



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	The Green Lady Dispensary, Inc.	License Number:	MP281345
Tax Identification Number:	██████████	Issued Date:	12/17/2018
Business Email Address:	nicole@thegreenladydispensary.com	Expiration Date:	12/17/2019
Business Phone Number:	914-490-5426	Revoked Date:	N/A
Mailing Address:	15 Skyline Drive Nantucket MA 02554	Surrendered Date:	N/A
Business Address:	11 Amelia Drive Nantucket MA 02554		

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: RPA201895

RMD INFORMATION

Name of RMD: The Green Lady Dispensary, Inc.
Department of Public Health RMD Registration Number:
Operational and Registration Status: Obtained Provisional Certificate of Registration only
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

Percentage Of Ownership: 45	Percentage Of Control: 33.33		
Role: Owner / Partner	Other Role: CEO, Head of Security, President, Director, Capital Contributor		
First Name: Rupert	Middle Name:	Last Name: Campbell	Suffix:
Gender: Male	User Defined Gender:		
What is this person's race or ethnicity?: Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)			
Specify Race or Ethnicity:			

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 45	Percentage Of Control: 33.33
Role: Owner / Partner	Other Role: COO, CFO, Head of Cultivation, Treasurer, Director, Capital

Contributor

First Name: Nicole Middle Name: Last Name: Campbell Suffix:
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: 10 Percentage Of Control: 33.33

Role: Owner / Partner Other Role: Secretary, Director

First Name: Corbet Middle Name: Last Name: Campbell Suffix:
Gender: Female User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French), Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)

Specify Race or Ethnicity:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

Close Associates or Member 1

First Name: Rupert Middle Name: Last Name: Campbell Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: CEO, Head of Security, President, Director, Capital Contributor

Close Associates or Member 2

First Name: Nicole Middle Name: Last Name: Campbell Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: COO, CFO, Head of Cultivation, Treasurer, Director, Capital Contributor

Close Associates or Member 3

First Name: Corbet Middle Name: Last Name: Campbell Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Secretary, Director

CAPITAL RESOURCES - INDIVIDUALS

Individual Contributing Capital 1

First Name: Rupert Middle Name: Last Name: Campbell Suffix:

Types of Capital: Debt Other Type of Capital: Total Value of the Capital Provided: \$243816.42 Percentage of Initial Capital: 50

Capital Attestation: Yes

Individual Contributing Capital 2

First Name: Nicole Middle Name: Last Name: Campbell Suffix:

Types of Capital: Debt Other Type of Capital: Total Value of the Capital Provided: \$243812.85 Percentage of Initial Capital: 50

Capital Attestation: Yes

CAPITAL RESOURCES - ENTITIES

No records found

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 11 Amelia Drive

Establishment Address 2:

Establishment City: Nantucket

Establishment Zip Code: 02554

Approximate square footage of the Establishment: 7600

How many abutters does this property have?: 3

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

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	TGLD_Host Community Agreement Certification Form.pdf	pdf	5b7615a9b60ce4391d87e702	08/16/2018
Plan to Remain Compliant with Local Zoning	TGLD_Plan to Remain Compliant with Local Zoning.pdf	pdf	5b7615b85a6f093923e4f948	08/16/2018
Community Outreach Meeting Documentation	TGLD_Community Outreach Documentation.pdf	pdf	5ba434ffbd6f9a632cf3cefb	09/20/2018

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

PLAN FOR POSITIVE IMPACT

Document Category	Document Name	Type	ID	Upload Date
Plan for Positive Impact	TGLD_Plan to Positively Impact Areas of Disproportionate Impact - 10.9.18.pdf	pdf	5bc0d3d92d28790c500810ca	10/12/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Owner / Partner

Other Role: CEO, Head of Security, President, Director, Capital Contributor

First Name: Rupert

Middle Name:

Last Name: Campbell

Suffix:

RMD Association: RMD Owner

Background Question: no

Individual Background Information 2

Role: Owner / Partner

Other Role: COO, CFO, Head of Cultivation, Treasurer, Capital Contributor

First Name: Nicole

Middle Name:

Last Name: Campbell

Suffix:

RMD Association: RMD Owner

Background Question: no

Individual Background Information 3

Role: Owner / Partner

Other Role: Secretary, Director

First Name: Corbet Middle Name: Last Name: Campbell Suffix:

RMD Association: RMD Owner

Background Question: no

ENTITY BACKGROUND CHECK INFORMATION

No records found

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Articles of Organization	TGLD Articles of Entity Conversion.pdf	pdf	5b76168b3f9f81395f135612	08/16/2018
Bylaws	TGLD Bylaws.pdf	pdf	5b76169bb60ce4391d87e708	08/16/2018
Secretary of Commonwealth - Certificate of Good Standing	TGLD SoC Cert of Good Standing.pdf	pdf	5b7616a65a6f093923e4f94e	08/16/2018
Department of Revenue - Certificate of Good standing	TGLD_DOR Cert of Good Standing.pdf	pdf	5b7616ac03a477392d0a2b16	08/16/2018

No documents uploaded

Massachusetts Business Identification Number: 001331160

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	TGLD_Business Plan.pdf	pdf	5b7616cb3774233941393ba7	08/16/2018
Plan for Liability Insurance	TGLD_Plan for Obtaining Liability Insurance.pdf	pdf	5b7616e3da72283955c606ca	08/16/2018
Proposed Timeline	TGLD_Proposed Timeline.pdf	pdf	5ba43cfd4a9eb46ce859012e	09/20/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Types of products Manufactured.	TGLD_Types of Products Manufactured.pdf	pdf	5b7616f2b60ce4391d87e70c	08/16/2018
Method used to produce products	TGLD_Method Used to Produce Products.pdf	pdf	5b7616fd5a6f093923e4f952	08/16/2018
Sample of unique identifying marks used for branding	TGLD_Samples of Unique Identifying Marks Used for Branding.pdf	pdf	5b76170603a477392d0a2b1a	08/16/2018
Separating recreational from medical operations, if applicable	TGLD_Plan for Separating Recreational from Medical Operations.pdf	pdf	5b76171aaa953e3937b59b2c	08/16/2018
Restricting Access to age 21 and older	TGLD_Plan for Restricting Access to Age 21 or Older.pdf	pdf	5b76172b3774233941393bab	08/16/2018
Security plan	TGLD_Security Plan.pdf	pdf	5b76173a8d67cc394b81b4fc	08/16/2018

Prevention of diversion	TGLD_Prevention of Diversion.pdf	pdf	5b761747da72283955c606ce	08/16/2018
Storage of marijuana	TGLD_Storage of Marijuana.pdf	pdf	5b7617573f9f81395f135618	08/16/2018
Inventory procedures	TGLD_Inventory Procedures.pdf	pdf	5b7617825a6f093923e4f956	08/16/2018
Quality control and testing	TGLD_Quality Control and Testing.pdf	pdf	5b76179103a477392d0a2b1e	08/16/2018
Dispensing procedures	TGLD_Dispensing Procedures.pdf	pdf	5b7617a0aa953e3937b59b30	08/16/2018
Personnel policies including background checks	TGLD_Personnel Policies Including Background Checks.pdf	pdf	5b7617ab3774233941393baf	08/16/2018
Record Keeping procedures	TGLD_Recordkeeping Procedures.pdf	pdf	5b7617be8d67cc394b81b500	08/16/2018
Maintaining of financial records	TGLD_Maintaining of Financial Records.pdf	pdf	5b7617ceda72283955c606d2	08/16/2018
Qualifications and training	TGLD_Qualifications and Training.pdf	pdf	5b7617de3f9f81395f13561c	08/16/2018
Diversity plan	TGLD_Diversity Plan.pdf	pdf	5b76f8da18807b2d67c3fb43	08/17/2018
Transportation of marijuana	TGLD_Transportation of Marijuana.pdf	pdf	5ba43d1b4a9eb46ce8590132	09/20/2018

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

COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

COMPLIANCE WITH DIVERSITY PLAN

No records found

PRODUCT MANUFACTURER SPECIFIC REQUIREMENTS

No records found

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: