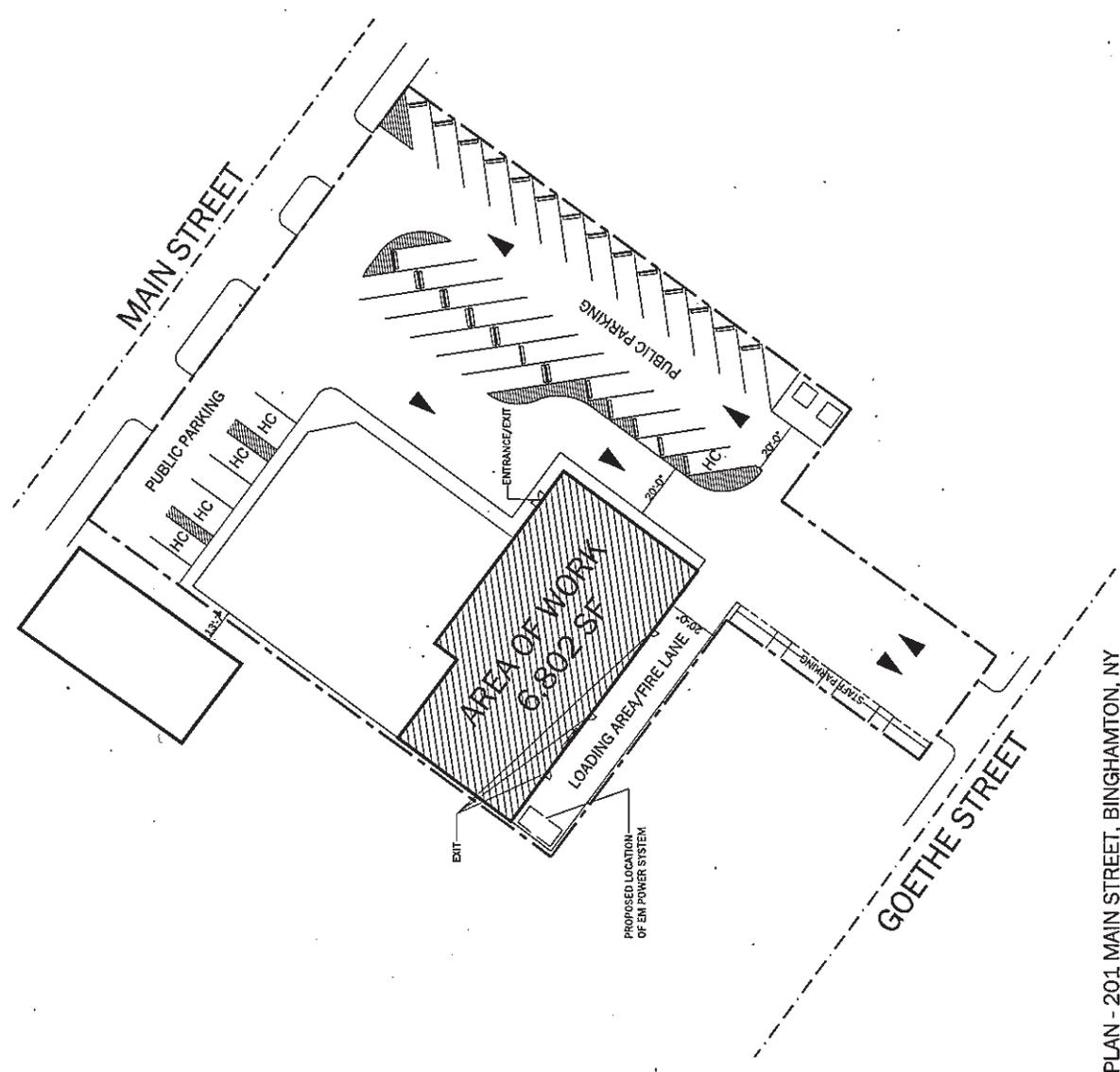


PROJECT NAME  
**NY COMPASSION  
 DISPENSARY**  
 201 MAIN ST  
 BINGHAMTON, NY 13905

DATE: 08/01/15 DRAWN BY: CA  
 SCALE: 1/8" = 1'-0" CHECKED BY: AR  
 JOB NO: 150300R  
 DRAWING TITLE

**SITE PLAN**

SEAL  
 DRAWING No.



**SITE PLAN - 201 MAIN STREET, BINGHAMTON, NY**  
 LOT 1 IN BINGHAMTON, BROOME COUNTY, NY

**BRDesign**  
 BR Design Associates, LLC  
 233 Spring Street, Suite 801, NYC 10013  
 P: 212.524.8505 / F: 212.524.8501



NORTH

NEW YORK  
 COMPASSIONATE CARE

PROJECT NAME  
 NY COMPASSION  
 DISPENSARY  
 201 MAIN ST  
 BINGHAMTON, NY 13905

DATE: 06.03.15  
 SCALE: 1/8" = 1'-0"  
 CHECKED BY: BR  
 DRAWING TITLE

FLOOR PLAN

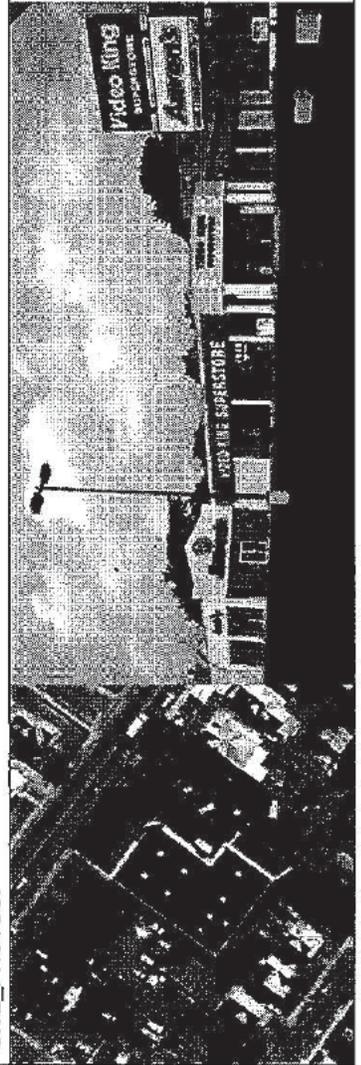
SCALE: 1/8" = 1'-0"

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

**CONSTRUCTION LEGEND:**

- INDICATES NEW 4-HOUR FIRE RATED (UL D44) U-GIRTS / DRUM WALL  
 PARTITION TO MATCH EXISTING, UNLESS OTHERWISE  
 NOTED.
- INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR  
 TO BE LAMINATED. 47121 LAYERS (IRC CODE C GYP BD TO  
 ACHIEVE REQUIRED FIRE RATING (2-HOUR MINIMUM))
- INDICATES NEW REINFORCED "SECURE" INTERIOR PARTITION,  
 ALL INTERIOR PARTITIONS TO BE 4-HOUR FIRE RATED (UL D44  
 U-1.8)
- INDICATES NEW PRE-ENGINEERED VAULT WALL
- INDICATES EXISTING REMAINING PARTITION TO BE LAMINATED  
 WITH 20 LAYERS FIRE CODE C GYP BD IN EACH SIDE TO ACHIEVE  
 2-HR FIRE RATING
- INDICATES SECURITY CAMERA LOCATION
- ALL DOORS TO BE FPSC 3 HOUR FIRE RATED HOLLOW METAL

**SITE PHOTOS:**



**BINGHAMTON CONSTRUCTION TIMELINE**

Item #	Task Name	Duration	DURATION (IN WEEKS)																													
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<b>Pre-Construction Approval Items</b>																																
1	Develop drawings & other construction documents	134 days	[Bar from week 1 to week 20]																													
2	Planning board approval	14 days	[Bar from week 19 to week 20]																													
3	Apply for building permit	90 days	[Bar from week 1 to week 18]																													
3	Apply for building permit	30 days	[Bar from week 16 to week 19]																													
<b>Post Approval Items</b>																																
4	Issue building permit	7 days	[Bar from week 19 to week 20]																													
4	Issue building permit	1 day	[Bar at week 20]																													
5	Interview potential construction companies	5 days	[Bar from week 20 to week 21]																													
6	Award contracts	1 day	[Bar at week 21]																													
<b>Building Construction</b>																																
7	Interior maintenance and redesign	45 days	[Bar from week 21 to week 28]																													
7	Interior maintenance and redesign	43 days	[Bar from week 21 to week 26]																													
8	Install security systems	2 days	[Bar at week 28]																													
<b>Post Construction Items</b>																																
9	Furniture and appliances	7 days	[Bar from week 28 to week 29]																													
9	Furniture and appliances	5 days	[Bar from week 28 to week 29]																													
10	Clean up	2 days	[Bar from week 29 to week 30]																													



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

<b>COMPANY INFORMATION</b>	
Business Name:	NY Compassion, LLC
Facility Type:	Manufacturing Facility <input checked="" type="checkbox"/> Dispensing Facility <input type="checkbox"/>
Use and Occupancy Classification:	Factory, F-1
Building Construction Type and Classification:	1-B
Facility Address:	510 Wild Turnpike, Mountain Dale, New York 12763
Primary Contact Telephone number:	(773) 870-2439
Primary Contact Fax number:	[REDACTED]
<b>PART I - ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</b>	
Applicant shall identify planning requirements, including but not limited to:	
<input type="checkbox"/>	TOWN BOARD APPROVAL
<input checked="" type="checkbox"/>	PLANNING BOARD APPROVAL
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS
<input checked="" type="checkbox"/>	BUILDING PERMIT
<input checked="" type="checkbox"/>	BIDDING PHASE
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION
<input checked="" type="checkbox"/>	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.

<input checked="" type="checkbox"/> Entrance and Exits <input checked="" type="checkbox"/> Public Parking Spaces <input checked="" type="checkbox"/> Staff Parking Spaces <input checked="" type="checkbox"/> Accessible Parking Spaces <input checked="" type="checkbox"/> Accessible Route(s)	<input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road <input checked="" type="checkbox"/> Percentage of Green Space (available, not measured) <input checked="" type="checkbox"/> Location of Emergency Power Systems <input checked="" type="checkbox"/> Loading & Unloading <input checked="" type="checkbox"/> 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     Oil     Electric  
 Solar     Other \_\_\_\_\_

Engineering Systems:  
 Heating System: Type Forced Air, Size Duct Heat, Efficiency ~90%,  
 Ventilation Requirements To Be Determined  
 Cooling System: Type Split Syst., Size 1,200 tons, Efficiency 87%,  
 Ventilation Requirements To Be Determined  
 Ventilation & Humidification Systems:  
 Type Cfg Mtd, Size 3.3 l/hr/unit, Efficiency 80%Hum,  
 Ventilation Requirements To Be Determined  
 Electrical Distribution Available NYSEG, 20 W/USF=14k Amp  
 Water Supply: Municipal Water Service \_\_\_\_\_ or Private Well Water Private  
 Sewage: Municipal Sewer System \_\_\_\_\_ or Private Septic System Private  
 Emergency Power System: \_\_\_\_\_  
 Type \_\_\_\_\_ Size 150000kW Efficiency ~40%



**Appendix B – Architectural Program**

<b>PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)</b>	
<b>CHECK ALL APPLICABLE CODES FOR THE FACILITY</b>	
<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 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 type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<p><input checked="" type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2</p>	<p><input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building</p>	<p><input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method</p>
<p><b>Select Work Involved:</b> Check all that apply.</p>	<p><input checked="" type="checkbox"/> General Construction <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm</p>	<p><input checked="" type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical</p>	<p><input checked="" type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____</p>

<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: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.</b>						
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: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
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.	NA	F-1 Factory, as per NYS Building Code Section 306.2



**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.	NA	NA
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.	NA	NA
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	NA
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).	NA	Unlimited as per NYS building code section 903.3.1.1
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	NA	1 Hour rated partition or automatic fire extinguishing 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>
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).	NA	NA
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).	NA	NA
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).	NA	NA
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	NA	1-B
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.	NA	Structural Frame 2HR rated. roof construction 1 HR rated



**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).	NA	2 Hour Rated
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	NA	>30, all construction classes and all occupancies permitted <sup>+</sup>
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NA	NA
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	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>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	Roof Construction, 1 Hour Rated
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.	NA	New Construction Automatic Sprinkler System as per NYS Section 903.2.3.3
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NA	NA
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NA	Class 1 System as per NYS Section 905
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 type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	NA	Fire Alarm System to meet all code requirements as per NYS section 907.1 -907.19



**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.	NA	NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NA	Will comply with NYS Sections 912.1 -912.5
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.	Door W: 32" Min Door H: 80" Min Closers: Not to exceed 5 Lbs of force	Door W: 34" Min Door H: 82" Min Material: HM Door/Frame Rating: 3/4 Hour @ 1 Hour Rated Partitions; 90 Mins @ 2 Hour Rated Partitions. Door Closers as required, not to exceed 5 Lbs of force
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.	NA	Allowances to comply with table 1004.1.1
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	44"	6'0" Minimum widths 8'0" typical
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.	One accessible means of egress from each space, common path of egress shall not be more than 100'	Providing more than one exit to ensure common path of travel will be less than 100'



**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.	Door W: 32" Door H: 80"	Door W: 34" Min Door Ht: 82" Min
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.	NA	NA
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.	NA	NA
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.	Equal to or less than 100' for occupancy F as per 1014.3.1	Exits provided to ensure common path of travel is equal to or less than 100'. additional exits will be provided if required
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.	One means of egress provided at all spaces, two exits provided as per 1015.1.2, location and access as per 1015.2	Number of exits, locations and access to comply with 1015.1.2 -1015.2
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Required rating of 0 hours at corridor partitions due to automatic sprinkler system as per section 903.3.1.1.	Partitions at corridors will be 1 hour rated



**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" Min as per 1017.2	Corridors to be 6'0" Min. 8'0" typical
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Length of dead end corridor not to exceed 50'	No dead end corridors are planned
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.	4 Exits required as per 1019.1	7 Exits provided in Phase 1 Construction
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	44" Minimum width (1021.3) 1 Hour fire rating at partition(1021.3) Door fire rating at exterior 90 Min @ 2 Hour rated partition	Each exit shall comply with NYS section 1021.1-1021.5
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	Single free standing building



**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.	NA	NA
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	To comply with NYS section 1024	To comply with NYS section 1024
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.	NA	To comply with ANSI 117.1 of 2003
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).		Roof: R Value 21.7 U Value .046 Walls: R Value 15 Min. U Value .046
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.		Diesel Fuel Generator
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.		Diesel Fuel Generator



**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).	50 Employees 1 Toilet Fixture/Sex 1 Lavatory/Sex	7 WC/Sex 6 Lavatories/Sex
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	20-30 GPM
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.	20' Min as per 503.2.1	Min 40' provided at perimeter of facility. Access road to meet or exceed requirements in D103.1 and D105, Appendix D

**ATTACHMENT B – ADDITIONAL INFORMATION**

This attachment identifies additional information that would not fit or could not be demonstrated in the architectural and engineering plans.

In response to Question #13 from the *Application for Registration as a Registered Organization – Questions and Answers, Architectural/Appendix B*, this document serves as the additional sub-sheets that clearly identify and coordinate information to each applicable field.

**Facility Address:** 510 Wild Turnpike, Mountain Dale, New York 12763

**CODE COMPLIANCE REVIEW – ADDITIONAL INFORMATION**

No.	Topic	NYS Building Code Section	Additional Information Required to be Identified for this building/facility on the Building or Site Plan(s)
22	Fire Alarm & Detection Systems	907	The Fire Alarm & Detection System used <sup>1</sup> is Siemens Cerberus PRO
26	Occupant Load	1004 & Table 1004:1.1	<p>The Occupancy Load room is as follows<sup>2</sup>:</p> <ul style="list-style-type: none"> <li>• Lunch Room – 56 persons max</li> <li>• Laundry – 2 persons max</li> <li>• Mechanical/Electrical – 3 persons max</li> <li>• Conference – 4 persons max</li> <li>• Offices – 1 persons max</li> <li>• Data/CCTV/Telecom – 2 persons max</li> <li>• Locker Room – 7 persons max</li> <li>• Security – 5 persons max</li> <li>• Surveillance – 6 persons max</li> </ul> <ul style="list-style-type: none"> <li>• Packing – 12 persons max</li> <li>• Inbound Freight – 1 persons max</li> <li>• Inside Vehicle Loading – 3 persons max</li> <li>• Edible Infusion – 52 persons max</li> <li>• Outbound Staging – 2 persons max</li> <li>• Vault – 2 persons max</li> <li>• Drying and Trim – 36 persons max</li> <li>• Extraction – 16 persons max</li> <li>• Lab/Tissue Culture – 17 persons max</li> <li>• Grow Areas – 31 persons max</li> </ul>
31	Ramps	1010.1	The facility is on grade and meets the ICC/ANSI A117.1-2003 Standards <sup>3</sup>

**Application for Registration as a Registered Organization - Questions and Answers**

**Question 16.** For Appendix B No. 22 - Fire Alarm & Detection Systems, it appears that only code sections are being requested rather than information about the proposed design. In this case, the Required Code Value would list the applicable code sections while the Facility Actual Value would list the applicable code sections to which the facility will comply. Please confirm this is what is being requested.

*<sup>1</sup>Both the code information of all applicable requirements and the actual systems that will be installed at the facility should be included within each Appendix B submitted per facility.*

**Question 17.** For Appendix B No. 26 - Occupant Load, can applicants just indicate "Refer to Plan" for the required code value/allowed code value and facility's actual value?

*<sup>2</sup>The applicant shall, as per NYS BC 1004.1, Table 1004.1.1, clearly identify in Appendix B the function of space, the floor area in square feet per occupant, the design load with any allowed increases. All information may be cross referenced to schematic floor plans.*

**Question 8.** Does the dispensing facility have to be ground floor/Retail? Does it have to be storefront or can it be on another floor such as an office?

*<sup>3</sup>Facilities must meet the ICC/ANSI A117.1-2003 Standards, which require all sites, facilities, buildings and the building elements that are accessible to and usable by people with physical disabilities, to meet all applicable accessibility requirements. As part of the criteria for consideration of applications, the Department will evaluate the suitability of proposed dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities.*

Steven Vegliante, Town Supervisor  
Arnold Seletsky, Deputy Supervisor  
Michael Weiner, Councilman  
Nathan Steingart, Councilman  
Joe Levner, Councilman

Town of Fallsburg  
P.O. Box 2019, 19 Railroad Plaza  
South Fallsburg, New York 12779  
(P) (845) 434-8812  
(F) (845) 434-8835  
[www.townoffallsburg.com](http://www.townoffallsburg.com)



June 1, 2015

RE: LETTER OF SUPPORT

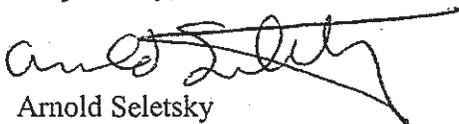
To Whom it May Concern:

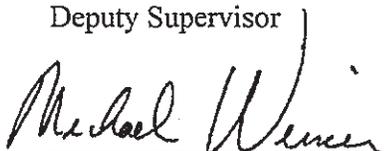
We are the elected Town Council of the Town of Fallsburg. We are writing to express our support for the application of NY Compassion, LLC to build and operate a marihuana growing and processing facility in the Town of Fallsburg. While the Town Supervisor has a personal conflict and cannot sign this letter, he is aware of the project and has indicated his support.

This project is proposed in an approved Industrial Park in an Industrial Zone within our Town and would have minimal effect on traffic or aesthetics. If successful, the project will provide much needed employment and commercial ratables to our Town. It is clear to us from our review of the law and application that this business is a win – win for our Town and the applicant.

We welcome NY Compassion, LLC to the Town of Fallsburg and write to express our hope that they are successful in their application. The taxpayers of Fallsburg will reap the benefits of an agriculture based industry in an appropriately zoned location. Thank you considering this application.

Respectfully,

  
Arnold Seletsky  
Deputy Supervisor

  
Michael Weiner  
Councilman

  
Nathan Steingart  
Councilman

  
Joe Levner  
Councilman

AS:li



449 BROADWAY  
MONTICELLO, NY 12701

845-434-3388

845-436-7788 FAX

WWW.MONTEMSTRATEGIES.COM

June 2, 2015

RE: Application of NY Compassion, LLC

To Whom It May Concern:

I am writing this letter to clarify my personal conflict between the Town of Fallsburg NY and my roll as town supervisor, and my involvement with NY Compassion LLC.

In addition to my duties as a town supervisor, I have a professional career as an Attorney, as well as commercial and residential Real Estate Broker. Recently, I engaged in a professional relationship with NY Compassion LLC and have been acting as their real estate broker to help them secure the necessary and optimal locations for their cultivation center and for their required dispensaries.

As stated in a previous letter of support, I strongly believe this will be enormously beneficial to my town which is why I decided to actively help the members of NY Compassion LLC.

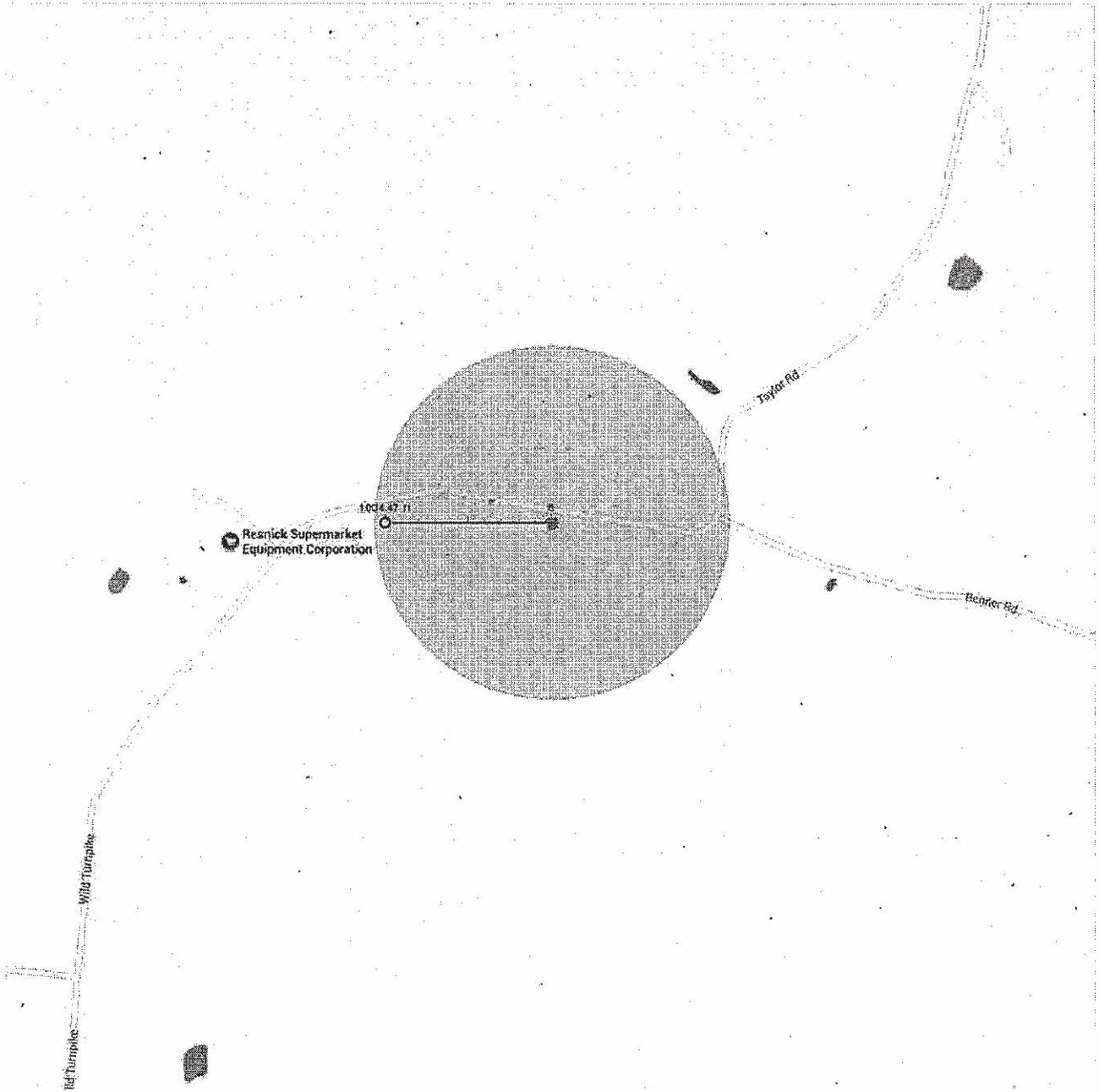
Respectfully,

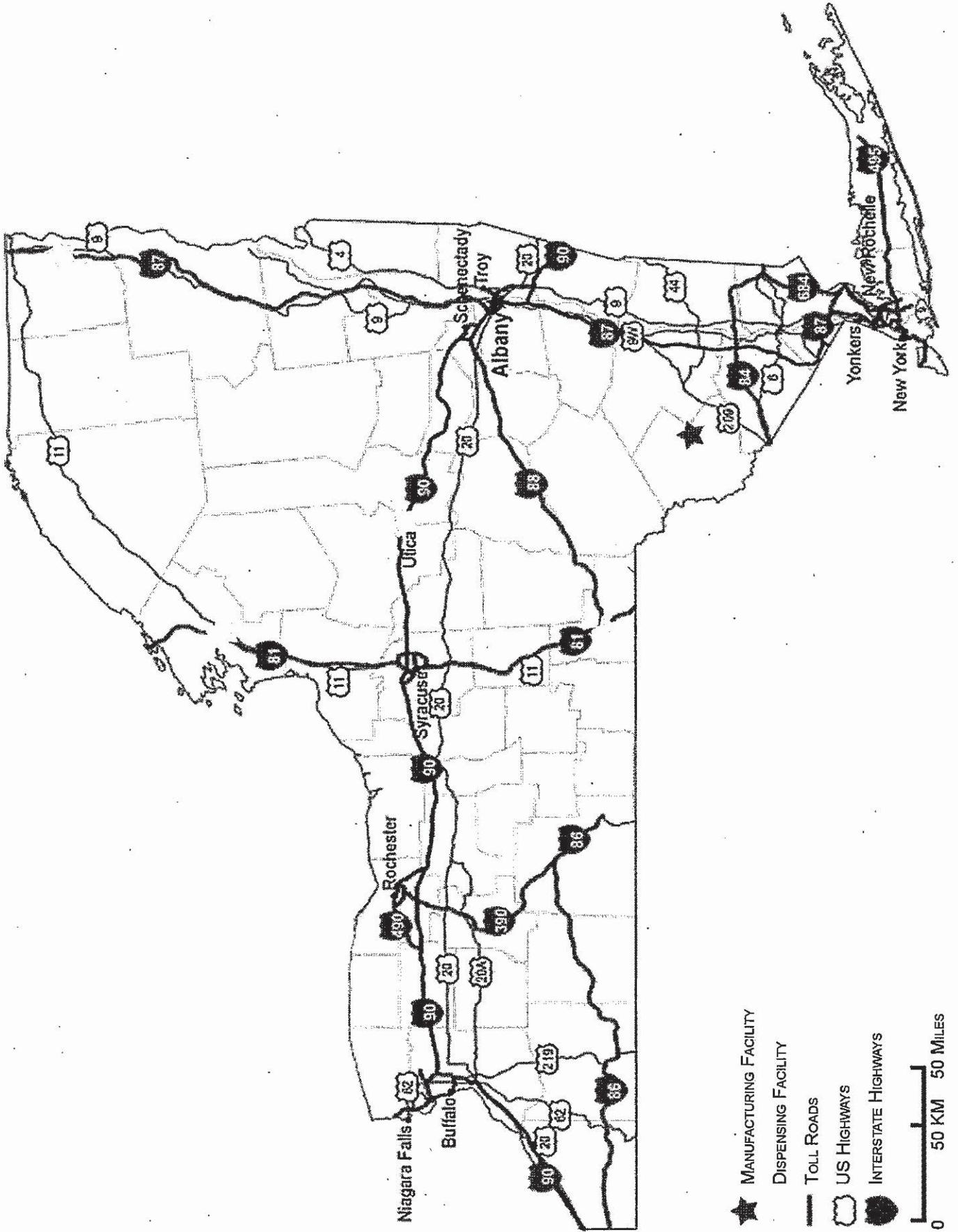
A handwritten signature in black ink, appearing to read 'Steven Vegliante', is written over a horizontal line.

Steven Vegliante

510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12763

---



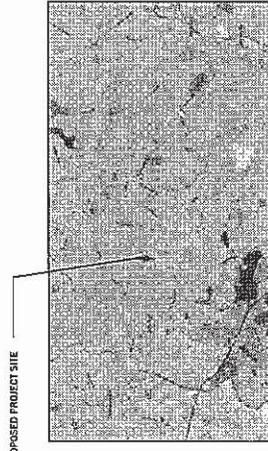
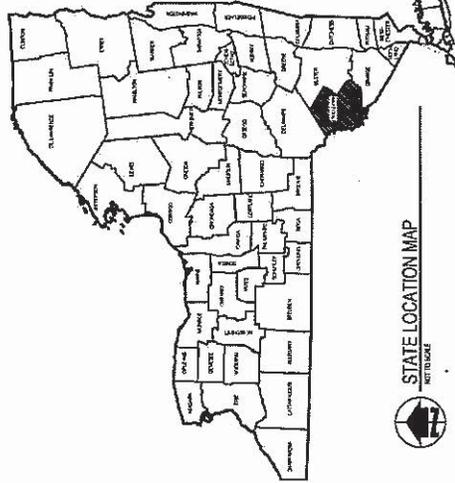


- ★ MANUFACTURING FACILITY
  - DISPENSING FACILITY
  - - - TOLL ROADS
  - US HIGHWAYS
  - INTERSTATE HIGHWAYS
- 0 50 KM 50 MILES

# PROPOSED CULTIVATION CENTER FOR NY COMPASSIONATE CARE 510 WILD TURNPIKE, MOUNTAIN DALE, NY

**BRDesign**  
BR Design Associates, LLC  
1100 W. 10th St.  
P.O. Box 1000 / P. 1000-1000

NO. REV. DATE DESCRIPTION  
1. 06.03.15 ISSUED FOR STATE APPLICATION

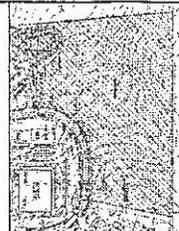


## ARCHITECTURAL ABBREVIATIONS

SYMBOL	DESCRIPTION
1	ADDITIONAL WALL
2	ADDITIONAL WINDOW
3	ADDITIONAL DOOR
4	ADDITIONAL FLOOR
5	ADDITIONAL CEILING
6	ADDITIONAL ROOF
7	ADDITIONAL STAIR
8	ADDITIONAL ELEVATION
9	ADDITIONAL SECTION
10	ADDITIONAL DETAIL
11	ADDITIONAL ANNOTATION
12	ADDITIONAL DIMENSION
13	ADDITIONAL FINISH
14	ADDITIONAL MATERIAL
15	ADDITIONAL COLOR
16	ADDITIONAL PATTERN
17	ADDITIONAL TEXTURE
18	ADDITIONAL GLASS
19	ADDITIONAL METAL
20	ADDITIONAL WOOD
21	ADDITIONAL STONE
22	ADDITIONAL BRICK
23	ADDITIONAL TILE
24	ADDITIONAL CARPET
25	ADDITIONAL FLOORING
26	ADDITIONAL WALLPAPER
27	ADDITIONAL PAINT
28	ADDITIONAL FINISHES
29	ADDITIONAL MATERIALS
30	ADDITIONAL COLORS
31	ADDITIONAL PATTERNS
32	ADDITIONAL TEXTURES
33	ADDITIONAL GLASSES
34	ADDITIONAL METALS
35	ADDITIONAL WOODS
36	ADDITIONAL STONES
37	ADDITIONAL BRICKS
38	ADDITIONAL TILES
39	ADDITIONAL CARPETS
40	ADDITIONAL FLOORINGS
41	ADDITIONAL WALLPAPERS
42	ADDITIONAL PAINTS
43	ADDITIONAL FINISHES
44	ADDITIONAL MATERIALS
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95	ADDITIONAL WOODS
96	ADDITIONAL STONES
97	ADDITIONAL BRICKS
98	ADDITIONAL TILES
99	ADDITIONAL CARPETS
100	ADDITIONAL FLOORINGS

## DRAWING LIST

NO.	DESCRIPTION
1	TITLE PAGE
2	FLOOR PLAN - OVERALL
3	FLOOR PLAN - PHASE 1
4	FLOOR PLAN - PHASE 2
5	FLOOR PLAN - PHASE 3
6	FLOOR PLAN - PHASE 4
7	FLOOR PLAN - PHASE 5
8	FLOOR PLAN - PHASE 6
9	FLOOR PLAN - PHASE 7
10	FLOOR PLAN - PHASE 8
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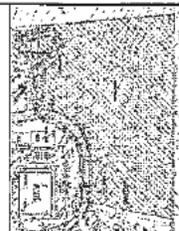
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NY COMPASSIONATE CARE  
SIGNATURE CENTER  
MOUNTAIN DALE, NY 12763

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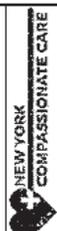
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**BRDesign**  
BRDesign Architects, LLC  
1000 W. 14th Street, Suite 100  
P.O. Box 1000, P.O. Box 1000  
P.O. Box 1000, P.O. Box 1000

DATE: 06/15/15  
PROJECT: 060115 - 060115 FOR BR/SE APPLICATION



NORTH  
AREA OF MAP: 02020



REGISTERED  
NY COMPASSIONATE CARE  
ARCHITECT  
510 WILD TURKEY  
MOUNTAIN DALE, NY 12763

DATE: 06/15/15  
SCALE: 1/8" = 1'-0"  
PROJECT: 060115 - 060115 FOR BR/SE APPLICATION

SITE PLAN - OVERALL  
NOT FOR CONSTRUCTION

DATE: 06/15/15

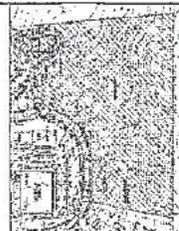
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1 of 13

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

**BRDesign**  
BR Design Architects, LLC  
100 W. 10th Street, Suite 1000  
New York, NY 10011  
P: 212.512.2000 F: 212.512.2001

NO.	REV.	DATE	DESCRIPTION
1			ISSUED FOR STATE APPROVAL

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



SECTION  
AREA OF PROJECT: 02222



PROJECT NAME  
NY COMPASSION  
CARE CENTER  
350 WILD LARK  
MOUNTAIN DALE, NY 12763

DATE: 01/13/13  
DRAWN BY: [REDACTED]  
CHECKED BY: [REDACTED]  
APPROVED BY: [REDACTED]

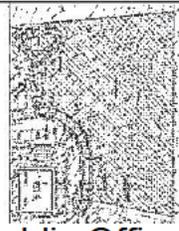
CONSTRUCTION PLAN - OVERALL  
NOT FOR CONSTRUCTION

TITLE

A-101.00  
2 of 13

**BRDesign**  
BRIDGE ARCHITECTURE, LLC  
225 WEST 42ND STREET  
NEW YORK, NY 10018

NO. 001 DATE 06/15/15 DESCRIPTION BOARD FOR STATEMENT



PLANNING  
NO. 001  
DATE 06/15/15

**NEW YORK**  
COMPASSIONATE CARE

PROJECT NAME  
NY COMPASSIONATE CARE  
PHASE 1  
500 W. 101 STREET  
MOUNTAIN DALE, NY 12763

DATE 06/15/15  
DRAWN BY  
CHECKED BY

CONSTRUCTION PLAN-PHASE 1  
NOT FOR CONSTRUCTION

SCALE

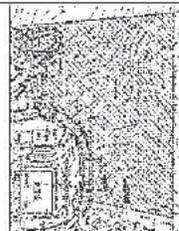
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3 of 13

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

**BRDesign**  
BR Design Associates, LLC  
200 WEST 10TH STREET  
MOUNTAIN DALE, NY 12763

DATE: 06/11/13  
BY: [REDACTED]  
PROJECT: 06-0113-0000-0000-STATE-AMPUTATION

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



NORTH  
AREA OF WORK



PROJECT WORK  
NY COMPASSION  
CARE CENTER  
300 WILLOUGHBY  
MOUNTAIN DALE, NY 12763

DATE: 06/11/13  
BY: [REDACTED]  
PROJECT: 06-0113-0000-0000-STATE-AMPUTATION

CONSTRUCTION PLAN-PHASE 2  
NOT FOR CONSTRUCTION

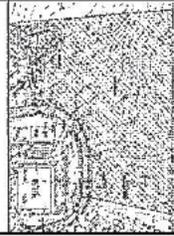
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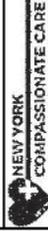
**BRDesign**

35 Empire State Plaza, 12th Floor  
New York, NY 10001  
Phone: (212) 485-1717

NO. 1  
DATE 06/11/15  
DESCRIPTION REVISION FOR STATE APPLICATION



NORTH  
ARCADIA ROAD 5222



NEW YORK STATE  
NY COMMISSION  
ON COMPASSIONATE  
CARE  
810 WILD TURNPIKE  
MOUNTAIN DALE, NY 12783

SCALE: 1/8" = 1'-0"  
DATE: 06/11/15  
PROJECT: 15-000000-00  
DRAWING NO. 15-000000-00

CONSTRUCTION PLAN - PHASE 3  
NOT FOR CONSTRUCTION

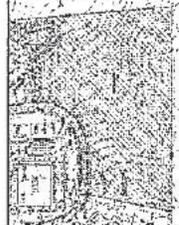
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5 of 13

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

**BRDesign**  
BR Design Associates, LLC  
1712554.0007771213.0000

NO.	REV.	DATE	DESCRIPTION
1.			ISSUED FOR PERMITS APPROVAL



108781  
ARCHITECT OF RECORD  
2022

**NEW YORK**  
COMPASSIONATE CARE

Project Name:  
**NY COMPASSION  
CARE CENTER  
510 WILD TURKEY  
MOUNTAINDALE, NY 12763**

DATE: 02/15/2022  
SCALE: 1/8"=1'-0"  
DRAWN BY: J. [unreadable]  
CHECKED BY: [unreadable]

CONSTRUCTION PLAN - PHASE 4  
NOT FOR CONSTRUCTION

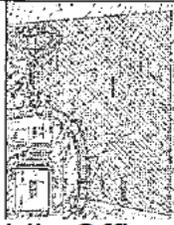
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DRAWING NO.  
**A-105.00**  
6 of 13

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

**BRDesign**  
BR Design Associates, LLC  
1100 ROUTE 9W  
SUITE 200  
MOUNTAIN DALE, NY 12763  
TEL: 518.887.7122 FAX: 518.887.7123

REV. DATE DESCRIPTION  
1

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



DEPTH 1  
AREA OF WORK 0000

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
NY COMPASSION  
CARE CENTER  
MOUNTAIN DALE, NY 12763

DATE 05/24/17  
SCALE 1/8" = 1'-0"  
SHEET NO. 1 OF 1  
DRAWN BY

EXTERIOR ELEVATIONS  
FOR PER CONSTRUCTION

DATE

A-200.00  
7 of 13

**BRDesign**

BR Design Associates, LLC  
1000 West 12th Street  
New York, NY 10019  
Tel: 212-246-1100  
Fax: 212-246-1101

DATE: 06/21/11  
PROJECT: NY COMPASSION  
DRAWING: 02223

1. 06.01.15 BOUNDARY DEMONSTRATION



NORTH  
AREA OF PROJECT



**NEW YORK  
COMPASSIONATE CARE**

PROJECT NAME  
NY COMPASSION  
CULTIVATION CENTER  
CAMPUS BUILDING  
MOUNTAIN DALE, NY 12763

DATE: 06/21/11  
PROJECT: NY COMPASSION  
DRAWING: 02223

DETAILS  
NOT FOR CONSTRUCTION

SCALE: 1/8" = 1'-0"

**A-300.00**

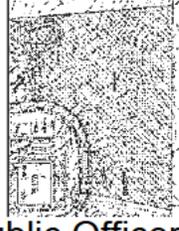
8 of 13

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



**BRDesign**  
BR Design Architecture, LLC  
1000 W. 10th Street, Suite 100  
P.O. Box 1000, Fort Worth, TX 76102

NO. REV. DATE DESCRIPTION  
1 06/11/18 REDUCED POSITIVE APPLICATION



NORTH  
AS PER MAP WORK 02/23



PROJECT NAME  
NY COMPASSION  
CARE CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12763

DIST. 05-011  
COUNTY 02  
TOWNSHIP 02  
SECTION 02

INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

DATE PLOTTED  
**A-501.00**

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

**BRDesign**  
BR Design Associates, LLC  
17325N 40877510 EDUARD  
17325N 40877510 EDUARD

NO. REV. DATE DESCRIPTION  
1. 06.01.18 06.01.18 06.01.18 06.01.18 06.01.18

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



NORTH  
Scale of Project: 1/8" = 1'-0"

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
**NY COMPASSION  
CULTIVATION CENTER  
BUILDING 1  
MOUNTAIN DALE, NY 12763**

DATE: 06.01.18  
DRAWN BY: [REDACTED]  
CHECKED BY: [REDACTED]  
SCALE: 1/8" = 1'-0"

**INTERIOR ELEVATIONS**  
NOT FOR CONSTRUCTION

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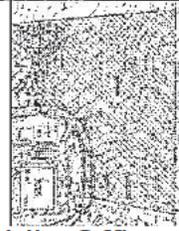
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11 of 12

**BRDesign**  
BR Design Associates, LLC  
1000 WEST 17TH STREET  
PITTSBURGH, PA 15222

NO. 1001  
DATE 08/11/10  
PROJECT NAME  
REVISIONS

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



NORTH  
AREA OF WORK: 00000

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
NY COMPASSION  
CULTIVATION CENTER  
MOUNTAIN DALE  
MOUNTAIN DALE, NY 12763

DATE: 08/11/10  
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INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

TITLE

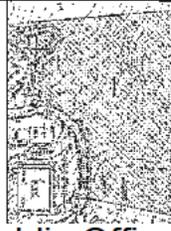
A-503.00

12 OF 13

**BRDesign**  
28 Empire Associates, LLC  
1100 W. 10th St.  
Philadelphia, PA 19104

NO. 1071 SHEET DESCRIPTION  
1 06.04.13 REVISIONS

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



DATE: 06/10/13  
AREA: 1000 SQ. FT.

**NEW YORK**  
COMPASSIONATE CARE

PROJECT NAME:  
NY COMPASSIONATE CARE CENTER  
310 WILD TURKEY  
MOUNTAIN DALE, NY 12763

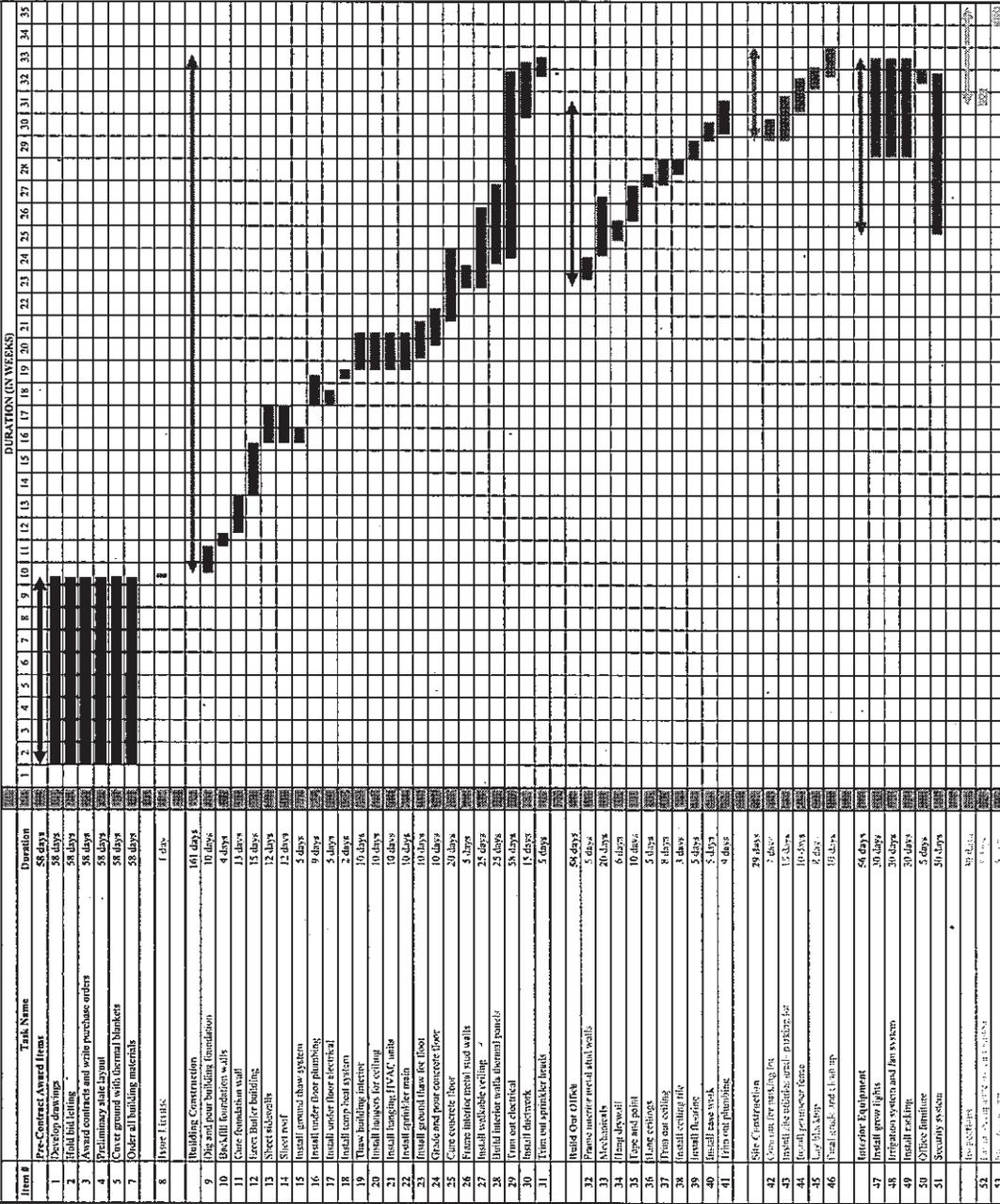
SCALE: 1/8" = 1'-0"  
DATE: 06/10/13  
PROJECT NO.:

INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

NO. 1071 SHEET DESCRIPTION  
1 06.04.13 REVISIONS

A-504.00  
13 of 15

**MOUNTAIN DALE CONSTRUCTION TIMELINE**





Department of Health

Medical Marijuana Program Application for Registration as a Registered Organization

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

<b>COMPANY INFORMATION</b>	
Business Name:	NY Compassion, LLC
Facility Type:	Manufacturing Facility <input type="checkbox"/> Dispensing Facility <input checked="" type="checkbox"/>
Use and Occupancy Classification:	M: Mercantile
Building Construction Type and Classification:	II-A
Facility Address:	70 Hammond Lane, Plattsburgh, NY 12901
Primary Contact Telephone number:	(773) 870-2439
Primary Contact Fax number:	[REDACTED]
<b>PART I -- ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</b>	
Applicant shall identify planning requirements, including but not limited to:	
<input type="checkbox"/>	TOWN BOARD APPROVAL
<input checked="" type="checkbox"/>	PLANNING BOARD APPROVAL
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS
<input checked="" type="checkbox"/>	BUILDING PERMIT
<input checked="" type="checkbox"/>	BIDDING PHASE
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION
<input checked="" type="checkbox"/>	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.

<input checked="" type="checkbox"/> Entrance and Exits	<input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road
<input checked="" type="checkbox"/> Public Parking Spaces	<input checked="" type="checkbox"/> Percentage of Green Space -> (0%)
<input checked="" type="checkbox"/> Staff Parking Spaces	<input checked="" type="checkbox"/> Location of Emergency Power Systems -> (located in security equipment closet)
<input checked="" type="checkbox"/> Accessible Parking Spaces	<input checked="" type="checkbox"/> Loading & Unloading
<input checked="" type="checkbox"/> Accessible Route(s)	<input type="checkbox"/> Security Gates & Fences -> (not applicable)

**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.

<p>Energy Source:</p> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Solar <input type="checkbox"/> Other _____	
<p>Engineering Systems:</p> <input checked="" type="checkbox"/> Heating System: Type <u>Duct Htr</u> , Size <u>320k BTU</u> Efficiency <u>~85%</u> Ventilation Requirements <u>To Be Determined</u> <input checked="" type="checkbox"/> Cooling System: Type <u>AC</u> , Size <u>15 Tons</u> Efficiency <u>85%</u> Ventilation Requirements <u>To Be Determined</u> <input type="checkbox"/> Ventilation & Humidification Systems: Type _____, Size _____, Efficiency _____ Ventilation Requirements _____ <input checked="" type="checkbox"/> Electrical Distribution Available <u>NYSEG, 200 Amps</u> <input checked="" type="checkbox"/> Water Supply: Municipal Water Service <u>XX</u> or Private Well Water _____ <input checked="" type="checkbox"/> Sewage: Municipal Sewer System <u>XX</u> or Private Septic System _____ <input checked="" type="checkbox"/> Emergency Power System: Type <u>UPS</u> , Size <u>4KVA</u> Efficiency <u>~40%</u>	



Appendix B – Architectural Program

**PART IV – BUILDING CODE COMPLIANCE:** (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 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 type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<p><input type="checkbox"/> New Building <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2</p>	<p><input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building</p>	<p><input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method</p>
<p><b>Select Work Involved:</b> Check all that apply.</p>	<p><input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm</p>	<p><input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical</p>	<p><input type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____</p>

**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, ECCC: 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.	NA	M Mercantile Max Occupancy 39p (1004.1.1)



**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.	NA	NA
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.	NA	NA
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	NA
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).	Maximum 4 Stories, 21,500 SF	Single Story, 4,048 SF Store
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	NA	1 HR Fire Rated (UL Des 419) at all interior partitions



**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>2</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).	NR (Table 508.3.3)	New partition to comply with section 508.3, 2 Hour rated fire separation
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).	NA	NA
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).	NR (Table 508.3.3)	2 Hour Rated Separation
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	NA	Type IIA
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.	Exterior: 1 Hour Rated Interior: 1 Hour Rated	Exterior: 1 Hour Rated Interior: 1 Hour Rated Roof : 1 Hour Rated



**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).	1 Hour Rated Table 601	1 Hour Rated
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>/= 30' for all type of construction, 0 fire resistance rating (602)	Min 50' to nearest building >/=30' = 0 fire resistance rating
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NA	NA
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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.	NA	NA
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.	NR	NR Fire Area is less than 12,000 SF
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	NR
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	NR
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 type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	Manual fire alarm & detection system required as per 907.2.7	New fire alarm system to comply with code as per 907.2.7



**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/NA	NR/NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Comply w/ section 912	Will comply with code as per section 912
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.	Door W: 32" Min Door H: 80" Min	Door W: 34" Min Door H: 82" Min 3/4 HR FPSC HM Door & Frame
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.	NA	Total Occupancy Load: 39 (Section 1004.1.1)
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	44" Min	52" Min
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.	Min number of exits: 1 (Table 1019.2) common path of travel: > / =75' (Section 1014.3)	1 Exit provided from all locations with less than 75' travel distance



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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.	Door W: 32" Min Door H: 80" Min	Door W: 36" Min Door H: 82" Min
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.	NA	NA
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.	NA	NA
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.	Common Path not to exceed 75' (Section 1014.3)	All common paths are less than 75'
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.	1 Exit Required	1 Exit Provided
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1 Hour fire rating required (Table 1018.1)	All interior partitions to be 1 hour fire rated (UL Des U419)



**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" Min Section 1018.2	52" Min
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead end corridor not to exceed 20' (Section 1018.4)	Corridor 19'9" Maximum
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.	1 Exit required	2 Exits provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.		Shall comply with all requirements in Section 1021
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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.	To comply with all definitions of 1023	New construction to comply with all requirements of section 1023 as required
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		To comply with section 1024
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.	To comply with Ansi 117.1 2003	All construction to comply with Ansi 117.1 2003
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).	Climate Zone 6 (Table 301.1) U-.064, R-13 + R-7.5 (table 502.2.1)	Provide additional material to the existing structure as required to comply with all energy conservation codes
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.		Provide new stationary generator
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.		Provide new stationary generator



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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).	1 WC/Sex 1 Lavatory/Sex	1 WC/Sex 1 Lavatory/Sex 1 Unisex Restroom
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	Water pressure to be verified
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.	Min 20' wide access road	Existing access road is greater than 20' wide

**ATTACHMENT B – ADDITIONAL INFORMATION**

This attachment identifies additional information that would not fit or could not be demonstrated in the architectural and engineering plans.

In response to Question #13 from the *Application for Registration as a Registered Organization – Questions and Answers, Architectural/Appendix B*, this document serves as the additional sub-sheets that clearly identify and coordinate information to each applicable field.

**Facility Address:** 70 Hammond Lane, Plattsburgh, NY 12901

**CODE COMPLIANCE REVIEW – ADDITIONAL INFORMATION**

No.	Topic	NYS Building Code Section	Additional Information Required to be Identified for this Building/Facility on the Building or Site Plan(s)
22	Fire Alarm & Detection Systems	907	The Fire Alarm & Detection System used <sup>1</sup> will consist of Siemens smoke detectors, alarms and annunciators connected to the central station and will deploy ADT as the central station.
26	Occupant Load	1004 & Table 1004.1.1	The Occupancy Load room is as follows <sup>2</sup> : <ul style="list-style-type: none"> <li>• Counseling – 8 persons max</li> <li>• Waiting Area – 19 persons max</li> <li>• Reception – 1 persons max</li> <li>• Dispensing Area – 11 persons max</li> <li>• Backroom – 3 persons max</li> <li>• Receiving Bay – 2 persons max</li> <li>• Office – 2 persons max</li> <li>• Cashier – 1 persons max</li> </ul>
31	Ramps	1010.1	The facility is on grade and meets the ICC/ANSI A117.1-2003 Standards <sup>3</sup>

**Application for Registration as a Registered Organization - Questions and Answers**

**Question 16.** For Appendix B No. 22 - Fire Alarm & Detection Systems, it appears that only code sections are being requested rather than information about the proposed design. In this case, the Required Code Value would list the applicable code sections while the Facility Actual Value would list the applicable code sections to which the facility will comply. Please confirm this is what is being requested.

*<sup>1</sup>Both the code information of all applicable requirements and the actual systems that will be installed at the facility should be included within each Appendix B submitted per facility.*

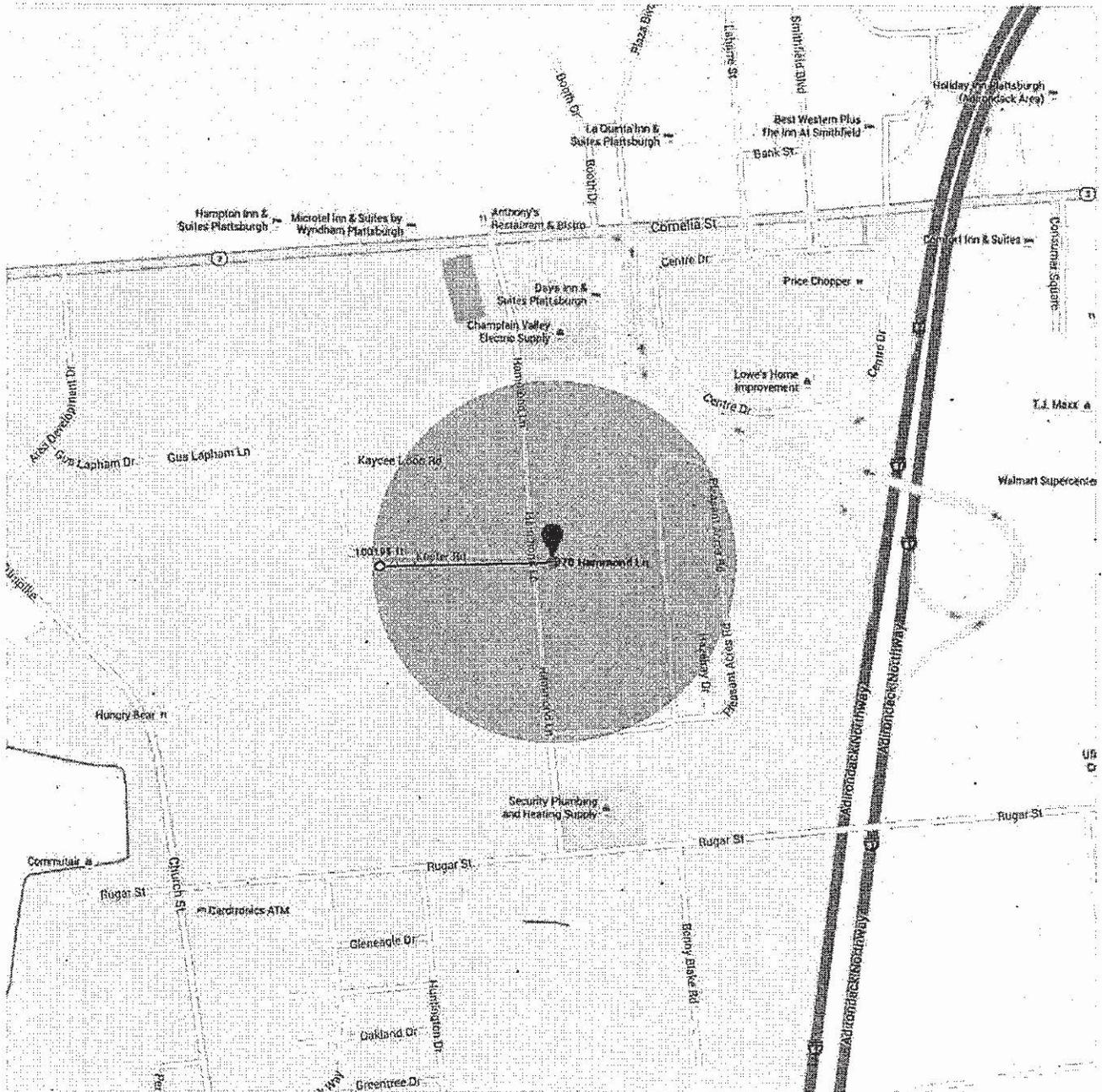
**Question 17.** For Appendix B No. 26 - Occupant Load, can applicants just indicate "Refer to Plan" for the required code value/allowed code value and facility's actual value?

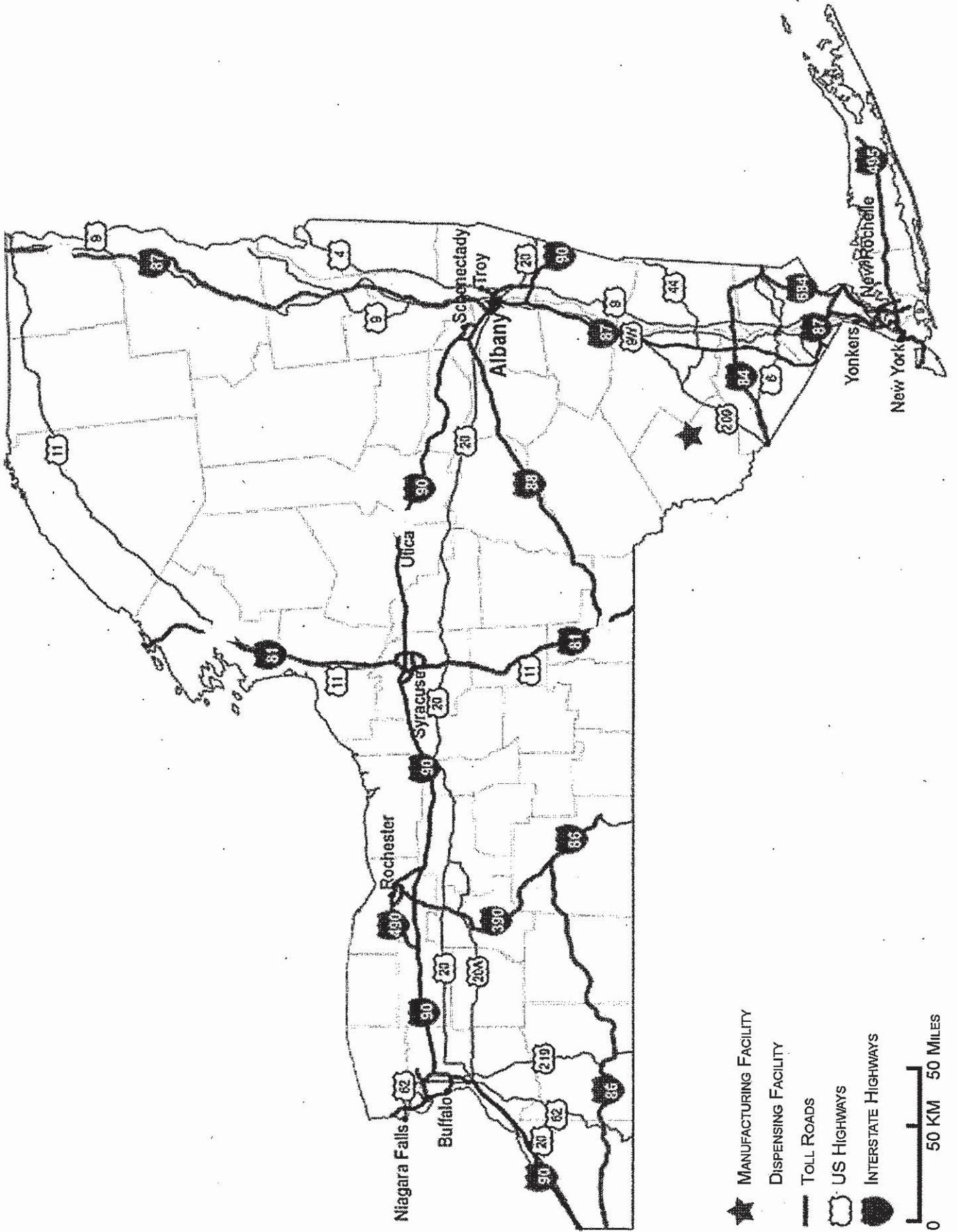
*<sup>2</sup>The applicant shall, as per NYS BC 1004.1, Table 1004.1.1, clearly identify in Appendix B the function of space, the floor area in square feet per occupant, the design load with any allowed increases. All information may be cross referenced to schematic floor plans.*

**Question 8.** Does the dispensing facility have to be ground floor/Retail? Does it have to be storefront or can it be on another floor such as an office?

*<sup>3</sup>Facilities must meet the ICC/ANSI A117.1-2003 Standards, which require all sites, facilities, buildings and the building elements that are accessible to and usable by people with physical disabilities, to meet all applicable accessibility requirements. As part of the criteria for consideration of applications, the Department will evaluate the suitability of proposed dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities.*

70 HAMMOND LN  
PLATTSBURGH, NY 12901





- ★ MANUFACTURING FACILITY
  - DISPENSING FACILITY
  - TOLL ROADS
  - - - US HIGHWAYS
  - ▬ INTERSTATE HIGHWAYS
- 0 50 KM 50 MILES

**BRDesign**

BR Design Associates, LLC  
233 Spring Street, Suite 801, NYC 10013  
P 212.524.8585 / F 212.524.8501



NORTH

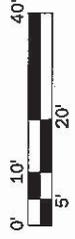
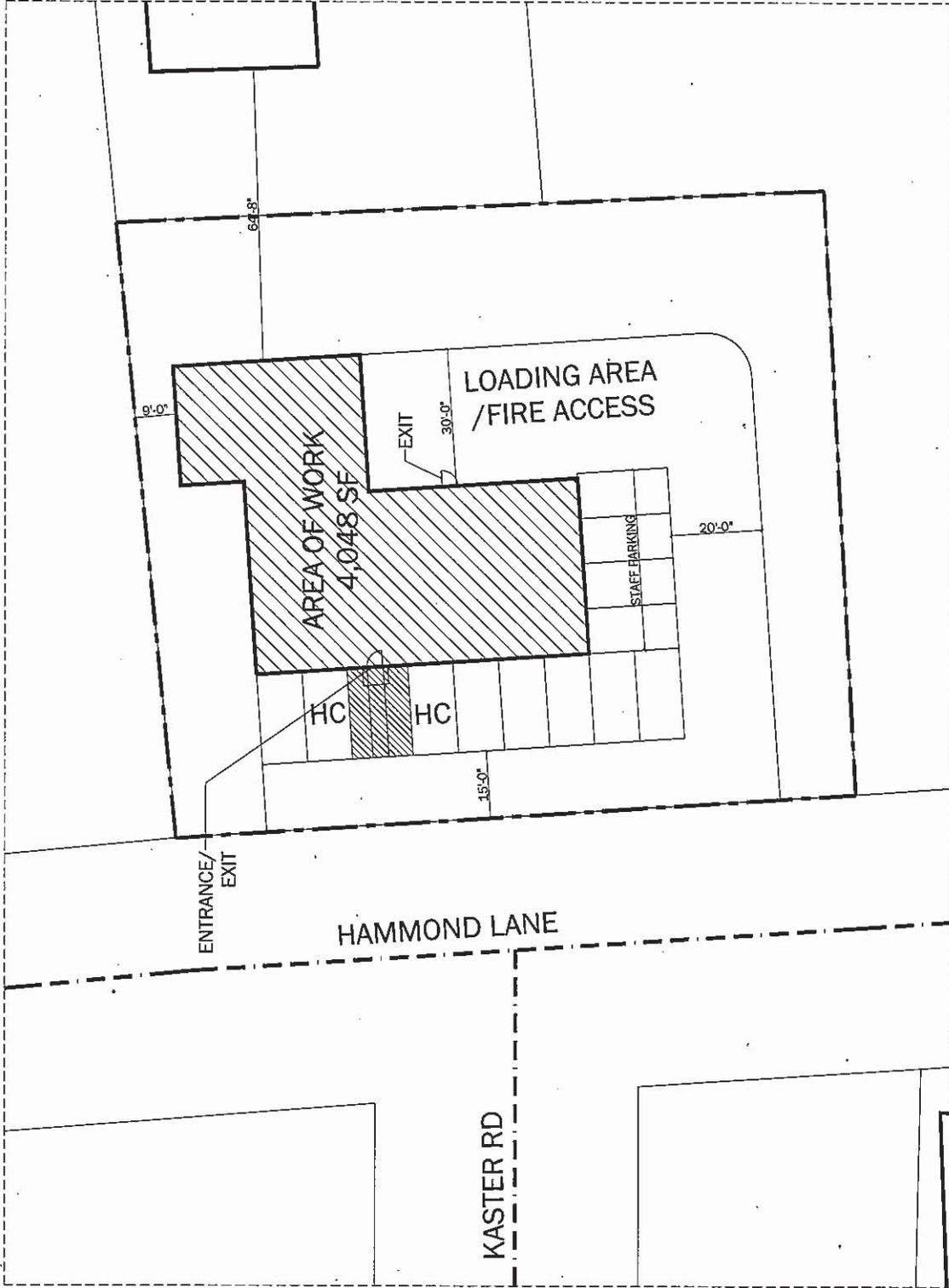


PROJECT NAME  
**NY COMPASSION  
DISPENSARY  
70 HAMMOND LANE  
PLATTSBURGH, NY 12901**

DATE 06.30.15 DRAWN BY CA  
SCALE 1/8" = 1'-0" CHECKED BY NR  
JOB NO. 1502001  
DRAWING TITLE

**SITE PLAN**

864



**SITE PLAN - 70 HAMMOND LN, PLATTSBURGH, NY**  
LOT 1 IN PLATTSBURG, CLINTON COUNTY, NY

**3RDesign**

R Design Associates, LLC  
33 Spring Street, Suite 801, NYC 10013  
212.224.8555 / F 212.224.8501

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



NORTH

NEW YORK  
COMPASSIONATE CARE

COMPASSION  
SPENSARY  
HAMMOND LANE  
ATTSBURGH, NY 12901

DATE 05.24.15 DRAWN BY CA  
SCALE 3/16" = 1'-0" CHECKED BY JAE  
SHEET NO. 250000  
DRAWING TITLE

FLOOR PLAN

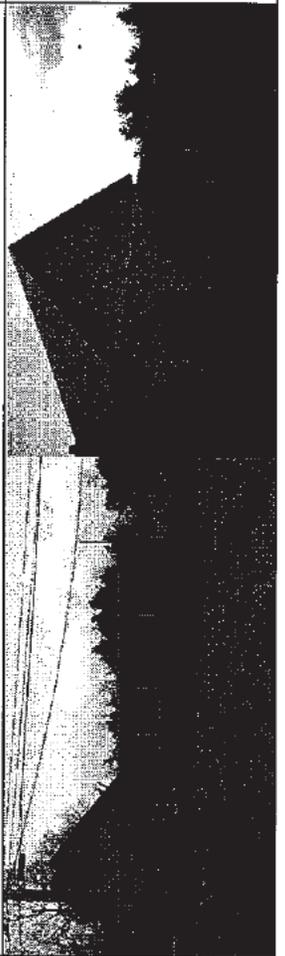
SEAL  
DRAWING No.

**CONSTRUCTION LEGEND:**

- INDICATES NEW 2-HOUR FIRE RATED ALL DUE U-139 DRYWALL INTERIOR PARTITION TO MATCH EXISTING, UNLESS OTHERWISE NOTED.
- INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR TO BE LAMINATED WITH (2) LAYERS FIRE CODE C GYP BD TO ACHIEVE REQUIRED FIRE RATING (1-HOUR MINIMUM)
- INDICATES NEW REINFORCED "SECURE" INTERIOR PARTITION, ALL INTERIOR PARTITIONS TO BE 2-HOUR FIRE RATED (UL-DC-843)
- INDICATES NEW PRE-ENGINEERED VAULT WALL
- INDICATES EXISTING DEMISING PARTITION TO BE LAMINATED WITH (2) LAYERS FIRE CODE C GYP BD IN EACH SIDE TO ACHIEVE 2-HR FIRE RATING

INDICATES SECURITY CANOPY LOCATION  
ALL DOORS TO BE FRPC 3-HOUR FIRE RATED HOLLOW METAL

**SITE:**



**PLATTSBURGH CONSTRUCTION TIMELINE**

Item #	Task Name	Duration	DURATION (IN WEEKS)																																
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
<b>Pre-Construction Approval Items</b>																																			
1	Develop drawings & other construction documents	159 days	[Gantt bar from week 1 to week 25]																																
2	Planning board approval	14 days	[Gantt bar from week 23 to week 24]																																
3	Zoning board approval	90 days	[Gantt bar from week 1 to week 23]																																
4	Apply for building permit	45 days	[Gantt bar from week 1 to week 16]																																
5	Apply for building permit	10 days	[Gantt bar from week 23 to week 24]																																
<b>Post Approval Items</b>																																			
5	Issue building permit	7 days	[Gantt bar from week 23 to week 24]																																
6	Interview potential construction companies	1 day	[Gantt bar from week 24 to week 24]																																
6	Interview potential construction companies	5 days	[Gantt bar from week 24 to week 25]																																
7	Award contracts	1 day	[Gantt bar from week 25 to week 25]																																
<b>Building Construction</b>																																			
8	Interior maintenance and redesign	45 days	[Gantt bar from week 25 to week 30]																																
9	Install security systems	43 days	[Gantt bar from week 25 to week 29]																																
9	Install security systems	2 days	[Gantt bar from week 29 to week 30]																																
<b>Post Construction Items</b>																																			
10	Furniture and appliances	7 days	[Gantt bar from week 30 to week 31]																																
11	Clean up	5 days	[Gantt bar from week 31 to week 32]																																
11	Clean up	2 days	[Gantt bar from week 32 to week 33]																																



**Department  
of Health**

**Medical Marijuana Program  
Application for Registration as  
a Registered Organization**

**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

<b>COMPANY INFORMATION</b>	
Business Name:	NY Compassion
Facility Type:	Manufacturing Facility <input type="checkbox"/> Dispensing Facility <input checked="" type="checkbox"/>
Use and Occupancy Classification:	M: Mercantile
Building Construction Type and Classification:	IIA
Facility Address:	2427 Chenango Road, Utica, NY 13502
Primary Contact Telephone number:	(773) 870-2439
Primary Contact Fax number:	[REDACTED]
<b>PART I – ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</b>	
Applicant shall identify planning requirements, including but not limited to:	
<input type="checkbox"/>	TOWN BOARD APPROVAL
<input type="checkbox"/>	PLANNING BOARD APPROVAL
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS
<input checked="" type="checkbox"/>	BUILDING PERMIT
<input checked="" type="checkbox"/>	BIDDING PHASE
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION
<input checked="" type="checkbox"/>	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.

<input checked="" type="checkbox"/> Entrance and Exits	<input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road
<input checked="" type="checkbox"/> Public Parking Spaces	<input checked="" type="checkbox"/> Percentage of Green Space -> (0%)
<input checked="" type="checkbox"/> Staff Parking Spaces	<input checked="" type="checkbox"/> Location of Emergency Power Systems -> (located in security equipment closet)
<input checked="" type="checkbox"/> Accessible Parking Spaces	<input checked="" type="checkbox"/> Loading & Unloading
<input checked="" type="checkbox"/> Accessible Route(s)	<input type="checkbox"/> Security Gates & Fences -> (not applicable)

**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       Oil       Electric  
 Solar       Other \_\_\_\_\_

Engineering Systems:  
 Heating System: Type Duct Htr, Size 240k BTU Efficiency ~90%  
 Ventilation Requirements To Be Determined  
 Cooling System: Type AC, Size 10 Tons Efficiency 85%  
 Ventilation Requirements To Be Determined  
 Ventilation & Humidification Systems:  
 Type \_\_\_\_\_, Size \_\_\_\_\_, Efficiency \_\_\_\_\_  
 Ventilation Requirements \_\_\_\_\_  
 Electrical Distribution Available National Grid, 200 Amps  
 Water Supply: Municipal Water Service XX or Private Well Water \_\_\_\_\_  
 Sewage: Municipal Sewer System XX or Private Septic System \_\_\_\_\_  
 Emergency Power System:  
 Type UPS Size 4KVA Efficiency ~40%



Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (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 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 type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<p><input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2</p>	<p><input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building</p>	<p><input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method</p>
<p><b>Select Work Involved:</b> Check all that apply.</p>	<p><input checked="" type="checkbox"/> General Construction <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm</p>	<p><input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical</p>	<p><input checked="" type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____</p>

<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: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.</b>						
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: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
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.	NA	M Mercantile Max Occupancy 32p (1004.1.1)



**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.	NA	NA
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.	NA	NA
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	NA
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).	Max 4 Stories, 11,468 SF	Single Story, 2,867 SF
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	NA	1 HR Fire Rated (UL Des 419) at all interior partitions



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value /Allowed Code Value	Facility's Actual Value <sup>a</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).	NR (Table 508.3.3)	New partition to comply with section 508.3, 2 Hour rated fire separation
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).	NA	NA
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).	NR (Table 508.3.3)	2 Hour Rated Separation
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	NA	Type IIA
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.	Exterior: 1 Hour Rated Interior: 1 Hour Rated	Exterior: 1 Hour Rated Interior: 1 Hour Rated Roof : 1 Hour Rated



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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*
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	1 Hour Rated Table 601	1 Hour Rated
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>/= 30' for all type of construction, 0 fire resistance rating (602)	Min 150' to nearest building >/=30' = 0 fire resistance rating
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NA	NA
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	NA



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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.	NA	NA
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.	NR	NR. fire area is less than 12,000 SF
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	NR
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	NR
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 type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	Manual fire alarm & detection system required as per 907.2.7	New fire alarm system to comply with code as per 907.2.7



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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/NA	NR/NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Comply w/ section 912	Will comply with code as per section 912
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.	Door W: 32" Min Door H: 80" Min	Door W: 34" Min Door H: 82" Min 3/4 HR FPSC HM Door & Frame
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.	NA	Total Occupancy Load: 32 (Section 1004.1.1)
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	44" Min	48" Min
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.	Min number of exits: 1 (Table 1019.2) common path of travel: > / =75' (Section 1014.3)	1 Exit provided from all locations with less than 75' travel distance



**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.	Door W: 32" Min Door H: 80" Min	Door W: 36" Min Door H: 82" Min
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.	NA	NA
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.	NA	NA
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.	Common Path not to exceed 75' (Section 1014.3)	All common paths are less than 75'
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.	1 Exit Required	1 Exit Provided
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1 Hour Fire Rating required (Table 1018.1)	All interior partitions to be 1 hour fire rated (UL Des U419)



**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" Min Section 1018.2	48" Min
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead end corridor not to exceed 20' (Section 1018.4)	Corridor 10' Maximum
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.	1 Exit required	1 Exit provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.		Shall comply with all requirements in Section 1021
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	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>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	NA
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		To comply with section 1024
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.	To comply with Ansi 117.1 2003	All construction to comply with Ansi 117.1 2003
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).	Climate Zone 6 (Table 301.1) U-.051, R-13 + R-7.5 (table 502.2.1)	Provide additional material to the existing structure as required to comply with all energy conservation codes
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.		Provide new stationary generator
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.		Provide new stationary generator



**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).	1 WC/Sex 1 Lavatory/Sex	1 WC/Sex 1 Lavatory/Sex 1 Unisex Restroom
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	Water pressure to be verified
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.	Min 20' wide access road	Existing access road is greater than 20' wide

**ATTACHMENT B – ADDITIONAL INFORMATION**

This attachment identifies additional information that would not fit or could not be demonstrated in the architectural and engineering plans.

In response to Question #13 from the *Application for Registration as a Registered Organization – Questions and Answers, Architectural/Appendix B*, this document serves as the additional sub-sheets that clearly identify and coordinate information to each applicable field.

**Facility Address:** 2427 Chenango Road, Utica, NY 13502

**CODE COMPLIANCE REVIEW – ADDITIONAL INFORMATION**

No.	Topic	NYS Building Code Section	Additional Information Required to be Identified for this building/facility on the Building or Site Plan(s)
22	Fire Alarm & Detection Systems	907	The Fire Alarm & Detection System used <sup>1</sup> will consist of Siemens smoke detectors, alarms and annunciators connected to the central station and will deploy ADT as the central station.
26	Occupant Load	1004 & Table 1004.1.1	The Occupancy Load room is as follows <sup>2</sup> : <ul style="list-style-type: none"> <li>• Counseling – 5 persons max</li> <li>• Waiting Area – 10 persons max</li> <li>• Reception – 1 persons max</li> <li>• Dispensing Area – 1.5 persons max</li> <li>• Backroom – 1 persons max</li> <li>• Receiving Bay – 1 persons max</li> <li>• Office – 2 persons max</li> <li>• Cashier – 1 persons max</li> </ul>
31	Ramps	1010.1	The facility is on grade and meets the ICC/ANSI A117.1-2003 Standards <sup>3</sup>

**Application for Registration as a Registered Organization - Questions and Answers**

**Question 16.** For Appendix B No. 22 - Fire Alarm & Detection Systems, it appears that only code sections are being requested rather than information about the proposed design. In this case, the Required Code Value would list the applicable code sections while the Facility Actual Value would list the applicable code sections to which the facility will comply. Please confirm this is what is being requested.

*<sup>1</sup>Both the code information of all applicable requirements and the actual systems that will be installed at the facility should be included within each Appendix B submitted per facility.*

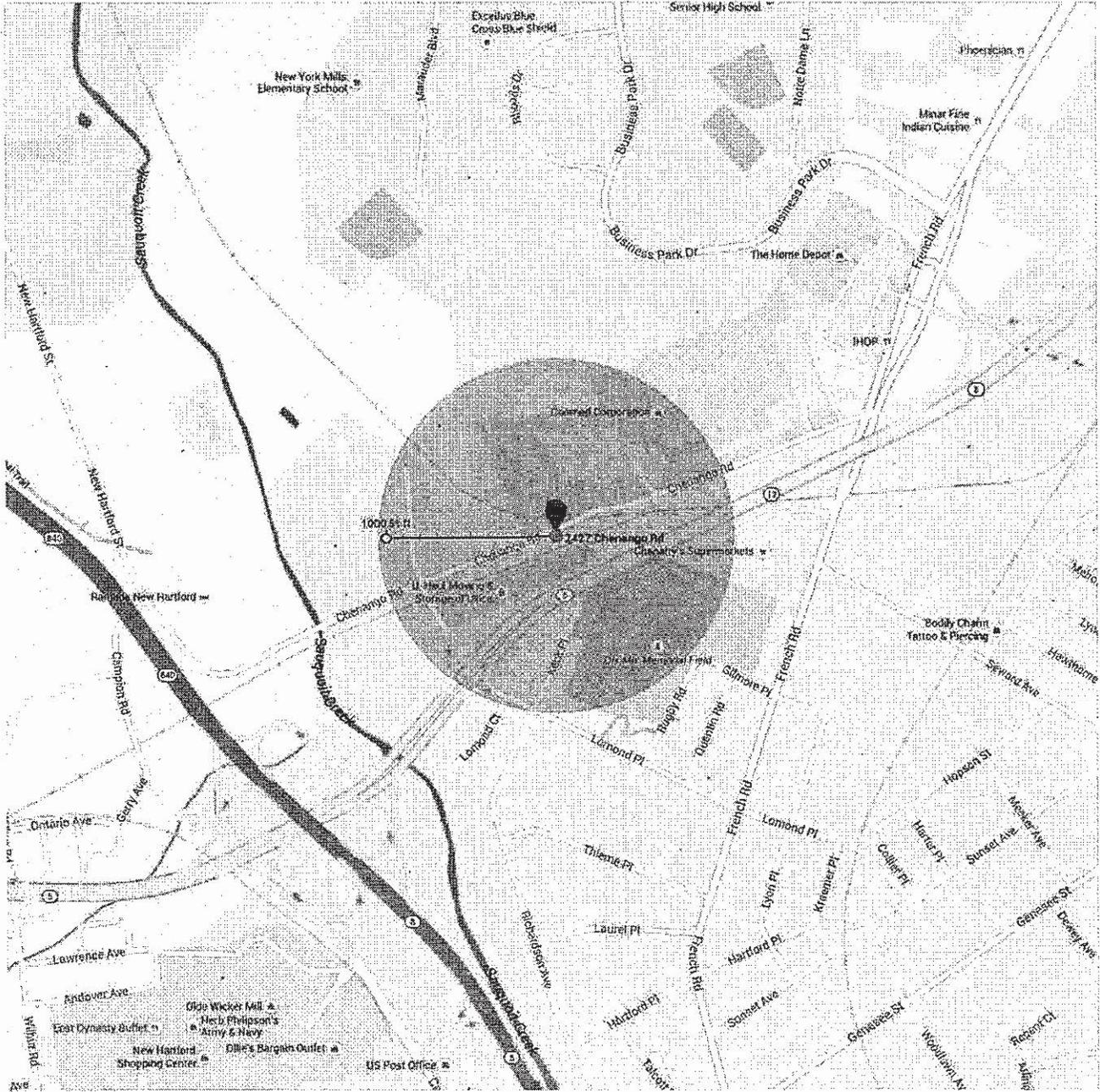
**Question 17.** For Appendix B No. 26 - Occupant Load, can applicants just indicate "Refer to Plan" for the required code value/allowed code value and facility's actual value?

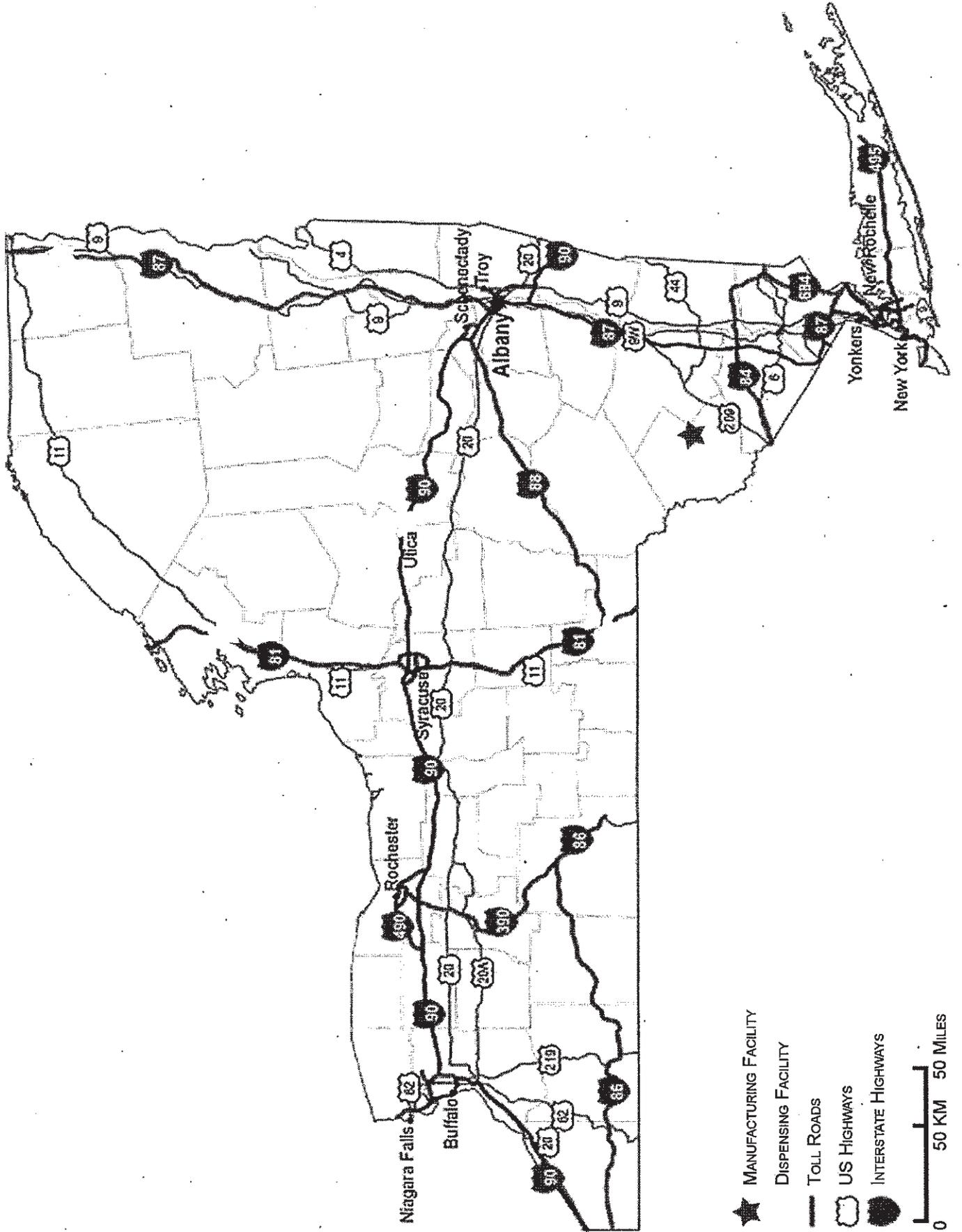
*<sup>2</sup>The applicant shall, as per NYS BC 1004.1, Table 1004.1.1, clearly identify in Appendix B the function of space, the floor area in square feet per occupant, the design load with any allowed increases. All information may be cross referenced to schematic floor plans.*

**Question 8.** Does the dispensing facility have to be ground floor/Retail? Does it have to be storefront or can it be on another floor such as an office?

*<sup>3</sup>Facilities must meet the ICC/ANSI A117.1-2003 Standards, which require all sites, facilities, buildings and the building elements that are accessible to and usable by people with physical disabilities, to meet all applicable accessibility requirements. As part of the criteria for consideration of applications, the Department will evaluate the suitability of proposed dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities.*

2427 CHENANGO  
UTICA, NY 13502





- ★ MANUFACTURING FACILITY
  - DISPENSING FACILITY
  - TOLL ROADS
  - US HIGHWAYS
  - INTERSTATE HIGHWAYS
- 0 50 KM 50 MILES

**BRDesign**

BR Design Associates, LLC  
233 Spring Street, Suite 801, NYC 10013  
P 212.524.6595 / F 212.524.8501



NORTH

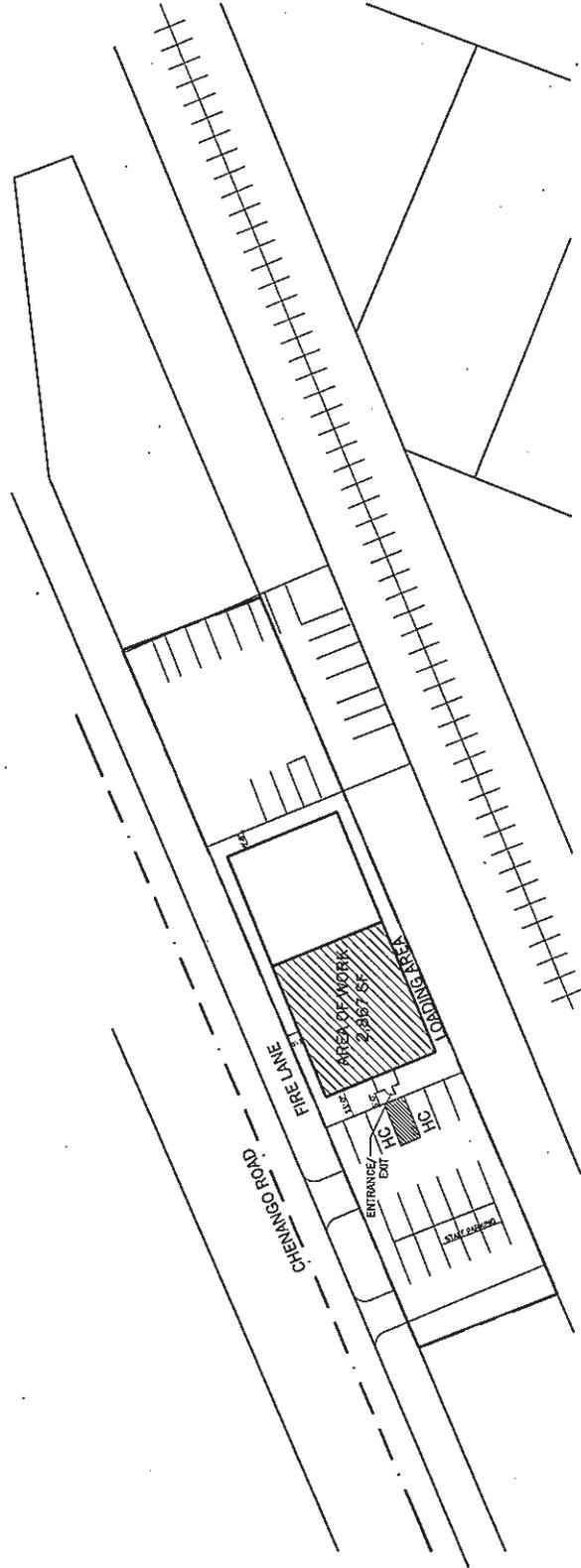
NEW YORK  
COMPASSIONATE CARE

PROJECT NAME  
NY COMPASSION  
DISPENSARY  
2427 CHENANGO  
UTICA, NY 13502

DATE 04/11/13  
DRAWN BY CA  
SCALE 1/8" = 1'-0"  
JOB No. 53820231  
CHECKED BY JRB  
DRAWING TITLE

SITE PLAN

SEAL  
DRAWING No.



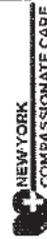
SITE PLAN - 2427 CHENANGO RD., UTICA, NY  
LOT 1, IN UTICA, ONEIDA COUNTY, NY

**BRDesign**

BR Design Associates, LLC  
233 Spring Street, Suite 601, NYC 10013  
P: 212.524.8565 F: 212.524.8531



NORTH



PROJECT NAME

**NY COMPASSION  
DISPENSARY  
2427 CHENANGO  
UTICA, NY 13502**

DATE: 09/11/15  
DRAWN BY: DA  
JOB NO.: 1509010  
CHECKED BY: JML

DRAWING TITLE

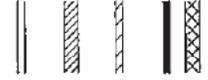
**FLOOR PLAN**

SCALE

DRAWN BY: JML

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

**CONSTRUCTION LEGEND**



INDICATES NEW 3-HOUR FIRE RATED (UL Des U419) DRYWALL INTERIOR PARTITION TO MATCH EXISTING, UNLESS OTHERWISE NOTED.  
INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR TO BE LAMINATED W/ (2) LAYERS FIRE CODE C GYP BD TO ACHIEVE REQUIRED FIRE RATING (1-HOUR MINIMUM)  
INDICATES NEW REINFORCED "SECURE" INTERIOR PARTITION, ALL INTERIOR PARTITIONS TO BE 3-HOUR FIRE RATED (UL Des U419)  
INDICATES NEW REINFORCED VAULT WALL.  
INDICATES EXISTING DEMISING PARTITION TO BE LAMINATED WITH (2) LAYERS FIRE CODE C GYP BD IN EACH SIDE TO ACHIEVE 2-HR FIRE RATING

INDICATES SECURITY CAMERA LOCATION  
ALL DOORS TO BE F50C 1-HOUR FIRE RATED FOLLOWING IBC



**SITE PHOTOS:**







Department of Health

Medical Marijuana Program  
Application for Registration as  
a Registered Organization

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:	NY Compassion, LLC		
Facility Type:	Manufacturing Facility <input type="checkbox"/>	Dispensing Facility <input checked="" type="checkbox"/>	
Use and Occupancy Classification:	M: Mercantile		
Building Construction Type and Classification:	IIA		
Facility Address:	144 Eastern Blvd., Watertown, NY 13601		
Primary Contact Telephone number:	(773) 870-2439		
Primary Contact Fax number:	[REDACTED]		
<b>PART I – ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</b>			
Applicant shall identify planning requirements, including but not limited to:			
<input type="checkbox"/>	TOWN BOARD APPROVAL		
<input checked="" type="checkbox"/>	PLANNING BOARD APPROVAL		
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL		
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS		
<input checked="" type="checkbox"/>	BUILDING PERMIT		
<input checked="" type="checkbox"/>	BIDDING PHASE		
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)		
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION		
<input checked="" type="checkbox"/>	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.

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Entrance and Exits        | <input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road |   |
| <input checked="" type="checkbox"/> Public Parking Spaces     | <input checked="" type="checkbox"/> Percentage of Green Space            | -> (0%)                                   |
| <input checked="" type="checkbox"/> Staff Parking Spaces      | <input checked="" type="checkbox"/> Location of Emergency Power Systems  | -> (located in security equipment closet) |
| <input checked="" type="checkbox"/> Accessible Parking Spaces | <input checked="" type="checkbox"/> Loading & Unloading                  |   |
| <input checked="" type="checkbox"/> Accessible Route(s)       | <input type="checkbox"/> Security Gates & Fences                         | -> (not applicable)                       |

**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
  - Oil
  - Solar
  - Other \_\_\_\_\_
  - Electric

Engineering Systems:

- Heating System: Type Duct Htr, Size 240k BTU Efficiency ~90%  
Ventilation Requirements To Be Determined
- Cooling System: Type AC, Size 10 Tons Efficiency 85%  
Ventilation Requirements To Be Determined
- Ventilation & Humidification Systems:  
Type \_\_\_\_\_, Size \_\_\_\_\_, Efficiency \_\_\_\_\_  
Ventilation Requirements \_\_\_\_\_
- Electrical Distribution Available National Grid, 200 Amps
- Water Supply: Municipal Water Service XX or Private Well Water \_\_\_\_\_
- Sewage: Municipal Sewer System XX or Private Septic System \_\_\_\_\_
- Emergency Power System: Type UPS Size 4KVA Efficiency ~40%



**Appendix B – Architectural Program**

**PART IV – BUILDING CODE COMPLIANCE: (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 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 type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<p><input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2</p>	<p><input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building</p>	<p><input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method</p>
<p><b>Select Work Involved:</b> Check all that apply.</p>	<p><input checked="" type="checkbox"/> General Construction <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm</p>	<p><input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical</p>	<p><input checked="" type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____</p>

**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, ECC: 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.	NA	M Mercantile Max Occupancy 32p (1004.1.1)



**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.	NA	NA
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.	NA	NA
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	NA
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).	Max 4 Stories, 11,468 SF	Single Story, 2,867 SF
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	NA	1 HR fire rated (UL Des 419) at all interior partitions



**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).	NR (Table 508.3.3)	New partition to comply with section 508.3, 2 Hour rated fire separation
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).	NA	NA
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).	NR (Table 508.3.3)	2 Hour Rated Separation
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	NA	Type IIA
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.	Exterior: 1 Hour Rated Interior: 1 Hour Rated	Exterior: 1 Hour Rated Interior: 1 Hour Rated Roof : 1 Hour Rated



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value' /Allowed Code Value	Facility's Actual Value'
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	1 Hour Rated Table 601	1 Hour Rated
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	>/= 30' for all type of construction, 0 fire resistance rating (602)	min 150' to nearest building >/=30' = 0 fire resistance rating
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NA	NA
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NA	NA
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	NA
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NA	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>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	NA
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.	NR	NR fire area is less than 12,000 SF
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	NR
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR	NR
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 type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	Manual fire alarm & detection system required as per 907.2.7	New fire alarm system to comply with code as per 907.2.7



**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/NA	NR/NA
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Comply w/ section 912	Will comply with code as per section 912
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.	Door W: 32" Min Door H: 80" Min	Door W: 34" Min Door H: 82" Min 3/4 HR FPSC HM Door & 
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.	NA	Total Occupancy Load: 32 (Section 1004.1.1)
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	44" Min	48" Min
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.	Min number of exits: 1 (Table 1019.2) common path of travel: > / =75' (Section 1014.3)	1 Exit provided from all locations with less than 75' travel distance



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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.	Door W: 32" Min Door H: 80" Min	Door W: 36" Min Door H: 82" Min
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.	NA	NA
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.	NA	NA
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.	Common Path not to exceed 75' (Section 1014.3)	All common paths are less than 75'
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.	1 Exit Required	1 Exit Provided
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	1 Hour Fire Rating required (Table 1018.1)	All interior partitions to be 1 hour fire rated (UL Des U419)



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code' (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" Min Section 1018.2	48" Min
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	Dead end corridor not to exceed 20' (Section 1018.4)	Corridor 10' Maximum
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.	1 Exit required	1 Exit provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	NA
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.		Shall comply with all requirements in Section 1021
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	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>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	NA
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.		To comply with section 1024
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.	To comply with Ansi 117.1 2003	All construction to comply with Ansi 117.1 2003
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).	Climate Zone 6 (Table 301.1) U-.051, R-13 + R-7.5 (table 502.2.1)	Provide additional material to the existing structure as required to comply with all energy conservation codes
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.		Provide new stationary generator
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.		Provide new stationary generator



**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).	1 WC/Sex 1 Lavatory/Sex	1 WC/Sex 1 Lavatory/Sex 1 Unisex Restroom
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	Water pressure to be verified
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.	Min 20' wide access road	Existing access road is greater than 20' wide

**ATTACHMENT B – ADDITIONAL INFORMATION**

This attachment identifies additional information that would not fit or could not be demonstrated in the architectural and engineering plans.

In response to Question #13 from the *Application for Registration as a Registered Organization – Questions and Answers, Architectural/Appendix B*, this document serves as the additional sub-sheets that clearly identify and coordinate information to each applicable field.

**Facility Address:** 144 Eastern Blvd., Watertown, NY 13601

**CODE COMPLIANCE REVIEW – ADDITIONAL INFORMATION**

No.	Topic	NYS Building Code Section	Additional Information Required to be Identified for this building/facility on the Building or Site Plan(s)
22	Fire Alarm & Detection Systems	907	The Fire Alarm & Detection System used <sup>1</sup> will consist of Siemens smoke detectors, alarms and annunciators connected to the central station and will deploy ADT as the central station. The system will also be tied in to the central panel in the Northland Plaza strip mall for enhanced compliance, safety and security.
26	Occupant Load	1004 & Table 1004.1.1	The Occupancy Load room is as follows <sup>2</sup> : <ul style="list-style-type: none"> <li>• Counseling – 4 persons max</li> <li>• Waiting Area – 17 persons max</li> <li>• Reception – 1 persons max</li> <li>• Dispensing Area – 10 persons max</li> <li>• Backroom – 1 persons max</li> <li>• Receiving Bay – 1 persons max</li> <li>• Office – 2 persons max</li> <li>• Cashier – 1 persons max</li> </ul>
31	Ramps	1010.1	The facility is on grade and meets the ICC/ANSI A117.1-2003 Standards <sup>3</sup>

**Application for Registration as a Registered Organization - Questions and Answers**

**Question 16.** For Appendix B No. 22 - Fire Alarm & Detection Systems, it appears that only code sections are being requested rather than information about the proposed design. In this case, the Required Code Value would list the applicable code sections while the Facility Actual Value would list the applicable code sections to which the facility will comply. Please confirm this is what is being requested.

*<sup>1</sup>Both the code information of all applicable requirements and the actual systems that will be installed at the facility should be included within each Appendix B submitted per facility.*

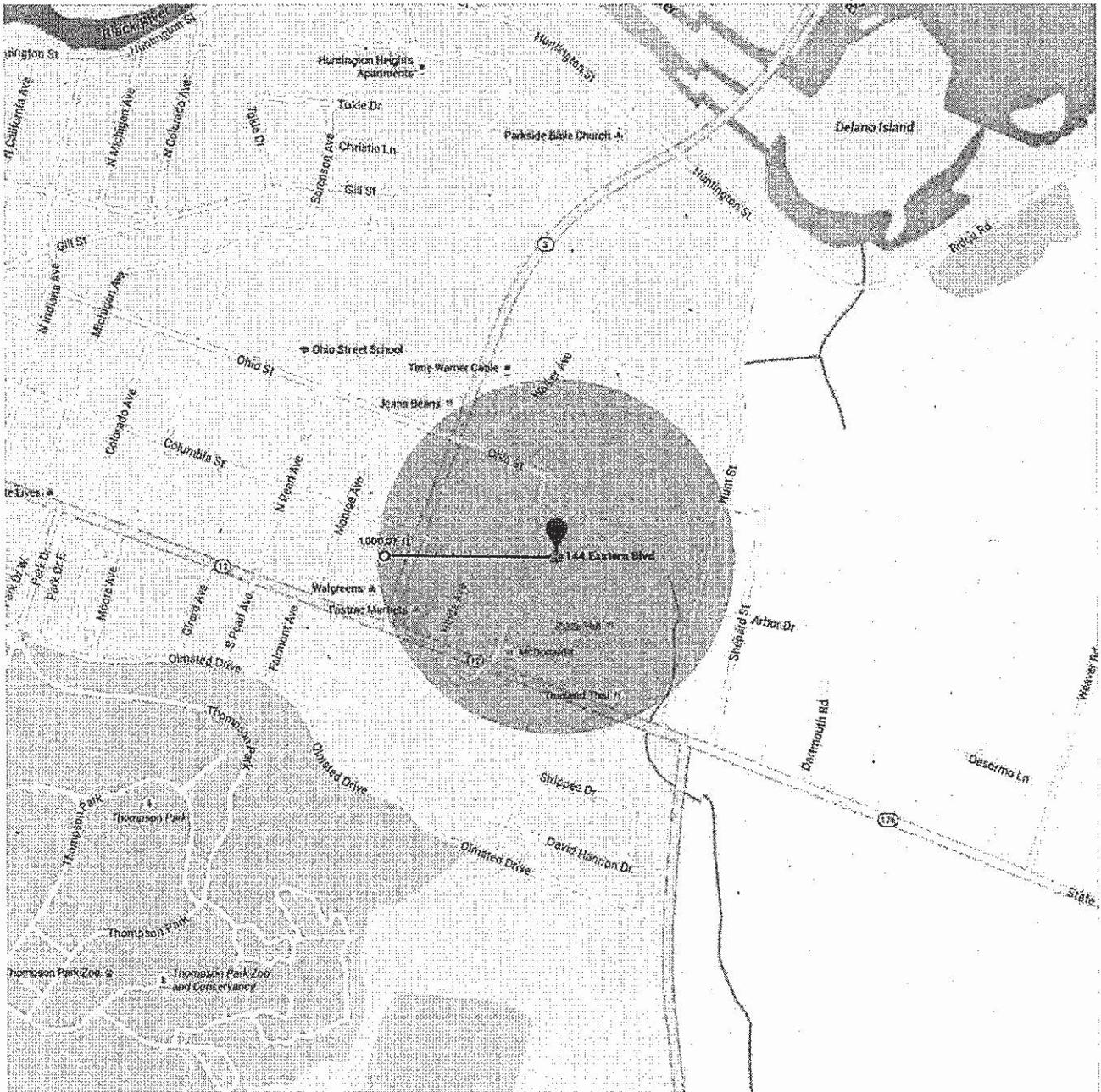
**Question 17.** For Appendix B No. 26 - Occupant Load, can applicants just indicate "Refer to Plan" for the required code value/allowed code value and facility's actual value?

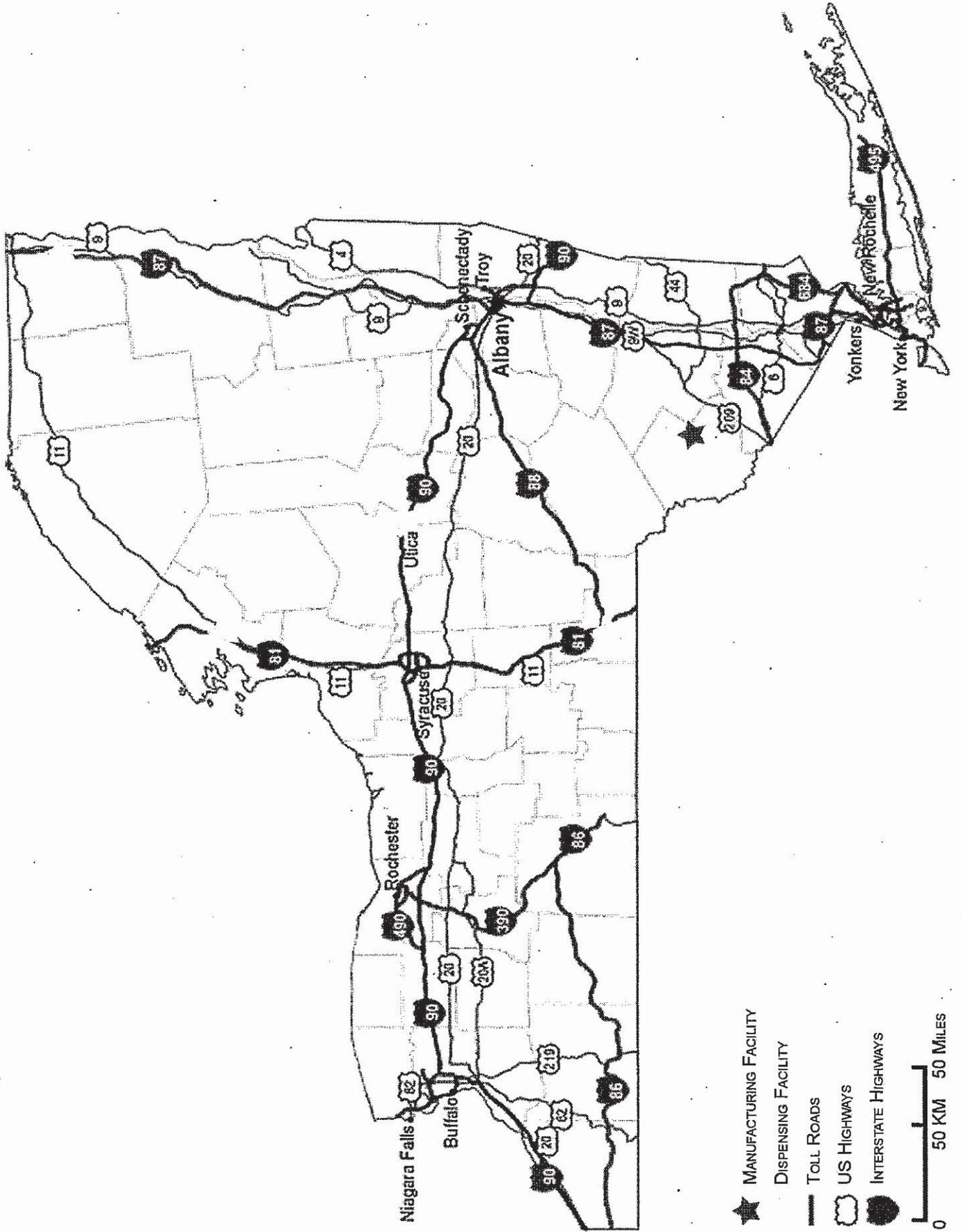
*<sup>2</sup>The applicant shall, as per NYS BC 1004.1, Table 1004.1.1, clearly identify in Appendix B the function of space, the floor area in square feet per occupant, the design load with any allowed increases. All information may be cross referenced to schematic floor plans.*

**Question 8.** Does the dispensing facility have to be ground floor/Retail? Does it have to be storefront or can it be on another floor such as an office?

*<sup>3</sup>Facilities must meet the ICC/ANSI A117.1-2003 Standards, which require all sites, facilities, buildings and the building elements that are accessible to and usable by people with physical disabilities, to meet all applicable accessibility requirements. As part of the criteria for consideration of applications, the Department will evaluate the suitability of proposed dispensing facilities, including but not limited to the suitability of the location and architectural and engineering design of the proposed facilities.*

144 EASTERN BLVD  
WATERTOWN, NY 13601





**BRDesign**

BR Design Associates, LLC  
233 Spring Street, Suite 801, NYC, 10013  
P 212.574.8585 / F 212.524.8501



NORTH

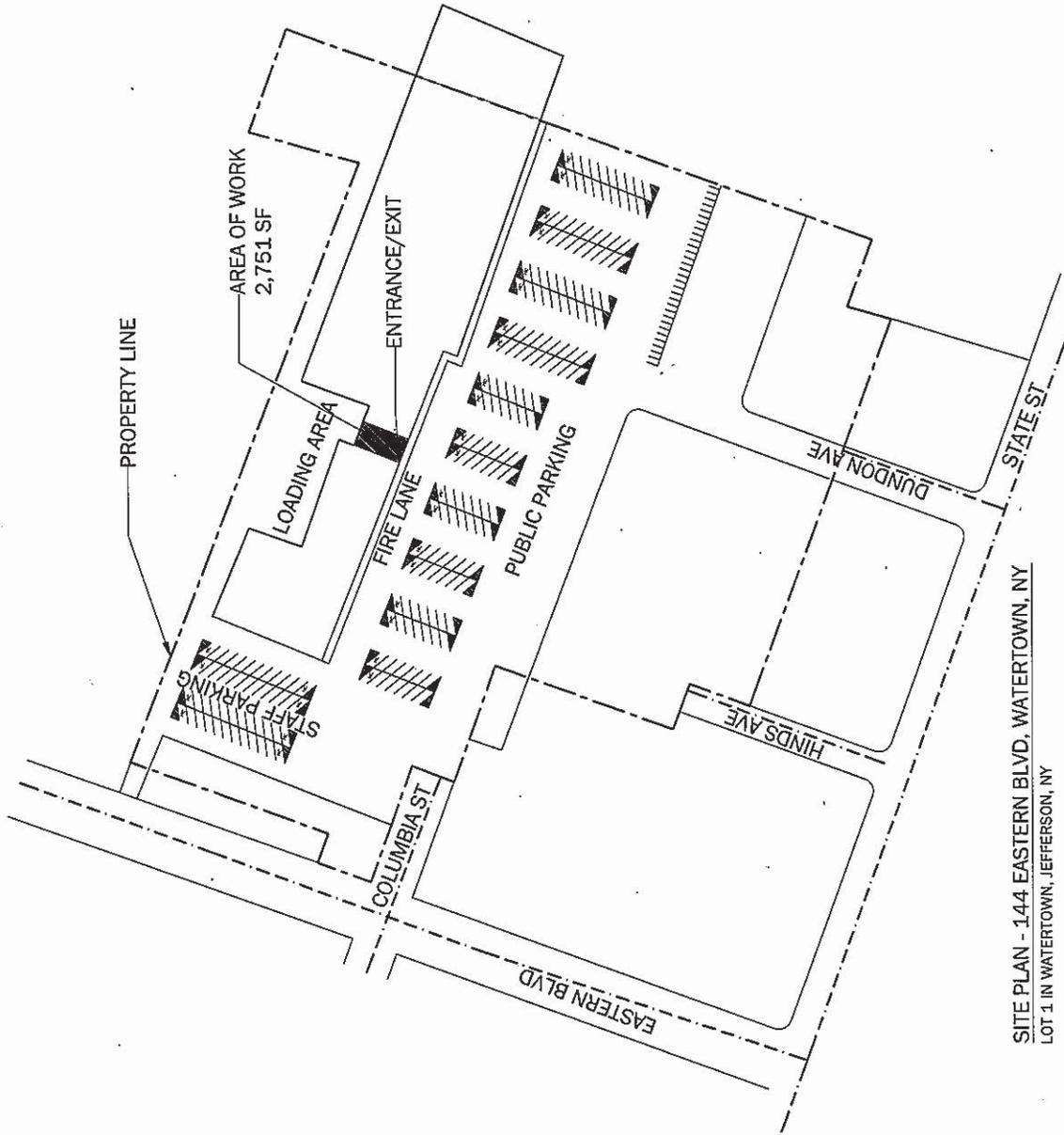
NEW YORK  
COMPASSIONATE CARE

PROJECT NAME  
NY COMPASSION  
DISPENSARY  
144 EASTERN BLVD.  
WATERTOWN, NY 13601

DATE 05.30.15  
DRAWN BY: CA  
JOB NO. 150001  
CHECKED BY: BR  
DRAWING TITLE

SITE PLAN

SEA. DRAWING NO.



SITE PLAN - 144 EASTERN BLVD, WATERTOWN, NY  
LOT 1 IN WATERTOWN, JEFFERSON, NY

**BRDesign**  
 R Design Associates, LLC  
 33 Spring Street, Suite 801, NYC 10013  
 T 212.624.8965 / F 212.524.9501

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



NORTH

NEW YORK  
 COMPASSIONATE CARE

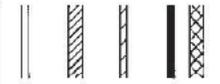
PROJECT NAME  
 NY COMPASSION  
 DISPENSARY  
 144 EASTERN BLVD.  
 WATERTOWN, NY 13601

DATE 05/26/15  
 DRAWN BY CA  
 CHECKED BY MR  
 DRAWING TITLE

FLOOR PLAN

SCALE  
 DRAWING NO.

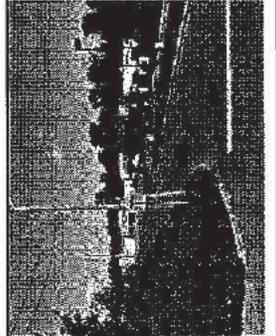
**CONSTRUCTION LEGEND**



INDICATES NEW 1-HOUR FIRE RATED (UL Des. I4419) DRYWALL INTERIOR PARTITION TO MATCH EXISTING, UNLESS OTHERWISE NOTED.  
 INDICATES EXISTING MASONRY EXTERIOR PARTITION. INTERIOR TO BE LAMINATED W/ (2) LAYERS FIRE CODE C GYP (D) TO ACHIEVE REQUIRED FIRE RATING (1-HOUR MINIMUM).  
 INDICATES NEW REINFORCED SECURE INTERIOR PARTITION. INTERIOR PARTITIONS TO BE 1-HOUR FIRE RATED (UL Des. I4419).  
 INDICATES NEW PRE-ENGINEERED VAULT WALL.  
 INDICATES EXISTING DEMISING PARTITION TO BE LAMINATED WITH (2) LAYERS FIRE CODE C GYP (D) IN EACH SIDE TO ACHIEVE 2-HR FIRE RATING.

INDICATES SECURITY CAMERA LOCATION  
 ALL DOORS TO BE FIRE 3-HOUR FIRE RATED HOLLOW METAL

**SITE PHOTOS:**







Section A: Business Entity Information

1. Business Name: NY Compassion, LLC
2. Organization Type (choose one): [X] For-profit [ ] Non-profit
3. Business Type (choose one): [ ] Corporation [X] Limited Liability Company [ ] Sole Proprietorship [ ] General Partnership [ ] Limited Partnership [ ] Other:
4. Phone: (212) 821-1800 5. Fax: 6. Email: ab@greatoaksv.com
7. Business Address: 200 East 58th Street, Suite 15B
8. City: New York 9. State: New York 10. ZIP Code: 10022
11. Mailing Address (if different than Business Address):
12. City: 13. State: 14. ZIP Code:

Section B: Primary Contact Information

15. Name: Daniel Reich 16. Title: Chief Operating Officer
17. Phone: (732) 536-7516 18. Fax: weisman.steve@... 19. Email: NY@weismanbrothers.com
20. Mailing Address: 200 East 58th Street, Suite 15B
21. City: New York 22. State: New York 23. ZIP Code: 10022

Section C: Proposed Manufacturing Facility Information

24. Proposed Facility Name: New York Compassionate Care
25. Proposed Facility Address: 510 Wild Turnpike
26. City: Mountain Dale 27. State: NY 28. ZIP Code: 12763
29. County: Sullivan
30. Property Status (choose one): [ ] Owned by the applicant [ ] Leased by the applicant [X] Other: Option to Lease
If you checked "Other" above, describe the property status in the field provided.
31. Proposed Hours of Operation:
Monday: 7am to 7pm Friday: 7am to 7pm
Tuesday: 7am to 7pm Saturday: 8am to 4pm
Wednesday: 7am to 7pm Sunday: 8am to 4pm
Thursday: 7am to 7pm

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:
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: New York Compassionate Care
41. Proposed Facility Address: 2427 Chenango
42. City: Utica 43. State: NY 44. ZIP Code: 13502
45. County: Oneida 46. Property Status (choose one):
47. Proposed Hours of Operation:
Section E: Proposed Dispensing Facility #2 Information
48. Proposed Facility Name: New York Compassionate Care
49. Proposed Facility Address: 144 Eastern Blvd.
50. City: Watertown 51. State: NY 52. ZIP Code: 13601
53. County: Jefferson 54. Property Status (choose one):



55. Proposed Hours of Operation:
Monday: 7am to 7pm Friday: 7am to 7pm
Tuesday: 7am to 7pm Saturday: 8am to 4pm
Wednesday: 7am to 7pm Sunday: 8am to 4pm
Thursday: 7am to 7pm

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: New York Compassionate Care

57. Proposed Facility Address: 70 Hammond Ln

58. City: Plattsburgh

59. State: NY

60. ZIP Code: 12901

61. County: Clinton

62. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other: Option to Lease

If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:
Monday: 7am to 7pm Friday: 7am to 7pm
Tuesday: 7am to 7pm Saturday: 8am to 4pm
Wednesday: 7am to 7pm Sunday: 8am to 4pm
Thursday: 7am to 7pm

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: New York Compassionate Care

65. Proposed Facility Address: 201 - 203 Main Street

66. City: Binghamton

67. State: NY

68. ZIP Code: 13905

69. County: Broome

70. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other: Option to Lease

If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:
Monday: 7am to 7pm Friday: 7am to 7pm
Tuesday: 7am to 7pm Saturday: 8am to 4pm
Wednesday: 7am to 7pm Sunday: 8am to 4pm
Thursday: 7am to 7pm



**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? [ ]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.

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 to 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:



[Handwritten signature of Steven Weisman]

96. Date Signed: June 5, 2015

97. Print Name: Steven Weisman

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: ROBERT A. WEISMAN
Notary Registration Number: 529518
Notary (Notary Must Affix Stamp or Seal): [Signature]
Date: 6/5/15
OFFICIAL SEAL ROBERT A WEISMAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:06/03/17

## **APPLICATION EXPLANATIONS**

75. The Company has a signed option to lease agreement for its manufacturing facility location. The Company's members have sufficient personal capital to fund the Company's lease of the land and construction of the Company's proposed manufacturing facility (please see the attached bank statements). Should the Company be awarded a license, the Company will exercise its option to enter into a lease for the land and begin building the facility expeditiously.
  
76. The Company has signed option to lease agreements for each of its dispensing facility locations. The Company's members have sufficient personal capital to fund the Company's lease and build-out of the Company's proposed dispensing facilities (please see the attached bank statements). Should the Company be awarded a license, the Company will exercise its options to enter into leases for each dispensing facility and begin building-out the facilities expeditiously.



Investment Summary  
**KENNETH & ROSALIND LANDIS**  
Overview

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

<sup>1</sup> Please be aware that a portion of the holdings in each of the asset classes and strategies may consist of cash and is not separately reflected as cash herein. Please refer to Holdings section of Statement Detail.

<sup>29</sup> Fees shown are only those directly billed to your advisory accounts or associated with custodial services and do not include fees embedded within any products you may hold. More detail about all fees associated with your accounts is available from your Private Wealth Management team.

**This document should be exempt from disclosure under FOIL as it contains information about the Company's critical financial infrastructure.**

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

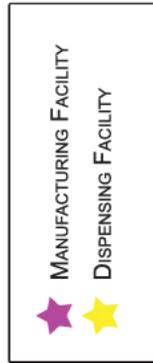
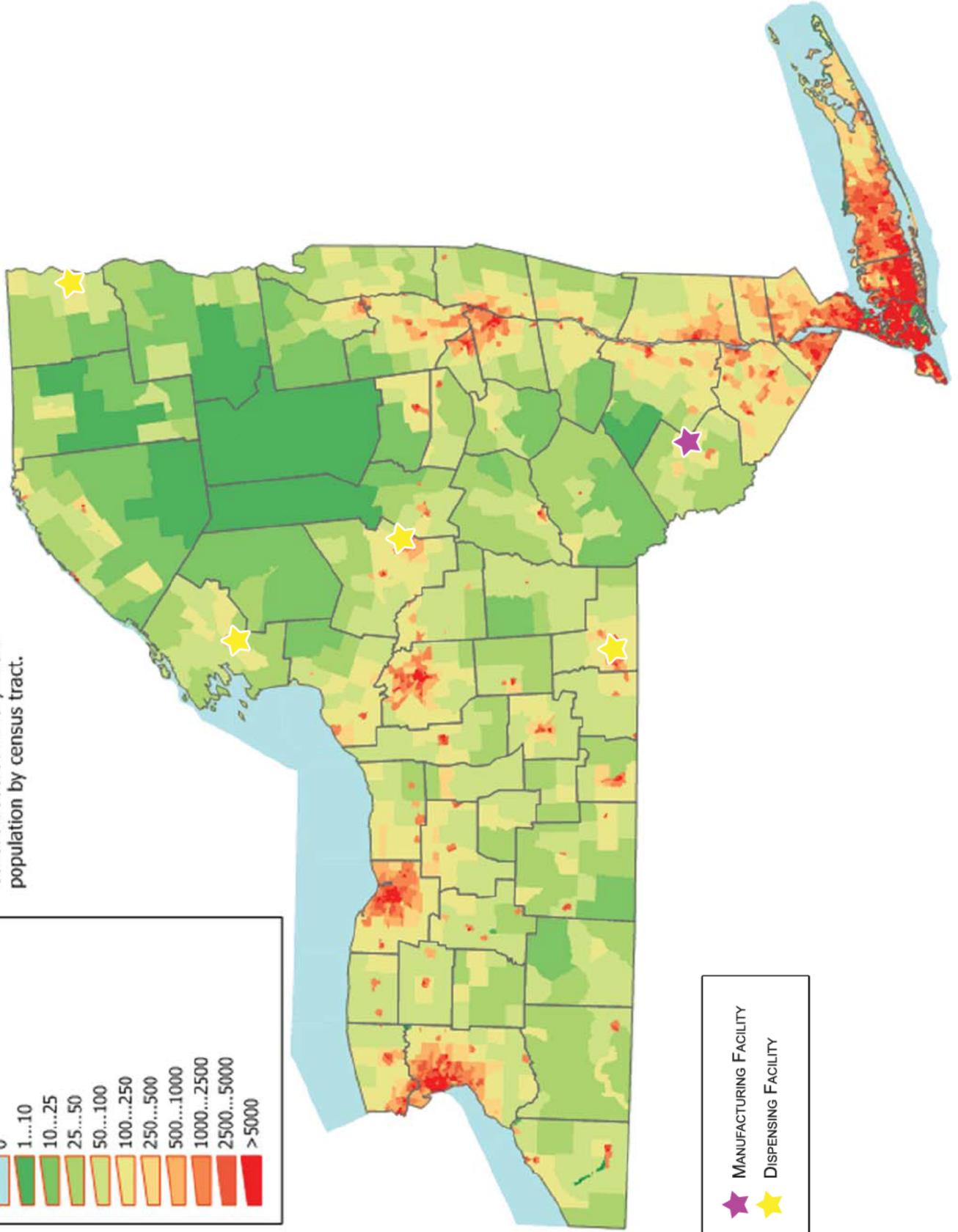
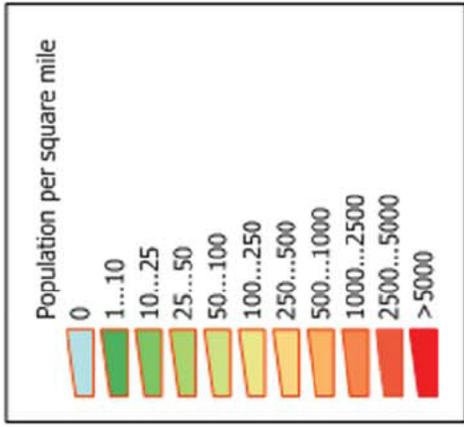
These reports are provided as an accommodation to enable you to monitor your investment activity. The information contained herein has been obtained or derived from sources and methods considered to be reliable but is not guaranteed. Securities pricing may not reflect realizable values. In the event of a discrepancy between the information provided herein and the information set forth in your confirmations of daily activity and monthly statements of account, the latter shall govern. Nothing herein may be construed as tax advice and you are urged to consult a tax advisor.

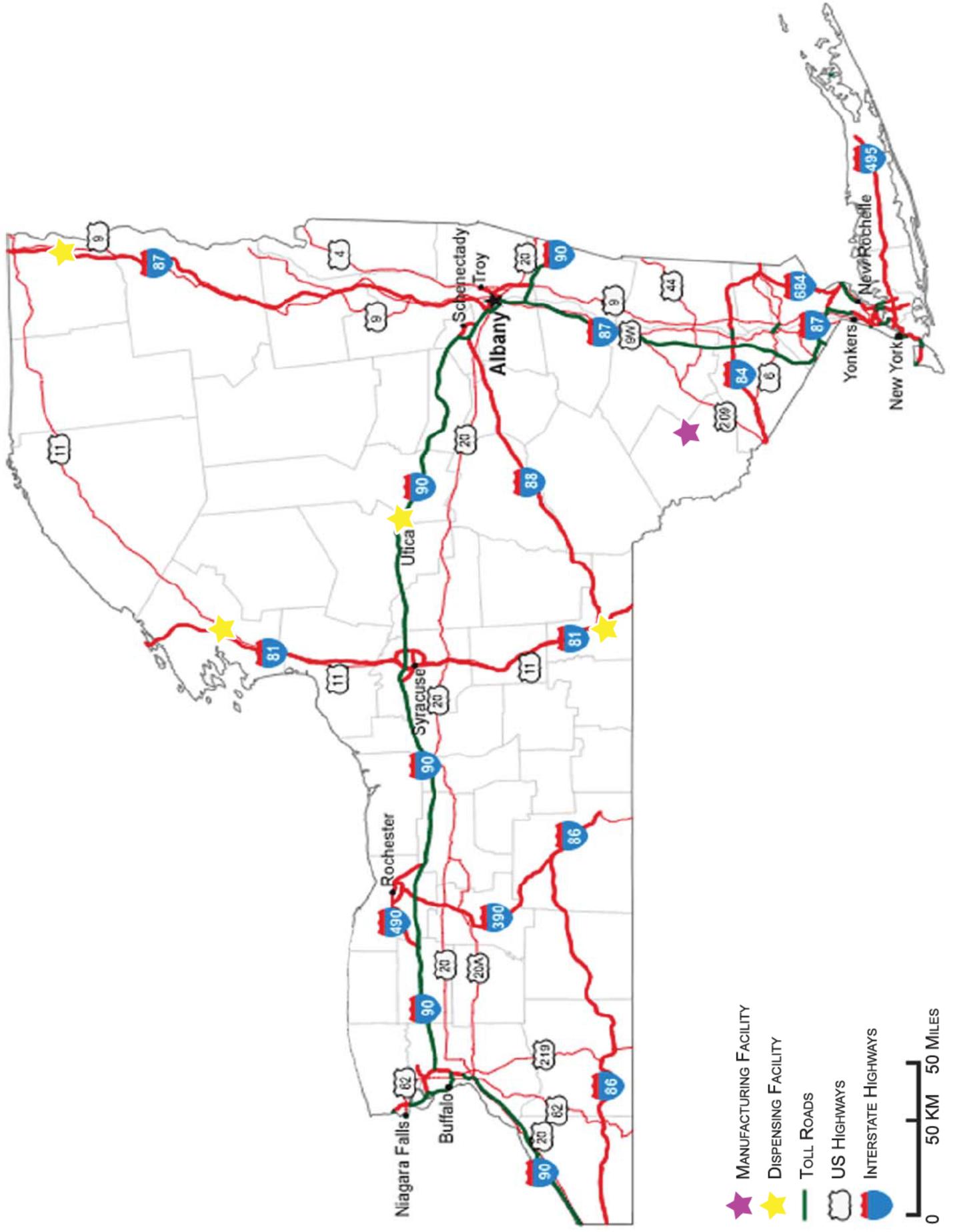
**This document should be exempt from disclosure under FOIL as it contains information about the Company's critical financial infrastructure.**

## **ATTACHMENT A**

This attachment identifies 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).

Source: U.S. Census Bureau  
Census 2000 Summary File 1  
population by census tract.





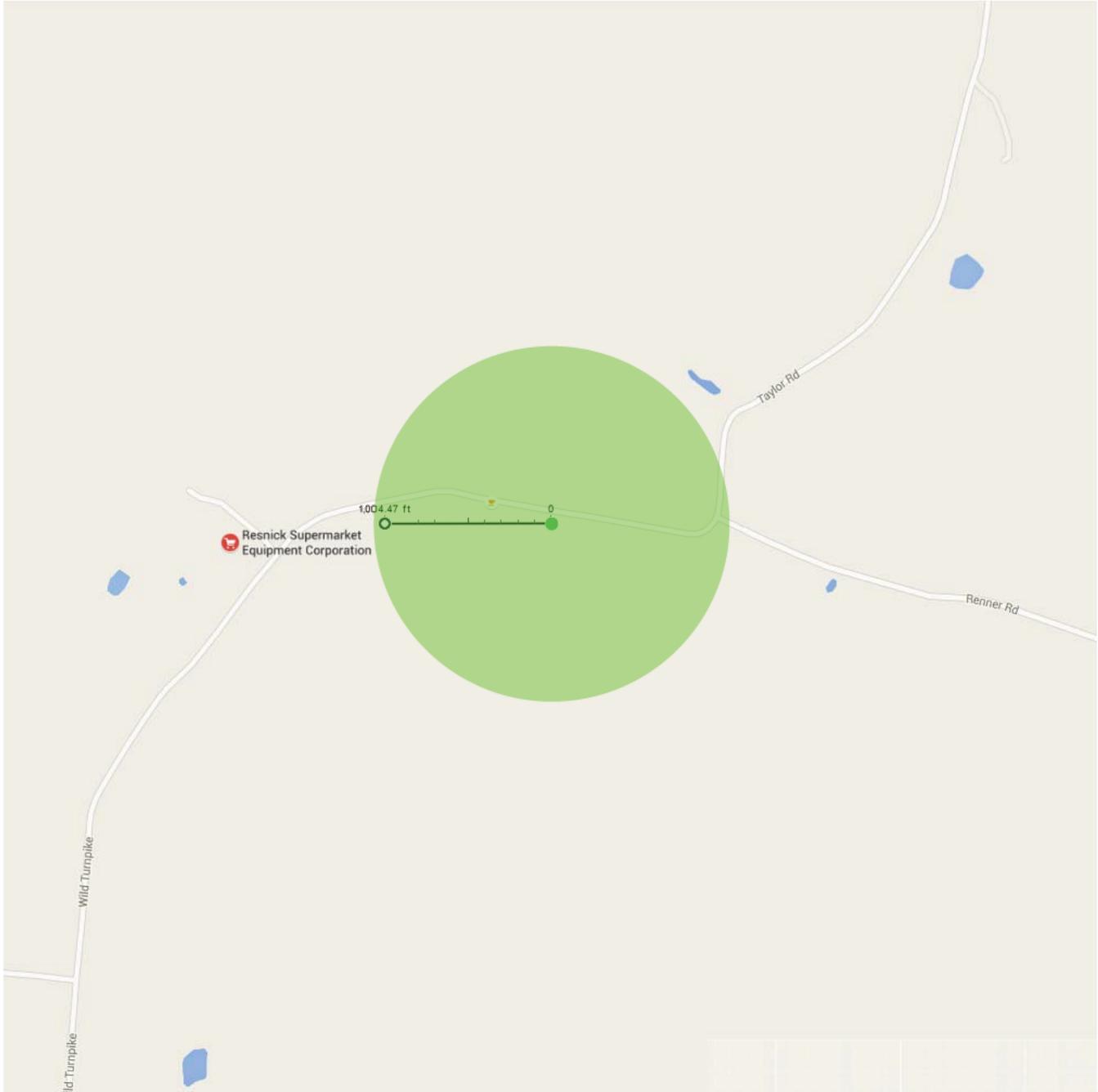
- ★ MANUFACTURING FACILITY
  - ★ DISPENSING FACILITY
  - TOLL ROADS
  - ⬡ US HIGHWAYS
  - ⬡ INTERSTATE HIGHWAYS
- 0 50 KM 50 MILES

# MANUFACTURING FACILITY

510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12763

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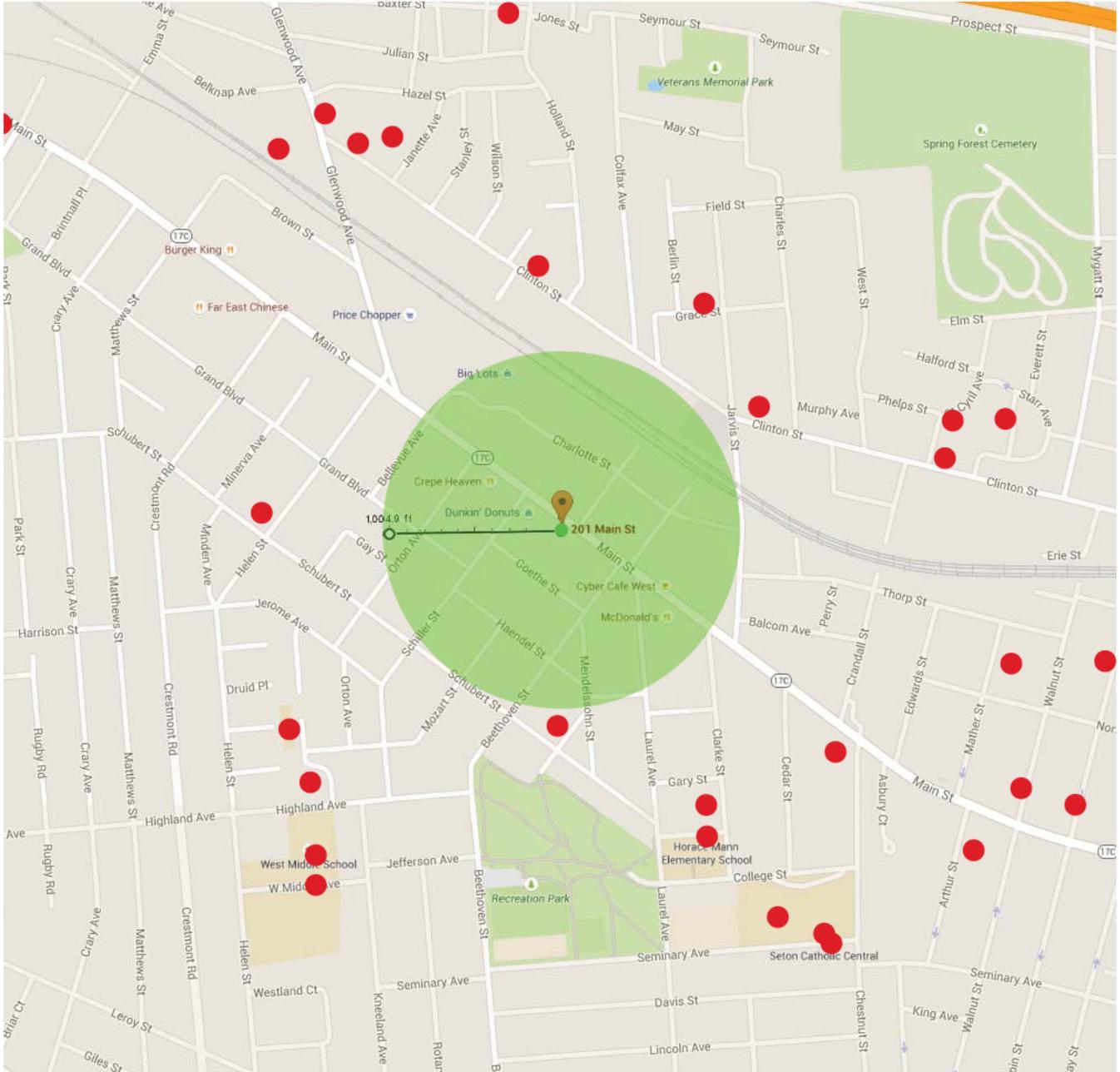
- CULTIVATION LOCATION (WITH 1,000 FT RADIUS CIRCLE)
- SCHOOL, CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP



# DISPENSING FACILITY

201 - 203 MAIN ST  
BINGHAMTON, NY 13905

- DISPENSARY LOCATION (WITH 1,000 FT RADIUS CIRCLE)
- SCHOOL, CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP

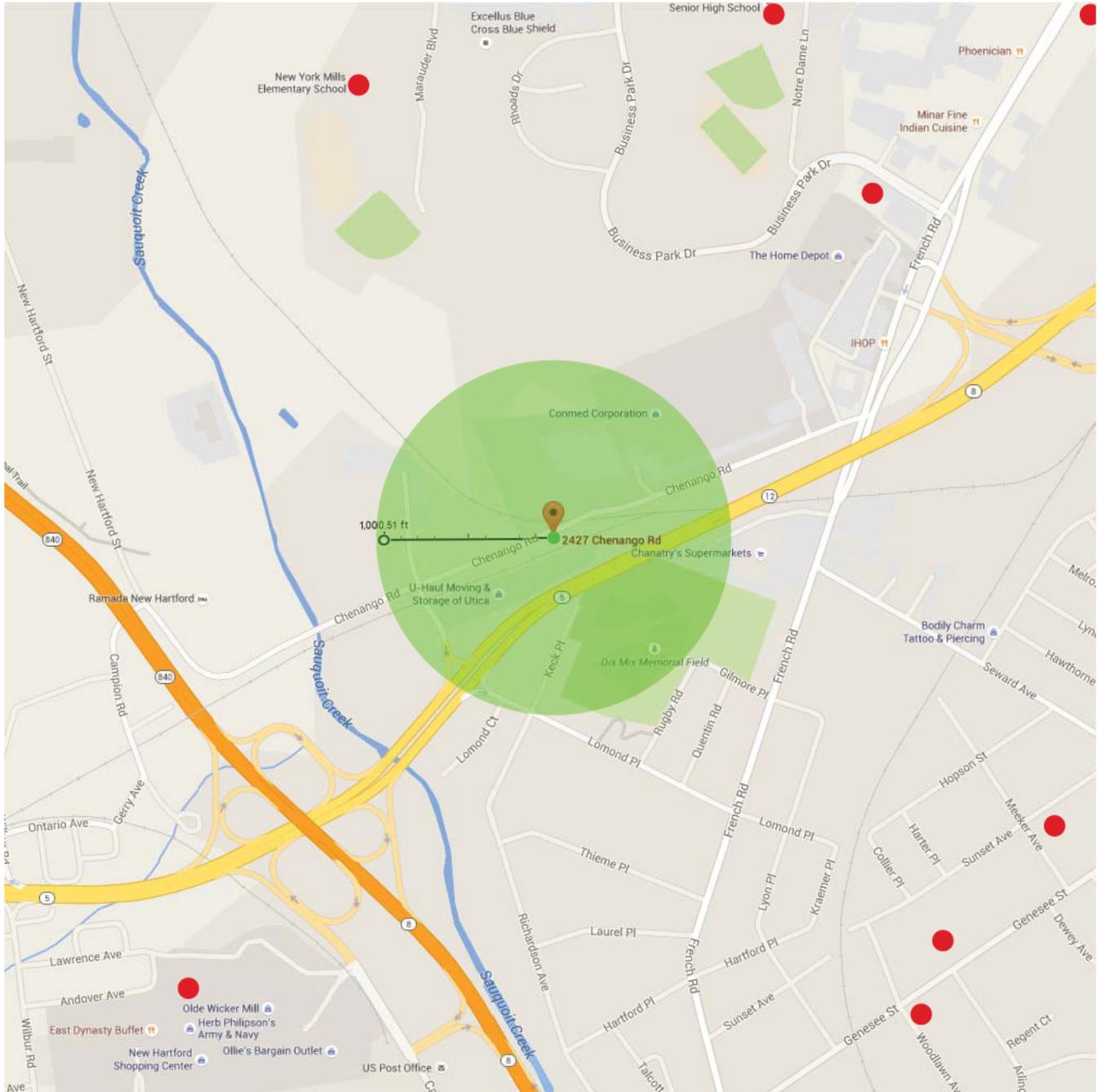


# DISPENSING FACILITY

2427 CHENANGO  
UTICA, NY 13502

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- DISPENSARY LOCATION (WITH 1,000 FT RADIUS CIRCLE)
- SCHOOL, CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP

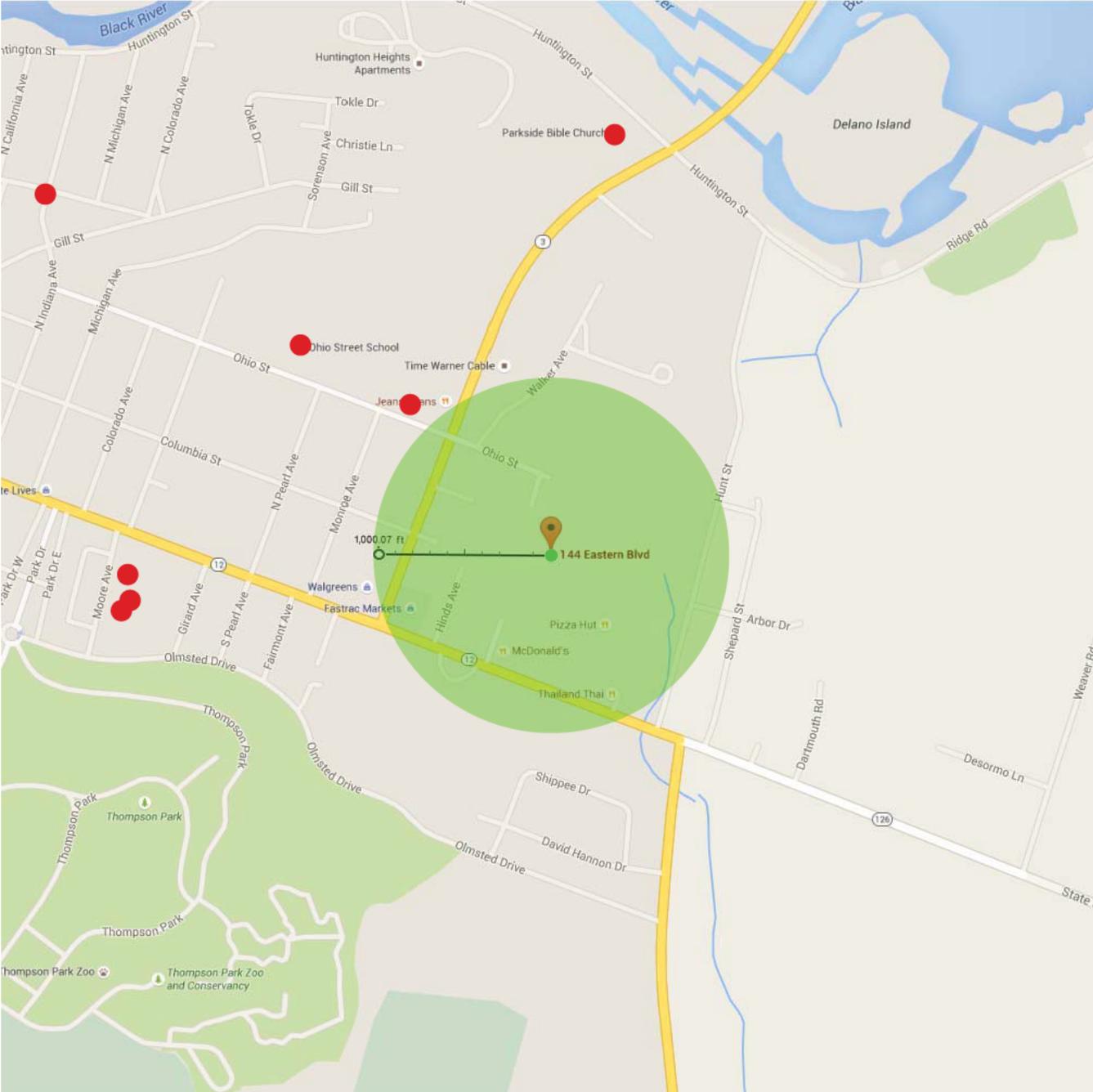


# DISPENSING FACILITY

144 EASTERN BLVD  
WATERTOWN, NY 13601

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- DISPENSARY LOCATION (WITH 1,000 FT RADIUS CIRCLE)
- SCHOOL, CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP

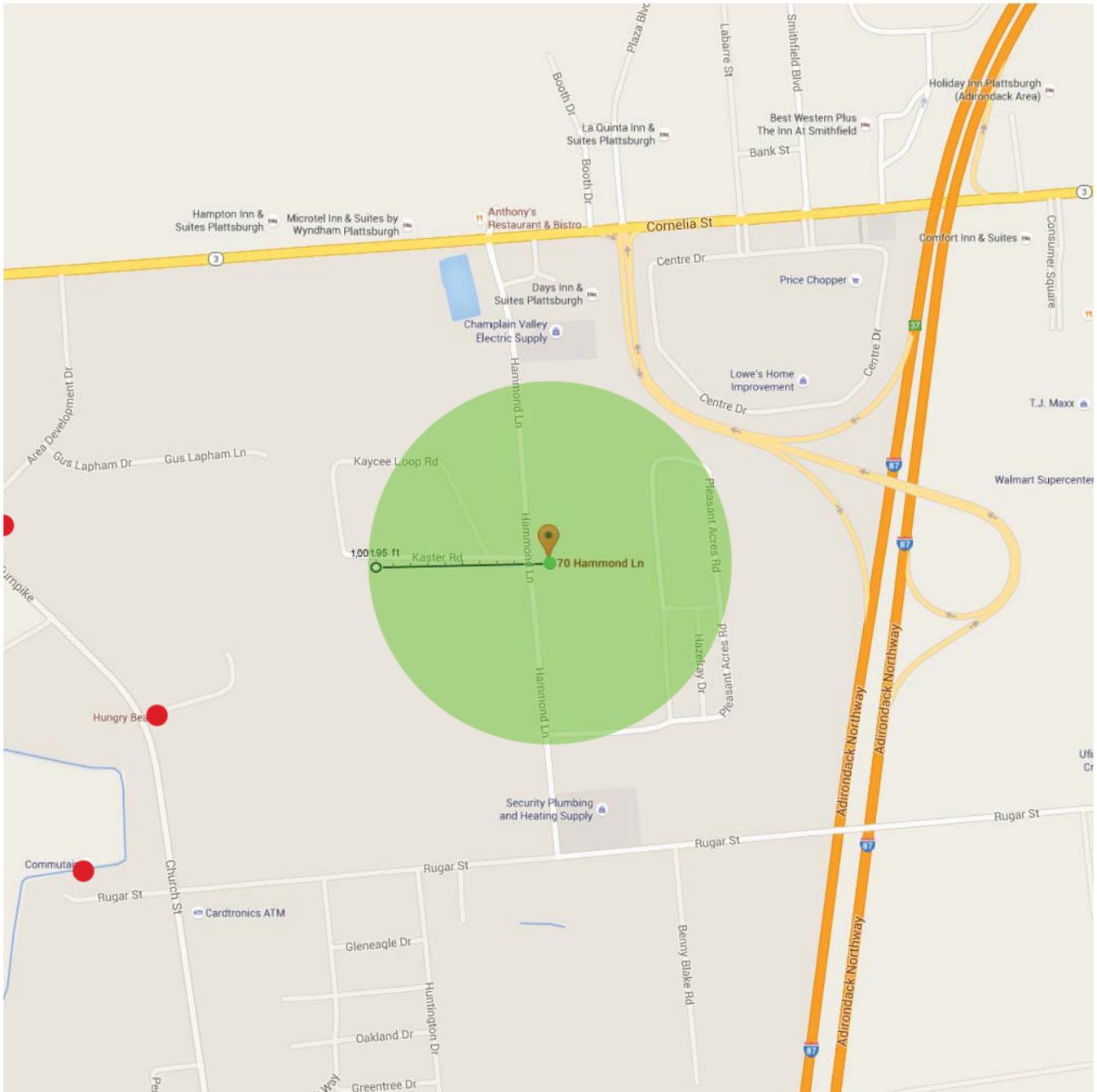


# DISPENSING FACILITY

70 HAMMOND LN  
PLATTSBURGH, NY 12901

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- DISPENSARY LOCATION (WITH 1,000 FT RADIUS CIRCLE)
- SCHOOL, CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP



**ATTACHMENT B**

This attachment identifies the primary 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).

**TRACKING AND INVENTORY EQUIPMENT LIST**

USE	ITEM	QUANTITY
Dispensing Facilities Point-of-Sale	POS Systems (Dell Inspiron 3000)	12
Manufacturing Facility Tracking Computers	Inventory Tracking Computers (Dell Inspiron 3000)	6
Inventory Tracking	RFID Fixed Readers (Honeywell, IF2 Network Reader)	50
Inventory Tracking	RFID Trackers	As Needed

**MANUFACTURING EQUIPMENT LIST**

USE	ITEM	QUANTITY
Grow and Vegetation	Gavita Lighting Pro Plus 1000W EL DE	896
Grow and Vegetation	GAN Electronic 1000W 277 V Lights	1465

USE	ITEM	QUANTITY
Grow and Vegetation	GAN Electronic 600W 277 V Lights	245
Grow and Vegetation	GGS Rolling Benches	As Needed
Grow and Vegetation	60" Wide Rolling Benches of Varying Lengths	112
Grow and Vegetation	Fresh Water Tank	1
Grow and Vegetation	Fresh Water Pump Station	1
Grow and Vegetation	Poly Pre-Mix Tank	One Per Room With Air Agitators
Grow and Vegetation	Pumping Station	One Pump For Each Room Serviced
Grow and Vegetation	Water Pumps	2
Grow and Vegetation	Mainlines	One Line From The Pumping Station To Each Room
Grow and Vegetation	Pressure Compensated Drip System	One In Each Room With 8 Station Rain Bird Time Clocks For Valve Control
Grow and Vegetation	Zwerk Irrigation System	1
Grow and Vegetation	Trellis / Staking System	One Per Plant
Extraction	Apeks CO <sub>2</sub> Extractors 5000-5L Systems	6
Extraction	5 Shelves Stainless Steel Shelving Units	12

USE	ITEM	QUANTITY
Extraction	Stainless Steel Tables	6
Extraction	Under-Counter Dishwasher	1
Packaging	Vapor Pen Filler	2
Packaging	Oral Spray Filling Machine	1
Testing	QuantaCann2	1
Manufacturing Facility / Dispensing Facilities	AAON RN50 Series Rooftop Units (HVAC)	22
Manufacturing Facility / Dispensing Facilities	210 Series Burglary Resistant HVAC Ports (American Vault)	5
Manufacturing Facility	Wattmaster Constant Volume Unit Controller	18
Manufacturing Facility	Charcoal Filters	As Needed (2 or 3 CAN150 per 1000 sq. ft.)
Manufacturing Facility	Fans, Intake, Circulation, and Exhaust Equipment	As Needed
Manufacturing Facility	Cleanroom Air Shower (CAP701KD-ST)	1

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

**SECURITY EQUIPMENT LIST**

USE	ITEM	MODEL	QUANTITY
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

USE	ITEM	MODEL	QUANTITY
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

QUANTITY	MODEL	ITEM	USE
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

QUANTITY	MODEL	ITEM	USE
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

QUANTITY	MODEL	ITEM	USE
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USE	ITEM	MODEL	QUANTITY
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

**DETAILED MANUFACTURING FACILITY CAMERA LIST**

Name	Site Plan	Model	Vendor	Horizontal Pix	Vertical Pix	Focal Length
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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

Name	Site Plan	Model	Vendor	Horizontal Pix	Vertical Pix	Focal Length
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name	Site Plan	Model	Vendor	Horizontal Pix	Vertical Pix	Focal Length
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name	Site Plan	Model	Vendor	Horizontal Pix	Vertical Pix	Focal Length
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name	Site Plan	Model	Vendor	Horizontal	Vertical Pix	Focal Length
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**DETAILED DISPENSING FACILITIES CAMERA LIST**

Name	Quantity	Model	Vendor	Horizontal	Vertical Pix	Focal Length
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Redacted  
pursuant to  
N.Y. Public  
Officers Law,  
Art. 6



## **ATTACHMENT C**

This attachment contains copies of all applicable executed option contracts related to the Company's real property interests, showing that the Company 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).

## OPTION TO ENTER INTO LEASE

This Option to Enter into Lease (“Option”) dated \_\_\_\_\_, 2015 (the “Effective Date”), by and between Glen Wild Industrial, LLC (“Lessor”) and NY Compassion, LLC (“Lessee”).

### RECITALS

Whereas the parties hereto have agreed to negotiate in the future an agreement whereby Lessee would be permitted to lease from Lessor the Premises located at Glen Wild Industrial Park, 510 Wild Turnpike, Mountain Dale, New York 12763 (the “Leased Premises”).

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

- Lessee shall pay to Lessor \$2000.00 in consideration for this Option.
- Within ninety (90) days of the Effective Date (the “Option Deadline”), Lessee shall have the right to notify Lessor in writing (the “Lease Notice”) of its intention to enter into a lease agreement for the Leased Premises (the “Lease”) with monthly gross rent of \$4000.00. If Lessee provides such Lease Notice, Lessee shall pay to Lessor an exercise fee of \$14,000.00. The lease will allow for an initial building of 80,000 square feet. Lessee may build additional square footage at the rate of \$1500/20,000 square feet, up to 200,000 square feet, with minimum expansion increases in 20,000 square foot intervals (As an example an expansion at a size of 1 square foot to 20,000 square feet will incur a 1500/month increase regardless of actual size). In the event that Lessor does not receive the Lease Notice on or before the Option Deadline, this Option shall immediately become null, void and of no further force or effect, and without the requirement of any further documentation by and between the parties. Notwithstanding anything to the contrary contained herein, if the State of New York has not yet awarded the medical marihuana licenses by the Option Deadline, Lessee shall have the option to extend the term of this Option on a month to month basis by paying the full monthly rental price until such time as the State awards such licenses.
- The parties hereby agree to negotiate the terms of the Lease in good faith; provided that the Lease shall include:
  - a provision whereby if Lessee does not use the facility to manufacture and/or dispense marihuana within the first year of the term of the Lease, Lessee will have the right to immediately terminate the Lease.
  - a provision which states: “The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with

notification by certified mail of its intent to reenter the premises or to initiate dispossess proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease.”

3.3 a provision which states that Lessee shall be responsible for all site improvements including all building within the lot area and driveway access to leased site (road base installed) subject to Town approval.

- Lessor shall execute such further documents and do any and all such further things as may be necessary to implement and carry out the intent of this Option.

- Promptly following the execution of this Option, Lessor shall allow Lessee access to the Leased Premises for the purposes of having architectural plans prepared and other reasonable access to the Leased Premises to prepare its zoning applications and shall provide Lessee with plot survey of the Leased Premises.

- This Option shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.

- Any claim or controversy arising out of or related to this Option, or the breach hereof, shall be construed in accordance with the internal laws, and not the law of conflicts, of the State of New York, and shall be filed in a state or federal court of competent jurisdiction located within New York County, New York.

- This Option may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

- In the event of a breach of this Option, the non-breaching party may pursue all rights and remedies at law or in equity.

- All notices and other required communications (“Notices”) shall be in writing, and shall be sent to the addresses set forth below. A party may change its address by sending Notice to the other party of the new address.

If to Lessee, to:

Steven Weisman  
33 North LaSalle Street, Suite 3200  
Chicago, Illinois 60602  
Email: [steve@weismanbrothers.com](mailto:steve@weismanbrothers.com)

With a copy to:

Steven Vegliante  
Montem Strategies, LLC  
449 Broadway  
Monticello, NY 12701  
Email: [steven@montemstrategies.com](mailto:steven@montemstrategies.com)

If to Lessor, to: Glen Wild Industrial Park, LLC  
510 Wild Turnpike / PO Box 368  
Mountain Dale, NY 12763  
ATTN: Daniel Resnick  
Email: butchresnick@yahoo.com

Notices shall be given: (a) by personal delivery to the other party; (b) by registered or certified mail, return receipt requested; or (c) by express courier (e.g. DHL, Federal Express, etc.). Notices shall be effective and shall be deemed delivered: (i) if by personal delivery, on the date of the personal delivery; (ii) if by mail, on the date of receipt as stated on the return receipt; or (iii) if by express courier, on the date signed for or rejected as reflected in the courier's delivery log.

**REMAINDER OF PAGE INTENTIONALLY BLANK WITH SIGNATURE PAGES TO FOLLOW**

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first written above:

**LESSOR**



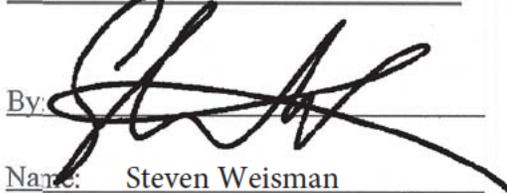
By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**LESSEE**

NY COMPASSION, LLC



By: \_\_\_\_\_

Name: Steven Weisman

Title: Manager

Name \_\_\_\_\_

Account No. \_\_\_\_\_

70-2673/0719

DATE 5/29/15

PAY  
TO THE  
ORDER OF

Glen Wild Industrial Park LLC

\$ 2000.00

Two Thousand

00/100 DOLLARS



**MILLENNIUM BANK**  
DES PLAINES, ILLINOIS 60016

NY COMPASSION, LLC

FOR Option Sullivan Camb

By [Signature]



## OPTION TO ENTER INTO LEASE

This Option to Enter into Lease ("Option") dated May 30, 2015 (the "Effective Date"), by and between 201-203 Main Street Realty Associates, maintaining a mailing address of 84 Court Street, 6<sup>th</sup> Floor, Binghamton, New York 13901 (the "Lessor") and NY Compassion, LLC a limited liability company organized and existing under the laws of the State of New York and maintaining a mailing address of 22 North LaSalle Street, Suite 3200, Chicago, Illinois 60602 (the "Lessee").

### RECITALS

Whereas, the parties hereto have agreed to negotiate a lease agreement whereby Lessee would be permitted to lease from Lessor 6,563 s.f. of the premises located at 201-203 Main Street Binghamton, New York (the "Leased Premises").

Now, therefore, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

1. Lessee shall, upon execution of this Option pay to the Lessor the sum of Seven Thousand Eight Hundred and no/100 (\$7,800.00) dollars, which sum shall be non-refundable.
2. Not later than August 31, 2015 (the "Option Deadline"), Lessee shall have the right to notify Lessor in writing (the "Lease Notice") of its intention to enter into a triple net lease agreement, with a base monthly rent of Four Thousand Six Hundred Forty-Eight and 79/100 (\$4,648.79) plus taxes, insurance, CAM (presently and approximately Two Thousand Two Hundred Forty-two and 35/100 [\$2,242.35] dollars per month, said sum to be periodically adjusted) for a total full monthly rental of Six Thousand Eight Hundred Ninety-one and 14/100 (\$6,891.14) dollars (the "Full Monthly Rental"). Time is of the essence as to the Lease Notice.
3. In the event that Lessor does not receive the Lease Notice before the Option Deadline this Option shall immediately become null, void and of no further force or effect and without the requirement of any further documentation by and between the parties.
4. Simultaneously with the Lease Notice, Lessee shall pay to Lessor an exercise fee in the amount of Seven Thousand Eight Hundred and no/100 (\$7,800.00) dollars which sum shall also be non-refundable.
5. Lessee shall have the option to extend the term of this Option on a month-to-month basis by paying to the Lessor the Full Monthly Rental (notwithstanding anything to the contrary contained herein) if the State of New York has not yet awarded the medical marihuana licenses by the Option Deadline until the earlier of:
  - a. the State of New York awards such licenses; or
  - b. a period of twelve (12) months (the "Extension Term").

All such payments shall be due on the 1<sup>st</sup> of each month during the Extension Term. Payments pursuant to this paragraph shall be late if not received by Lessor before the 5<sup>th</sup> of each month and Lessor shall be entitled to a late charge of five (5%) percent of such payment. Lessor shall notify Lessee of the default in payment and, upon Lessee's failure to cure the default within ten (10) days Lessee's rights under this Option shall terminate and this Option shall immediately become null, void and of no further force or effect and without the requirement of any further documentation by and between the parties.

6. The parties hereby agree to negotiate the terms of the Lease in good faith and such lease to contain such terms as are normally included in a lease for commercial premises, provided, however, that the Lease shall certainly include:
  - a. a provision whereby if Lessee does not use the facility to manufacture and/or dispense marihuana within the first year of the term of the Lease, Lessee will have the right to immediately terminate the Lease.
  - b. a provision which states: "The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with notification by certified mail of its intent to reenter the premises or to initiate dispossess proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease."
7. Lessor shall execute such further necessary and appropriate documents and do any and all such further actions as may be reasonably necessary to implement and carry out the intent of this Option provided all such actions and preparation of such documents shall be at no cost to Lessor.
8. Promptly following the execution of this Option and receipt of the payment at paragraph 1 herein, Lessor shall allow Lessee access to the Leased Premises for the purposes of having architectural plans prepared and other reasonable access to the Leased Premises to prepare its zoning applications and shall provide Lessee with plot survey of the Leased Premises (if Lessor has such a plot survey).
9. This Option shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.
10. Any claim or controversy arising out of or related to this Option (or the breach hereof), shall be construed in accordance with the internal laws, and not the law of conflicts, of the State of New York and shall be filed in a state or federal court of competent jurisdiction located within Broome County, New York.
11. This Option may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

12. In the event of a breach of this Option, the non-breaching party may pursue all rights and remedies at law or in equity.
13. All notices and other required communications (“Notices”) shall be in writing and shall be sent to the addresses set forth below. A party may change its address by sending Notice to the other party of the new address.

If to Lessee, to: Steven Weisman  
33 North LaSalle Street, Suite 3200  
Chicago, Illinois 60602  
Email: [steve@weismanbrothers.com](mailto:steve@weismanbrothers.com)

With a copy to: Steven Vegliante  
Montem Strategies, LLC  
449 Broadway  
Monticello, NY 12701  
Email: [steven@montemstrategies.com](mailto:steven@montemstrategies.com)

If to Lessor, to: 203 Main Street Realty Associates  
Attn: Brian Kradjian  
84 Court Street  
6<sup>th</sup> Floor  
Binghamton, New York 13901  
Email: [BrianK@KradjianProperties.com](mailto:BrianK@KradjianProperties.com)

Notices shall be given:

- a. by personal delivery to the other party;
- b. by registered or certified mail, return receipt requested; or
- c. by express courier (e.g. DHL, Federal Express, etc.).

Notices shall be effective and shall be deemed delivered:

- a. by personal delivery, on the date of the personal delivery;
- b. if by mail, on the date of receipt as stated on the return receipt; or
- c. if by express courier, on the date signed for or rejected as reflected in the courier's delivery log.

\* \* \* \* \*

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first written above.

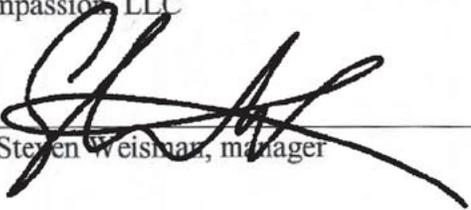
**LESSOR**

203 Main Street Realty Associates

By:  5-30-15  
Name: Brian Kradjian, its authorized signatory

**LESSEE**

NY Compassion LLC

By:   
Name: Steven Weisman, manager

Name \_\_\_\_\_

Account No. \_\_\_\_\_

70-2673/0719

DATE 5/31/15

PAY TO THE ORDER OF 201-203 Main Street Realty Associates

\$ 7,800<sup>00</sup>

Seven Thousand Eight Hundred <sup>00</sup>/<sub>100</sub> DOLLARS



**MILLENNIUM BANK**  
DES PLAINES, ILLINOIS 60018

NY Compassion, LLC

FOR Binghamton, Option

By [Signature]

MP

## OPTION TO ENTER INTO LEASE

This Option to Enter into Lease (“Option”) dated May 22<sup>nd</sup>, 2015 (the “Effective Date”), by and between Plattsgrow LLC, (“Lessor”) and NY Compassion, LLC (“Lessee”).

### RECITALS

Whereas the parties hereto have agreed to negotiate in the future an agreement whereby Lessee would be permitted to lease from Lessor the Premises located at 70 Hammond Lane, Plattsburgh, NY

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

1. Lessee shall pay to Lessor \$1000.00 in consideration for this Option.
2. Within ninety (90) days of the Effective Date (the “Option Deadline”), Lessee shall have the right to notify Lessor in writing (the “Lease Notice”) of its intention to enter into a lease agreement for the Leased Premises (the “Lease”) with monthly gross rent of \$9000.00. If Lessee provides such Lease Notice, Lessee shall pay to Lessor an exercise fee of \$18,000.00. In the event that Lessor does not receive the Lease Notice on or before the Option Deadline, this Option shall immediately become null, void and of no further force or effect, and without the requirement of any further documentation by and between the parties. Notwithstanding anything to the contrary contained herein, if the State of New York has not yet awarded the medical marihuana licenses by the Option Deadline, Lessee shall have the option to extend the term of this Option on a month to month basis by paying the full monthly rental price until such time as the State awards such licenses.
3. The parties hereby agree to negotiate the terms of the Lease in good faith; provided that the Lease shall include:
  - 3.1 a provision whereby if Lessee does not use the facility to manufacture and/or dispense marihuana within the first year of the term of the Lease, Lessee will have the right to immediately terminate the Lease.
  - 3.2 a provision which states: “The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with notification by certified mail of its intent to reenter the premises or to initiate dispossession proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease.”
4. Lessor shall execute such further documents and do any and all such further things as may be necessary to implement and carry out the intent of this Option.

5. Promptly following the execution of this Option, Lessor shall allow Lessee access to the Leased Premises for the purposes of having architectural plans prepared and other reasonable access to the Leased Premises to prepare its zoning applications and shall provide Lessee with plot survey of the Leased Premises.

6. This Option shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.

7. Any claim or controversy arising out of or related to this Option, or the breach hereof, shall be construed in accordance with the internal laws, and not the law of conflicts, of the State of New York, and shall be filed in a state or federal court of competent jurisdiction located within New York County, New York.

8. This Option may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

9. In the event of a breach of this Option, the non-breaching party may pursue all rights and remedies at law or in equity.

10. All notices and other required communications (“Notices”) shall be in writing, and shall be sent to the addresses set forth below. A party may change its address by sending Notice to the other party of the new address.

If to Lessee, to: Steven Weisman  
33 North LaSalle Street, Suite 3200  
Chicago, Illinois 60602  
Email: [steve@weismanbrothers.com](mailto:steve@weismanbrothers.com)

With a copy to:  
Steven Vegliante  
Montem Strategies, LLC  
449 Broadway  
Monticello, NY 12701  
Email: [steven@montemstrategies.com](mailto:steven@montemstrategies.com)

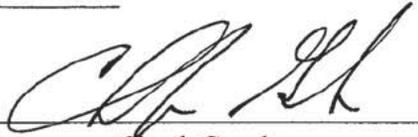
If to Lessor, to: Chuck Genck / Plattsgrow LLC  
c/o Thylan associates  
1 Summit Ct. , suite 103  
Fishkill ,N.Y. 12524

Notices shall be given: (a) by personal delivery to the other party; (b) by registered or certified mail, return receipt requested; or (c) by express courier (e.g. DHL, Federal Express, etc.). Notices shall be effective and shall be deemed delivered: (i) if by personal delivery, on the date of the personal delivery; (ii) if by mail, on the date of receipt as stated on the return receipt; or (iii) if by express courier, on the date signed for or rejected as reflected in the courier's delivery log.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first written above:

**LESSOR**

Plattsgrow LLC.

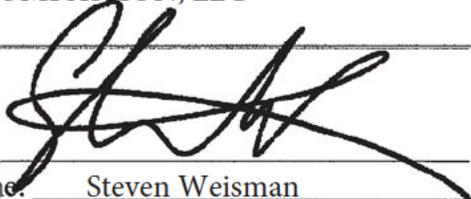
By: 

Name: Chuck Genck

Title: Member

**LESSEE**

NY COMPASSION, LLC

By: 

Name: Steven Weisman

Title: Manager



## OPTION TO ENTER INTO LEASE

This Option to Enter into Lease (“Option”) dated May 15, 2015 (the “Effective Date”), by and between Pierce Properties Enterprises, Inc. (“Lessor”) and NY Compassion, LLC (“Lessee”).

### RECITALS

Whereas the parties hereto have agreed to negotiate in the future an agreement whereby Lessee would be permitted to lease from Lessor the Premises located at 2427 Chanango Road, Utica, NY (the “Leased Premises”).

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

1. Lessee shall pay to Lessor \$1,000.00 in consideration for this Option.
2. Within six (6) months of the Effective Date (the “Option Deadline”), Lessee shall have the right to notify Lessor in writing (the “Lease Notice”) of its intention to enter into a lease agreement for the Leased Premises (the “Lease”) with monthly gross rent of \$1,850.00. If Lessee provides such Lease Notice, Lessee shall pay to Lessor an exercise fee of \$6,000.00. In the event that Lessor does not receive the Lease Notice on or before the Option Deadline, this Option shall immediately become null, void and of no further force or effect, and without the requirement of any further documentation by and between the parties. Notwithstanding anything to the contrary contained herein, if the State of New York has not yet awarded the medical marihuana licenses by the Option Deadline, Lessee shall have the option to extend the term of this Option on a month to month basis by paying the full monthly rental price until such time as the State awards such licenses.
3. The parties hereby agree to negotiate the terms of the Lease in good faith; provided that the Lease shall include:
  - 3.1 a provision whereby if Lessee does not use the facility to manufacture and/or dispense marihuana within the first year of the term of the Lease, Lessee will have the right to immediately terminate the Lease.
  - 3.2 a provision which states: “The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with notification by certified mail of its intent to reenter the premises or to initiate dispossess proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease.”
4. Lessor shall execute such further documents and do any and all such further things as may be necessary to implement and carry out the intent of this Option.

5. Promptly following the execution of this Option, Lessor shall allow Lessee access to the Leased Premises for the purposes of having architectural plans prepared and other reasonable access to the Leased Premises to prepare its zoning applications and shall provide Lessee with plot survey of the Leased Premises.

6. This Option shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.

7. Any claim or controversy arising out of or related to this Option, or the breach hereof, shall be construed in accordance with the internal laws, and not the law of conflicts, of the State of New York, and shall be filed in a state or federal court of competent jurisdiction located within New York County, New York.

8. This Option may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

9. In the event of a breach of this Option, the non-breaching party may pursue all rights and remedies at law or in equity.

10. All notices and other required communications ("Notices") shall be in writing, and shall be sent to the addresses set forth below. A party may change its address by sending Notice to the other party of the new address.

If to Lessee, to: Steven Weisman  
33 North LaSalle Street, Suite 3200  
Chicago, Illinois 60602  
Email: steve@weismanbrothers.com

If to Lessor, to: See Sig Page  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notices shall be given: (a) by personal delivery to the other party; (b) by registered or certified mail, return receipt requested; or (c) by express courier (e.g. DHL, Federal Express, etc.). Notices shall be effective and shall be deemed delivered: (i) if by personal delivery, on the date of the personal delivery; (ii) if by mail, on the date of receipt as stated on the return receipt; or (iii) if by express courier, on the date signed for or rejected as reflected in the courier's delivery log.

\* \* \* \* \*

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first written above:

**LESSOR**

By:   
Name: Richard I Pierce  
Title: Pres.  
Pierce Properties Enterprises, Inc

**LESSEE**

NY COMPASSION, LLC

By:   
Name: Steven Weisman  
Title: Manager

993

70-2573/719

PAY TO THE  
ORDER OF

*One Thousand*  
*Pierce Props Enterprises, Inc.*

DATE

*5/26/15*

\$ 1,000 00

DOLLARS



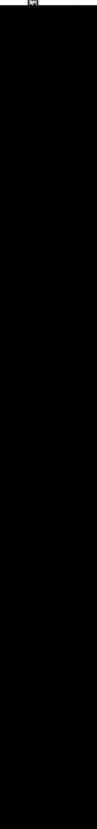
UNITED STATES FEDERAL RESERVE NOTE

**MILLENNIUM BANK**  
DES PLAINES, ILLINOIS 60016

*Mica*

*NY Compassion, LLC*  
*Eg*

*MP*



## OPTION TO ENTER INTO LEASE

This Option to Enter into Lease (“Option”) dated 5/15/15, 2015 (the “Effective Date”), by and between Watertown Center Development, LLC (“Lessor”) and NY Compassion, LLC (“Lessee”).

### RECITALS

Whereas the parties hereto have agreed to negotiate in the future an agreement whereby Lessee would be permitted to lease from Lessor the Premises located at 144 Eastern Boulevard, Watertown, NY (the “Leased Premises”).

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

1. Lessee shall pay to Lessor \$1000.00 in consideration for this Option.
2. Within ninety (90) days of the Effective Date (the “Option Deadline”), Lessee shall have the right to notify Lessor in writing (the “Lease Notice”) of its intention to enter into a lease agreement for the Leased Premises (the “Lease”) with monthly gross rent of \$2100.00. If Lessee provides such Lease Notice, Lessee shall pay to Lessor an exercise fee of \$6300.00. In the event that Lessor does not receive the Lease Notice on or before the Option Deadline, this Option shall immediately become null, void and of no further force or effect, and without the requirement of any further documentation by and between the parties. Notwithstanding anything to the contrary contained herein, if the State of New York has not yet awarded the medical marihuana licenses by the Option Deadline, Lessee shall have the option to extend the term of this Option on a month to month basis by paying the full monthly rental price until such time as the State awards such licenses.
3. The parties hereby agree to negotiate the terms of the Lease in good faith; provided that the Lease shall include:
  - 3.1 a provision whereby if Lessee does not use the facility to manufacture and/or dispense marihuana within the first year of the term of the Lease, Lessee will have the right to immediately terminate the Lease.
  - 3.2 a provision which states: “The landlord acknowledges that its rights of reentry into the premises set forth in this lease do not confer on it the authority to manufacture and/or dispense on the premises medical marihuana in accordance with article 33 of the Public Health Law and agrees to provide the New York State Department of Health, Mayor Erastus Corning 2nd Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, N.Y. 12237, with notification by certified mail of its intent to reenter the premises or to initiate dispossession proceedings or that the lease is due to expire, at least 30 days prior to the date on which the landlord intends to exercise a right of reentry or to initiate such proceedings or at least 60 days before expiration of the lease.”
4. Lessor shall execute such further documents and do any and all such further things as may be necessary to implement and carry out the intent of this Option.

5. Promptly following the execution of this Option, Lessor shall allow Lessee access to the Leased Premises for the purposes of having architectural plans prepared and other reasonable access to the Leased Premises to prepare its zoning applications and shall provide Lessee with plot survey of the Leased Premises.

6. This Option shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.

7. Any claim or controversy arising out of or related to this Option, or the breach hereof, shall be construed in accordance with the internal laws, and not the law of conflicts, of the State of New York, and shall be filed in a state or federal court of competent jurisdiction located within New York County, New York.

8. This Option may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same instrument.

9. In the event of a breach of this Option, the non-breaching party may pursue all rights and remedies at law or in equity.

10. All notices and other required communications ("Notices") shall be in writing, and shall be sent to the addresses set forth below. A party may change its address by sending Notice to the other party of the new address.

If to Lessee, to: Steven Weisman  
33 North LaSalle Street, Suite 3200  
Chicago, Illinois 60602  
Email: [steve@weismanbrothers.com](mailto:steve@weismanbrothers.com)

With a copy to:  
Steven Vegliante  
Montem Strategies, LLC  
449 Broadway  
Monticello, NY 12701  
Email: [steven@montemstrategies.com](mailto:steven@montemstrategies.com)

If to Lessor, to: Watertown Center Development LLC  
Post Office Box 684  
New Hartford, NY 13413  
Email: [Randy@soggs.com](mailto:Randy@soggs.com)

Notices shall be given: (a) by personal delivery to the other party; (b) by registered or certified mail, return receipt requested; or (c) by express courier (e.g. DHL, Federal Express, etc.). Notices shall be effective and shall be deemed delivered: (i) if by personal delivery, on the date of the personal delivery; (ii) if by mail, on the date of receipt as stated on the return receipt; or (iii) if by express courier, on the date signed for or rejected as reflected in the courier's delivery log.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first written above:

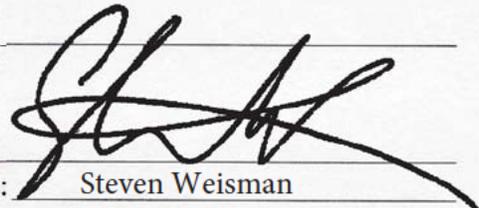
**LESSOR**

Watertown Center Development LLC

By:   
Name: Randolph B. Soggs  
Title: Authorized Representative

**LESSEE**

NY COMPASSION, LLC

By:   
Name: Steven Weisman  
Title: Manager

992

70-2673/719

DATE 5/26/15

PAY TO THE ORDER OF Watertown Center Development, LLC

\$ 6000.00

One Thousand <sup>00/100</sup> 00 DOLLARS

SAFE DEPOSIT BOX AVAILABLE

**MILLENNIUM BANK**  
DES PLAINES, ILLINOIS 60016

NY Compression, LLC

Watertown

FOR 

MP

# **NEW YORK COMPASSIONATE CARE**



## **OPERATING PLAN**





























































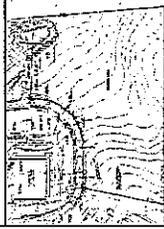


## **EXHIBIT 1A – FACILITY PLANS**









NORTH ↑  
 AREA OF WORK □



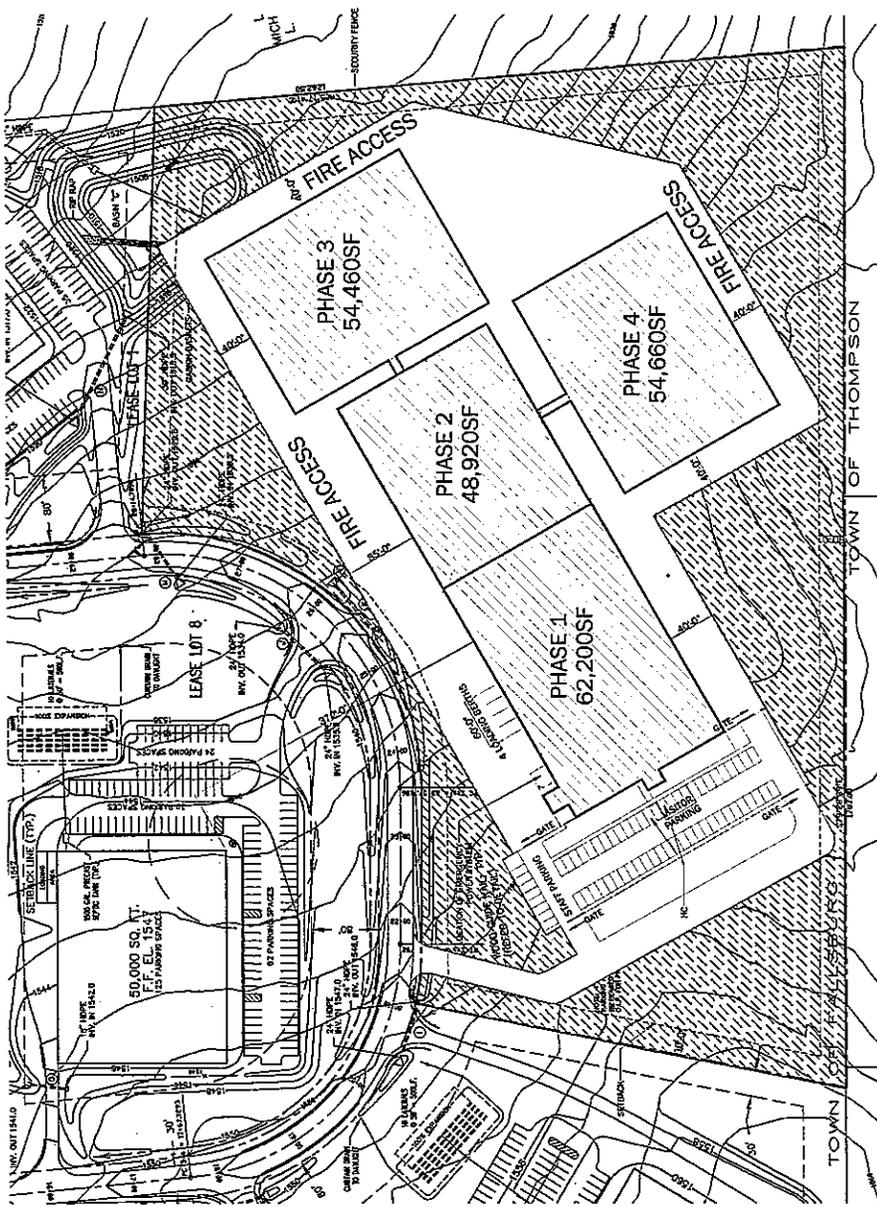
PROJECT NAME:  
 NY COMPASSION  
 CULTIVATION CENTER  
 510 WILD TURNPIKE  
 MOUNTAIN DALE, NY 12763

DATE: 08/15/13  
 SHEET: 08/15/13  
 PROJECT: NY COMPASSION CULTIVATION CENTER

SITE PLAN - OVERALL  
 NOT FOR CONSTRUCTION

SCALE: 1" = 100'

**A-100.00**  
 1 of 13



**SITE PLAN - 510 WILD TURNPIKE, MOUNTAIN DALE, NY**  
 LOT 1 IN MOUNTAIN DALE, SULLIVAN COUNTY, NY  
 ZONING: INDUSTRIAL



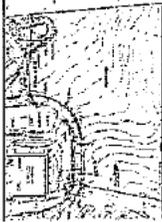
**UTILITY SIZING**

ELECTRICAL SERVICE: PHASE 1 TOTAL ESTIMATED CONNECTED ELECTRICAL LOAD - 10,000VA, 480V, 3PHASE  
 NATURAL GAS SERVICE: PHASE 1 TOTAL ESTIMATED CONNECTED GAS LOAD - 14,500 CU FT/HR AT 5LB DELIVERY PRESSURE  
 WATER SERVICE: PHASE 1 ESTIMATED WATER LOAD - 1,500 GALLONS PER WEEK



**BRDesign**  
ARCHITECTURAL  
200 West Street, Suite 400, NYC 10011  
P: 212.249.1177 F: 212.249.1181

NO. 1  
DATE 08/11/10  
DESCRIPTION  
GENERAL MECHANICAL EQUIPMENT



NORTH  
NEW YORK

**NEW YORK**  
COMPASSIONATE CARE

PROJECT NAME  
NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12763

DATE 08/11/10  
SCALE 1/8" = 1'-0"  
DRAWN BY  
CHECKED BY  
DATE

CONSTRUCTION PLAN - OVERALL  
NOT FOR CONSTRUCTION

DATE

A-101.00  
2 of 23

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



**BRDesign**

225 WEST 34TH STREET, 11TH FLOOR  
NEW YORK, NY 10018  
PHONE: (212) 512-1000

DATE: 03/11/13  
DESCRIPTION: DETAILS: FOUNDATION/FOUNDATION



↑ NORTH  
AS SHOWN

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME:

NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12783

DATE: 03/11/13  
SCALE: 1/4" = 1'-0"  
DRAWN BY: [REDACTED]

CONSTRUCTION PLAN-PHASE 1  
NOT FOR CONSTRUCTION

SCALE:

**A-102.00**

3 of 33

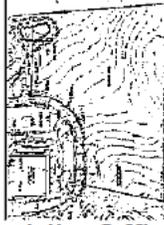
Redacted pursuant to N.Y. Public Officers Law, Art. 6



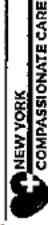
**BRDesign**

325 WINDY BROOK ROAD, NYC 10023  
P 212.241.1381 / F 212.251.6661

NO. REV. DATE DESCRIPTION  
1 16 JUL 16 REDRAWN FOR CONSTRUCTION



NORTH  
SCALE OF FEET



PROJECT NAME

NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12760

DATE: 10/1/16  
DRAWN BY: [REDACTED]  
CHECKED BY: [REDACTED]

CONSTRUCTION PLAN-PHASE 2  
NOT FOR CONSTRUCTION

SCALE

A-103.00

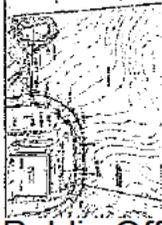
4 of 13

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



**BRDesign**  
200 Spring Street, Suite 501, NYC 10013  
PH: 212.696.7133 FAX: 212.696.7134

No.	REV	DATE	DESCRIPTION
1		08/21/18	ISSUED FOR BIDDING APPLICATION



SECTION ↑  
AREA OF WORK □

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
**NY COMPASSION  
CULTIVATION CENTER  
610 WILD TURNPIKE  
MOUNTAIN DALE, NY 12783**

DATE: 08/21/18  
DRAWN BY: [Redacted]  
CHECKED BY: [Redacted]  
SCALE: 1/8" = 1'-0"

**CONSTRUCTION PLAN - PHASE 3**  
NOT FOR CONSTRUCTION

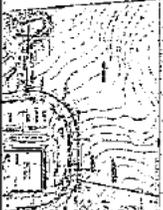
NO. **A-104.00**  
6 of 13

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



**BRDesign**  
220 West 34th Street, 4th Floor, NYC 10018  
PH: 212.693.7777 FAX: 212.693.7777

DATE: 08/13/2013  
DESCRIPTION: CONSTRUCTION PLAN - PHASE 4  
NOT FOR CONSTRUCTION



NORTH ↑  
GRAPHIC SCALE

**NEW YORK**  
COMPASSIONATE CARE

PROFESSIONAL  
NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12783

DATE: 08/13/2013  
DRAWN BY: [Redacted]  
CHECKED BY: [Redacted]  
SCALE: 1/8" = 1'-0"

CONSTRUCTION PLAN - PHASE 4  
NOT FOR CONSTRUCTION

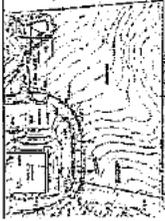
NO. 105  
A-105.00  
8/13/2013

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



**BRDesign**  
333 Broadway, Suite 801, NYC 10013  
P: 212.583.1723 E: BRD@BRD.COM

NY DEC 14 2013  
MOUNTAIN DALE



NORTH  
ALSO PLOTTED

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME

NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12769

DATE: 12/14/13  
SCALE: 1/8" = 1'-0"  
DRAWN BY: [REDACTED]

EXTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

DATE: 12/14/13

**A-200.00**  
7 of 25

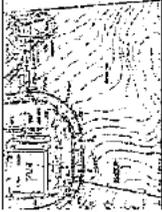
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**BRDesign**

333 JARDIN DRIVE  
MOUNTAIN DALE, NY 12763  
PHONE: 518-338-7100  
FAX: 518-338-7101

NO. REV. DATE DESCRIPTION  
1 1 08/15/10 08/15/10 08/15/10 08/15/10 08/15/10 08/15/10



NORTH  
AREA OF RECORD

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
NY COMPASSION  
CULTIVATION CENTER  
810 WILD TURNPIKE  
MOUNTAIN DALE, NY 12763

DATE: 08/15/10  
SCALE: 1/8" = 1'-0"  
DRAWN BY: [Redacted]  
CHECKED BY: [Redacted]

DETAILS  
NOT FOR CONSTRUCTION

SCALE

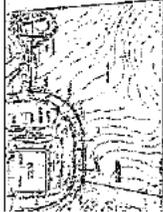
**A-300.00**  
8.04.13

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



**BRDesign**  
230 Grand Street, 6th Fl., NYC, NY 10013  
P: 212.254.1111 F: 212.254.1111

NO.	REV.	DATE	DESCRIPTION
1			ISSUED FOR PERMITS



NORTH  
NEW YORK

**NEW YORK**  
COMPASSIONATE CARE

NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12703

SCALE: 1/8" = 1'-0"  
DATE: 08/14/18  
DRAWN BY: [REDACTED]

INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

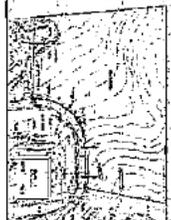
NO. 1  
**A-500.00**  
9.00.23

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



**BRDesign**  
212 8th Street, Suite 201, NYC, NY 10013  
P: 212.858.1111 / F: 212.858.1111

NO. 104  
DATE 08/11/15  
PROJECT INTERIOR ELEVATIONS



NORTH  
AREA OF WORK

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12709

DATE 08/11/15  
SCALE 1/8" = 1'-0"  
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CHECKED BY [redacted]

INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

DATE  
A-501.00  
30 of 45

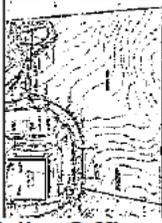
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**BRDesign**

84 West 10th Street  
New York, NY 10011  
Phone: (212) 677-1234

DATE: 08/15/13  
DRAWN BY: J. SMITH  
CHECKED BY: M. JONES



NORTH ↑  
AREA OF WORK □

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
**NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12783**

DATE: 08/15/13  
SCALE: 1/8" = 1'-0"  
SHEET NO.: 13

**INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION**

DATE: 08/15/13

**A-502.00**

11 of 13

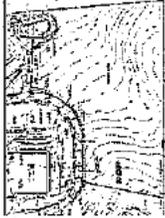
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**BRDesign**

BRDesign  
225 W. 42nd Street, 12th Floor  
New York, NY 10036  
Tel: (212) 693-1234  
Fax: (212) 693-1234

No. 101 Date 08/15/15 Description APPLICATION  
1



NORTH  
AREA OF WORK

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME

NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12783

DATE  
DRAWN BY  
CHECKED BY  
APPROVED BY

INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

DATE

DESCRIPTION

A-503.00

13 of 15

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



**BRDesign**  
223 North Street, Suite 200  
P.O. Box 1000  
P.O. Box 1000  
P.O. Box 1000

NO. REV. DATE DESCRIPTION  
1. 08.15.18 REVISIONS FOR PERMITS



NORTH ↑  
SCALE OF PLOT

**NEW YORK**  
**COMPASSIONATE CARE**

PROJECT NAME  
NY COMPASSION  
CULTIVATION CENTER  
510 WILD TURNPIKE  
MOUNTAIN DALE, NY 12763

DATE: 08.15.18  
SCALE: 1/8" = 1'-0"  
DRAWN BY: [REDACTED]  
CHECKED BY: [REDACTED]

INTERIOR ELEVATIONS  
NOT FOR CONSTRUCTION

SCALE

A-504.00  
13 of 25

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

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

This document should be exempt from disclosure under FOIL as it contains information about the Company's trade secrets and critical infrastructure.

This document should be exempt from disclosure under FOIL as it contains information about the Company's trade secrets and critical infrastructure.

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This document should be exempt from disclosure under FOIL as it contains information about the Company's trade secrets and critical infrastructure.















































## **EXHIBIT 3A – DISPENSING FACILITY FLOOR PLANS**



**BRDesign**

BR Design Associates, LLC  
220 Spring Street, Suite 601, NYC 10013  
P 212.626.8661 / F 212.534.6961



NORTH



**NEW YORK  
COMPASSIONATE CARE**

PROJECT NAME  
**NY COMPASSION  
DISPENSARY  
2427 CHENANGO  
UTICA, NY 13502**

DATE: 03.15.18  
SCALE: 1/8" = 1'-0"  
DRAWN BY: JLD  
CHECKED BY: JLD

**FLOOR PLAN**

REVISIONS

**CONSTRUCTION LEGEND:**

-  INDICATES NEW 1-HOUR FIRE RATED (UL OR ETV 159) GYM WALL, INTERIOR PARTITION TO MATCH EXISTING, UNLESS OTHERWISE NOTED.
-  INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR PARTITION TO MATCH EXISTING, UNLESS OTHERWISE NOTED TO ACQUIRE TO COMPLY WITH LOCAL JURISDICTION.
-  INDICATES NEW FIRE RATED INTERIOR PARTITION, ALL INTERIOR PARTITIONS TO BE 1/2" GYP BOARD (UL OR ETV 159).
-  INDICATES NEW FIRE ENGINEERED WALK WALL.
-  INDICATES EXISTING GLAZING PARTITION TO BE LAMINATED WITH (2) LAYERS 1/2" FIRE CODE G OVP ID IN EACH SIDE TO ACHIEVE 2 HR FIRE RATING.

**SITE PHOTOS:**

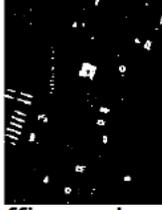


INDICATES SECURITY CAMERA LOCATION  
ALL DOORS TO BE FPG-2 HOUR FIRE RATED HOLLOW METAL



**BRDesign**

BR Design Associates, LLC  
232 Spring Street, Suite 801, NYC 10013  
P: 212.224.8868 / F: 212.224.1801



NORTH

NEW YORK  
COMPASSIONATE CARE

PROJECT NAME  
NY COMPASSION  
DISPENSARY  
144 EASTERN BLVD.  
WATERTOWN, NY 13601

DATE: 08.28.15 DRAWN BY: CA  
SCALE: 1/4" = 1'-0" CHECKED BY: AH  
DRAWING TITLE

FLOOR PLAN

AREA: \_\_\_\_\_

DATE: \_\_\_\_\_

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

CONSTRUCTION LEGEND:

- INDICATES NEW 1-HOUR FIRE RATED (UL One Hour) BRICK WALL INTERIOR PARTITION TO MATCH EXISTING UNLESS OTHERWISE NOTED.
- INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR PARTITION, OR INTERIOR PARTITION TO BE RECONSTRUCTED TO ACHIEVE REQUIRED 1-HOUR FIRE RATING.
- INDICATES NEW 1-HOUR FIRE RATED (UL One Hour) INTERIOR PARTITIONS TO BE 1-HOUR FIRE RATED (UL One Hour).
- INDICATES NEW PRECONCRETED VIBRANT WALL.
- INDICATES EXISTING BROWNING PARTITION TO BE LAMINATED WITH (2) LAYERS FIRE CODE C DWP WITHIN EACH SIDE TO ACHIEVE 2-HR FIRE RATING.

SITE PHOTOS:



INDICATES EGRESS CAUSALY LOCATION  
ALL DOORS TO BE FIRE 2-HOUR FIRE RATED FOLLOWING MEFC.





**BRDesign**

BR Design Associates, LLC  
233 Spring Street, Suite 601, NYC 10013  
P: 212.524.0668 / F: 212.524.0601



KOREFI

**NEW YORK**  
COMPASSIONATE CARE

PROJECT NAME  
**NY COMPASSION  
DISPENSARY**  
70 HAMMOND LANE  
PLATTSBURGH, NY 12901

DATE: 08.22.18  
SCALE: 1/8" = 1'-0"  
DRAWN BY: JTB  
CHECKED BY: JTB

**FLOOR PLAN**

SCALE: 1/8" = 1'-0"

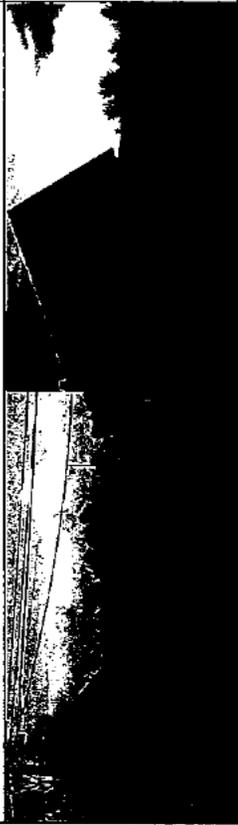
Redacted pursuant to N.Y. Public Officers Law, Art. 6

**CONSTRUCTION LEGEND:**

- INDICATES NEW 1 HOUR FIRE RATED UL DOOR (UL DOOR WALL IN TERRITORY) TO MATCH EXISTING, UNLESS OTHERWISE NOTED.
- INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR PARTITION, OR INTERIOR PARTITION TO BE MATCHED TO EXISTING MASONRY. (MASONRY PARTITIONS TO BE 3 HOUR FIRE RATED UL DOOR)
- INDICATES NEW/EXISTING RECESSED INTERIOR PARTITION, INTERIOR PARTITION TO BE 3 HOUR FIRE RATED UL DOOR.
- INDICATES NEW/EXISTING ENGINEERED VAULT WALL.
- INDICATES EXISTING RECESSED PARTITION TO BE UNLATERATED WITH (2) LAYERS FIRE CODE C TOP BD IN EACH SIDE TO ACHIEVE 2 HR FIRE RATING.

INDICATES SECURITY CAMERA LOCATION  
ALL DOORS TO BE FIPS 3 HOUR FIRE RATED HOLLOW METAL

**SITE:**





**BRDesign**  
 100 W. 42nd Street, 11th Floor  
 New York, NY 10018  
 P: 212.684.8888 F: 212.684.1931



NORTH

NEW YORK  
 COMPASSIONATE CARE

PROJECT NAME  
**NY COMPASSION  
 DISPENSARY**  
 201 MAIN ST  
 BINGHAMTON, NY 13905

DATE	NO. OF SHEETS	DATE	NO. OF SHEETS
SCALE	NO. OF SHEETS	SCALE	NO. OF SHEETS
APPROVED	APPROVED	APPROVED	APPROVED
DESIGNED BY	DESIGNED BY	DESIGNED BY	DESIGNED BY

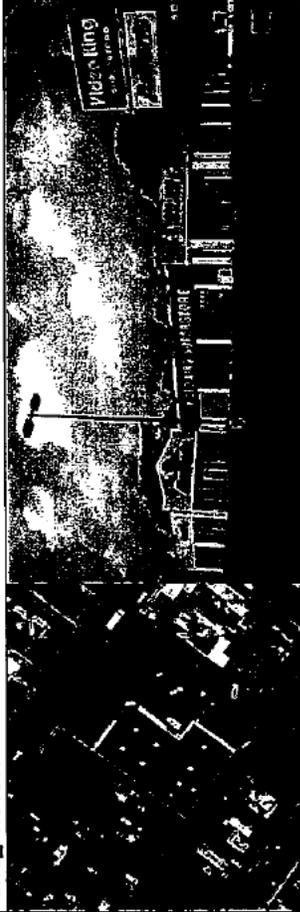
**FLOOR PLAN**

SCALE

ENVIRONMENTAL

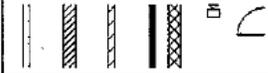
Redacted pursuant to N.Y. Public Officers Law, Art. 6

SITE PHOTOS:



**CONSTRUCTION NOTES**

- INDICATES NEW LAYER OF FIRE RATED GLASS (AS PER MANUFACTURER'S INSTRUCTIONS) TO MATCH EXISTING UNLESS OTHERWISE NOTED.
- INDICATES EXISTING MASONRY EXTERIOR PARTITION, INTERIOR TO BE LAMINATED W/ 2" LAYERS FIRE CODE 207.50 TO ACHIEVE REQUIRED FIRE RATING (1-HOUR MINIMUM).
- INDICATES NEW REINFORCED "SECURE" INTERIOR PARTITION, ALL INTERIOR PARTITIONS TO BE 2-HOUR FIRE RATED (UL OR ULS).
- INDICATES NEW PRE-ENGINEERED WALL.
- INDICATES EXISTING BEARING PARTITION TO BE LAMINATED W/ 2" LAYERS FIRE CODE 207.50 TO ACHIEVE REQUIRED FIRE RATING (1-HOUR MINIMUM).
- INDICATES SECURITY CAMERA LOCATION.
- ALL DOORS TO BE 1 1/2 HOUR FIRE RATED / YELLOW METAL.



























































































































































































































































































































































This document should be exempt from disclosure under FOIL as it contains information about the Company's trade secrets and critical infrastructure.





















## **ATTACHMENT E**

This attachment contains copies of the organizational and operational documents of the Company, pursuant to 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.

# ACKNOWLEDGEMENT COPY

## ARTICLES OF ORGANIZATION OF NY Compassion, LLC

Under Section 203 of the Limited Liability Company Law

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age, and acting as the organizer of the limited liability company hereby being formed under Section 203 of the Limited Liability Company Law of the State of New York certifies that:

**FIRST:** The name of the limited liability company is:

**NY Compassion, LLC**

**SECOND:** To engage in any lawful act or activity within the purposes for which limited liability companies may be organized pursuant to Limited Liability Company Law provided that the limited liability company is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency, or other body without such consent or approval first being obtained.

**THIRD:** The county, within this state, in which the office of the limited liability company is to be located is NEW YORK.

**FOURTH:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Steven Weisman  
33 North LaSalle Street  
Suite 3200  
Chicago, IL 60602

**FIFTH:** The limited liability company designates the following as its registered agent upon whom process against it may be served within the State of New York is:

Daniel Reich  
200 East 58th Street  
Suite 15B  
New York, NY 10022

**SIXTH:** The limited liability company shall have a perpetual existence.

**SEVENTH:** The limited liability company shall defend, indemnify and hold harmless all members, managers, and former members and managers of the limited liability company against expenses (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claims, causes of action, demands, damages, liabilities of the limited liability company, and any pending or threatened action, suit, or proceeding. Such indemnification shall be made to the fullest extent permitted by the laws of the State of New York, provided that such acts or omissions which gives rise to the cause of action or proceedings occurred while the Member or Manager was in performance of his or her duties for the limited liability company and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, heirs, executors, and the administrators of any such person.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Steven Weisman, Member (signature)

---

Steven Weisman , ORGANIZER  
33 North LaSalle Street  
Suite 3200  
Chicago, IL 60602

**Filed by:**  
Steven Weisman  
33 North LaSalle Street  
Suite 3200  
Chicago, IL 60602

ONLINE FILING RECEIPT

=====

ENTITY NAME: NY COMPASSION, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: NEW

=====

FILED:05/12/2015 DURATION:\*\*\*\*\* CASH#:150512010150 FILE#:150512010150  
DOS ID:4757238

FILER:

EXIST DATE

-----  
STEVEN WEISMAN  
33 NORTH LASALLE STREET  
SUITE 3200  
CHICAGO, IL 60602

-----  
05/12/2015

ADDRESS FOR PROCESS:

-----  
STEVEN WEISMAN  
33 NORTH LASALLE STREET  
SUITE 3200  
CHICAGO, IL 60602

REGISTERED AGENT:

-----  
DANIEL REICH  
200 EAST 58TH STREET  
SUITE 15B  
NEW YORK, NY 10022



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov) to provide an email address to receive an email notification when the Biennial Statement is due.

=====

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*  
SERVICE CODE: 00

FEE:	200.00	PAYMENTS	200.00
	-----		-----
FILING:	200.00	CHARGE	200.00
TAX:	0.00	DRAWDOWN	0.00
PLAIN COPY:	0.00		
CERT COPY:	0.00		
CERT OF EXIST:	0.00		

=====

DOS-1025 (04/2007)

Authentication Number: 1505120150 To verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>



[Home](#)

[Home](#) [Articles of Organization for a Domestic Limited Liability Company - Confirmation](#)

**Confirmation page**

Your document has been submitted for filing.

DOS ID : 4757238  
Entity Name : NY Compassion, LLC  
File Number : 150512010150

A filing acknowledgement will be emailed to you at the email address you provided. If you have any questions or if you do not receive your filing acknowledgement, please contact the Department of State at [eCorps@dos.ny.gov](mailto:eCorps@dos.ny.gov) .

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**LIMITED LIABILITY COMPANY OPERATING AGREEMENT**  
**NY COMPASSION, LLC**

THIS OPERATING AGREEMENT (this “Agreement”) is made and entered into May 12, 2015, by and among the persons listed on Schedule 1 (collectively referred to herein as the “Members”).

**ARTICLE I**  
**THE LIMITED LIABILITY COMPANY**

Section 1.01 Formation. On May 12, 2015 (the “Commencement Date”), the Members formed a limited liability company under the name NY Compassion, LLC (the “Company”) on the terms and conditions in this Agreement and pursuant to the Limited Liability Company Act (the “Act”) of the New York (the “State”). The Members agree to file with the appropriate agency within the State charged with processing and maintaining such records all documentation required for the formation of the Company. The rights and obligations of the parties are as provided in the Act except as otherwise expressly provided in this Agreement.

Section 1.02 Name. The business of the Company will be conducted under the name NY Compassion, LLC, or such other name as the Manager may determine.

Section 1.03 Purpose. The purpose of the Company is to engage in any lawful act or activity for which a Limited Liability Company may be formed within the State, including the purchase and sale of cannabis pursuant to State law.

Section 1.04 Office. The Company will maintain its principal business office at the following address: 33 North LaSalle Street, Suite 3200, Chicago, IL 60602.

Section 1.05 Registered Agent. The Company shall maintain a registered agent within the State.

Section 1.06 Term. The term of the Company commences on the Commencement Date and shall continue perpetually unless sooner terminated as provided in this Agreement.

Section 1.07 Names and Addresses of Members. The Members’ names and addresses are recorded on Schedule 1.

Section 1.08 Admission of Additional Members. Except as otherwise expressly provided in this Agreement, no additional members may be admitted to the Company through issuance by the company of a new interest in the Company without the prior unanimous written consent of the Members.

**ARTICLE II**  
**CAPITAL CONTRIBUTIONS**

Section 2.01 Initial Contributions. The Members initially shall contribute capital to the Company as described in Schedule 2 attached hereto.

Section 2.02 Additional Contributions. No Member shall be obligated to make any additional contribution to the Company's capital without the prior unanimous written consent of the Members.

Section 2.03 No Interest on Capital Contributions. Members are not entitled to interest or other compensation for or on account of their capital contributions to the Company except to the extent, if any, expressly provided in this Agreement.

Section 2.04 New Members. Upon written consent of the Members holding a majority of the Interest in the Company, the Company shall admit new members to the Company on such terms as agreed to in writing by the Members holding a majority of the Interest in the Company, it being understood that such new members may dilute the relative Interest of the existing Members.

**ARTICLE III**  
**ALLOCATION OF PROFITS AND LOSSES; DISTRIBUTIONS**

Section 3.01 Profits/Losses. For financial accounting and tax purposes, the Company's net profits or net losses shall be determined on an annual basis and shall be allocated to the Members in proportion to each Member's relative Interest in the Company as set forth in Schedule 2 as amended from time to time in accordance with U.S. Department of the Treasury Regulation 1.704-1.

Section 3.02 Distributions. The Manager shall determine and distribute available funds in his or her sole discretion. Available funds, as referred to herein, shall mean the net cash of the Company available after appropriate provision for expenses and liabilities, as determined by the Manager. Distributions in liquidation of the Company or in liquidation of a Member's Interest shall be made in accordance with the positive capital account balances pursuant to U.S. Department of the Treasury Regulation 1.704.1(b)(2)(ii)(b)(2). To the extent a Member shall have a negative capital account balance, there shall be a qualified income offset, as set forth in U.S. Department of the Treasury Regulation 1.704.1(b)(2)(ii)(d).

Section 3.03 Tax Distributions. Notwithstanding anything contained in Section 3.02 and to the extent the Company has available funds, the Company shall make distributions to the Members to meet their tax obligations.

Section 3.04 No Right to Demand Return of Capital. No Member has any right to any return of capital or other distribution except as expressly provided in this Agreement. No Member has any drawing account in the Company.

**ARTICLE IV  
INDEMNIFICATION**

Section 4.01 Indemnification. The Company shall indemnify any person who was or is a party defendant or is threatened to be made a party defendant, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that he or she is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding if such person acted in good faith and in a manner reasonably believed to be in or not opposed to the best interest of the Company, and with respect to any criminal action proceeding, has no reasonable cause to believe his or her conduct was unlawful (exclusive of laws pertaining directly to the legality of medical or recreation cannabis). The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of "no lo Contendere" or its equivalent, shall not in itself create a presumption that the person did or did not act in good faith and in a manner which he or she reasonably believed to be in the best interest of the Company, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his or her conduct was lawful

**ARTICLE V  
POWERS AND DUTIES OF MANAGERS**

Section 5.01 Management of Company.

- (a) The initial manager shall be Steven Weisman (the "Manager").
- (b) The Manager shall, within the authority granted by the Act and the terms of this Agreement, have the complete power and authority to manage and operate the Company and make all decisions affecting its business and affairs. Except as otherwise provided in this Agreement, all decisions and documents relating to the management and operation of the Company shall be made and executed by the Manager.
- (c) Third parties dealing with the Company shall be entitled to rely conclusively upon the power and authority of a Manager to manage and operate the business and affairs of the Company.
- (d) The Members shall be entitled to replace the Manager upon a vote of the Members holding two-thirds (66.66%) of the Interest in the Company,

Section 5.02 Decisions by Members. Whenever in this Agreement reference is made to the decision, consent, approval, judgment, or action of the Members, unless otherwise expressly provided in this Agreement, such decision, consent, approval, judgment, or action shall mean the Members holding a majority of the Interest in the Company.

Section 5.03 Withdrawal by a Member. A Member has no power to withdraw from the Company, except as otherwise provided in Article VIII.

**ARTICLE VI**  
**SALARIES, REIMBURSEMENT, AND PAYMENT OF EXPENSES**

Section 6.01 Organization Expenses. All expenses incurred in connection with organization of the Company will be paid by the Company.

Section 6.02 Salary. No salary will be paid to a Member for the performance of his or her duties under this Agreement unless the salary has been approved in writing by the Members.

Section 6.03 Legal and Accounting Services. The Company may obtain legal and accounting services to the extent reasonably necessary for the conduct of the Company's business. The Manager shall be entitled to select such service providers in the Manager's sole discretion.

**ARTICLE VII**  
**BOOKS OF ACCOUNT, ACCOUNTING REPORTS, TAX RETURNS, FISCAL YEAR, BANKING**

Section 7.01 Method of Accounting. The Company will use the method of accounting previously determined by the Manager in conjunction with the Company's accountant for financial reporting and tax purposes.

Section 7.02 Fiscal Year; Taxable Year. The fiscal year and the taxable year of the Company is the calendar year.

Section 7.03 Capital Accounts. The Company will maintain a capital account for each Member on a cumulative basis in accordance with federal income tax accounting principles.

Section 7.04 Banking. All funds of the Company will be deposited in a separate bank account or in an account or accounts of a savings and loan association in the name of the Company as determined by the Manager. To the extent possible, the Company's funds will be invested or deposited with an institution, the accounts or deposits of which are insured or guaranteed by an agency of the United States government.

**ARTICLE VIII**  
**TRANSFER OF MEMBERSHIP INTEREST**

Section 8.01 Sale or Encumbrance Prohibited. Except as otherwise permitted in this Agreement, no Member may voluntarily or involuntarily transfer, sell, convey, encumber, pledge, assign, or otherwise dispose of (collectively, "Transfer") such Member's interest in the Company (the "Interest") without the prior written consent of the non-transferring members holding a majority of the non-transferring Interest in the Company

Section 8.02 Drag-Along. Notwithstanding Section 8.01, if the Members holding a majority of the Interest in the Company approve a proposed sale of the Company to a third party (whether structured as a merger, reorganization, asset sale or otherwise), the remaining Members shall agree to approve the proposed sale on the same terms and without delay. If the remaining Members fail or refuse to execute any instrument required for such sale of the Company, the Manager is hereby granted the irrevocable power of attorney which, it is agreed, is coupled with an interest, to execute and deliver on behalf of the failing or refusing Members all instruments required to be executed and delivered by the failing or refusing Members.

Section 8.03 Substituted Parties. Any permitted transfer in which the Transferee becomes a new member of the Company shall not be effective unless and until:

- (a) The transferor and assignee execute and deliver to the Company the documents and instruments of conveyance necessary or appropriate in the opinion of counsel to the Company to effect the transfer and to confirm the agreement of the permitted assignee to be bound by the provisions of this Agreement;
- (b) The transferor furnishes to the Company an opinion of counsel, satisfactory to the Company, that the transfer will not cause the Company to terminate for federal income tax purposes or that any termination is not adverse to the Company or the other Members; and
- (c) The transferor furnishes to the Company an opinion of counsel, satisfactory to the Company, that the transfer will not cause the Company to forfeit any licenses or permits held by the Company.

Section 8.04 Death, Incompetency, or Bankruptcy of Member. On the death, adjudicated incompetence, or bankruptcy of a Member, unless the Company exercises its rights under 0, the successor in interest to the Member (whether an estate, bankruptcy trustee, or otherwise) will receive only the economic right to receive distributions whenever made by the Company and the Member's allocable share of taxable income, gain, loss, deduction, and credit (the "Economic Rights") unless and until the Members holding a majority of the Interest in the Company admit the transferee as a fully substituted Member in accordance with the provisions of Section 8.03.

Any transfer of Economic Rights pursuant to this Section 8.04 will not include any right to participate in management of the Company, including any right to vote, consent to, and will not include any right to information on the Company or its operations or financial condition. Following any transfer of only the Economic Rights of a Member's Interest in the Company, the transferring Member's power and right to vote or consent to any matter submitted to the Members will be eliminated, and the Interests of the remaining Members, for purposes only of such votes, consents, and participation in management, will be proportionately increased until such time, if any, as the transferee of the Economic Rights becomes a fully substituted Member.

Section 8.05 Death Buy Out. Notwithstanding the foregoing provision of Article VIII, the Members covenant and agree that on the death of any Member, the Company, at its option, by

providing written notice to the estate of the deceased Member within 180 days of the death of the Member, may purchase, acquire, and redeem the Interest of the deceased Member in the Company. The value of such deceased Member's interest shall be determine either by:

- (a) Mutual agreement of the surviving Members and the personal representative of the estate of the deceased Member; or
- (b) If the parties cannot reach an agreement on the value within 30 days after the appointment of the personal representative of the deceased Member, then the surviving Members and the personal representative each must select a qualified appraiser within the next succeeding 30 days. The appraisers so selected must attempt to determine the value of the Interest owned by the decedent at the time of death based solely on their appraisal of the total value of the Company's assets and the amount the decedent would have received had the assets of the Company been sold at that time for an amount equal to their fair market value and the proceeds (after payment of all Company obligations) were distributed in the manner contemplated in Article IX. The appraisal may not consider and discount for the sale of a minority Interest in the Company. In the event the appraisers cannot agree on the value within 30 days after being selected, the two appraisers must, within 30 days, select a third appraiser. The value of the Interest of the decedent in the Company and the purchase price of it will be the average of the two appraisals nearest in amount to one another. That amount will be final and binding on all parties and their respective successors, assigns, and representatives. The costs and expenses of the third appraiser and any costs and expenses of the appraiser retained but not paid for by the estate of the deceased Member will be offset against the purchase price paid for the deceased Member's Interest in the Company.
- (c) Closing of the sale of the deceased Member's Interest in the Company will be held at the office of the Company on a date designated by the Company, not be later than 90 days after agreement with the personal representative of the deceased Member's estate on the fair market value of the deceased Member's Interest in the Company; provided, however, that if the purchase price are determined by appraisals as set forth in Section 8.5.2, the closing will be 30 days after the final appraisal and purchase price are determined. If no personal representative has been appointed within 60 days after the deceased Member's death, the surviving Members have the right to apply for and have a personal representative appointed.

At the closing, the deceased Member's estate or personal representative must assign to the Company all of the deceased Member's Interest in the Company free and clear of all liens, claims, and encumbrances, and, at the request of the Company, the estate or personal representative must execute all other instruments as may reasonably be necessary to vest in the Company all of the deceased Member's right, title, and interest in the Company and its assets. If either the Company or the deceased Member's estate or personal representative fails or refuses to execute any instrument required by this Agreement, the other party is hereby granted the

irrevocable power of attorney which, it is agreed, is coupled with an interest, to execute and deliver on behalf of the failing or refusing party all instruments required to be executed and delivered by the failing or refusing party. On completion of the purchase of the deceased Member's Interest in the Company, the Ownership Interests of the remaining Members will increase proportionately to their then-existing Ownership Interests.

## **ARTICLE IX DISSOLUTION AND WINDING UP OF THE COMPANY**

Section 9.01 Dissolution. The Company will be dissolved on the happening of any of the following events:

- (a) Sale, transfer, or other disposition of all or substantially all of the property of the Company;
- (b) The agreement of all of the Members;
- (c) By operation of law; or
- (d) The death, incompetence, expulsion, or bankruptcy of a Member, or the occurrence of any event that terminates the continued membership of a Member in the Company, unless there are then remaining at least the minimum number of Members required by law and all of the remaining Members, within 120 days after the date of the event, elect to continue the business of the Company.

Section 9.02 Winding Up. On the dissolution of the Company (if the Company is not continued), the Members must take full account of the Company's assets and liabilities, and the assets will be liquidated as promptly as is consistent with obtaining their fair value, and the proceeds, to the extent sufficient to pay the Company's obligations with respect to the liquidation, will be applied and distributed, after any gain or loss realized in connection with the liquidation has been allocated in accordance with Article III, and the Members' capital accounts have been adjusted to reflect the allocation and all other transactions through the date of the distribution, in the following order:

- (a) To payment and discharge of the expenses of liquidation and of all the Company's debts and liabilities to persons or organizations other than Members;
- (b) To the payment and discharge of any Company debts and liabilities owed to Members; and
- (c) To Members in the amount of their respective adjusted capital account balances on the date of distribution.

**ARTICLE X**  
**GENERAL PROVISIONS**

Section 10.01 Amendments. Amendments to this Agreement may be proposed by any Member. A proposed amendment will be adopted and become effective as an amendment only on the written approval of the Members holding a majority of the Interest in the Company.

Section 10.02 Governing Law. This Agreement and the rights and obligations of the parties under it are governed by and interpreted in accordance with the laws of the State (without regard to principles of conflicts of law).

Section 10.03 Entire Agreement; Modification. This Agreement constitutes the entire understanding and agreement between the Members with respect to the subject matter of this Agreement. No agreements, understandings, restrictions, representations, or warranties exist between or among the members other than those in this Agreement or referred to or provided for in this Agreement. No modification or amendment of any provision of this Agreement will be binding on any Member unless in writing and signed by all the Members.

Section 10.04 Attorney Fees. In the event of any suit or action to enforce or interpret any provision of this Agreement (or that is based on this Agreement), the prevailing party is entitled to recover, in addition to other costs, reasonable attorney fees in connection with the suit, action, or arbitration, and in any appeals. The determination of who is the prevailing party and the amount of reasonable attorney fees to be paid to the prevailing party will be decided by the court or courts, including any appellate courts, in which the matter is tried, heard, or decided.

Section 10.05 Further Effect. The parties agree to execute other documents reasonably necessary to further effect and evidence the terms of this Agreement, as long as the terms and provisions of the other documents are fully consistent with the terms of this Agreement.

Section 10.06 Severability. If any term or provision of this Agreement is held to be void or unenforceable, that term or provision will be severed from this Agreement, the balance of the Agreement will survive, and the balance of this Agreement will be reasonably construed to carry out the intent of the parties as evidenced by the terms of this Agreement.

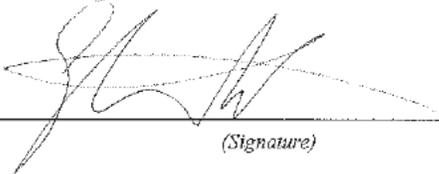
Section 10.07 Captions. The captions used in this Agreement are for the convenience of the parties only and will not be interpreted to enlarge, contract, or alter the terms and provisions of this Agreement.

Section 10.08 Notices. All notices required to be given by this Agreement will be in writing and will be effective when actually delivered or, if mailed, when deposited as certified mail, postage prepaid, directed to the address listed for each Member on Schedule 1 or to such other address as a Member may specify by written notice given in conformance with these provisions to the Manager.

\* \* \* \* \*

IN WITNESS WHEREOF, the parties to hereto have executed this Agreement as of the date first written above.

**MEMBER**



---

*(Signature)*

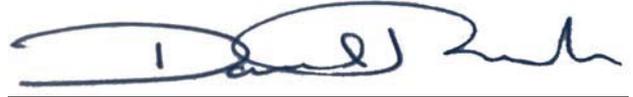
STEVEN WEISMAN

---

*(Print Name)*

IN WITNESS WHEREOF, the parties to hereto have executed this Agreement as of the date first written above.

**MEMBER**

A handwritten signature in blue ink, appearing to read "Daniel Reich", written over a horizontal line.

*(Signature)*

Daniel Reich

*(Print Name)*

IN WITNESS WHEREOF, the parties to hereto have executed this Agreement as of the date first written above.

**MEMBER**

  
(Signature)

Laurel V. Dineff  
(Print Name)

IN WITNESS WHEREOF, the parties to hereto have executed this Agreement as of the date first written above.

**MEMBER**

  
\_\_\_\_\_  
*(Signature)*

*KENNETH A. LANDIS*  
\_\_\_\_\_  
*(Print Name)*

IN WITNESS WHEREOF, the parties to hereto have executed this Agreement as of the date first written above.

**MEMBER**

Audrey E Selin  
*(Signature)*

Audrey E Selin  
*(Print Name)*

IN WITNESS WHEREOF, the parties to hereto have executed this Agreement as of the date first written above.

**MEMBER**



*(Signature)*

Andrew K. Boszhardt, Jr.

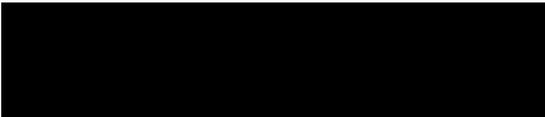
*(Print Name)*

**SCHEDULE 1**  
**LIST OF MEMBERS**

Steven Weisman



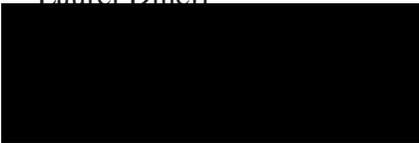
Daniel Reich



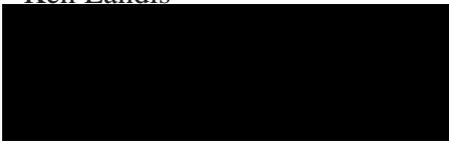
Audrey Selin



Laurel Dineff



Ken Landis



Andrew K Boszhardt, Jr.



**SCHEDULE 2**  
**CAPITAL CONTRIBUTIONS**  
*(as of June 5, 2015)*

<b>NAME</b>	<b>CONTRIBUTION</b>	<b>OWNERSHIP</b>
Steven Weisman		
Dan Reich		
Audrey Selin		
Laurel Dineff		
Ken Landis		
Andrew K Boszhardt, Jr.		
<b>TOTAL</b>	<b>\$48,000</b>	<b>100.00%</b>

# Certificate of Assumed Name

Pursuant to General Business Law §130

1. REAL NAME OF ENTITY: NY Compassion, LLC

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law       Limited Liability Company Law       Religious Corporations Law  
 Education Law       Not-for-Profit Corporation Law       Revised Limited Partnership Act  
 Other (specify law):

3. ASSUMED NAME: New York Compassionate Care

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX  AND PROVIDE OUT-OF-STATE ADDRESS:

200 East 58th Suite 15B  
New York, NY 10022

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS:  ALL COUNTIES (or check applicable county(ies) below)

- |  |                                      |   |                                       |                                   |   |                                      |                                     |
|--|--------------------------------------|---|---------------------------------------|-----------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Albany            | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango           | <input type="checkbox"/> Delaware     | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton             | <input type="checkbox"/> Lewis       | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany          | <input type="checkbox"/> Cayuga      | <input checked="" type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess     | <input type="checkbox"/> Fulton   | <input type="checkbox"/> Herkimer             | <input type="checkbox"/> Livingston  | <input type="checkbox"/> Nassau     |
| <input type="checkbox"/> Bronx             | <input type="checkbox"/> Chautauqua  | <input type="checkbox"/> Columbia           | <input type="checkbox"/> Erie         | <input type="checkbox"/> Greene   | <input checked="" type="checkbox"/> Jefferson | <input type="checkbox"/> Madison     | <input type="checkbox"/> New York   |
| <input checked="" type="checkbox"/> Broome | <input type="checkbox"/> Chemung     | <input type="checkbox"/> Cortland           | <input type="checkbox"/> Essex        | <input type="checkbox"/> Genesee  | <input type="checkbox"/> Kings                | <input type="checkbox"/> Monroe      | <input type="checkbox"/> Niagara    |
| <input checked="" type="checkbox"/> Oneida | <input type="checkbox"/> Orleans     | <input type="checkbox"/> Queens             | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben              | <input type="checkbox"/> Warren      | <input type="checkbox"/> Wyoming    |
| <input type="checkbox"/> Onondaga          | <input type="checkbox"/> Oswego      | <input type="checkbox"/> Rensselaer         | <input type="checkbox"/> Saratoga     | <input type="checkbox"/> Seneca   | <input type="checkbox"/> Suffolk              | <input type="checkbox"/> Washington  | <input type="checkbox"/> Yates      |
| <input type="checkbox"/> Ontario           | <input type="checkbox"/> Otsego      | <input type="checkbox"/> Richmond           | <input type="checkbox"/> Schenectady  | <input type="checkbox"/> Tompkins | <input checked="" type="checkbox"/> Sullivan  | <input type="checkbox"/> Wayne       |                                     |
| <input type="checkbox"/> Orange            | <input type="checkbox"/> Putnam      | <input type="checkbox"/> Rockland           | <input type="checkbox"/> Schoharie    | <input type="checkbox"/> Ulster   | <input type="checkbox"/> Tioga                | <input type="checkbox"/> Westchester |                                     |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box:  No New York State Business Location

2427 Chenango Road, Utica, NY 13502  
144 Eastern Blvd, Watertown, NY 13601

510 Wild Turnpike, Mountandale, NY 12763  
70 Hammond Lane, Plattsburgh, NY 12901

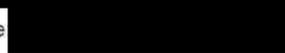
Name of Signer: Brett Reisman

Signature: 

Capacity of Signer (Check one):  Officer of the Corporation     General Partner of the Limited Partnership  
 Member of the Limited Liability Company     Manager of the Limited Liability Company  
 Authorized Person

Filer: Name: Brett Reisman

Mailing Address: 

City, State and Zip Code: 

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

201-203 Main Street Binghamton, NY 13905

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*(For office use only)*

BRETT REISMAN 07-10

149

55-136/312  
088

5/29/15

Date

Pay to the Order of NYS Department of State Division of Corporations \$ 25.00

Twenty Five and  $\frac{00}{100}$  Dollars

Security Features Visible on Back



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For D.B.A

Brett Reisman

MP

0149

## **ATTACHMENT F**

This attachment contains documentation that the Company has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the Company's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7).

**Local 338**

**JOHN R. DURSO**  
President

**JOSEPH FONTANO**  
Secretary-Treasurer

**LOCAL 338**  
RWDSU/UFCW

**RWDSU/UFCW**

**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

May 29, 2015

Re: Labor Peace Agreement between Local 338, RWDSU/UFCW and NY Compassion, 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 (NY Compassion, 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,



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**  
**NY COMPASSION, LLC**  
**AND**  
**LOCAL 338, RWDSU/UFCW**

By this Agreement dated May 29, 2015, NY Compassion, 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 of the Employer which are not represented by a labor organization:

1. The term, "employees," used herein shall include all full time and part-time employees, including, but not limited to, pharmacists, pharmacy technicians, dispensary clerks, drivers, growers, manufacturing workers, and trimmers and anyone else performing work for or on behalf of the Employer, and shall exclude management and human resource personnel.

2. Within ten (10) days after receiving written notice of the Union's intent, the Employer agrees to furnish the Union with a complete list of employees in the shop 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 "third party," "outsider" or in similar 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 terminate any violation of this provision and immediately act to discourage any additional violation, including disciplining any manager' or supervisor - or terminating its relationship with any independent contractor representative - who violates it. 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 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 provides evidence in support of its claim that a majority of employees have designated the Union as their collective bargaining representative, the Employer will recognize the Union as such representative of the employees in the bargaining unit described in the Union's notice invoking this provision and will extend this Agreement to them.

8. If both the Union and the Employer mutually agree that additional Agreement provisions are necessary for the new unit or if the National Labor Relations Board or a court determines that the parties may not lawfully extend this Agreement to the unit, the parties agree to bargain in good faith over a collective bargaining agreement to cover the employees. The parties agree to commence bargaining within 20 business days from the date the neutral verifies the Union's majority. If they are unable to agree to a collective bargaining agreement, the parties agree to submit all open provisions and issues to final and binding interest arbitration. If they are unable to select an arbitrator, the parties shall select an arbitrator to set the open provisions and resolve any other issues in accordance with the procedures of this Agreement's arbitration provision.

9. The parties agree to resolve any dispute over the interpretation of this provision through expedited arbitration. The parties will invoke expedited arbitration by requesting an arbitrators list from the American Arbitration Association. 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. 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.

10. The parties agree that 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, without notice.

11. 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 for the purpose of acquiring, possessing, manufacturing, selling, delivering, transporting, distributing, growing, handling or dispensing marijuana for certified medical use require that: (a) the contractor and/or subcontractor enter into a neutrality agreement with the Union; and (b) immediately notify the Union when seeking to form a business relationship with the contractor and/or subcontractor.

12. Labor Peace Agreement: In the event that the Union attempts to organize the Employer's employees or actually represents the Employer's employees at any particular location, then the Union hereby promises that it will not at any time covered by this agreement engage in any picketing, work stoppages, boycotts or any other economic interference with the Employer's business at that location, provided the employer has not violated any of the terms of this agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed this 29th day of May 2015, by their duly authorized representatives.

LOCAL 338, RWSDU/IFCW

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: Joseph Fontano

Title: Secretary-Treasurer

Witness: \_\_\_\_\_

*Michelle Kateman*

NY COMPASSION, LLC

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: Steven Weisman

Title: CEO

## ATTACHMENT G

This attachment contains 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).

Item <sup>1</sup>	Amount
Application Fee	\$10,000.00
Refundable Deposit	\$200,000.00
Formation of Entity	\$200.00
Office Supplies and Printing	\$2,715.70
Travel to Albany	\$910.11
Option for Real Property (Utica)	\$1,000.00
Option for Real Property (Watertown)	\$1,000.00
Option on Real Property (Plattsburgh)	\$1,000.00
Option for Real Property (Binghamton)	\$7,800.00
Option on Real Property (Mountain Dale)	\$2,000.00
Accountant	
Executive Assistant to CEO <sup>2</sup>	
Executive Assistant to COO <sup>2</sup>	
Architects <sup>2</sup>	
Real Estate Broker <sup>2</sup>	
Master Cultivator <sup>3</sup>	
<b>TOTAL</b>	<b>\$242,625.81</b>

<sup>1</sup> The Company intends to grant equity options to certain friends and family.

<sup>2</sup> The Company has engaged the following service providers to assist in the preparation of this application. The Company has no written contract with any of these service providers. The Company has agreed to compensate them with success fees in the form of equity options in order to align their interests with the Company's and the State's.

Service Provider	Service Provided	Option Percentage
Elizabeth Austin	Executive Assistant to the Chief Executive Officer	
Brett Reisman	Executive Assistant to the Chief Operating Officer	
Michael Rait	Architect	
Randy Pearlman	Architect	
Steven Vegliante	Real Estate Broker	

<sup>3</sup> The Company has paid Matthew Abram [REDACTED] to secure his services as Master Cultivator in the event the Company is granted a registration.

**ATTACHMENT H**

This attachment contains the Company's Security Plan and a chart indicating how the Company's Security Plan complies 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



This document should be exempt from disclosure under FOIL as it contains information about the Company's trade secrets and critical infrastructure.

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# **NEW YORK COMPASSIONATE CARE**



## **SECURITY PLAN**





































































































































































































































## **ATTACHMENT I**

This attachment contains the most recent financial statement of the Company 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).

**NY COMPASSION, LLC**  
**FINANCIAL STATEMENTS**  
**MAY 29, 2015**

NY COMPASSION, LLC  
TABLE OF CONTENTS  
MAY 29, 2015

	Page
Independent Accountants' Review Report	1
Balance Sheet	2
Statements of Income and Changes in Members' Equity	3
Statement of Cash Flows	4
Notes to Financial Statements	5-7

DAVIS & GRUTMAN, LLP

CERTIFIED PUBLIC ACCOUNTANTS

275 MADISON AVENUE, SUITE 1200

NEW YORK, NY 10016

TELEPHONE: (212) 953-2900

TELECOPIER: (212) 953-1983

E-MAIL: DGCPA@DAVISGRUTMAN.COM

INDEPENDENT ACCOUNTANTS' REVIEW REPORT

To the Members  
NY Compassion, LLC  
New York, NY

We have reviewed the accompanying balance sheet of NY Compassion, LLC as of May 29, 2015, and the related statements of income and members' equity and cash flows for the period from inception (May 12, 2015) to May 29, 2015. 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 presentation 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.



DAVIS & GRUTMAN, LLP  
New York, NY  
May 30, 2015

NY COMPASSION, LLC  
BALANCE SHEET  
MAY 29, 2015

ASSETS

Current Assets:

Cash and Cash Equivalents	\$	16,584
Deposit		200,000
Total Current Assets		<u>216,584</u>

Other Assets:

Prepaid rent - Lease options		3,000
Total Other Assets		<u>3,000</u>
Total Assets		<u><u>219,584</u></u>

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities:

Notes payable - related parties		<u>215,000</u>
Total Current Liabilities		<u>215,000</u>

Members' equity:		<u>4,584</u>
------------------	--	--------------

Total Liabilities and Members' Equity	\$	<u><u>219,584</u></u>
---------------------------------------	----	-----------------------

See independent accountants' review report and accompanying notes to the financial statements.

NY COMPASSION, LLC  
STATEMENT OF INCOME AND CHANGES IN MEMBERS' EQUITY  
FOR THE PERIOD ENDING MAY 29, 2015

General and administrative expenses	<u>25,416</u>
Total operating expenses	<u>25,416</u>
Net Income from operations	<u>(25,416)</u>
Members' equity, beginning of period May 12, 2015	0
Capital Contributions	30,000
Net income (loss)	(25,416)
Members' equity, end of period May 29, 2015	4,584

See independent accountants' review report and accompanying notes to the financial statements.

NY COMPASSION, LLC  
STATEMENT OF CASH FLOWS  
FOR THE PERIOD ENDING MAY 29, 2015

Cash flows from operating activities:	
Net income (loss)	(25,416)
Adjustments to reconcile net income (loss) to net cash flow provided by operating activities:	
Changes in assets and liabilities:	
(Increase) in:	
Deposit	(200,000)
Prepaid rent	(3,000)
Net cash (used in) operating activities:	<u>(228,416)</u>
Cash flows from financing activities:	
Borrowings	215,000
Members' contributions	30,000
Net cash provided by financing activities:	<u>245,000</u>
Net increase in cash	16,584
Cash - May 12, 2015	<u>0</u>
Cash - May 29, 2015	<u><u>16,584</u></u>
Supplemental disclosure of cash flow information:	
Cash paid during the year for interest	<u><u>\$ 0</u></u>
Cash paid during the year for income taxes	<u><u>\$ 0</u></u>

See independent accountants' review report and accompanying notes to the financial statements.

NY COMPSASSION, LLC  
NOTES TO FINANCIAL STATEMENTS  
MAY 29, 2015

NOTE 1 – FORMATION AND DESCRIPTION OF THE BUSINESS

NY Compassion, LLC (the "Company"), a New York limited liability company, was formed on May 12, 2015. The Company is applying for status as a registered organization under Title V-A of the New York Public Health Law. The Company's primary goal is to manufacture and dispense approved medical marijuana products in the State of New York. The Company is submitting an application to be selected as one of five registered organizations in New York. Members of the Company own and operate medical marijuana facilities in the State of Illinois and are seeking approval in the State of New York.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The books and records of the Company are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Company considers all highly liquid investments with an original maturity from the date of purchase of three months or less to be cash equivalents. As of May 29, 2015 cash and cash equivalents consist of cash deposited with banks. The recorded carrying amount of cash equivalents will approximate their fair value. The Company places its cash and cash equivalents with high credit-quality financial institutions.

Revenue Recognition and Accounts Receivable

Management will recognize sales revenue when the products are sold to the customer.

Management will make estimates of the uncollectability of its accounts receivable related to its customers. Management will analyze accounts receivable and historical bad debt levels, customer credit worthiness, and current economic trends when evaluating the adequacy of the allowance for doubtful accounts. As of May 29, 2015, such allowance was \$0.

Inventories

Inventory will be carried at the lower of cost or market on a first in first out basis. Inventory will not include any products held on consignment.

See independent accountants' review report.

NY COMPSASSION, LLC  
NOTES TO FINANCIAL STATEMENTS  
MAY 29, 2015

Property and Equipment

Depreciation and amortization will be provided by either straight-line or accelerated methods at rates calculated to amortize the cost of the property, equipment and leasehold improvements over their estimated useful lives as follows:

Furniture – 5-10 years

Equipment – 5-10 years

Leasehold Improvements - shorter of useful life or the life of the lease

Expenditures for maintenance and repairs are charged to operations as incurred. Significant renovations and replacements which improve and extend the life of the asset are capitalized.

Income Taxes

As a limited liability company, the Company's taxable income or loss is allocated to members in accordance with their respective percentage ownership. Therefore, no provision or liability for federal income taxes has been included in the financial statements. In the event of an examination of the Company's tax return, the tax liability of the members may be changed if an adjustment in the Company's income is sustained by taxing authorities.

The Company did not have any interest or penalties assessed by income taxing authorities for the period covered in these financial statements. Management evaluates the Company's income tax circumstances and filings under the most current relevant accounting rules and believes the Company has incurred no liability for uncertain beneficial tax positions for periods open to normal jurisdictional examination.

Advertising

The Company will follow the policy of charging the costs of advertising to expense as incurred. For the period ended May 29, 2015 the amount was \$0.

**NOTE 3 - FINANCING COSTS**

As of May 29, 2015, the Company has had limited activity. On May 20, 2015 and May 25, 2015 the Company received \$215,000 in promissory loans to pay for the Company's application for registered organization status.

**NOTE 4 - RELATED PARTY TRANSACTIONS – NOTES PAYABLE**

As of May 29, 2015 the Company held a promissory note to a 16.5% equity member in the amount of \$15,000, due on or before October 15, 2015, and a promissory note to a 7% equity member in the amount of \$200,000, due on or before October 15, 2015. Interest on the outstanding balances at the rate of 7% and 0% accrues. For the period ended May 29, 2015 no interest was paid.

See independent accountants' review report.

NY COMPSASSION, LLC  
NOTES TO FINANCIAL STATEMENTS  
MAY 29, 2015

NOTE 5 - LEASE COMMITMENTS

The Company does not have any lease commitments as of May 29, 2015. However, between May 15, 2015 and May 22, 2015 the Company entered into three separate lease options for the following premises, each in the amount of \$1,000:

- 2427 Chanango Road, Utica, NY – Option for monthly rent of \$1,850
- 70 Hammond Lane, Plattsburgh, NY – Option for monthly rent of \$9,000
- 144 Eastern Boulevard, Watertown, NY – Option for monthly rent of \$2,100

The Company entered into two additional lease options which are listed below in the subsequent events footnote.

NOTE 6- CONTINGENCIES

From time to time, the Company will be involved in routine litigation that arises in the ordinary course of business. There are no pending legal proceedings to which the Company is a party. The Company will be funded with the necessary capital at the time that the application is accepted. The members have represented that they are financially solvent to fund the Company's needs initially and on an ongoing basis.

NOTE 7 - SUBSEQUENT EVENTS

The Company evaluated subsequent events and transactions for potential recognitions or disclosures in the financial statements through May 30, 2015 the date the financial statements were available to be issued.

On May 30, 2015 the Company entered into a lease option for \$2,000 to occupy premises at 510 Wild Turkey Turnpike, Mountain Dale, NY.

On May 30, 2015 the Company also entered into a lease option for \$15,600 to occupy premises at 201-203 Main Street, Binghamton, NY. This amount will be paid in two separate installment payments of \$7,800.

See independent accountants' review report.

## **COMPANY NOTE**

The Company's members have sufficient personal capital to fund the Company's operations. Please see the attached bank statements.



Investment Summary  
**KENNETH & ROSALIND LANDIS**  
Overview

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

**This document should be exempt from disclosure under FOIL as it contains information about the Company's critical financial infrastructure.**

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

These reports are provided as an accommodation to enable you to monitor your investment activity. The information contained herein has been obtained or derived from sources and methods considered to be reliable but is not guaranteed. Securities pricing may not reflect realizable values. In the event of a discrepancy between the information provided herein and the information set forth in your confirmations of daily activity and monthly statements of account, the latter shall govern. Nothing herein may be construed as tax advice and you are urged to consult a tax advisor.

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# **NEW YORK COMPASSIONATE CARE**



## **STAFFING PLAN**



























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























## **ATTACHMENT K**

This attachment contains proof from local internet service provider(s) that all of the Company's selected facilities (manufacturing and dispensing) are located in areas with internet connectivity.

# **MANUFACTURING FACILITY**

510 WILD TURNPIKE

MOUNTAIN DALE, NY 12763



Brett Reisman [REDACTED]

---

## Glen Wild

---

**Borasky, Mike** <mike.borasky@twcable.com>

Wed, May 27, 2015 at 3:00 PM

To: Brett Reisman [REDACTED]

Hello Brett,

This email is to confirm we do offer service at this location 510 Wild Tpke Mountain Dale, NY 12763.

Thanks ,

Mike

From: Brett Reisman [mailto:[REDACTED]]

Sent: Wednesday, May 27, 2015

To: Borasky, Mike

Subject: Re: Glen Wild

[Quoted text hidden]

510 wild turnpike, mountaindale, ny 12763

**FIND**

**Note:** This search returned an approximate center location. For precise results, please enter a full street address and search again.  
Search results returned for: **510 Wild Turnpike, Mountain Dale, NY 12763, USA**

### Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the **census block** for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See [About](#) and the [FAQ](#) to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click [Expand All](#) to see details about each provider and to give us feedback.

[Show All](#) · [Show Wired](#) · [Show Wireless](#)

[Expand All](#)

#### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

Time Warner Cable Inc.	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	50 - 100 Mbps	»
Verizon Communications Inc.	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	10 - 25 Mbps	»
AT&T Inc.	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	10 - 25 Mbps	»
ViaSat, Inc.	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	10 - 25 Mbps	»
	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	10 - 25 Mbps	»

#### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

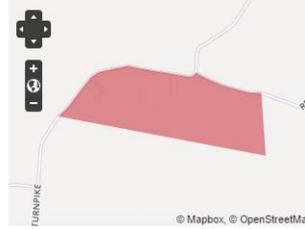
Spacenet Inc.	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	768 kbps - 1.5 Mbps
Sprint Nextel Corporation	<div style="width: 100%; background-color: #ccc; border: 1px solid #000;"></div>	768 kbps - 1.5 Mbps

Most Common Speed: 10 Mbps

[Data Source](#) · [Download](#) · [API Call](#)

Broadband services delivered via satellite are available to U.S. customers throughout all 50 States. Please click [here](#) for more information on individual Satellite Broadband service providers

[Print this page](#) · [About area](#) · [Compare Areas](#)



#### Share »

Share this page with my community

[Short URL](#) »

[Tweet](#)

[Like](#) 0

#### Map »

Map my community

#### Rank »

Rank my community

#### Summarize »

View statistics about my community

#### Provider »

View statistics about providers

**DISPENSING FACILITY**

2427 CHENANGO

UTICA, NY 13502

Brett Reisman 

---

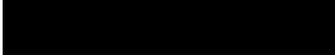
**Utica**

1 message

---

**Borasky, Mike** <mike.borasky@

Tue, May 26, 2015 at 9:55 AM

To:  

Hello Brett,

This email is to let you know that we do offer services for ;

2427 Chenango Rd

Utica , NY

Thanks,

Mike Borasky

Account Consultant-Web Lead

3179 Erie Blvd East

Suite 230

Syracuse, NY 13214

Phone: [315-552-9458](tel:315-552-9458)

Fax: [315-463-4784](tel:315-463-4784)

[Mike.Borasky@twcable.com](mailto:Mike.Borasky@twcable.com)

For assistance with billing, service or technical support, Call [877-253-7323](tel:877-253-7323)

---

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2427 chenango road utica, ny 13502

**FIND**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

Provider	Speed Range	Count
Northland Communications (NY)	1 Gbps+	1
Time Warner Cable Inc.	50 - 100 Mbps	3
Verizon Communications Inc.	10 - 25 Mbps	3
AT&T Inc.	10 - 25 Mbps	3
T-Mobile	10 - 25 Mbps	3
ViaSat, Inc.	10 - 25 Mbps	3

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Provider	Speed Range	Count
Spacenet Inc.	768 kbps - 1.5 Mbps	3
Sprint Nextel Corporation	768 kbps - 1.5 Mbps	3

Print this page • About area • Compare Areas



### Share

Share this page with my community



Short URL



0

### Map

Map my community

### Rank

Rank my community

### Summarize

View statistics about my community

**DISPENSING FACILITY**

144 EASTERN BOULEVARD

WATERTOWN, NY 13601

Brett Reisma 

---

**Watertown**

1 message

---

**Borasky, Mike** <mike.borasky@

Tue, May 26, 2015 at 9:54 AM

To: ""

Hello Brett,

This email is to let you know that we do offer services for ;

144 Eastern Blvd  
Watertown, NY

Thanks,

Mike Borasky  
Account Consultant-Web Lead

3179 Erie Blvd East  
Suite 230  
Syracuse, NY 13214  
Phone: [315-552-9458](tel:315-552-9458)  
Fax: [315-463-4784](tel:315-463-4784)

[Mike.Borasky@twcable.com](mailto:Mike.Borasky@twcable.com)

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144 eastern blvd watertown ny 13601

**FIND**

## Search Results: Broadband Providers for this Area

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Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

Westelcom Network, Inc.	1.5 - 3 Mbps	1 Gbps+
Time Warner Cable Inc.	768 kbps - 1.5 Mbps	50 - 100 Mbps
Verizon Communications Inc.	768 kbps - 1.5 Mbps	10 - 25 Mbps
AT&T Inc.	768 kbps - 1.5 Mbps	10 - 25 Mbps
ViaSat, Inc.	768 kbps - 1.5 Mbps	10 - 25 Mbps

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

T-Mobile	1.5 - 3 Mbps
Spacenet Inc.	768 kbps - 1.5 Mbps
Sprint Nextel Corporation	768 kbps - 1.5 Mbps

Print this page • About area • Compare Areas



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Like 0

Map »

Map my community

Rank »

Rank my community

Summarize »

View statistics about my community

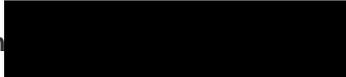
**DISPENSING FACILITY**

70 HAMMOND LANE

PLATTSBURGH, NY 12901



Brett Reisman



## Please review your Verizon Business Quote

5 messages

Verizon Notification <verizon-notification@verizon.com>

Tue, May 26, 2015 at 7:10 PM

To: [Redacted]



# Thank You for Your Inquiry

Here are details of the quote requested.

Dear Valued Business Customer,

May 26, 2015

We are happy to provide you the following summary of services and charges we discussed with you on May 26, 2015. This quote applies specifically to services located at ,NY,12901.

Your Quote Number is PQ1NY00260133926.

### Your Bill Will Now Include:

#### Products: Monthly Charge:

Verizon Solutions For Business	
Solutions Bundle Line	\$65.00
2 Yr	
High Speed Internet	\$36.99

#### Promotion(s) and Credit(s)

.\*

Promotional Bundle Credit	-	\$22.00
---------------------------	---	---------

---

<b>Subtotal</b>	<b>\$79.99</b>
-----------------	----------------

#### Other:

Monthly Estimated Taxes, Fees and Other Verizon Charges	\$24.02
---	---------

**Your Total Estimated Monthly Charges are: \$104.01**



70 hammond In plattsburgh ny 12901

**FIND**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

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Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

Company	Speed Range	Count
The Champlain Telephone	1 Gbps+	1
Westelcom Network, Inc.	1 Gbps+	1
Charter Communications	100 Mbps - 1 Gbps	1
Verizon Communications Inc.	10 - 25 Mbps	1
AT&T Inc.	10 - 25 Mbps	1
ViaSat, Inc.	10 - 25 Mbps	1
	10 - 25 Mbps	1

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

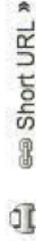
Spacenet Inc.	768 kbps - 1.5 Mbps	1
Sprint Nextel Corporation	768 kbps - 1.5 Mbps	1

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### Share

Share this page with my community



Short URL



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Like 0

### Map

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### Rank

Rank my community

### Summarize

View statistics about my community

**DISPENSING FACILITY**

201 – 203 MAIN STREET

BINGHAMTON, NY 13905

Brett Reisman 

---

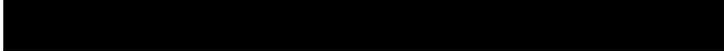
**Main St**

1 message

---

**Borasky, Mike** <mike.borasky@twcable.com>

Mon, Jun 1, 2015 at 9:56 AM

To: 

Hello Brett,

This email is to confirm we do have service at 201 Main St. Suite 203 Binghamton NY.

Thanks,

*Mike Borasky*

Account Consultant-Web Lead

3179 Erie Blvd East

Suite 230

Syracuse, NY 13214

Phone: [315-552-9458](tel:315-552-9458)

Fax: [315-463-4784](tel:315-463-4784)

[Mike.Borasky@twcable.com](mailto:Mike.Borasky@twcable.com)

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Steven Weisman <weisman.steve@gmail.com>

Fwd: Front St

1 message

Brett Reisman <[redacted]>  
To Dan Reich <[redacted]>

Mon, Jun 1, 2015 at 9:58 AM

Email from TWC about service at 201 Main street below.

----- Forwarded message -----  
From Borasky, Mike <mike\_borasky@twcable.com>  
Date: Mon, Jun 1, 2015 at 10:34 AM  
Subject: RE: Front St  
To: Brett Reisman <brett.reisman@gmail.com>

Aarons is listed as 201 Main St. They currently have service now with us. I do not have a 203 Main St. But if we have it to Aarons here I am sure we can get it to where we need it. Which I think is the attached location that says ava lable in the picture.

Thanks,

Mike



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201 203 main street binghamton ny 13905

**FIND**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See [About](#) and the [FAQ](#) to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

Time Warner Cable Inc.	50 - 100 Mbps	>>
Plexicomm	25 - 50 Mbps	>>
Verizon Communications Inc.	10 - 25 Mbps	>>
AT&T Inc.	10 - 25 Mbps	>>
T-Mobile	10 - 25 Mbps	>>
ViaSat, Inc.	10 - 25 Mbps	>>
	10 - 25 Mbps	>>

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Spacenet Inc.	768 kbps - 1.5 Mbps
Sprint Nextel Corporation	768 kbps - 1.5 Mbps



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Map >>

Map my community

Rank >>

Rank my community

Summarize >>

View statistics about my community



## ATTACHMENT M

The Company is able and willing to comply with all applicable State and local laws and regulations relating to the activities in which the Company intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8).

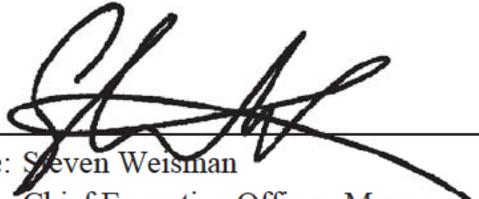
The Company's Chief Executive Officer is an attorney with deep relevant experience in legal and regulatory compliance. He will be charged with ensuring that the Company is, at all times, in full compliance with all State and local laws, ordinances, codes, rules and regulations.

Should the Company be granted a registration, the Company will work closely with the local governments of the selected communities to assure that all manufacturing and dispensary facilities are constructed and operate in accordance with all local zoning and building codes and all local requirements concerning security and public safety.

The Company is particularly well-suited and well-equipped to deliver medical cannabis to the residents of New York in a compassionate and reasonable manner, as demonstrated by the following facts:

1. The Company has specifically chosen locations in smaller communities that are geographically dispersed across the State of New York, in an effort to make medical cannabis accessible to the many residents who live outside large metropolitan areas.
2. The owners of the Company have been granted 7 of the 74 licenses issued by the State of Illinois to operate cultivation and dispensing facilities. These licenses demonstrate public acknowledgment of the Company owners' integrity, knowledge, and commitment to excellence.

NY COMPASSION, LLC

By:   
Name: Steven Weisman  
Title: Chief Executive Officer, Manager



June 1, 2015

RE: LETTER OF SUPPORT

To Whom it May Concern:

We are the elected Town Council of the Town of Fallsburg. We are writing to express our support for the application of NY Compassion, LLC to build and operate a marihuana growing and processing facility in the Town of Fallsburg. While the Town Supervisor has a personal conflict and cannot sign this letter, he is aware of the project and has indicated his support.

This project is proposed in an approved Industrial Park in an Industrial Zone within our Town and would have minimal effect on traffic or aesthetics. If successful, the project will provide much needed employment and commercial ratables to our Town. It is clear to us from our review of the law and application that this business is a win – win for our Town and the applicant.

We welcome NY Compassion, LLC to the Town of Fallsburg and write to express our hope that they are successful in their application. The taxpayers of Fallsburg will reap the benefits of an agriculture based industry in an appropriately zoned location. Thank you considering this application.

Respectfully,

Arnold Seletsky  
Deputy Supervisor

Nathan Steingart  
Councilman

Michael Weiner  
Councilman

Joe Levner  
Councilman

AS:li



449 BROADWAY  
MONTICELLO, NY 12701  
845-434-3388  
845-436-7788 FAX  
WWW.MONTEMSTRATEGIES.COM

June 2, 2015

RE: Application of NY Compassion, LLC

To Whom It May Concern:

I am writing this letter to clarify my personal conflict between the Town of Fallsburg NY and my roll as town supervisor, and my involvement with NY Compassion LLC.

In addition to my duties as a town supervisor, I have a professional career as an Attorney, as well as commercial and residential Real Estate Broker. Recently, I engaged in a professional relationship with NY Compassion LLC and have been acting as their real estate broker to help them secure the necessary and optimal locations for their cultivation center and for their required dispensaries.

As stated in a previous letter of support, I strongly believe this will be enormously beneficial to my town which is why I decided to actively help the members of NY Compassion LLC.

Respectfully,

  
Steven Vegliante