



# Massachusetts Cannabis Control Commission

## Marijuana Product Manufacturer

<b>Business Name:</b>	Garden Remedies, Inc.	<b>License Number:</b>	MP281381
<b>Tax Identification Number:</b>	*****	<b>Issued Date:</b>	12/31/2018
<b>Business Email Address:</b>	thopper@gardenremedies.org	<b>Expiration Date:</b>	12/31/2019
<b>Business Phone Number:</b>	617-235-7212	<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	5b16b55563f5ba502c343466	06/05/2018

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: [REDACTED]

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 Holding, LLC Entity DBA:  
 Email: Phone:  
 pwesthead@rimrockcapital.com 948-381-7883  
 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	5b16c56d5617f143c98ba4f7	06/05/2018
Existence of Capital Verification	RMC Holdings, LLC .pdf	pdf	5b16c572b797ff43e7a4f7b8	06/05/2018

### 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 Fitchburg Product Manufacturer.pdf	pdf	5bdc92eb6427cd044e627d49	11/02/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Fitchburg Lease -.pdf	pdf	5b16c684b47dfe43b93eb17a	06/05/2018

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

### HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Fitchburg Community Host Agreement.pdf	pdf	5b997f0118807b2d67c416f1	09/12/2018
Plan to Remain Compliant with Local Zoning	adult use MJ amendment -final.pdf	pdf	5b9ffd6789bc002d9918c2fb	09/17/2018
Community Outreach Meeting Documentation	Fitchburg Community Outreach.pdf	pdf	5bdc9328d912bf0445fe5411	11/02/2018
Plan to Remain Compliant with Local Zoning	Garden Remedies, Inc. Plan to Remain Compliant with Local Zoning .pdf	pdf	5bdc936d82d97d04a0077807	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: \$

### PLAN FOR POSITIVE IMPACT

Document Category	Document Name	Type	ID	Upload Date
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Date generated: 07/17/2019

Page: 4 of 10

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: Alias 2: Alias 3:  
Phone: Email:  
Primary Address 1: Primary Address 2:  
Primary City: Primary State: Primary Zip Code: Years at this Address:  
Date of Birth:  
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: Email:  
Primary Address 1: Primary Address 2:  
Primary City: Primary State: Primary Zip Code: Years at this Address:  
Date of Birth:  
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: Email:  
Primary Address 1: Primary Address 2:  
Primary City: Primary State: Primary Zip Code: Years at this Address:  
Date of Birth:  
RMD Association: RMD Manager  
Background Question: no  
Description of Background Events:

Individual Background Information 4

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	5b1945eb480890506ed9a944	06/07/2018
Massachusetts CORI Authorization Form	Karen Acknowledgement.pdf	pdf	5b1945ed63f5ba502c34362d	06/07/2018
Disclosure and acknowledgement form	Karen Disclosure and acknowledgement.pdf	pdf	5b1945f05246fb5032dde1d2	06/07/2018
Release authorization form	Karen Release authorization.pdf	pdf	5b1945f4719dca5046293c70	06/07/2018
Other US State Driver's License	K tenenbaum ID.pdf	pdf	5b19468907462b50643795e2	06/07/2018

Massachusetts CORI Authorization Form	Katie acknowledgement.pdf	pdf	5b19468b480890506ed9a948	06/07/2018
Disclosure and acknowledgement form	Katie Disclosure and acknowledgement.pdf	pdf	5b19468e63f5ba502c343631	06/07/2018
IVES form 4506-T	Katie 4506-T.pdf	pdf	5b1946905246fb5032dde1d6	06/07/2018
Release authorization form	Katie Release authorization.pdf	pdf	5b19469453361a503c1d4b7f	06/07/2018
MA Driver's License	J Herold ID.pdf	pdf	5b1946da719dca5046293c74	06/07/2018
Massachusetts CORI Authorization Form	Jeff acknowledgement.pdf	pdf	5b1946ddcb211e5050f0f421	06/07/2018
Disclosure and acknowledgement form	Jeff Disclosure and acknowledgement.pdf	pdf	5b1946dfdb987f505ab29301	06/07/2018
IVES form 4506-T	Jeff 4506-T.pdf	pdf	5b1946e107462b50643795e6	06/07/2018
Release authorization form	Jeff release authorization.pdf	pdf	5b1946e3480890506ed9a94c	06/07/2018
MA Driver's License	K Hawkes ID.pdf	pdf	5b19473263f5ba502c343635	06/07/2018
Massachusetts CORI Authorization Form	TK Acknowledgement.pdf	pdf	5b1947345246fb5032dde1da	06/07/2018
Disclosure and acknowledgement form	TK Disclosure and acknowledgement.pdf	pdf	5b19473653361a503c1d4b83	06/07/2018
IVES form 4506-T	TK 4506-T.pdf	pdf	5b194738719dca5046293c78	06/07/2018
Release authorization form	TK Release Authorization.pdf	pdf	5b19473bcb211e5050f0f425	06/07/2018
MA Driver's License	M Climo ID.pdf	pdf	5b194782db987f505ab29305	06/07/2018
Massachusetts CORI Authorization Form	Mike Acknowledgement.pdf	pdf	5b19478507462b50643795ea	06/07/2018
Disclosure and acknowledgement form	Mike Disclosure and acknowledgement.pdf	pdf	5b194787480890506ed9a950	06/07/2018
Release authorization form	Mike release authorization.pdf	pdf	5b19478c5246fb5032dde1de	06/07/2018
IVES form 4506-T	Karen 4506-T.pdf	pdf	5b996a7a185bb22d71067698	09/12/2018
IVES form 4506-T	Climo 4506-T.pdf	pdf	5b996ac10d95792d85f441b1	09/12/2018
MA Driver's License	Mack License.jpg	jpeg	5b996ae14e62492d8f345ece	09/12/2018
Massachusetts CORI Authorization Form	Mack CORI Acknowledgement.pdf	pdf	5b996af6185bb22d7106769e	09/12/2018
Disclosure and acknowledgement form	Mack Disclosure and Acknowledgement.pdf	pdf	5b996b0489bc002d9918c024	09/12/2018
IVES form 4506-T	Mack 4506-T.pdf	pdf	5b996b15cea8212d4c7b6a2a	09/12/2018
Release authorization form	Mack Release Authorization Form.pdf	pdf	5b996b245e9b3d2d528a9081	09/12/2018

### 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

Date generated: 07/17/2019

Page: 7 of 10

Primary Business Address 1: 100 Innovation Drive

Primary Business Address 2: Suite 200

Primary Business City: Irvine

Primary Business State:

Principal Business Zip Code:

CA

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	5b16c9138d1e3843f1aff362	06/05/2018
Department of Revenue - Certificate of Good standing	Certificate of Good Standing DOR.pdf	pdf	5b16c91910757543fbca6426	06/05/2018
Articles of Organization	Articles of Organization.pdf	pdf	5b16c920b47dfe43b93eb186	06/05/2018
Bylaws	GRI Bylaws.pdf	pdf	5b16c927a6220743bfd9c718	06/05/2018
Articles of Organization	Paula B. Nickerson.pdf	pdf	5bdc911c82d97d04a00777f5	11/02/2018

No documents uploaded

Massachusetts Business Identification Number: 001112342

Doing-Business-As Name: Garden Remedies, Inc.

DBA Registration City: Newton

### BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	GRI Business Plan_Part1.pdf	pdf	5b996bee185bb22d710676a8	09/12/2018
Business Plan	GRI Business Plan_Part2.pdf	pdf	5b996bf8d389b22d7bd65489	09/12/2018
Business Plan	GRI Business Plan_Part3.pdf	pdf	5b996c040d95792d85f441bd	09/12/2018
Proposed Timeline	GRI TImeline.pdf	pdf	5b996c194e62492d8f345eda	09/12/2018
Plan for Liability Insurance	Certificate of Liability Insurance.pdf	pdf	5b996c4689bc002d9918c02e	09/12/2018

### OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Sample of unique identifying marks used for branding	Garden Remedies Final border Label flourish Burst 1.jpg	jpeg	5b914e924e62492d8f34599d	09/06/2018
Sample of unique identifying marks used for branding	Garden Remedies Final Linear border Flourish gold burst 1.jpg	jpeg	5b914e9a89bc002d9918bb1a	09/06/2018
Sample of unique identifying marks used for branding	GR logo Tag Vector.pdf	pdf	5b914ea5cea8212d4c7b6525	09/06/2018
Sample of unique identifying marks used for branding	GRI Leaf Only.jpg	jpeg	5b914eac18807b2d67c41181	09/06/2018
Separating recreational from medical operations, if applicable	Separating Recreational from Medical Operations.pdf	pdf	5b996cb94e62492d8f345ee0	09/12/2018
Restricting Access to age 21 and	Restricting Access to 21 and Older.pdf	pdf	5b996ccc89bc002d9918c034	09/12/2018

older				
Security plan	Security Plan.pdf	pdf	5b996cddcea8212d4c7b6a38	09/12/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5b996ceb5e9b3d2d528a908f	09/12/2018
Storage of marijuana	Storage of Marijuana.pdf	pdf	5b996d0818807b2d67c416c7	09/12/2018
Transportation of marijuana	Transportation of Marijuana.pdf	pdf	5b996d16185bb22d710676b0	09/12/2018
Inventory procedures	Inventory Procedures.pdf	pdf	5b996d22d389b22d7bd65491	09/12/2018
Quality control and testing	Quality Control and Testing.pdf	pdf	5b996d370d95792d85f441c5	09/12/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5b996d464e62492d8f345ee4	09/12/2018
Personnel policies including background checks	Personnel Procedures.pdf	pdf	5b996d5989bc002d9918c038	09/12/2018
Record Keeping procedures	Record Keeping Procedures.pdf	pdf	5b996d6ccea8212d4c7b6a3c	09/12/2018
Maintaining of financial records	Maintaining of Financial Records.pdf	pdf	5b996d795e9b3d2d528a9093	09/12/2018
Qualifications and training	Qualifications and Training.pdf	pdf	5b996d9a185bb22d710676b4	09/12/2018
Security plan	Fitchburg Product Manufacturing Hours of Operation and Contact Info.pdf	pdf	5b9b25cf8d67cc394b81d213	09/13/2018
Types of products Manufactured.	Garden Remedies Strains.pdf	pdf	5b9fed2f185bb22d7106795d	09/17/2018
Quality control and testing	GRI-CP.03 Pest and Contamination Control Procedures.pdf	pdf	5b9ff0584e62492d8f3461ab	09/17/2018
Quality control and testing	GRI-TM.03 Finished Product Testing Procedures.pdf	pdf	5b9ff06389bc002d9918c2c3	09/17/2018
Method used to produce products	Methods used to produce products.pdf	pdf	5b9ff73d3774233941395a87	09/17/2018
Diversity plan	GRI Diversity Plan.pdf	pdf	5bdc918882d97d04a00777fb	11/02/2018
Types of products Manufactured.	List of GRI Products.pdf	pdf	5bdc9462d84f77046ceecc4b	11/02/2018

### 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:

**EMERGENCY CONTACTS**

No records found