



Review

Selected Account:CS Alabama Investments LLC

Your application has been filed with the Alabama Medical Cannabis Commission.
Your reference code is **1701**.

File Date : **03/03/2023 4:08 PM**

Your transaction ID is : **89102528**

Transaction Token: **363dd105-aa2a-45d6-ae1f-ff89a00429f4**

i If you do not receive email notifications, please check your spam folder.

You must print or save this page as a PDF as part of your redacted filing.

Request for Business Application Information

✓ Request Number: 0551

General Applicant Information

✓ Applicant Name : CS Alabama Investments LLC

✓ Applying as: Business Entity

Trade Name : (DBAs)

✓ Identification Number Type : FEIN

✓ Federal Tax Identification Number : 920705189

✓ Business Entity Name : CS ALABAMA INVESTMENTS LLC

✓ Business Entity Type : Limited Liability Company

✓ Secretary of State Entity ID Number : 001044791

✓ Federal Business Code No : 90705189

✓ Date of Qualification, Organization or Incorporation :10/17/2022

Applicant Street Address

✓ Street: 3014 TUCKER DR NW

Unit No / Apt No :

✓ City: HUNTSVILLE

✓ County: 45-Madison

✓ State: Alabama

✓ Zip Code: 35810

✓ Address Verified?: Yes

Applicant Mailing Address

✓ **Street:** 3014 TUCKER D
R NW

✓ **Unit No / Apt :**
No

✓ **City:** HUNTSVILLE

✓ **State:** Alabama

✓ **Zip Code:** 35810

✓ **Address Verified?:** Yes

Applicant Website :

✓ **Applicant Email Address :** aczuchra@peopl
epc.com

✓ **Applicant Phone Number :** 7342312012

✓ **Do you have a management service agreement in place?:**

No

✓ **Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group?**

:No

Primary Contact Person

✓ **First Name:** Anthony

✓ **Last Name:** Czuchra

✓ **Title:** Manager

✓ **Phone Number :** 7342312012

✓ **Email:** aczuchra@peopl
epc.com

✓ **Street:** 14473 GRAFTON
RD

✓ **Unit No / Apt :**
No

✓ **City:** CARLETON

✓ **State:** Michigan

✓ **Zip Code:** 48117

✓ **Address Verified?:** Yes

License Information

✓ **License Type:** Dispensary

Facility Information

Facility Information

✓ **Facility Type :** Dispensing Site (R
etail Facility)

✓ **Dispensing Site Premises :** Multi-use Structure

- ✓ **Is this facility under construction?** : No
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 165
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 165
- ✓ **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

-
- ✓ **Facility Type** : Dispensing Site (Retail Facility)
 - ✓ **Dispensing Site Premises** : Strip Mall

Physical Address

- ✓ **Street:** 623 WALNUT ST
- ✓ **City:** GADSDEN
- ✓ **Unit No / Apt No** :
- ✓ **County:** 28-Etowah
- ✓ **State:** Alabama
- ✓ **Zip Code:** 35901
- ✓ **Address Verified?** : Yes

Facility Information Questions

- ✓ **Applicant's interest in property where proposed facility is located** : Agreement Contingent on Receipt of License
- ✓ **Is this facility under construction?** : No
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility** : 165
- ✓ **The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility** : 165
- ✓ **Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances?** : Yes

Ownership of Applicant

✓ **Select type of record:** Individual

✓ **Does the individual have an ownership interest in the applicant?** : Yes

Individual

✓ **Legal First Name** : Anthony

Legal Middle Name :

✓ **Legal Last Name** : Czuchra

Suffix:

✓ **Phone Number** : 7342312012

✓ **Email Address** : aczuchra@peoplep
c.com

✓ **Date of Birth** : 12/14/1952

✓ **Social Security Number** : ██████████

✓ **Race/Ethnicity:** Caucasian

✓ **Ownership Percentage of the Applicant** : 49

✓ **Role:** Manager

Residence Address

✓ **Street:** 14473 GRAFTON R
D

Unit No / Apt No :

✓ **City:** CARLETON

✓ **State:** Michigan

✓ **Zip Code:** 48117

✓ **Address Verified?** : Yes

✓ **Select type of record:** Individual

✓ **Does the individual have an ownership interest in the applicant?** : Yes

Individual

✓ **Legal First Name** : Tiffany

Legal Middle Name :

✓ **Legal Last Name** : Dill

Suffix:

✓ **Phone Number** : 3564369043

✓ **Email Address** : jobydill6@gmail.co
m

✓ **Date of Birth** : 11/20/1981

✓ **Social Security Number** : ██████████

✓ **Race/Ethnicity:** Asian

✓ **Ownership** : 51
**Percentage of
the Applicant**

✓ **Role:** Manager

Residence Address

✓ **Street:** 505 MEADOW DR

Unit No / :
Apt No

✓ **City:** RED BAY

✓ **State:** Alabama

✓ **Zip Code:** 35582

✓ **Address** : Yes
Verified?

Cannabis Industry Entities

✓ **Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, the cultivation, processing, packaging, labeling, testing, transporting, or sale of cannabis or medical cannabis, either in Alabama or any other jurisdiction?** :Yes
(1) an individual with an ownership interest in the applicant;
(2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or
(3) an entity with an ownership interest in the applicant.

✓ **Select** : Individual
**Individual
or Entity:**

Individual

✓ **Legal First** : Anthony
Name

✓ **Legal Last** : Czuchra
Name

Suffix:

✓ **Cannabis** : Clark Street Invest
Entity Name ment Group, Inc.

✓ **Entity Type:** Incorporated or Uni
ncorporated Busin
ess

✓ **Connection** : Individual
to Cannabis
Entity

✓ **Role in** : Manager , Equity in
Cannabis terest owner
Entity

✓ **Percentage of** : 100
ownership in
cannabis
entity

Cannabis Entity's Physical Address

✓ **Street:** 6640 E 8 MILE RD

Unit No / :
Apt No

✓ **City:** DETROIT

✓ **State:** Michigan

✓ **Zip Code:** 48234

✓ **Address** : Yes
Verified?

Cannabis Entity's Primary Contact/Responsible Person

- ✓ **First Name:** Anthony
 - ✓ **Last Name:** Czuchra
 - ✓ **Title:** President
 - ✓ **Phone Number:** : 7342312012
 - ✓ **Email Address:** : aczuchra@peoplep
c.com
 - ✓ **Street Address:** : 14473 GRAFTON R
D
 - Unit No / Apt No:** :
 - ✓ **City:** CARLETON
 - ✓ **State:** Michigan
 - ✓ **Zip Code:** 48117
 - ✓ **Address Verified?** : Yes
-

- ✓ **Select Individual or Entity:** : Individual

Individual

- ✓ **Legal First Name:** : Anthony
- ✓ **Legal Last Name:** : Czuchra
- Suffix:**
- ✓ **Cannabis Entity Name:** : The Farmacy Invest
ment Group, Inc.
- ✓ **Entity Type:** Incorporated or Uni
ncorporated Busin
ess
- ✓ **Connection to Cannabis Entity:** : Individual
- ✓ **Role in Cannabis Entity:** : Equity interest own
er, Manager
- ✓ **Percentage of ownership in cannabis entity:** : 12

Cannabis Entity's Physical Address

- ✓ **Street:** 525 W NORTON AV
E
- Unit No / Apt No:** :
- ✓ **City:** MUSKEGON HTS
- ✓ **State:** Michigan
- ✓ **Zip Code:** 49444
- ✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

- ✓ **First Name:** Anthony
 - ✓ **Last Name:** Czuchra
 - ✓ **Title:** President
 - ✓ **Phone Number:** : 7342312012
 - ✓ **Email Address:** : aczuchra@peoplep
c.com
 - ✓ **Street Address:** : 14473 GRAFTON R
D
 - Unit No / Apt No:** :
 - ✓ **City:** CARLETON
 - ✓ **State:** Michigan
 - ✓ **Zip Code:** 48117
 - ✓ **Address Verified?** : Yes
-

✓ **Select Individual or Entity:** : Individual

Individual

✓ **Legal First Name** : Anthony

✓ **Legal Last Name** : Czuchra

Suffix:

✓ **Cannabis Entity Name** : Hamtramck Investment Group, Inc.

✓ **Entity Type:** Incorporated or Unincorporated Business

✓ **Connection to Cannabis Entity** : Individual

✓ **Role in Cannabis Entity** : Equity interest owner, Manager

✓ **Percentage of ownership in cannabis entity** : 35

Cannabis Entity's Physical Address

✓ **Street:** 11667 JOSEPH CAMPBELL ST

Unit No / Apt No :

✓ **City:** HAMTRAMCK

✓ **State:** Michigan

✓ **Zip Code:** 48212

✓ **Address Verified?** : Yes

Cannabis Entity's Primary Contact/Responsible Person

✓ **First Name:** Anthony

✓ **Last Name:** Czuchra

✓ **Title:** President

✓ **Phone Number** : 7342312012

✓ **Email Address** : aczuchra@peoplepc.com

✓ **Street Address** : 14473 GRAFTON ROAD

Unit No / Apt No :

✓ **City:** CARLETON

✓ **State:** Michigan

✓ **Zip Code:** 48117

✓ **Address Verified?** : Yes

Questions and Attestations

✓ **Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction?** : NO

✓ **Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed?** : NO

✓ **Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction?** : YES

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Provisioning Center (Dispensary)

✓ **Licensing Board or Commission:** Michigan Cannabis Regulatory Agency ✓ **License Issued Date:** 03/21/2022 ✓ **License Expiration Date:** 03/21/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Class C Grow

✓ **Licensing Board or Commission:** Michigan Cannabis Regulatory Agency ✓ **License Issued Date:** 03/21/2022 ✓ **License Expiration Date:** 03/21/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Class C Grow

✓ **Licensing Board or Commission:** Michigan Cannabis Regulatory Agency ✓ **License Issued Date:** 03/21/2022 ✓ **License Expiration Date:** 03/21/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Class C Grow

✓ **Licensing Board or Commission:** Michigan Cannabis Regulatory Agency ✓ **License Issued Date:** 03/21/2022 ✓ **License Expiration Date:** 03/21/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Provisioning Center (Dispensary)

✓ **Licensing Board or Commission:** City of Detroit, Michigan ✓ **License Issued Date:** 09/30/2022 ✓ **License Expiration Date:** 09/30/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Class C Grow

✓ **Licensing Board or Commission:** Warren, Michigan ✓ **License Issued Date:** 12/10/2022 ✓ **License Expiration Date:** 12/10/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type:** Class C Grow

✓ **Licensing Board or Commission:** Warren, Michigan ✓ **License Issued Date:** 12/10/2022 ✓ **License Expiration Date:** 12/10/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type** : Class C Grower

✓ **Licensing Board or Commission** : Warren, Michigan ✓ **License Issued Date** : 12/10/2022 ✓ **License Expiration Date** : 12/10/2023

✓ **Select One:** Related Cannabis Entity ✓ **Name:** Clark Street Investment Group, Inc. ✓ **License Type** : Provisioning Center

✓ **Licensing Board or Commission** : City of Detroit ✓ **License Issued Date** : 09/30/2022 ✓ **License Expiration Date** : 09/30/2023

✓ **During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of the applicant or any entity affiliated with the applicant?** : NO

✓ **Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, within the last ten (10) years, filed or been served with a complaint or other notice by any governmental body, regarding a delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law?** : NO

✓ **Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?:** NO

✓ **Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?** : NO

✓ **Is any public official of any unit of government:** : NO
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;
(2) a creditor of the applicant;
(3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationship with the applicant?

✓ **Is the spouse, parent or child of a public official of any unit of government:** : NO
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;
(2) a creditor of the applicant;
(3) a holder of any debt instrument issued by the applicant; or
(4) a holder of, or interested party in, any contractual or service relationship with the applicant?

✓ **Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any felony or controlled substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise?** : NO

What is the applicant's anticipated or actual number of employees (including all facilities) at the prospective commencement of operations and during the first five calendar years thereafter?

✓ **Commencement:** 24 of Operation

✓ **Year One:** 30

✓ **Year Two:** 36

✔ Year Three: 45

✔ Year Four: 52

✔ Year Five: 60

✔ Does the applicant verify that it has the ability to maintain adequate minimum levels (\$2,000,000) of liability and casualty insurance, as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)? :Yes

✔ Does the applicant verify that each of its proposed dispensing sites is at least 1000 feet from any school, daycare, or childcare facility? : YES

✔ Does the applicant consent as required by § 20-2A-55(d), Code of Alabama 1975 (as amended) to the inspections, examinations, searches, and seizures contemplated by § 20-2A-52(a)(3), Code of Alabama 1975 (as amended)? :Yes

✔ Does the applicant verify that neither it nor its leadership have any economic interest in any other license or applicant for license under the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended)) : YES

✔ I attest that this application is truthful and complete based on the best available information as of the date of filing. : YES

✔ Signature: Anthony Czuchra

✔ Signature Date: 03/03/2023

Documents

✔ Resume or Curriculum Vitae of Individuals with Ownership Interest: Exhibit 1 - Resume or Curriculum Vitae of Individuals with Ownership ...

✔ Residency of Owners: Exhibit 2 - Residency of Owners.pdf (/api/documents/Wi7SDW3zE/d...

✔ Criminal Background Check: Exhibit 3 - Criminal Background Check.pdf (/api/documents/3LI3iD2...

✔ Demonstration of Sufficient Capital: Exhibit 4 - Demonstration of Sufficient Capital.pdf (/api/documents/...

✔ Financial Statements: Exhibit 5 - Financial Statements.pdf (/api/documents/-IsaCNPV_/do...

✔ Tax Plan: Exhibit 6 - Tax Plan.pdf (/api/documents/qyUKvdDUP/download)

✔ Business Formation Documents: Exhibit 7 - Business Formation Documents.pdf (/api/documents/xF...

✔ Business License and Authorization of Local Jurisdictions: Exhibit 8 - Business License Authorization.pdf (/api/documents/Xa-...

✔ Business Plan: Exhibit 9 - Business Plan.pdf (/api/documents/uWdY08qsv/downloa...

✓ Evidence of Business Relationship with other Licensees and Prospective Licensees:	Exhibit 10 - Evidence of Business Relationships.pdf (./api/document...
✓ Coordination of Information from Registered Certifying Physicians:	Exhibit 11 - Coordination of Information from Registered Certifying P...
✓ Point-of-Sale Responsibilities:	Exhibit 12 - Point-of-Sale Responsibilities.pdf (./api/documents/pCe...
✓ Confidentiality of Patient Information:	Exhibit 13 - Confidentiality of Patient Information.pdf (./api/documen...
✓ Money Handling and Taxes:	Exhibit 14 - Money Handling and Taxes.pdf (./api/documents/TK7fg7...
✓ Standard Operating Plan and Procedures:	Exhibit 15 - Standard Operating Plan and Procedures.pdf (./api/docu...
✓ Policies and Procedures Manual:	Exhibit 16 - Policies and Procedures Manual.pdf (./api/documents/6...
✓ Receiving and Shipping Plan:	Exhibit 17 - Recieving and Shipping.pdf (./api/documents/pV6HwMO...
✓ Facilities:	Exhibit 18 - Facilities.pdf (./api/documents/Rk-uWun-5/download)
✓ Security Plan:	Exhibit 19 - Security Plan.pdf (./api/documents/3yw03X075/downlo...
✓ Personnel:	Exhibit 20 - Personnel.pdf (./api/documents/vRUIswOnm/download)
✓ Business Leadership Credentials:	Exhibit 21 - Business Leadership Credentials.pdf (./api/documents/n...
✓ Employee Handbook:	Exhibit 22 - Employee Handbook.pdf (./api/documents/d0ILLVjBA/d...
✓ Quality Control and Quality Assurance Plan:	Exhibit 23 - Quality Control and Quality Assurance.pdf (./api/docume...
✓ Contamination and Recall Plan:	Exhibit 24 - Contamination and Recall Plan.pdf (./api/documents/nQ...
✓ Marketing and Advertising Plan:	Exhibit 25 - Marketing and Advertising Plan.pdf (./api/documents/yej...
✓ Website and Social Media:	Exhibit 26 - Website and Social Media.pdf (./api/documents/H7ok_a...
✓ Ownership Entity Individuals (if applicable):	FORM I - Ownership Entity Individuals.pdf (./api/documents/6QLBCY...
✓ Proof of Minimum Liability and Casualty Insurance:	Proof of Minimum Liability and Casualty Insurance.pdf (./api/docum...
✓ Affidavit - Entity Applicant:	Affidavit - Entity Applicant.pdf (./api/documents/ZYSNerILv/downloa...

Payments

✓ **Payment Options:** Credit Card

Exhibit 1

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 1 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

Exhibit 1 - Resume or Curriculum Vitae of Individuals with Ownership Interest in Applicants


Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Manager

Title of Verifying Individual

DocuSigned by:


Signature of Verifying Individual

Verification Date

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

[Redacted]

Business License Applicant Name

[Redacted]

Individual with Ownership Interest in Applicant

Dispensary

License Type

[Redacted]

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[Redacted]

Residential Street Address

[Redacted]

City

[Redacted]

Date Resided From (MM/YYYY)

[Redacted]

State

[Redacted]

Zip

Current

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City

[Redacted]

Date Resided From (MM/YYYY)

[Redacted]

State

[Redacted]

Zip

Date Resided To (MM/YYYY).

[Redacted]

Residential Street Address

[Redacted]

City

[Redacted]

Date Resided From (MM/YYYY)

[Redacted]

State

[Redacted]

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

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Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

[REDACTED]	[REDACTED]	[REDACTED]
Institution	City	State
[REDACTED]	[REDACTED]	[REDACTED]
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

[REDACTED]	[REDACTED]	[REDACTED]
Employer	Contact Person	Telephone
[REDACTED]	[REDACTED]	[REDACTED]
Business Address	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer

Business Address

City

Date Employed From (MM/YYYY)

Contact Person

State

Date Employed To (MM/YYYY)

Telephone

Zip

Date Employed To (MM/YYYY)

Employer

Business Address

City

Date Employed From (MM/YYYY)

Contact Person

State

Date Employed To (MM/YYYY)

Telephone

Zip

Date Employed To (MM/YYYY)

Employer

Business Address

City

Date Employed From (MM/YYYY)

Contact Person

State

Date Employed To (MM/YYYY)

Telephone

Zip

Date Employed To (MM/YYYY)

Employer

Business Address

City

Date Employed From (MM/YYYY)

Contact Person

State

Date Employed To (MM/YYYY)

Telephone

Zip

Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Business License Applicant Name

Individual with Ownership Interest in Applicant

License Type

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY).

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

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Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

Provide all institutions of higher education attended; attach additional form(s) if necessary.

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

_____	_____	_____
Institution	City	State
_____	_____	_____
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

Employment History

Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.

_____	_____	_____
Employer	Contact Person	Telephone
_____	_____	_____
Business Address	_____	_____
_____	_____	_____
City	State	Zip
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Employer	Contact Person	Telephone
----------	----------------	-----------

Business Address

City	State	Zip
------	-------	-----

Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
------------------------------	----------------------------

Additional Notes on Exhibit 1:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 2

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 2 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

Exhibit 2 – Residency of Owners.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

██████████

Printed Name of Verifying Individual

██████████

Title of Verifying Individual

████████████████████

Signature of Verifying Individual

██████████

Verification Date

Exhibit 2 – Records indicating that a majority of ownership of the Applicant is attributable to an individual or individuals with proof of residence in Alabama for a continuous period of no less than 15 years preceding the date of application.

Exhibit 2 – Residency of Owners

[REDACTED]

[REDACTED]

Figure 1 – Residency of Owners

Year	Address	Form of Proof	Exhibit
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Exhibit A

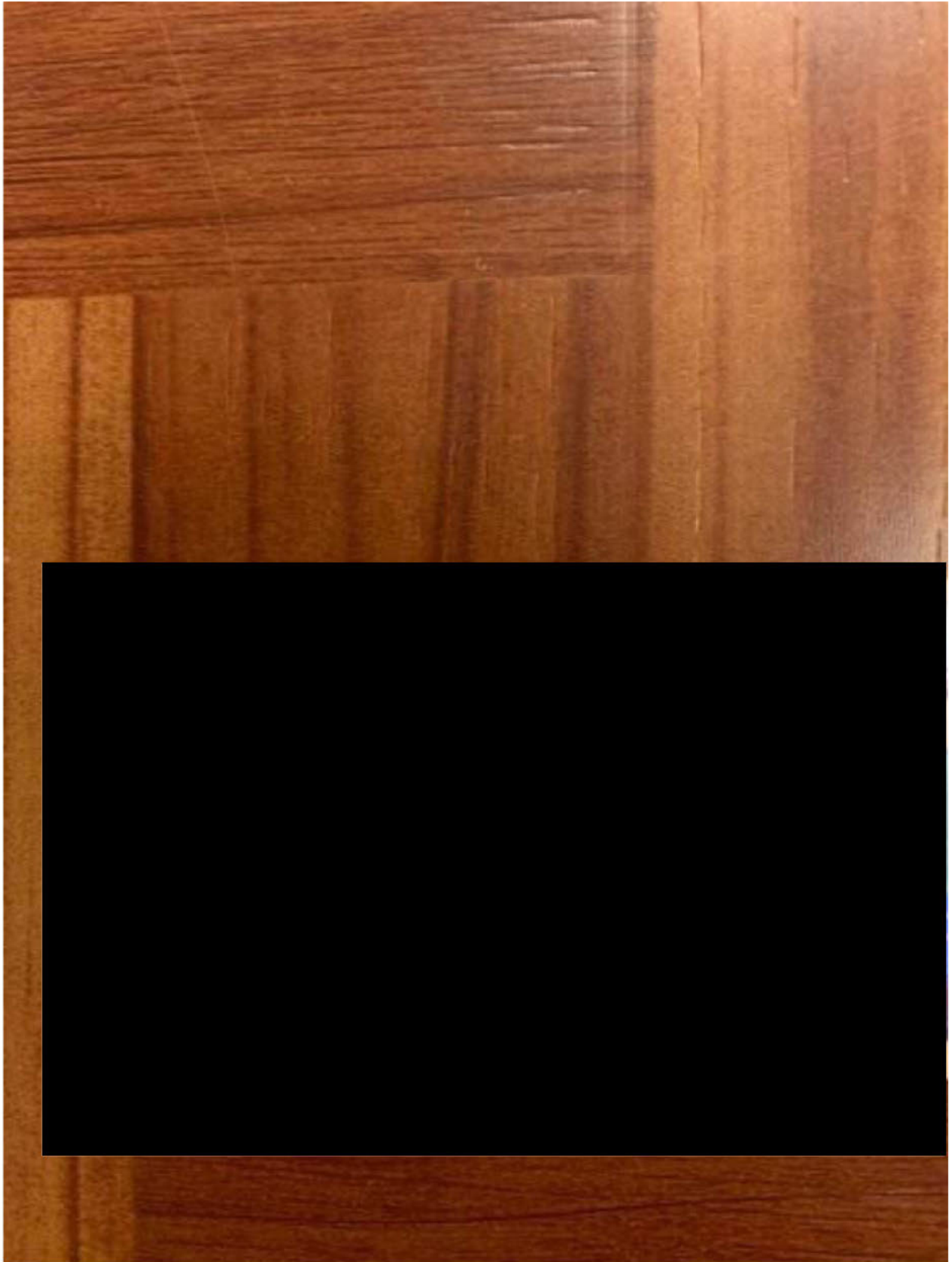


Exhibit B

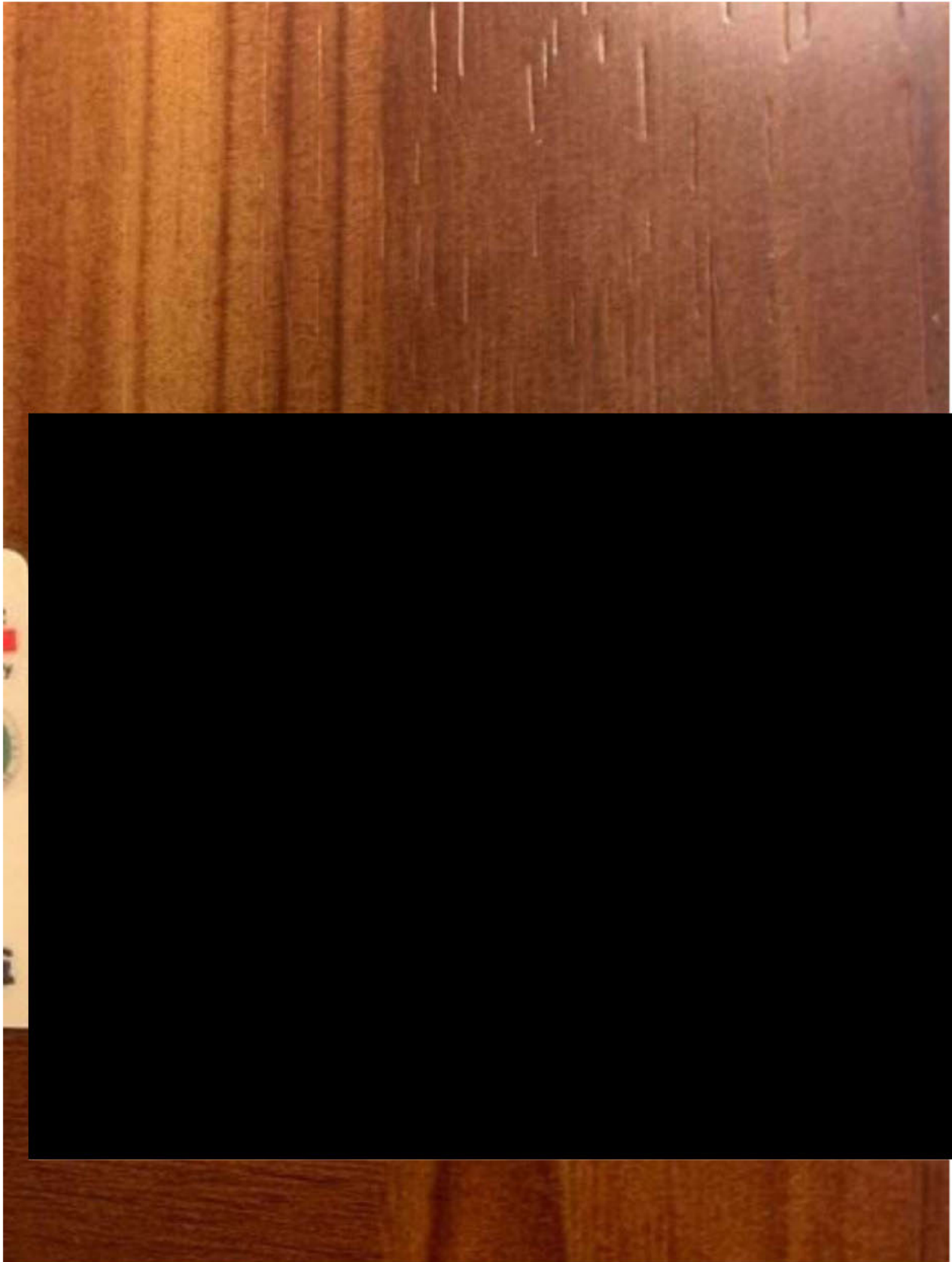


Exhibit C

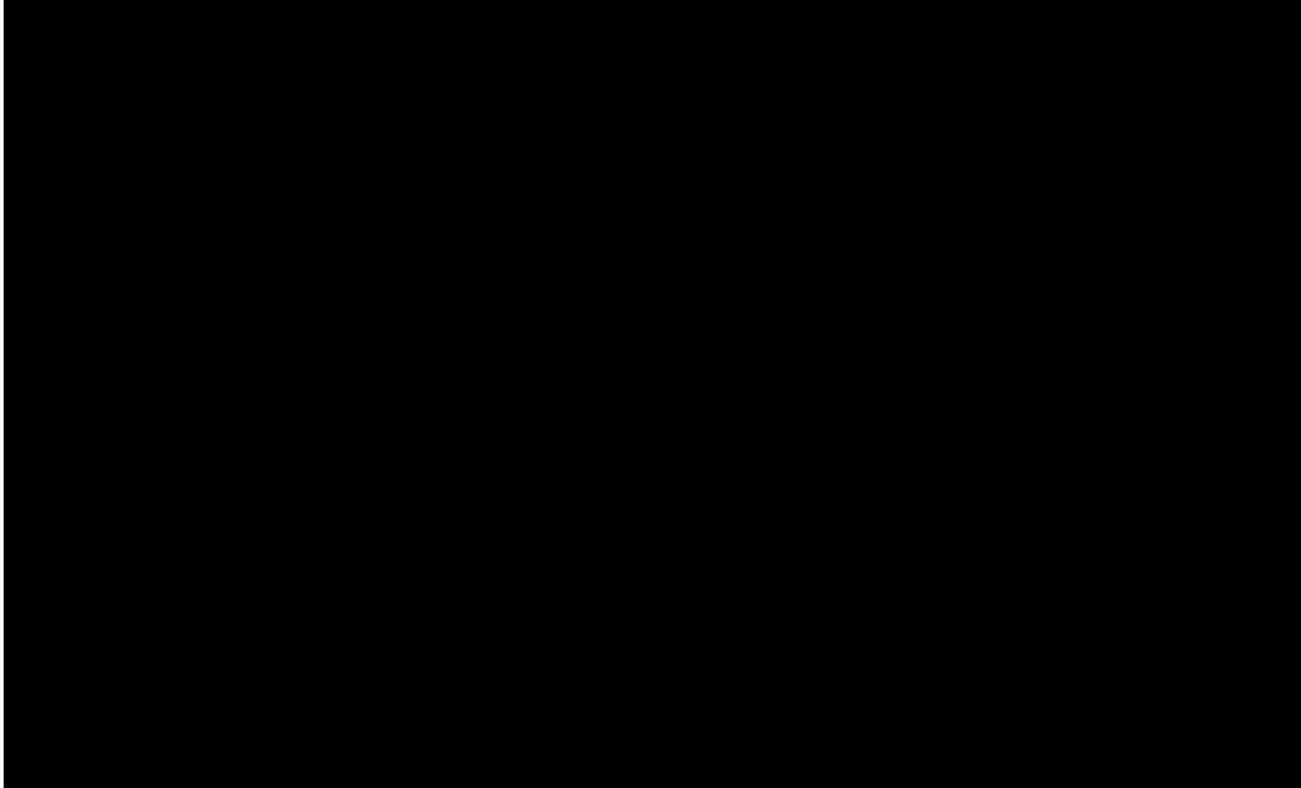


Exhibit D

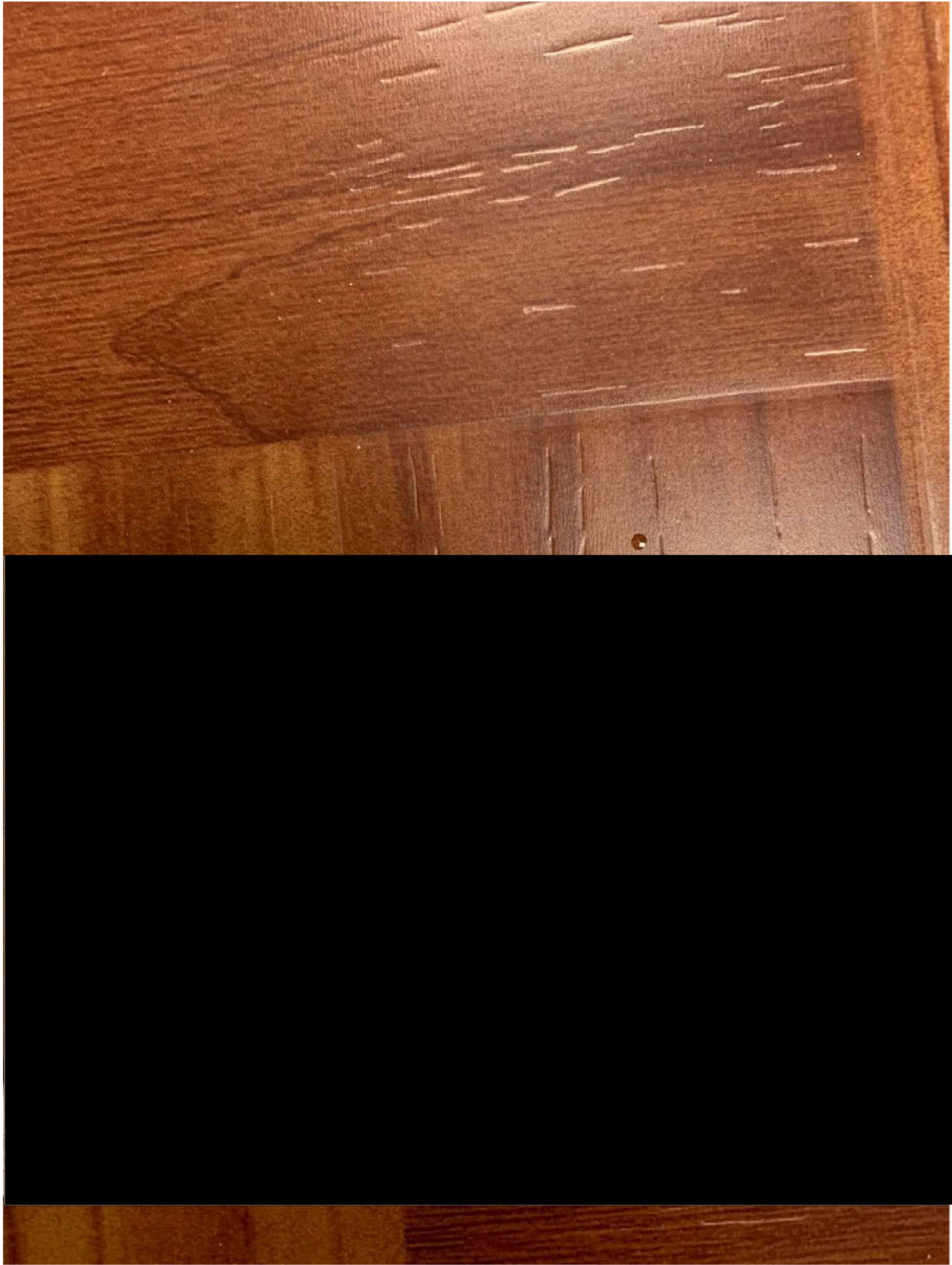


Exhibit E

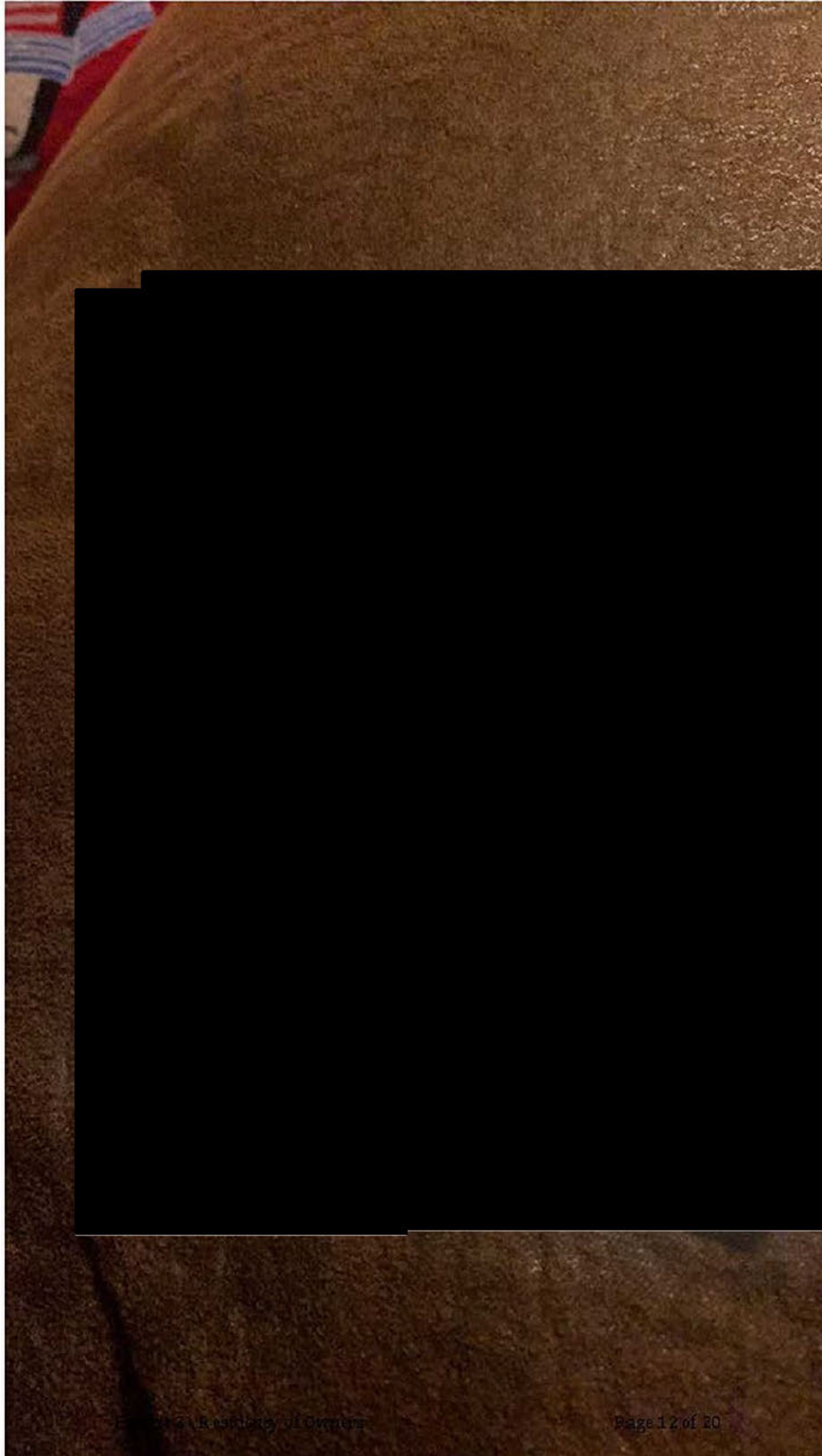


Exhibit F



1 OF 2 RECORD(S)

Deed Record For FRANKLIN County

Buyer Information

Original Name: [REDACTED]
Standardized Name: [REDACTED]
Original Address: [REDACTED]
Standardized Address: [REDACTED]

Property Information

Original Property Address: [REDACTED]
Standardized Property Address: [REDACTED]
Property Use: [REDACTED]
Data Source: A

Lender Information

Name:: [REDACTED]
Tax ID:: [REDACTED]

Legal Information

Assessor's Parcel Number: [REDACTED]
Recording Date: [REDACTED]
Contract Date: [REDACTED]
Deed Type: [REDACTED]
Book/Page: [REDACTED]
Legal Description: [REDACTED]

Mortgage Information

Loan Amount: [REDACTED]
Loan Type: [REDACTED]
Mortgage Date: [REDACTED]
Due Date: [REDACTED]
Transaction Type: [REDACTED]
Description: [REDACTED]

Important: The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

Your DPPA Permissible Use: I have no permissible use

Your GLBA Permissible Use: I have no permissible use

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2 OF 2 RECORD(S)

Assessment Record For FRANKLIN County

Owner Information

Original Name: [REDACTED]

Standardized Name: [REDACTED]

Original Address:: [REDACTED]

Seller Information

Original Name: [REDACTED]

Standardized Name: [REDACTED]

Property Information

Original Property Address: [REDACTED]

Standardized Property Address: [REDACTED]

Land Use: [REDACTED]

County: [REDACTED]

Data Source: A

Lender Information

Name:: [REDACTED]

Legal Information

Assessor's Parcel Number: [REDACTED]

Tax Account Number: [REDACTED]

Assessment Record For FRANKLIN County

Subdivision Name: [REDACTED]
Recording Date: [REDACTED]
Lot Number: [REDACTED]
Book/Page: [REDACTED]
Brief Description: [REDACTED]
Legal Description: [REDACTED]

Sale Information

Recording Date: [REDACTED]
Sale Date: [REDACTED]
Sale Price: [REDACTED]

Mortgage Information

Mortgage Type: [REDACTED]
Loan Amount: [REDACTED]

Assessment Information

Market Land Value: [REDACTED]
Market Improvement Value: [REDACTED]
Total Market Value: [REDACTED]
Calculated Land Value: [REDACTED]
Calculated Improvement Value: [REDACTED]
Total Calculated Value: [REDACTED]
Assessed Land Value: [REDACTED]
Assessed Improvement Value: [REDACTED]
Total Assessed Value: [REDACTED]
Land Use: [REDACTED]

Tax Information

Tax Amount: [REDACTED]
Tax Year: [REDACTED]
Homestead Exemption: [REDACTED]

Property Characteristics

Year Built: [REDACTED]
Stories: [REDACTED]
Baths: [REDACTED]
Roof: [REDACTED]
Garage Type: [REDACTED]
Building Area: [REDACTED]

No. of Buildings: [REDACTED]
School Tax District: [REDACTED]

Air Conditioning: [REDACTED]
Heating: [REDACTED]
Exterior Walls: [REDACTED]
Foundation: [REDACTED]
Acres: [REDACTED]
Land Dimensions: [REDACTED]
Square Footage: [REDACTED]

Important: The Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified. For Secretary of State documents, the following data is for information purposes only and is not an official record. Certified copies may be obtained from that individual state's Department of State.

Your DPPA Permissible Use: I have no permissible use

Your GLBA Permissible Use: I have no permissible use

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End of Document

Exhibit G

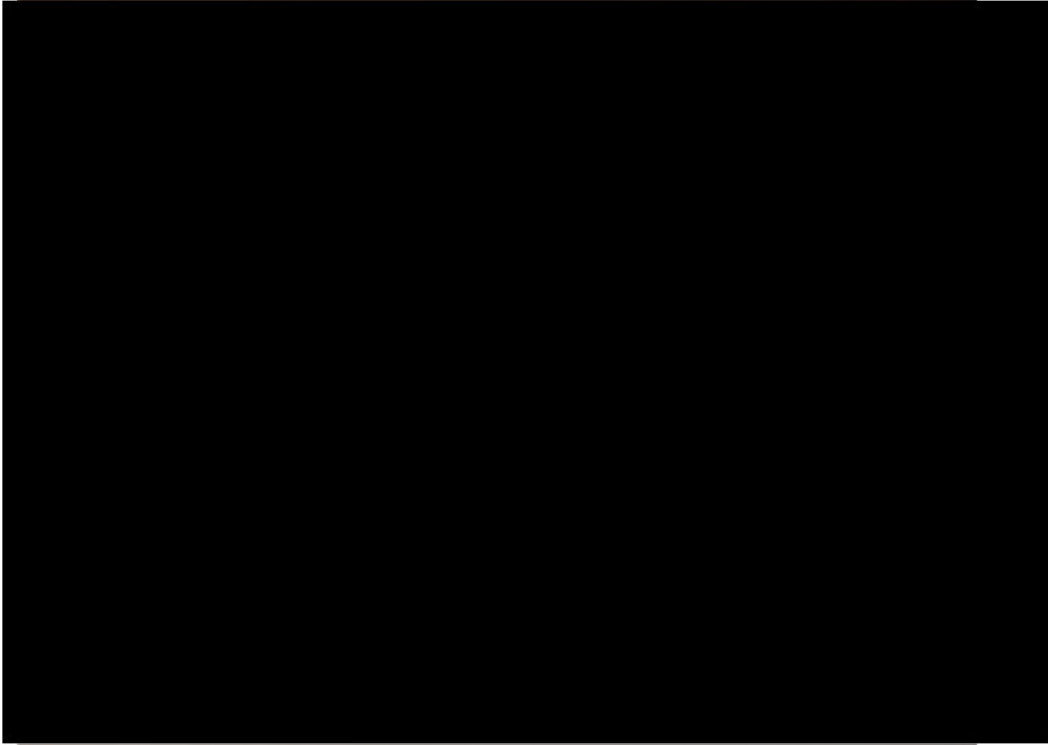
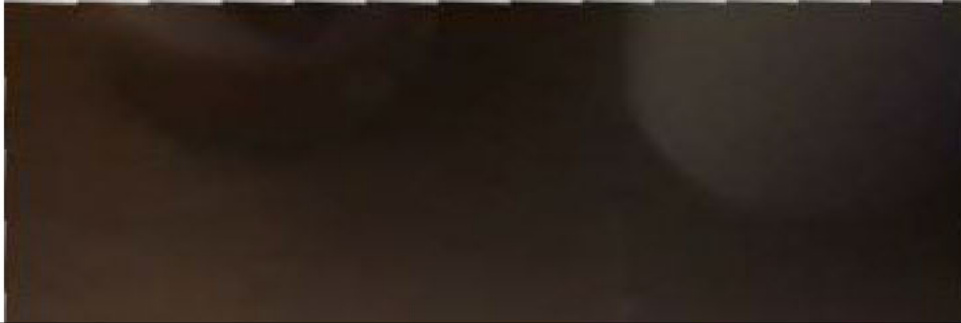


Exhibit 2 - Residency of Owners Page 19 of 20

Additional Notes on Exhibit 2:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 3

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 3 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

Exhibit 3 - Criminal Background Check

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

██████████

Printed Name of Verifying Individual

██████████

Title of Verifying Individual

████████████████████

Signature of Verifying Individual

██████████

Verification Date

3.1 – The applicant’s verification of the following: (1) the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant); and (2) that each identified individual has requested a criminal background check from the Alabama Law Enforcement Agency (ALEA).
[Use FORM B: BACKGROUND CHECK APPLICANT VERIFICATION]

3.2 – Verified written consent from each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant), to a state criminal background check, which shall be conducted, at the Applicant’s expense, by ALEA.
[Use FORM C: STATE BACKGROUND CHECK (ALEA)]

3.3 – Verified written consent from each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant), to a national criminal background check, which shall be conducted, at the Applicant’s expense, by the FBI.
[Use FORM D: NATIONAL BACKGROUND CHECK (FBI)]

3.4 – The verification of each individual identified and verified by the Applicant on the Background Check Applicant Verification Form (See 4.1 above) that the individual has requested a state criminal background check from ALEA and a national criminal background check from the FBI.
[Use FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION]

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

CS ALABAMA INVESTMENTS LLC

Dispensary

Business License Applicant Name

License Type

Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

NAME	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant

Applicant Verification: The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the FBI.

[REDACTED]

Printed Name of Verifying Individual

[REDACTED]

Title of Verifying Individual

[REDACTED]

Signature of Verifying Individual

[REDACTED]

Verification Date

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

CS ALABAMA INVESTMENTS LLC

Dispensary

Business License Applicant Name

License Type

Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

NAME	
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant

Applicant Verification: The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the FBI.

[REDACTED]

Printed Name of Verifying Individual

[REDACTED]

Title of Verifying Individual

[REDACTED]

[REDACTED]

Individual

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

CS ALABAMA INVESTMENTS LLC

Dispensary

Business License Applicant Name

License Type

[Redacted]

Individual's Name

Individual's Role (select all that apply)

[Redacted]

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

DocuSigned by: [Redacted]

Signature of Verifying Individual

[Redacted]

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.

CS ALABAMA INVESTMENTS LLC

Dispensary

Business License Applicant Name

License Type

[Redacted]

Individual's Name

Individual's Role (select all that apply

[Redacted]

Verification

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

DocuSigned by:
[Redacted]
18f43598b93e4c0... individual

[Redacted]
Verification Date

Additional Notes on Exhibit 3:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 4

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 4 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Demonstration of Sufficient Capital is a trade secret, as defined by the ATSA, and the Applicant requests this information remains redacted.

Exhibit 4 – Demonstration of Sufficient Capital.

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

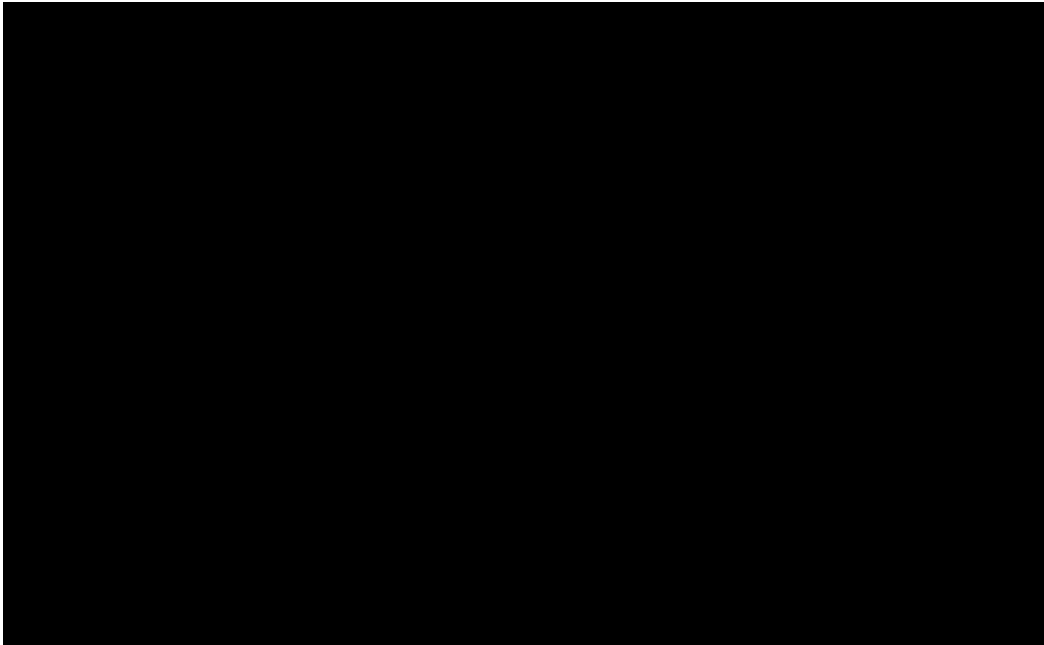
Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

Exhibit 4- Demonstration of Sufficient Capital



[Redacted text block consisting of multiple lines of blacked-out content]

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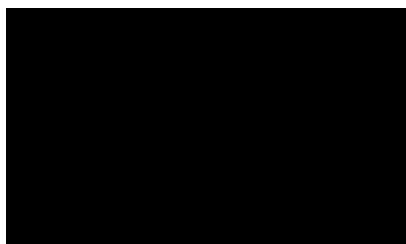
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[Redacted text block]

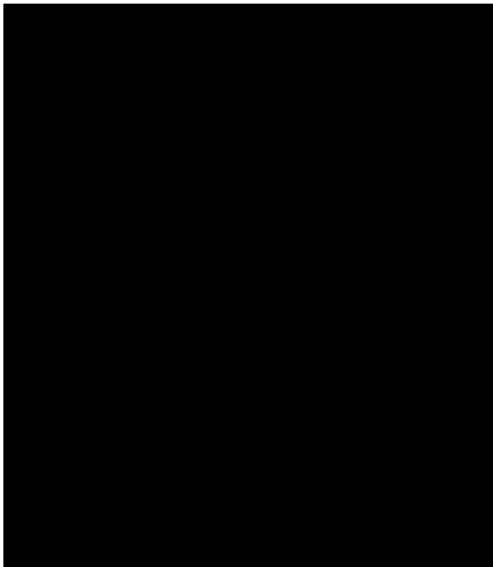
License Type: Dispensary

This statement is intended solely for the information and use by Applicant and the AMCC within the scope of the application process and should not be used or relied on by anyone other than the specified parties and only for the purpose of the application process.



This statement is intended solely for the information and use by Applicant and the AMCC within the scope of the application process, and should not be used or relied on by anyone other than the specified parties and only for the purpose of the application process.

Sincerely,



Additional Notes on Exhibit 4:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities

Exhibit 5

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 5 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The financial statements and proprietary financial projections are full under the ATSA definition of trade secrets unique to the Applicant, and the Applicant requests the full protections of such trade secrets for Exhibit 5.

5.1 – The Applicants Balance Sheet is a trade secret, as defined by the ATSA, and the Applicant requests this information remains redacted.

5.2 – The Applicants Profit and Loss report is a trade secret, as defined by the ATSA, and the Applicant requests this information remains redacted.

5.3 – The Applicants Statement of Cash Flow is a trade secret, as defined by the ATSA, and the Applicant requests this information remains redacted.

Exhibit 5 - Financial Statements

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.




Printed Name of Verifying Individual



Title of Verifying Individual



Signature of Verifying Individual



Verification Date

Exhibit 5 – Financial Statements

Introduction

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

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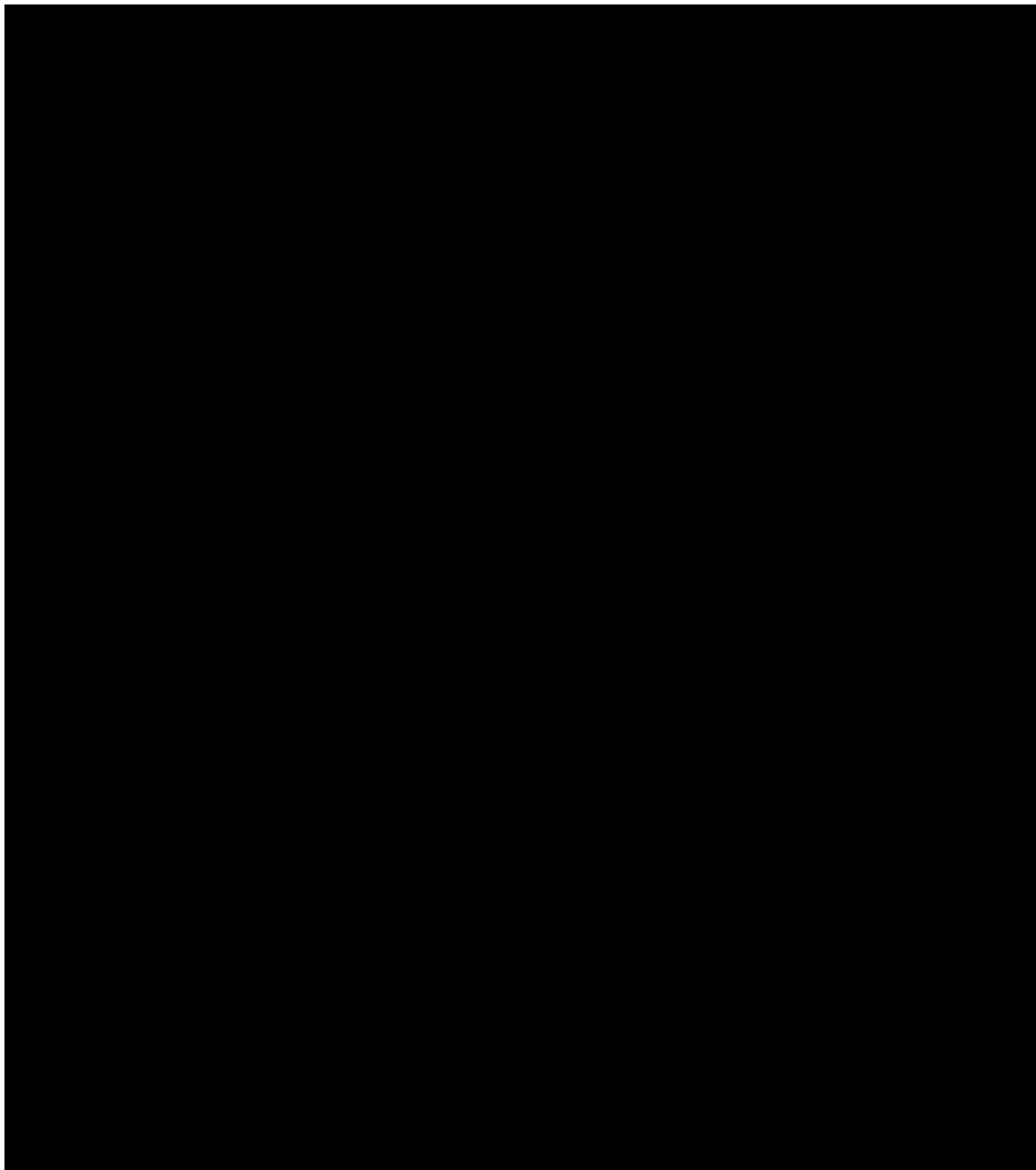
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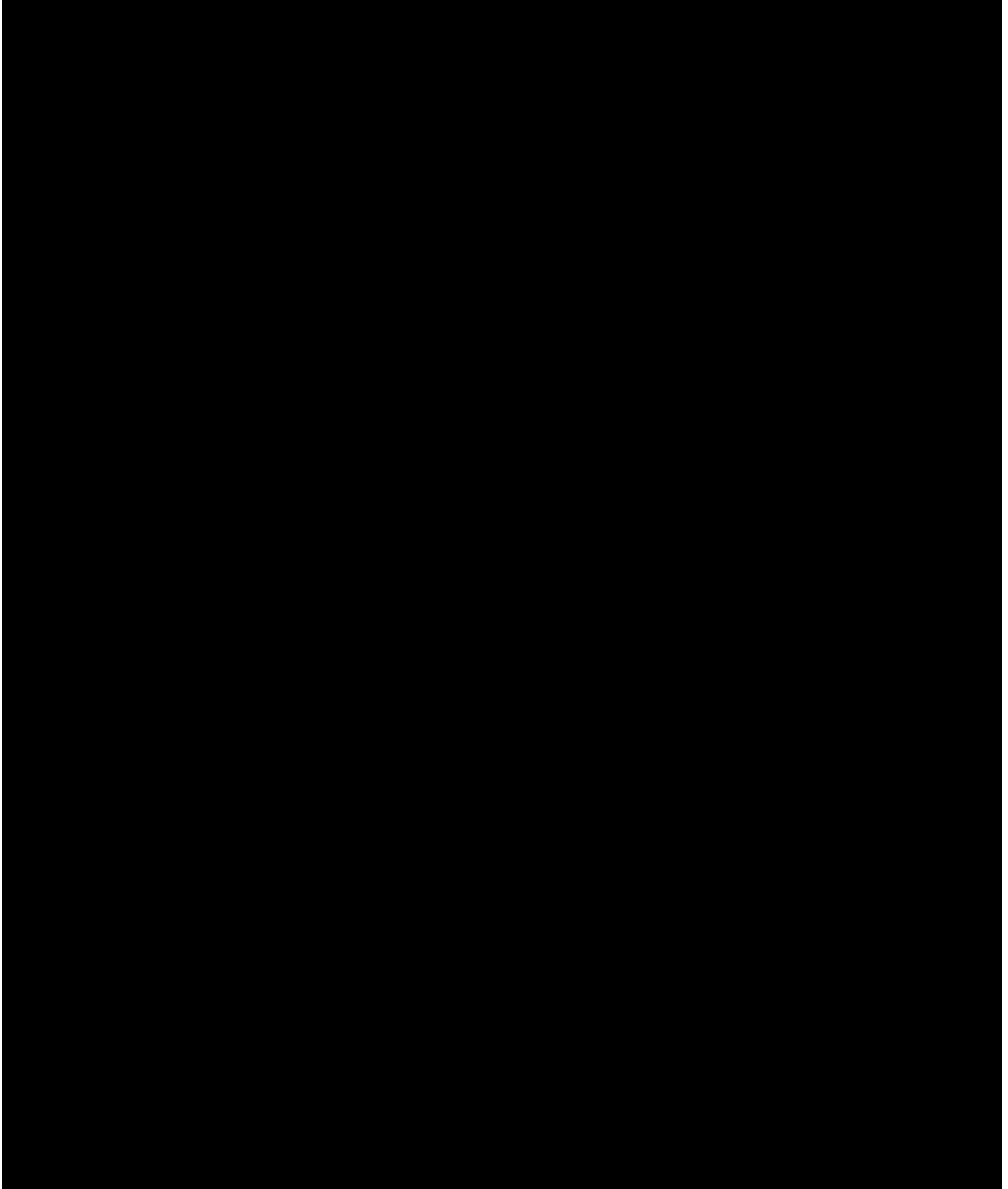
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Financial Statements

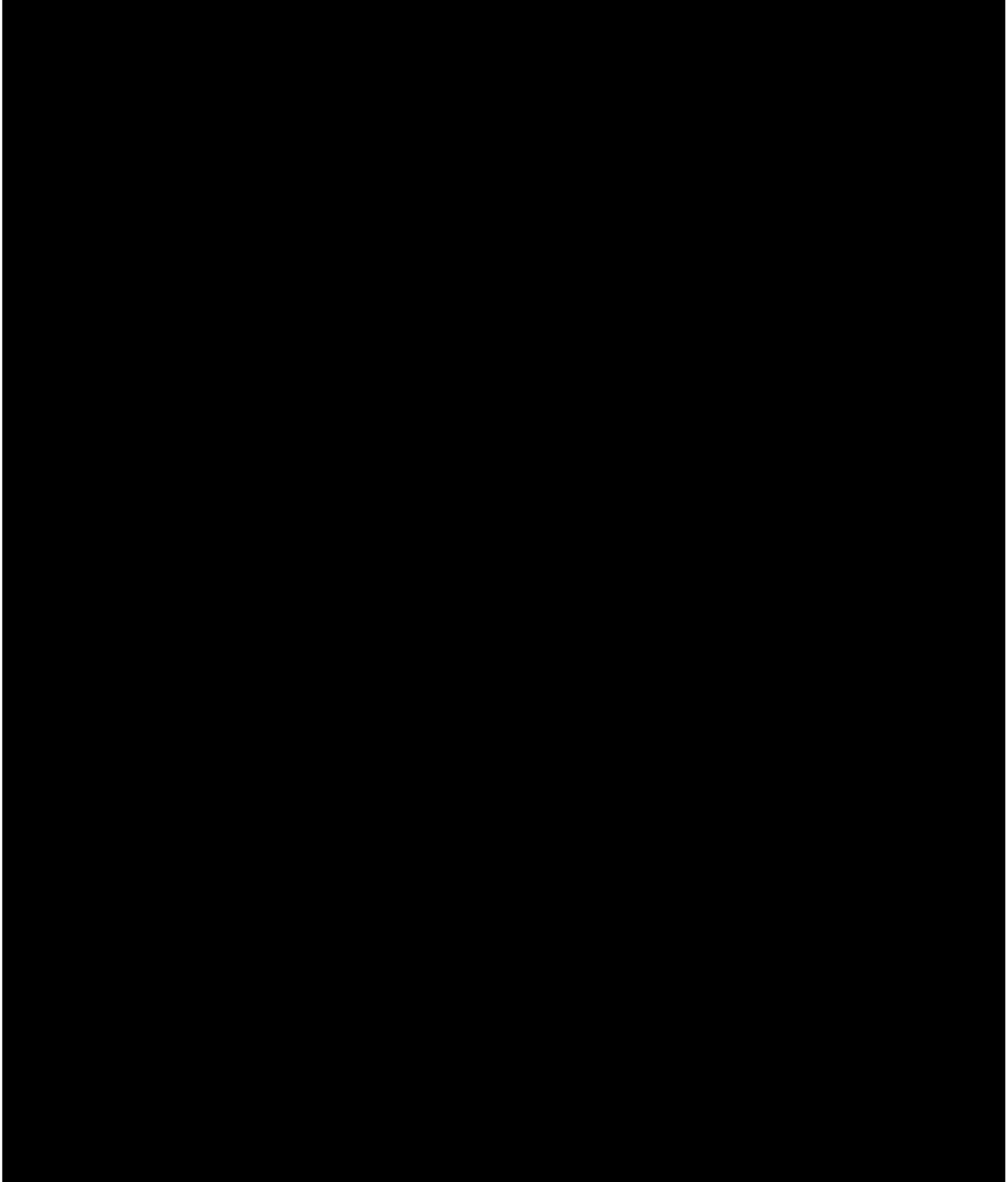
5.1 – Balance sheet report, providing a snapshot of the value of assets, liabilities and equity at commencement, or for projections, as of December 31 of each year.



5.2 – Profit and loss report, summarizing any income, expenses and net profit from the applicant’s inception to date of commencement and as projected over each calendar year thereafter, including the year of commencement.



5.3 – Statement of cash flow, examining the cash flowing into and out of the Applicant’s business from inception to commencement and during each calendar year thereafter, including the year of commencement.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

[Redacted text block]

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[REDACTED]

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[REDACTED]

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Additional Note to Exhibit 5:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 6

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 6 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Verified Tax Plan, and its unique understanding and individual work and effort in its development, fall under the ATSA definition of trade secrets unique to the Applicant, and the Applicant requests the full protections of such trade secrets for Exhibit 6.

Exhibit 6 - Tax Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

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Additional Notes on Exhibit 6:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 7

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 7 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants compilation of Business Formation documents, containing PII, comprised in Exhibit 7. While specific contents, if portrayed on their own, may not be categorized as information that would fall under the ATSA, the compilation and presentation of these documents is not readily ascertainable or publicly available, and the Applicant requests that this compilation receive the full protection of the ATSA.

Exhibit 7 - Business Formation Documents

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

DocuSigned by:


Signature of Verifying Individual

Verification Date

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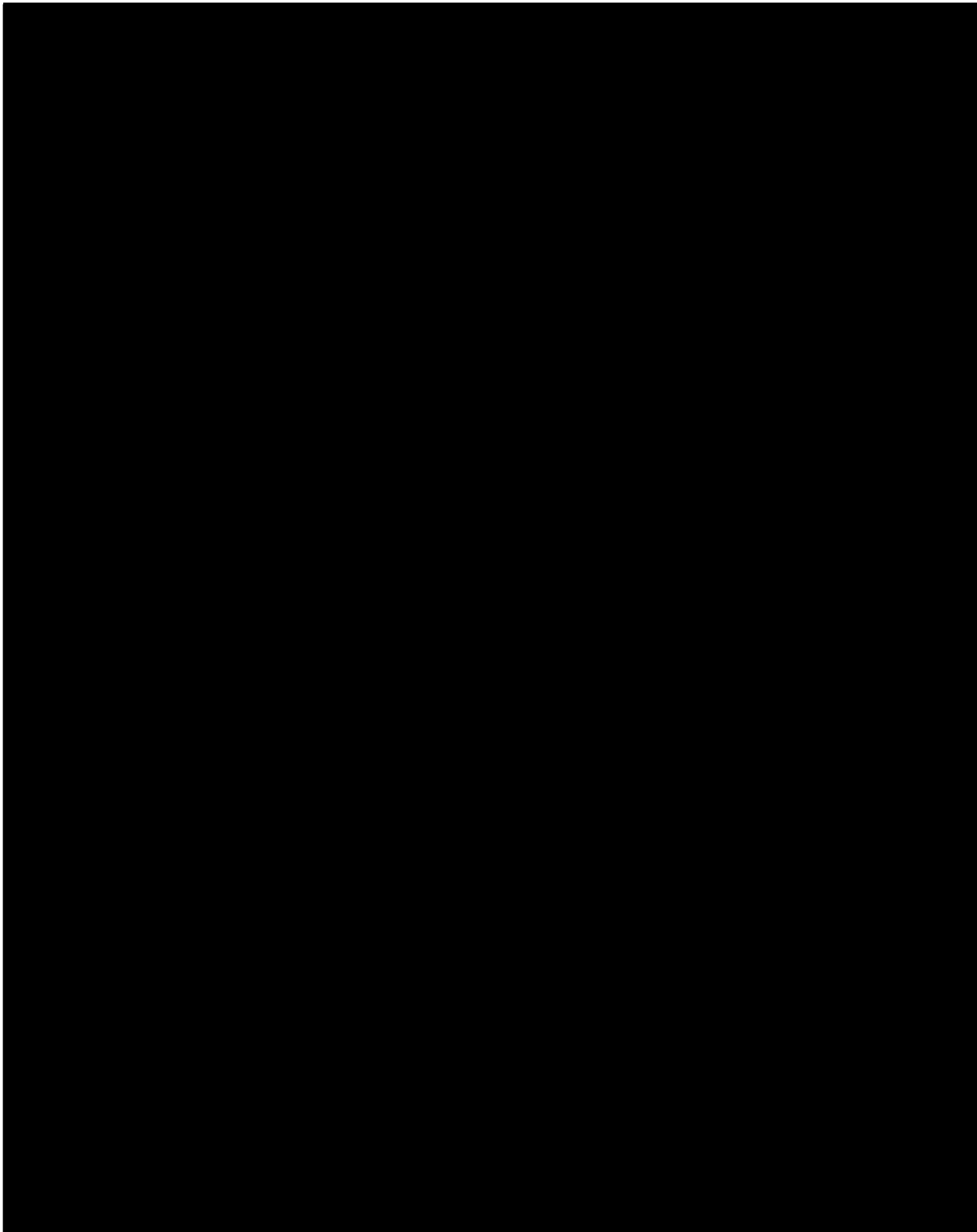
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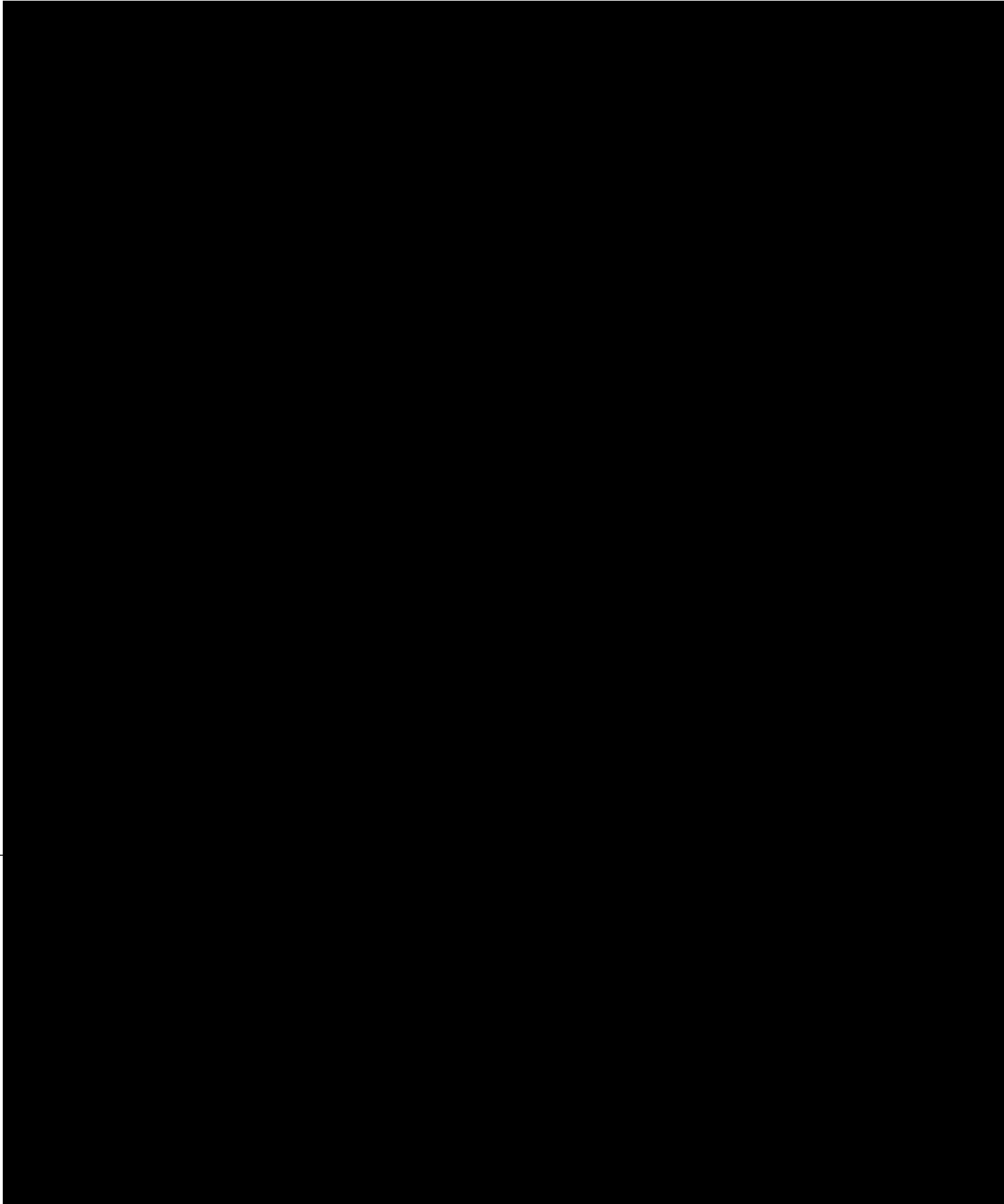
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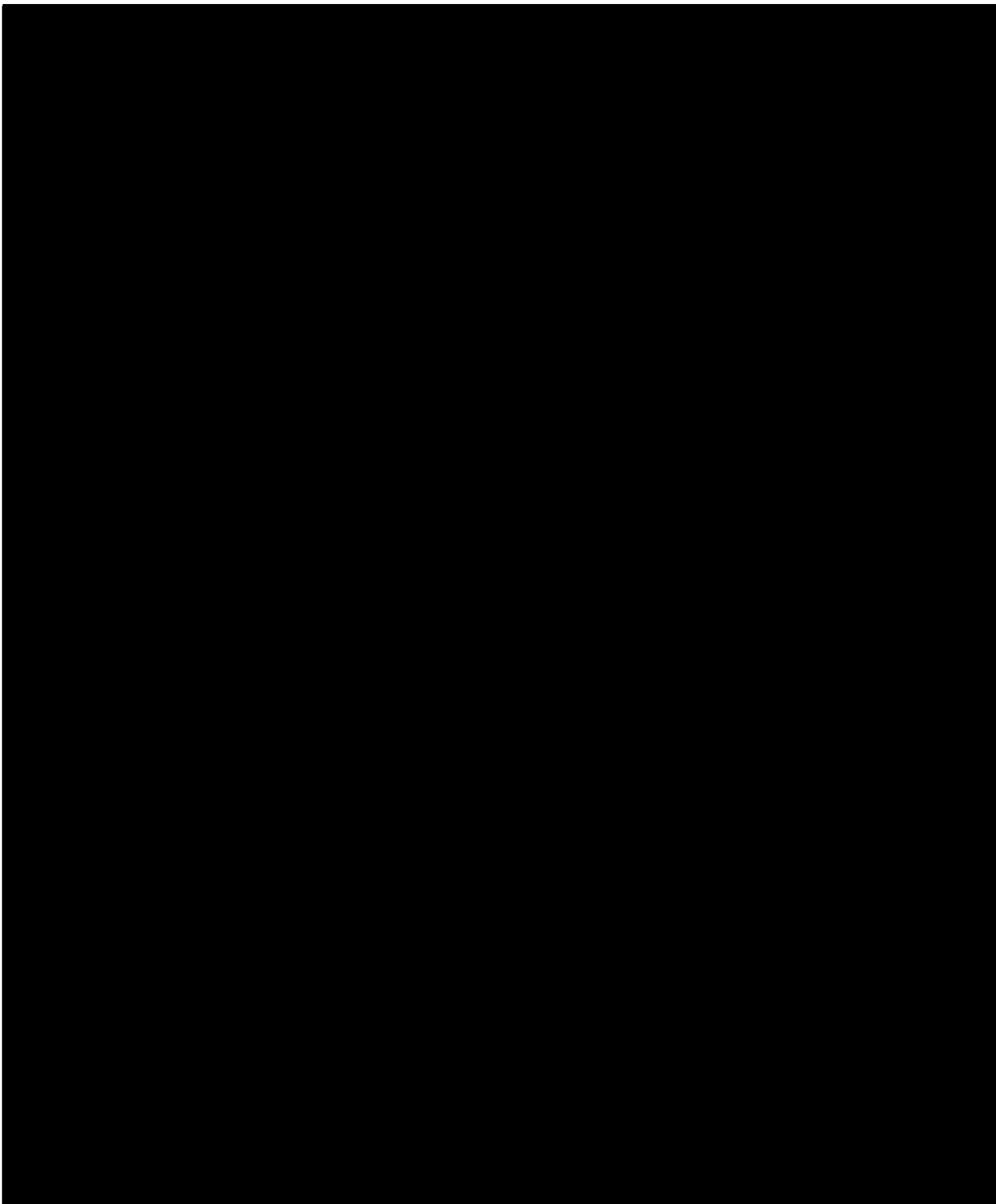
(IRS USE ONLY)

575B

10-17-2022 CSAL B 9999999999 SS-4



**DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION**



5. Check **only** if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12

The undersigned specify 10 / 17 / 2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 8 : 57 AM or PM. (cannot be noon or midnight – 12:00)

Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

10 / 17 / 2022
Date (MM/DD/YYYY)

[Redacted Signature]
Signature as required by 10A-5A-2.04

[Redacted Title]
Typed title (organizer or attorney-in-fact)

*County of Registered Agent is requested in order to determine distribution of County filing fees.

Additional Details

Organizers

Organizer

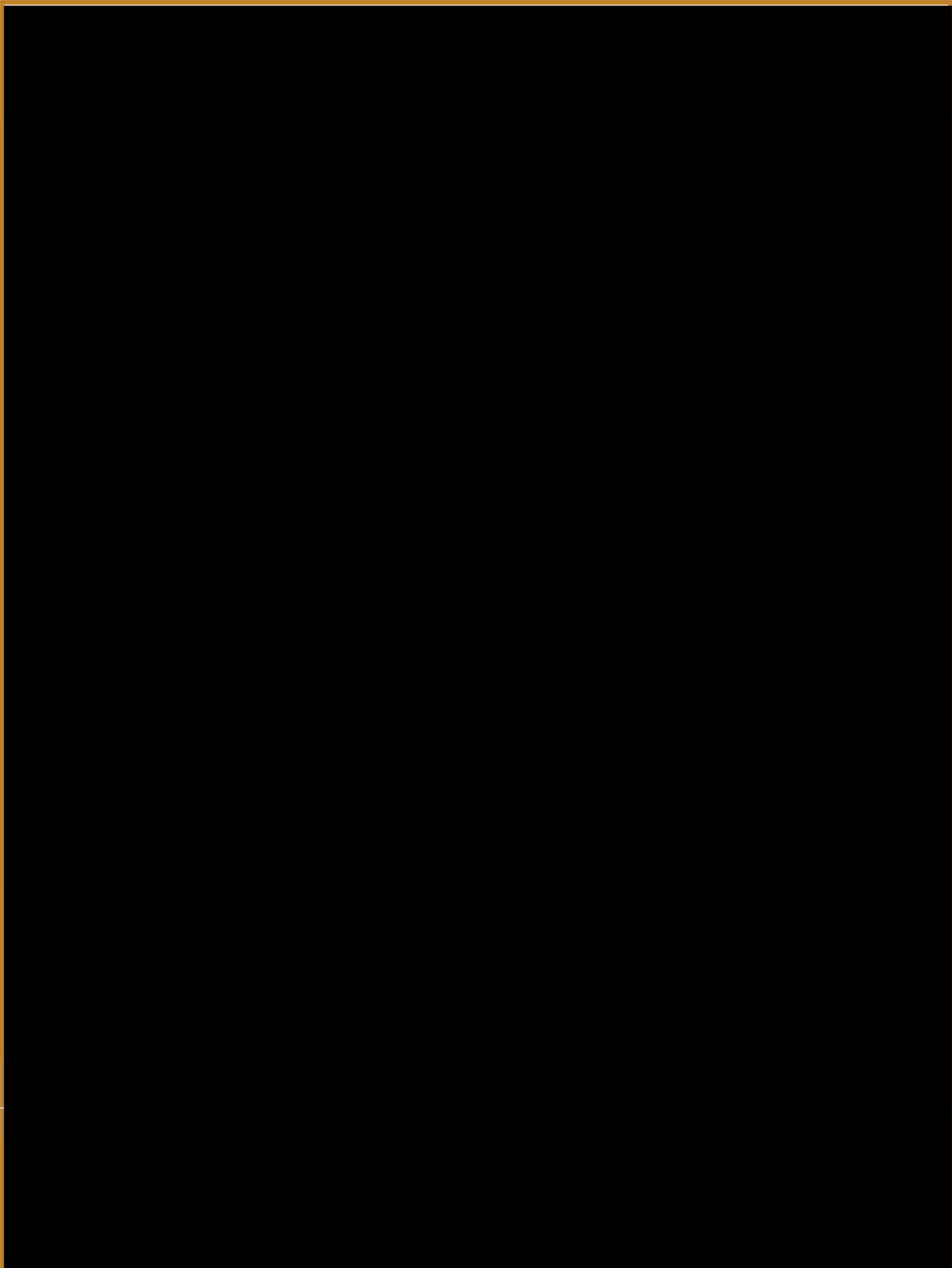
Street Address

Mailing Address

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[REDACTED]





Review

Selected Account:CS Alabama Investments LLC

Your Request for Business Application has been submitted to the Alabama Medical Cannabis Commission.

Your reference code is [Redacted]

Submission Date : 10/17/2022 12:43 PM

Your transaction ID is : **Not Applicable**

i If you do not receive email notifications, please check your spam folder.

General Information

- ✓ Applicant Name: [Redacted]
- ✓ Applying as: Business Entity
- ✓ Applicant Phone Number: [Redacted]
- ✓ Applicant Email Address: [Redacted]
- ✓ Identification FEIN Number Type: [Redacted]
- ✓ Federal Tax Identification Number: [Redacted]

License Information

- ✓ License Type: Dispensary

Location Information

Applicant Street Address

- ✓ Street: [Redacted] Unit No / Apt No: [Redacted] City: [Redacted]
- ✓ County: [Redacted] State: [Redacted] Zip Code: [Redacted]
- ✓ Address Verified?: Yes

Applicant Mailing Address

- ✓ Street: [Redacted] Unit No / Apt No: [Redacted] City: [Redacted]

Primary Contact Person

- ✓ First Name: [REDACTED]
- ✓ Last Name: [REDACTED]
- ✓ Title: [REDACTED]
- ✓ Phone Number: [REDACTED]
- ✓ Email: [REDACTED]
- ✓ Mailing Address Street: [REDACTED]
- Unit No / Apt No:
- ✓ City: [REDACTED]
- ✓ State: [REDACTED]
- ✓ Zip Code: [REDACTED]
- ✓ Address Verified?: Yes

Questions/Attestations

- ✓ I attest the contact person has authority to act on behalf of the applicant and that the applicant, by filing Yes the Request for Application, voluntarily submits to Alabama Act 2021-450, the Alabama Medical Cannabis Rules and Regulations, and the jurisdiction, authority and discretion of the Commission.:

-
- ✓ Signature Name: [REDACTED]
 - ✓ Signature Date: [REDACTED]
-

Exhibit 8

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 8 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

While the municipal ordinances pertaining to the Applicants Dispensing Sites are public knowledge, the Applicant requests that the location of the dispensing sites and letters from their respective municipalities remain redacted as trade secrets under the ATSA, until security plans and other safe measures are put in place.

Exhibit 8 - Business License and Authorization of Local Authorities

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

License Type: Dispensary

[REDACTED]

License Type: Dispensary



2022/371

ORDINANCE NO. O-37-22

**AUTHORIZING THE OPERATION OF A MEDICAL CANNABIS
DISPENSARY WITHIN THE CORPORATE LIMITS OF
THE CITY OF GADSDEN, ALABAMA**

WHEREAS, on May 17, 2021, the Governor for the State of Alabama signed Darren Wesley 'Ato' Hall Compassion Act into law (the "Act"); and

WHEREAS, the Act provides for the medical use of marijuana for patients with qualifying medical conditions and a valid medical cannabis card; and

WHEREAS, a dispensary may only be operated in a municipality if the municipality has passed a resolution authorizing the operation of dispensaries within the municipality's corporate limits; and

WHEREAS, the Act authorizes and requires the Medical Cannabis Commission to heavily regulate dispensary operation, (See §20-2A-50 - §20-2A-68, Code of Alabama), thus addressing any health, safety or welfare concerns for the citizens of the City of Gadsden; and

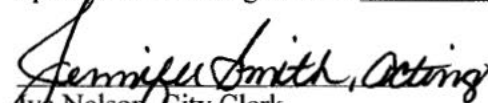
WHEREAS, the location of a dispensary within the corporate limits of the City of Gadsden will bring the potential of new employment opportunities for the citizens of the City of Gadsden; and

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Gadsden, thus increasing revenue;

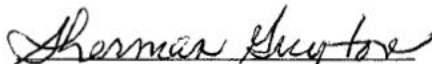
Now, Therefore, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF GADSDEN, ALABAMA, as follows:

1. The Gadsden City Council does hereby authorize the operation of medical cannabis dispensing sites, cultivators, processors, secure transporters, or integrated facilities licenses within the corporate limits of the City of Gadsden.
2. The City Clerk or designee is hereby directed to forward a copy of this Ordinance to the Alabama Medical Cannabis Commission.
3. This Ordinance shall become effective upon its passage and publication as required by law.

I certify that the City Council of the City of Gadsden, Alabama, duly adopted this Ordinance at an open public meeting held on October 11, 2022.


Jennifer Smith, Acting
Iva Nelson, City Clerk

APPROVED on October 11, 2022


Sherman Guyton, Mayor

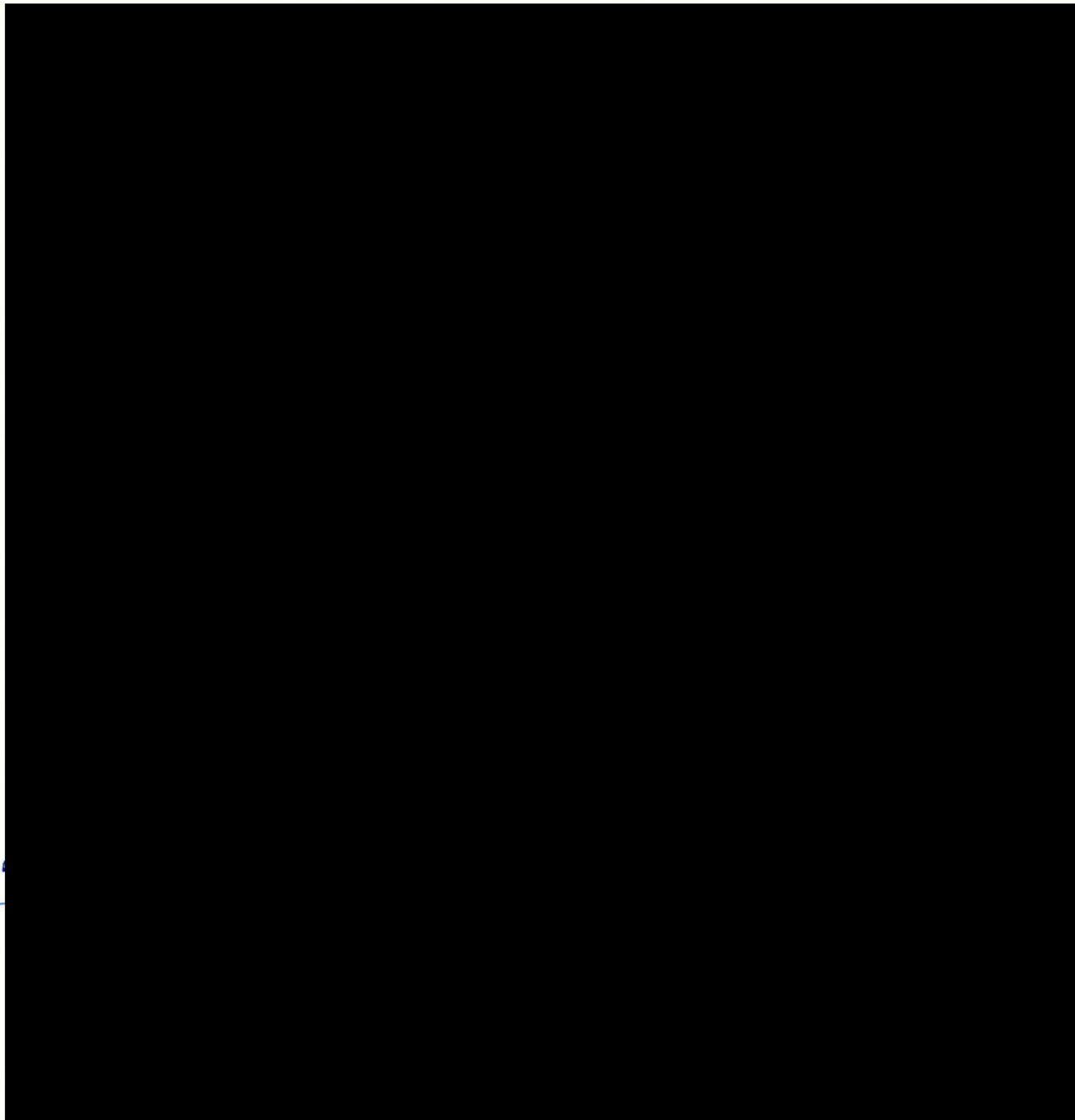


City of **GADSDEN**

P. O. Box 267
Gadsden, Alabama 35902
Phone: (256) 549-4520
FAX: (256) 549-4851

Heath Williamson
Director of Engineering

Nick Hall
Director of Planning



City of Champions

License Type: Dispensary



APPROVED AS TO FORM


Office of the City Attorney

Prepared By: SBH/cr
Requested: Admin Committee Date: 8/16/22
Council Presentation on: 8/23/22
Suspension of Rules: No

ORDINANCE NO. 9259

AN ORDINANCE AUTHORIZING THE OPERATION OF
MEDICAL CANNABIS DISPENSING SITES
(A22-0798)

WHEREAS, in 2021 legislative session the Alabama legislator passed Act No. 21-450 legalizing and creating a regulatory framework for medical cannabis and,

WHEREAS, the Alabama legislator made a number of findings of fact including:

“Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions.”

“There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state.”

“Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments,”; and

WHEREAS, this act requires the governing body of any municipality by ordinance to authorize the operation of the dispensing sites within the corporate limits of the municipality; and

WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Tuscaloosa, thus increasing revenue; and

WHEREAS, the City of Tuscaloosa wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Tuscaloosa to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF TUSCALOOSA that, in accordance with Alabama Code § 20-2A-51 a holder of a license granted by the State of

Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Tuscaloosa subject to the provisions of Act 21-450 and any relevant provisions of the code of the City of Tuscaloosa.

NOW, THEREFORE, BE IT FURTHER ORDAINED, any business license or sales tax revenue generated by medical cannabis dispensaries authorized by this ordinance shall be deposited to the public safety fund. The funds collected shall not be comingled with other funds of the city.


FUNDING REQUIRED: Yes No


COUNCIL ACTION

By: _____

Chief Financial Officer

Resolution _____
Ordinance _____
Introduced _____
Passed _____
2nd Reading _____
Unanimous _____
Failed _____
Tabled _____
Amended _____
Comments: _____

Adopted 8/30/22
(Ty/H)
(C, B-NO)

City Clerk

Introduced (L-Absent)
8/23/2022
intro: (Ty/H - Y ; C-NO)
unanimous: FAILED

City Clerk

STATE OF ALABAMA)
TUSCALOOSA COUNTY)

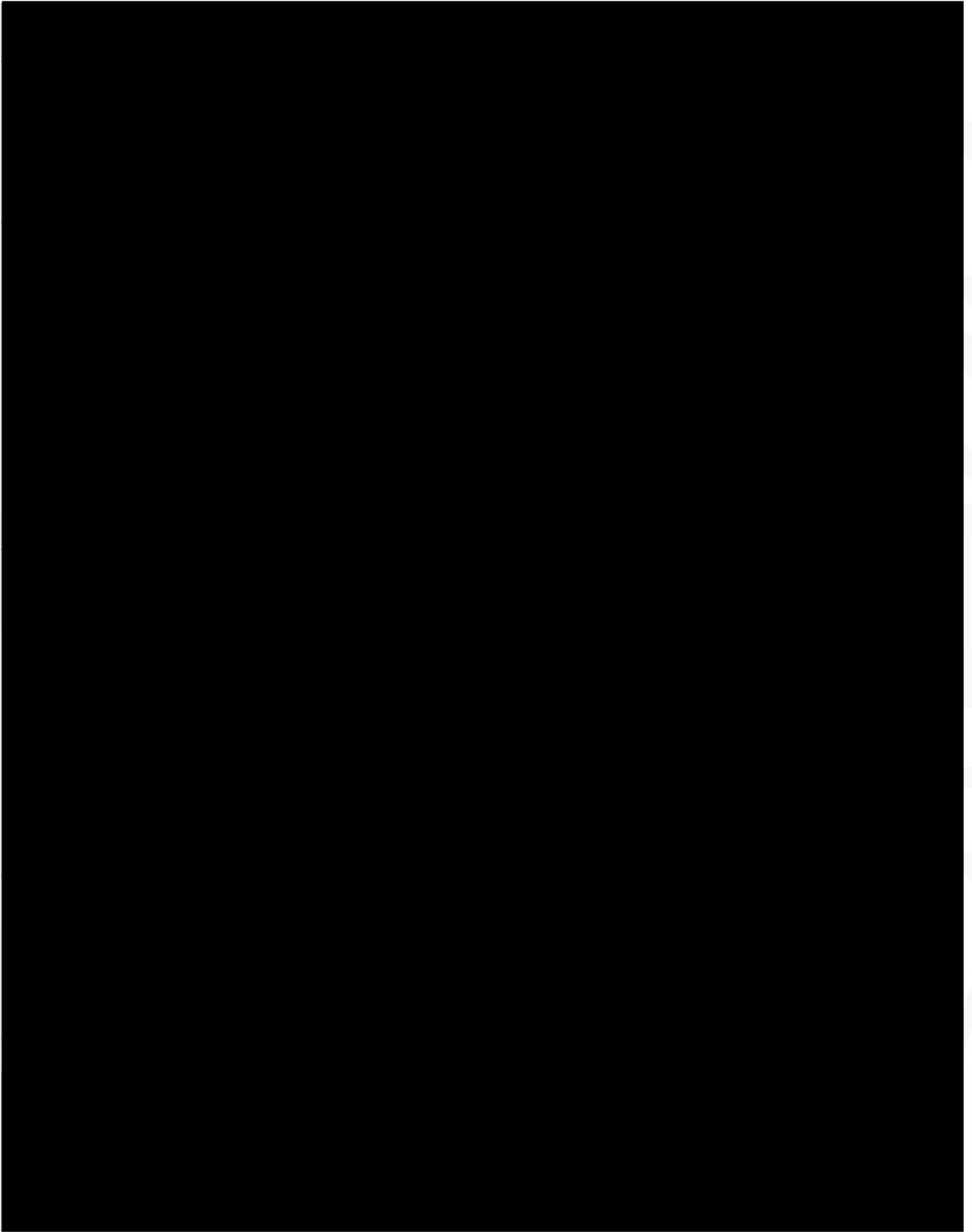
I, Brandy P. Johnson, City Clerk of the City of Tuscaloosa, Alabama, hereby certify that the attached is a full, true, and correct copy of Ordinance No. 9259 duly adopted by the City Council of Tuscaloosa at a regular meeting of said Council held on the 30th day of August, 2022, as the same appears and remains of record in the record book in the Office of City Clerk wherein are recorded the Minutes of Proceedings of said Council.

IN WITNESS WHEREOF, I have hereunto affixed my signature and the official seal of said City of Tuscaloosa this the 31st day of August, 2022.





Brandy P. Johnson, City Clerk



License Type: Dispensary



Oc04oca28jb.o1

RECOMMENDED BY: THE MAYOR AND
THE PUBLIC SAFETY COMMITTEE

SUBMITTED BY: THE CITY ATTORNEY

ORDINANCE NO. 22-142

AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS DISPENSARIES WITHIN THE CORPORATE LIMITS OF THE CITY OF BIRMINGHAM, PURSUANT TO ALA. CODE, 1975, § 20-2A-51(c).

WHEREAS, the Darren Wesley “Ato” Hall Compassion Act, codified at Ala. Code, 1975, § 20-2A-1, et seq. (the Act), authorizes the cultivation, processing, and sales of cannabis products for medical use by patients with a qualifying medical condition and a valid medical cannabis card; and

WHEREAS, the Act requires the Alabama Medical Cannabis Commission to adopt rules that ensure safety, security, and integrity of the operation of medical cannabis facilities and protect the health, safety, and security of the public, thus heavily regulating all aspects of the medical cannabis industry, including dispensary operations, (See §§ 20-2A-50 – 20-2A-68, Code of Alabama); and,

WHEREAS, the Alabama Medical Cannabis Commission published its rules adopted pursuant to Ala. Code, 1975, § 20-2A-53 on August 31, 2022, and will accept applications from October 31 through December 30, 2022; and,

WHEREAS, the Commission will deem applications complete and submitted on or about April, 13, 2023, and will open a public comment period on or about April 14, 2023 to accept comments from the public on all pending applications and may set a public hearing, at the Commission’s discretion, before the issuance of licenses on or after July 10, 2023; and,

WHEREAS, the number of licenses for dispensary facilities to be issued by the Commission is limited as follows:

Integrated Facilities – up to 5 licenses; each licensee authorized up to 5 dispensing sites located in separate counties

Dispensary – up to 4 licenses; each licensee authorized up to 3 dispensing sites located in separate counties

WHEREAS, a dispensary, including a dispensary under an Integrated Facility License may only operate in a municipality if the municipality has passed an ordinance authorizing the operation of dispensaries within the municipality’s corporate limits; and

WHEREAS, the health care industry is a highly valued segment of the City of Birmingham’s economy and includes world-renown health care resources, including hospitals, clinics, education, and research facilities and the valued professionals and support staff who care for patients from within the state, the nation, and from abroad; and,

WHEREAS, the operation of a medical cannabis dispensary within the corporate limits of the City of Birmingham will further expand opportunities for the City’s flourishing health care industry and provide new options to care for patients with qualifying medical conditions; and,

WHEREAS, the operation of a medial cannabis dispensary will provide new economic and employment opportunities and new revenue through business licensing and other taxes; and,

WHEREAS, the Council of the City of Birmingham finds that it is in the best interest of the public health, safety, and welfare to authorize the operation of medical cannabis dispensing facilities within the City of Birmingham, subject to the strict regulation and oversight of the Alabama Medical Cannabis Commission.

NOW THEREFORE, BE IT ORDAINED by the Council of the City of Birmingham as follows:

SECTION 1.

- (a) The operation of medical cannabis dispensaries within the corporate limits of the City of Birmingham is authorized, subject to any applicable zoning restrictions the City may adopt pursuant to Ala. Code, 1975, § 20-2A-51(c)(3).
- (b) The operation of any facility, regardless of type, licensed by the Alabama Medical Cannabis Commission within the City of Birmingham shall comply with the Commission’s strict regulation and oversight and shall comply with all laws and ordinances for the operation of a business within the City, including, but not limited to business licensing and other required taxes, and with all applicable ordinances and codes for location, construction, and sanitation of business premises within the City of Birmingham.
- (c) This ordinance shall be interpreted with respect to the Darren Wesley “Ato” Hall Compassion Act, Ala. Code, 1975, § 20-2A-1, et seq. and the rules of the Alabama Medical Cannabis Commission, as either is now or may hereafter be amended.

SECTION 2.

A certified copy of this ordinance shall be submitted within seven days of its adoption to the Alabama Medical Cannabis Commission by the City Clerk, as provided in Ala. Code, 1975, § 20-2A-51(c)(2). The City Clerk and the Director of the Department of Innovation and Economic Opportunity may cooperate to ensure and record the submittal of the ordinance.

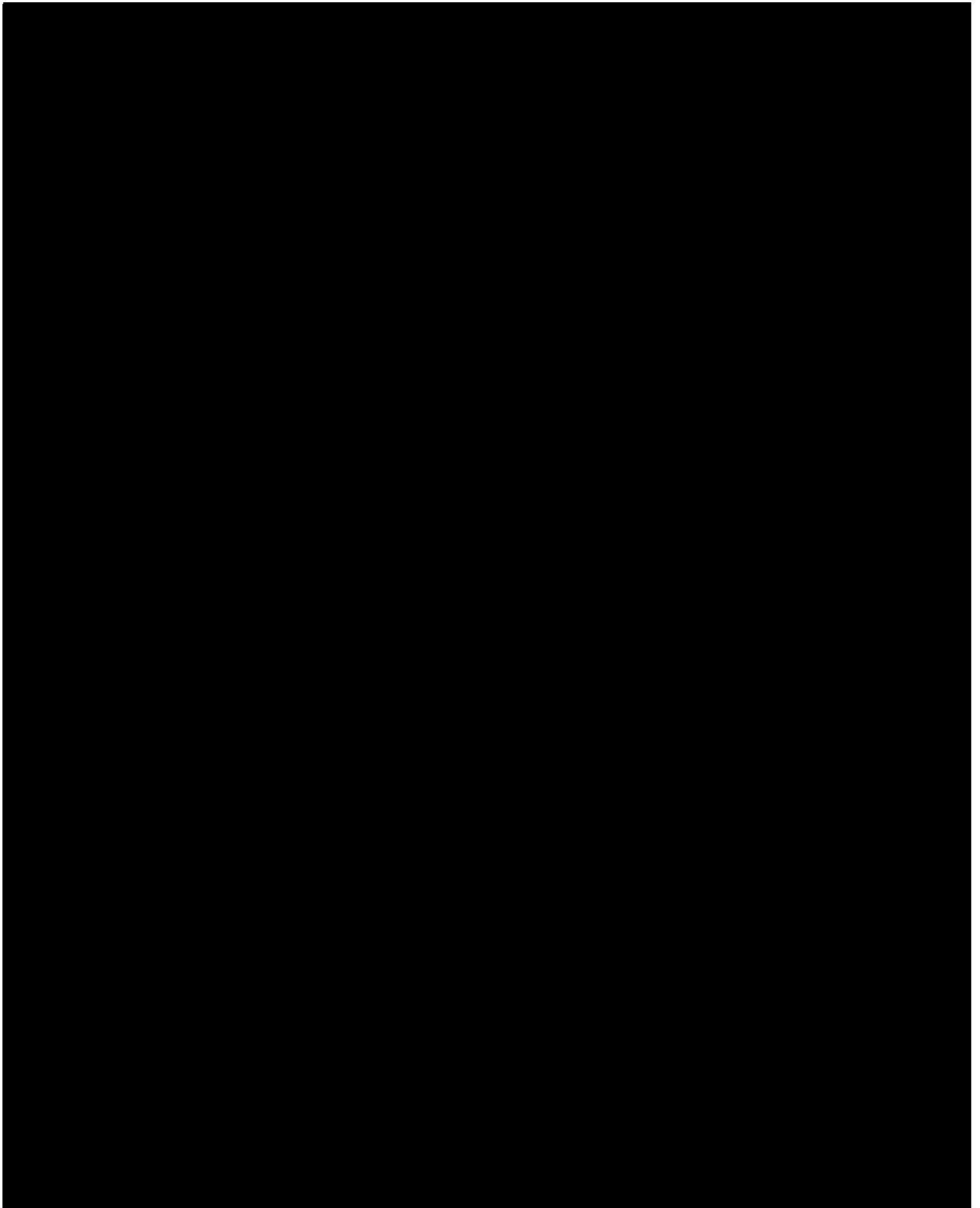
SECTION 3. SEVERABILITY. The provisions of this ordinance are severable. If any part of this ordinance is determined by a court of competent jurisdiction to be invalid, unenforceable or unconstitutional, such determination shall not affect any other part of this ordinance.

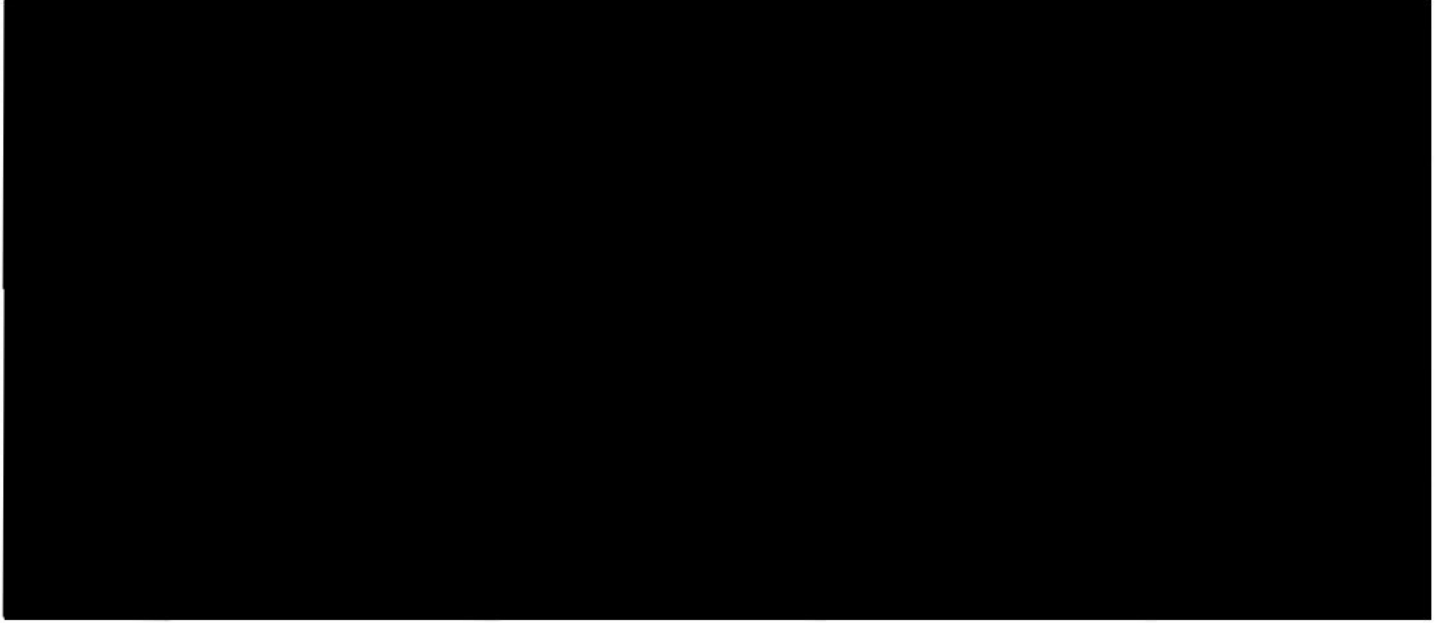
SECTION 4. EFFECTIVE DATE. This ordinance shall be effective when published as required by law.

Adopted by the Council October 4, 2022 and Approved by the Mayor October 6, 2022



A CERTIFIED COPY
Lee Frazier, City Clerk
Birmingham, Al
Lee Frazier





Additional Notes on Exhibit 8:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 9

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 9 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicant requests that its Business Plan remain redacted and receive the full protections of trade secrets under the ATSA. The Applicants Business Plans are unique to the Applicant and disclosure of such trade secrets would be detrimental to the economic value of such plan. The proprietary information contained within is unique to the client and provides an economic advantage in the cannabis industry. Public disclosure eliminates any actual advantage and creates a safety risk for Applicant, its employees, and all third parties involved.

Exhibit 9 – Business Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

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9.1 Clearly Defined Business Structure and Plan for Adherence to Applicable Corporate Conventions.

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9.2 Clearly defined business goals, including a 3-year and a 5-year plan.

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9.3 Organizational Chart

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9.5 Job descriptions of all non-managerial employee positions.

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9.6 Executive summary

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9.7 Description of the Applicant's products, services and proprietary technology

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9.8 Advertising/marketing analysis and strategy

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9.9 Community Engagement Plan

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9.11 Insurance plan

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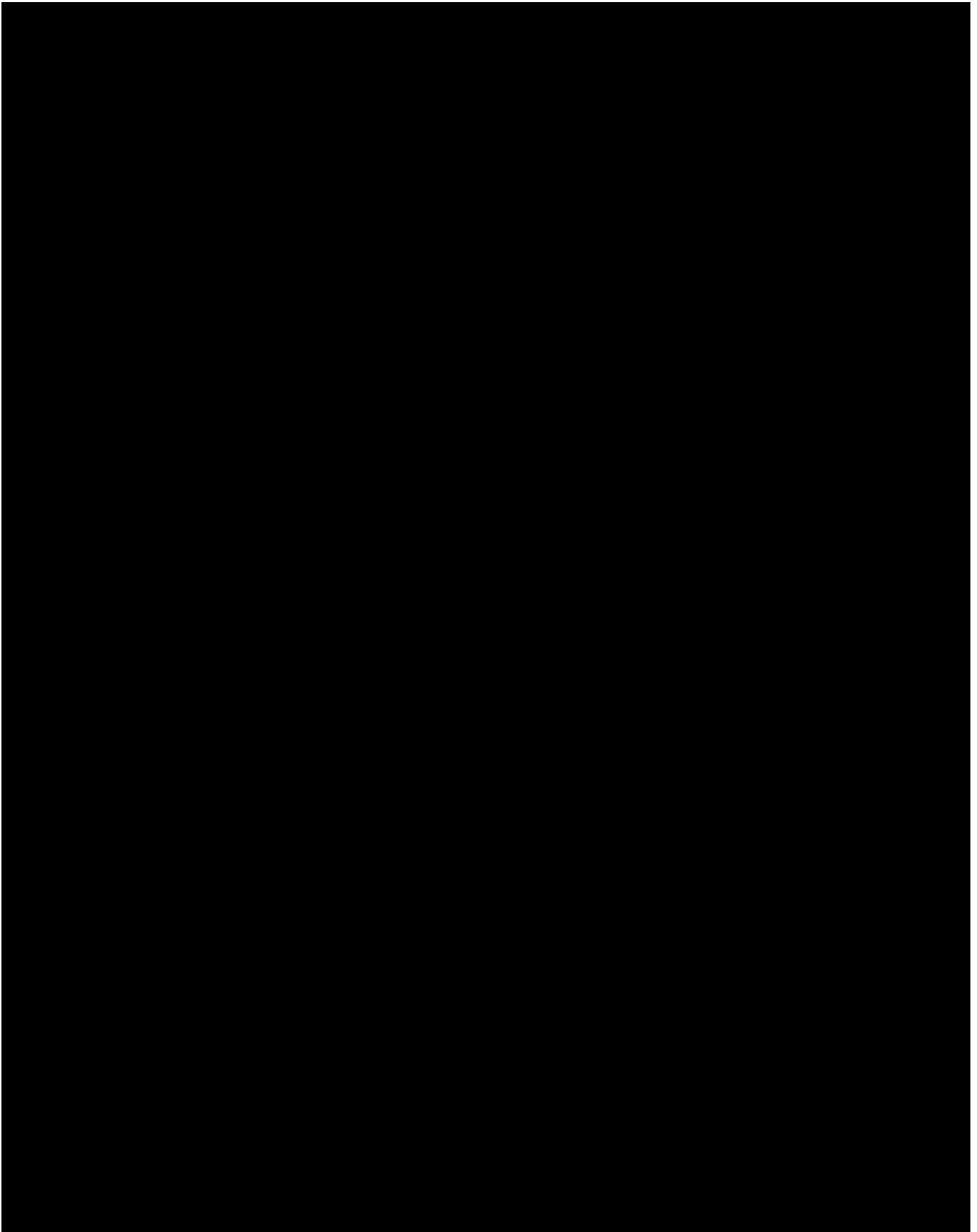


Exhibit 10

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 10 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicant requests that its Business Relationships and the description and of said relationship remain redacted. These relationships and the formation of them are trade secrets, and the client requests they receive the applicable protections. Disclosure of these relationships and their formation would be detrimental to the negotiation and creation of additional relationships the Applicant may pursue in the future.

Exhibit 10 – Evidence of Business Relationship with Other Licensees and Prospective Licensees

Verification


The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.




Printed Name of Verifying Individual



Title of Verifying Individual



g Individual



Verification Date

10.1 - Any Cultivator or Prospective Cultivator

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attorneys, accountants and/or any investors of either party.

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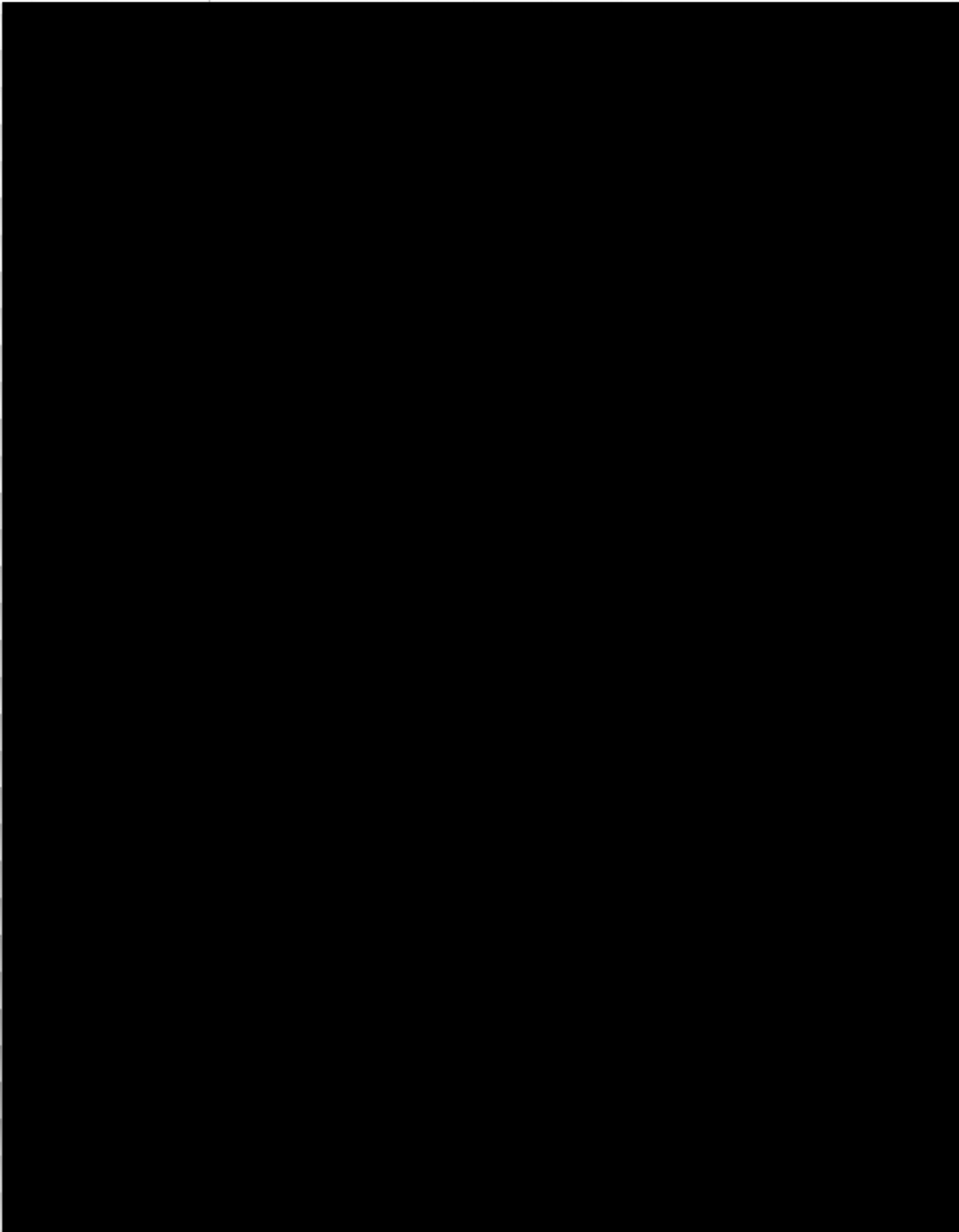
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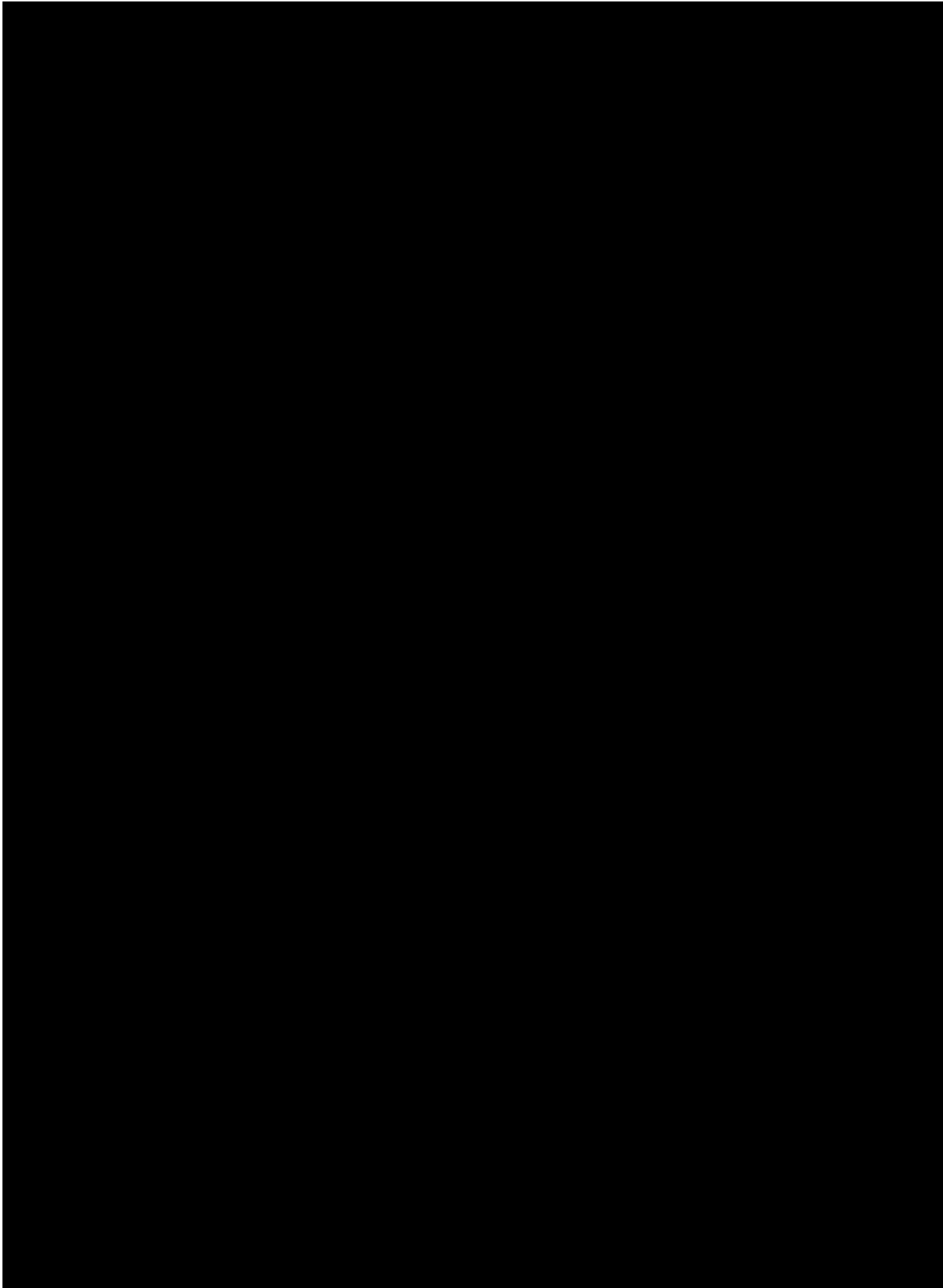
10.2 - Any Processor or Prospective Processor

[REDACTED]



10.3 - Any Secure Transporter or Prospective Secure Transporter

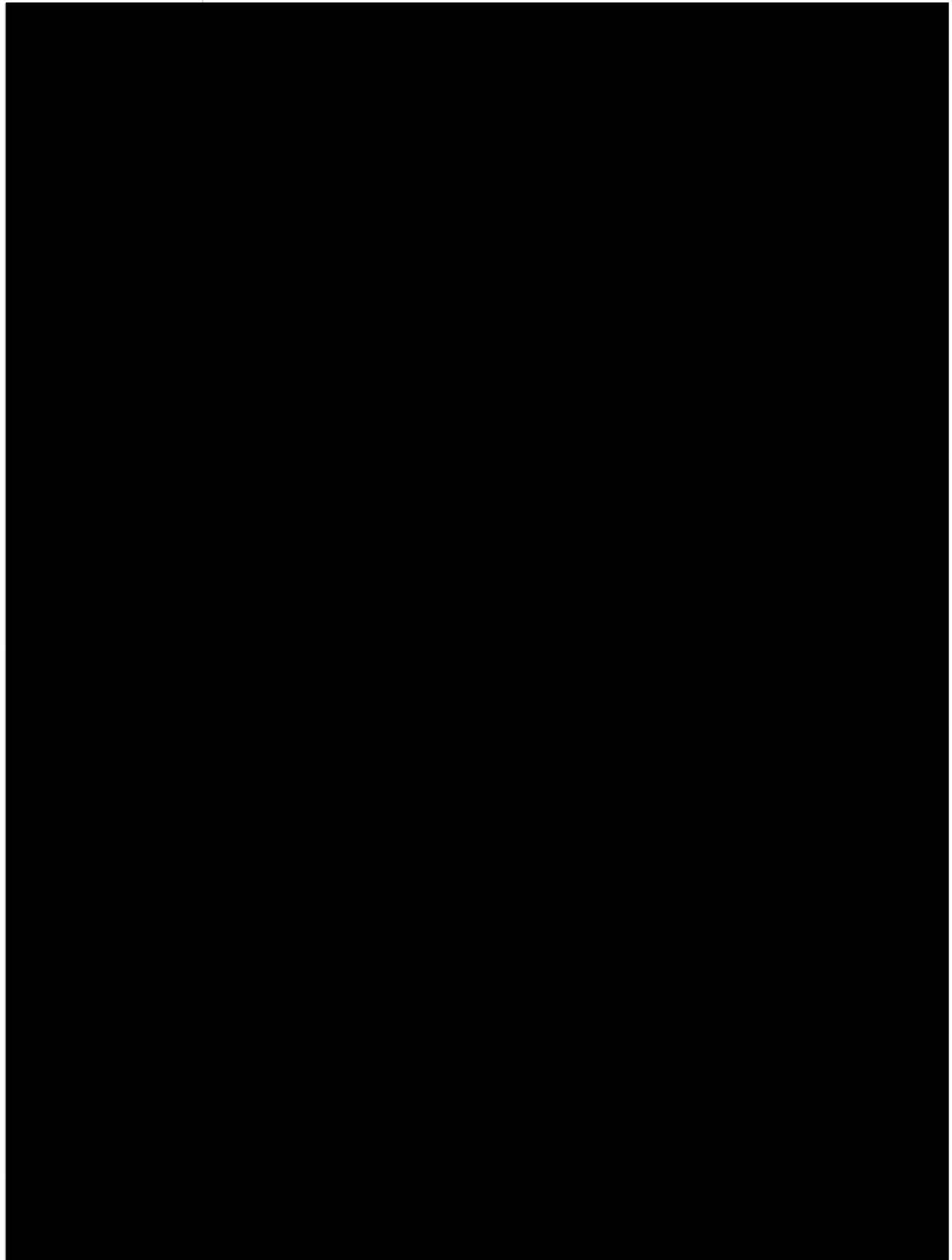
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10.4 - Any Integrated Facility or prospective Integrated Facility

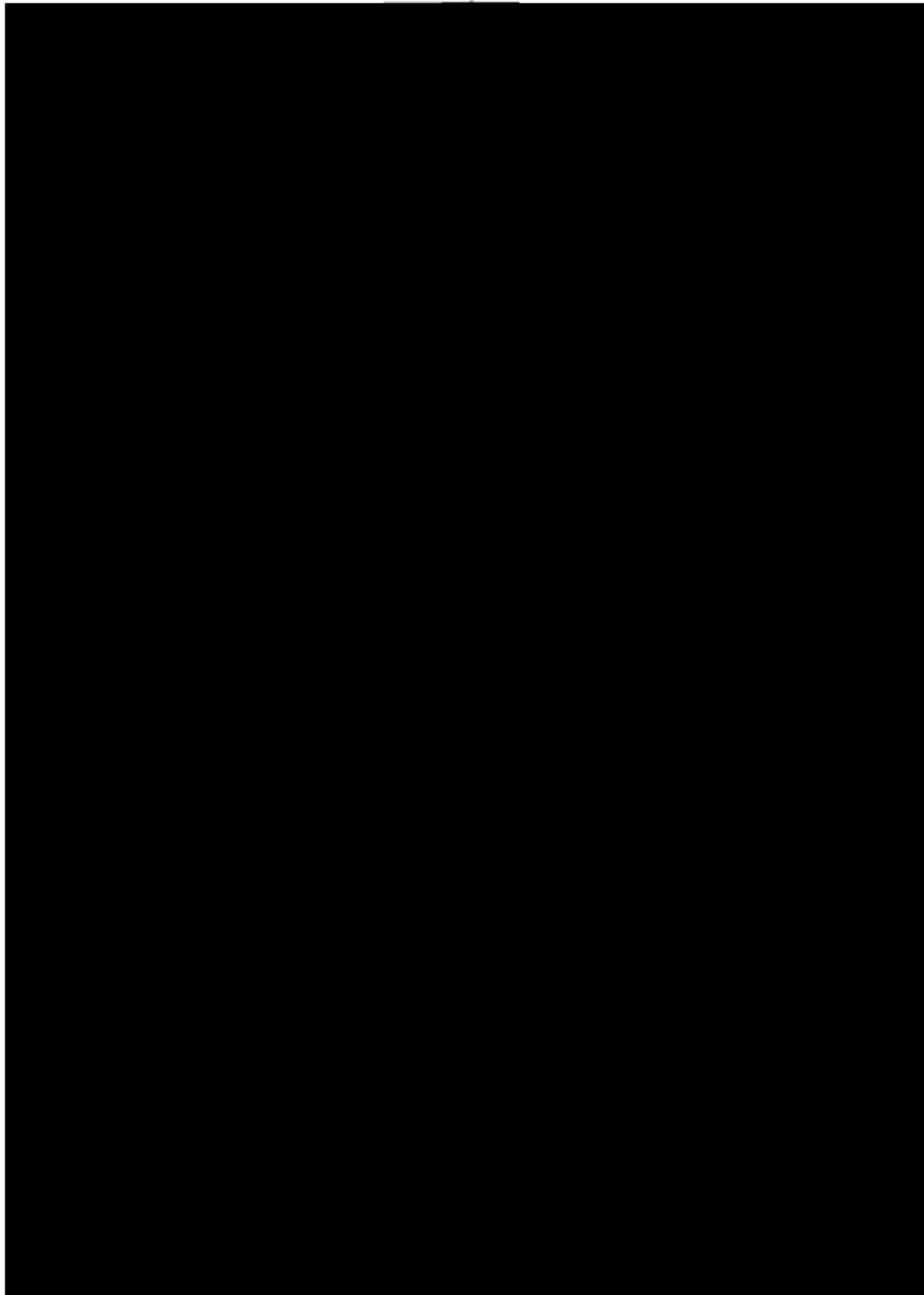
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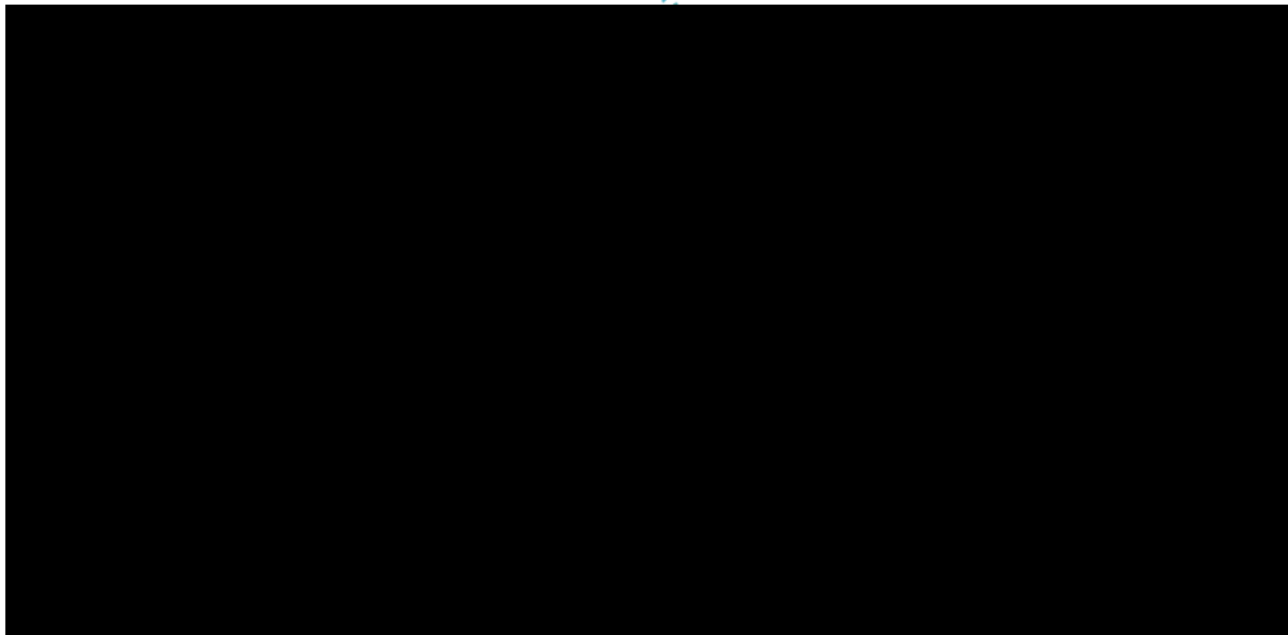
MEMORANDUM OF UNDERSTANDING



14.5 - Any State Testing Laboratory or prospective State Testing Laboratory

[REDACTED]





Additional Notes on Exhibit 10:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 11

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 11 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants unique plan and understanding of patient information, in coordination with registered certifying physicians, is a unique compilation of information to be used in the cannabis trade. As such, the Applicant asserts that the information contained within Exhibit 11, is a trade secret, as defined in the ATSA, and should remain redacted, as it meets the elements of a defined trade secret.

Exhibit 11 - Coordination of Information from Registered Certifying Physicians

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

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Exhibit 12

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 12 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants POS structure and training procedures, as constructed for Exhibit 12, are trade secrets, per the ATSA. Therefore, the Applicant asserts that Exhibit 12 remain redacted to protect the internal POS processes and proprietary training information contained within it. Disclosure of such information is not only detrimental to any competitive advantage, but also directly puts the POS structure and process at risk from external sources.

Exhibit 12 - Point-of-Sale Responsibilities

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Individual

Verification Date

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Exhibit 13

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 13 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants processes for maintaining the confidentiality of patient information and description of training procedures are trade secrets, per the ATSA. The disclosure of this information creates an unnecessary risk for the unauthorized disclosure of confidential patient information. This aspect, combined with the proprietary nature of the plan itself, or trade secret, is why the Applicant asserts the importance of this information remaining redacted.

Exhibit 13 – Confidentiality of Patient Information


Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.


Printed Name of Verifying Individual


Title of Verifying Individual


Signature of Verifying Individual


Verification Date

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Exhibit 14

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 14 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants processes for Money Handling and Taxes, as described in Exhibit 14, are trade secrets, per the ATSA. Therefore, the Applicant asserts that Exhibit 14 remain redacted to protect the internal Money Handling and Tax processes to protect the Applicant, its employees, and all third parties involved. Disclosure of this information creates an unnecessary risk specific to the Applicant's Money Handling procedures and the safety surrounding such processes.

Exhibit 14 - Money Handling and Taxes

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

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Exhibit 15

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 15 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

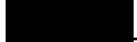
The Applicants Standard Operating Plan and Procedures are trade secrets, as defined by the ATSA. The proprietary nature of Exhibit 15 contains the unique methods of how the Applicant operates their business. The disclosure of this information is detrimental not only to the competitive nature of the Alabama cannabis industry, but also creates an unnecessary risk by disclosing safety and security elements to the public. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its operating procedures.

Exhibit 15 - Standard Operating Plan and Procedures

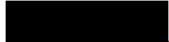
Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.


Printed Name of Verifying Individual


Title of Verifying Individual


Signature of Verifying Individual


Verification Date

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15.1 - IT plan for ensuring accurate recordkeeping, compliance with inventory protocols, and coordination of information and systems with vendors, customers and others, as applicable, through the Alabama Medical Cannabis Patient Registry System (§ 20-2A-35, Code of Alabama 1975 (as amended)); the Statewide Seed-to-Sale Tracking System (§ 20-2A-54, Code of Alabama 1975 (as amended)), access to and coordination of which shall be paid for and maintained by the licensee; and, as applicable, a third-party inventory control and tracking system (§ 20-2A-60, Code of Alabama 1975 (as amended)), also to be paid for and maintained by the licensee.

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15.2 - Plan for maintenance and storage of cannabis and medical cannabis at all times while in possession and control of licensee, including the limitation of access to cannabis and medical cannabis to essential personnel by position

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15.3 - Quality Control / Quality Assurance Plan (See Exhibit 23)

15.4 - Contamination and Recall Plan (See Exhibit 24)

15.5 - Criminal Activity Plan. The Applicant must provide a clear written criminal activity plan, detailing the steps to be undertaken in the event of discovery of criminal activity related to cannabis or medical cannabis within the possession and control of the licensee. The plan must account for the safety of employees and others on the premises, reporting the criminal activity to proper authorities, steps to be taken for the preservation of cannabis or medical cannabis, and the reasonable efforts to maintain access to medical cannabis by those who depend on it

[Redacted content]

[REDACTED]

15.6 - Emergency Procedures/Disaster Plan. The Applicant must provide a clear written Emergency Procedures and Disaster Plan, detailing the steps the Applicant will take to ensure the safety of employees and others on the premises, the preservation of cannabis or medical cannabis, and the reasonable efforts to maintain access to medical cannabis by those who depend on it, in the event of any reasonably foreseeable emergency, or natural disaster that may affect the licensee, its facilities, personnel, products or customers.

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15.7 - Alcohol, Smoke, and Drug Free Workplace Policy. The Applicant must provide a clear written Alcohol, Smoke and Drug Free Workplace Policy, which shall be included in the Employee Handbook and/or the Policies and Procedures Manual

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15.8 - Employee Safety Plan in compliance with parallel OSHA standards applicable in workplaces similar to the type(s) proposed by the Applicant

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[REDACTED]

15.9 - Confidential Information and Cybersecurity Plan. The Applicant's plan for maintaining confidential information and any records required to be confidentially maintained.

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15.10 - A plan for tracking and proper disposal of waste cannabis or medical cannabis, as necessary

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15.11 - Security Plan (See Exhibit 19)

Additional Notes to Exhibit 15:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities.

Exhibit 16

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 16 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Policies and Procedures Manual is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 16 contains the unique methods of how the Applicant operates their business and the steps the Applicant takes to secure medical cannabis and patient information. The disclosure of this information is detrimental not only to the competitive nature of the Alabama cannabis industry, but also creates an unnecessary risk by disclosing safety and security elements to the public. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its policies and procedures.


Exhibit 16 - Policies and Procedures Manual

Verification


The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.


Printed Name of Verifying Individual


Title of Verifying Individual



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Verification Date

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Additional Notes to Exhibit 23:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities.

Exhibit 23 – Quality Control and Quality Assurance Plan

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40.6 - Processes to report to the Commission and any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public

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40.7 – Steps to be taken to avoid further contamination, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said products by those who depend on it

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40.8 - Investigation and analysis of the factors that led to the unsafe condition requiring the recall, and any adjustments to internal protocols and processes to avoid recurrence

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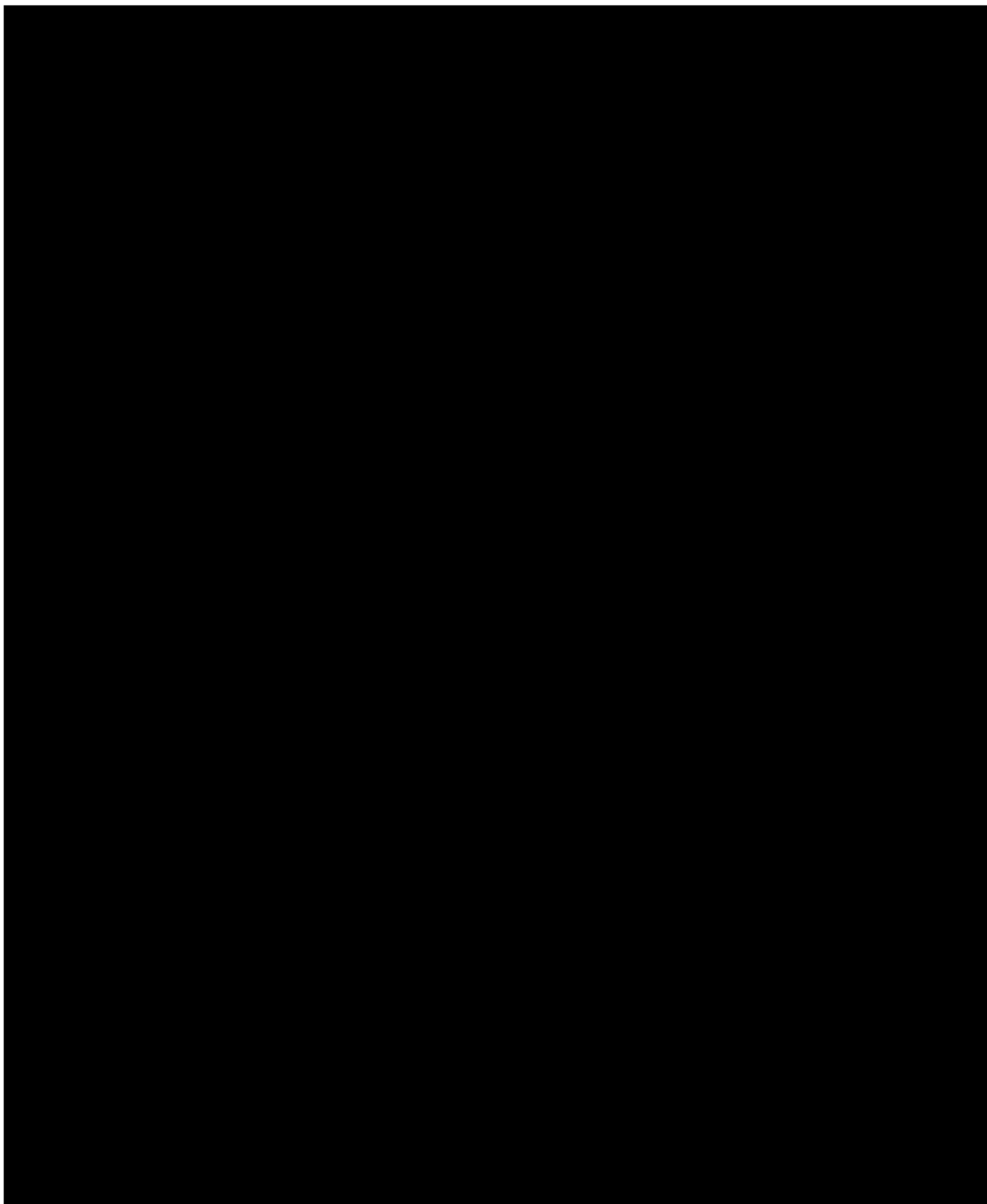
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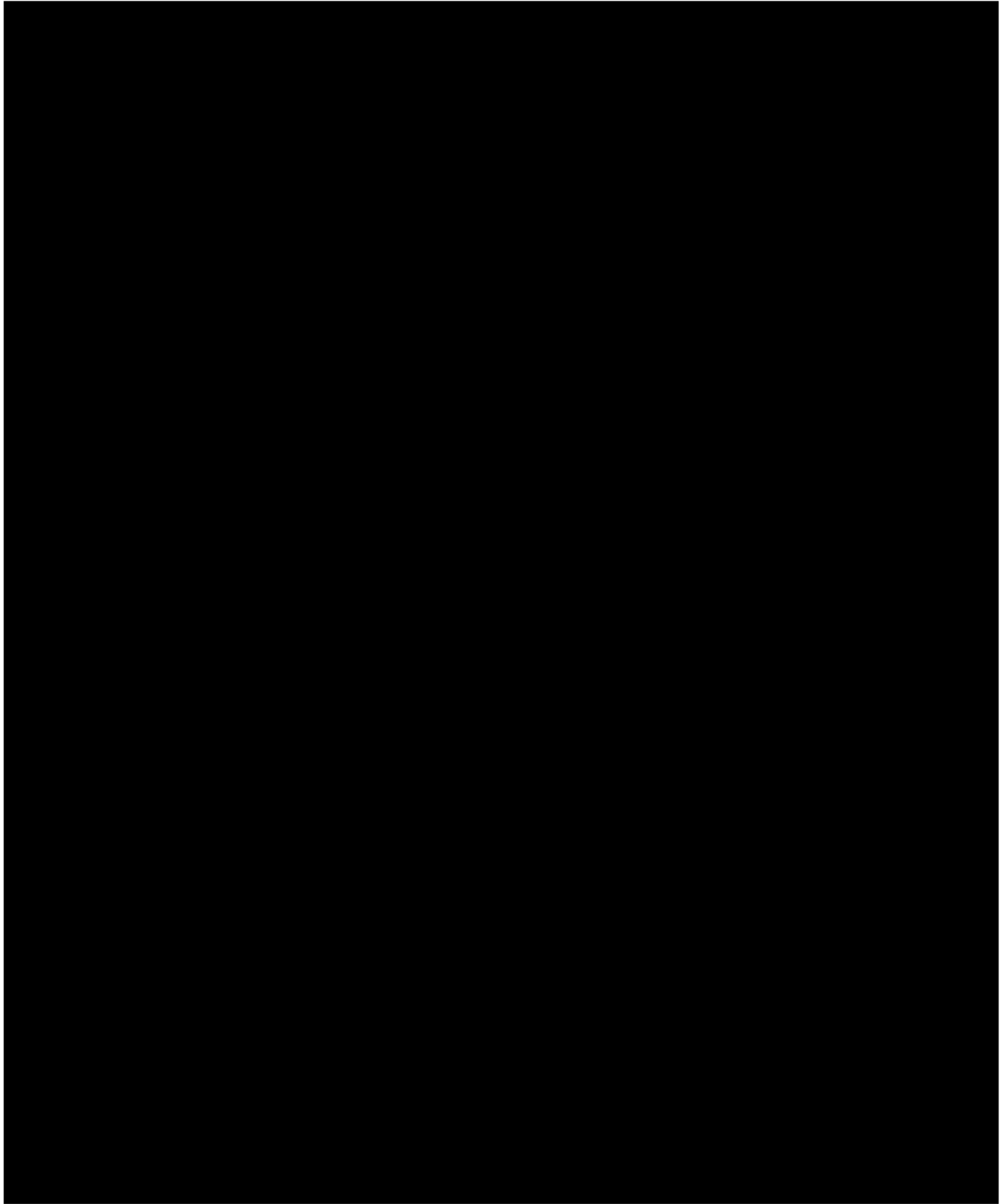
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25.1 Proposed Marketing Communications

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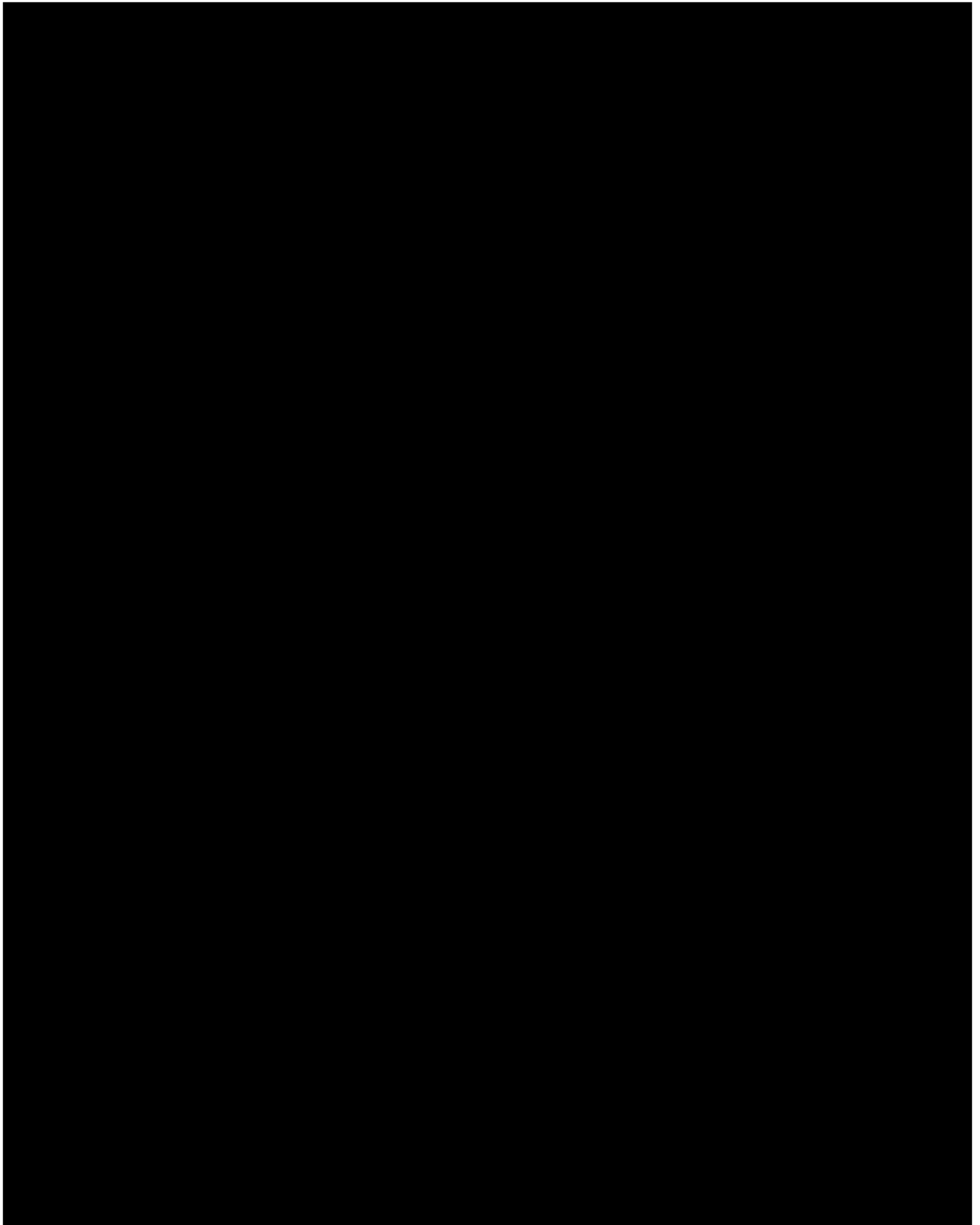
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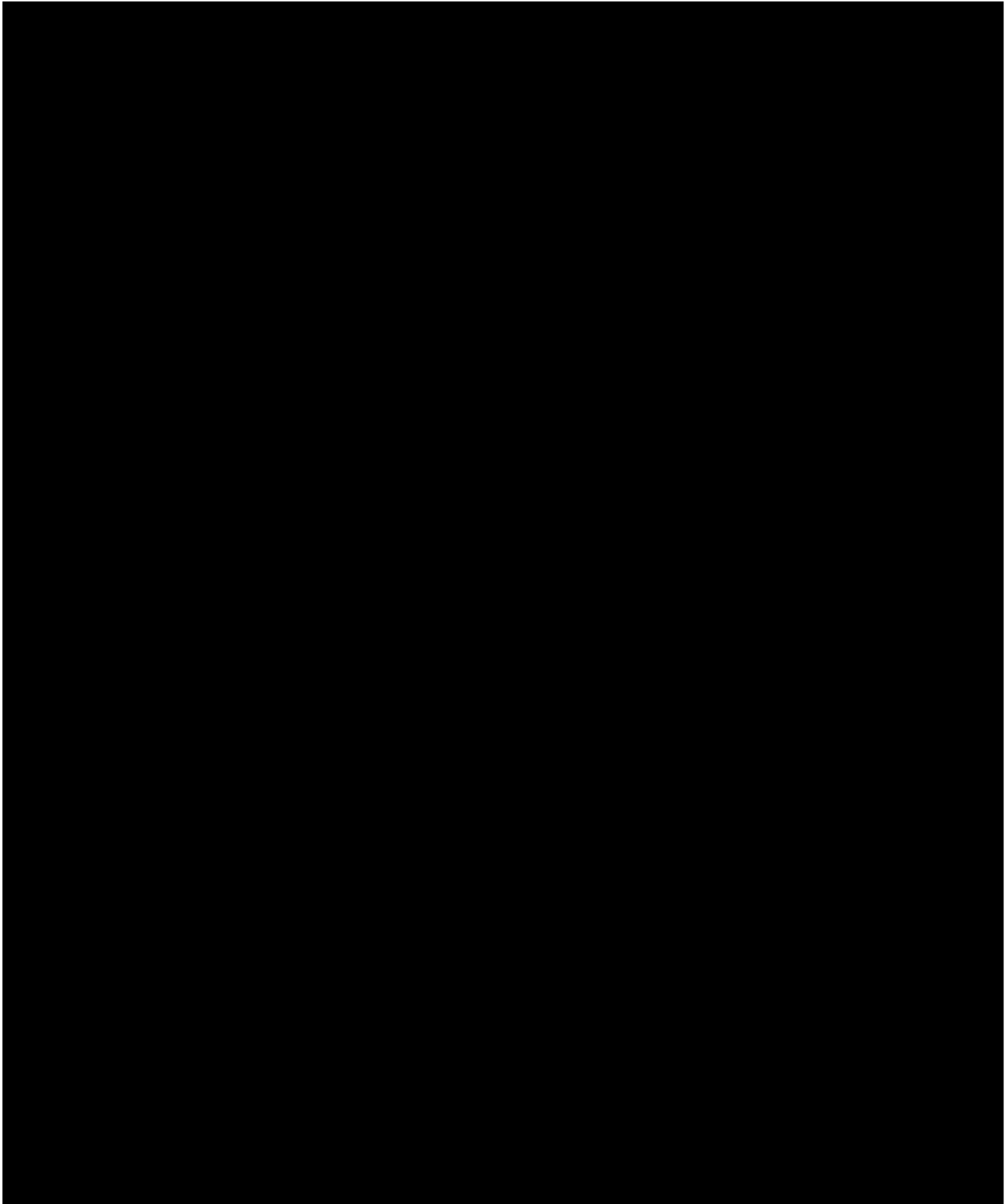
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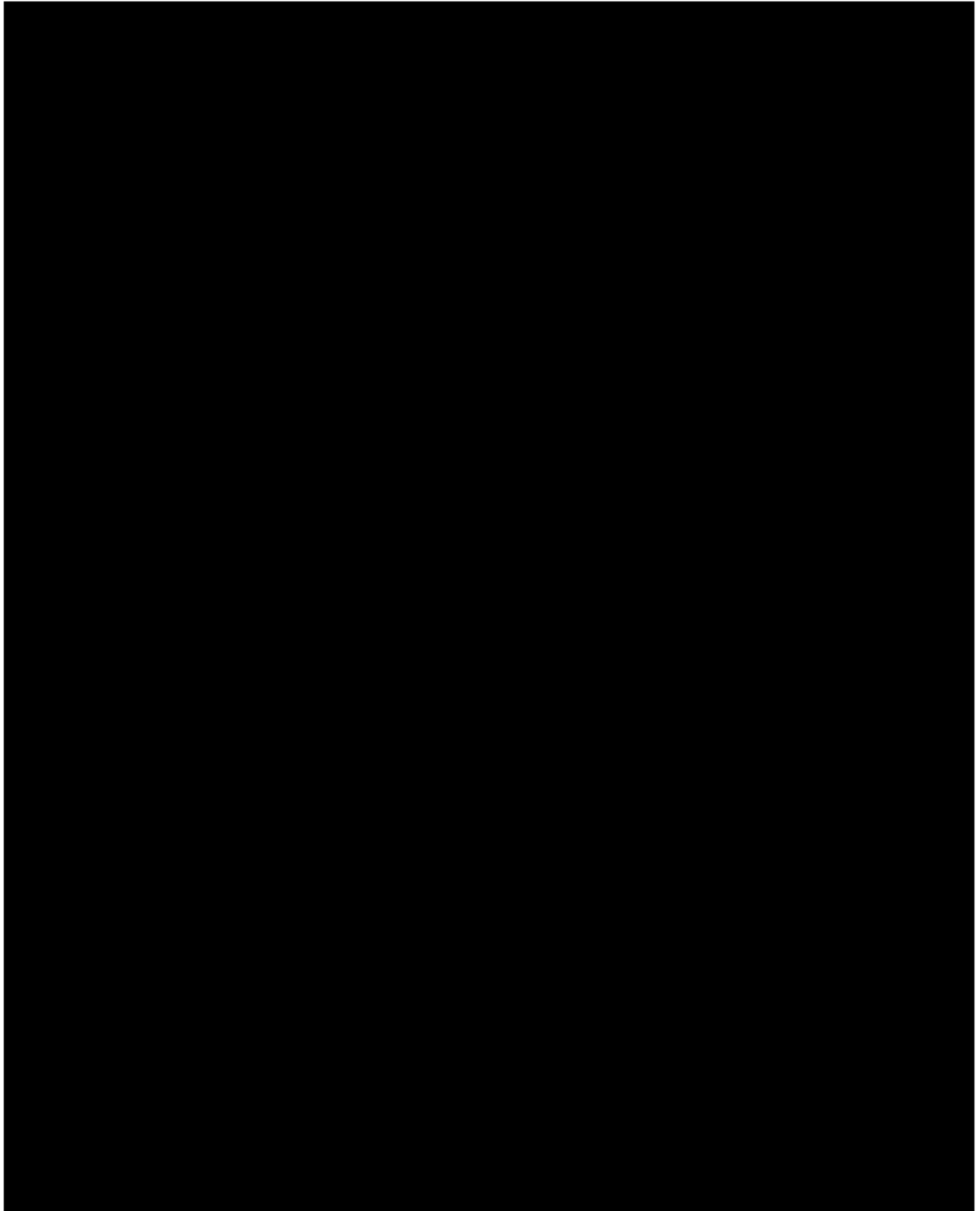
25.3 Third Parties

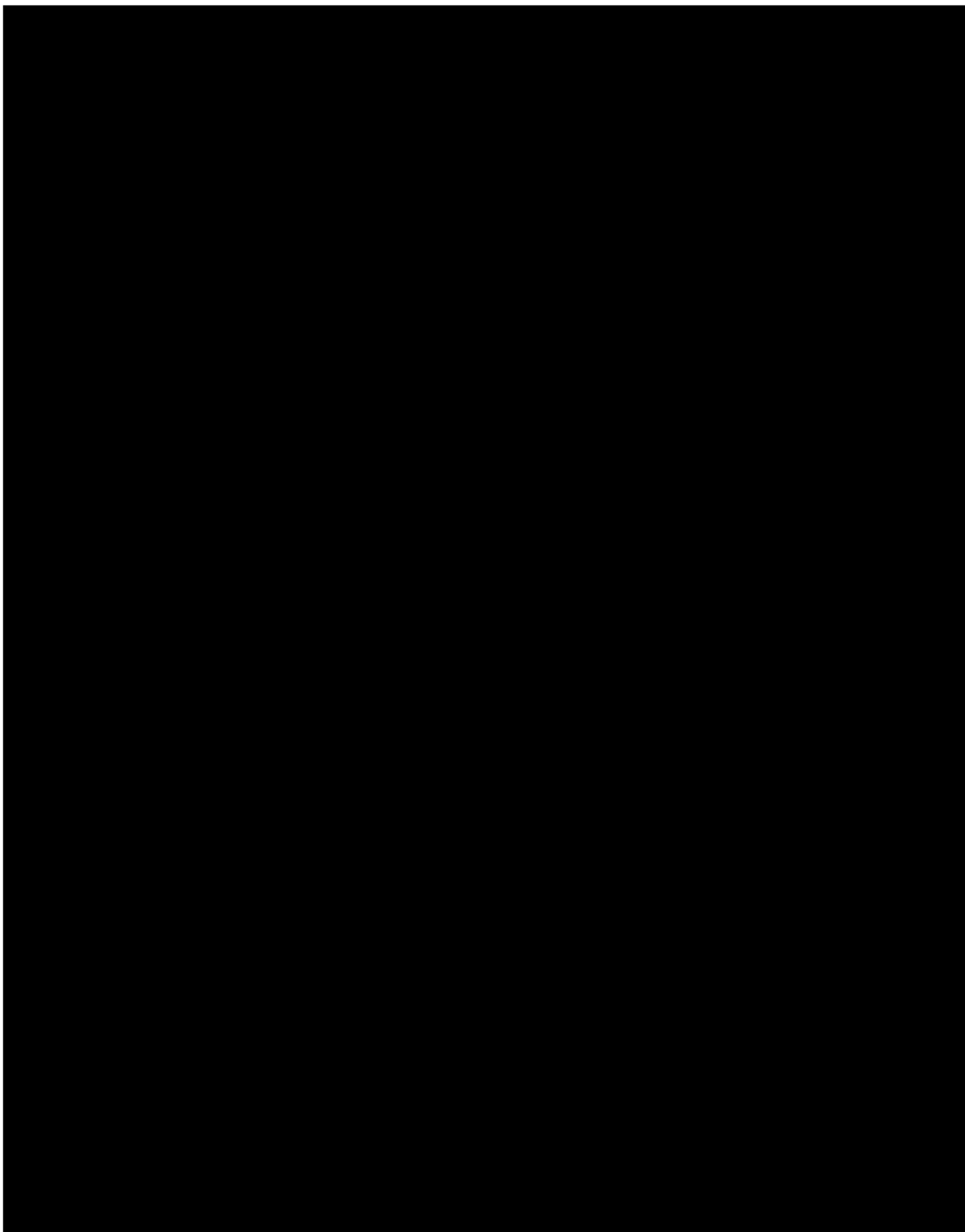
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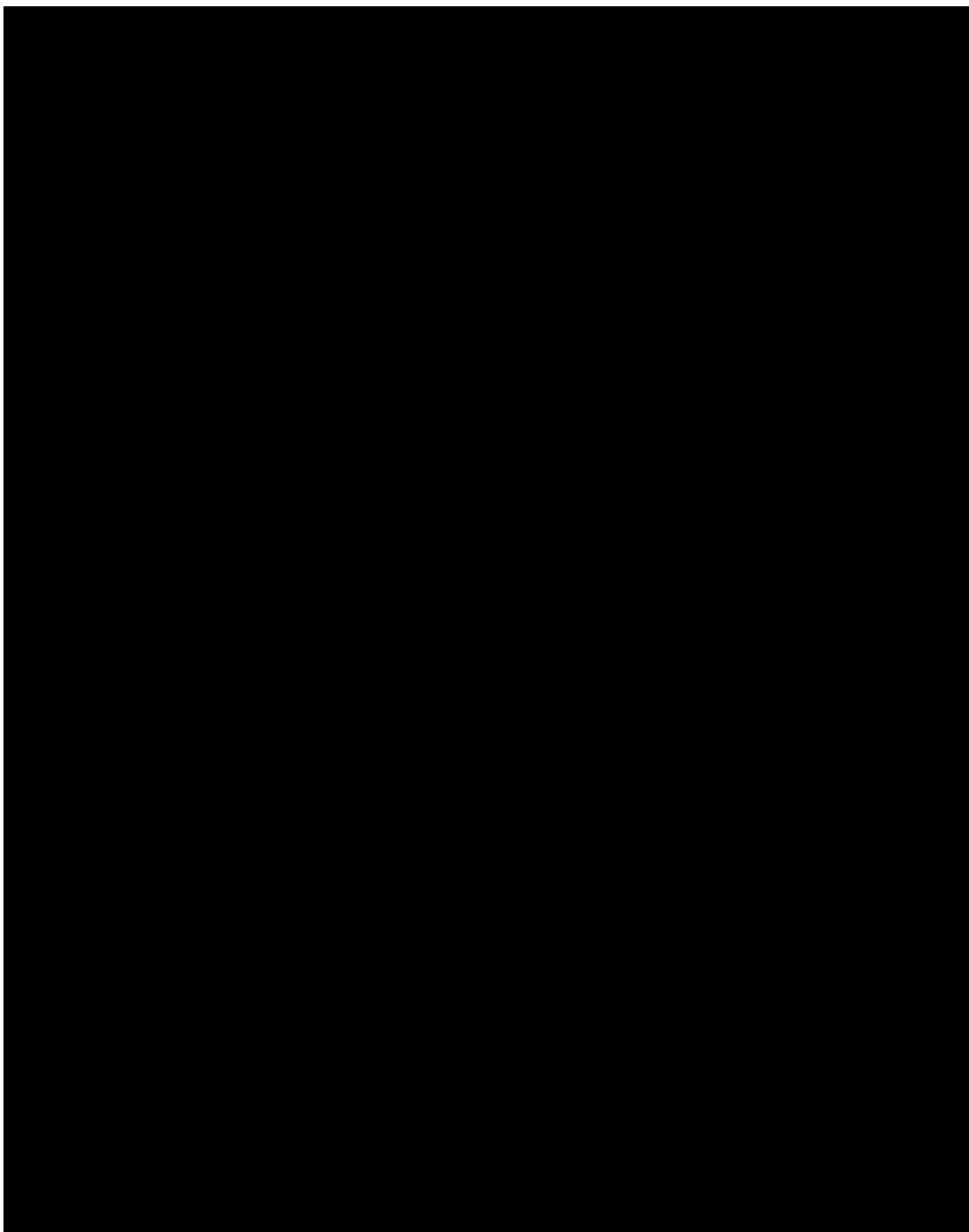
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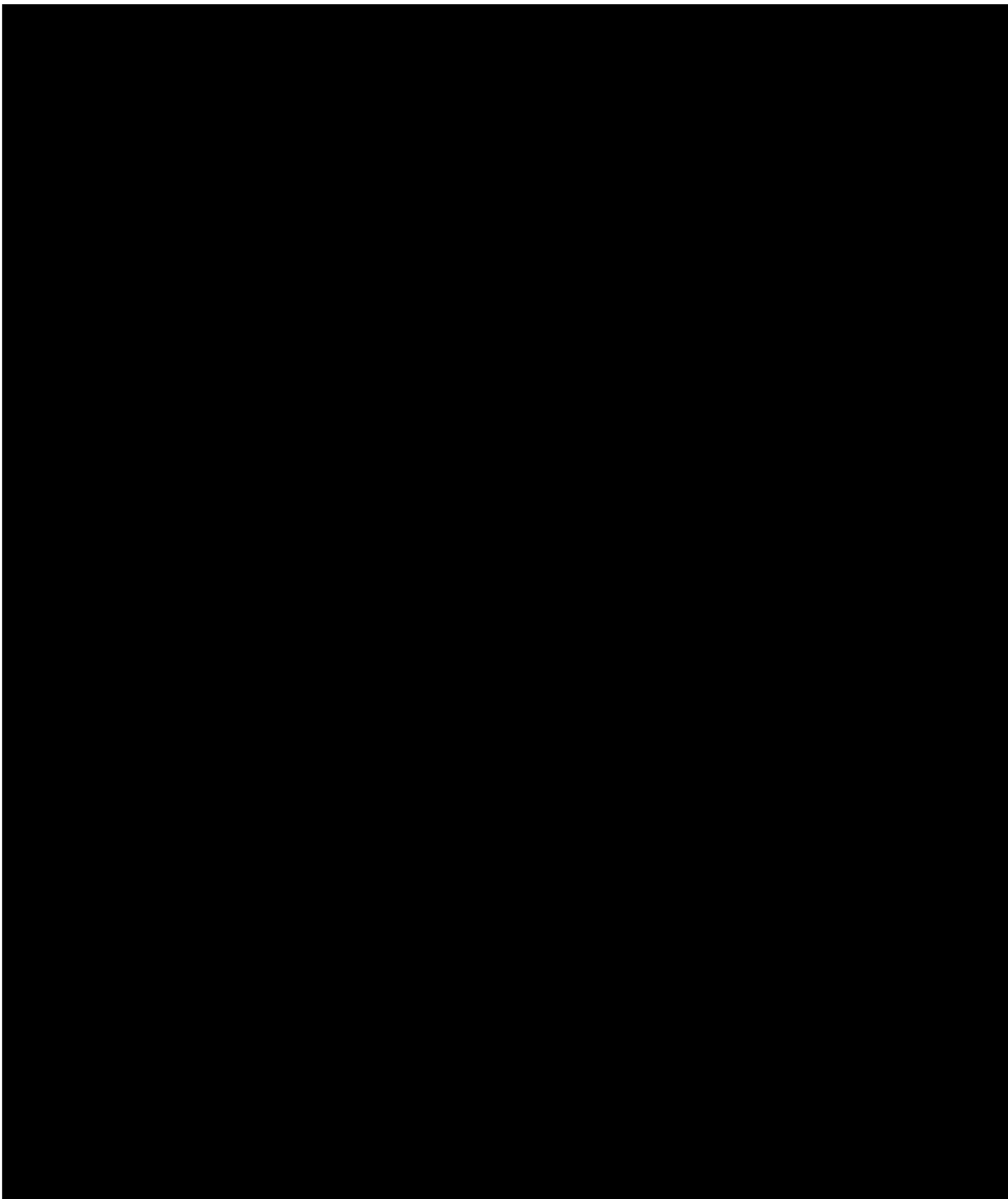
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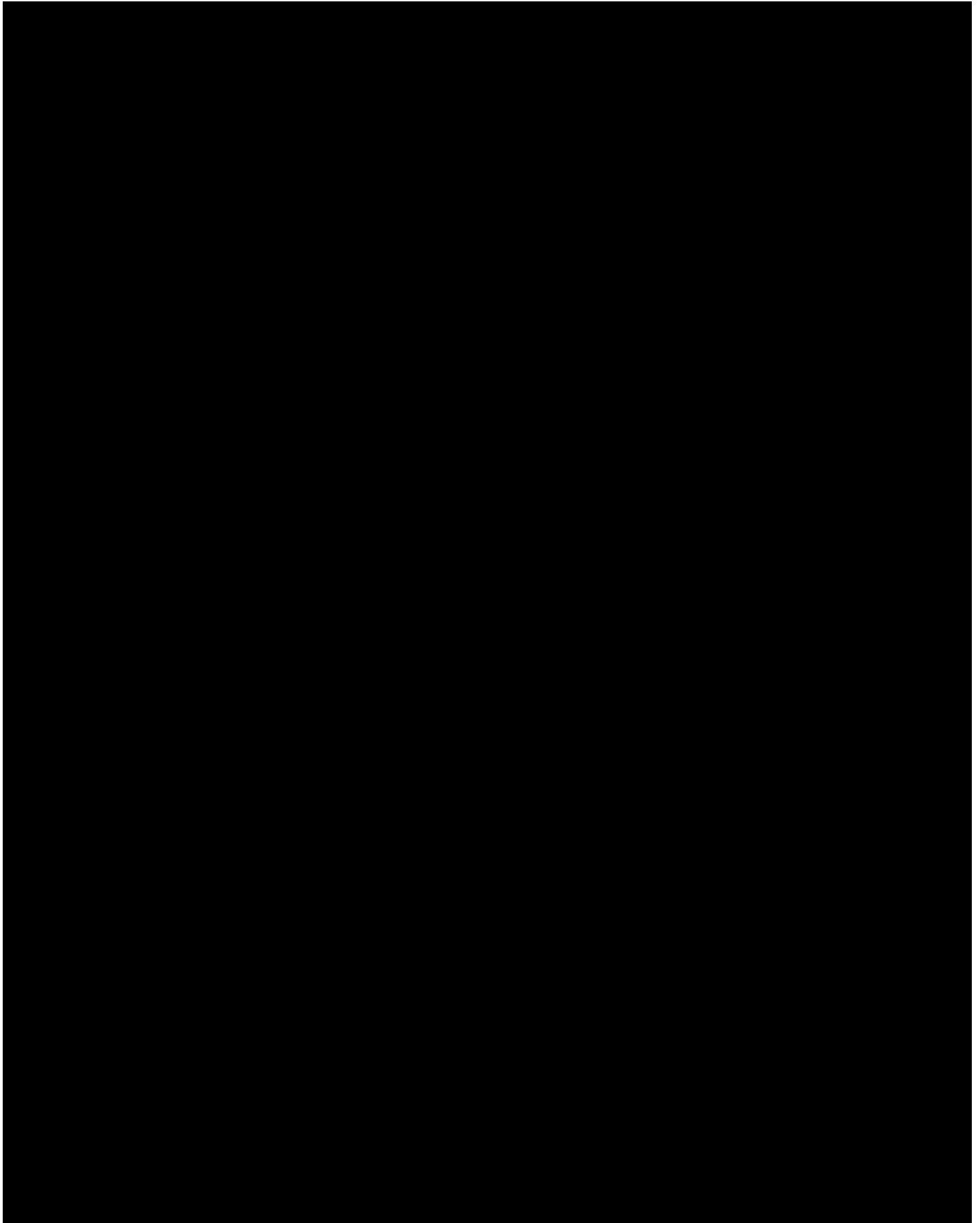
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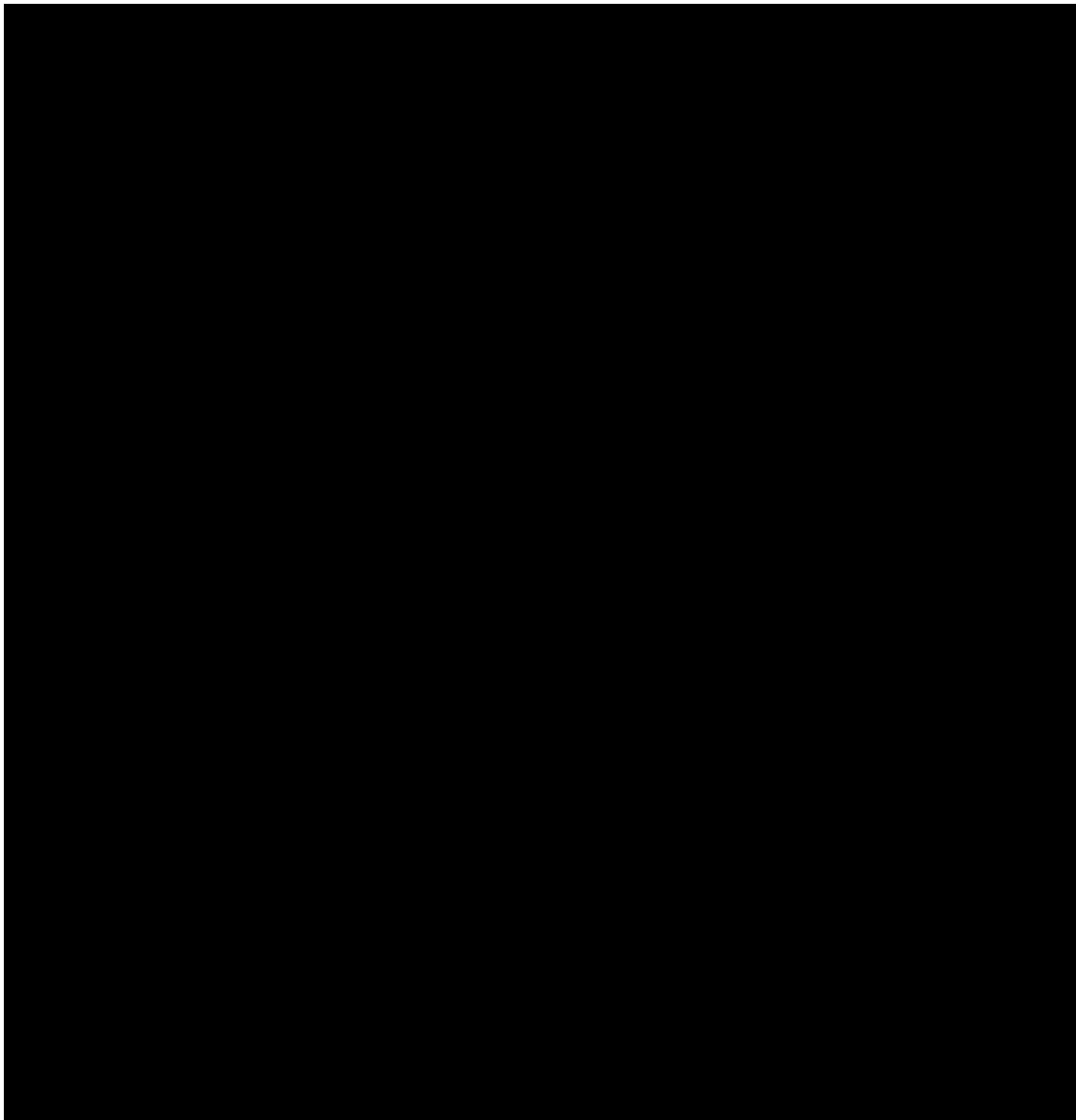
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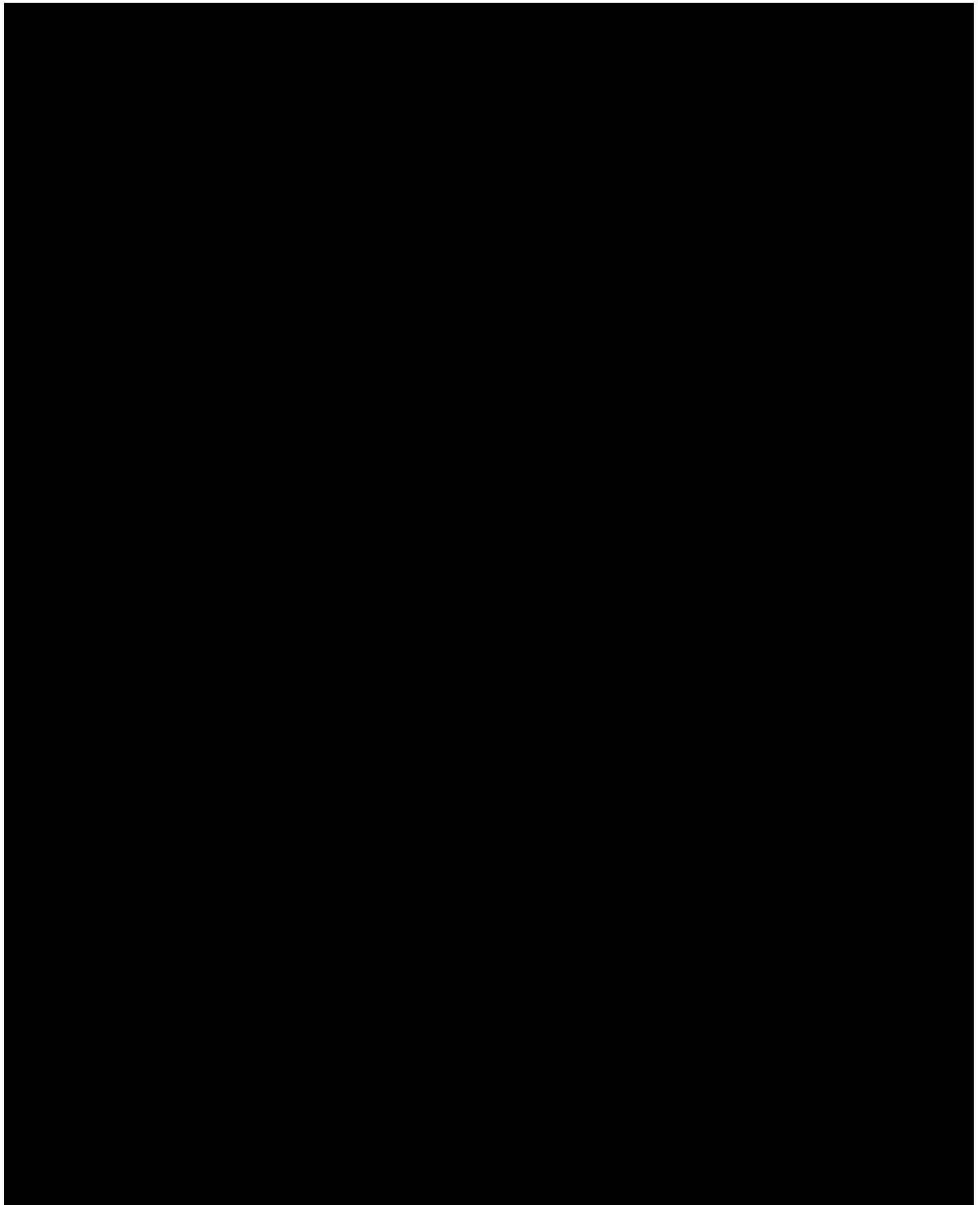
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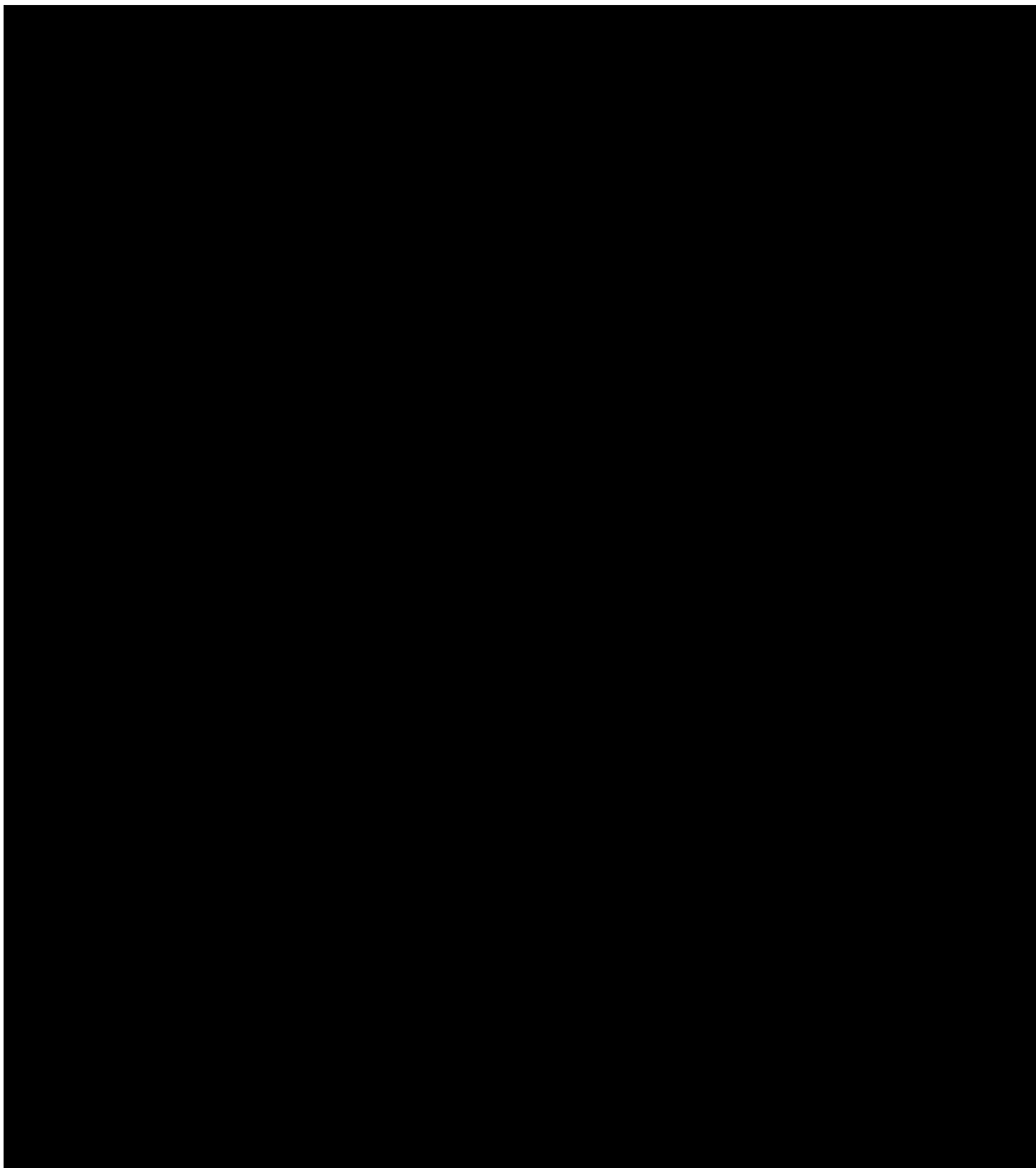


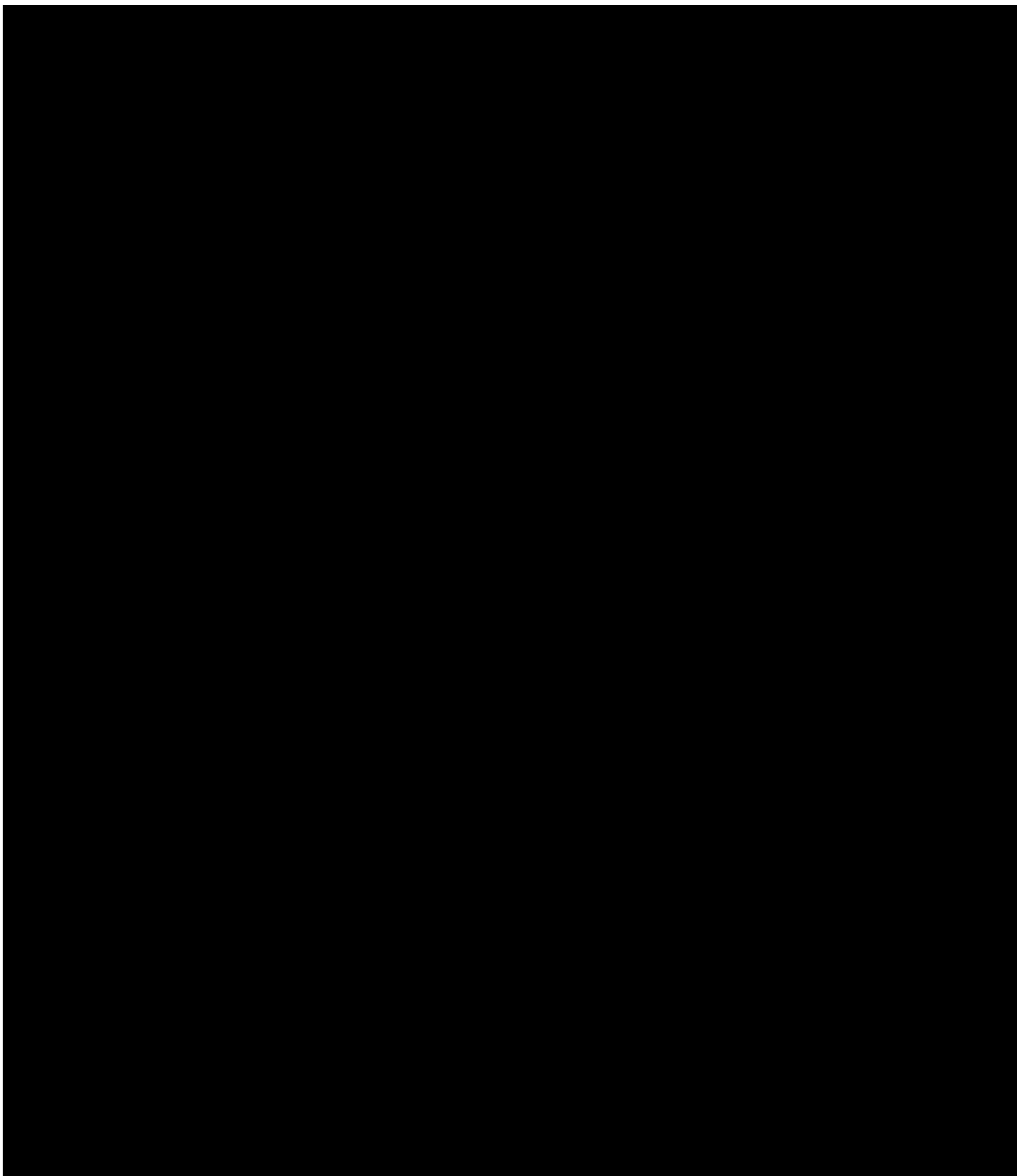


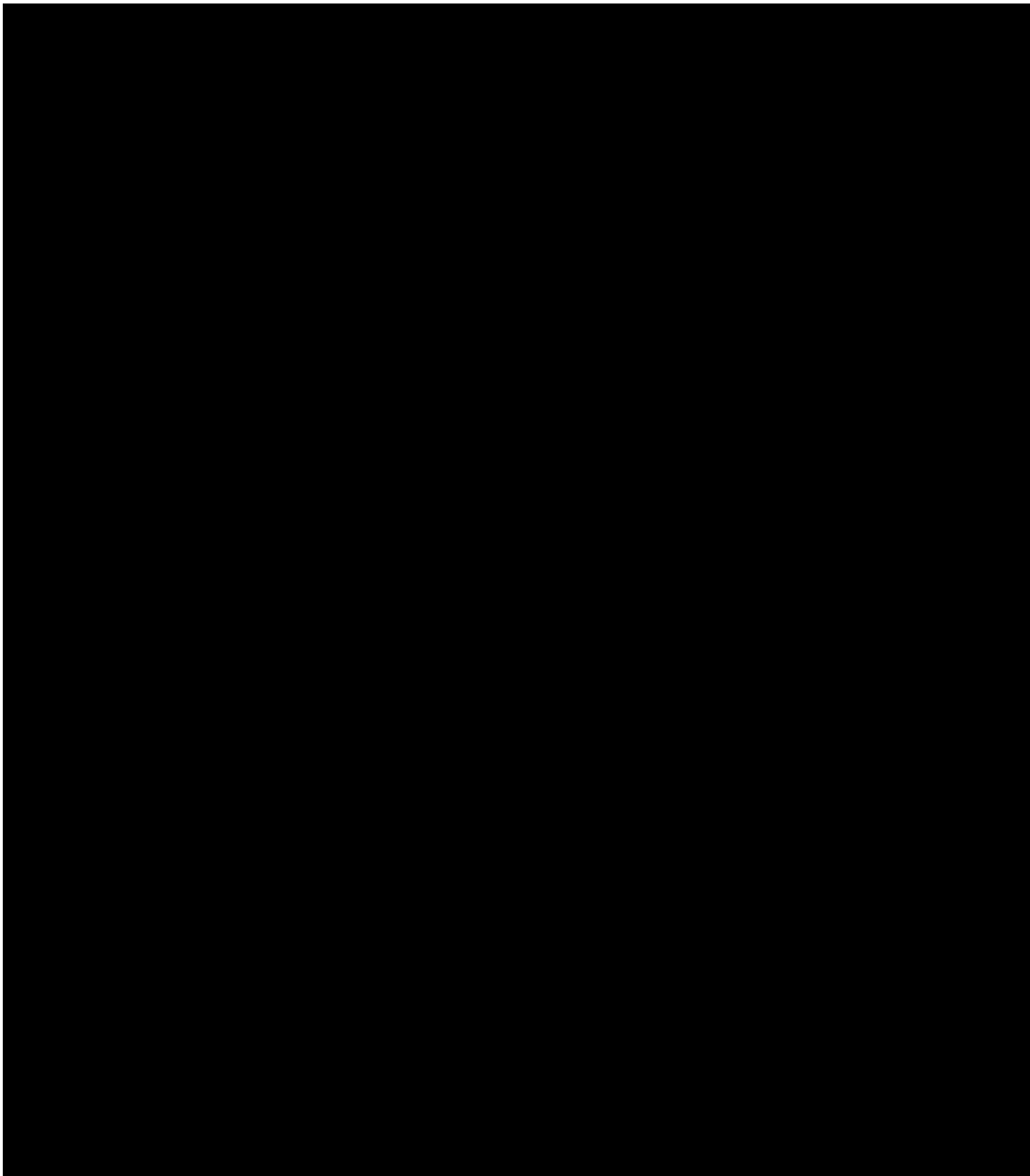












License Type: Dispensary

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Exhibit 17

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 17 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

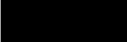
The Applicants Receiving and Shipping Plan is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 17 contains the unique logistics of how the Applicant will receive medical cannabis and ship it as needed for compliance and testing purposes. The disclosure of this information is detrimental not only to the competitive nature of the Alabama cannabis industry, but also creates an unnecessary risk by disclosing safety and security elements to the public. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its processes for receiving and shipping medical cannabis.

Exhibit 17 - Receiving and Shipping Plan


Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.


Printed Name of Verifying Individual


Title of Verifying Individual


Signature of Verifying Individual


Verification Date

17.1 - Individual batches of medical cannabis being received for storage and/or dispensing were appropriately prepared, packaged, and labeled at the time of receipt, having been QR coded or otherwise digitally coded to identify, at a minimum, the Processor or Integrated Facility, the facility of origin, date of processing, packaging, and labeling, and the date of the Processor's or Integrated Facility's State Laboratory testing approval.

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17.2 - Incoming medical cannabis is accompanied by the Secure Transporter's manifest and other appropriate documentation; the information thereon is accurate, and the manifest as been duly executed by all appropriate parties.

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23.3 - All information from the QR code relating to the incoming cannabis, as well as the date and time of arrival, has been logged into the Statewide-Seed-to-Sale Tracking System.

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17.4 - Medical cannabis products being received by the Dispensary by means of a Secure Transporter must be appropriately packaged, labeled, and inserted in containers prior to transport.

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17.5 - Batches and containers being shipped by the Dispensary to or from another licensee's facility or to or from another of the Dispensary's own facilities must be QR coded or otherwise digitally coded to identify, at a minimum, the Cultivator, Processor or Integrated Facility from which the medical cannabis was sourced, the facility or facilities of origin, type of product, date of processing and packaging, expiration date (or, if no expiration date, a notation that the expiration date does not apply), and the date of the Processor's State Laboratory testing approval, and the Alabama Poison Control contact information as provided on the AMCC website.

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Exhibit 18

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 18 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants description of their facilities is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 18 contains the plans and layout of their Dispensing Sites. The disclosure of this information creates an unnecessary risk by disclosing specific site safety and security information. This detailed site specific information creates an identifiable risk to the security of each location. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its facilities.


Exhibit 18 – Facilities

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.




Printed Name of Verifying Individual



Title of Verifying Individual



Signature of Verifying Individual



Verification Date

DISPENSING SITE #1

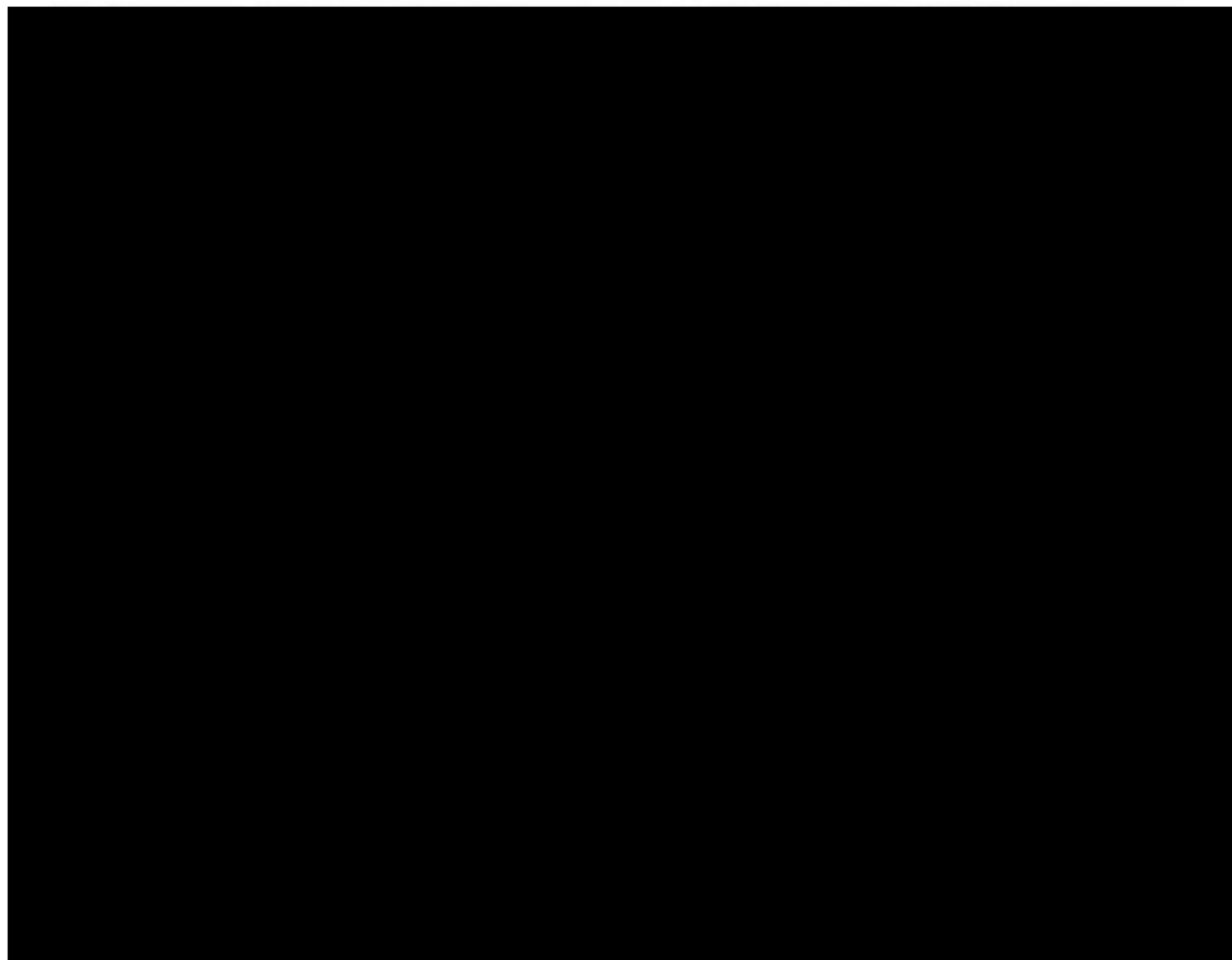
18.1 - The facility name and type.



18.2 - The physical address and GPS coordinates of the facility.

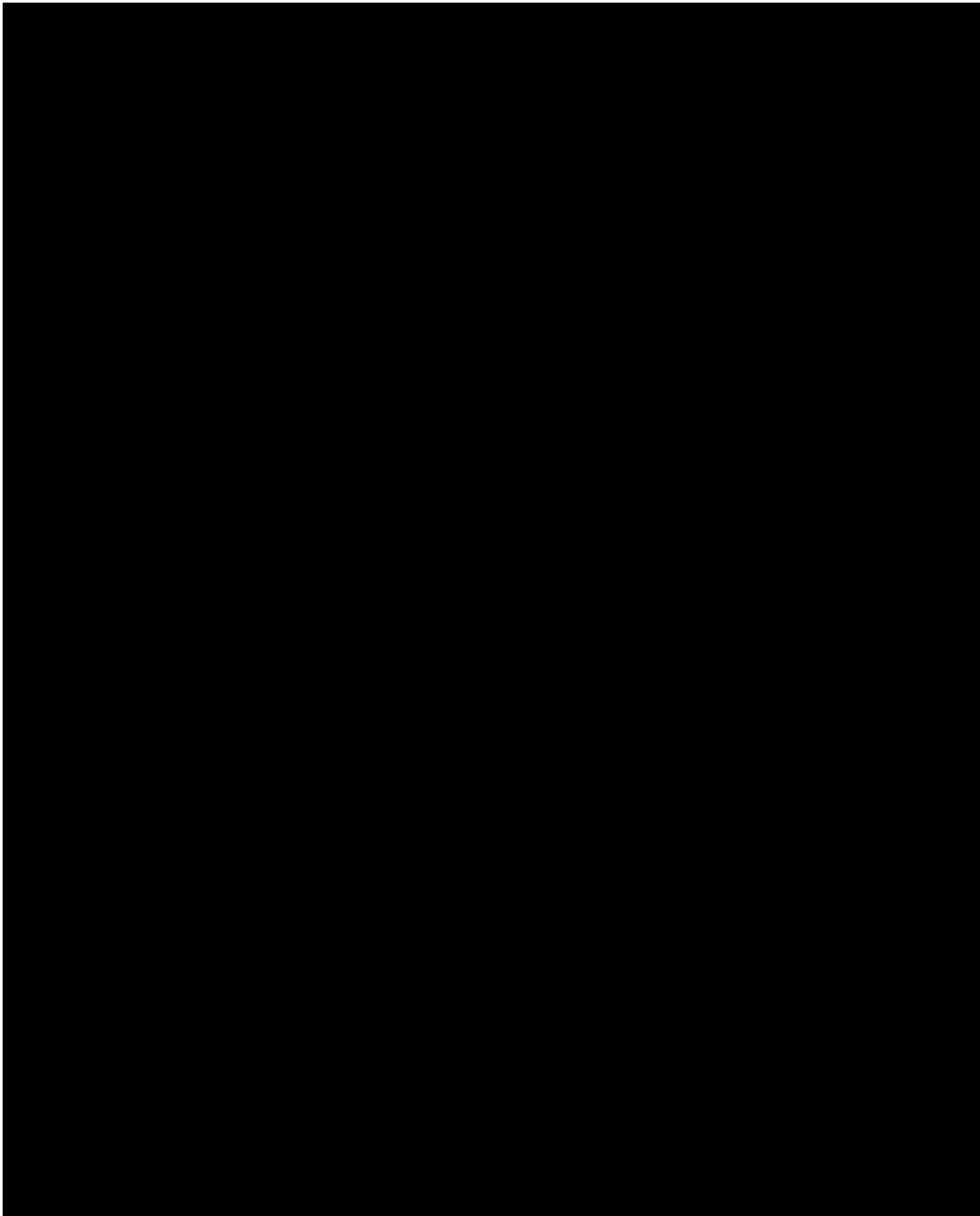


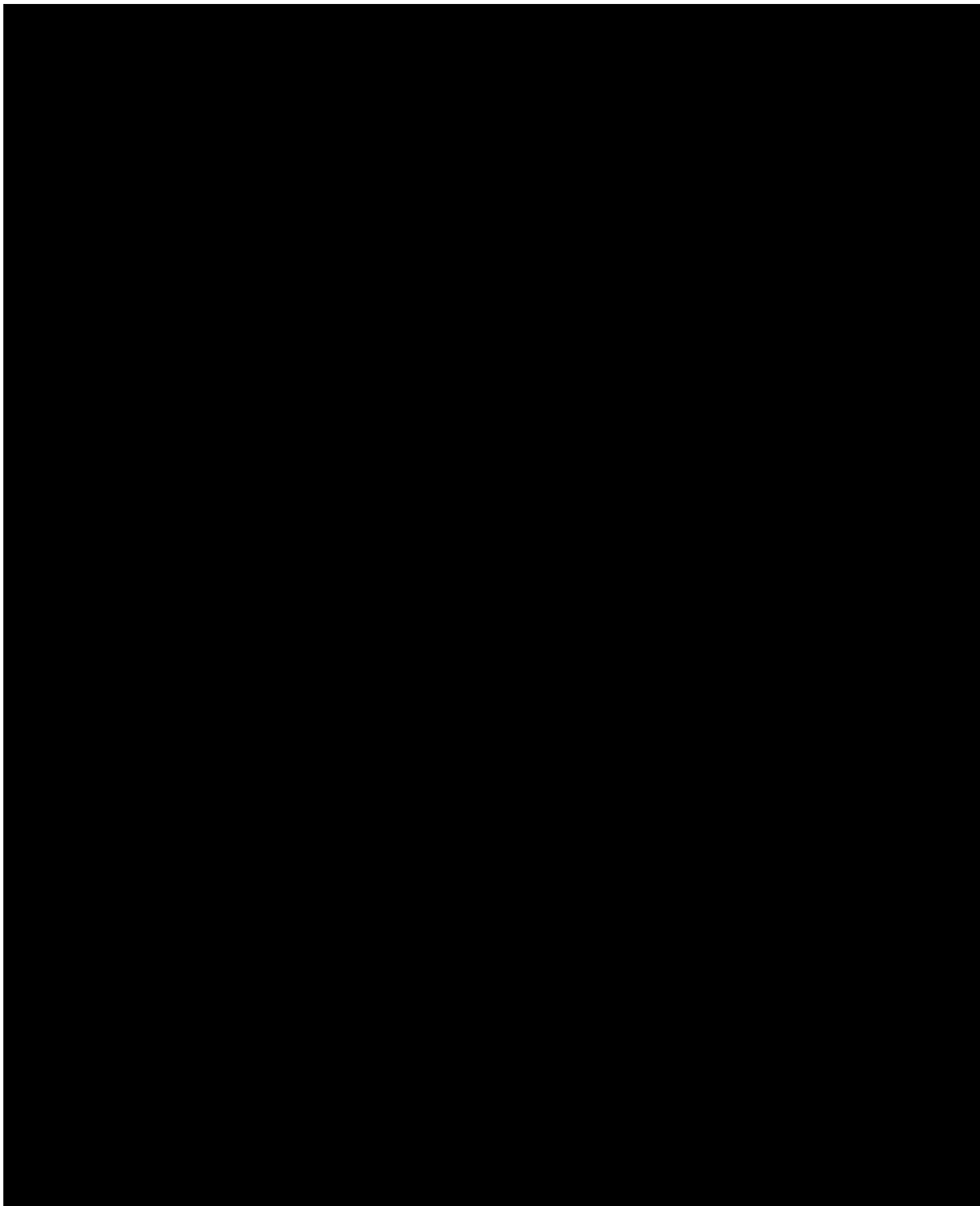
18.3 - An aerial photograph of the facility, including clearly identified site boundaries.



18.4 – Proof of authorization for the Applicant to occupy the property where the facility is proposed to be located.

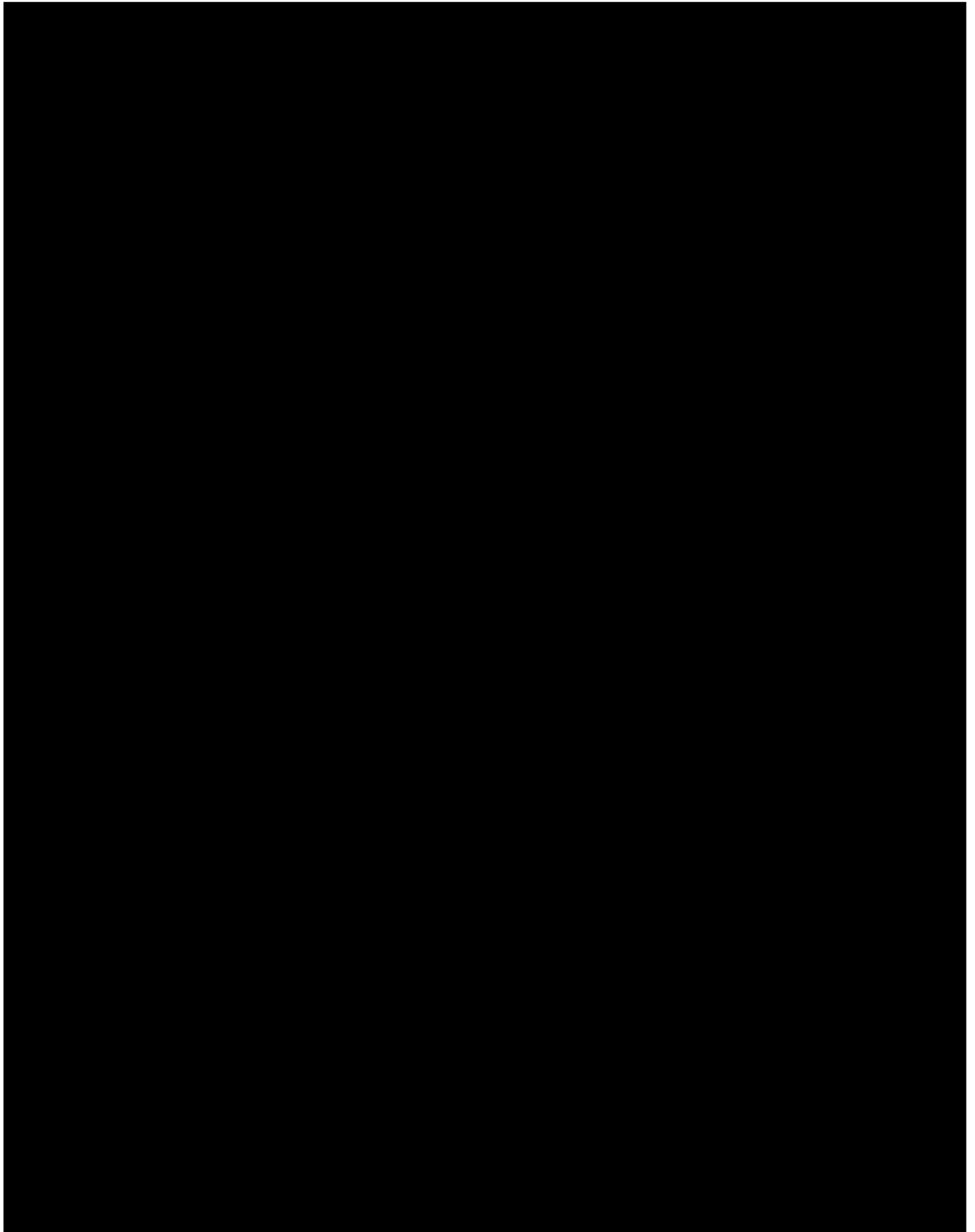
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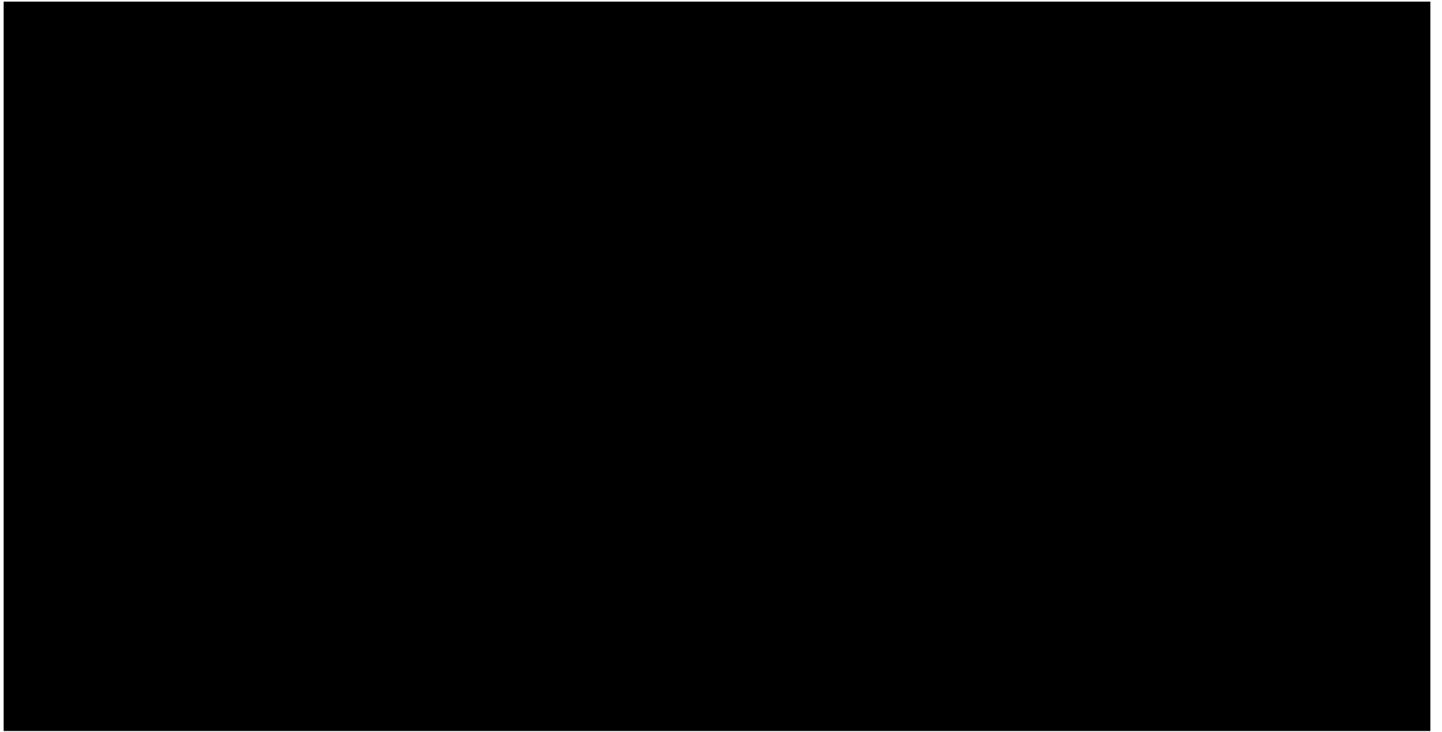




18.5 – Proof of local zoning and other approvals necessary to operate the business in the local jurisdiction where the business is located, including but not limited to the local jurisdiction’s ordinance or resolution approving the operation of medical cannabis facilities there.

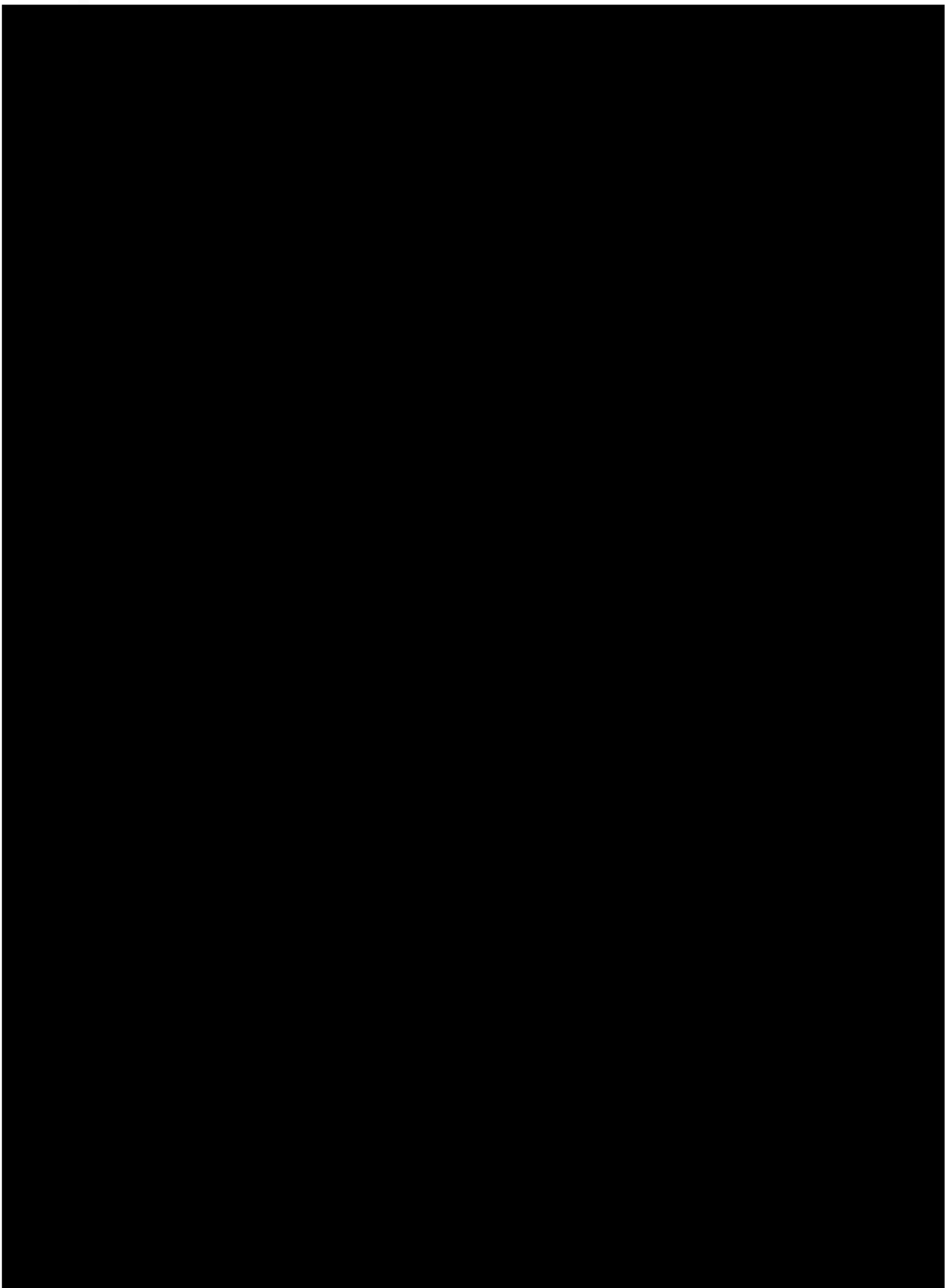
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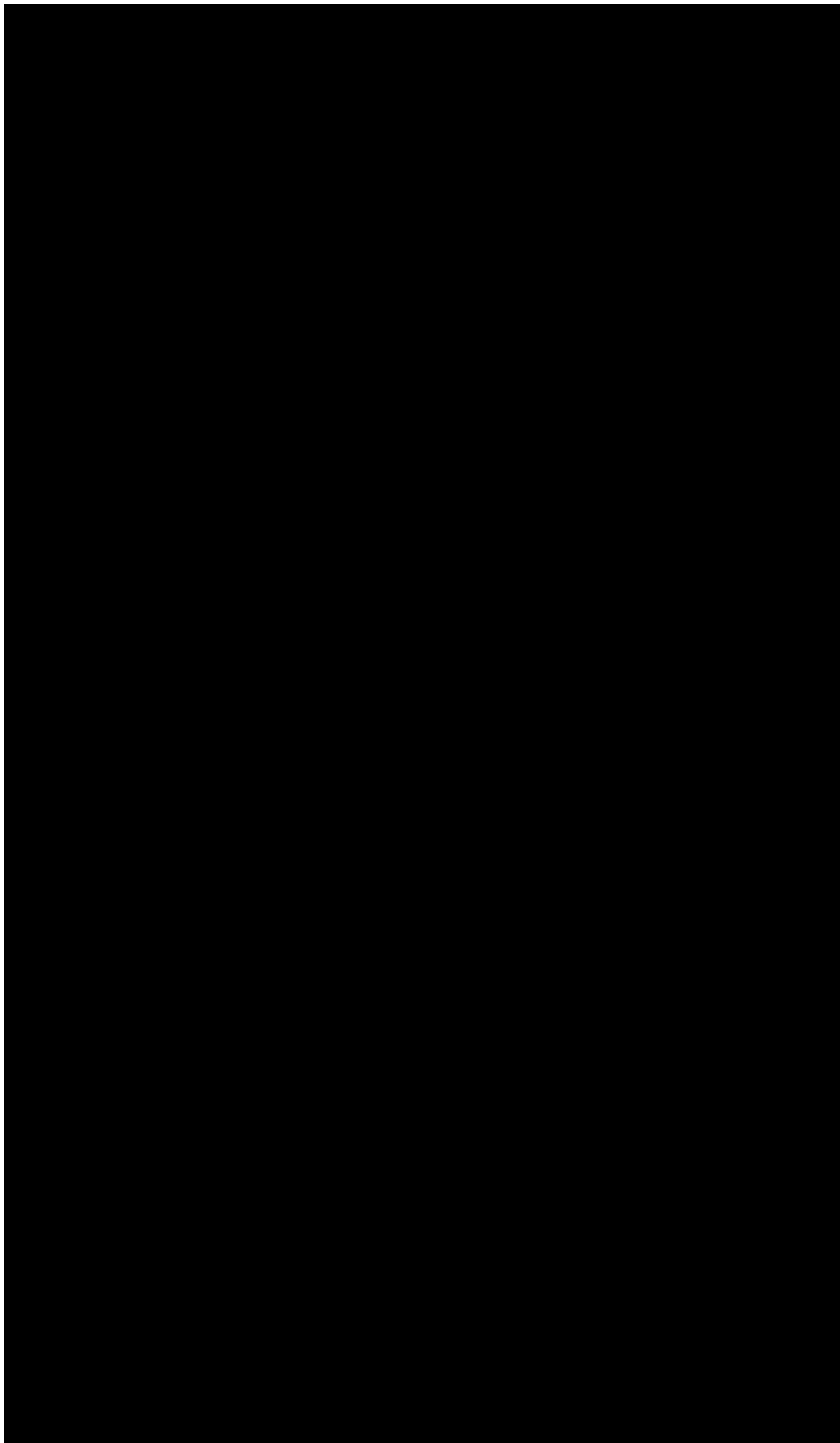
18.6 – A professionally rendered blueprint (or, if not available, a professionally rendered floorplan or schematic) of the facility, showing clearly drawn and labeled interiors of the facility, including but not limited to the general function of each area of the structure, for ease in identification of operations and processes by the Commission during future inspections.

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18.7 – A timetable for completion and commencement of operations as to the facility.

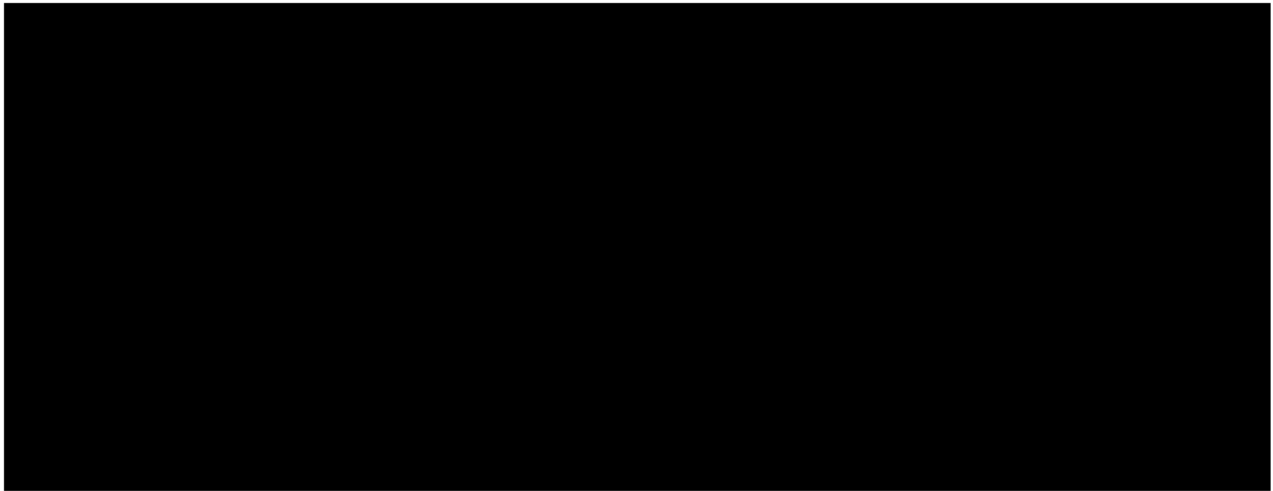
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18.8 – A statement whether the facility shall be open to the public and if so the anticipated hours of business operation.



18.9 – The hours of operation during which the facility will be occupied by Applicant’s employees; if not continuous, the after-hours contact information for management.

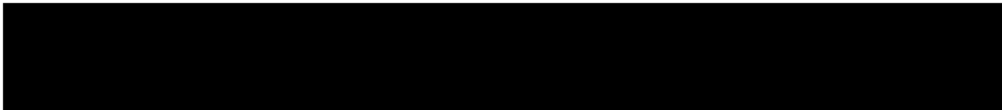


DISPENSING SITE #2

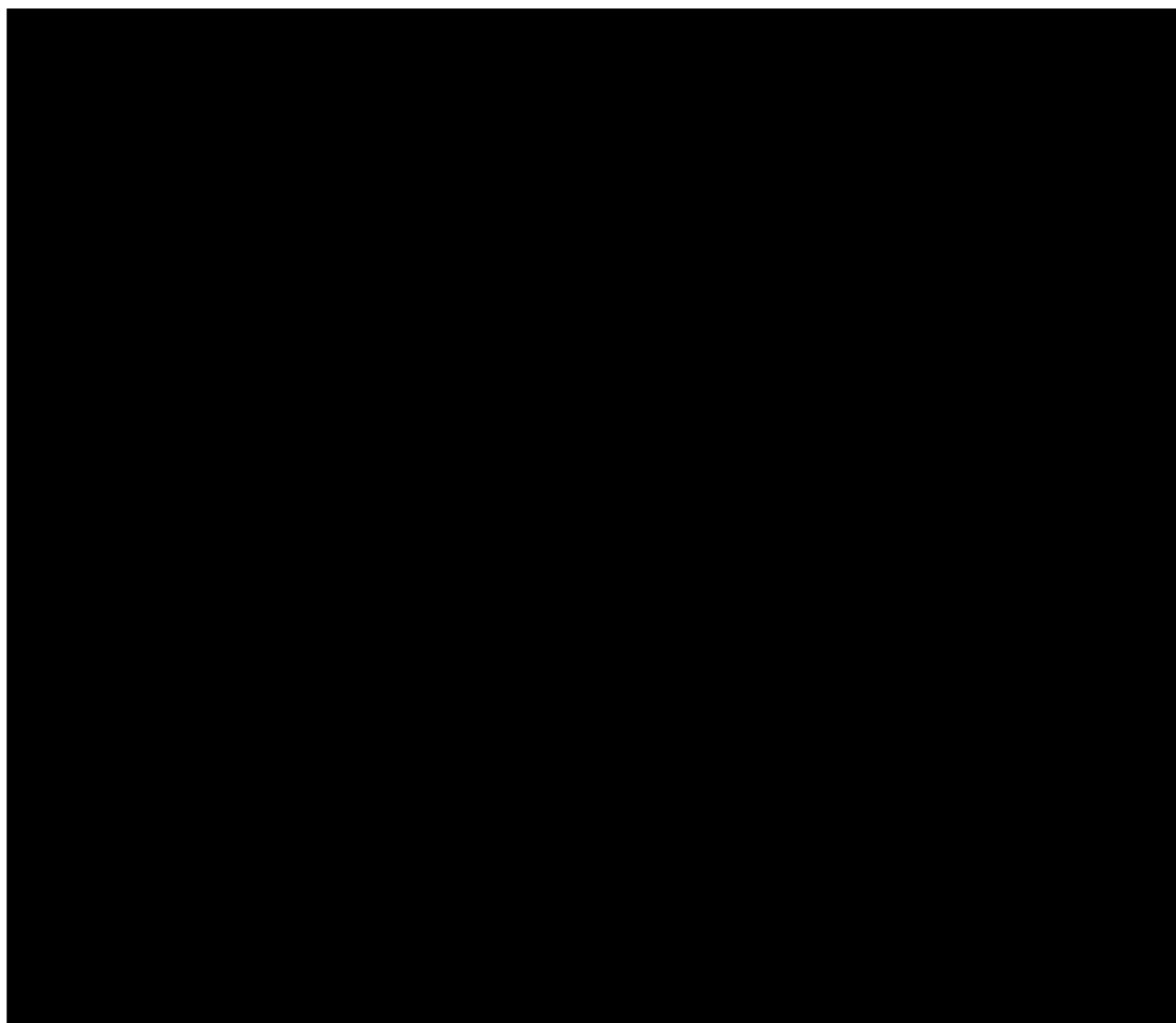
18.1 - The facility name and type.



18.2 - The physical address and GPS coordinates of the facility.

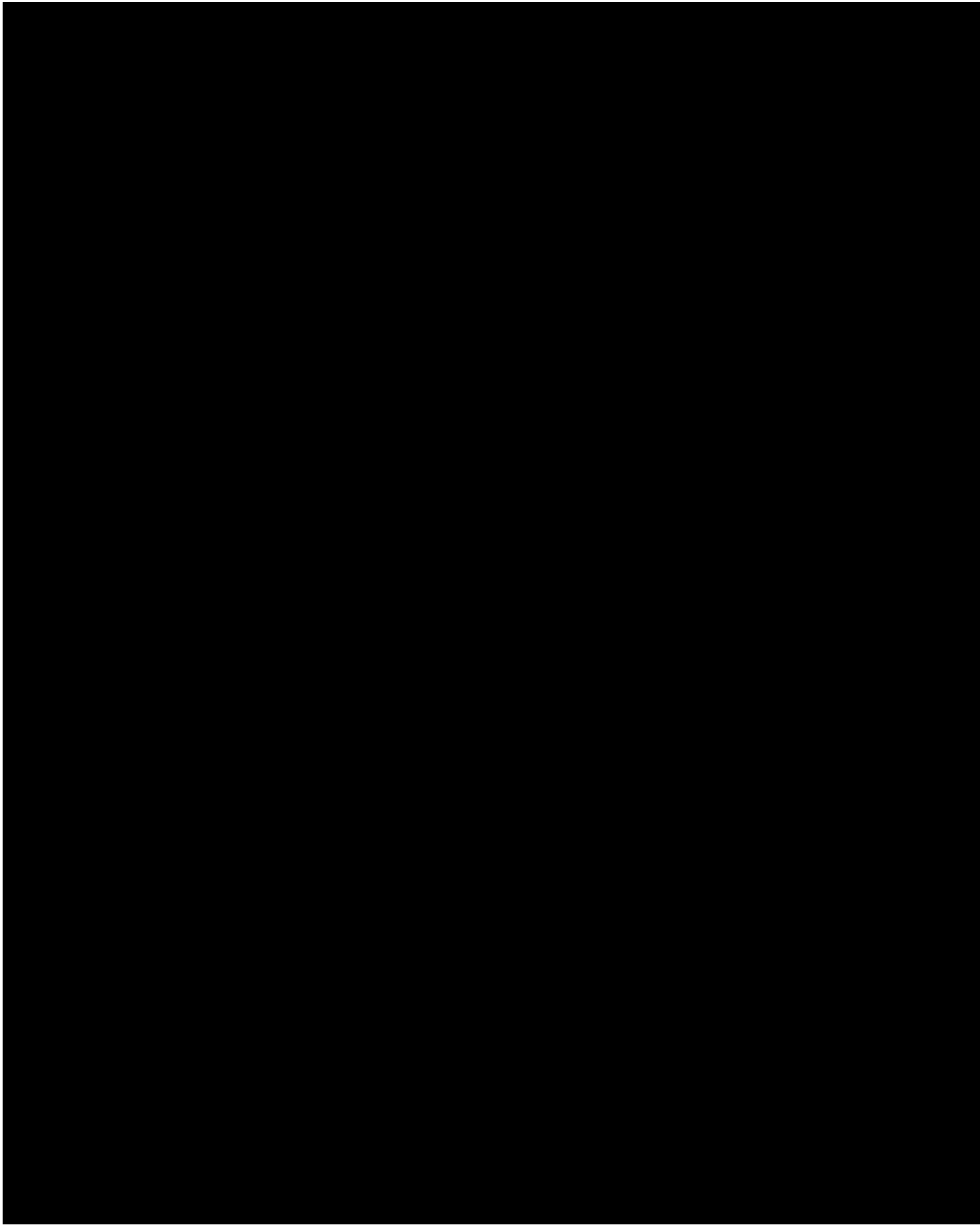


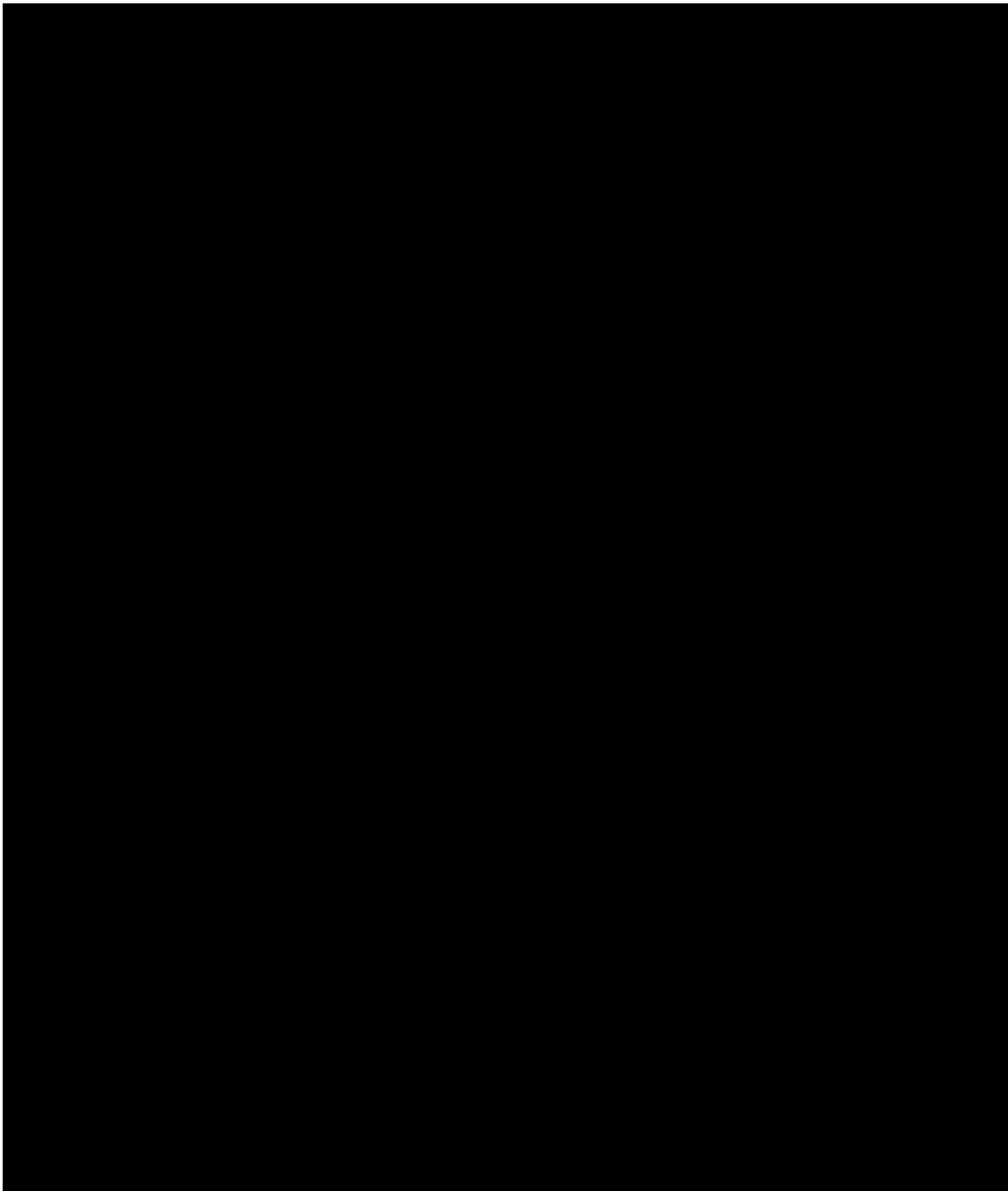
18.3 - An aerial photograph of the facility, including clearly identified site boundaries.



18.4 – Proof of authorization for the Applicant to occupy the property where the facility is proposed to be located.

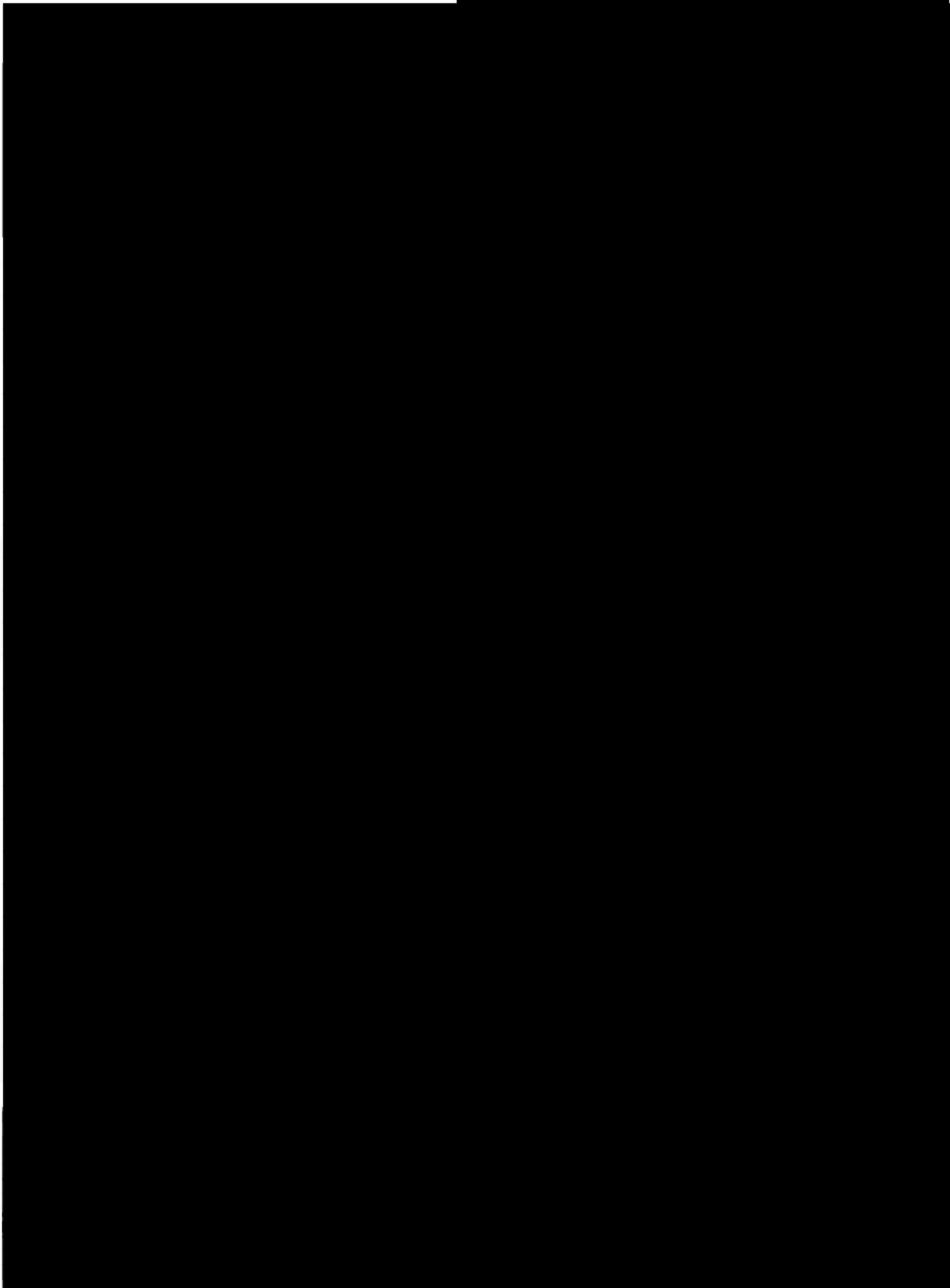
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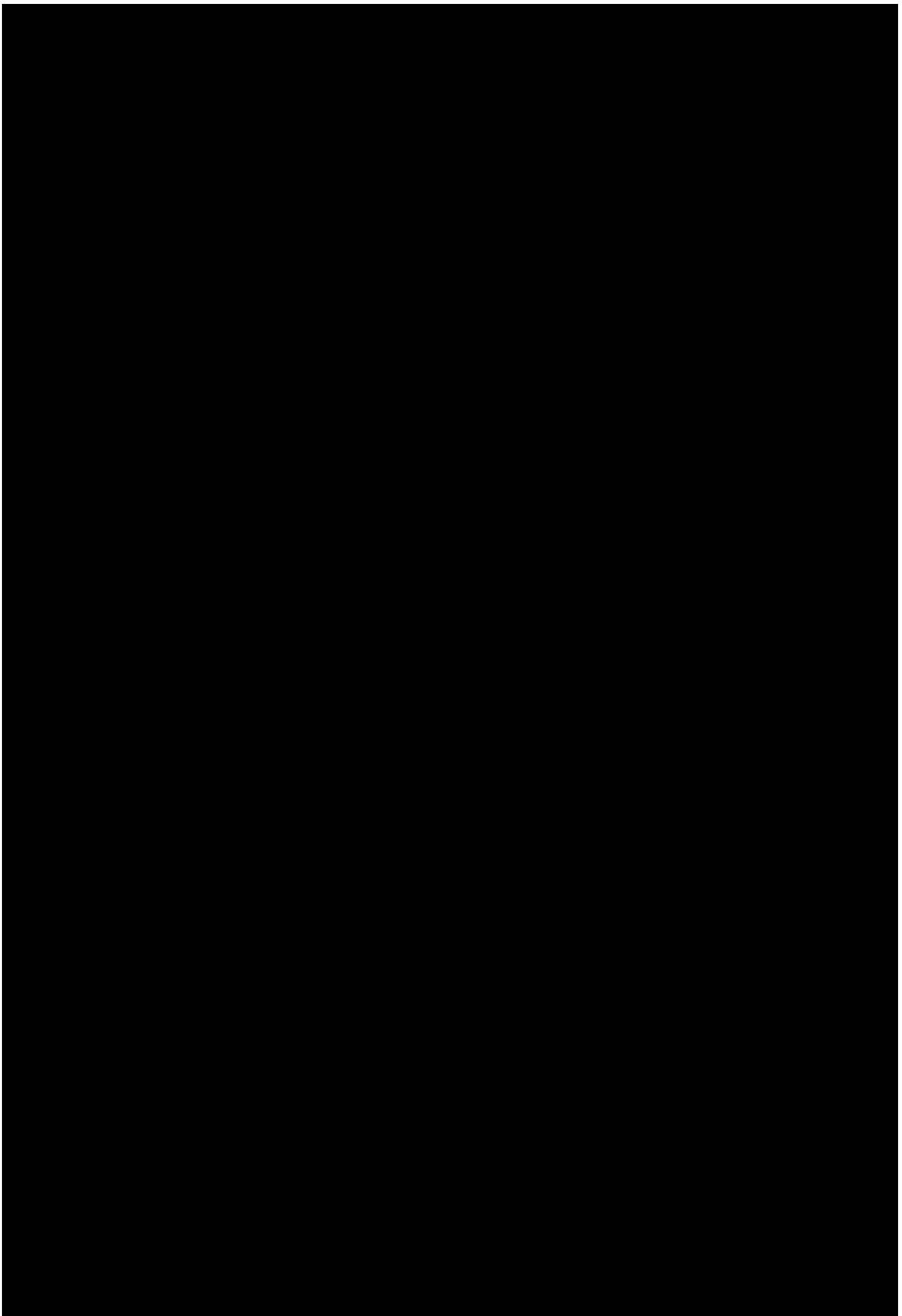
18.5 – Proof of local zoning and other approvals necessary to operate the business in the local jurisdiction where the business is located, including but not limited to the local jurisdiction’s ordinance or resolution approving the operation of medical cannabis facilities there.

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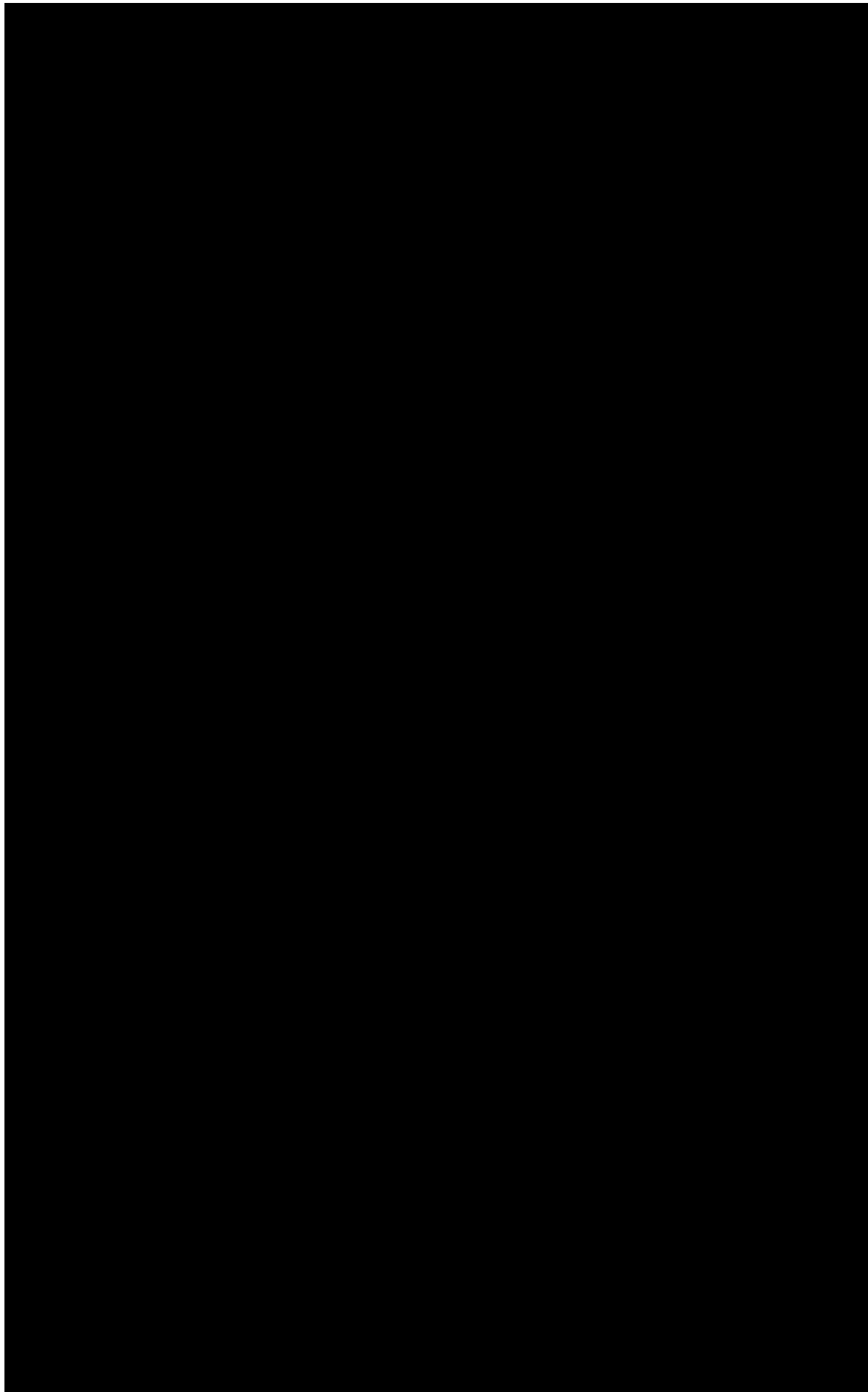
18.6 – A professionally rendered blueprint (or, if not available, a professionally rendered floorplan or schematic) of the facility, showing clearly drawn and labeled interiors of the facility, including but not limited to the general function of each area of the structure, for ease in identification of operations and processes by the Commission during future inspections.

[Page Intentionally Left Blank]

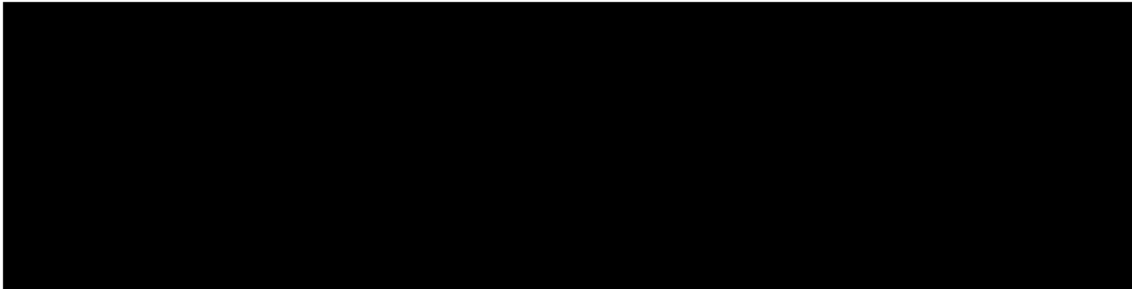


18.7 – A timetable for completion and commencement of operations as to the facility.

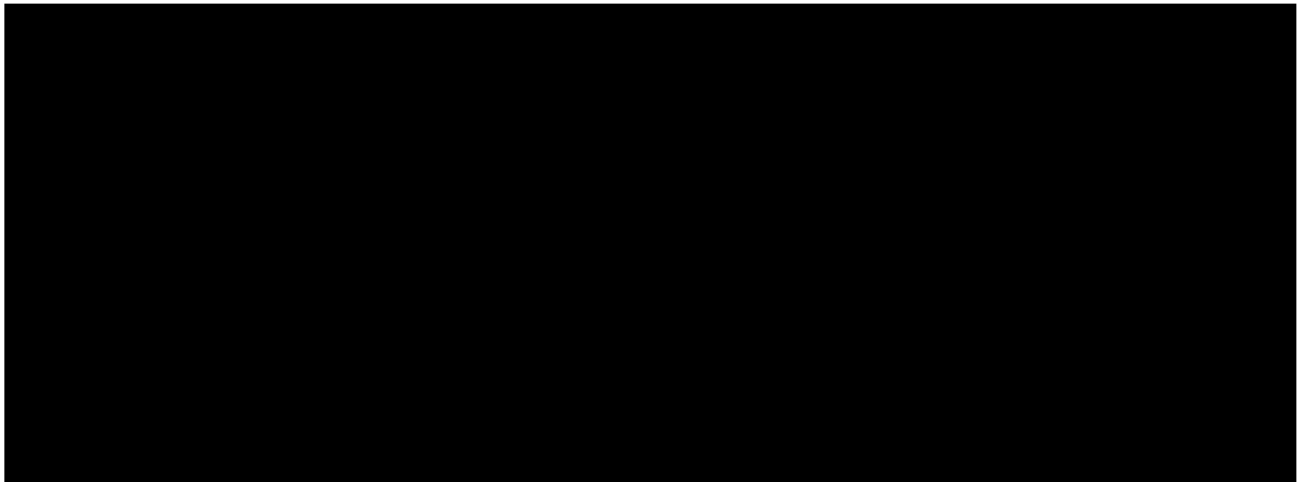
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18.8 – A statement whether the facility shall be open to the public and if so the anticipated hours of business operation.



18.9 – The hours of operation during which the facility will be occupied by Applicant’s employees; if not continuous, the after-hours contact information for management.



DISPENSING SITE #3

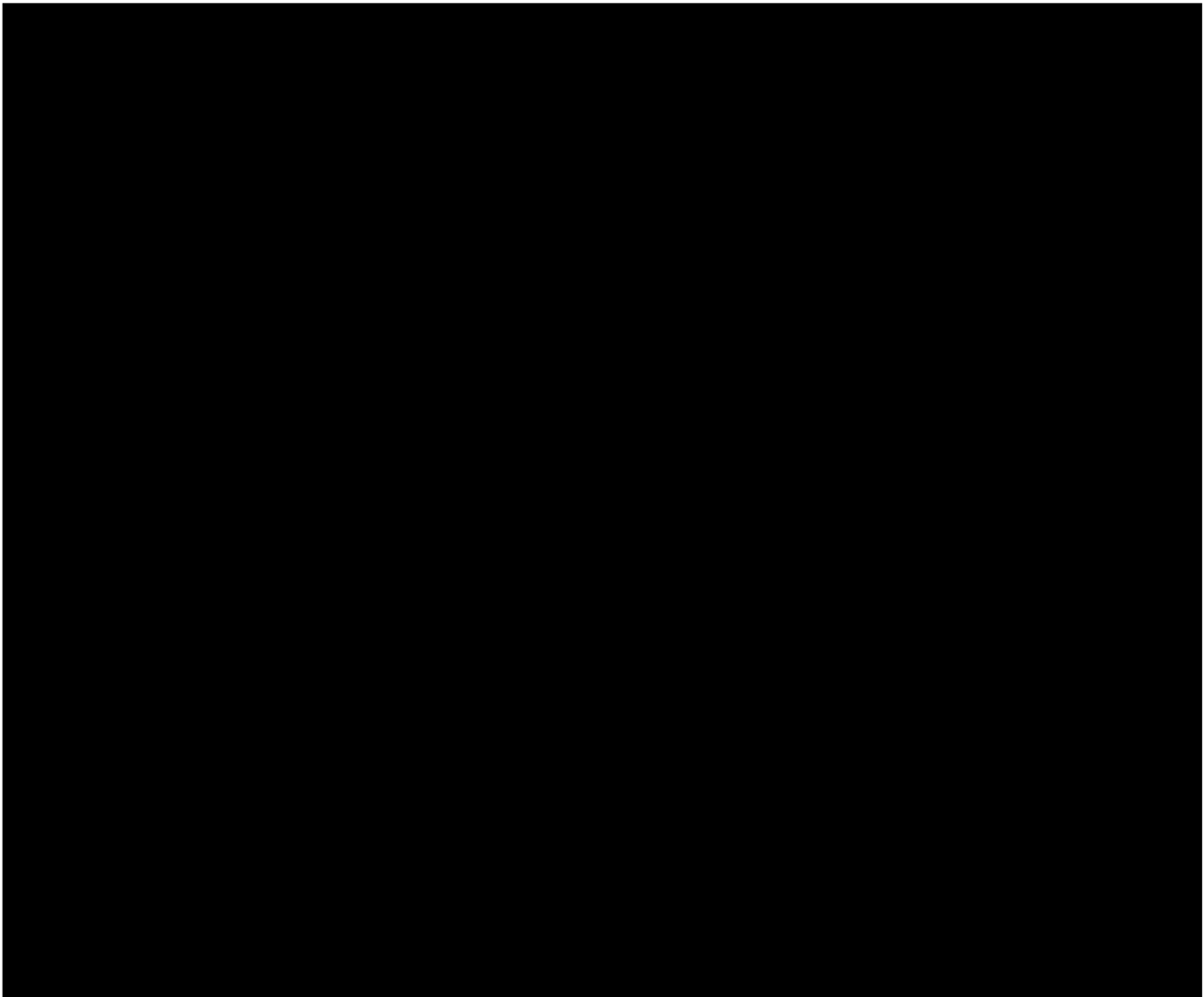
18.1 - The facility name and type.



18.2 - The physical address and GPS coordinates of the facility.

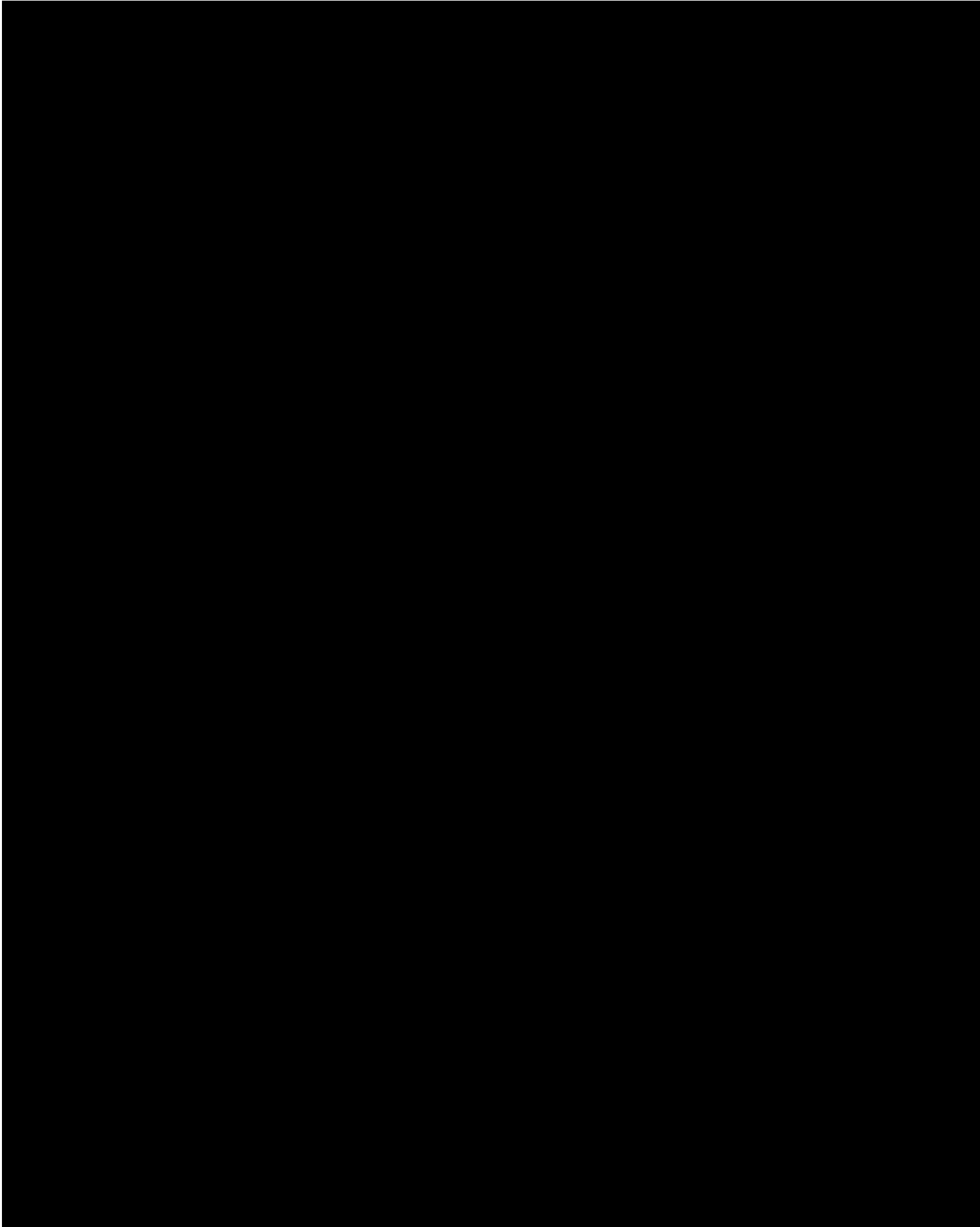


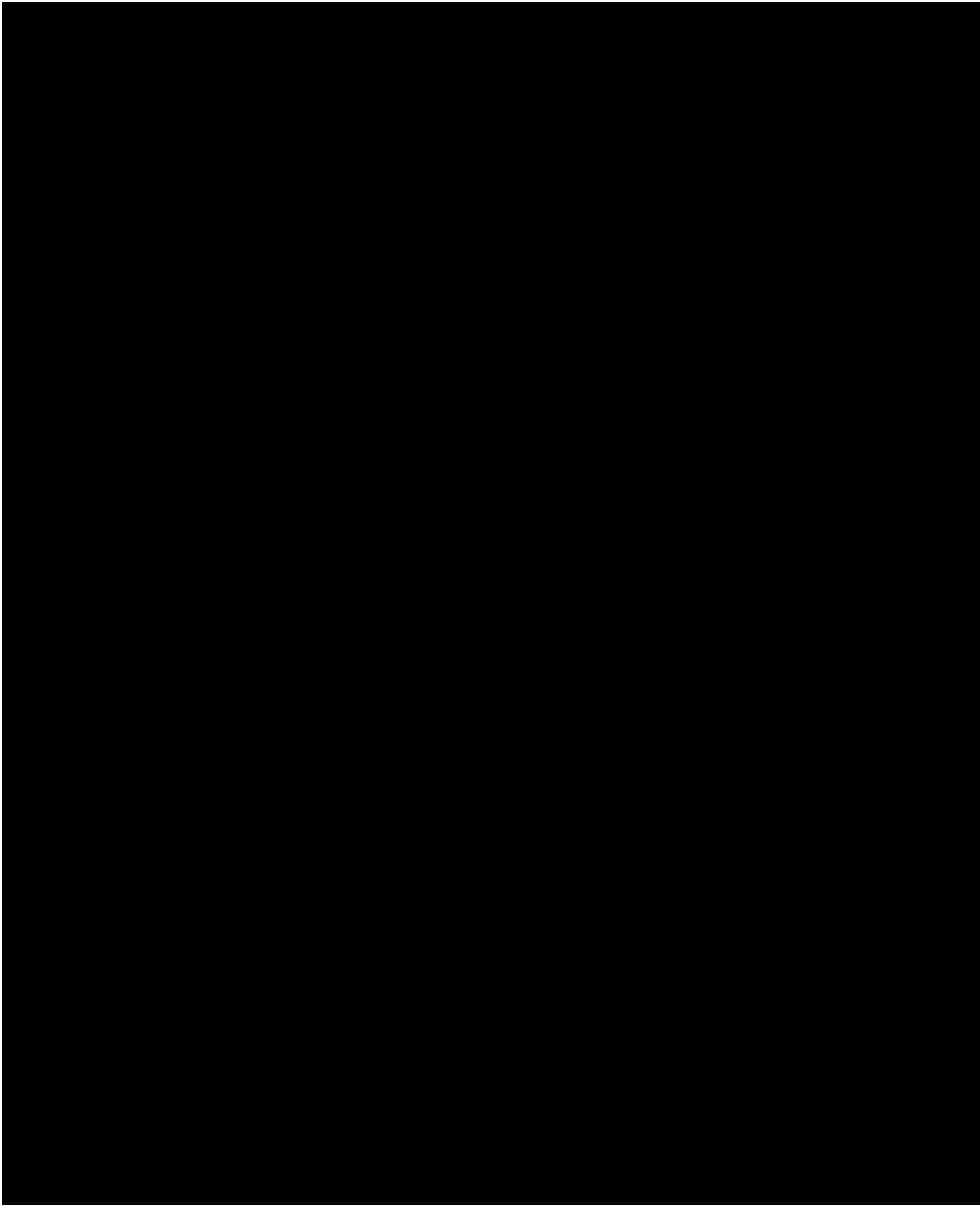
18.3 - An aerial photograph of the facility, including clearly identified site boundaries.



18.4 – Proof of authorization for the Applicant to occupy the property where the facility is proposed to be located.

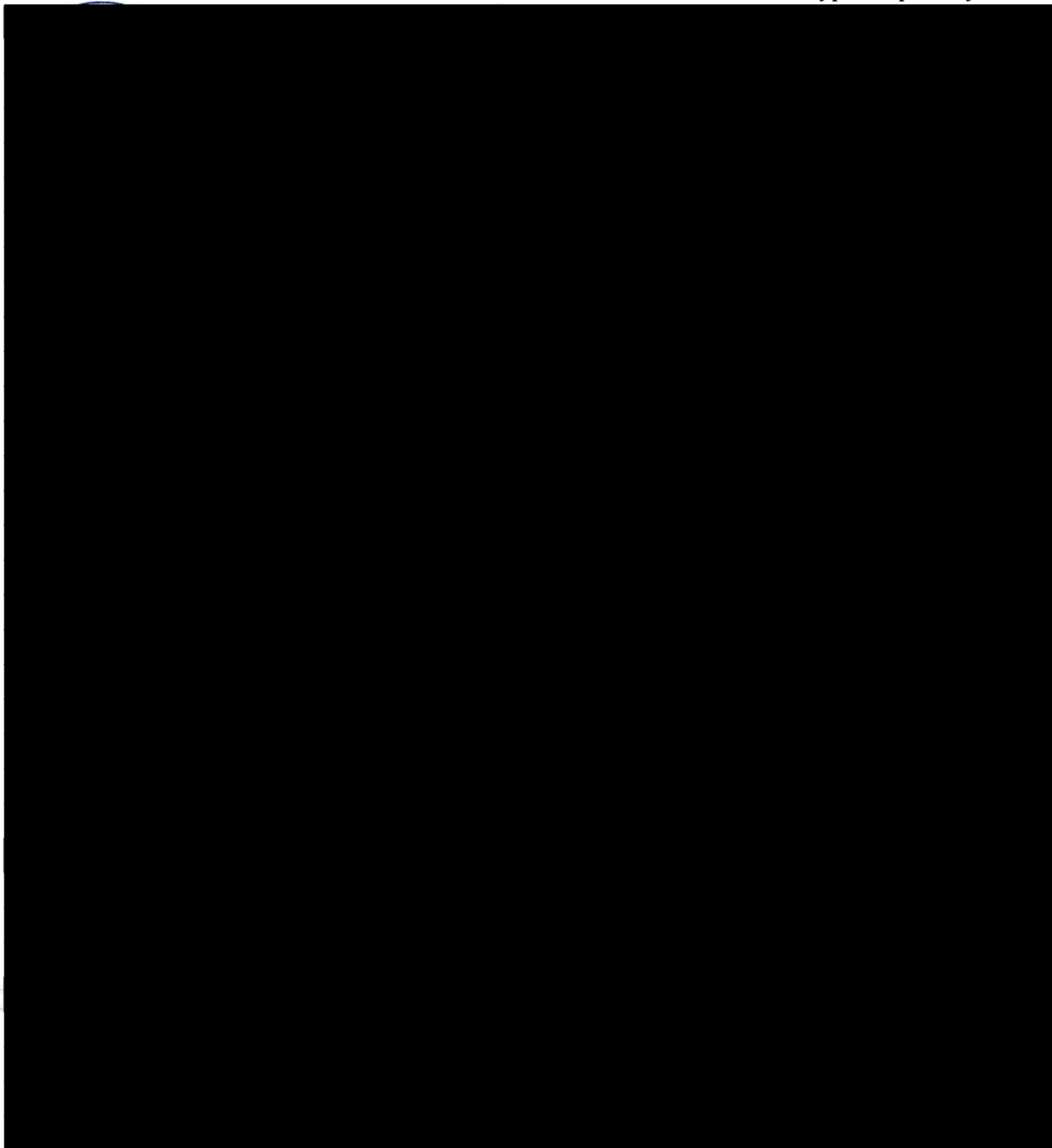
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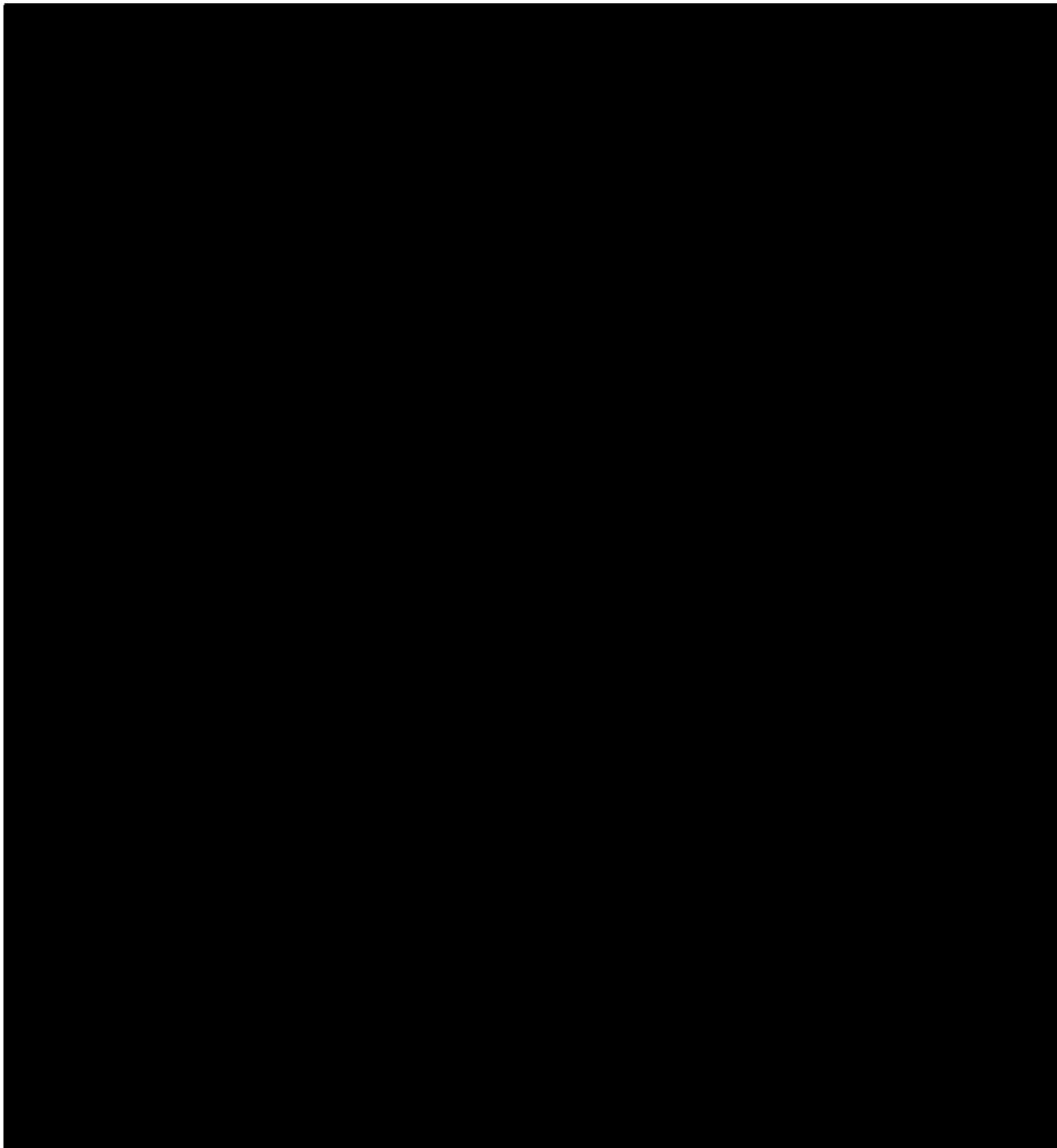




18.5 – Proof of local zoning and other approvals necessary to operate the business in the local jurisdiction where the business is located, including but not limited to the local jurisdiction’s ordinance or resolution approving the operation of medical cannabis facilities there.

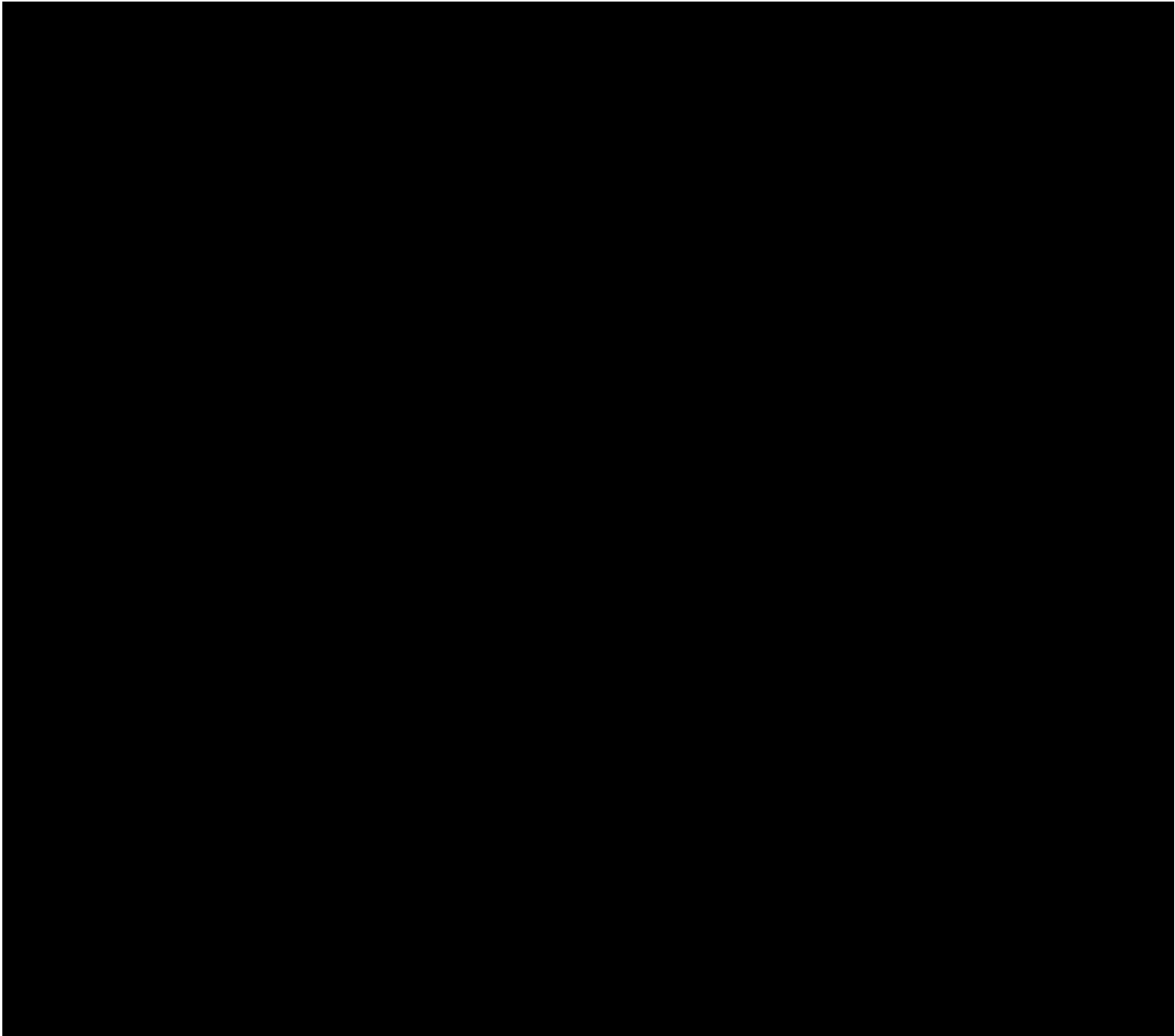
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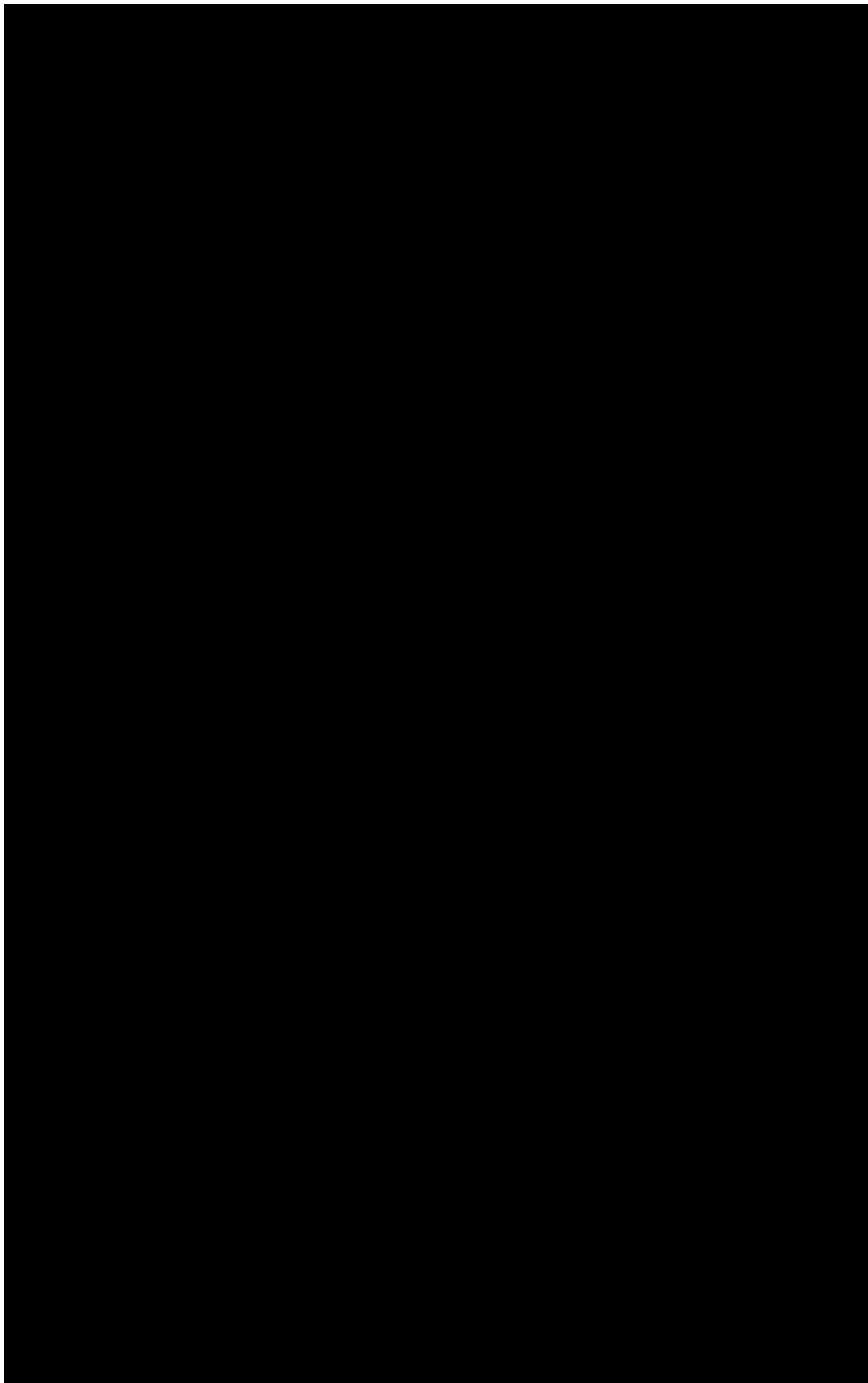
18.6 – A professionally rendered blueprint (or, if not available, a professionally rendered floorplan or schematic) of the facility, showing clearly drawn and labeled interiors of the facility, including but not limited to the general function of each area of the structure, for ease in identification of operations and processes by the Commission during future inspections.

[Page Intentionally Left Blank]

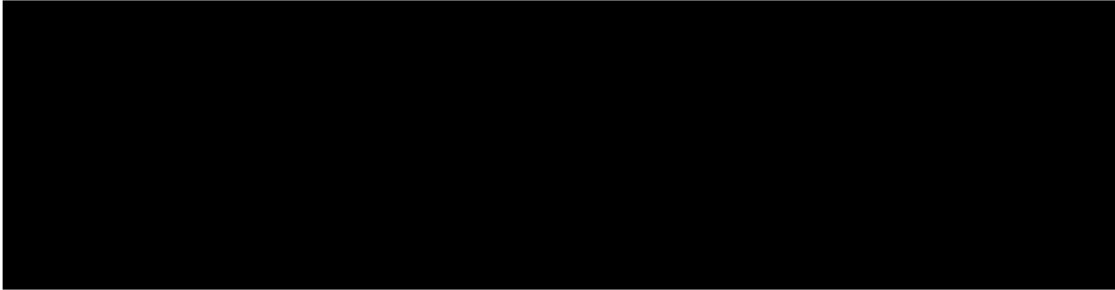


18.7 – A timetable for completion and commencement of operations as to the facility.

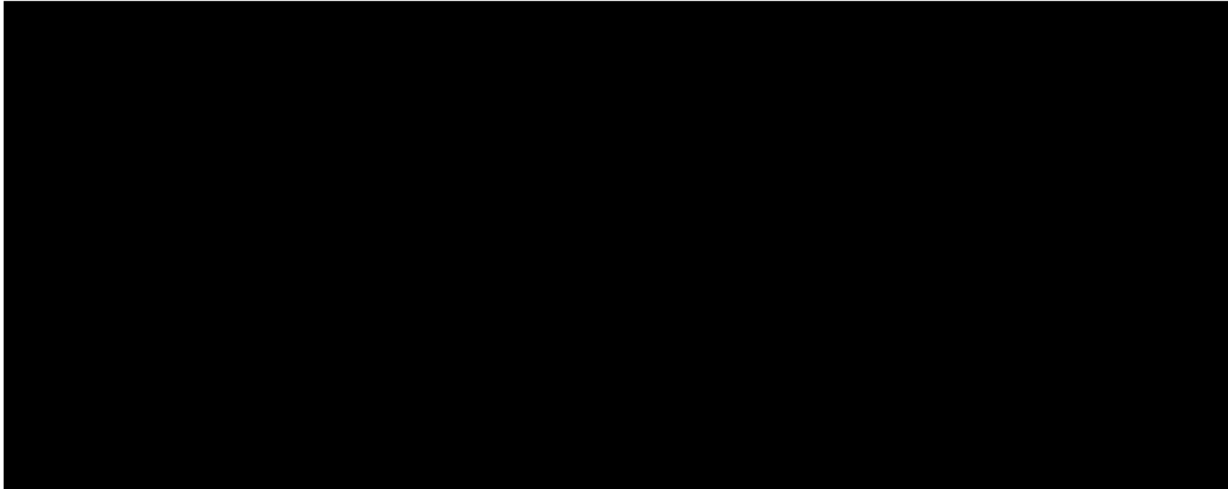
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18.8 – A statement whether the facility shall be open to the public and if so the anticipated hours of business operation.



18.9 – The hours of operation during which the facility will be occupied by Applicant’s employees; if not continuous, the after-hours contact information for management.



Additional Notes on Exhibit 18:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Exhibit 19

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 19 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).


The Applicants description of their Security Plan is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 19 contains the specific efforts the Applicant is undertaking to secure medical cannabis throughout the seed-to-sale process, in compliance with AMCC regulations, as well as how to protect confidential patient information. The disclosure of this information creates an unnecessary risk by disclosing specific and detailed security measures to ensure the safety of the Applicant, its employees, all third parties involved, and patient. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its security efforts.


Exhibit 19 – Security Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

 _____
Printed Name of Verifying Individual

 _____
Title of Verifying Individual

 _____
Signature of Verifying Individual


 _____
Verification Date

Exhibit 19 – Security Plan.

[Redacted text block containing multiple paragraphs of blacked-out content]

[REDACTED]

19.1 - Twenty-four-hour alarm systems must be installed in all facilities where cannabis or medical cannabis products are present. Such alarms shall be provided and installed by experts in industry-standard commercial-grade alarm systems. Alarm systems must be fully operational, securing all entry points and perimeter windows, be equipped with motion detectors and pressure switches, and must cover all areas where cannabis or medical cannabis products are delivered, received, handled, stored, prepared, dispensed, or sold.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19.2 - Reception areas and personnel adjacent to ingress and egress points shall have ready access to duress panic and hold-up alarms that may be activated in the event of access by unauthorized personnel or intruders.

[REDACTED]

[REDACTED]

19.3 - Broadcast communication devices (cell phones, intercom equipment or the like)

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

• 19.4 - The Applicant, at each of its facilities, shall maintain an audio/video surveillance system that shall be in continuous operation 24 hours per day. Cameras shall be fixed in place covering both the interior and exterior of the facility, in such quantity, with such lighting, and at such resolution as shall allow for the clear identification of individuals and activities in all reasonably accessible areas of the premises, including but not limited to all entrances, exits, parking lots, and any area where cannabis or medical cannabis is delivered, received, handled, stored, prepared, dispensed, or sold. Audio/Video surveillance recordings must clearly and accurately display the time and date. Audio recordings shall clearly and accurately capture sound within camera range at a level of 20 decibels or greater. (Note: Audio/Video surveillance records must be kept for at least 60 days, and longer upon the request of

the Commission, its inspectors, or any law enforcement personnel. Audio/Video recordings potentially reflecting an incident of actual or attempted diversion must be kept for the longer of a period of two years, or until resolution of the incident and apprehension and discipline or prosecution of the individuals involved in the actual or attempted diversion.)

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

19.5 - As to any facility owned by the Applicant at which medical cannabis is maintained, except a dispensing site, the Applicant must surround the perimeter of such facility with a sufficient fence or barrier to prevent access by unauthorized persons and must have sufficient lighting to allow for the proper functioning of video surveillance equipment at all times between dusk and dawn or at any other time when ambient lighting requires enhancement to permit identification of individuals and activities upon or immediately adjacent to the premises. Indoor premises must likewise be sufficiently lit to allow for the identification of individuals and activities.

[REDACTED]

[REDACTED]

19.6 - Exterior doors of each facility operated by the Applicant must be designed or reinforced to withstand unlawful forcible entry; exterior doors shall remain locked against outside intruders at all times, while allowing free egress by the facility's occupants in the event of an emergency; doors must permit ingress to employees and other appropriate persons (other than patients and caregivers) only by means of a keycard or other similar electronic access device. Patients and caregivers may be granted access by Dispensary personnel only upon showing a valid, unexpired and unrevoked medical cannabis card.

[REDACTED]

[REDACTED]

19.7 – Exterior walls of each facility operated by the Applicant must be reinforced to withstand unlawful forcible entry. Windows, likewise, must be reinforced to prevent breakage by outside intruders. A dispensing site must be housed (A) in a stand-alone building or (B) within a multi-use structure, strip mall or other such retail facility; the area occupied by the dispensing site is not to be accessible to or used by neighboring businesses, other tenants or others not employed by the Applicant. To the extent that the dispensing site is housed within a multi-use structure, strip mall or other such retail facility, the dispensing site must be self-contained, or at a minimum, segregated from other businesses and activities being conducted in the multi-use structure, strip mall or other such retail facility by separate points of ingress and egress or, at a minimum, separately keyed and electronically protected entryways accessible only to employees of the Applicant; patients and caregivers; AMCC representatives and their guests; representatives of other licensees; vendors, cleaning crew personnel, and repair workers carrying out business-related functions on the premises; representatives of the lessor during routine inspections or similar circumstances warranting a physical visit to the premises; or other appropriate individuals.

[REDACTED]

[REDACTED]

19.8 - The Applicant must maintain sufficient staffing of security guards at each facility where cannabis and medical cannabis is present to reasonably ensure the safety of the products stored therein; however, the Applicant must provide, at a minimum, one (1) security guard per facility during the facility's business/operating hours.

[REDACTED]

[REDACTED]

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19.9 - Strict access controls shall protect areas where cannabis or medical cannabis and daily monetary receipts are handled or stored - in a secured, locked room or vault.

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

19.10 – Protocols for beginning-of-day and end-of-day movement of medical cannabis and cash between secure areas and sales areas, as well as a plan for maintaining security of daily cash on hand at all times.

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

19.11 - Members of the public, other than patients and caregivers holding a valid, unexpired, unrevoked medical cannabis card, are not allowed inside a dispensing site.

[Redacted text block]

[Redacted text block]

19.12 – Records, whether electronic or manual, must be kept of all persons on the premises at a facility at all times, including employees, vendors, transporters or other licensees, and all official visitors, recording each individual’s name, the date and time of ingress and egress, and (as to non- employees) the reason for their presence. (Note: Such records shall be kept for a minimum of two years, and longer at the request of the Commission or law enforcement.)

[Redacted text block]

[Redacted text block]

[Redacted text block]

- [Redacted list item 1]
- [Redacted list item 2]
- [Redacted list item 3]
- [Redacted list item 4]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

19.13 - Employees, while on duty, shall wear identification badges that clearly identify them as employees.

[Redacted text block]

[REDACTED]

19.14 - Visitors, including vendors, other licensees, Commission members, inspection personnel, or other representatives must wear a “visitor pass” or “AMCC Official” pass, as applicable, at all times while on the premises.

[REDACTED]

19.15 - The Applicant’s proposed policies to report theft, diversion, or other loss of cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery.

[REDACTED]

- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]
- | [REDACTED]

[REDACTED]

19.16 - The Applicant's verification that, upon request, it will make available to the Commission or its inspectors all information relating to the Applicant's security plan, including, but not limited to, security alarm systems, monitoring, alarm activity, maps of camera locations and camera coverage, audio/video footage, surveillance equipment maintenance logs, authorized use lists, operation instructions, and any other security related information deemed relevant by the Commission or its inspectors.

[REDACTED]

19.17 - Signage. The Applicant's verification that it will prominently display at each entrance point to a dispensing site and in at least one location in the sales area of the dispensing site signs stating as follows: WARNING: This facility is monitored at all times using audio and video surveillance. Entry to this business and purchases within are strictly prohibited except as to registered patients and caregivers presenting valid identification as required by law.

[REDACTED]

[REDACTED]

Additional Notes on Exhibit 19:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The Applicant will update or amend any information in this exhibit that may change. The Applicant does not propose any additional facilities.

Exhibit 20

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 20 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants required disclosure of their Personnel is a trade secret, as defined by the ATSA. The compilation of this information is to be used for the Alabama medical cannabis trade and contains specific PII of the Applicants personnel. The disclosure of this information creates an unnecessary risk for the Applicants personnel, not only in terms of specific industry risks, but also those associated with the protections the Alabama Consumer Privacy Act (ACPA) afford. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself and its personnel from unnecessary risks related to the disclosure of PII.

Exhibit 20 - Personnel

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.


Printed Name of Verifying Individual


Title of Verifying Individual


Individual



Verification Date

Exhibit 20 - Personnel

[Use FORM G: PERSONNEL ROSTER & VERIFICATION]

FORM G: PERSONNEL ROSTER & VERIFICATION

[Redacted]
Business License Applicant Name

[Redacted]
License Type

Complete the following information, current to within thirty (30) days prior to the date of application, for all personnel (each leader and employee) affiliated with the Applicant. Attach additional forms if necessary.

[Redacted]
Leader/Employee Name

[Redacted]
Title/Position

[Redacted]
SSN

[Redacted]
Telephone

[Redacted]
Email

[Redacted]
Street Address

[Redacted]
City

[Redacted]
State

[Redacted]
Zip

[Redacted]
Leader/Employee Name

[Redacted]
Title/Position

[Redacted]
SSN

[Redacted]
Telephone

[Redacted]
Email

[Redacted]
Street Address

[Redacted]
City

[Redacted]
State

[Redacted]
Zip

[Redacted]
Leader/Employee Name

[Redacted]
Title/Position

[Redacted]
SSN

[Redacted]
Telephone

[Redacted]
Email

[Redacted]
Street Address

[Redacted]
City

[Redacted]
State

[Redacted]
Zip

Leader/Employee Name _____ Title/Position _____
SSN _____ Telephone _____ Email _____
Street Address _____
City _____ State _____ Zip _____

Leader/Employee Name _____ Title/Position _____
SSN _____ Telephone _____ Email _____
Street Address _____
City _____ State _____ Zip _____

Leader/Employee Name _____ Title/Position _____
SSN _____ Telephone _____ Email _____
Street Address _____
City _____ State _____ Zip _____

Leader/Employee Name _____ Title/Position _____
SSN _____ Telephone _____ Email _____
Street Address _____
City _____ State _____ Zip _____

License Type: Dispensary

[Redacted] _____
 Leader/Employee Name Title/Position
 [Redacted] _____ [Redacted] _____
 SSN Telephone Email
 [Redacted] _____
 Street Address
 [Redacted] _____ [Redacted] _____ [Redacted] _____
 City State Zip

[Redacted] _____
 Leader/Employee Name Title/Position
 [Redacted] _____ [Redacted] _____
 SSN Telephone Email
 [Redacted] _____
 Street Address
 [Redacted] _____ [Redacted] _____ [Redacted] _____
 City State Zip

 Leader/Employee Name Title/Position

 SSN Telephone Email

 Street Address

 City State Zip

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate roster of personnel of the Applicant. The undersigned further verifies that, if the Applicant is issued a business license, each individual listed hereinabove (and attached, as necessary) will be registered to the AMCC website and will undergo appropriate pre-employment background checks.

[Redacted] _____
 Printed Name of Verifying Individual Title of Verifying Individual
 [Redacted] _____
 Signature of Verifying Individual Verification Date

Additional Notes on Exhibit 20:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities.

Exhibit 21

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 21 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants description of their Business Leadership Credentials is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 21 contains specific individual information and PII of the Applicants leadership. The disclosure of this information creates an unnecessary risk for the Applicants leadership, not only in terms of specific industry risks, but also those associated with the protections the Alabama Consumer Privacy Act (ACPA) afford. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its security efforts.

Exhibit 21 - Business Leadership Credentials

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

21.1 - A curriculum vitae for the business, demonstrating the education, experience, and other credentials of the certified dispenser(s), and any other science- or engineering-based employees or employees with a business background (i.e., accounting, finance, managing, marketing, advertising, public relations, etc.) among its leadership and/or employed at each dispensing site.

[Redacted content]

[Redacted text block containing multiple lines of blacked-out content]

[Redacted text block containing multiple lines of blacked-out information]

21.2 - A detailed explanation of the role each leader, certified dispenser, scientist, businessperson, or engineer is to have in the operation of the dispensary at each facility.

[Redacted text block containing multiple paragraphs of information, all obscured by black bars.]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

21.3 - 5-year Hiring Plan for its employees, identifying the types, positions, required education, required experience, and expected roles of such personnel.

[REDACTED]

[REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Additional Note to Exhibit 21:

The information contained in this exhibit is based on the best available knowledge to the Applicant at the time of submission. The Applicant will update or amend any information in this exhibit that may change. The Applicant does not propose any additional facilities.

Exhibit 21 – Business Leadership Credentials

Exhibit 22

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 22 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).


The Applicants description of its Employee Handbook is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 22 contains the unique methods of how the Applicant operates their business, train employees, and the unique relationship between the Applicant and its employees. The disclosure of this information creates an unnecessary risk by not only disclosing specific safety and security elements to the public, but also the relationship between the Applicant and its employees. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself and its employees from unnecessary risks to their relationship and internal safety and security procedures.

Exhibit 22 - Employee Handbook

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

 _____
Printed Name of Verifying Individual

 _____
Title of Verifying Individual

 _____
Signature of Verifying Individual


 _____
Verification Date

Exhibit 22 - Employee Handbook

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

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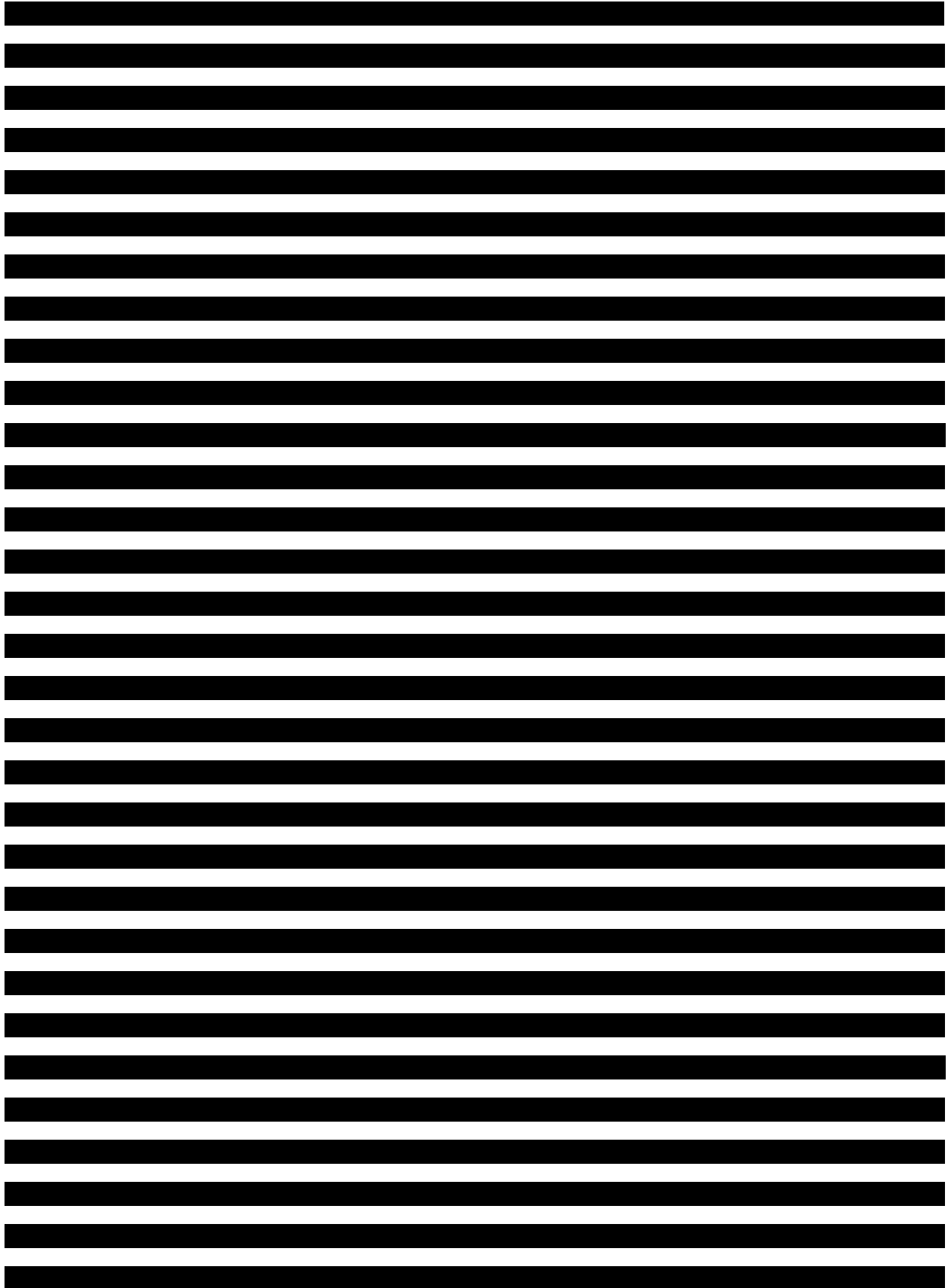
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[REDACTED]

[REDACTED]

[REDACTED]

Additional Notes to Exhibit 22:
The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities.

Exhibit 23

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 23 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Quality Control and Quality Assurance Plan is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 23 contains the unique methods of how the Applicant maintains quality assurance. The disclosure of this information is detrimental not only to the competitive nature of the Alabama cannabis industry, but also creates an unnecessary risk by disclosing safety and security processes undertaken by the Applicant to ensure the quality and care required for medical cannabis and confidential patient information. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its Quality Control and Assurance procedures.

Exhibit 23 - Quality Control and Quality Assurance Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

[Redacted text block containing multiple paragraphs of information, all obscured by black bars.]

[REDACTED]

23.2 - A plan for performing, at its own expense after licensure, quality control and testing of a qualified sampling of medical cannabis in its control, regardless of whether said medical cannabis has been packaged, labeled and sealed.

Testing Plan

[REDACTED]

[Redacted text block]

[Redacted text block]

23.3 - A plan for return and remediation or destruction of any failed test samples, including entry of the event on the Statewide Seed-to-Sale Tracking System

[Redacted text block]

[REDACTED]

waste.

[Redacted text block]

[Redacted text block]

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[REDACTED]

Additional Notes to Exhibit 23:

The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. The applicant does not propose any additional facilities.

Exhibit 23 – Quality Control and Quality Assurance Plan

Exhibit 24

Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 24 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Contamination and Recall Plan is a trade secret, as defined by the ATSA. The proprietary nature of Exhibit 24 contains the individualized safety and security measures required to protect patients from defective products. The disclosure of this information creates an unnecessary risk by disclosing safety and security processes undertaken by the Applicant to ensure contaminated or recalled products are handled safely and securely. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself from unnecessary risks to its Quality Control and Assurance procedures.

Exhibit 24 - Contamination and Recall Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

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[REDACTED]

[REDACTED]

40.6 - Processes to report to the Commission and any other appropriate regulatory body regarding crisis response and steps taken to mitigate or avoid danger to the public

[REDACTED]

[REDACTED]

40.7 – Steps to be taken to avoid further contamination, to preserve and protect uncontaminated cannabis or medical cannabis products, and to ensure access to said products by those who depend on it

[REDACTED]

Exhibit 25


Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 25 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Marketing and Advertising Plan is a trade secret, as defined by the ATSA. While the concepts of marketing and advertising are generally to disclose information to the public, the Applicants Marketing and Advertising Plan contain the methods and procedures of not only targeting the correct market, in accordance with AMCC regulations, but also methods to prevent information from being sent to unauthorized market segments. Public disclosure of these processes creates an unnecessary risk that unauthorized individuals may learn to bypass or glean ways to access unauthorized or confidential patient information. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself, its patients, and the market from unnecessary risks it has taken to remain compliant with AMCC marketing and advertising regulations.

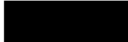
Exhibit 25 - Marketing and Advertising Plan

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.




Printed Name of Verifying Individual



Title of Verifying Individual



Individual



Verification Date

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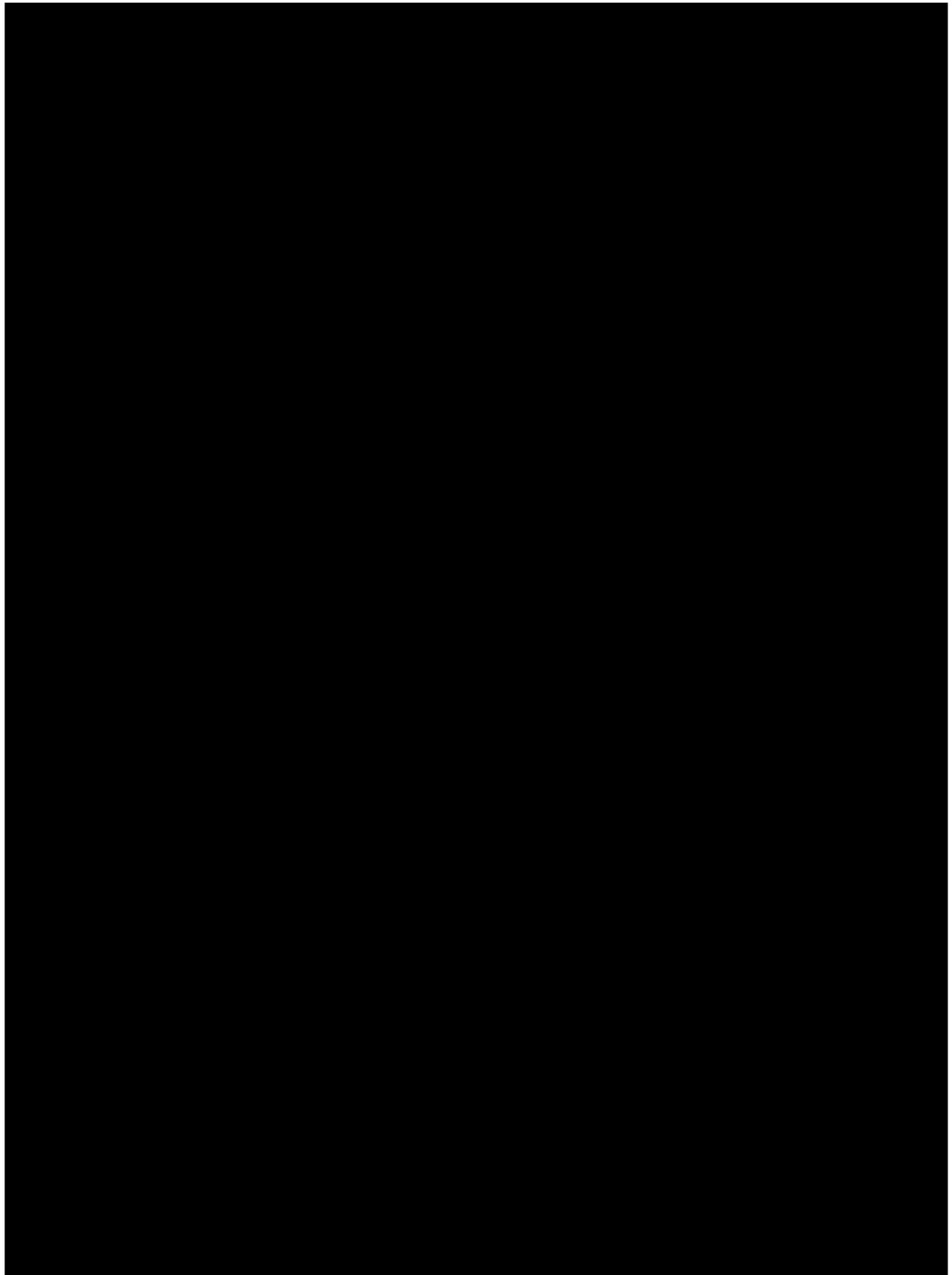
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25.1 Proposed Marketing Communications

[REDACTED]



Dispensary



[REDACTED]

[REDACTED]

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- [REDACTED]
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[Redacted]

25.2 Media Advertising

[Redacted]

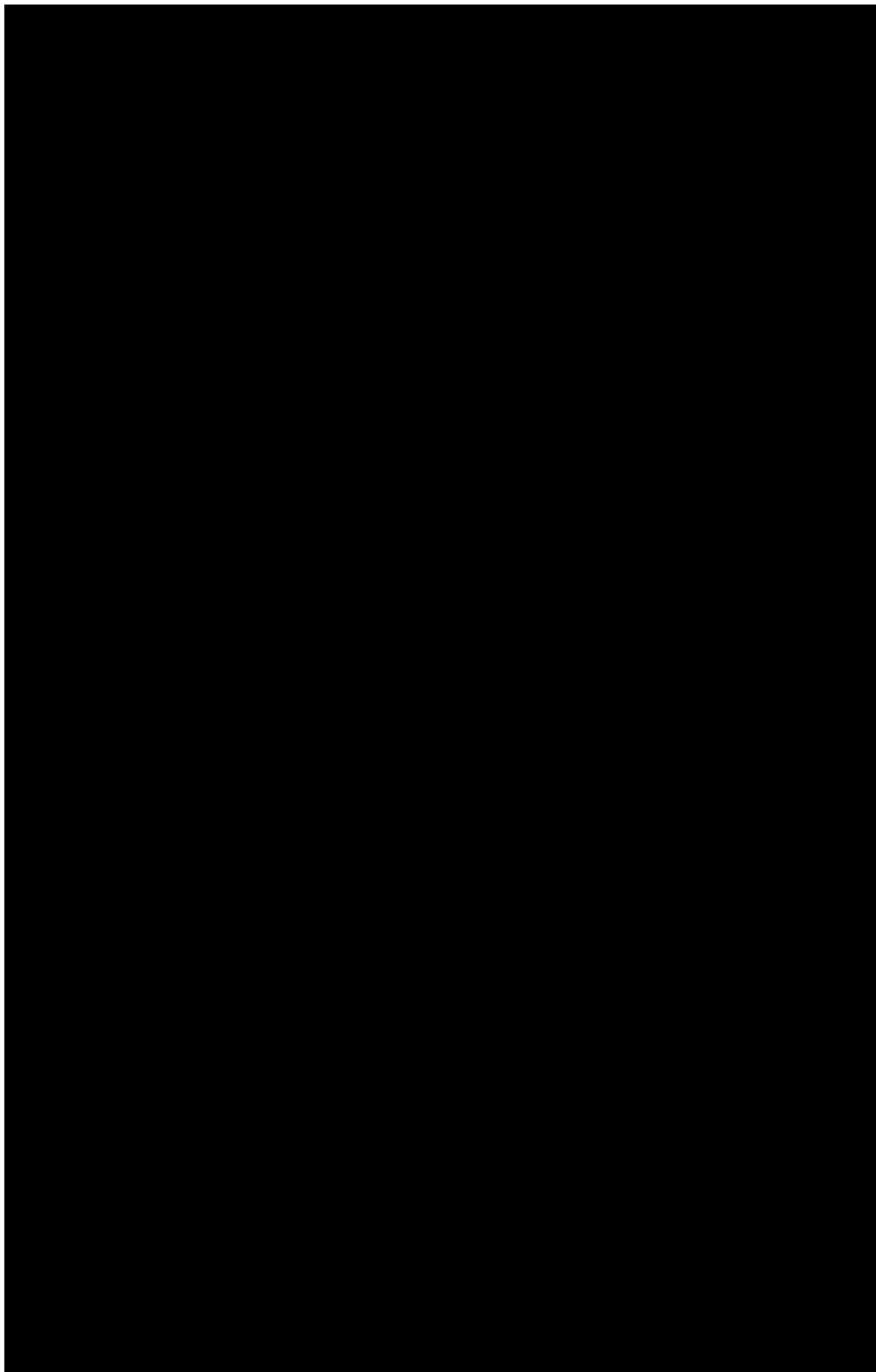
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25.3 Third Parties

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[Redacted text block]



Q

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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Exhibit 26


Ala. Code § 8-27. The Alabama Trade Secrets Act (ATSA) defines what information constitutes as a trade secret. The information contained within this exhibit is, at minimum, a compilation of information, but could be identified as a process, method, technique, or drawing, holding economic value for its intended use in the cannabis business, which is not publicly and generally known and is not readily ascertainable. The Applicant has and is taking reasonable measures through the redaction of the information contained in Exhibit 26 to maintain protections under the ATSA. The Applicant asserts this information be redacted for the safety and welfare of the Applicant, its employees, Alabama medical cannabis patients and caregivers, and all third parties involved pursuant to 36-12-40, et seq., Code of Alabama 1975 (as amended)).

The Applicants Website and Social Media Plan is a trade secret, as defined by the ATSA. While the concepts of marketing and advertising are generally to disclose information to the public, the Applicants Website and Social Media Plan contain the methods and procedures of not only targeting the correct market, in accordance with AMCC regulations, but also methods to prevent information from being sent to unauthorized market segments. Public disclosure of these processes creates an unnecessary risk that unauthorized individuals may learn to bypass or glean ways to access unauthorized or confidential patient information. Therefore, the Applicant asserts that this exhibit remains redacted to protect itself, its patients, and the market from unnecessary risks it has taken to remain compliant with AMCC marketing and advertising regulations.


Exhibit 26 - Website and Social Media

Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.




Printed Name of Verifying Individual



Title of Verifying Individual



Signature of Verifying Individual



Verification Date

[Redacted text block]

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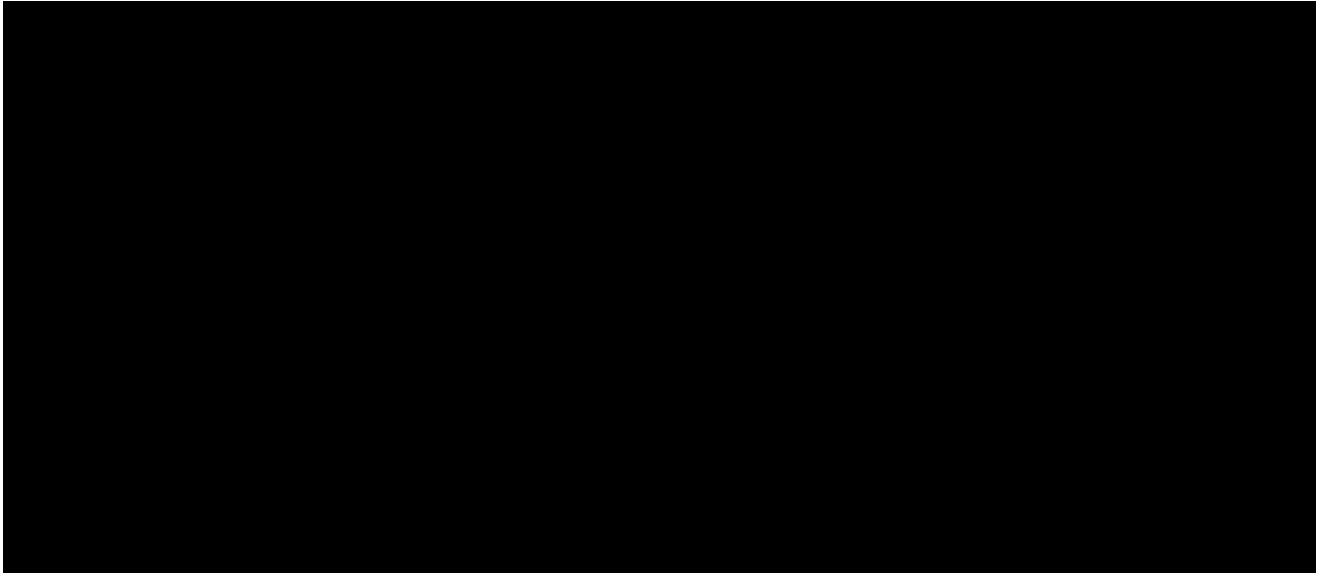
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26.2 - Web Addresses

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

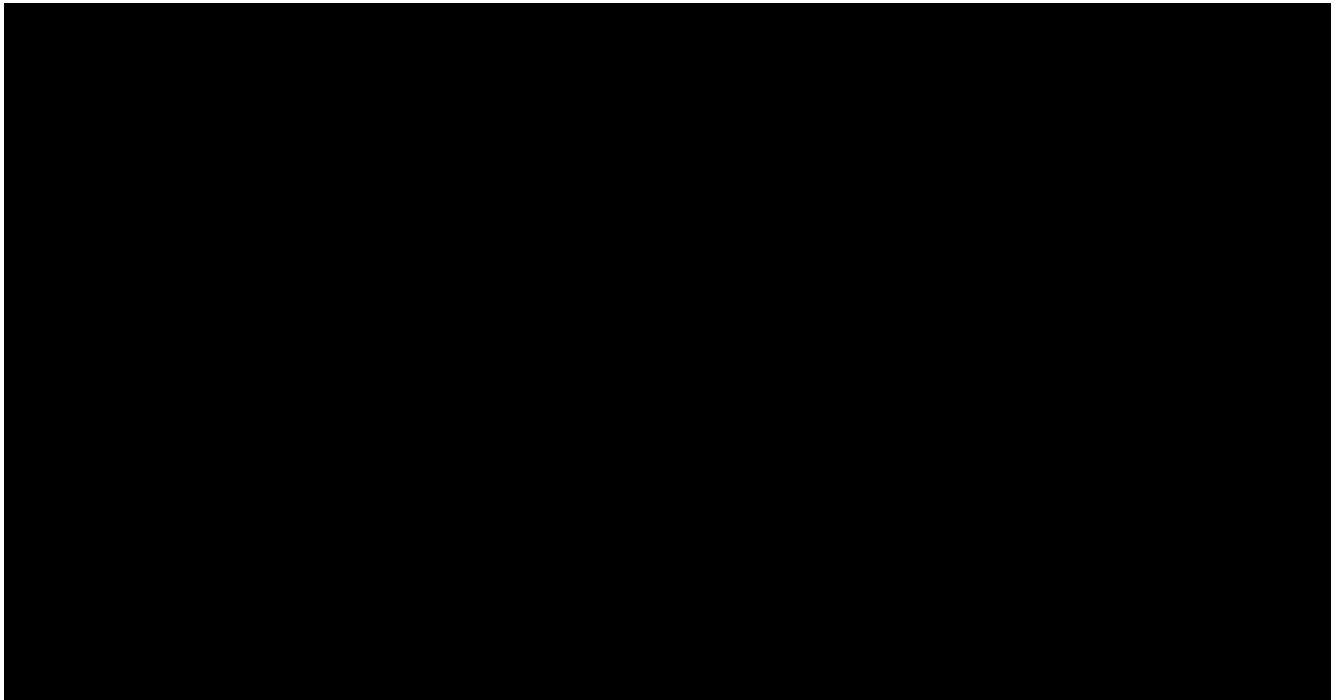
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[REDACTED]

FORM I: OWNERSHIP ENTITY INDIVIDUALS

“Ownership Entity” – An entity that has any ownership interest in the Applicant.

Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.

For purposes of this form, if the ownership entity is a trust, disclose the names and addresses of all trustees and beneficiaries; if a privately held corporation, the names and addresses of all shareholders, officers, and directors; if a publicly held corporation, the names and addresses of all shareholders holding a direct or indirect interest of greater than five percent, officers, and directors; if a partnership or limited liability partnership, the names and addresses of all partners; if a limited partnership or limited liability limited partnership, the names of all partners, both general and limited; or if a limited liability company, the names and addresses of all members and managers.

CS Alabama Investments, LLC

Dispensary

Business License Applicant Name

License Type

Ownership Entity Information

N/A

N/A

Ownership Entity Name

Ownership Entity % Ownership in Applicant

Ownership Entity Type:

- Trust
 Privately Held Corporation
 Publicly Held Corporation
 Partnership
 Limited Liability Partnership
 Limited Partnership
 Limited Liability Limited Partnership
 Limited Liability Company
 Other (specify): N/A

Ownership Entity Owners

N/A

N/A

N/A

Owner Name

Role

% Ownership in Entity

N/A

Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

N/A

Owner Name

Role

% Ownership in Entity

N/A

Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

N/A

Owner Name

Role

% Ownership in Entity

N/A

Street Address

N/A

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City

State

Zip

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Owner Name

Role

% Ownership in Entity

N/A

Street Address

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N/A

City

State

Zip

N/A

N/A

N/A

Owner Name

Role

% Ownership in Entity

N/A

Street Address

N/A

N/A

N/A

City

State

Zip

N/A

N/A

N/A

Owner Name

Role

% Ownership in Entity

N/A

Street Address

N/A

N/A

N/A

City

State

Zip

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.

Anthony Czuchra

Manager

Printed Name of Verifying Individual

Title of Verifying Individual

DocuSigned by:

Anthony Czuchra

2/21/2023

9CD6B1A400CC4AA

Signature of Verifying Individual

Verification Date



Nine Point Strategies, a Division of PCF Insurance Services
735 Sunrise Avenue, Ste 212
Roseville CA 95661

December 27, 2022

To: ALABAMA MEDICAL CANNABIS COMMISSION

Subject: Letter of Intent for Insurance

RE: CS ALABAMA INVESTMENTS LLC

Dear Director, John Mcmillan and Commission Members:

I am writing for Applicant Anthony Czuchra, who is applying for a Cannabis license under entity CS ALABAMA INVESTMENTS LLC.

The above entity will carry All-Risk General Liability, Products Liability, and Workers Compensation policies as required.

The General Liability policy will include coverage for Real and Business Personal Property as required, and Applicant will also carry a Commercial Auto policy as appropriate.

All policies will be issued by A rated carriers, with minimum Limits of \$1,000,000 per Occurrence.

Our brokerage, PCF Insurance Services of the West, LLC, is a national firm with more than ten years of experience in placing cannabis risks. Our Alabama license number is 1654425.

If you have any questions or concerns, I will be happy to address them.

Sincerely,

Joel Goldman

Joel Goldman
Executive Producer
Nine Point Strategies

Anthony Czuchra
Principal
CS ALABAMA INVESTMENTS LLC

(650) 421-4300 - ninepointstrategies.com - cannabis@pcfoy.com

Signature Certificate

Reference number: MDN8R-AMLTP-CFSN5-PHRL9

Signer	Timestamp	Signature
Joel Goldman Email: jgold@ffbinsurance.com		
Sent:	28 Dec 2022 17:04:23 UTC	
Viewed:	28 Dec 2022 17:10:18 UTC	
Signed:	28 Dec 2022 17:10:44 UTC	
Recipient Verification:		IP address: 96.232.130.39
✓Email verified	28 Dec 2022 17:10:18 UTC	Location: Brooklyn, United States

Document completed by all parties on:
28 Dec 2022 17:10:44 UTC

Page 1 of 1



Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 30,000+ companies worldwide.



FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License

STATE OF Alabama)
)
Wetzel COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (please type or print legibly):

1. NAME OF ENTITY APPLYING FOR LICENSE: CS Alabama Investments, LLC

2. NAME OF AFFIANT: Tiffany Dill

3. AFFIANT'S POSITION WITH APPLICANT: Manager

4. AFFIANT IS THE APPLICANT'S (Check One): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):
 Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:
- a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
TD INITIAL HERE
 - b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.
(Attach a copy of the entity applicant's written authorization to this Affidavit.)
TD INITIAL HERE
 - c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.
TD INITIAL HERE
 - d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

TD INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

TD INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

TD INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

TD INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

TD INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

TD INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

TD INITIAL HERE

[Signature]

Signature of Affiant

Acting for and on behalf of:

CS Alabama Investments, LLC

Applicant

Sworn to and subscribed before me on this

20 day of March, 2023.

[Signature]
Notary Public John Mackewich

My Commission Expires: N/A



JOHN DAVID MACKEWICH
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 O.R.C.

[SEAL]

FORM K: Affidavit of Entity Applicant for
Alabama Medical Cannabis License

STATE OF Ala)
)
Wood COUNTY)

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (please type or print legibly):

1. NAME OF ENTITY APPLYING FOR LICENSE: CS ALABAMA Investments LLC

2. NAME OF AFFIANT: Anthony Czuchra

3. AFFIANT'S POSITION WITH APPLICANT: MANAGER

4. AFFIANT IS THE APPLICANT'S (Check One): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (Check One):

Cultivator Processor Secure Transporter
 Dispensary Integrated Facility State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:

a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.
AC INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.
(Attach a copy of the entity applicant's written authorization to this Affidavit.)
AC INITIAL HERE

c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.
AC INITIAL HERE

d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

AC INITIAL HERE

e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

AC INITIAL HERE

f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

AC INITIAL HERE

g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

AC INITIAL HERE

h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

AC INITIAL HERE

i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

AC INITIAL HERE

j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

AC INITIAL HERE

Anthony Cullen

Signature of Affiant
Acting for and on behalf of:

CS ALABAMA Investments, LLC
Applicant

Sworn to and subscribed before me on this 2nd day of March 2023

John Mackewich
Notary Public

My Commission Expires: VIA

[SEAL]



JOHN DAVID MACKEWICH
Notary Public, State of Ohio
My Commission Has No Expiration
Section 147.03 O.R.C.