



# Massachusetts Cannabis Control Commission

## Marijuana Retailer

<b>Business Name:</b>	Alternative Therapies Group, Inc.	<b>License Number:</b>	MR281255
<b>Tax Identification Number:</b>	*****	<b>Issued Date:</b>	08/28/2018
<b>Business Email Address:</b>	chris@atgma.org	<b>Expiration Date:</b>	08/28/2019
<b>Business Phone Number:</b>	617-549-8575	<b>Revoked Date:</b>	N/A
<b>Mailing Address:</b>	24R Pleasant St, Unit 2 Newburyport MA 01950	<b>Surrendered Date:</b>	N/A
<b>Business Address:</b>	50 Grove St Salem MA 01970		

## 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: RPA201825

## RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	ATG-Final-Certificate.pdf	pdf	5ae38564d7af757e74820bc7	04/27/2018

Name of RMD: Alternative Therapies Group, Inc.  
 Department of Public Health RMD Registration Number: 001  
 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

Percentage Of Ownership: 50	Percentage Of Control: 50			
Role: Executive / Officer	Other Role:			
First Name: Christopher	Middle Name:	Last Name: Edwards	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 2

Percentage Of Ownership: 50

Percentage Of Control:

50

Role: Executive / Officer

Other Role:

First Name: Julio

Middle Name:

Last Name: Fuentes

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?: Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 3

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: George

Middle Name:

Last Name: Christy

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: Derek

Middle Name:

Last Name: Brock

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 5

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role: President

**First Name:** Daniel      **Middle Name:**      **Last Name:** Talbot      **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?:** Decline to Answer  
**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:** Alternative Therapies Group, Inc.      **Entity DBA:**  
**Email:** chris@atgma.org      **Phone:** 617-549-8575  
**Address 1:** 24R Pleasant St, Unit 2      **Address 2:**  
**City:** Newburyport      **State:** MA      **Zip Code:** 01950  
**Types of Capital:** Monetary/      **Other Type of Capital:** physical plant,      **Total Value of Capital**      **Percentage of Initial**  
Equity, Other      equipment, inventory, IP      **Provided:** \$2000000      **Capital:** 100  
**Capital Attestation:** Yes

**CAPITAL RESOURCES DOCUMENTATION - ENTITY**

Document Category	Document Name	Type	ID	Upload Date
Existence of Capital Verification	ATG Statements_04192018_140746 dispensary account-1.pdf	pdf	5ad8efaf1a56be7ea2dd0589	04/19/2018

**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  
Date generated: 07/12/2019

### MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Bond	Surety-Bond-0737558-ATG-Retail.pdf	pdf	5ad8b38efe11f335e6a96b8f	04/19/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	50 Grove St Lease-part1.pdf	pdf	5ad63e6d47a84a7e843c3501	04/17/2018
Permission to Use Premises	50 Grove St Lease-part2.pdf	pdf	5ad63e73660eb50d8b6fe9cc	04/17/2018
Permission to Use Premises	50 Grove St Lease-part3.pdf	pdf	5ad63e7909fa3e0db3eeb9be	04/17/2018

Establishment Address 1: 50 Grove St

Establishment Address 2:

Establishment City: Salem

Establishment Zip Code: 01970

Approximate square footage of the establishment: 4000

How many abutters does this property have?: 20

Have all property abutters 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
Community Outreach Meeting Documentation	Community-Outreach-Meeting-Attestation-Packet.pdf	pdf	5ad8b3b61a56be7ea2dd04c4	04/19/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5afc96a1ddfb91046e610ac8	05/16/2018
Certification of Host Community Agreement	Host-Community-Agreement-Certification-Form-signed.pdf	pdf	5b2d0901cb211e5050f10165	06/22/2018
Community Outreach Meeting Documentation	Salem City Clerk and Mayor email.pdf	pdf	5b564897109eba32018f0d6f	07/23/2018
Community Outreach Meeting Documentation	Salem City Planner email.pdf	pdf	5b564898a18777320b0d86a2	07/23/2018
Community Outreach Meeting Documentation	SN_SN_20180306_1_13-100dpi.pdf	pdf	5b564969a074053215ddb763	07/23/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning - Salem update.pdf	pdf	5b564ac4a18777320b0d86a6	07/23/2018

No documents uploaded

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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	Plan to positively impact the community.pdf	pdf	5ae3717f39740e0d95e83b2e	04/27/2018

### ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

### INDIVIDUAL BACKGROUND INFORMATION

#### Individual Background Information 1

Role: Executive / Officer      Other Role:

First Name: Christopher      Middle Name:      Last Name: Edwards      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 2

Role: Executive / Officer      Other Role:

First Name: Julio      Middle Name:      Last Name: Fuentes      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 3

Role: Executive / Officer      Other Role:

First Name: George      Middle Name:      Last Name: Christy      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

Role: Executive / Officer      Other Role:

First Name: Derek      Middle Name:      Last Name: Brock      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	license-front.jpg	jpeg	5ad646bd7212167e7aeed5a3	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad646ca660eb50d8b6fe9eb	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad646d4ccedc435f6f6a380	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad646e06d28ab7e8e7886cf	04/17/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Chris.pdf	pdf	5adf8897423af335ecabb1e1	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Derek.pdf	pdf	5adf88996d28ab7e8e788e45	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Julio.pdf	pdf	5adf889b39740e0d95e83810	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Rob.pdf	pdf	5adf889eb9c5f536005a7626	04/24/2018

#### ENTITY BACKGROUND CHECK INFORMATION

No records found

#### MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Articles of Organization	Articles of Organization.pdf	pdf	5ad6568f94c954361422c2fd	04/17/2018
Bylaws	Bylaws - Alternative Therapies Group, Inc.pdf	pdf	5ad656936232520dbd59278c	04/17/2018
Department of Revenue - Certificate of Good standing	DOR-Certificate-of-Good-Standing.pdf	pdf	5ad656977cc84f3628fda601	04/17/2018
Secretary of Commonwealth - Certificate of Good Standing	18050090210.pdf	pdf	5afc977a9a67bb11cc7e4a5b	05/16/2018
Articles of Organization	ATG - Articles of Entity Conversion - CERTIFIED-1.pdf	pdf	5afc981a9a67bb11cc7e4a5f	05/16/2018

No documents uploaded

Massachusetts Business Identification Number: 001324751

Doing-Business-As Name:

DBA Registration City:

#### BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	Business Plan.pdf	pdf	5adf5d1e7cc84f3628fdac4a	04/24/2018
Proposed Timeline	Timeline.pdf	pdf	5adf5d2939740e0d95e837cb	04/24/2018

Plan for Liability Insurance	Plan for Obtaining Liability Insurance.pdf	pdf	5adf5d36b9c5f536005a75d7	04/24/2018
Proposed Timeline	Timeline-Salem-updated.pdf	pdf	5b564cfe109eba32018f0d7d	07/23/2018

### OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Plan for obtaining marijuana or marijuana products	Plan for obtaining marijuana or marijuana products.pdf	pdf	5adf9b05ccedc435f6f6aabe	04/24/2018
Separating recreational from medical operations, if applicable	Separating recreational from medical operations.pdf	pdf	5adf9b126d28ab7e8e788e69	04/24/2018
Restricting Access to age 21 and older	Restricting Access to age 21 and older.pdf	pdf	5adf9b234e185c0d9f42aaa5	04/24/2018
Security plan	Security Plan.pdf	pdf	5adf9b2f2654f0360aecf5aa	04/24/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5adf9b431a56be7ea2dd099c	04/24/2018
Storage of marijuana	Storage of marijuana.pdf	pdf	5adf9b4f09fa3e0db3eec0ce	04/24/2018
Transportation of marijuana	Transportation of marijuana.pdf	pdf	5adf9b5c41df29361e4757db	04/24/2018
Inventory procedures	Inventory Procedures.pdf	pdf	5adf9b670cc9397eb6ce8020	04/24/2018
Quality control and testing	Quality control and testing.pdf	pdf	5adf9b7693460b0dc73ecf70	04/24/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5adf9b82fe11f335e6a9700b	04/24/2018
Personnel policies including background checks	Personnel Policies Including Background Checks-1.pdf	pdf	5adf9b8e7212167e7aeedd19	04/24/2018
Personnel policies including background checks	Personnel Policies Including Background Checks-2.pdf	pdf	5adf9b9a660eb50d8b6ff097	04/24/2018
Record Keeping procedures	Record Keeping Procedures.pdf	pdf	5adf9baacedc435f6f6aac2	04/24/2018
Maintaining of financial records	Maintaining of financial records.pdf	pdf	5adf9bb66d28ab7e8e788e6d	04/24/2018
Diversity plan	Diversity Plan.pdf	pdf	5adf9bc44e185c0d9f42aaa9	04/24/2018
Qualifications and training	Qualifications and training.pdf	pdf	5adf9bd22654f0360aecf5ae	04/24/2018
Prevention of diversion	Prevention of Diversion-updated.pdf	pdf	5b564d3ba074053215ddb771	07/23/2018
Diversity plan	Diversity Plan-updated.pdf	pdf	5b564d505c57ce321fac5d6d	07/23/2018
Security plan	Hours of operation and after-hours contact.pdf	pdf	5b564d8da208e331ed151c9e	07/23/2018

### 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

#### 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