



## Massachusetts Cannabis Control Commission

### Marijuana Cultivator

<b>Business Name:</b>	Garden Remedies Inc	<b>License Number:</b>	MC281504
<b>Tax Identification Number:</b>	*****	<b>Issued Date:</b>	12/17/2018
<b>Business Email Address:</b>	jefferyh@gardenremedies.com	<b>Expiration Date:</b>	12/17/2019
<b>Business Phone Number:</b>	617-543-8181	<b>Revoked Date:</b>	N/A
<b>Mailing Address:</b>	307 Airport Road Fitchburg MA 01420	<b>Surrendered Date:</b>	N/A
<b>Business Address:</b>	307 Airport Road Fitchburg MA 01420		

### CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Not a DBE

### PRIORITY APPLICANT

Priority Applicant: yes  
 Priority Applicant Type: RMD Priority  
 Economic Empowerment Applicant Certification Number:  
 RMD Priority Certification Number: RPA201820

### RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	Final Certificate of Registration.pdf	pdf	5b0fe5d5a999e33d8506433d	05/31/2018

Name of RMD: Garden Remedies, Inc.

Department of Public Health RMD Registration Number: 008

Operational and Registration Status: Obtained Final Certificate of Registration and is open for business in Massachusetts

To your knowledge, is the existing RMD certificate of registration in good standing?: yes

If no, describe the circumstances below:

### PERSONS WITH DIRECT OR INDIRECT AUTHORITY

Person with Direct or Indirect Authority 1

<b>Percentage Of Ownership:</b>	<b>Percentage Of Control:</b>			
<b>Role:</b> Executive / Officer	<b>Other Role:</b>			
<b>First Name:</b> Karen	<b>Middle Name:</b>	<b>Last Name:</b> Munkacy	<b>Suffix:</b>	<b>Former Last Name:</b> Gutowski
<b>Alias - 1:</b> [REDACTED]	<b>Alias - 2:</b> [REDACTED]	<b>Alias - 3:</b>		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]			
<b>Primary Address 1:</b> [REDACTED]		<b>Primary Address 2:</b>		
<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip Code:</b> [REDACTED]		

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 2

Percentage Of Ownership:

Percentage Of Control:

Role: Board Member

Other Role:

First Name: Katie

Middle Name: Ann

Last Name: Tenenbaum

Suffix:

Former Last Name: Krell

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 3

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Jeffrey

Middle Name: Scott

Last Name: Herold

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 4

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Karen

Middle Name: Esther

Last Name: Hawkes

Suffix:

Former Last Name: Reine

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 5

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Michael

Middle Name: Matthew

Last Name: Climo

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED] Email: [REDACTED]  
 Primary Address 1: [REDACTED] Primary Address 2:  
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Gender: Male User Defined Gender:  
 What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)  
 Specify Race or Ethnicity:

Person with Direct or Indirect Authority 6

Percentage Of Ownership: Percentage Of Control:  
 Role: Executive / Officer Other Role:  
 First Name: Sean Middle Name: Last Name: Mack Suffix: Former Last Name:  
 Alias - 1: Alias - 2: Alias - 3:  
 Phone: [REDACTED] Email: [REDACTED]  
 Primary Address 1: [REDACTED] Primary Address 2:  
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Gender: Male User Defined Gender:  
 What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)  
 Specify Race or Ethnicity:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

No documents uploaded

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

Entity Legal Name: RMC Holdings, LLC Entity DBA:  
 Email: Phone:  
 pwesthead@rimrockcapital.com 949-381-7883  
 Address 1: 100 Innovation Drive Address 2: Suite 200  
 City: Irvine State: CA Zip Code: 92617  
 Types of Capital: Monetary/Equity Other Type of Total Value of Capital Provided: Percentage of Initial Capital:  
 Capital: \$3036000 10  
 Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - ENTITY

Document Category	Document Name	Type	ID	Upload Date
Funds Certification	RMC Holdings, LLC Sources and amounts.pdf	pdf	5b0ff0d40d20bf11ae6d98fd	05/31/2018
Existence of Capital Verification	RMC Holdings, LLC .pdf	pdf	5b0ff0e353899e3d7b662014	05/31/2018

### BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

### BUSINESS INTEREST DOCUMENTATION

No documents uploaded

### DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

### INDIVIDUAL INTEREST DOCUMENTATION

No documents uploaded

### MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Escrow Account	GRI Executed Escrow Cultivation.pdf	pdf	5bdca56525766f0d55cc267b	11/02/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Fitchburg Lease -.pdf	pdf	5b0ff2a3a999e33d85064349	05/31/2018

Establishment Address 1: 307 Airport Road

Establishment Address 2:

Establishment City: Fitchburg

Establishment Zip Code: 01420

Approximate square footage of the Establishment: 49000

How many abutters does this property have?: 10

Have all property abutters have been notified of the intent to open a Marijuana Establishment at this address?: Yes

Cultivation Tier: Tier 03: 10,001 to 20,000 sq. ft

Cultivation Environment: Indoor

### HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Fitchburg Community Host Agreement.pdf	pdf	5b905a3218807b2d67c41063	09/05/2018
Plan to Remain Compliant with Local Zoning	Plan to remain compliant with local zoning.pdf	pdf	5b9ffd140d95792d85f444c6	09/17/2018
Plan to Remain Compliant with Local Zoning	adult use MJ amendment -final.pdf	pdf	5b9ffd4b4e62492d8f3461e5	09/17/2018
Community Outreach Meeting Documentation	Public Notice for Application.pdf	pdf	5bdc827f6906170d879383a3	11/02/2018
Plan to Remain Compliant with Local Zoning	Garden Remedies, Inc. Plan to Remain Compliant with Local Zoning .pdf	pdf	5bdc882ed84f77046ceecbf5	11/02/2018
Community Outreach Meeting Documentation	Fitchburg Community Outreach.pdf	pdf	5bdc89f5d84f77046ceecbff	11/02/2018

No documents uploaded

No documents uploaded

Total amount of financial benefits accruing to the municipality as a result of the host community agreement: \$

Date generated: 07/17/2019

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PLAN FOR POSITIVE IMPACT

Document Category	Document Name	Type	ID	Upload Date
Plan for Positive Impact	Plan for Positive Impact.pdf	pdf	5b97fd3b18807b2d67c415a4	09/11/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer      Other Role:

First Name: Karen      Middle Name:      Last Name: Munkacy      Suffix:      Former Last Name: Gutowski

Alias 1: [REDACTED]      Alias 2: [REDACTED]      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED]      Primary Address 2:

Primary City: [REDACTED]      Primary State: [REDACTED]      Primary Zip Code: [REDACTED]      Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Manager

Background Question: no

Description of Background Events:

Individual Background Information 2

Role: Board Member      Other Role:

First Name: Katie      Middle Name: Ann      Last Name: Tenenbaum      Suffix:      Former Last Name: Krell

Alias 1:      Alias 2:      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED]      Primary Address 2:

Primary City: [REDACTED]      Primary State: [REDACTED]      Primary Zip Code: [REDACTED]      Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Staff

Background Question: no

Description of Background Events:

Individual Background Information 3

Role: Executive / Officer      Other Role:

First Name: Jeffrey      Middle Name: Scott      Last Name: Herold      Suffix:      Former Last Name:

Alias 1:      Alias 2:      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED]      Primary Address 2:

Primary City: [REDACTED]      Primary State: [REDACTED]      Primary Zip Code: [REDACTED]      Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Manager

Background Question: no

Description of Background Events:

Individual Background Information 4

Date generated: 07/17/2019

**Role:** Executive / Officer      **Other Role:**  
**First Name:** Karen      **Middle Name:** Esther      **Last Name:** Hawkes      **Suffix:**      **Former Last Name:** Reine  
**Alias 1:**      **Alias 2:**      **Alias 3:**  
**Phone:** [REDACTED]      **Email:** [REDACTED]  
**Primary Address 1:** [REDACTED]      **Primary Address 2:**  
**Primary City:** [REDACTED]      **Primary State:** [REDACTED]      **Primary Zip Code:** [REDACTED]      **Years at this Address:** [REDACTED]  
**Date of Birth:** [REDACTED]  
**RMD Association:** RMD Manager  
**Background Question:** no  
**Description of Background Events:**

**Individual Background Information 5**

**Role:** Executive / Officer      **Other Role:**  
**First Name:** Michael      **Middle Name:** Matthew      **Last Name:** Climo      **Suffix:**      **Former Last Name:**  
**Alias 1:**      **Alias 2:**      **Alias 3:**  
**Phone:** [REDACTED]      **Email:** [REDACTED]  
**Primary Address 1:** [REDACTED]      **Primary Address 2:** [REDACTED]  
**Primary City:** [REDACTED]      **Primary State:** [REDACTED]      **Primary Zip Code:** [REDACTED]      **Years at this Address:** [REDACTED]  
**Date of Birth:** [REDACTED]  
**RMD Association:** RMD Manager  
**Background Question:** no  
**Description of Background Events:**

**Individual Background Information 6**

**Role:** Executive / Officer      **Other Role:**  
**First Name:** Sean      **Middle Name:**      **Last Name:** Mack      **Suffix:**      **Former Last Name:**  
**Alias 1:**      **Alias 2:**      **Alias 3:**  
**Phone:** [REDACTED]      **Email:** [REDACTED]  
**Primary Address 1:** [REDACTED]      **Primary Address 2:**  
**Primary City:** [REDACTED]      **Primary State:** [REDACTED]      **Primary Zip Code:** [REDACTED]      **Years at this Address:** [REDACTED]  
**Date of Birth:** [REDACTED]  
**RMD Association:** RMD Manager  
**Background Question:** no  
**Description of Background Events:**

**BACKGROUND CHECK SUPPORTING DOCUMENTATION**

Document Category	Document Name	Type	ID	Upload Date
MA Driver's License	K. Munkacy ID.pdf	pdf	5b101ee6ddfb91046e611372	05/31/2018
Massachusetts CORI Authorization Form	Karen Acknowledgement.pdf	pdf	5b101eea00caab11e09ca69f	05/31/2018
Disclosure and acknowledgement form	Karen Disclosure and acknowledgement.pdf	pdf	5b101eec1fc0413d614feda2	05/31/2018
Release authorization form	Karen Release.pdf	pdf	5b101ef24acea511a8369cfc	05/31/2018

Other US State Driver's License	K tenenbaum ID.pdf	pdf	5b101f63da8de63d8fd17766	05/31/2018
Massachusetts CORI Authorization Form	Katie acknowledgement.pdf	pdf	5b101f66ad75cc3d99a99fe0	05/31/2018
Disclosure and acknowledgement form	Katie Disclosure and acknowledgement.pdf	pdf	5b101f69ddf9b91046e611376	05/31/2018
IVES form 4506-T	Katie 4506-T.pdf	pdf	5b101f6b00caab11e09ca6a3	05/31/2018
Release authorization form	Katie Release authorization.pdf	pdf	5b101f6d1fc0413d614feda6	05/31/2018
MA Driver's License	J Herold ID.pdf	pdf	5b101fb311a2fe04237f7c42	05/31/2018
Massachusetts CORI Authorization Form	Jeff acknowledgement.pdf	pdf	5b101fb54acea511a8369d00	05/31/2018
Disclosure and acknowledgement form	Jeff Disclosure and acknowledgement.pdf	pdf	5b101fb8b416c03d71120737	05/31/2018
IVES form 4506-T	Jeff 4506-T.pdf	pdf	5b101fbaa9bf2311b8c6e51f	05/31/2018
Release authorization form	Jeff release authorization.pdf	pdf	5b101fbca999e33d85064387	05/31/2018
MA Driver's License	K Hawkes ID.pdf	pdf	5b102020a9bf2311b8c6e523	05/31/2018
Massachusetts CORI Authorization Form	TK Acknowledgement.pdf	pdf	5b102022a999e33d8506438b	05/31/2018
Disclosure and acknowledgement form	TK Disclosure and acknowledgement.pdf	pdf	5b1020243deece0450ce94a2	05/31/2018
IVES form 4506-T	TK 4506-T.pdf	pdf	5b1020269a67bb11cc7e53cd	05/31/2018
Release authorization form	TK Release Authorization.pdf	pdf	5b102029ad75cc3d99a99fe6	05/31/2018
MA Driver's License	M Climo ID.pdf	pdf	5b10205eddfb91046e61137c	05/31/2018
Massachusetts CORI Authorization Form	Mike Acknowledgement.pdf	pdf	5b10206100caab11e09ca6a9	05/31/2018
Disclosure and acknowledgement form	Mike Disclosure and acknowledgement.pdf	pdf	5b1020631fc0413d614fedac	05/31/2018
Release authorization form	Mike release authorization.pdf	pdf	5b10206c4acea511a8369d06	05/31/2018
IVES form 4506-T	Climo 4506-T.pdf	pdf	5b89a9d6da72283955c61611	08/31/2018
IVES form 4506-T	Karen 4506-T.pdf	pdf	5b89aa183f9f81395f1365e1	08/31/2018
IVES form 4506-T	Mack 4506-T.pdf	pdf	5b912e9989bc002d9918ba5c	09/06/2018
Massachusetts CORI Authorization Form	Mack CORI Acknowledgement.pdf	pdf	5b912ea85e9b3d2d528a8a9d	09/06/2018
Disclosure and acknowledgement form	Mack Disclosure and Acknowledgement.pdf	pdf	5b912eb6d389b22d7bd64e9d	09/06/2018
Release authorization form	Mack Release Authorization Form.pdf	pdf	5b912ec589bc002d9918ba60	09/06/2018
MA Driver's License	Mack License.jpg	jpeg	5b9163565e9b3d2d528a8ba3	09/06/2018

**ENTITY BACKGROUND CHECK INFORMATION**

Entity Background Check Information 1

**Role:** Investor/Contributor

**Other Role:**

**Entity Legal Name:** RMC Holdings, LLC.

**Entity DBA:**

**Federal Tax Identification Number EIN/TIN:**



Entity Description: Family Owned Investment Company

Phone: 949-500-7635 Email: pwesthead@rimrockcapital.com

Primary Business Address 1: 100 Innovation Drive Primary Business Address 2: Suite 200

Primary Business City: Irvine Primary Business State: CA Principal Business Zip Code: 92619

Additional Information:

### MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	GRI Certificate of Good Standing.pdf	pdf	5b0ff908f5ed5811d6e457fc	05/31/2018
Department of Revenue - Certificate of Good standing	Certificate of Good Standing DOR.pdf	pdf	5b0ff91052bc563da3bfea2a	05/31/2018
Articles of Organization	Articles of Organization.pdf	pdf	5b0ff9159bcf5a047e3522b7	05/31/2018
Bylaws	GRI Bylaws.pdf	pdf	5b0ff91d9eb86611ea7d48e6	05/31/2018
Articles of Organization	Paula B. Nickerson.pdf	pdf	5bdc8d964088250d697fca5e	11/02/2018

No documents uploaded

Massachusetts Business Identification Number: 001112342

Doing-Business-As Name:

DBA Registration City: Fitchburg

### BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	1819 LIAB Master - INSURED COPY.pdf	pdf	5b9006b2d389b22d7bd64ca5	09/05/2018
Business Plan	GRI Business Plan_Part1.pdf	pdf	5b9811b75e9b3d2d528a8f95	09/11/2018
Business Plan	GRI Business Plan_Part2.pdf	pdf	5b9811bb18807b2d67c415da	09/11/2018
Business Plan	GRI Business Plan_Part3.pdf	pdf	5b9811c4185bb22d710675c2	09/11/2018
Proposed Timeline	GRI TImeline.pdf	pdf	5b9812b8185bb22d710675ce	09/11/2018

### OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Separating recreational from medical operations, if applicable	Separating Recreational from Medical Operations.pdf	pdf	5b91308889bc002d9918ba6a	09/06/2018
Restricting Access to age 21 and older	Restricting Access to 21 and Older.pdf	pdf	5b91309a5e9b3d2d528a8aab	09/06/2018
Security plan	Security Plan.pdf	pdf	5b9130ac185bb22d710670c7	09/06/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5b9130c80d95792d85f43bd6	09/06/2018
Storage of marijuana	Storage of Marijuana.pdf	pdf	5b9130e289bc002d9918ba6e	09/06/2018
Transportation of marijuana	Transportation of Marijuana.pdf	pdf	5b9130fb5e9b3d2d528a8aaf	09/06/2018
Inventory procedures	Inventory Procedures.pdf	pdf	5b913115185bb22d710670cb	09/06/2018

Quality control and testing	Quality Control and Testing.pdf	pdf	5b91312f0d95792d85f43bda	09/06/2018
Record Keeping procedures	Record Keeping Procedures.pdf	pdf	5b91314589bc002d9918ba72	09/06/2018
Maintaining of financial records	Maintaining of Financial Records.pdf	pdf	5b9131595e9b3d2d528a8ab3	09/06/2018
Qualifications and training	Qualifications and Training.pdf	pdf	5b913172185bb22d710670cf	09/06/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5b97ff7c18807b2d67c415b0	09/11/2018
Personnel policies including background checks	Personnel Procedures.pdf	pdf	5b980e1c18807b2d67c415d0	09/11/2018
Security plan	Fitchburg Hours of Operation and Contact Info.pdf	pdf	5b9b25eb37742339413958ff	09/13/2018
Quality control and testing	GRI-CP.03 Pest and Contamination Control Procedures.pdf	pdf	5b9ff0224e62492d8f3461a7	09/17/2018
Quality control and testing	GRI-TM.03 Finished Product Testing Procedures.pdf	pdf	5b9ff03789bc002d9918c2bf	09/17/2018
Policies and Procedures for cultivating.	Policies and Procedures for cultivating marijuana1.pdf	pdf	5b9fffc84e62492d8f3461f7	09/17/2018
Diversity plan	GRI Diversity Plan.pdf	pdf	5bd9e58c2d1cf504966f2572	10/31/2018
Policies and Procedures for cultivating.	Policies and Procedures for cultivating marijuana.pdf	pdf	5be0984dbcbac00d7d74aa4b	11/05/2018

### ATTESTATIONS

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.: I Agree

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

Notification: I Understand

I certify that any changes in ownership or control, location, or name will be made pursuant to a separate process, as required under 935 CMR 500.104(1), and none of those changes have occurred in this application.:

I certify that to the best knowledge of any of the individuals listed within this application, there are no background events that have arisen since the issuance of the establishment's final license that would raise suitability issues in accordance with 935 CMR 500.801.:

I certify that all information contained within this renewal application is complete and true.:

### ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

### FEE QUESTIONS

Cultivation Tier: Tier 03: 10,001 to 20,000 sq. ft    Cultivation Environment: Indoor

### COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

### COMPLIANCE WITH DIVERSITY PLAN

No records found

### CULTIVATION SPECIFIC REQUIREMENTS

No documents uploaded

### HOURS OF OPERATION

Monday From: Monday To:

Tuesday From: Tuesday To:

Wednesday From: Wednesday To:

Thursday From: Thursday To:

Friday From: Friday To:

Saturday From: Saturday To:

Sunday From: Sunday To:

### EMERGENCY CONTACTS

No records found