



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Silver Therapeutics, Inc.	License Number:	MR281271
Tax Identification Number:	[REDACTED]	Issued Date:	12/31/2018
Business Email Address:	joshuaasilver@gmail.com	Expiration Date:	12/31/2019
Business Phone Number:	518-570-9067	Revoked Date:	N/A
Mailing Address:	89 Court Street Saratoga Springs NY 12866	Surrendered Date:	N/A
Business Address:	82 Wendell Ave, Suite 100 Pittsfield MA 01201		

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: RPA201854

RMD INFORMATION

Name of RMD: Silver Therapeutics, Inc.
Department of Public Health RMD Registration Number: RPA201854
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: 33.33 Percentage Of Control: 33.33
Role: Owner / Partner Other Role: Executive
First Name: Joshua Middle Name: Last Name: Silver Suffix:
Gender: Male User Defined Gender:
What is this person's race or ethnicity?: Decline to Answer
Specify Race or Ethnicity:

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 33.33 Percentage Of Control: 33.33
Role: Owner / Partner Other Role: Executive
First Name: Brendan Middle Name: Last Name: McKee Suffix:

Entity Legal Name: Mandala One, LLC Entity DBA:

Entity Description: Marijuana Business - Cultivator under ME Personal Caregiver Law

Entity Phone: 617-312-0712 Entity Email: joshuaferanto@gmail.com Entity Website:

Entity Address 1: 201 US Route 1, No. 191 Entity Address 2:

Entity City: Scarborough Entity State: ME Entity Zip Code: 04074 Entity Country: USA

Entity Mailing Address 1: 201 US Route 1, No. 191 Entity Mailing Address 2:

Entity Mailing City: Scarborough Entity Mailing State: ME Entity Mailing Zip Code: 04074 Entity Mailing Country: USA

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 238 Main Street

Establishment Address 2:

Establishment City: Williamstown

Establishment Zip Code: 01267

Approximate square footage of the establishment: 708

How many abutters does this property have?: 4

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
Certification of Host Community Agreement	Host Community Agreement Certification.pdf	pdf	5adf4ac36d28ab7e8e788dd7	04/24/2018
Plan to Remain Compliant with Local Zoning	935 CMR 500.101(2)(b)(9) Compliance with local zoning.pdf	pdf	5adf602147a84a7e843c3b2f	04/24/2018
Community Outreach Meeting Documentation	Community Outreach Meeting Attestation Form w Attachments.pdf Rev2.pdf	pdf	5b3664b253361a503c1d5e8a	06/29/2018

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	Ltr re Positive Impact.pdf	pdf	5ae755b1d7af757e74820d19	04/30/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Owner / Partner Other Role: Executive

First Name: Joshua Middle Name: Last Name: Silver Suffix:

RMD Association: RMD Owner

Background Question: no

Date generated: 08/22/2019

Individual Background Information 2

Role: Owner / Partner **Other Role:** Executive
First Name: Brendan **Middle Name:** **Last Name:** McKee **Suffix:**
RMD Association: RMD Owner
Background Question: no

Individual Background Information 3

Role: Owner / Partner **Other Role:** Executive
First Name: Joshua **Middle Name:** **Last Name:** Ferranto **Suffix:**
RMD Association: RMD Owner
Background Question: no

Individual Background Information 4

Role: Other (specify) **Other Role:** Person Contributing Capital
First Name: Michel **Middle Name:** **Last Name:** Evanusa **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
Department of Revenue - Certificate of Good standing	Good Standing Tax 4 10 18.pdf	pdf	5ad89d097212167e7aeed82b	04/19/2018
Secretary of Commonwealth - Certificate of Good Standing	Good Standing 4 9 18.pdf	pdf	5ad89d336d28ab7e8e788951	04/19/2018
Articles of Organization	Articles of Organization.pdf	pdf	5ad8a01d47ddff7eac6623a0	04/19/2018
Bylaws	By Laws Silver Therapeutics, Inc.pdf	pdf	5ad8a026d7af757e74820477	04/19/2018

No documents uploaded

Massachusetts Business Identification Number: 001258563

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Proposed Timeline	Timeline1.pdf	pdf	5ae5f40f1a56be7ea2dd0d41	04/29/2018
Plan for Liability Insurance	Plan for Liability Insurance.pdf	pdf	5ae5f67efe11f335e6a97370	04/29/2018
Business Plan	Silver Therapeutics Business Plan 238 Main.pdf	pdf	5ae74bf547a84a7e843c4034	04/30/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Plan for obtaining marijuana or marijuana products	Plan to Obtain Marijuana Products.pdf	pdf	5ae5eab7b9c5f536005a7a89	04/29/2018
Separating recreational from medical operations, if applicable	Plan to Separate Medical and Adult Use.pdf	pdf	5ae5eae67cc84f3628fdb0f0	04/29/2018
Restricting Access to age 21 and older	Plan to Restrict Access.pdf	pdf	5ae5eafde459990d8544967d	04/29/2018
Prevention of diversion	Plan for Prevention of Diversion.pdf	pdf	5ae5eb357cc84f3628fdb0f4	04/29/2018
Storage of marijuana	Plan for Storage of Marijuana.pdf	pdf	5ae5eb49423af335ecabb65f	04/29/2018
Transportation of marijuana	Plan for Transportaion of Marijuana.pdf	pdf	5ae5ec7a39740e0d95e83c37	04/29/2018
Record Keeping procedures	Record Keeping Proceeedures.pdf	pdf	5ae5ecda47ddff7eac662bc3	04/29/2018
Maintaining of financial records	Procedures for Maintenance of Financial Records.pdf	pdf	5ae5ecea6232520dbd593295	04/29/2018
Diversity plan	Diversity Plan.pdf	pdf	5ae5ecf77cc84f3628fdb0f8	04/29/2018
Inventory procedures	Plan for Inventory Procedures.pdf	pdf	5ae5f2af0cc9397eb6ce83cb	04/29/2018
Qualifications and training	Plan for Employee Qualification and Training.pdf	pdf	5ae5f69dcedc435f6f6ae36	04/29/2018
Security plan	Security Plan Rev2.pdf	pdf	5b367234cb211e5050f1071c	06/29/2018
Dispensing procedures	Dispensing Procedures Rev2.pdf	pdf	5b36725a07462b506437a977	06/29/2018
Personnel policies including background checks	Personnel Policies including Background Check Policies Rev2.pdf	pdf	5b367268480890506ed9bcc3	06/29/2018
Quality control and testing	Proceeedures for quality control and testing of product for potential contaminates Rev2.pdf	pdf	5b36727c63f5ba502c3449a6	06/29/2018

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 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 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.:

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: