

1676_Application Form

REDACTED COPY

The redacted portions of this application form are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses, phone numbers, email addresses, employment information, and other unique identifiers of a person or entity.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.



Review

Selected Account: Tyler Van Lines, LLC

Your application has been filed with the Alabama Medical Cannabis Commission.

Your reference code is [Redacted]

File Date : 02/27/2023 11:32 AM



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: 0424

General Applicant Information

✓ Applicant Name: Tyler Van Lines LLC

✓ Applying as: Business Entity

Trade Name : (DBAs)

✓ Identification : FEIN Number Type

✓ Federal Tax Identification Number : [Redacted]

✓ Business Entity : Tyler Van Lines, LLC Name

✓ Business Entity : Limited Liability Company Type

✓ Secretary of State Entity ID Number : [Redacted]

✓ Federal Business: 484220 Code No

✓ Date of Qualification, Organization or Incorporation: 02/18/2010

Applicant Street Address

✓ Street: [Redacted]

Unit No / Apt No:

✓ City: TROY

✓ County: 54-Pike

✓ State: Alabama

✓ Zip Code: 36079

✓ Address Verified?: Yes

Applicant Mailing Address

✓ Street: [Redacted]

Unit No / Apt No:

✓ City: TROY

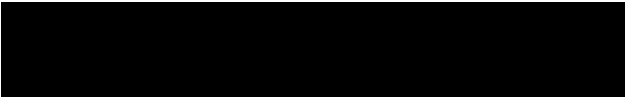
✓ State: Alabama

✓ Zip Code: 36081

✓ Address Verified?: Yes

Applicant Website :

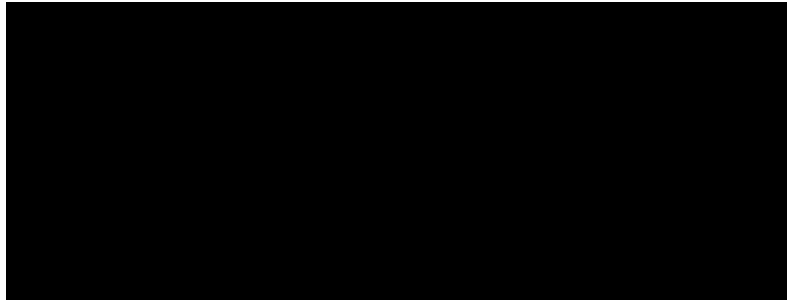
✓ Applicant Email Address



✓ 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



✓ Title: CEO

✓ City: TROY

✓ State: Alabama

✓ Zip Code: 36081

✓ Address Verified?: Yes

License Information

✓ License Type: Secure Transporter

Facility Information

Facility Information

✓ Facility Type: Secure Transporter Facility

Physical Address

✓ Street: [Redacted]

Unit No / Apt No :

✓ City: TROY

✓ County: 54-Pike

✓ State: Alabama

✓ Zip Code: 36079

✓ Address Verified? : Yes

Facility Information Questions

✓ Applicant's interest in property where proposed facility is located : Leases/Rents

- ✓ Is this facility under construction? : Yes
- ✓ Estimated date of construction completion : 03/31/2023
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : 30
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : 90
- ✓ 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: Entity
- ✓ Does this entity have ownership interest in the applicant? : Yes

Entity

- ✓ Entity Name: [REDACTED]
- ✓ Entity Type: Limited Liability Company
- ✓ Are there individuals with direct or indirect ownership interest in this entity? : Yes
- ✓ FEIN: [REDACTED]
- ✓ Ownership Percentage of the Applicant : 100

Physical Address

- ✓ Street: [REDACTED]
- Unit No / Apt : No
- ✓ City: TROY
- ✓ State: Alabama
- ✓ Zip Code: 36079
- ✓ Address Verified? : Yes

Primary Contact/ Responsible Person

- ✓ First Name: [REDACTED]
- ✓ Last Name: [REDACTED]
- ✓ Title: Member
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Street Address: [REDACTED]
- Unit No / Apt : No
- ✓ City: TROY
- ✓ State: Alabama
- ✓ Zip Code: 36079
- ✓ Address Verified? : Yes

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?
(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.
-

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? **YES**
-

- ✓ **Select One:** Applicant
 - ✓ **Name:** Tyler Van Lines, LLC
 - ✓ **Commercial license or certificate applied for** : Intrastate Operations Certificate for Motor Carrier
 - ✓ **Licensing Board or Commission** : Alabama Public Service Commission
 - ✓ **Application Date** : 11/23/2022
 - ✓ **Issued Date:** 12/05/2022
 - ✓ **Expiration Date** : 12/31/2099
-

- ✓ **Select One:** Applicant
 - ✓ **Name:** Tyler Van Lines, LLC
 - ✓ **Commercial license or certificate applied for** : Interstate Motor Carrier
 - ✓ **Licensing Board or Commission** : Federal Motor Carrier Safety Administration
 - ✓ **Application Date** : 03/23/2010
 - ✓ **Issued Date:** 04/23/2010
 - ✓ **Expiration Date** : 12/31/2099
-

- ✓ **Select One:** Applicant
 - ✓ **Name:** Tyler Van Lines, LLC
 - ✓ **Commercial license or certificate applied for** : Transporter License
 - ✓ **Licensing Board or Commission** : Commonwealth of Kentucky Alcoholic Beverage Control
 - ✓ **Application Date** : 12/01/2022
 - ✓ **Issued Date:** 12/01/2022
 - ✓ **Expiration Date** : 12/31/2023
-

- ✓ **Select One:** Applicant
- ✓ **Name:** Tyler Van Lines, LLC
- ✓ **Commercial license or certificate applied for** : IFTA Permit
- ✓ **Licensing Board or Commission** : Alabama Department of Revenue
- ✓ **Application Date** : 12/01/2022
- ✓ **Issued Date:** 12/01/2022

✓ Expiration : 12/31/2023
Date

✓ 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 : NO
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?

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

✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest : NO
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?

✓ 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 : NO
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?

✓ Has any leader, secure transport driver, or secure transport passenger of the applicant received a criminal conviction within the : NO
last eight years for any of the following:
(1) any indictable offense;
(2) any offense involving stolen property or vehicles;
(3) fraud relating to any business any driver has owned, in whole or part, or in which the driver has been employed;
(4) stolen property, or other offense of similar nature;
(5) operation of a motor vehicle while under the influence of a controlled substance, or offense of similar nature; or (6) any offense involving possession, distribution or trafficking in, any illegal substance?

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 : 12
of Operation

✓ Year One: 25

✓ Year Two: 45

✔ Year Three: 75

✔ Year Four: 125

✔ Year Five: 200

✔ 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 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), which shall specifically extend to all secure transport vehicles of the applicant? : 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: [REDACTED]

✔ Signature Date: 12/29/2022

Documents

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

✔ Residency of Owners: Exhibit 2 - Residency of Owners.pdf (/api/documents/E1_VglqYa/download)

✔ Criminal Background Check: 1676_3_Criminal Background Check.pdf (/api/documents/UIRDwmP6Y/dow...

✔ Demonstration of Sufficient Capital: Exhibit 4 - Demonstration of Sufficient Capital.pdf (/api/documents/8Tfiknlq...

✔ Financial Statements: Exhibit 5 - Financial Statements.pdf (/api/documents/S8Vzv0SYL/download)

✔ Tax Plan: Exhibit 6 - Tax Plan.pdf (/api/documents/c8WngW-vO/download)

✔ Business Formation Documents: Exhibit 7 - Business Formation Documents.pdf (/api/documents/aB-h0p5qO/...

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

✔ Business Plan: Exhibit 9 - Business Plan.pdf (/api/documents/J3tyInxcU/download)

✔ Evidence of Business Relationship with other Licensees and Prospective Licensees: Exhibit 10 _ Evidence of Business Relationship with Other Licensees and Pros...

✔ Standard Operating Plan and Procedures: Exhibit 11 - Standard Operating Plan and Procedures.pdf (/api/documents/py...

✔ Policies and Procedures Manual: Exhibit 12 - Policies and Procedures Manual.pdf (/api/documents/PebEGq8u...

✔ Secure Transport Vehicles: Exhibit 13 - Secure Transport Vehicles.pdf (/api/documents/g9C30wjYD/do...

✓ Compliance with Alabama Public Service Commission Requirements:	Exhibit 14 - Compliance with Alabama Public Service Commission Requireme...
✓ Commercial Drivers' License:	Exhibit 15 - Commercial Driver_s License.pdf (/api/documents/5-w9xmCZk/...
✓ Fleet Summary:	Exhibit 16 - Fleet Summary.pdf (/api/documents/QCB5hoPQZ/download)
✓ Care and Maintenance of Vehicles:	Exhibit 17 - Care and Maintenance.pdf (/api/documents/-NgbUVJMI/downlo...
✓ Route Plans:	Exhibit 18 - Route Plans.pdf (/api/documents/nRKUXbhoC/download)
✓ Facilities:	Exhibit 19 - Facilities.pdf (/api/documents/HPyiteY7m/download)
✓ Security Plan:	Exhibit 20 - Security Plan.pdf (/api/documents/ZNOMmBN6a/download)
✓ Personnel:	Exhibit 21 - Personnel.pdf (/api/documents/MWDg8fY80/download)
✓ Employee Handbook:	Exhibit 22 - Employee Handbook.pdf (/api/documents/vr02xUnCs/download)
✓ Secure Transport Drivers:	Exhibit 23 - Secure Transport Drivers.pdf (/api/documents/VSO23FI1k/downl...
✓ Drivers' Manual:	Exhibit 24 - Driver_s Manual.pdf (/api/documents/xhSPdTxsx/download)
✓ Website and Social Media:	1676_25_Website and Social Media.pdf (/api/documents/Dhi3C5WVh/downl...
✓ Ownership Entity Individuals (if applicable):	Exhibit 26 - Ownership Entity Individuals.pdf (/api/documents/VM1fG6zVx/d...
✓ Proof of Minimum Liability and Casualty Insurance:	Exhibit 27 - Proof of Minimum Liabi ity and Casualty Insurance.pdf (/api/doc...
✓ Affidavit - Entity Applicant:	Exhibit 28 - Affidavit Entity Applicant .pdf (/api/documents/Bn-1wW5WM/do...

Payments

- ✓ **Payment Options:** ACH
-

Exhibit 1

REDACTED COPY

The redacted portions of Exhibit 1 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses, employment information, and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 1 – Resume or Curriculum Vitae of Individuals with Ownership Interest in Applicant

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 1 – Resume Of Curriculum Vitae of Individuals with Ownership Interest in Applicant

Applicant has attached the requisite Resume or Curriculum Vitae of Individuals with Ownership Interest (identified as “Form A: Ownership Resume / Curriculum Vitae”)

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.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Tyler Van Lines, LLC

Secure Transporter



Name

License Type

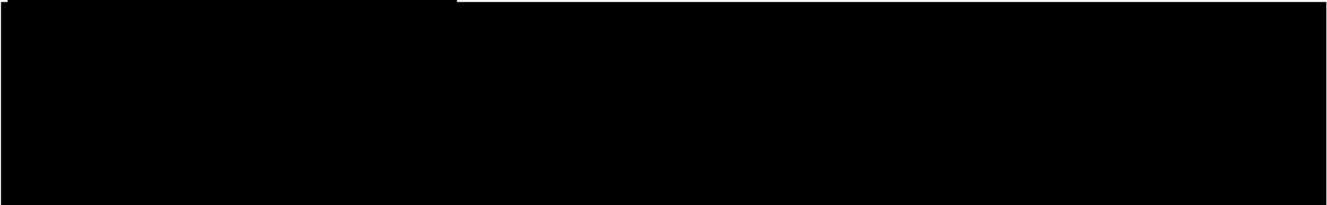
100%

Interest in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application;



05/2009

PRESENT

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)



06/2005

05/2009

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)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

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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)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

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

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

City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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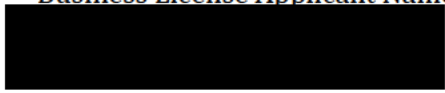
FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

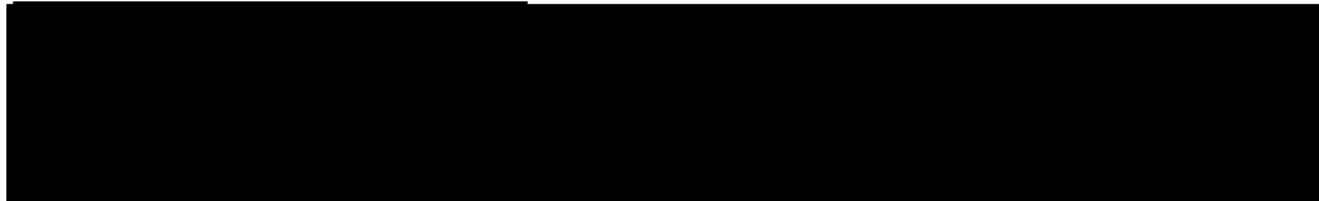


est in Applicant

Individual's Ownership Percentage in Applicant

Residential History

Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application;



City

State

Zip

02/2020

current

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)



City

State

Zip

06/2006

02/2020

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)

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)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

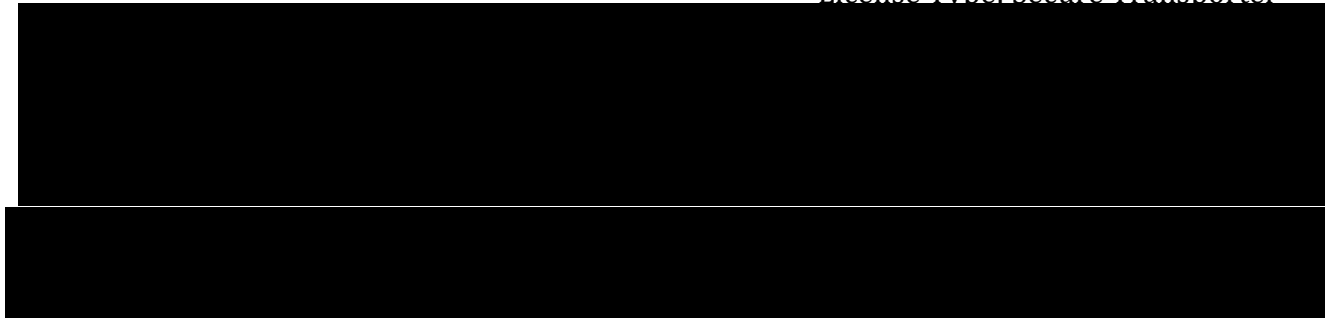
City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)



01/2007

current

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
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Business Address

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

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

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

City	State	Zip
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Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)
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FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

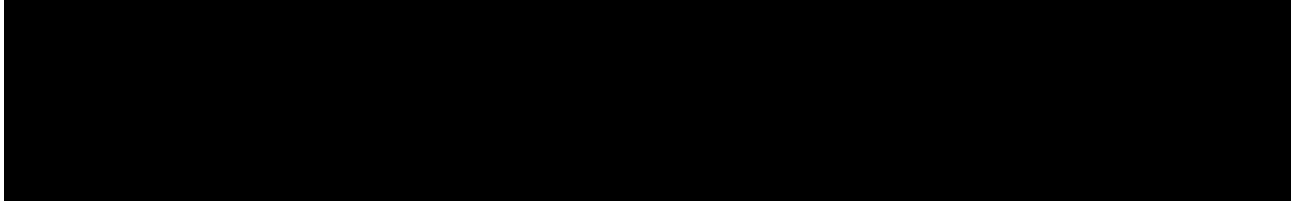


Individual with Ownership Interest in Applicant

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



06/2020

12/2022 - Current

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)



City

State

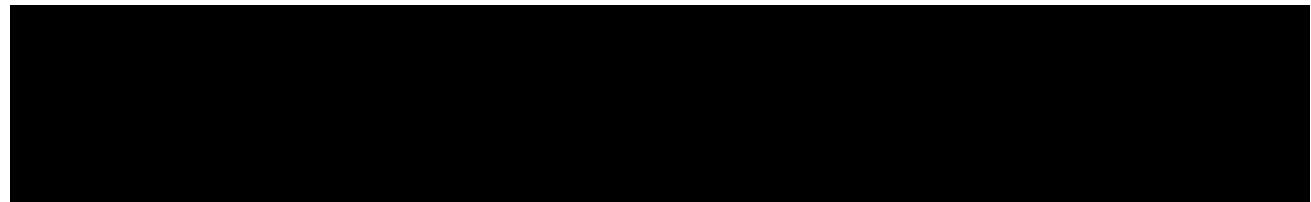
Zip

09/2018

06/2020

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

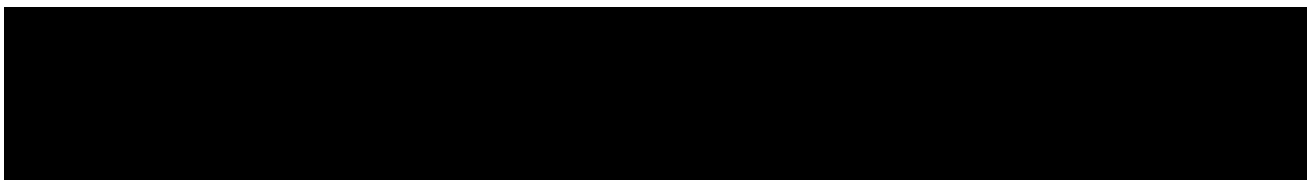


04/2012

09/2018

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)



City

State

Zip

08/2005

04/2012

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)

Residential Street Address

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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)

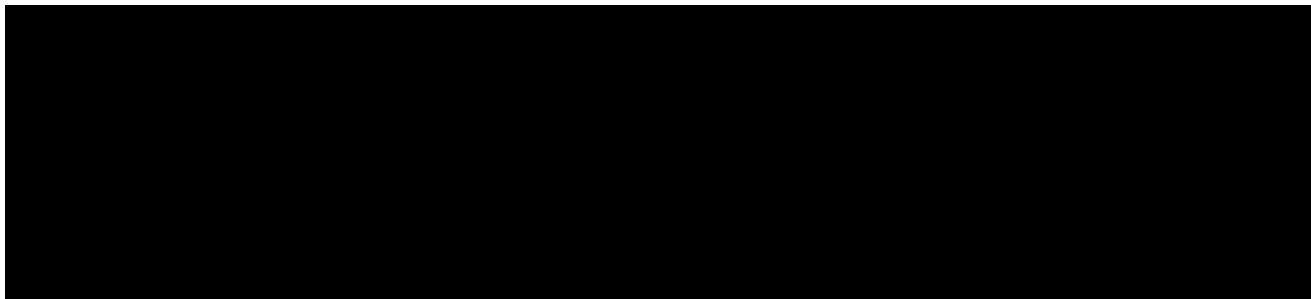
Education

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

<u>George C. Wallace St Community College</u>	<u>Dothan</u>	<u>AL</u>
Institution	City	State
<u>01/1995</u>	<u>05/1996</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
<u>Pensacola JR College</u>	<u>Pensacola</u>	<u>FL</u>
Institution	City	State
<u>09/1996</u>	<u>05/1997</u>	<u>N/A</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
<u>Troy University</u>	<u>Troy</u>	<u>AL</u>
Institution	City	State
<u>09/1997</u>	<u>12/1999</u>	<u>Bachelor of Science</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received
<u>Jones School of Law</u>	<u>Montgomery</u>	<u>AL</u>
Institution	City	State
<u>09/2000</u>	<u>05/2003</u>	<u>Juris Doctor</u>
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.



<u>05/2003</u>	<u>12/2022 - Current</u>
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)

Employer	Contact Person	Telephone
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Business Address

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

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

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

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

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

Exhibit 2

REDACTED COPY

The redacted portions of Exhibit 2 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses, dates of birth, driver's licenses, employment information, and property records.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 2 – Residency of Owners

2.1 – Residency of Owners

The applicant has included documents indicating that a majority of ownership of the Applicant is attributable to an individual with proof of residence in Alabama for a continuous period of no less than 15 years preceding the date of application. [REDACTED] has majority ownership and was born in Alabama on [REDACTED] and has lived in Alabama continuously since. For the previous fifteen years he has lived at only two addresses in the city of Troy, AL. Documentation supporting this claim is described below.

2.2 – [REDACTED]

- A. Applicant has attached a copy of the Alabama driver license of the majority owner listing the current address of ownership is [REDACTED] in Troy, AL (identified as “Driver License – Attachment to Exhibit 2, Section 2.2.A”)
- B. Applicant has attached copies of Pike County Alabama Tax records proving [REDACTED] [REDACTED] from May of 2009 to the present day (identified as “Property Tax Record – Attachment to Exhibit 2, Section 2.2.B”)

2.3 – [REDACTED]

Applicant has attached copies of Pike County Alabama Tax Records proving [REDACTED] [REDACTED] from June of 2005 to May of 2009 (identified as “Property Tax Record – Attachment to Exhibit 2, Section 2.3”)

2.4 – Facility Ownership

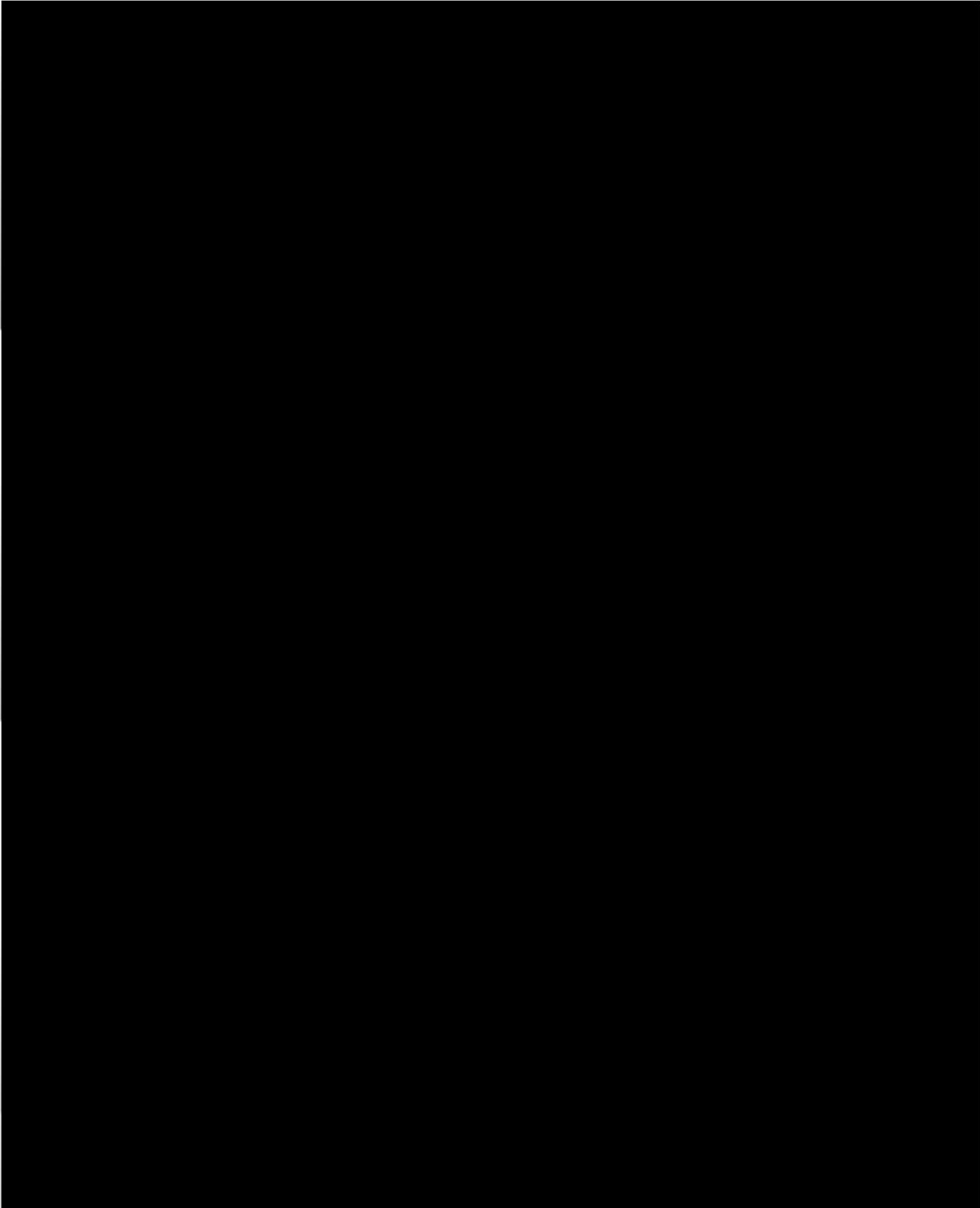
Applicant has attached copies of Pike County Alabama Tax Records proving [REDACTED] [REDACTED] is a commercial property owned by [REDACTED] from November 2003 to present day and is the proposed facility address for this Secure Transporter Applicant (identified as “Facility Tax Record – Attachment to Exhibit 2, Section 2.4”). This address has housed a Federally and State licensed transportation and logistics business for the past 19 years.

Additional Notes on Exhibit 2:

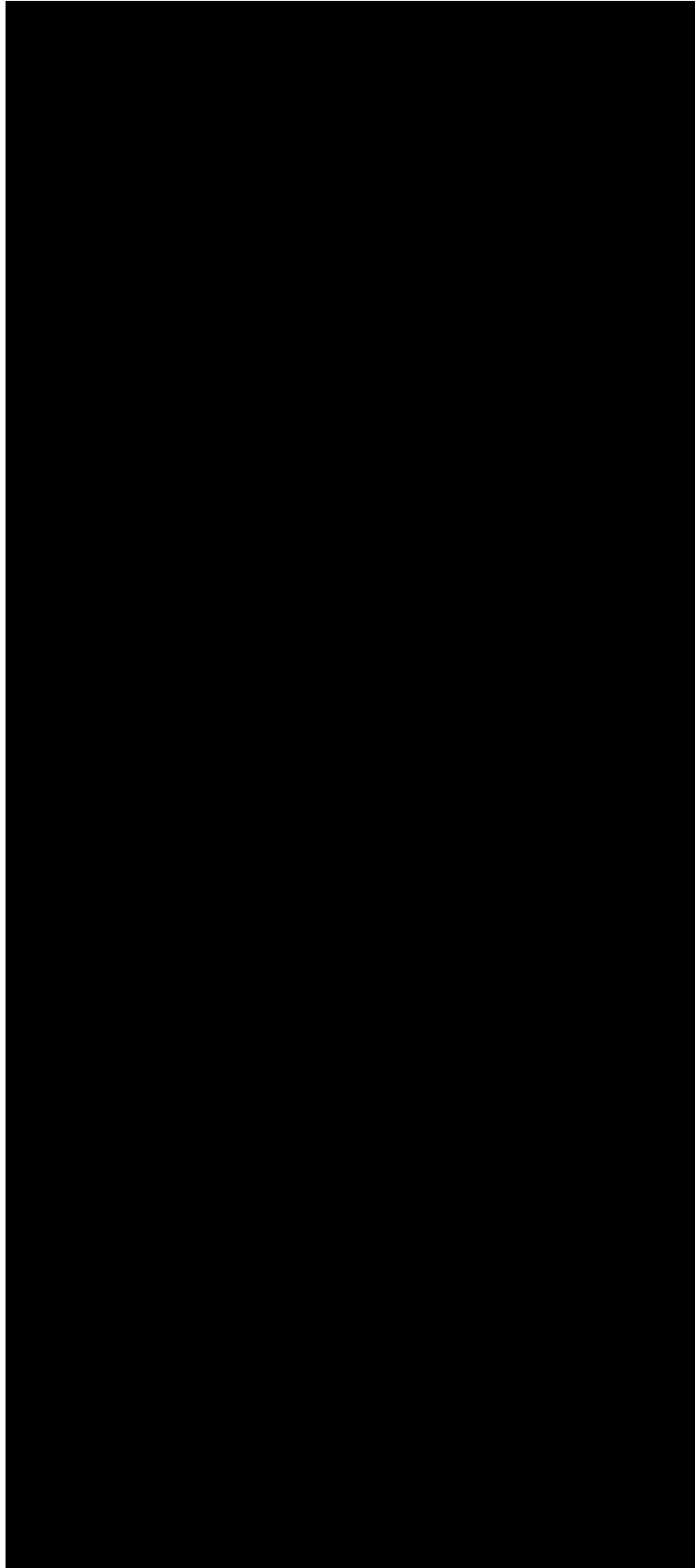
The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

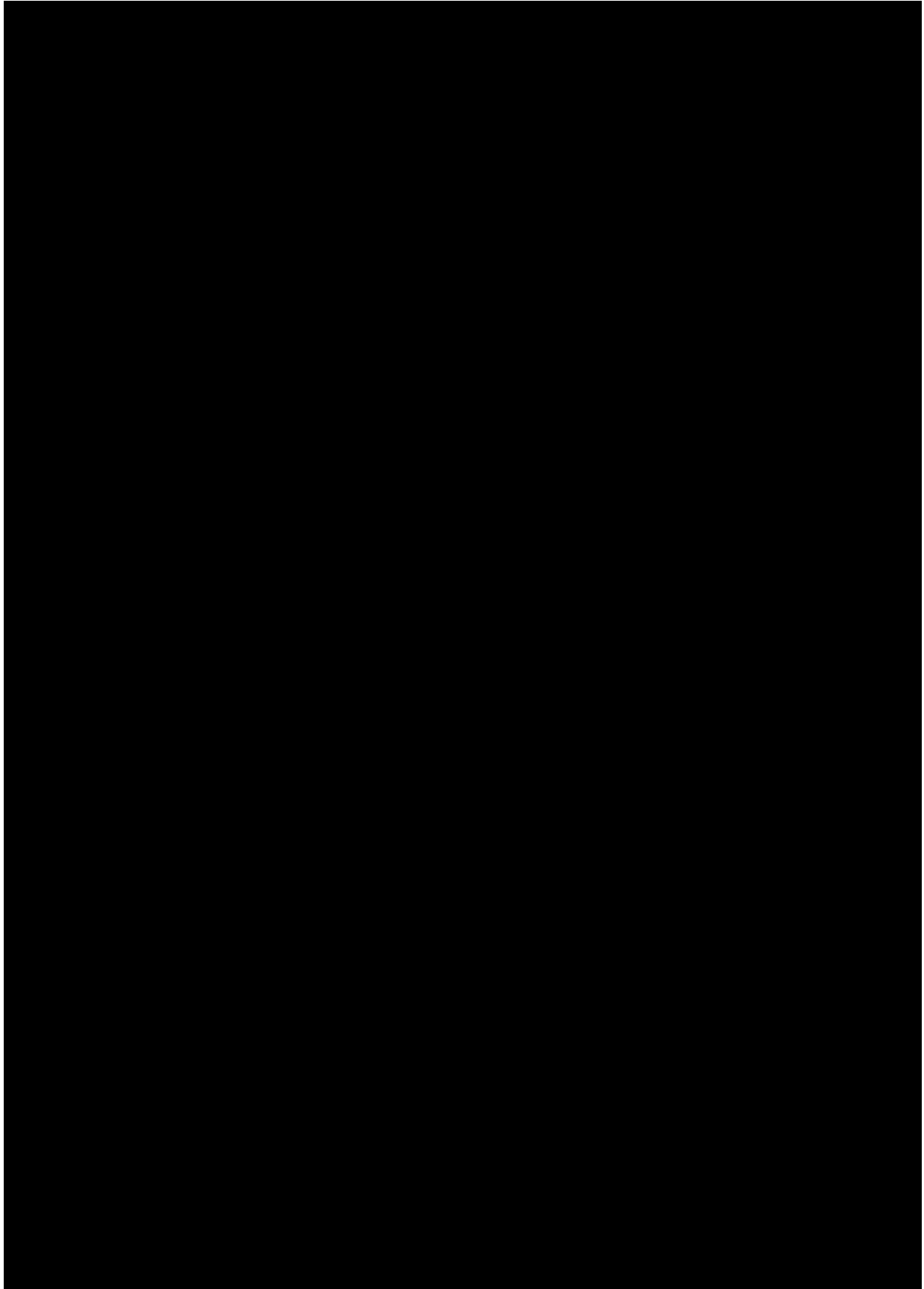
Driver License - Attachment to Exhibit 2, Section 2.2.A



Property Tax Record - Attachment to Exhibit 2, Section 2.2.B



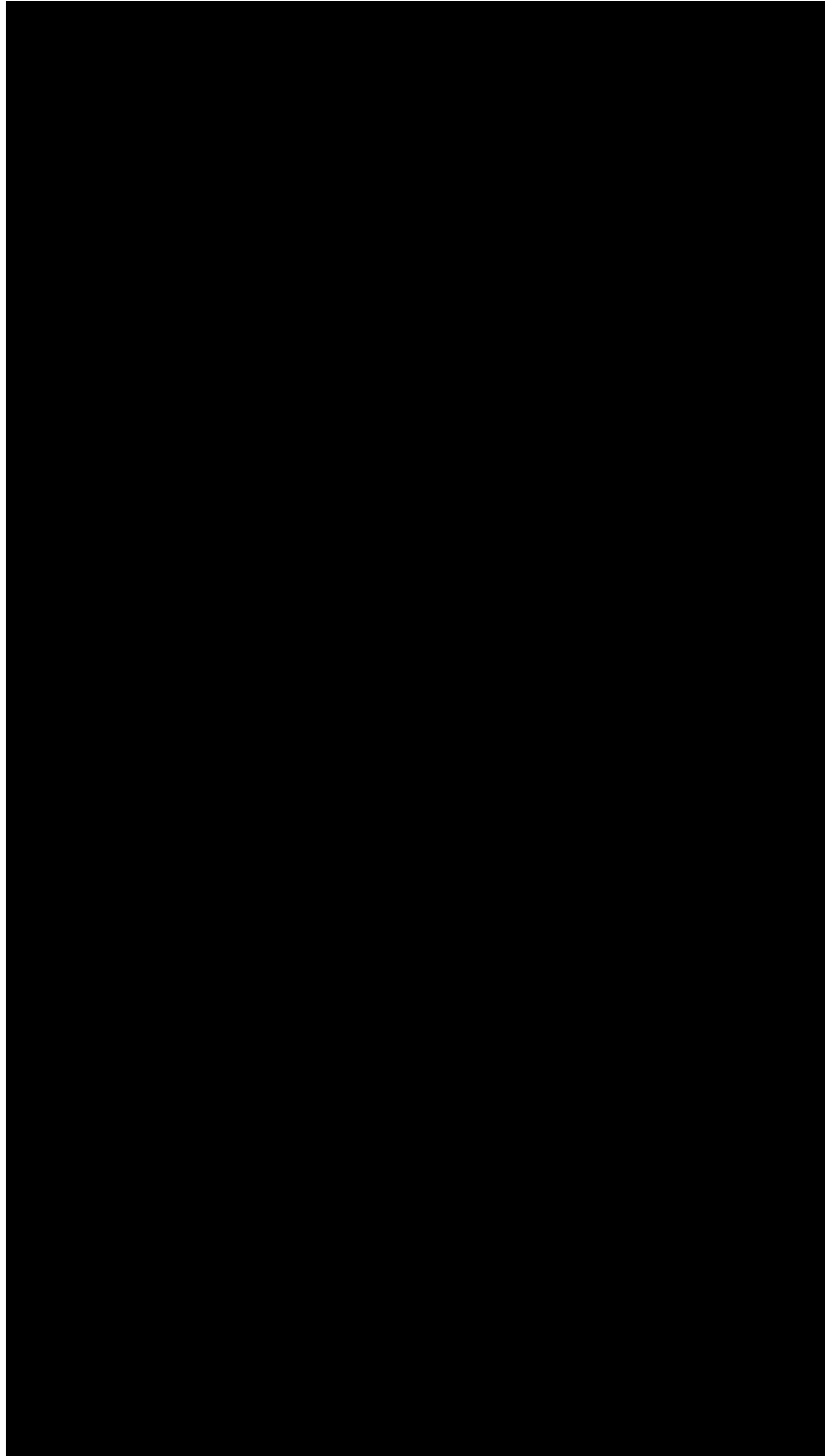
Property Tax Record - Attachment to Exhibit 2, Section 2.2.B



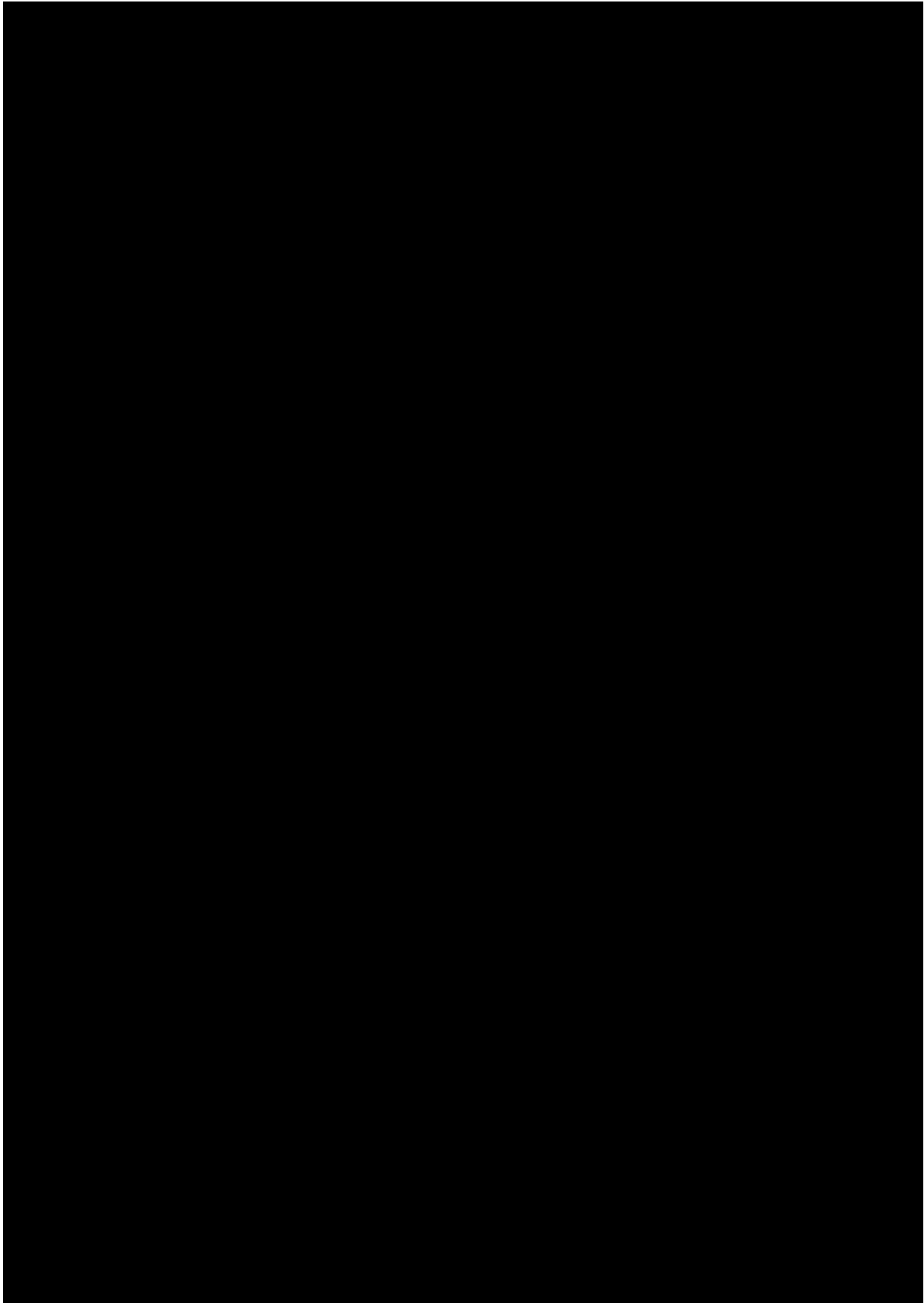
Property Tax Record - Attachment to Exhibit 2, Section 2.2.B



Property Tax Record - Attachment to Exhibit 2, Section 2.3



Property Tax Record - Attachment to Exhibit 2, Section 2.3



Facility Tax Record - Attachment to Exhibit 2, Section 2.4

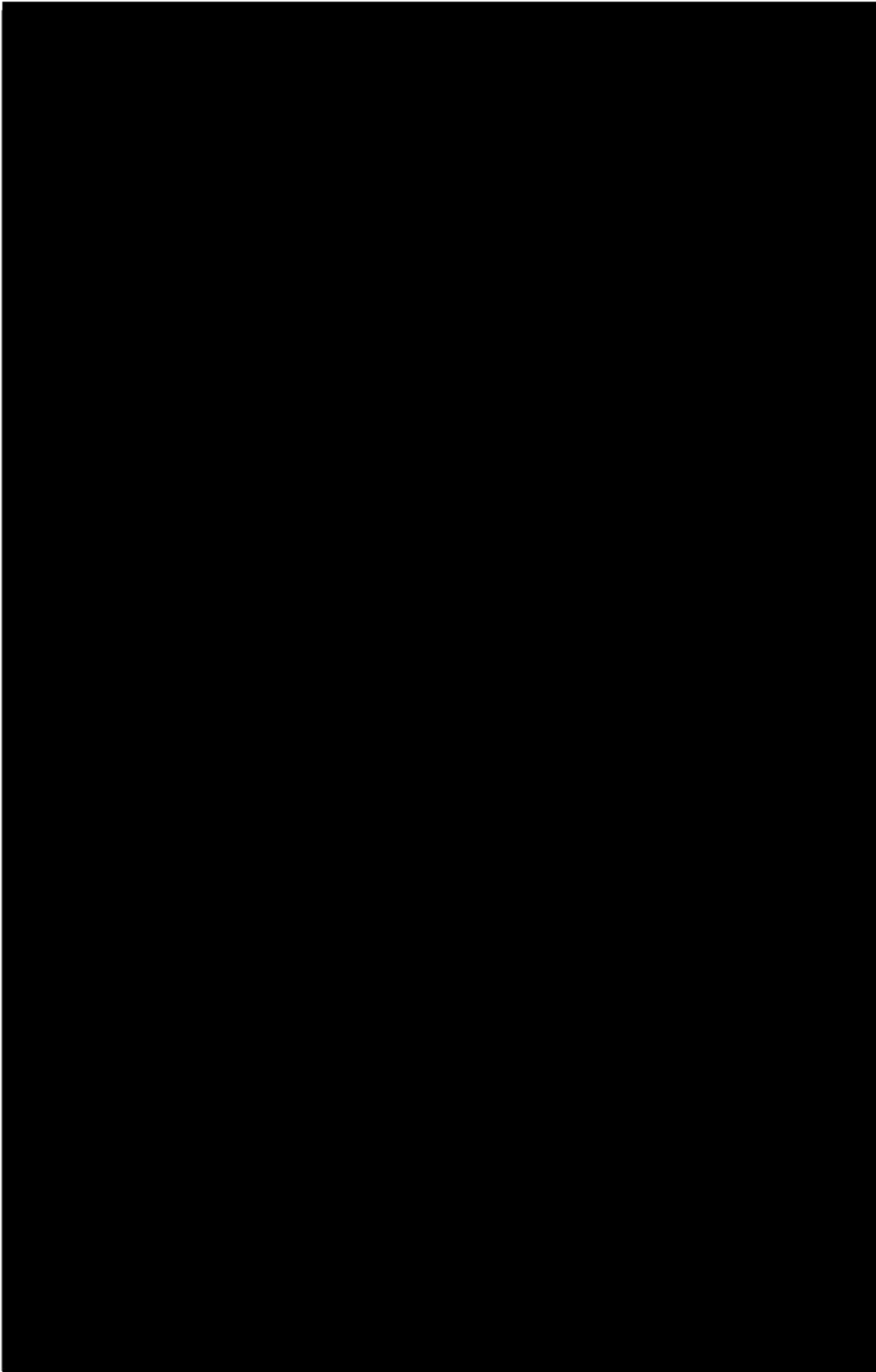


Exhibit 3

REDACTED COPY

The redacted portions of Exhibit 3 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Individual

12/30/2022

Verification Date

Exhibit 3 – Criminal Background Check

3.1 – Background Check Applicant Verification

See attached Form B (identified as “Form B: Background Check Applicant Verification”).

Status of Plan or Requirement(s) as of the date of application filing: Completed.

3.2 – State Background Check

See each attached Form E (identified as “Form E: Background Check Individual Verification”) as the Exhibit Description instructs for Form C: State Background Check (ALEA) to be submitted directly to ALEA.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

3.3 – National Background Check

See each attached Form E (identified as “Form E: Background Check Individual Verification”) as the Exhibit Description instructs for Form D: National Background Check (FBI) to be submitted directly to the FBI.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

3.4 – Background Check Individual Verification

See each attached Form E (identified as “Form E: Background Check Individual Verification”).

Status of Plan or Requirement(s) as of the date of application filing: Completed.

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.

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

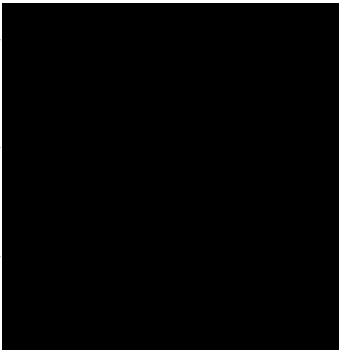
Tyler Van Lines, LLC

Secure Transporter

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.

		ROLE (select all that apply)				
		<input type="checkbox"/> Owner	<input type="checkbox"/> Shareholder	<input type="checkbox"/> Director	<input type="checkbox"/> Board Member	<input checked="" 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 checked="" 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 checked="" 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.



Contact Person

Title of Verifying Individual

12/28/2022

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.

Tyler Van Lines, LLC

Secure Transporter

ame

License Type

- Individual's Role (select all that apply):
- Owner
 - Shareholder
 - Director
 - Board Member
 - Individual with Economic Interest in Applicant

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.

Signature of Verifying Individual

02/23/2023

Verification Date
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.

Tyler Van Lines, LLC

Secure Transporter

ame
Individual's Name

License Type

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

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.

Signature of Verifying Individual

02/23/2023

Verification Date
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.

Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Individual's Role (select all that apply): Owner Shareholder Director Board Member
 Individual with Economic Interest in Applicant

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.

[Redacted Signature]

02/23/2023

Verification Date

Exhibit 4

REDACTED COPY

The redacted portions of Exhibit 4 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, unique signatures, and financial statements.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date



Printed Name of Verifying Individual

Contact Person

Title of Verifying Individual

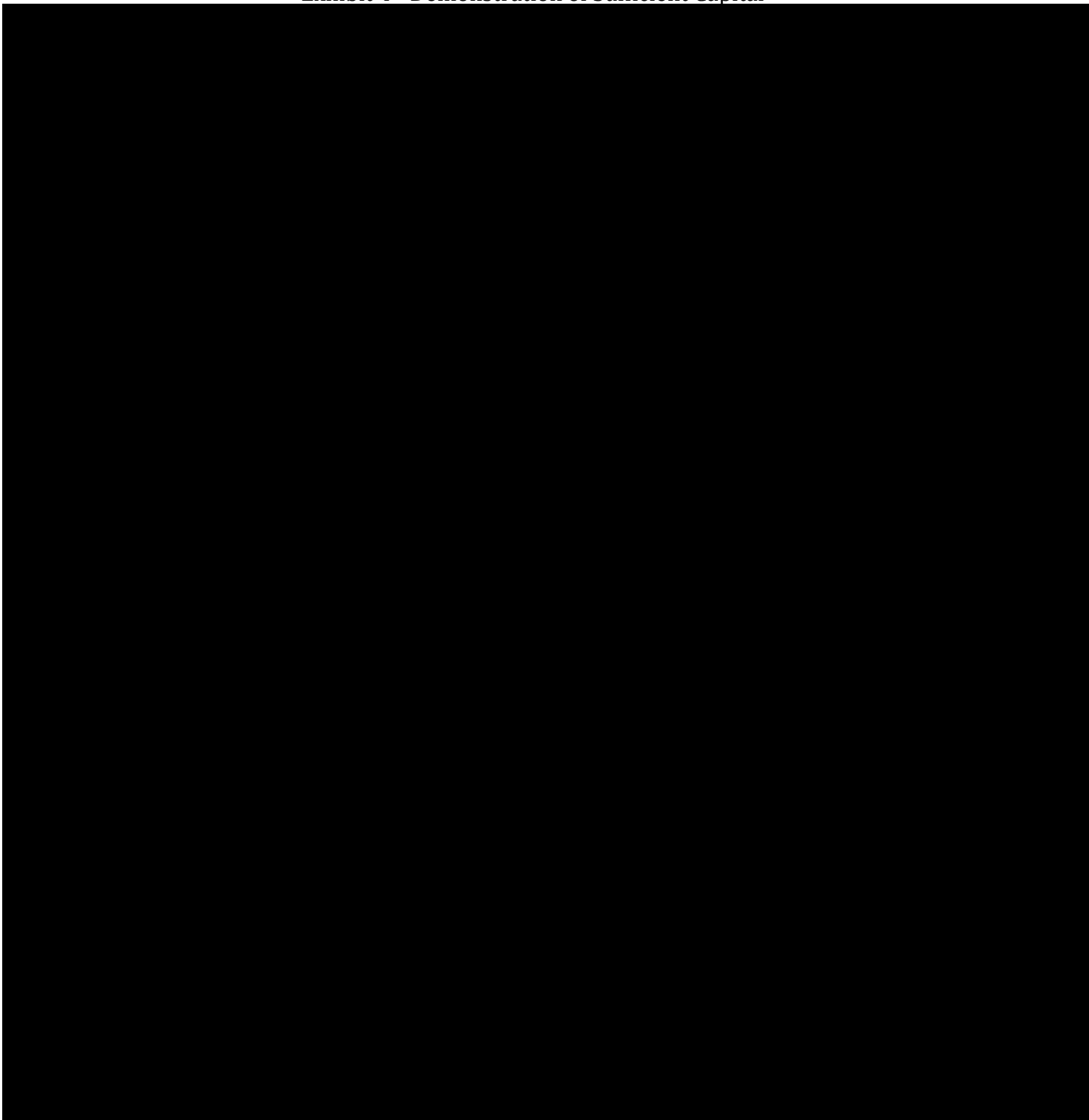


Signature of Verifying Individual

12/30/2022

Verification Date

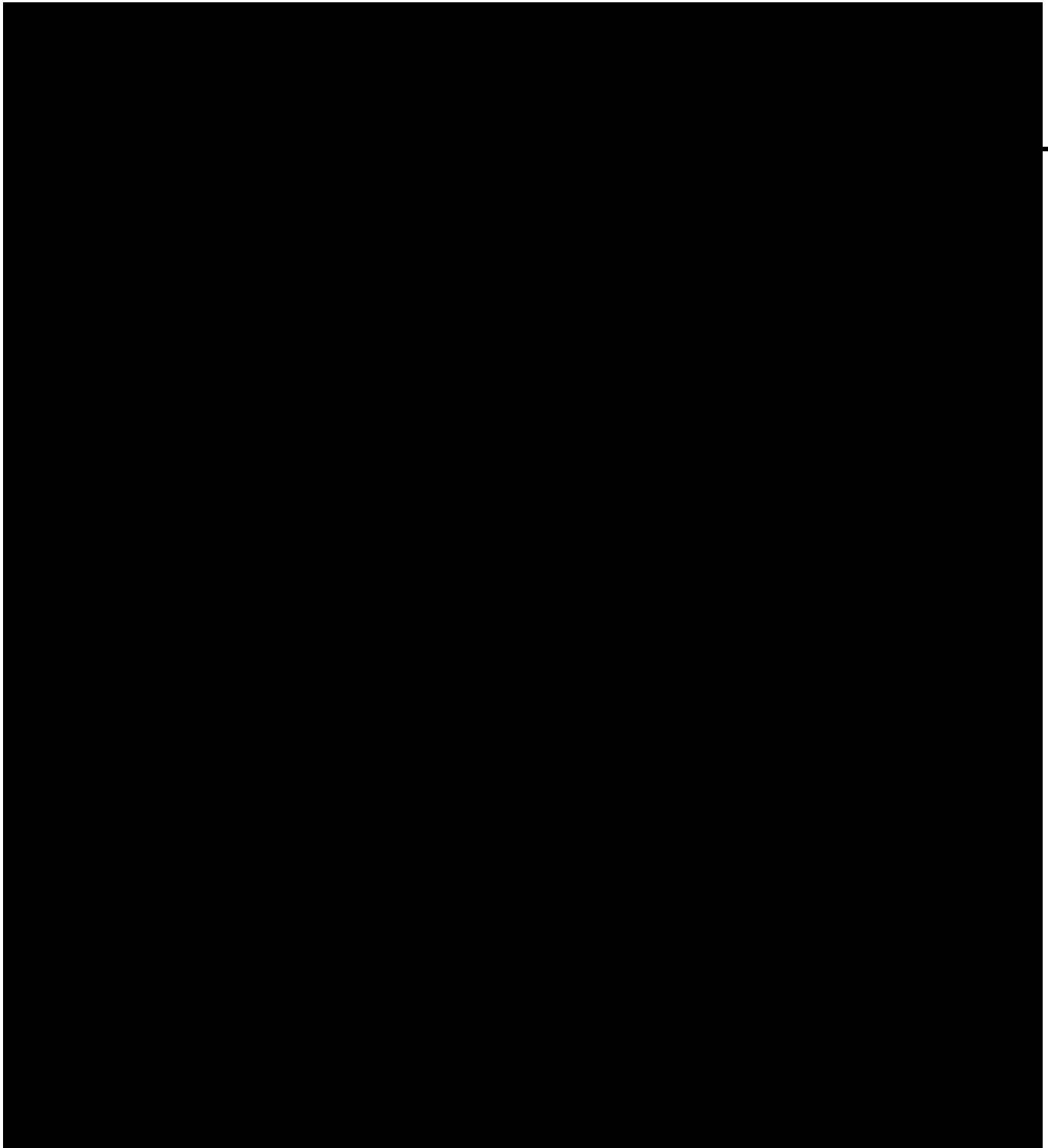
Exhibit 4 - Demonstration of Sufficient Capital



Members

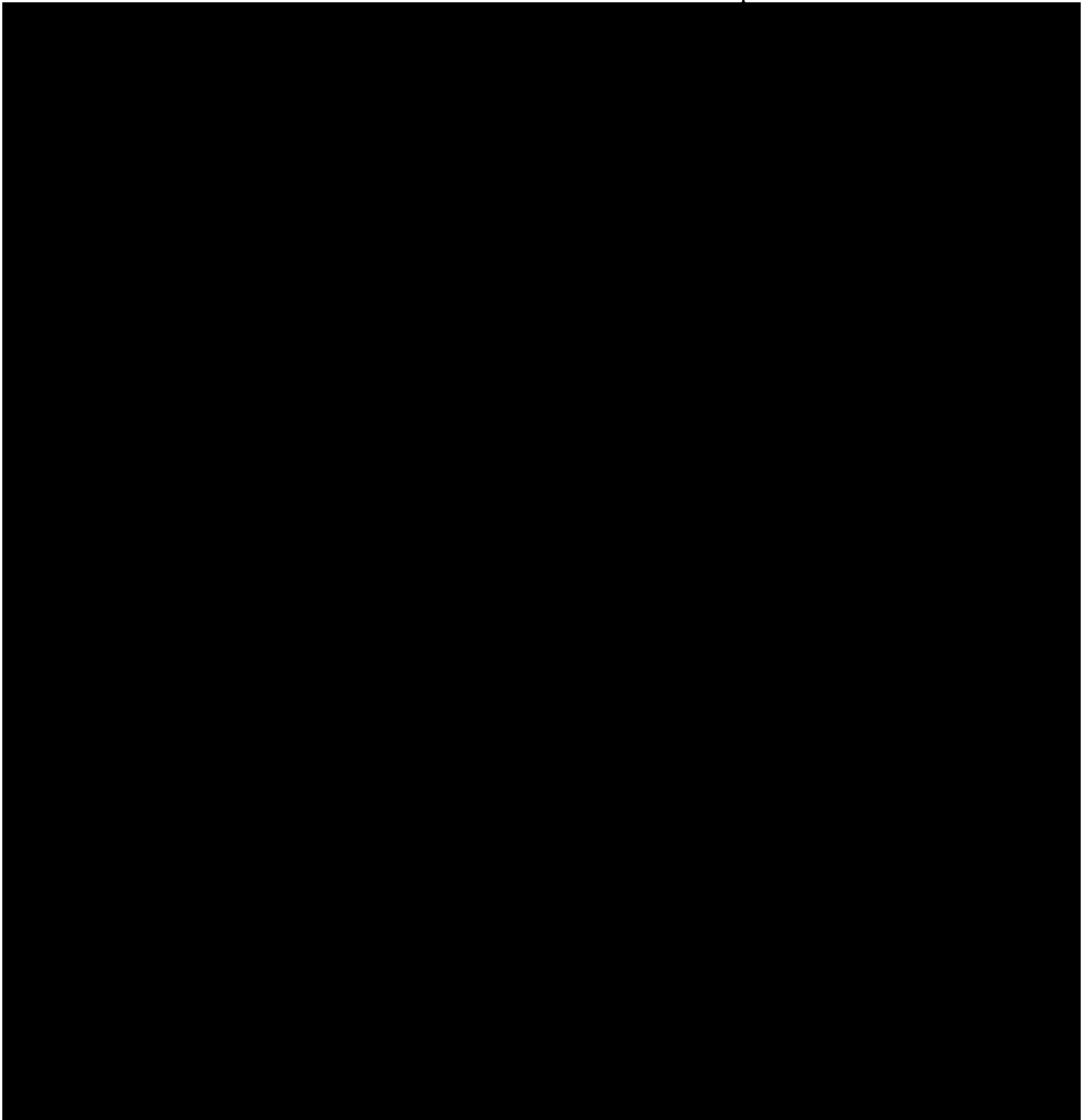
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Exhibit 4 - Demonstration of Sufficient Capital



See Accountants' Compilation Report

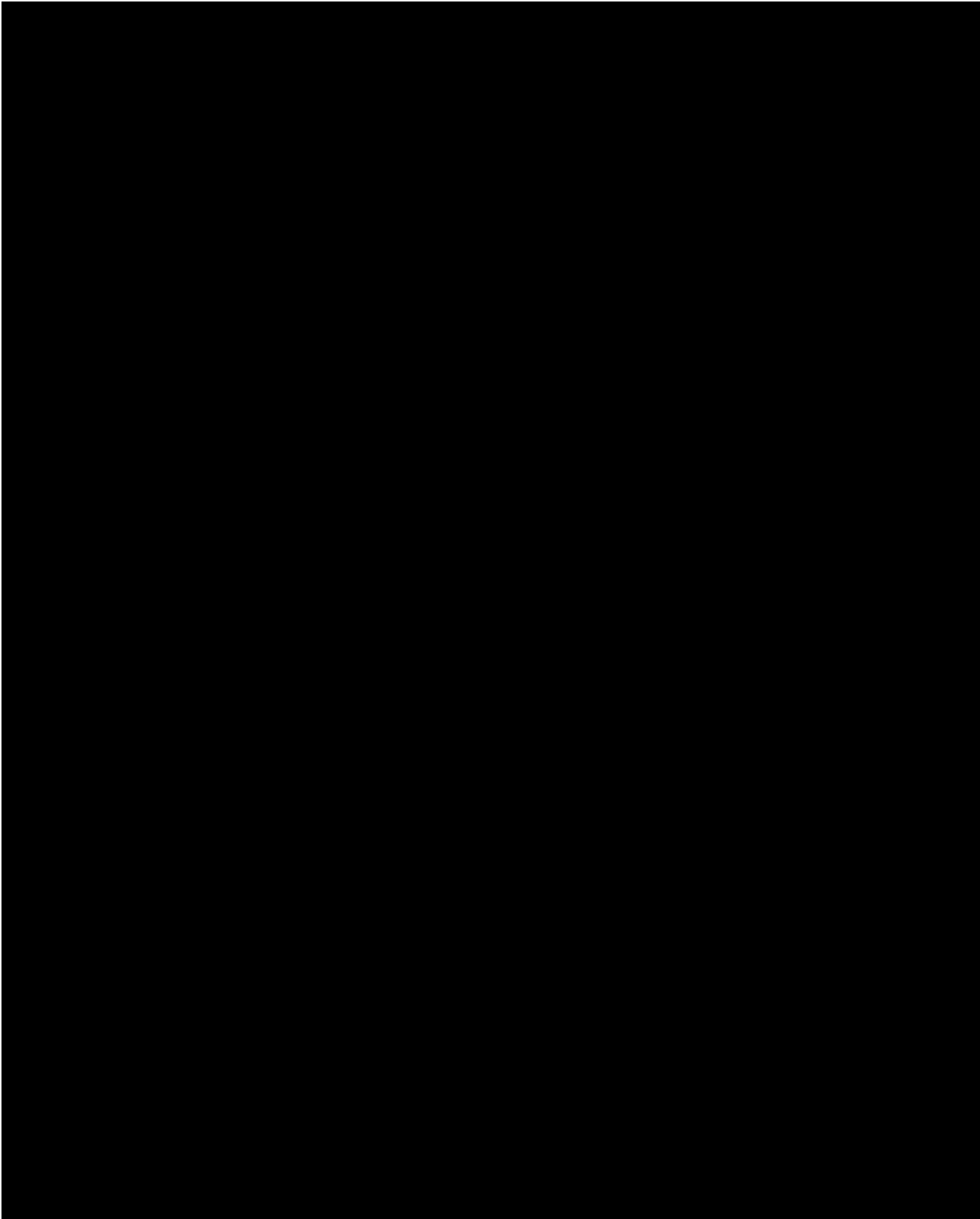
Exhibit 4 - Demonstration of Sufficient Capital



Members

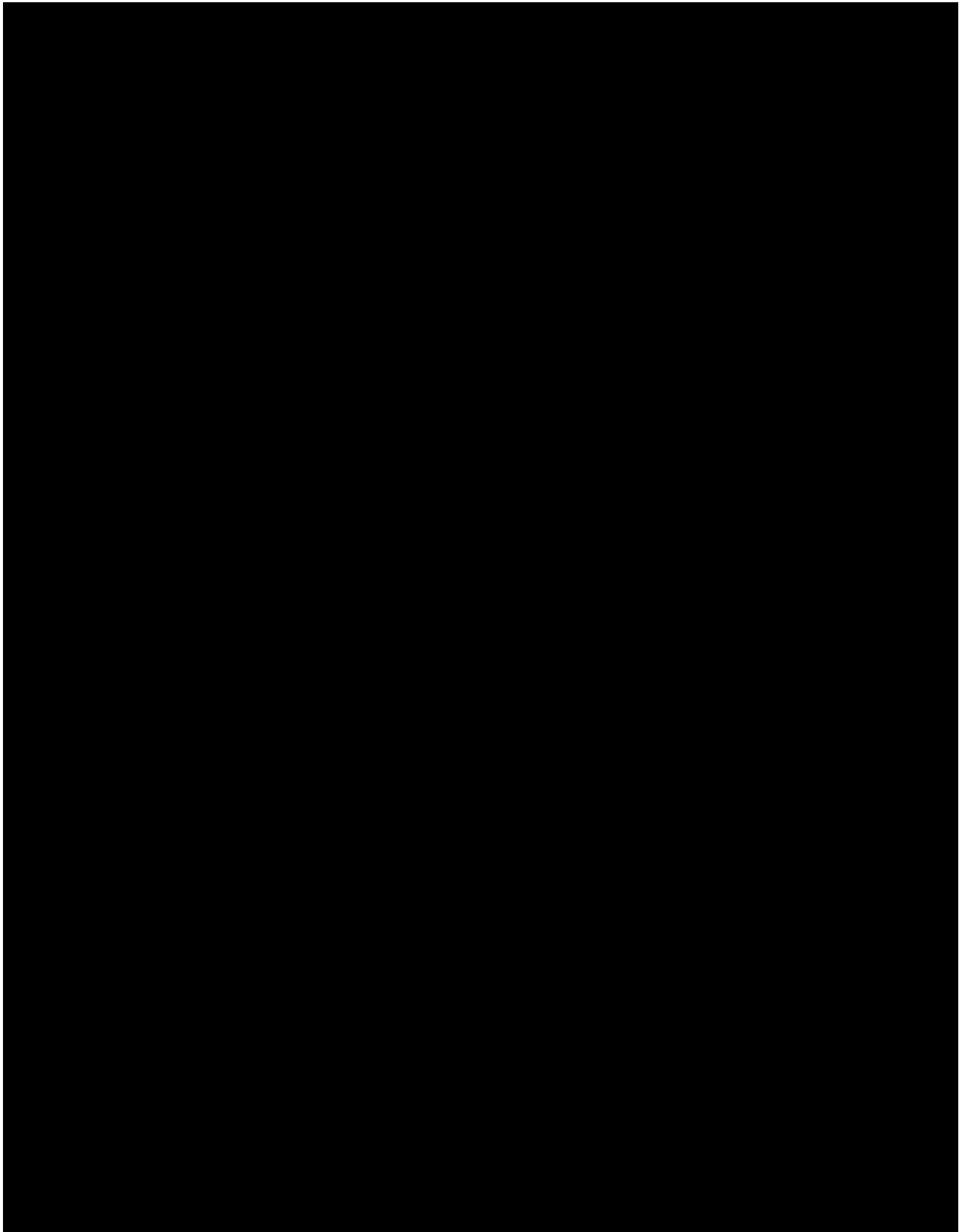
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Exhibit 4 - Demonstration of Sufficient Capital



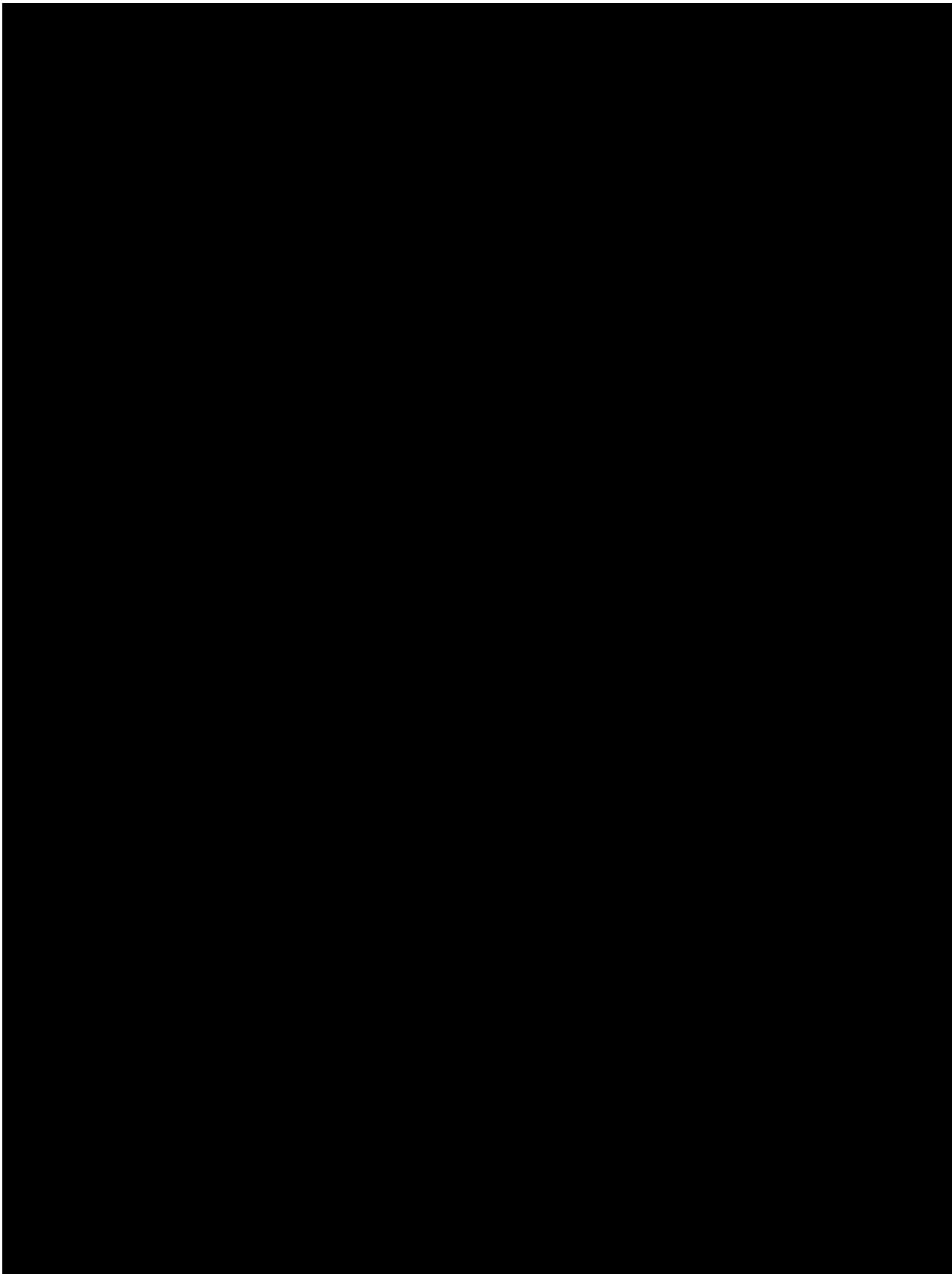
SEE INDEPENDENT ACCOUNTANTS' REPORT

Exhibit 4 - Demonstration of Sufficient Capital



SEE INDEPENDENT ACCOUNTANTS' REPORT

Exhibit 4 - Demonstration of Sufficient Capital



SEE INDEPENDENT ACCOUNTANTS' REPORT

Exhibit 5

REDACTED COPY

The redacted portions of Exhibit 5 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, unique signatures, and financial statements; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 5 – Financial Statements

5.1 – Balance Sheet

Applicant has provided a pro forma balance sheet report showing projections for the first seven years (identified as “Tyler Van Lines, LLC Pro Forma Balance Sheet - Attachment to Exhibit 5, Section 5.1”).

5.2 – Profit and Loss

Applicant has provided a pro forma profit and loss report showing projections for the first seven years (identified as “Tyler Van Lines, LLC Pro Forma Profit & Loss Statement - Attachment to Exhibit 5, Section 5.2”).

5.3 – Statement of Cash Flow

Applicant has provided a pro forma statement of cash flow showing projections for the first seven years (identified as “Tyler Van Lines, LLC Pro Forma Cash Flows Statement - Attachment to Exhibit 5, Section 5.3”).

5.4 – Additional Funding

[REDACTED] to support, manage and operate a sustainable Secure Transporter operation. With the combined experience of an Alabama motor carrier and an Alabama security service, Applicant will have ample funding and the support of experienced personnel in both fields. To show financial stability

Applicant has provided current financial statements for both companies [REDACTED]

[REDACTED] s provided their financial statements as an attachment to this exhibit and the personal balance sheet of their leadership [REDACTED]

[REDACTED] dditional Funding Documents - Attachment to Exhibit 5, Section 5.4”).

5.5 – Additional Funding

Applicant currently has access to sufficient liquid assets, equipment, and resources to commence operations and sustain a successful [REDACTED] is the sole member of the Applicant and has provided its financial statements herein, along with the personal balance sheet of its sole member, [REDACTED]

LLC Additional Funding Documents - Attachment to Exhibit 5, Section 5.5"). Applicant will utilize the going concern of the two supporting businesses listed above, to provide additional funding as required.

5.6 - Additional Funding [REDACTED]

The ability to raise additional capital is also available, if deemed necessary [REDACTED] has expressed interest in an investment into the Applicant's business [REDACTED] named a board member of the Applicant, if granted a license by the Commission, and has supplied a copy of his personal balance sheet (identified as [REDACTED] e Funding Documents - Attachment to Exhibit 5, Section 5.6") [REDACTED] requisite ALEA and FBI background checks and is listed on Applicant's Form G - Personnel Roster.

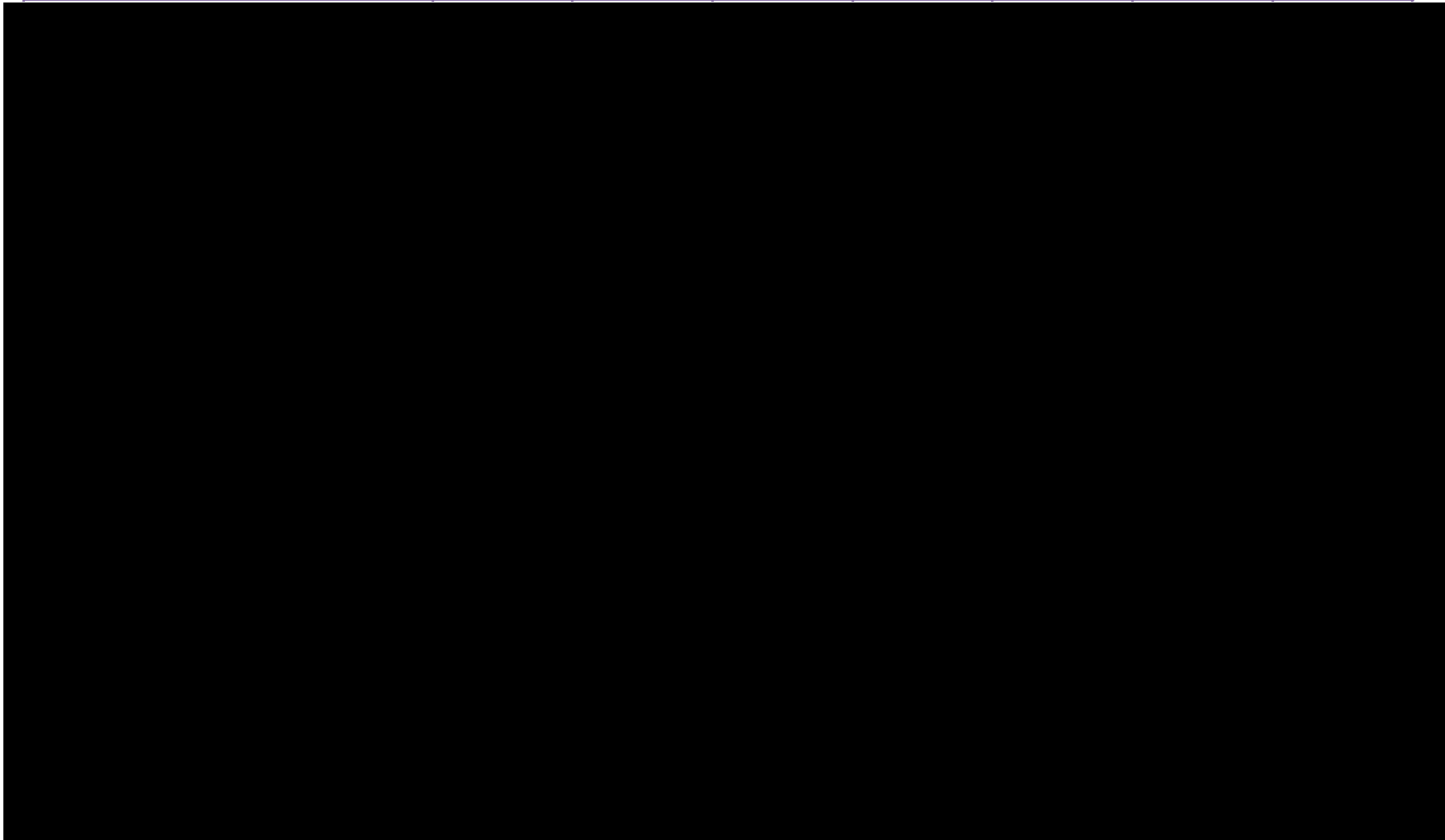
Additional Notes on Exhibit 5:

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.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

Tyler Van Lines LLC Pro Forma Balance Sheet

	\$	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7
Assets								

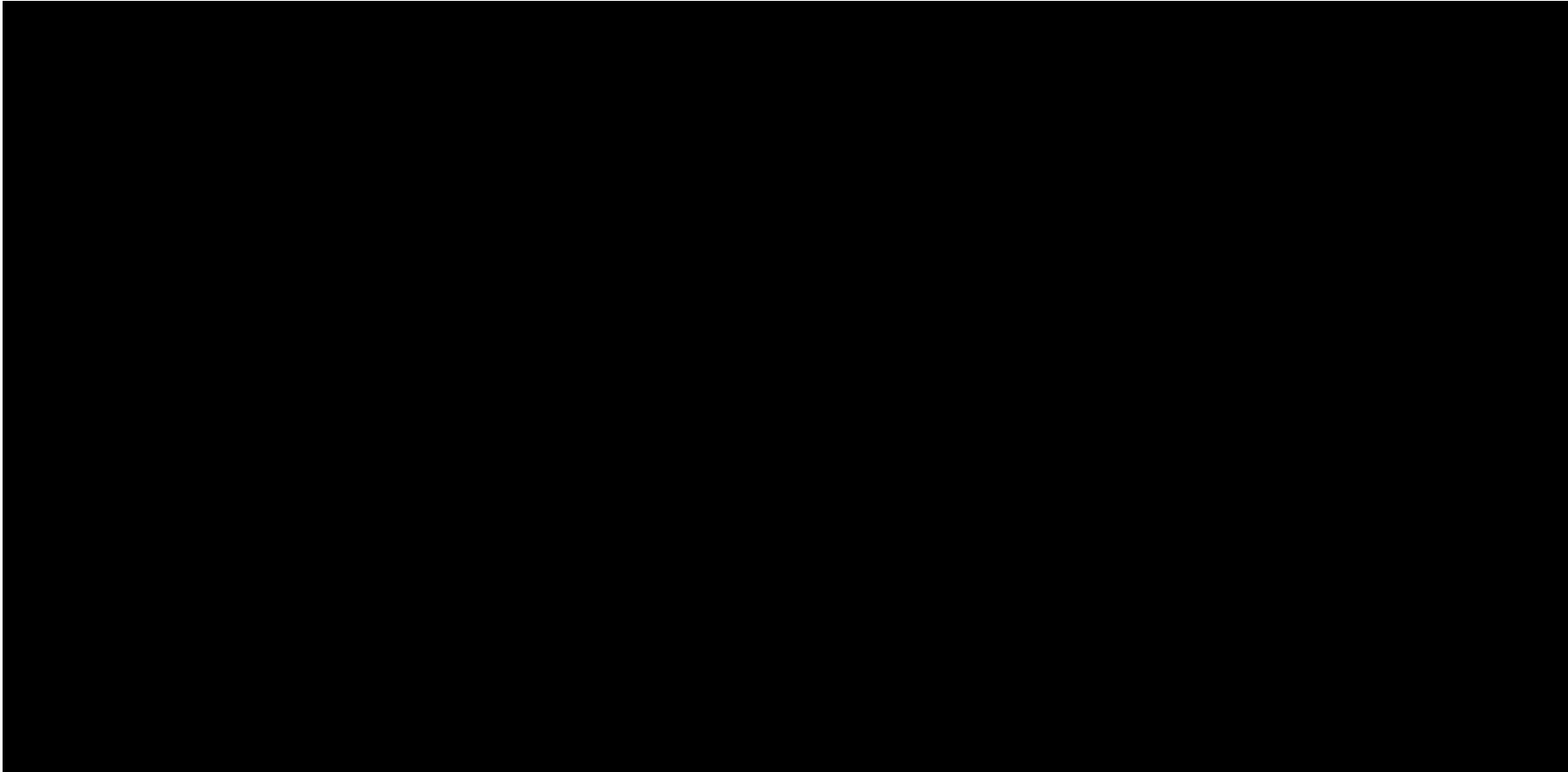


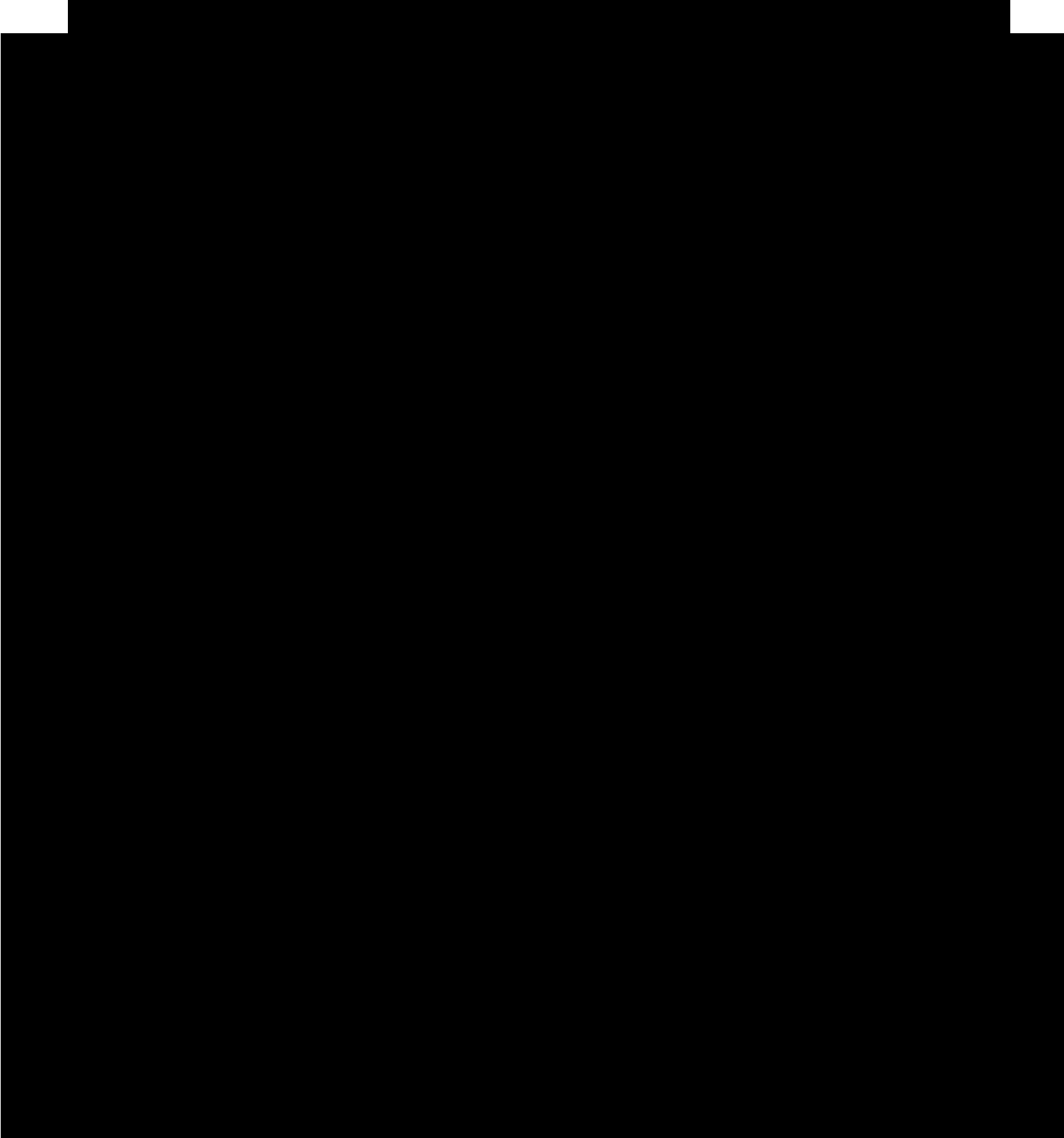
Tyler Van Lines LLC Pro Forma Profit&Loss Statement

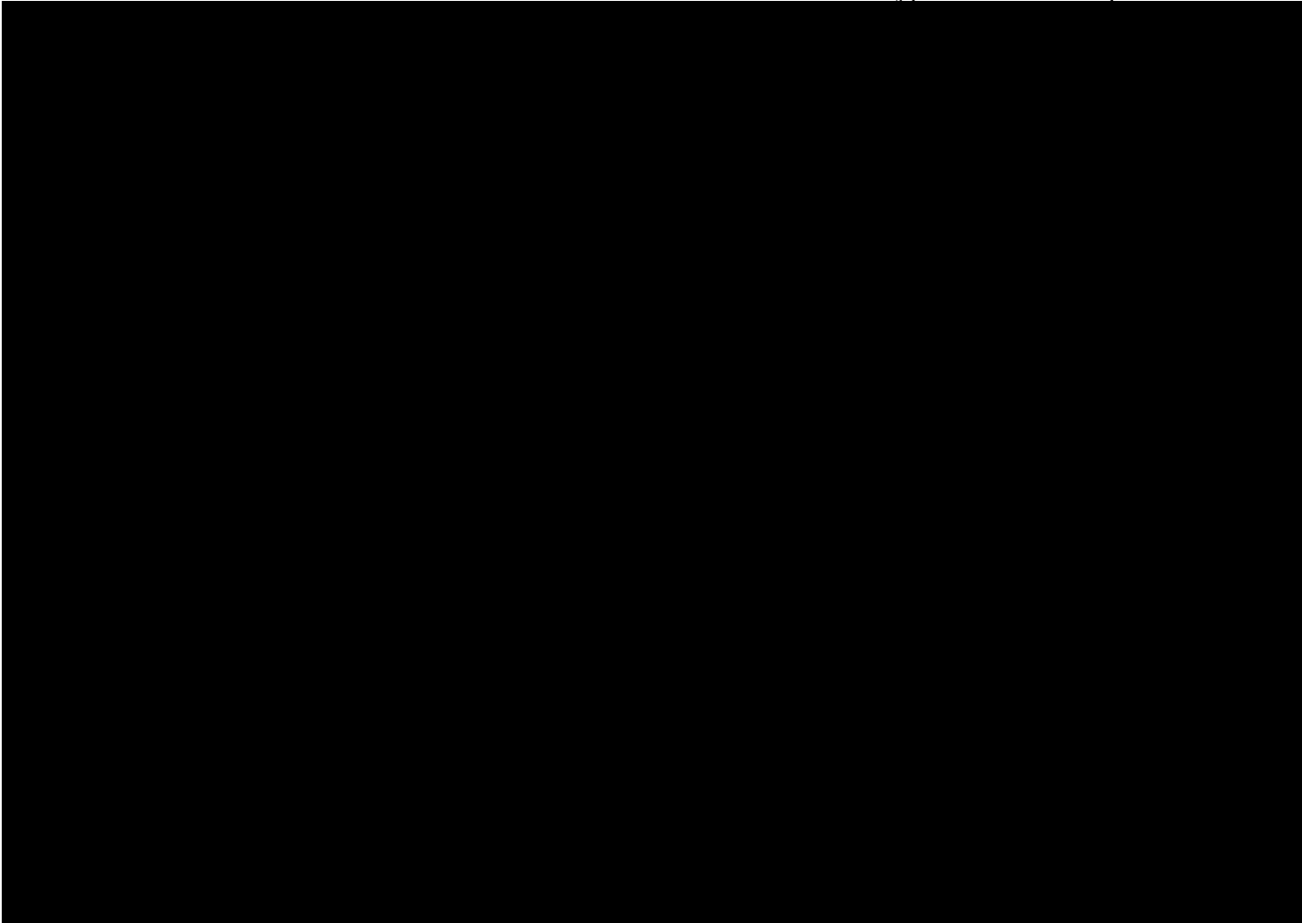
\$	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7

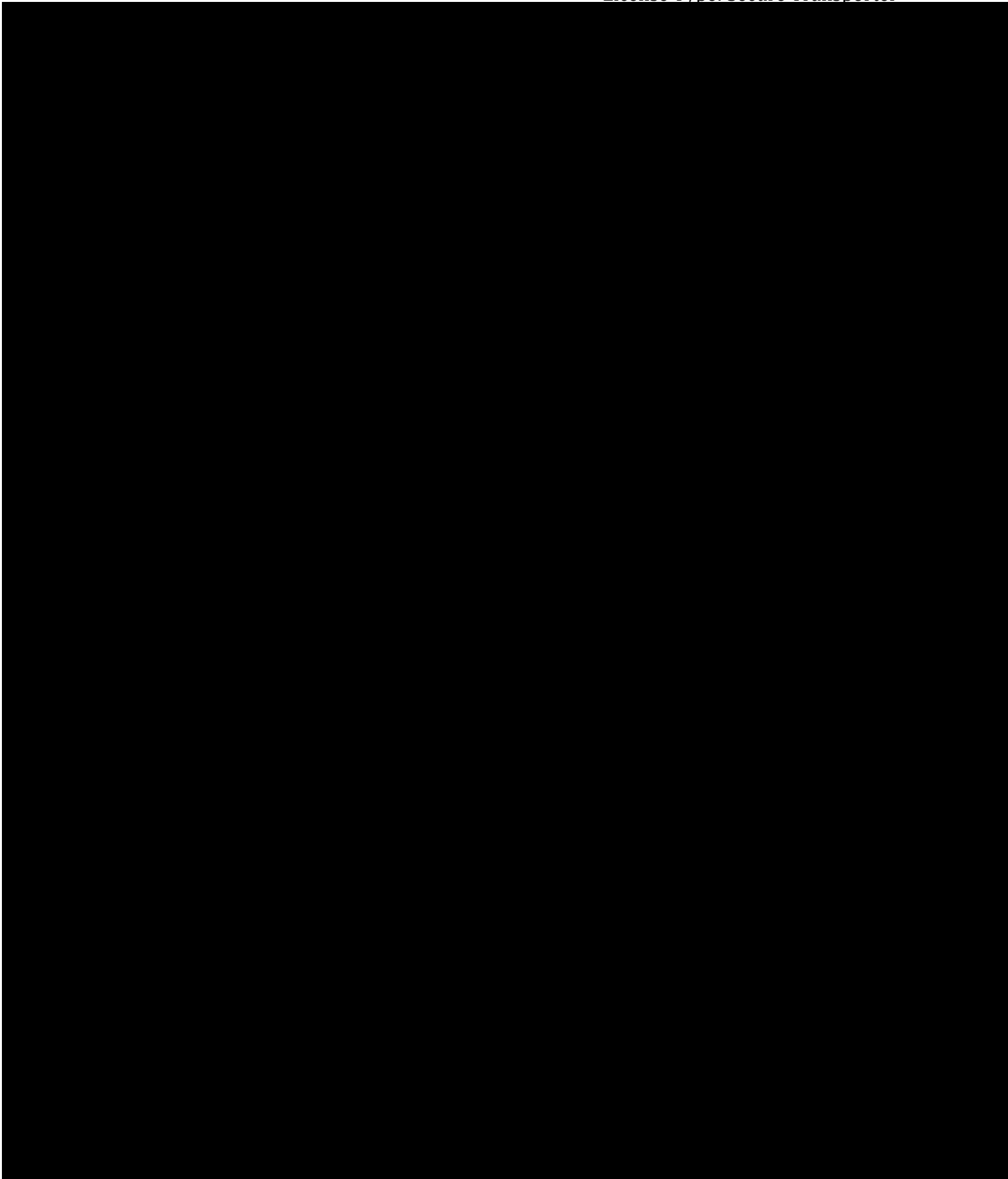
Tyler Van Lines LLC Pro Forma Cash Flows Statement

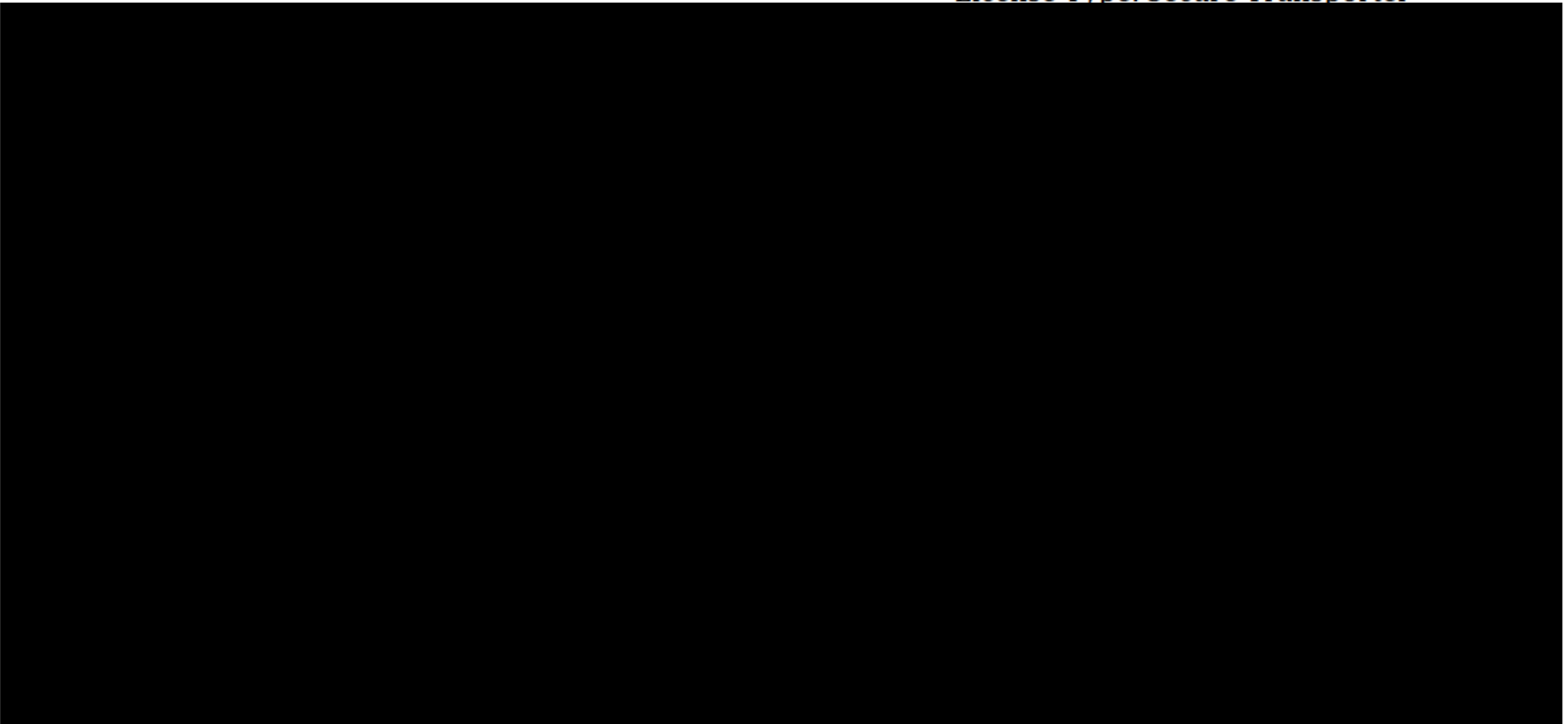
	\$	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7
--	----	--------	--------	--------	--------	--------	--------	--------











I/We have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/We agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the said representations made herein as a true and accurate statement of my/our financial condition.

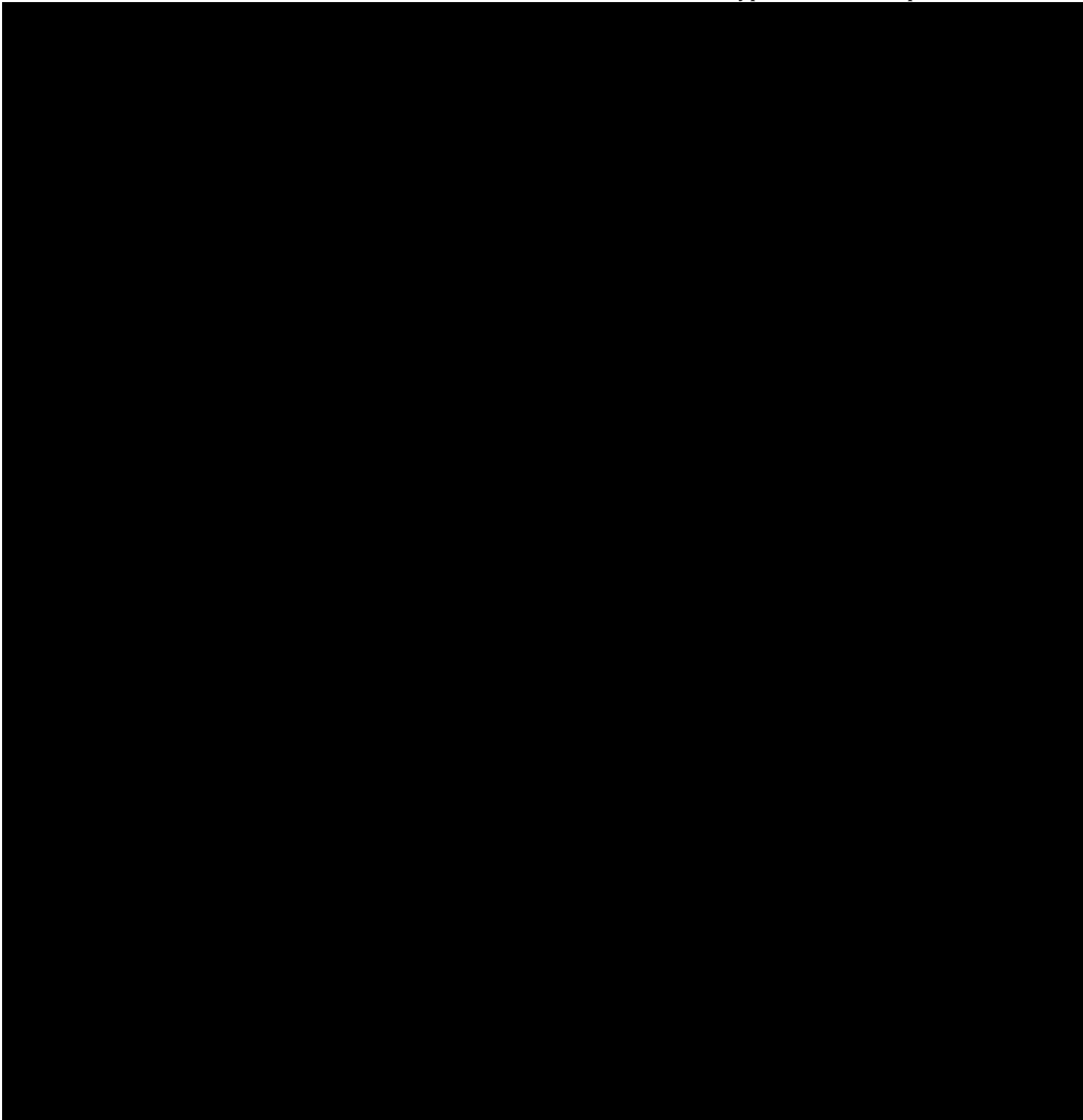
I/We authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/We authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

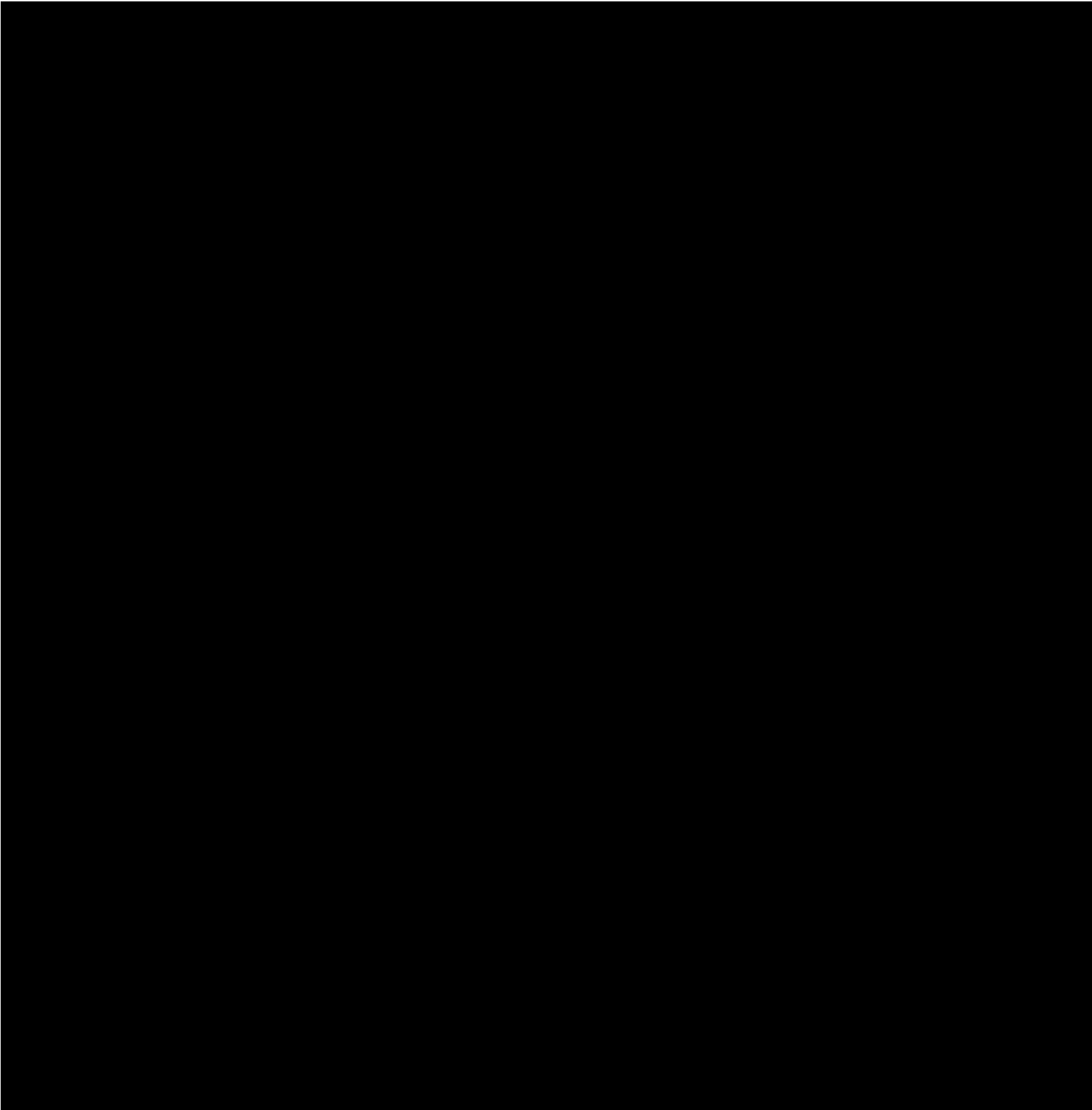
I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's
Signature _____ Date Signed _____ Date of Birth _____

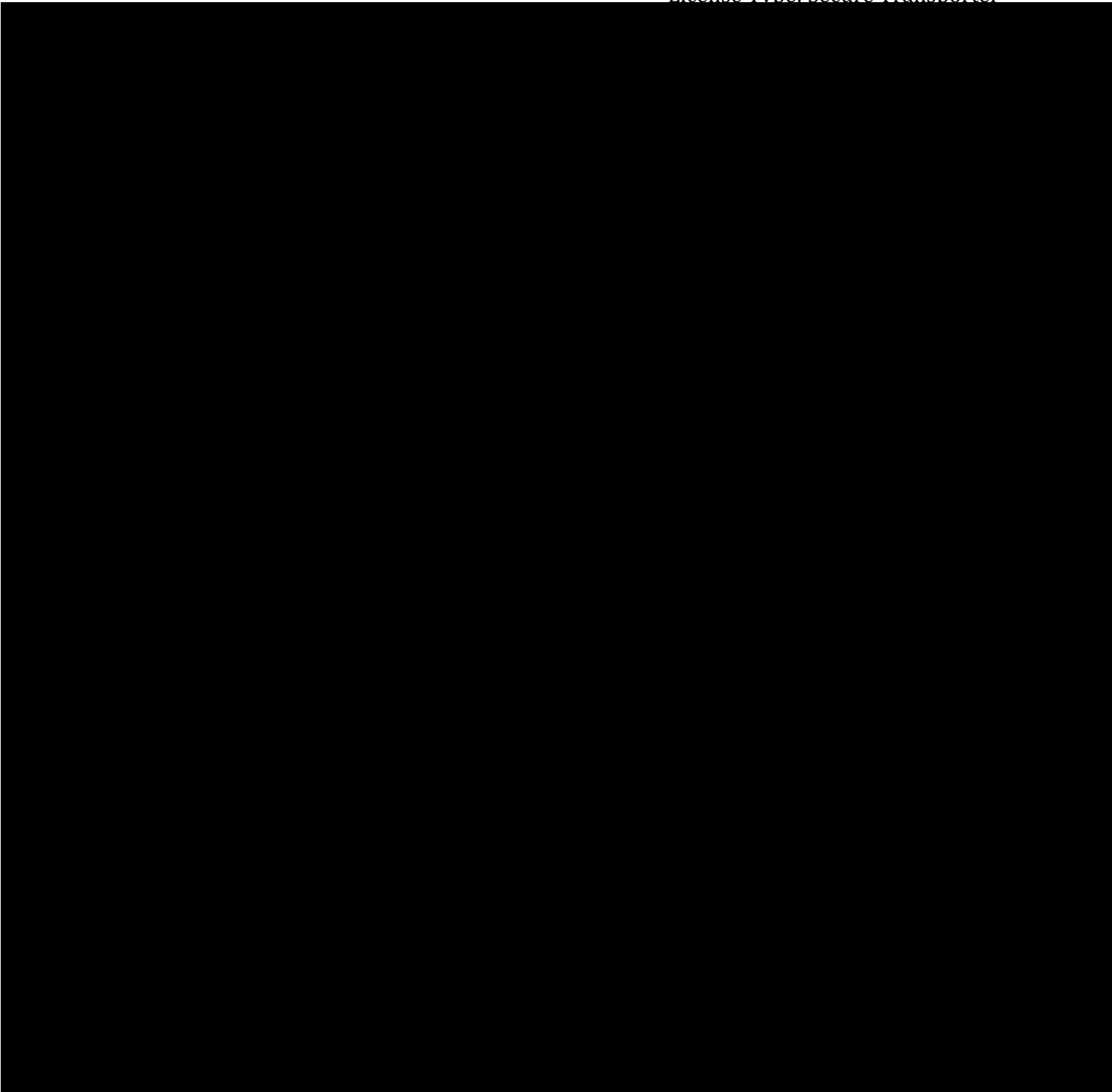
Co-
Applicant's
Signature _____ Date Signed _____ Date of Birth _____



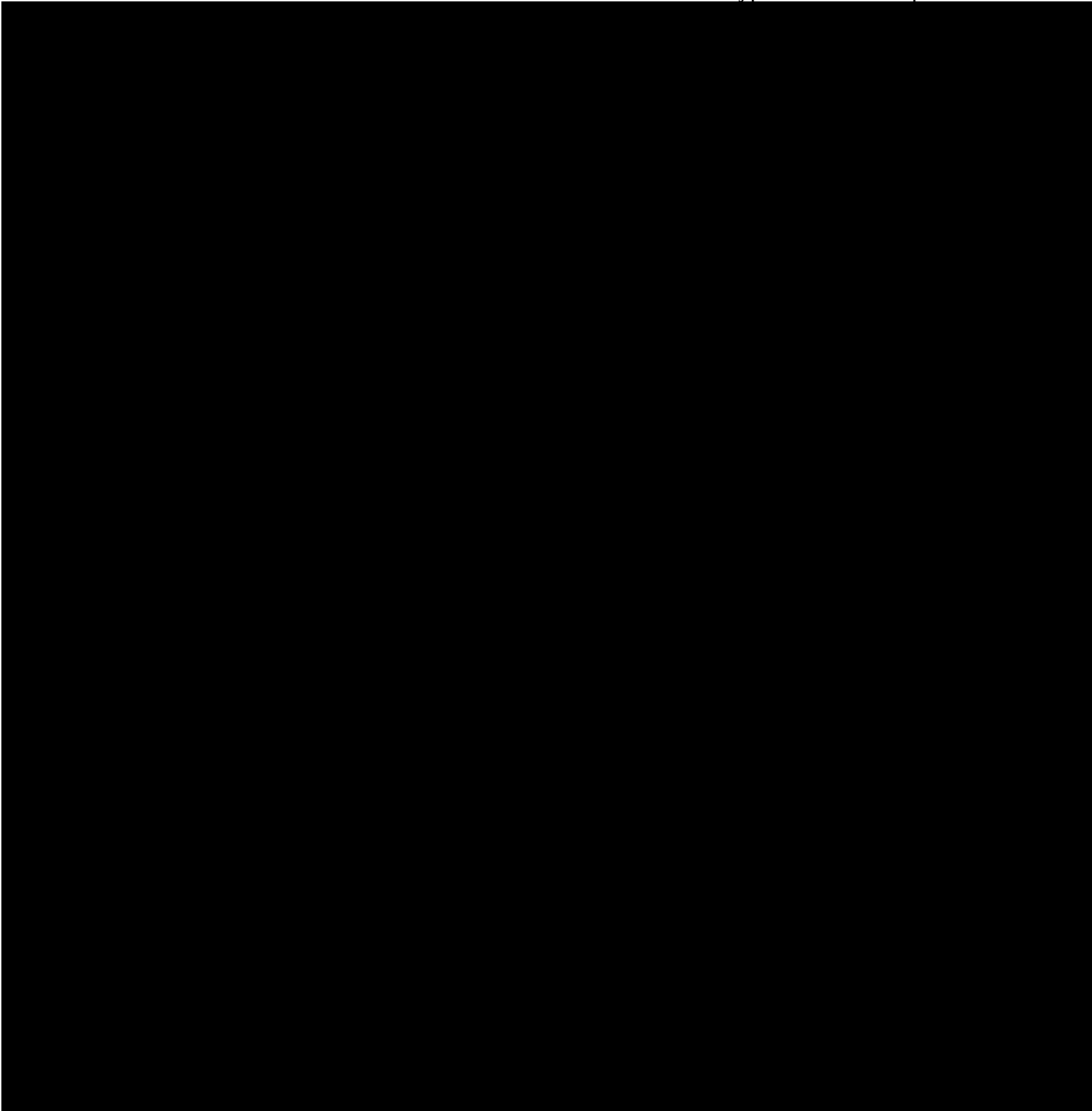
SEE INDEPENDENT ACCOUNTANTS' REPORT



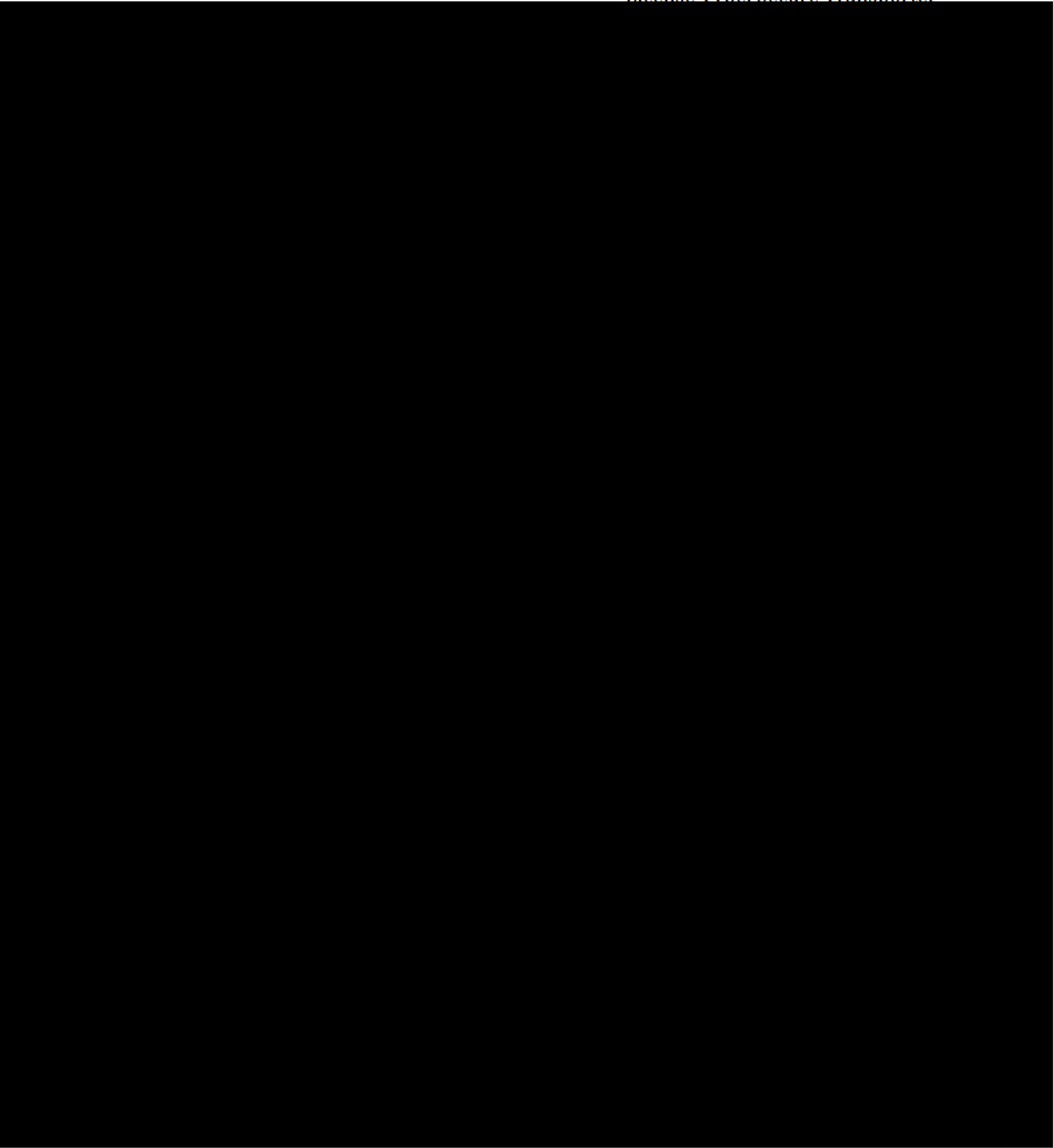
SEE INDEPENDENT ACCOUNTANTS' REPORT

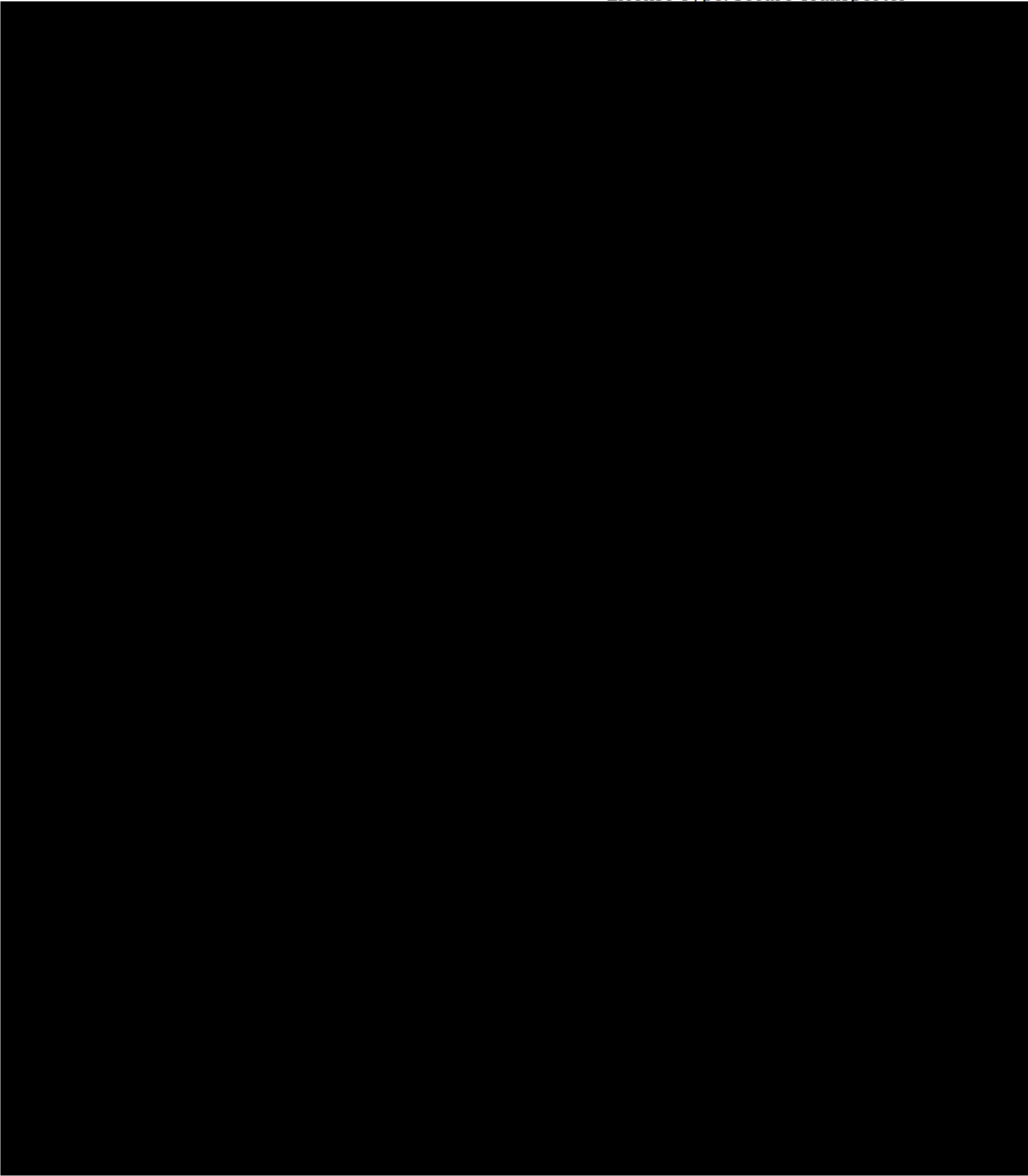


SEE INDEPENDENT ACCOUNTANTS' REPORT



See Accountants' Compilation Report





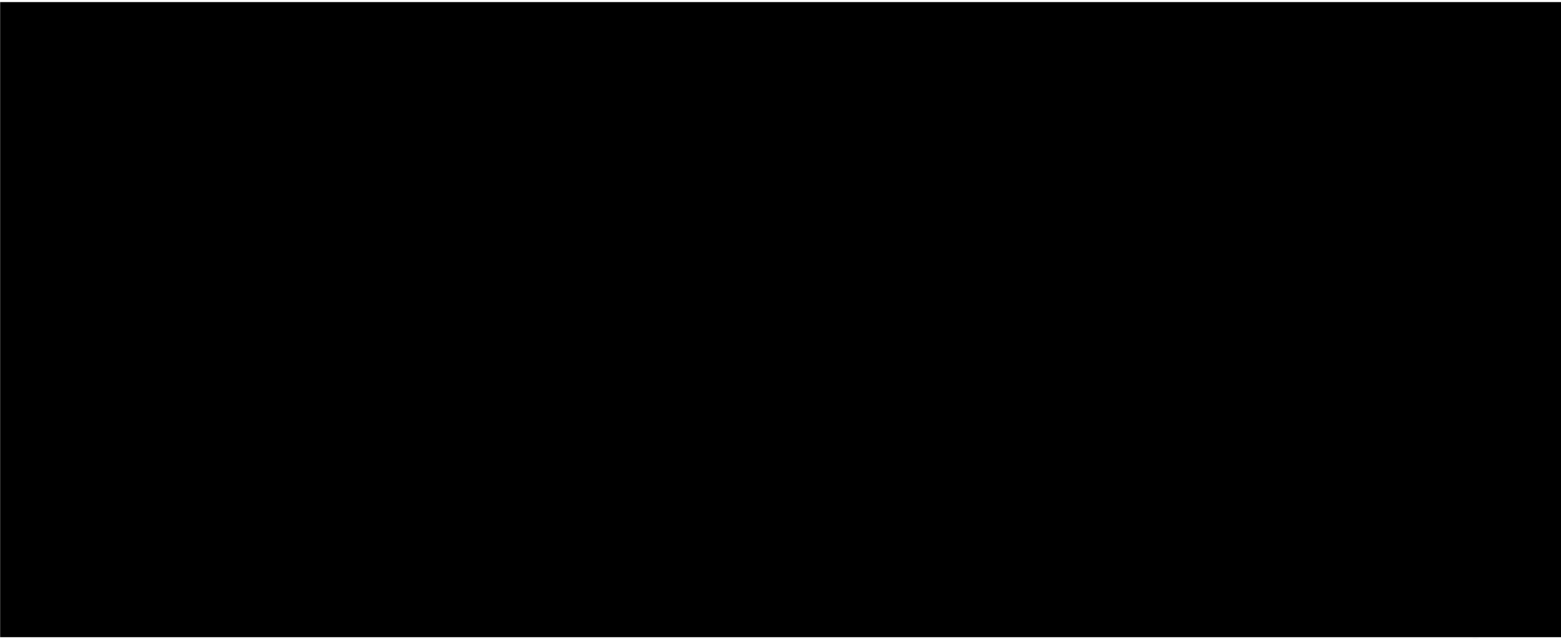


Exhibit 6

REDACTED COPY

The redacted portions of Exhibit 6 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 6 – Tax Plan

Applicant has operated as a motor carrier in Alabama for 22 years and has maintained compliance with all local, State and Federal tax laws. Although a secure transporter of medical cannabis will not collect sales taxes, Applicant understands, acknowledges, and will comply with the annual privilege tax levied on every person doing business under Chapter 2A of Title 20 in Alabama. Applicant will continue to comply with current tax laws and any future taxes levied that may apply to secure transport operations of medical cannabis. Applicant has provided a plan demonstrating knowledge of all current tax requirements applicable to a transport business in Alabama and its plans for compliance with future secure transport operations (identified as “Tax Plan - Attachment to Exhibit 6”)

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.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

Tax Plan – Attachment to Exhibit 6

It is the Applicant's plan to comply with all federal and state tax filing requirements and payments as required by the Internal Revenue Service, the Alabama Department of Revenue, the Alabama Department of Public Relations, and any additional taxes as required by the Alabama Medical Cannabis Commission in the Act or their Rules and Regulations.

As a secure transporter licensee, the Applicant does not expect to collect and file for sales tax. However, the Applicant will pay applicable sales tax on consumables such as office supplies, equipment, tools, parts, etc.

This Applicant has been in business since 2010 operating as a S Corporation under the Internal Revenue Code providing transportation and logistics services. All federal and state income tax returns are filed annually as prepared by a Certified Public Accountant.

The applicant has procedures and responsible managers in place to monitor and confirm that all tax related returns and registrations are filed and paid timely.

In addition to income taxes the Applicant also files annually all required tax returns related to the following tax related obligations:

- Alabama Privilege Tax
- Federal Heavy Highway Use Tax Form 2290
- IFTA Permits and IRP Cab Cards
- Pike County Personal Property Taxes and Real Estate Taxes
- Ad Valorem Taxes

Quarterly the Applicant files the required IFTA tax returns to properly report mileage and fuel tax allocations.

It is the Applicant's intention to utilize accounting software that will properly account for and track all activities related to payroll, income, and expenses of the operating business to be utilized in properly preparing and remitting all appropriate taxes and fees as required

under the Laws of the United States and State of Alabama as applicable. This will include but not be limited to all taxes levied on Alabama Medical Cannabis businesses, such as the annual privilege tax required in Chapter 2A of Title 20, Code of Alabama 1975 which reads:

“(b)(1) Commencing January 1, 2022, there is levied an annual privilege tax on every person doing business under Chapter 2A of Title 20, Code of Alabama 1975, in Alabama. The tax shall accrue as of January 1 of every taxable year, or in the case of a taxpayer licensed under Chapter 2A of Title 20, Code of Alabama 1975, during the year, or doing business in this state for the first time, as of the date the taxpayer is licensed to do business under Chapter 2A of Title 20, Code of Alabama 1975. The tax shall be levied upon the taxpayer's net worth in Alabama for the taxable year. For purposes of this subdivision, a taxpayer's net worth in Alabama shall be determined by apportioning the taxpayer's net worth computed under Section 40-14A-23, Code of Alabama 1975, in the same manner as prescribed for apportioning income during the Page 94 SB46 determination period for purposes of the income tax levied by Chapter 18 of Title 40, Code of Alabama 1975, or the manner in which the income would be apportioned if the taxpayer were subject to the income tax. (2) The amount of tax due shall be computed in the same manner and at the same rate of tax as prescribed in Section 40-14A-22, Code of Alabama 1975, for purposes of determining the annual privilege tax levied by Chapter 14A of Title 40, Code of Alabama 1975. (3) The annual return required by this subsection shall be due no later than the corresponding federal income tax return, as required to be filed under federal law. In the case of a taxpayer's initial return, the annual return shall be due no later than two and one-half months after the taxpayer is licensed to do business, or commences business, in Alabama.”

Exhibit 7

REDACTED COPY

The redacted portions of Exhibit 7 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 7 – Business Formation Documents

7.1 – Applicant

See attached Certificate of Filing of Articles of Organization for Tyler Van Lines, LLC, the Applicant (identified as “Certificate of Filing of Articles of Organization - Attachment to Exhibit 7, Section 7.1”). Tyler Van Lines, LLC is currently a single-member Limited Liability Company formed in the State of Alabama circa 2010 [REDACTED] member of the Applicant with 100% ownership.

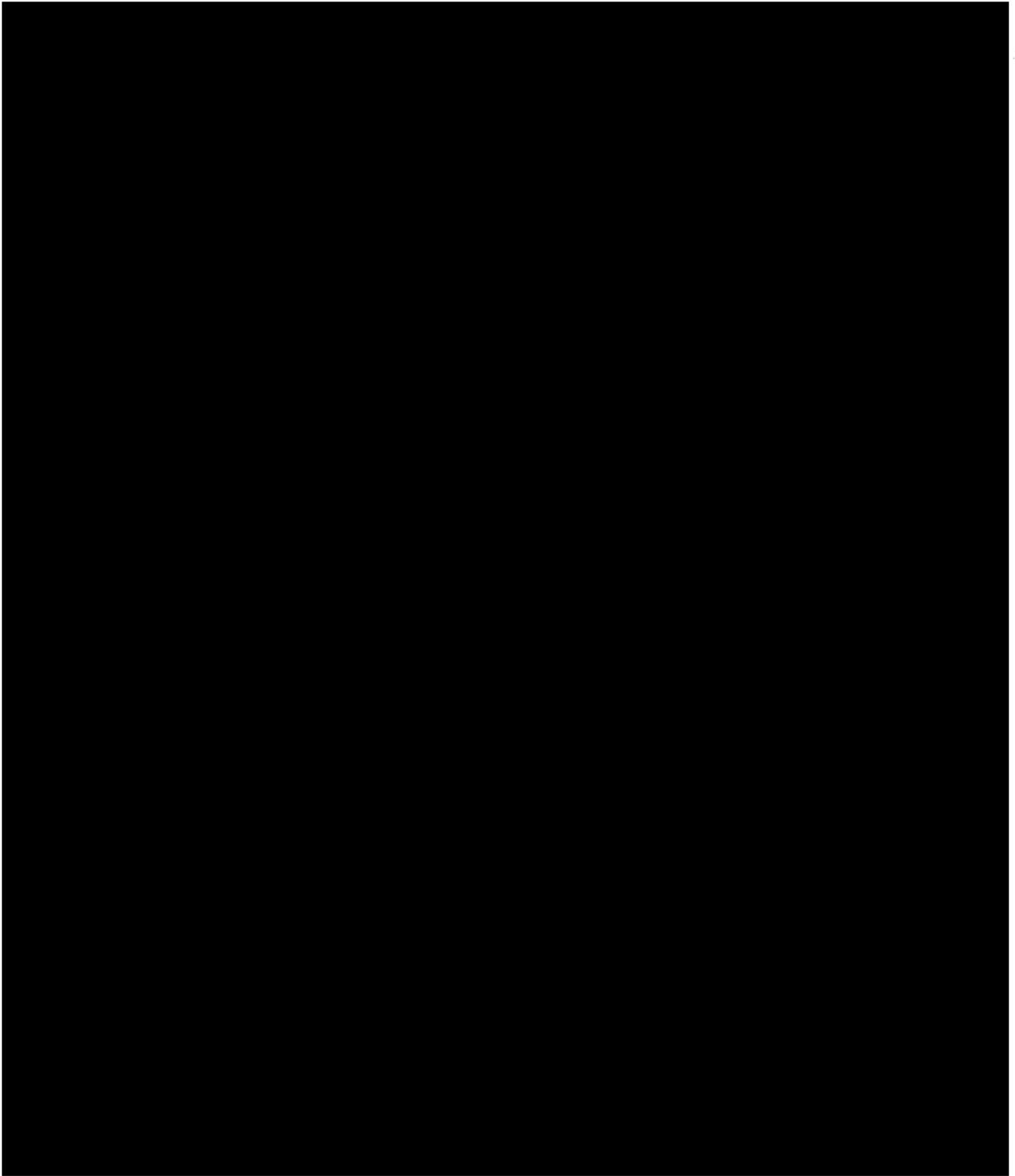
7.2 – Ownership Entity

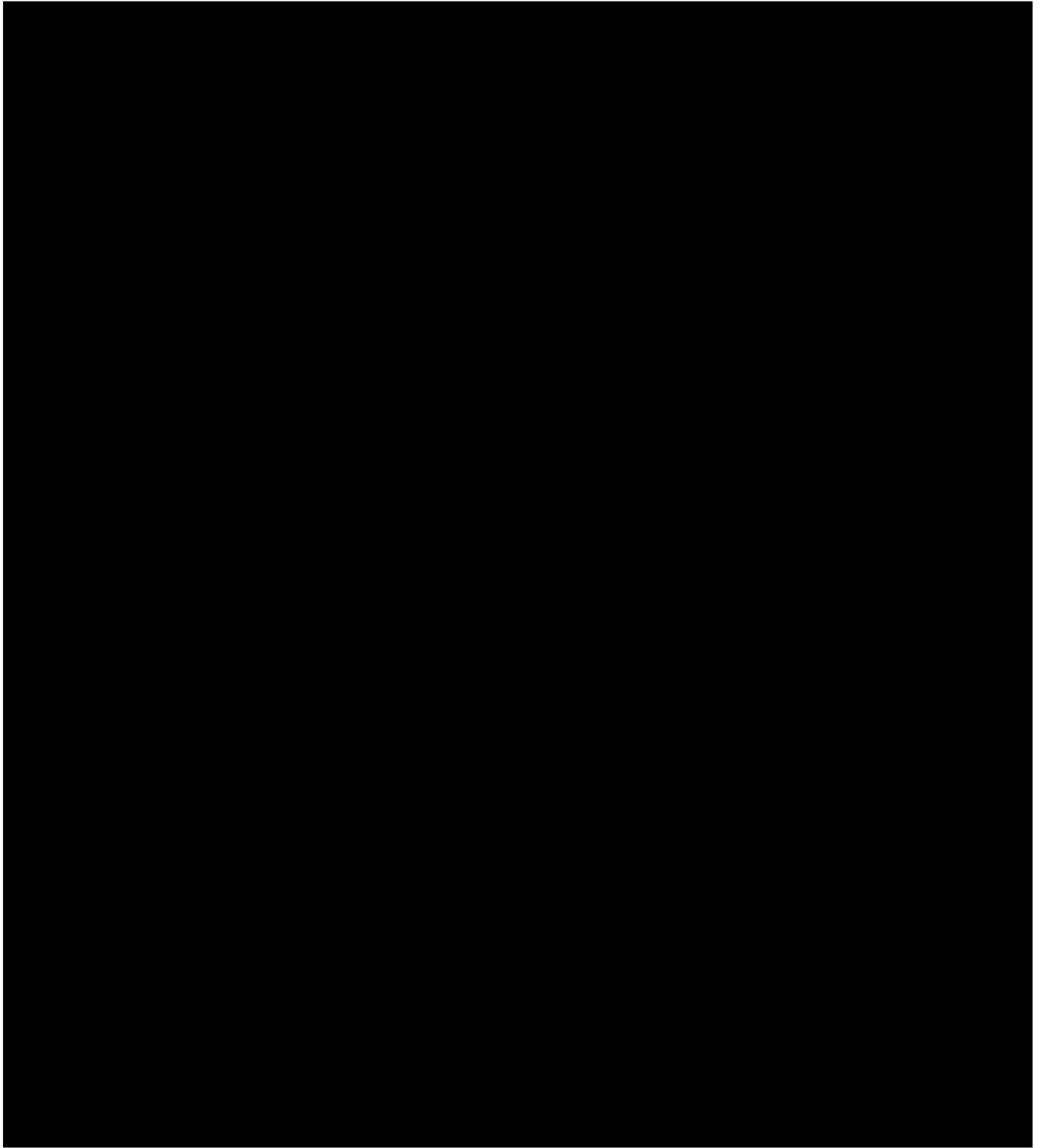
See attached Certificate of Filing of Articles of Organization for [REDACTED] (identified as “Certificate of Filing of Articles of Organization - Attachment to Exhibit 7, Section 7.2”) [REDACTED] currently a single-member Limited Liability Company formed in the State of Alabama circa [REDACTED] the sole member of [REDACTED] [REDACTED] with 100% ownership.

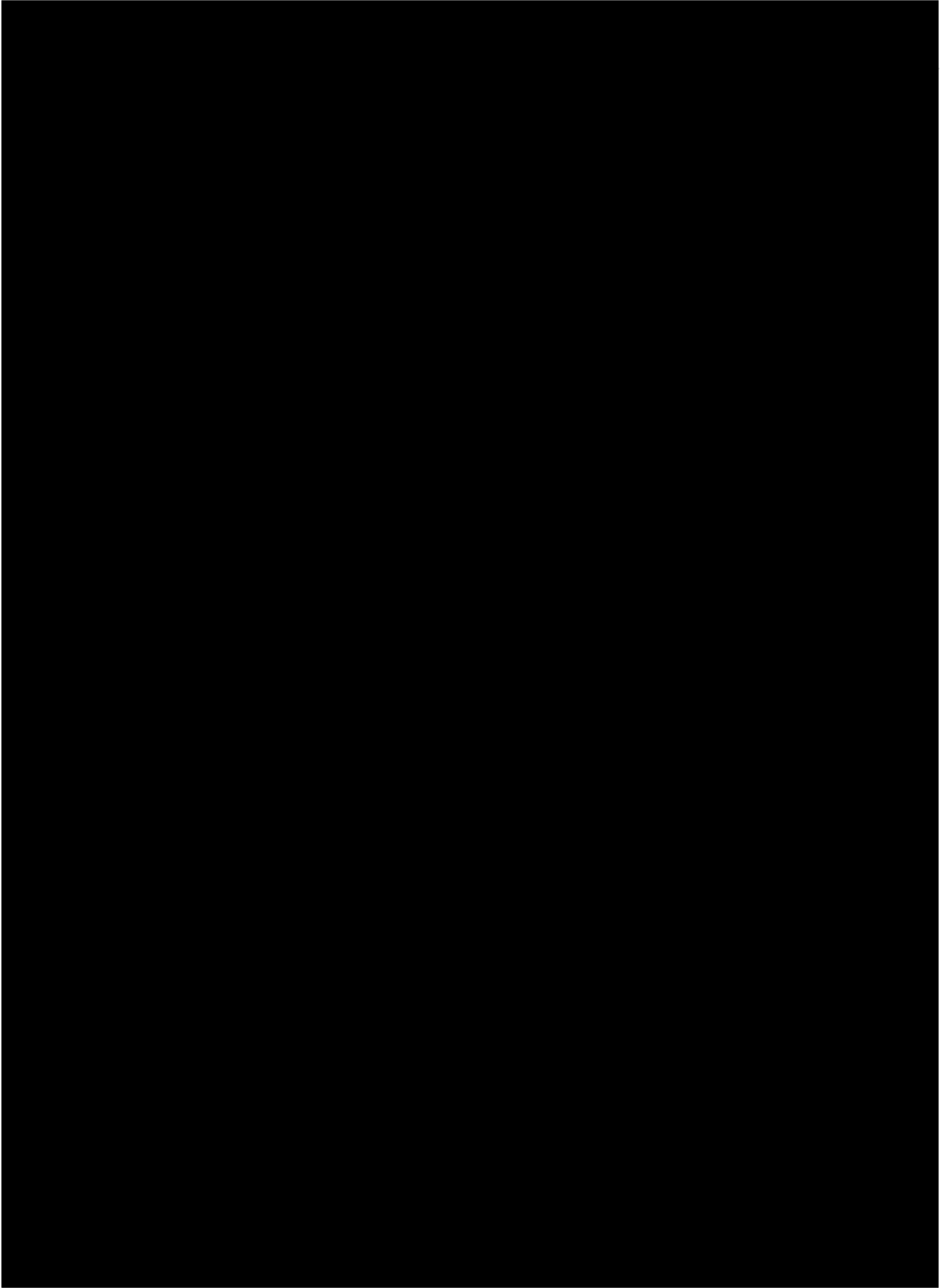
Additional Notes on Exhibit 7:

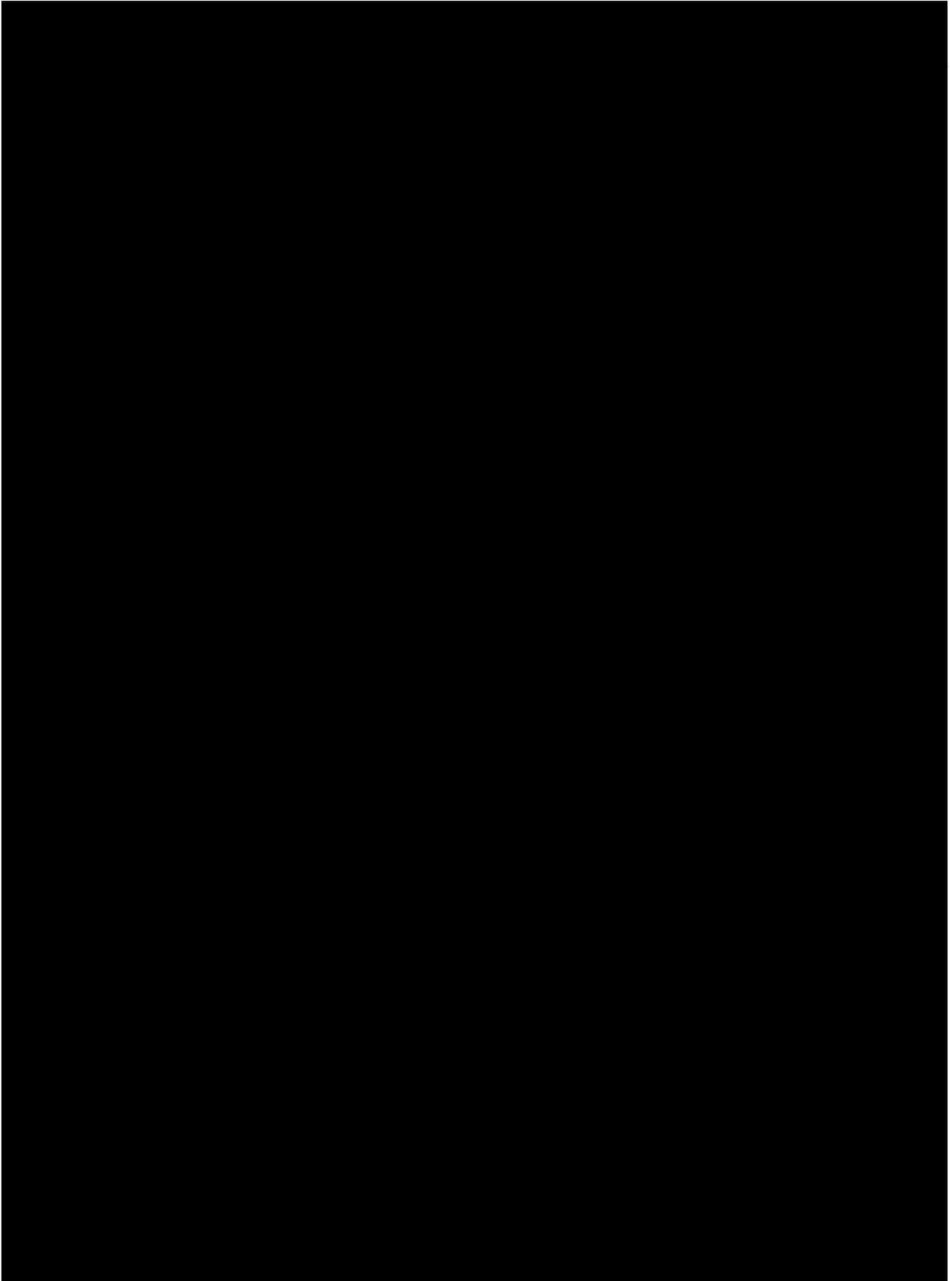
The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

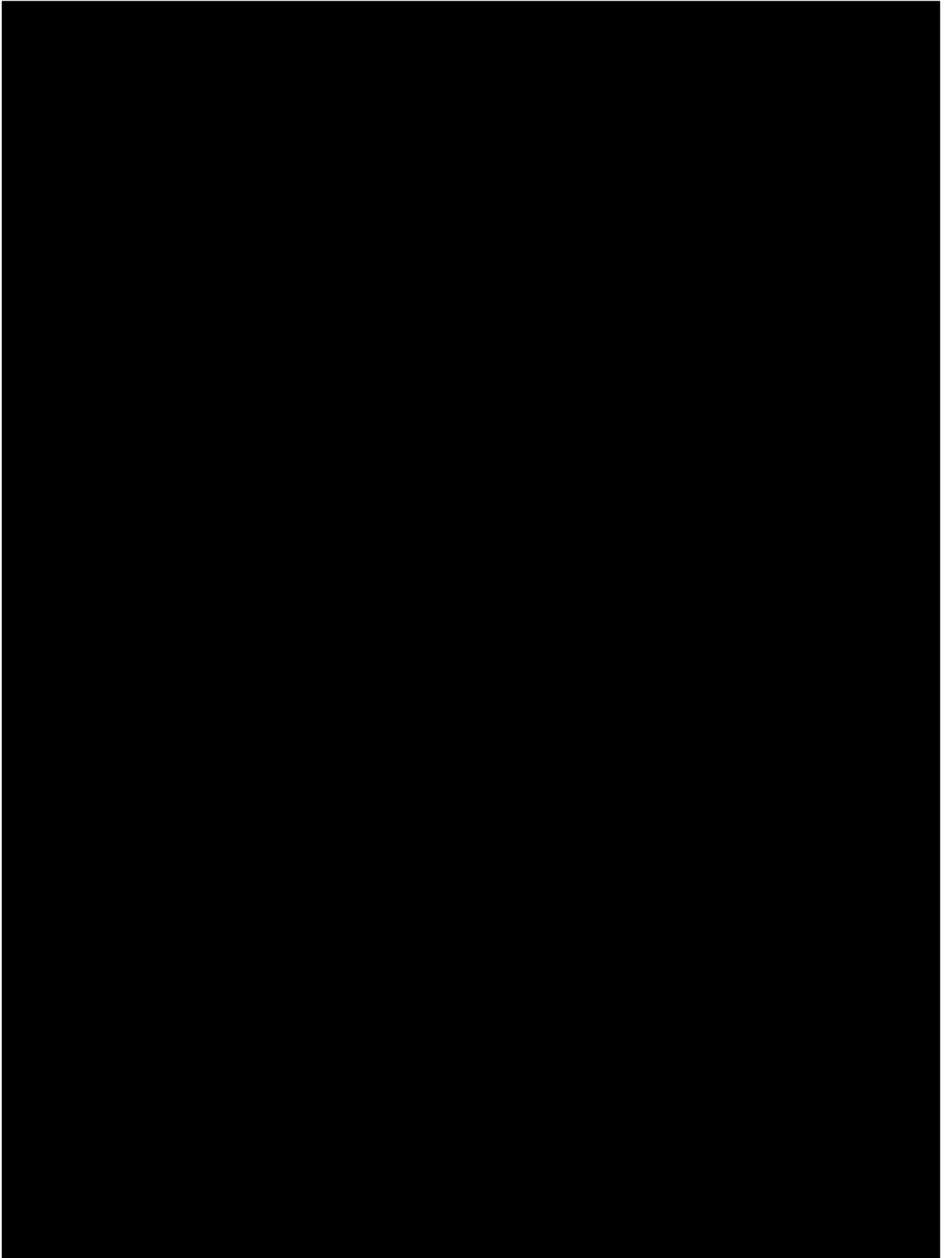
Status of Plan or Requirement(s) as of the date of application filing: Completed.

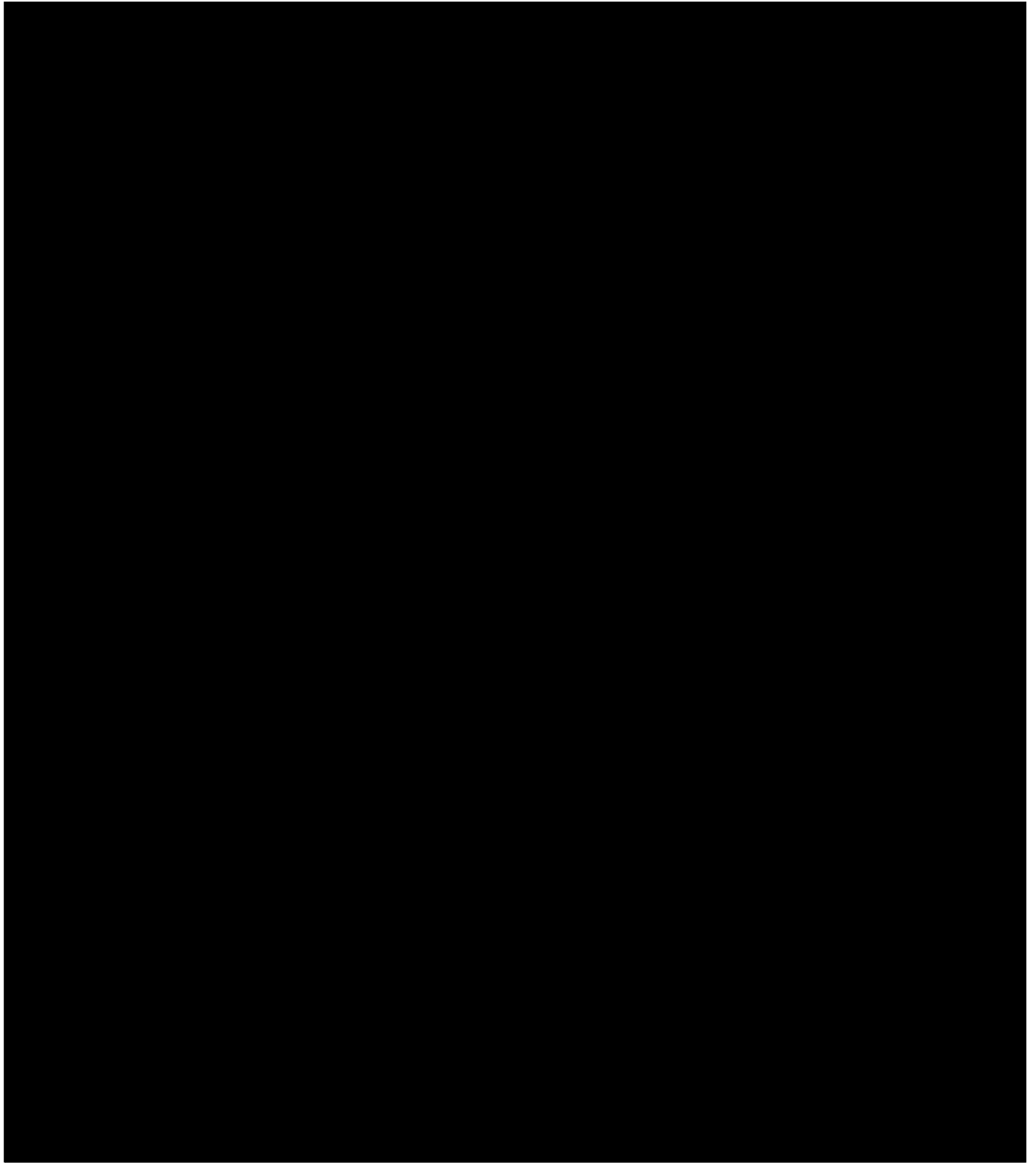


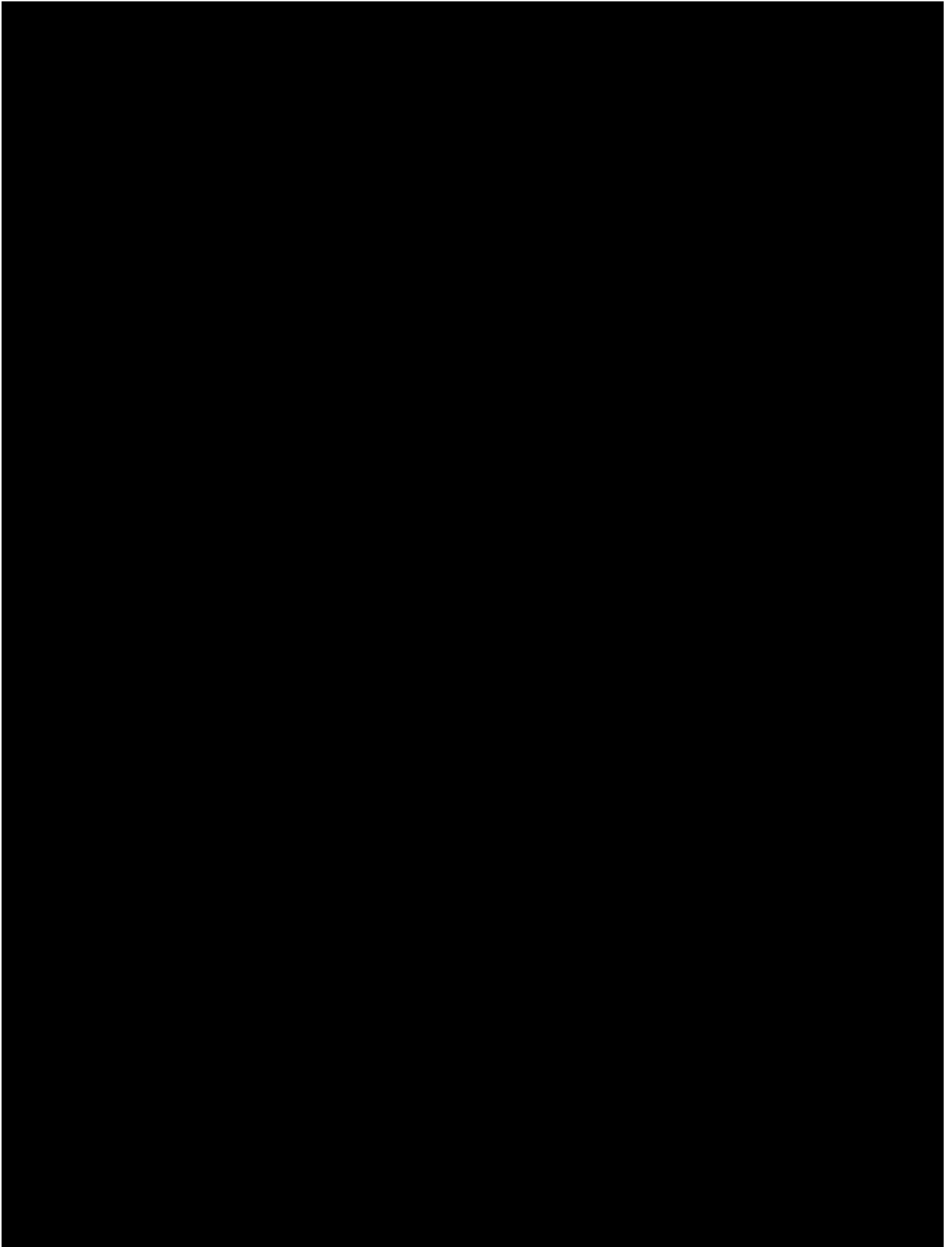


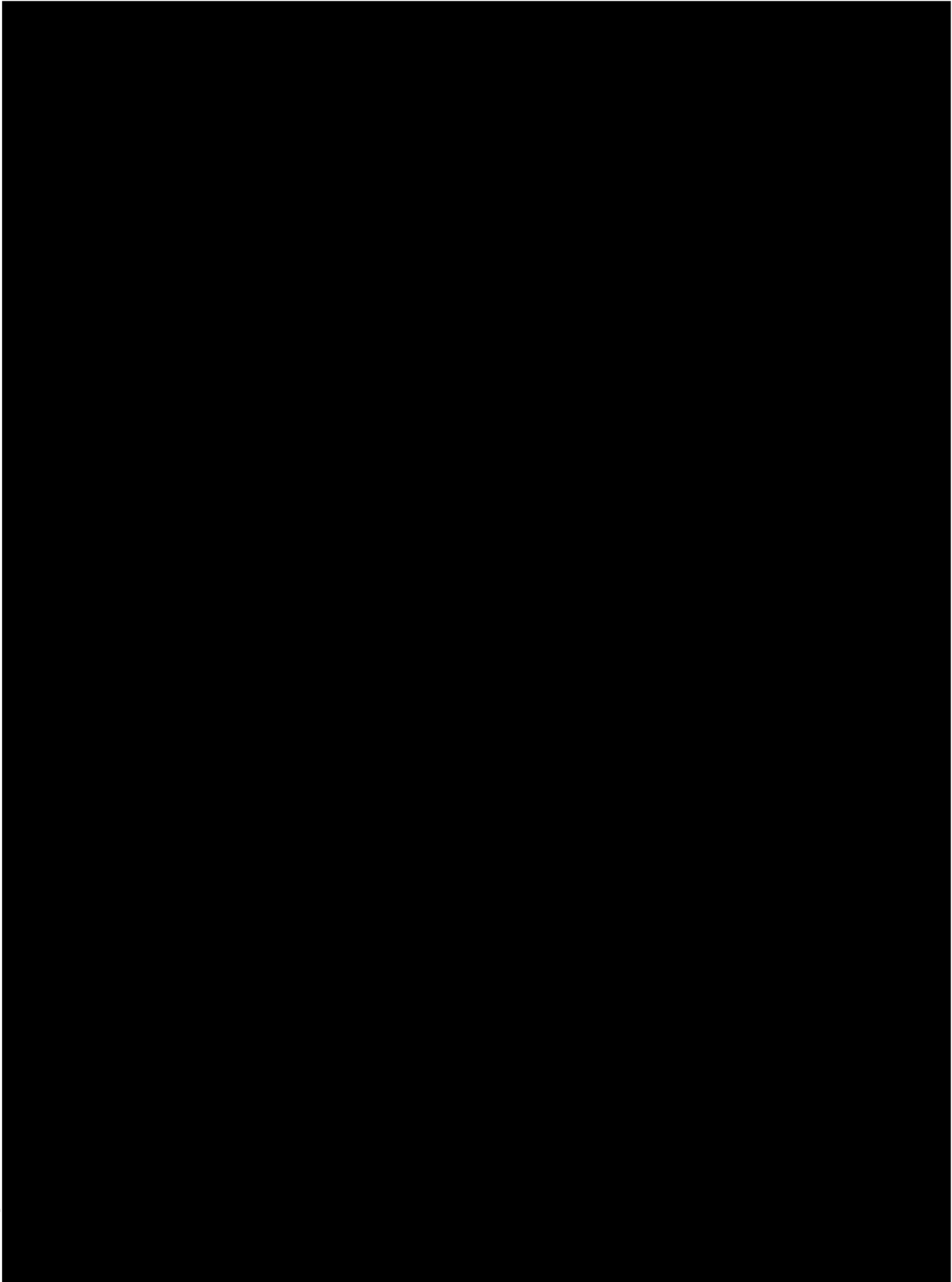


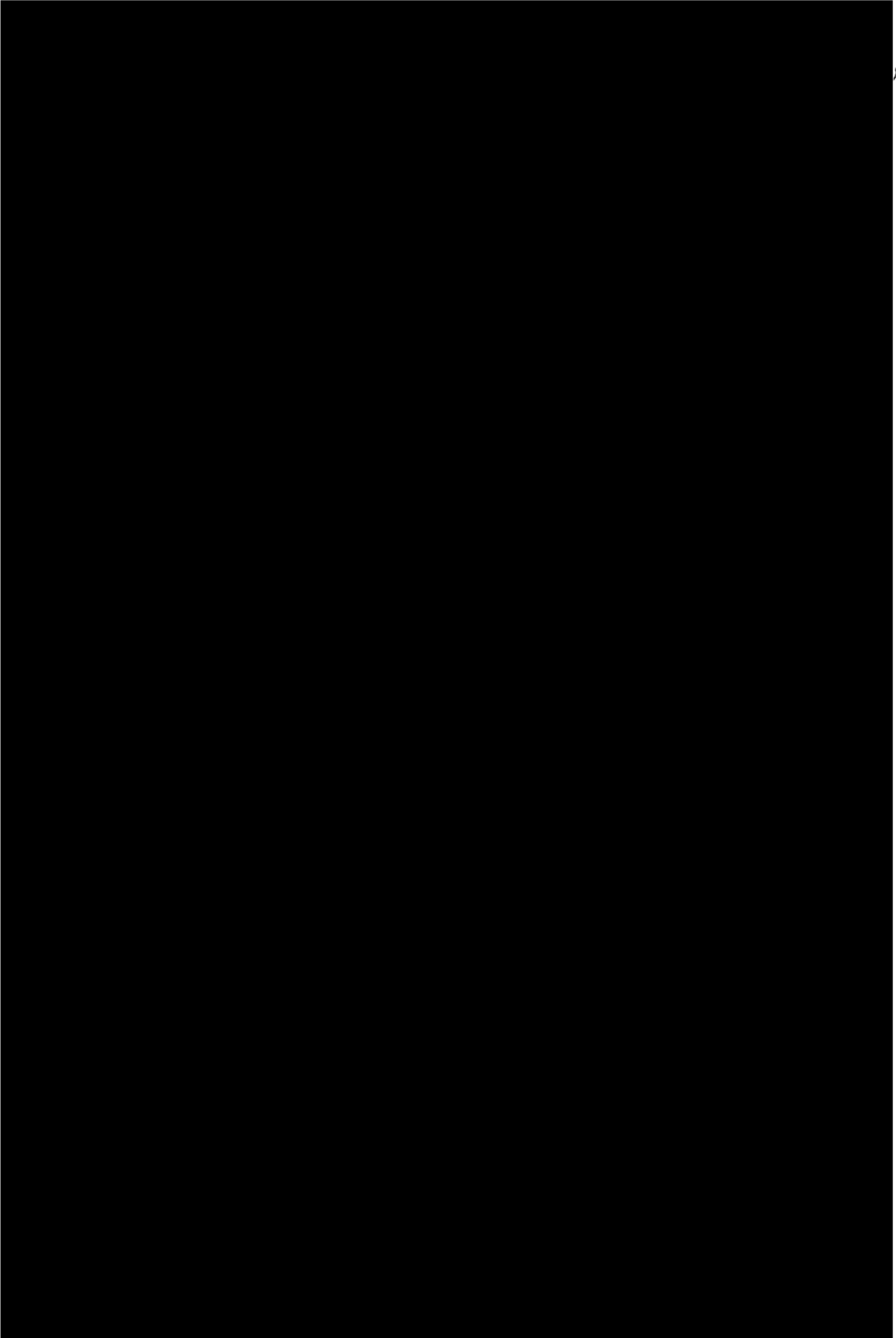


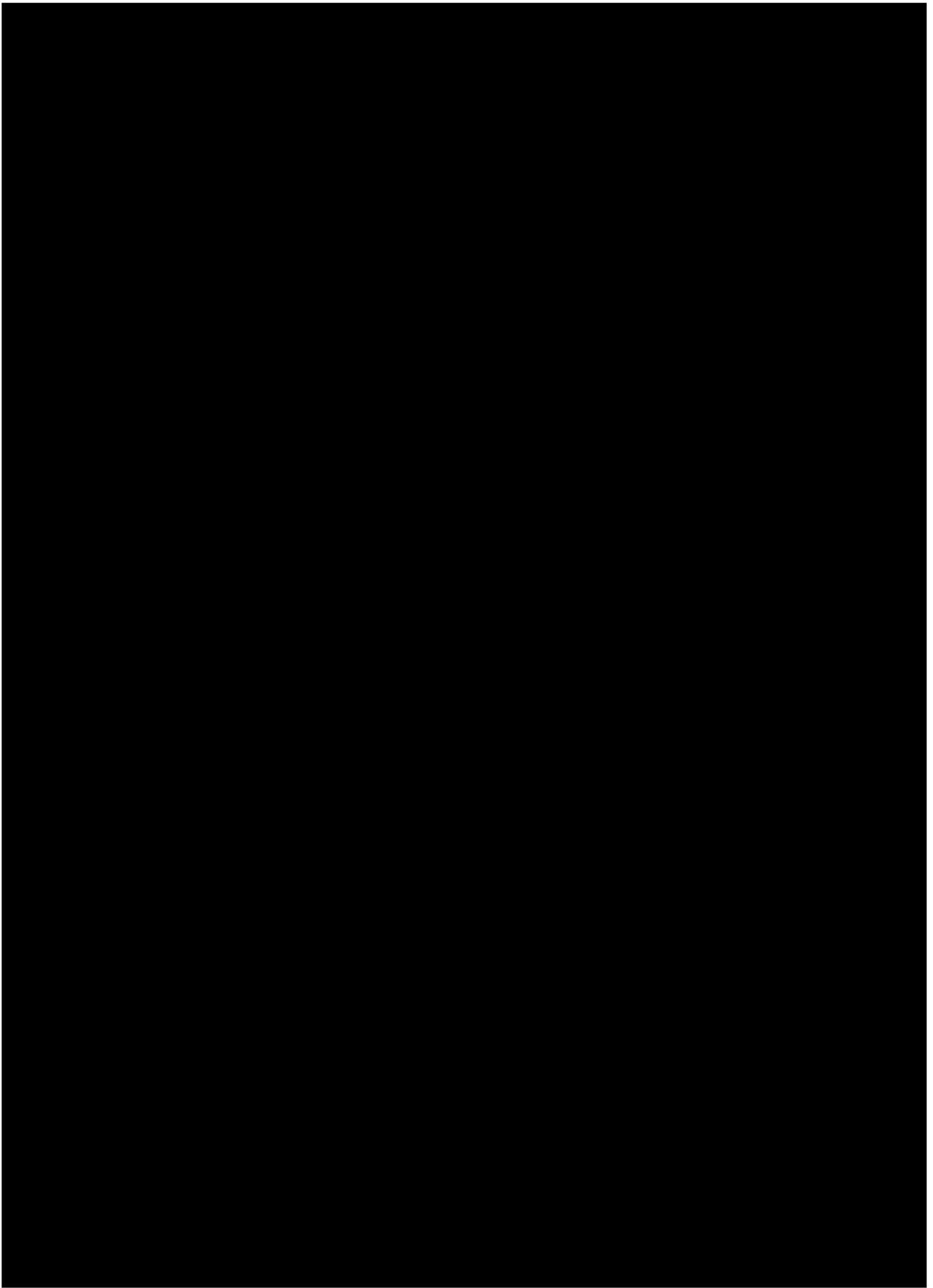


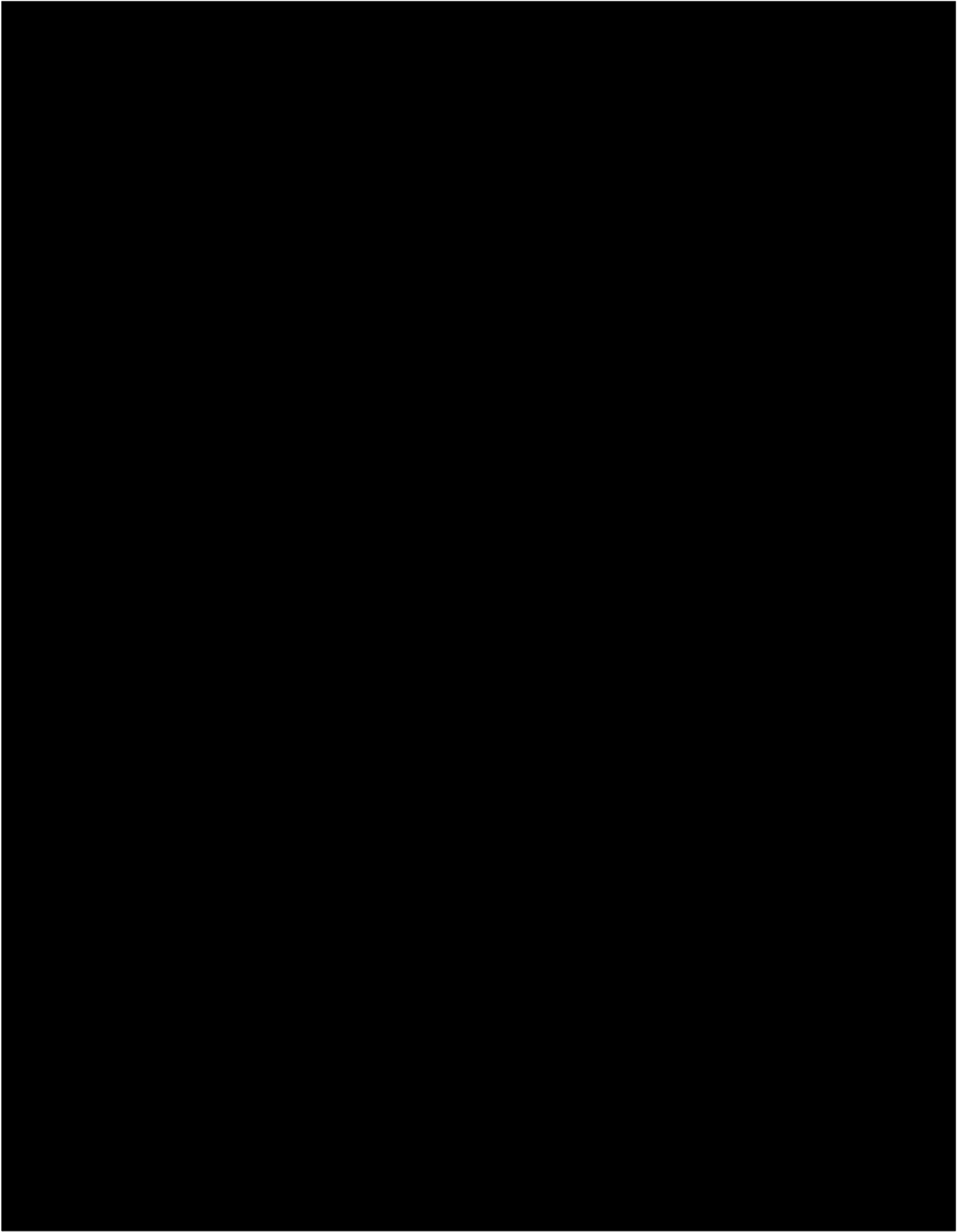












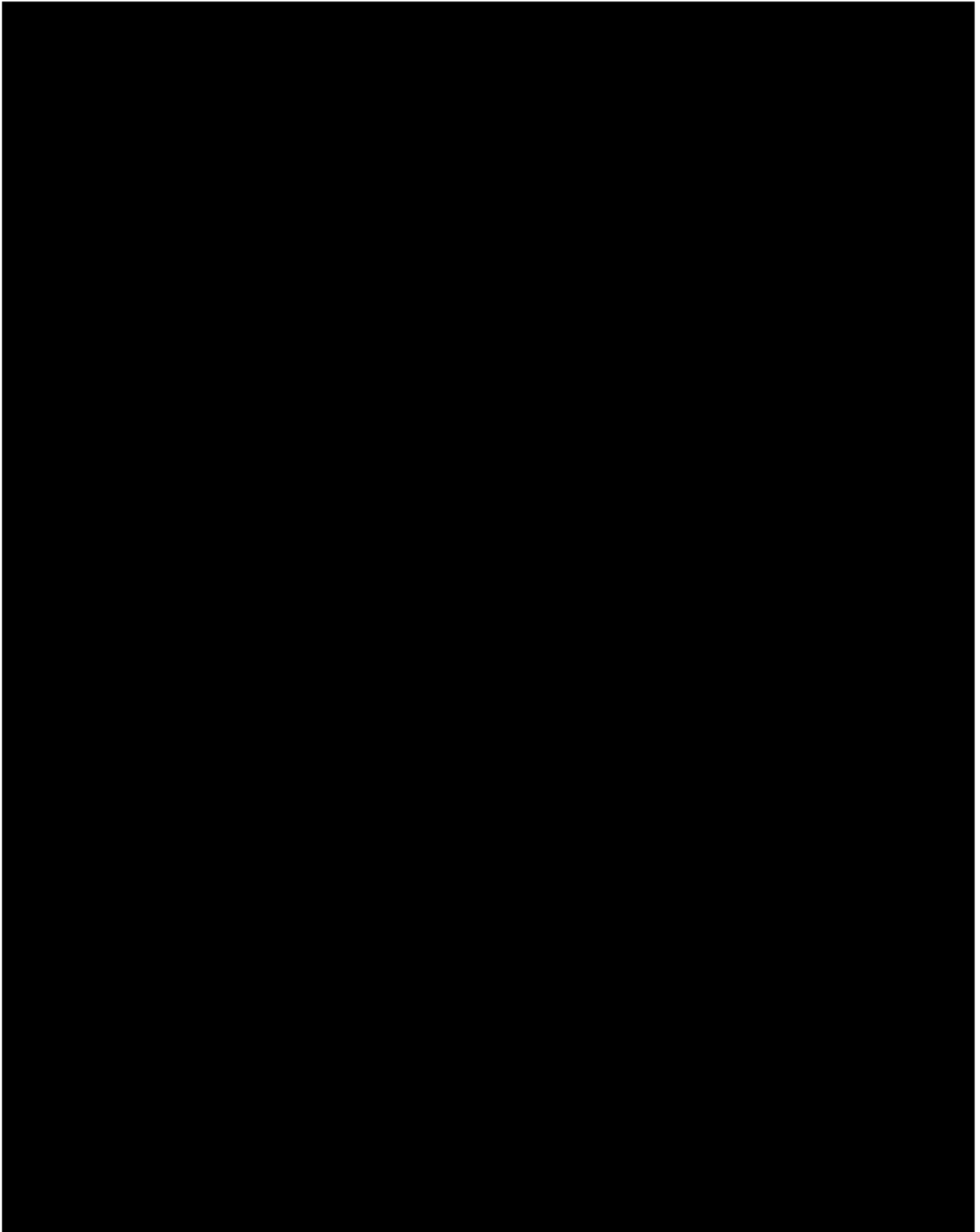


Exhibit 8

REDACTED COPY

The redacted portions of Exhibit 8 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).


Specifically, the redactions include personally identifying information including names, unique signatures and other unique identifiers of a person or entity.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



ng Individual

12/30/2022

Verification Date

Exhibit 8 – Business License and Authorization of Local Authorities

8.1 – Certified Copies of Applicant’s Business License

Applicant ownership has been operating as a transporter of general merchandise at the herein proposed facility for 19 years and holds a current City of Troy business license. See attached Business License (identified as “Business License – Attachment to Exhibit 8, Section 8.1”) The City of Troy will issue a business license specific to the secure transport of medical cannabis only after the award of a Secure Transporter license by the Alabama Medical Cannabis Commission. Applicant has been assured, by local jurisdiction officials, that a business license will be issued to Applicant if granted a secure transporter license by the Commission.

Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 14 days after award of license.

8.2 – Local Jurisdiction Approvals

The local jurisdiction has passed an ordinance allowing medical cannabis dispensaries to operate inside its borders. See City of Troy Ordinance 435 (identified as “Ordinance – Attachment to Exhibit 8, Section 8.2”) Additional ordinances for secure transport operations are not required at this time. Applicant has been assured, by local jurisdiction officials, that if additional ordinances are needed for medical cannabis related businesses in the future, they will be written and passed.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

8.3 – State Jurisdiction Approvals

Applicant has been granted Intrastate Operating Authority by the Alabama Public Service Commission, Certification Number [REDACTED]. See attached decision (identified as “Motor Carrier Certificate – Attachment to Exhibit 8, Section 8.3”). As recognized by the business license provided in Section 8.1 of this Exhibit 8, the City of Troy has permitted the applicant to operate as a motor carrier in this jurisdiction for 19 years. Additional information

regarding this Applicant's approved business presence in Troy, Alabama is provided in Exhibit 19 – Facilities.

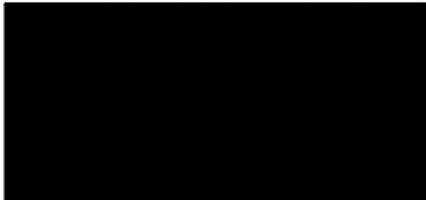
Status of Plan or Requirement(s) as of the date of application filing: Completed.

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.



License Number:



For the year:

2023

**STATE OF ALABAMA
PIKE COUNTY
CITY OF TROY
LICENSE**

THIS IS TO CERTIFY THAT



has paid for a license to engage in business located at

Mailing Address



AS required by the Revenue Laws of the City of Troy, Alabama.

KIND OF BUSINESS

485010 MOTOR CARRIER (DRIVE YOURSELF)

SHANNON BRYAN, CITY CLERK

Rachel Davis

License Inspector

January 1, 2023

Issue Date

This license expires December 31, 2023

ORDINANCE 435

**AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSARIES
WITHIN THE CORPORATE LIMITS OF THE CITY OF TROY**

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

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

WHEREAS, a dispensary may only be operated in a municipality if the municipality has passed an ordinance 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 Troy; and

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

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

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TROY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Troy, subject to any applicable zoning restrictions the City of Troy may adopt pursuant to §20-2A-51(c)(3).

ADOPTED and APPROVED this 13th day of December 2022.



Presiding Officer

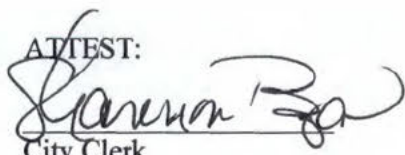
ATTEST:


City Clerk

APPROVED this the 13th day of December, 2022.



Jason A. Reeves, Mayor

ATTEST:


City Clerk

Motor Carrier Certificate – Attachment to Exhibit 8, Section 8.3



STATE OF ALABAMA
PUBLIC SERVICE COMMISSION
P.O. BOX 304260
MONTGOMERY, ALABAMA 36130

TWINKLE ANDRESS CAVANAUGH, PRESIDENT

JOHN A. GARNER, EXECUTIVE DIRECTOR

JEREMY H. ODEN, ASSOCIATE COMMISSIONER

CHRIS "CHIP" BEEKER, JR., ASSOCIATE COMMISSIONER

SERVED December 1, 2022
Natalie Thomas

TYLER VAN LINES, LLC,
Applicant



DECISION

By application originally filed November 23, 2022, and completed on November 29, 2022, the Applicant seeks a certificate as a common carrier of property. The Applicant also requests that the application be processed pursuant to the Federal Aviation Administration Authorization Act of 1994, which is codified at 49 U.S.C. 11501.

It appears from the application, and the materials filed with the application, that the Applicant is fit, willing and able to operate in compliance with the insurance requirements and the pertinent safety regulations, and that the Applicant has sufficient financial resources to commence operations.

Therefore, pursuant to the Commission's Order in Docket 24292, dated December 5, 1994, Motor Carrier Certificate [REDACTED] hereby issued to Tyler Van Lines, LLC, [REDACTED]

[REDACTED] authorizing operations as a common carrier by motor vehicle, in intrastate commerce over irregular routes, in the transportation of:

Property, except household goods, between all points in the State of Alabama.

The certificate number may be located within the cab of the vehicles in lieu of placing it on the outside of the vehicles.

Jurisdiction in this proceeding will be retained for any Commission order or orders, including general orders, that may appear to be warranted in the future.

By the Commission,

[Signature]
Luke Bentley
Administrative Law Judge

Exhibit 9

REDACTED COPY

The redacted portions of Exhibit 9 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



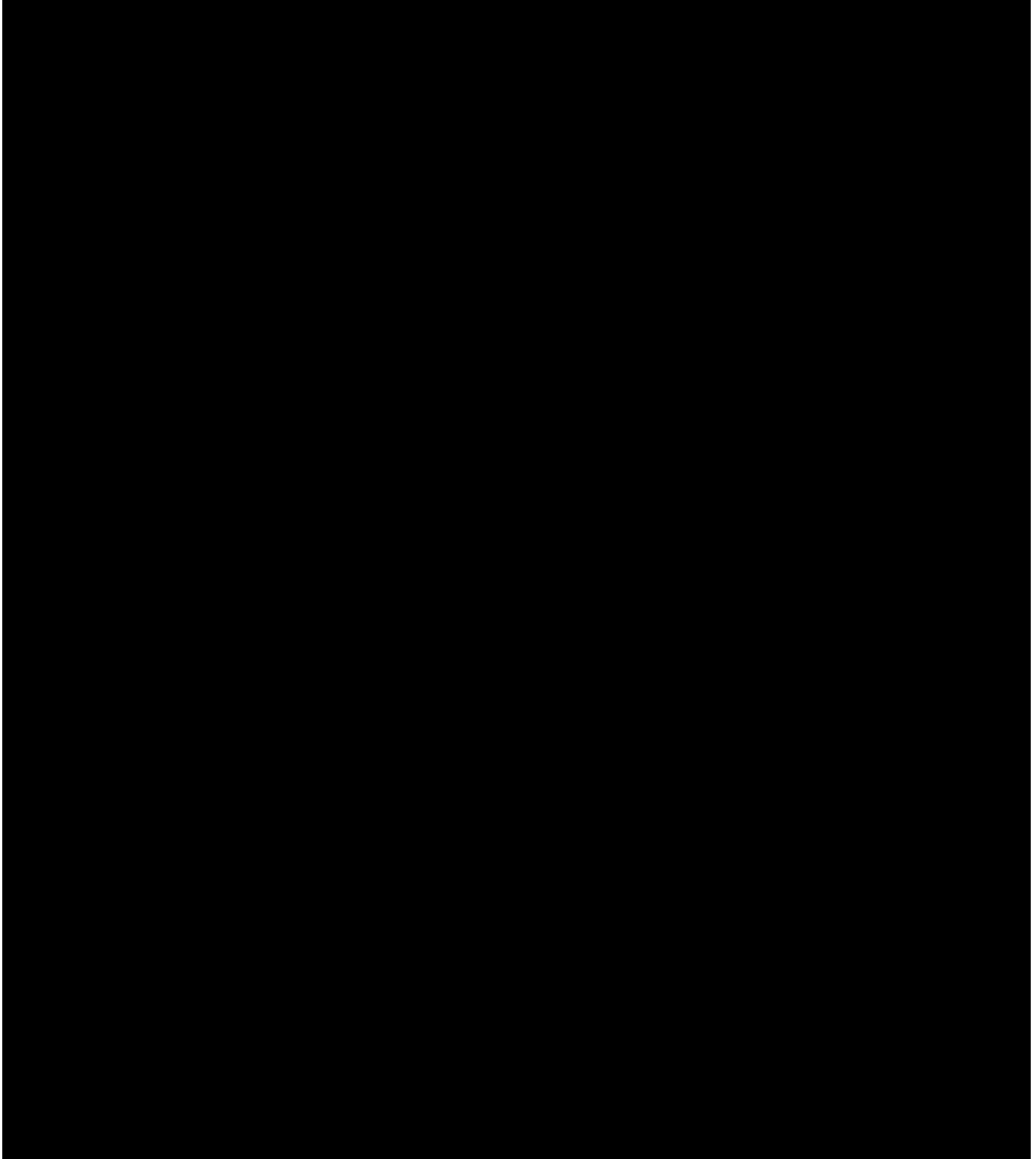
Signature of Verifying Individual

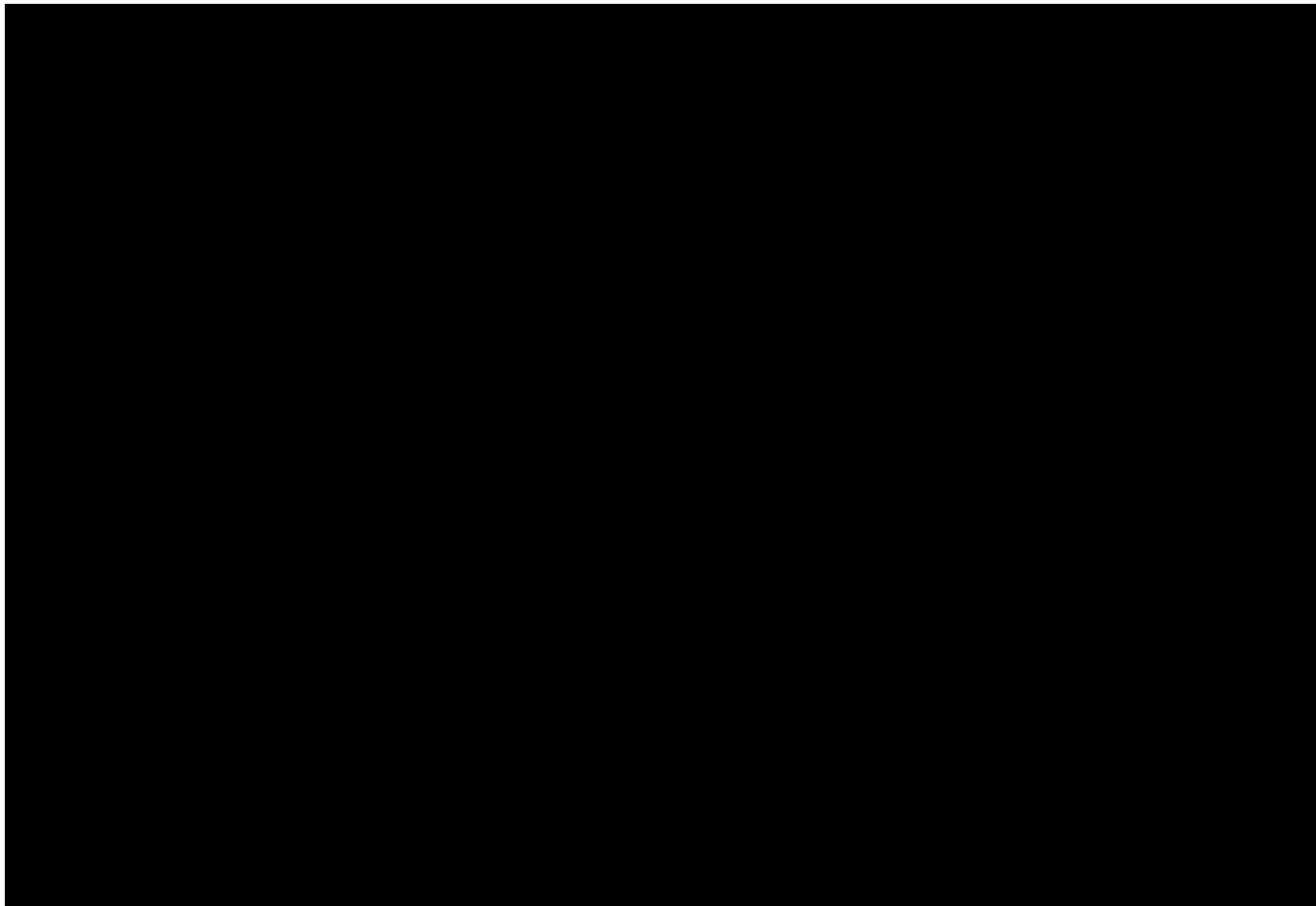
12/30/2022

Verification Date

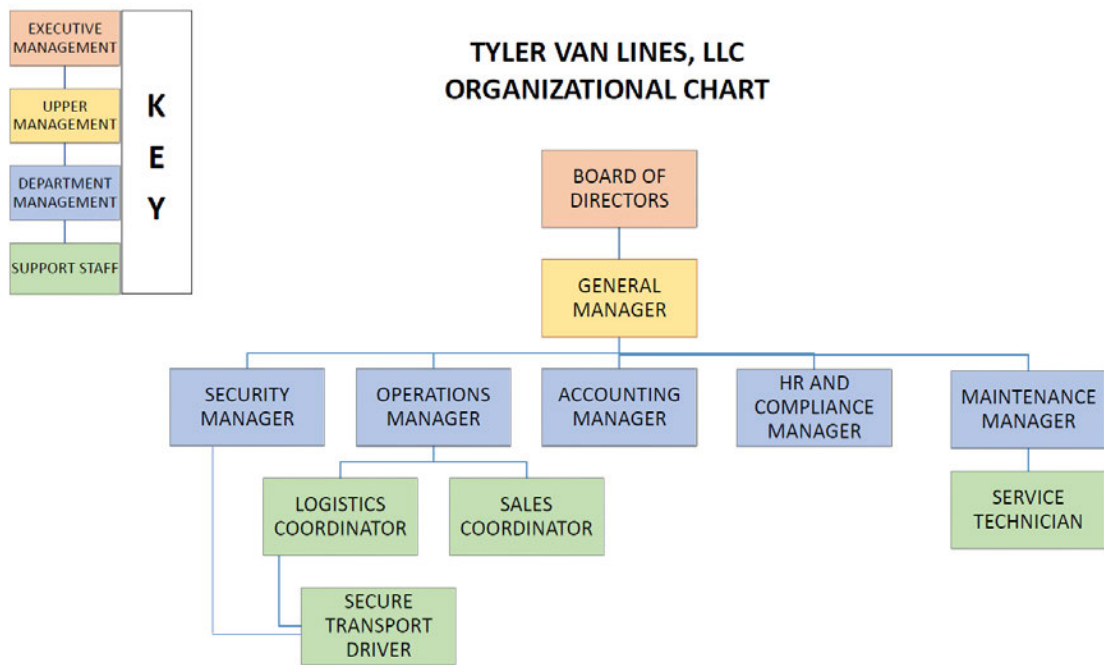
PROPOSED BUSINESS PLAN

The Applicant verifies the proposed business plan meets or exceeds the minimum requirements necessary to perform duties and scope of work sated in the Secure Transporter Application.





9.3 – Organizational Chart

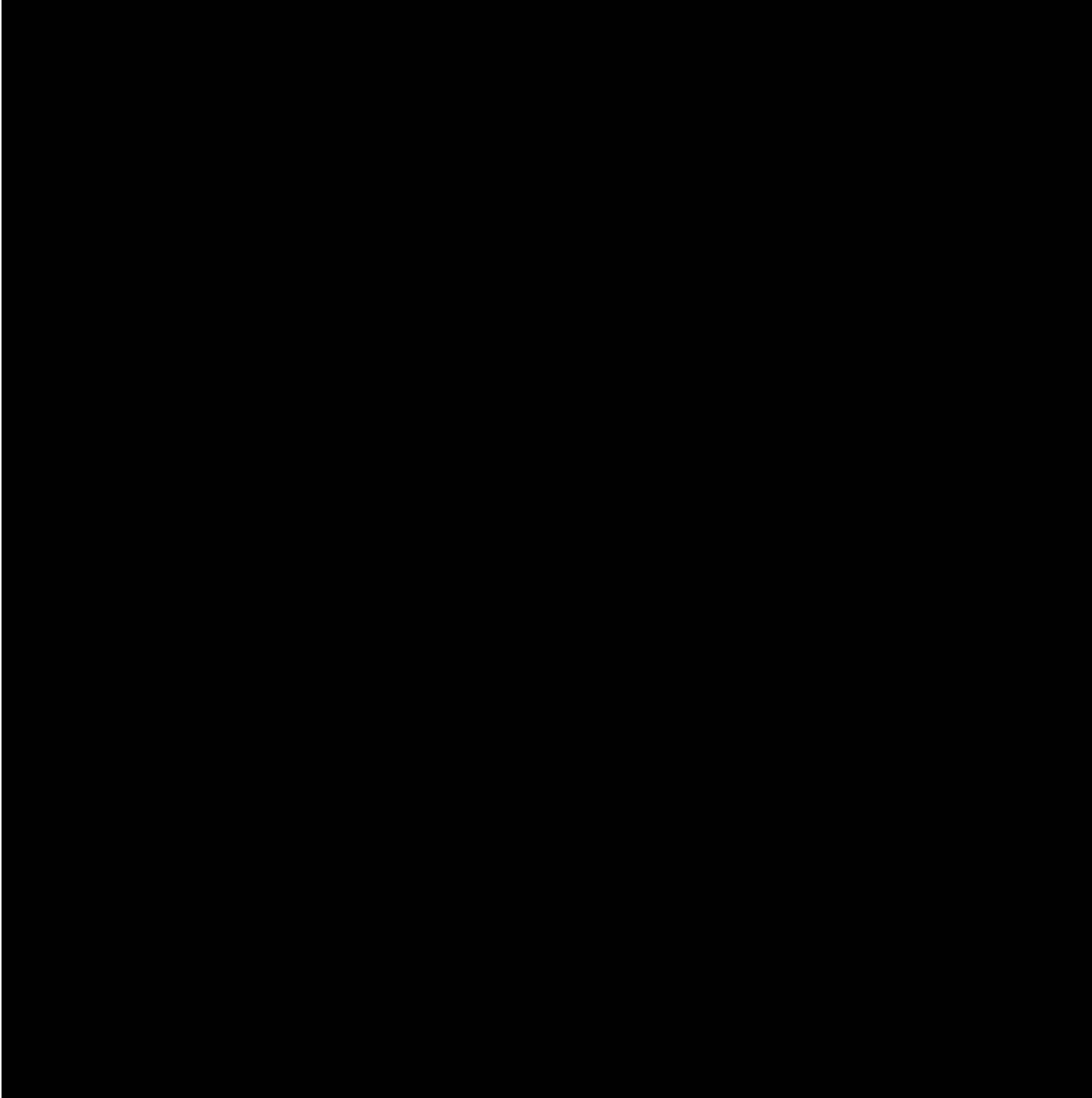


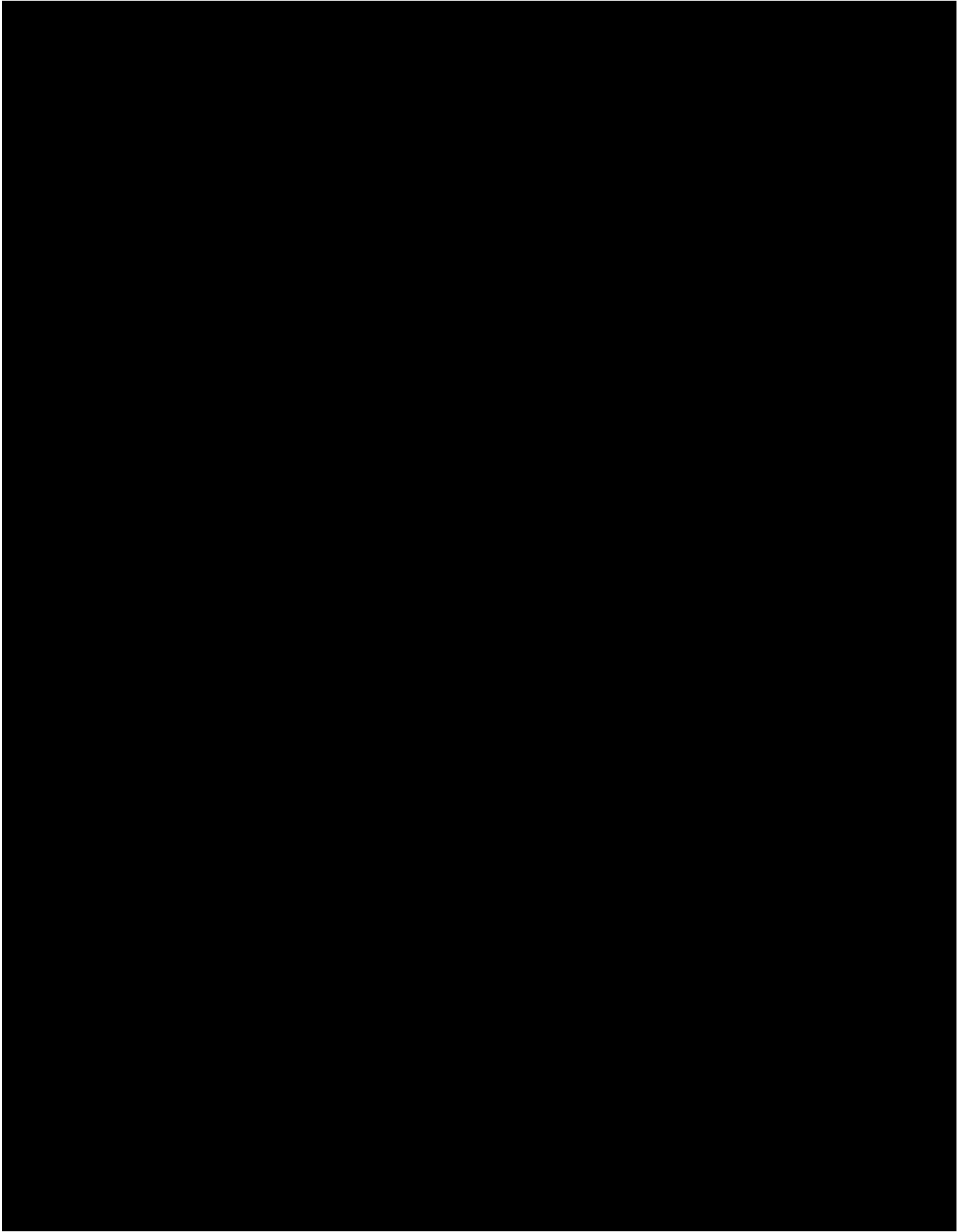
9.4 – Job Descriptions-Managers

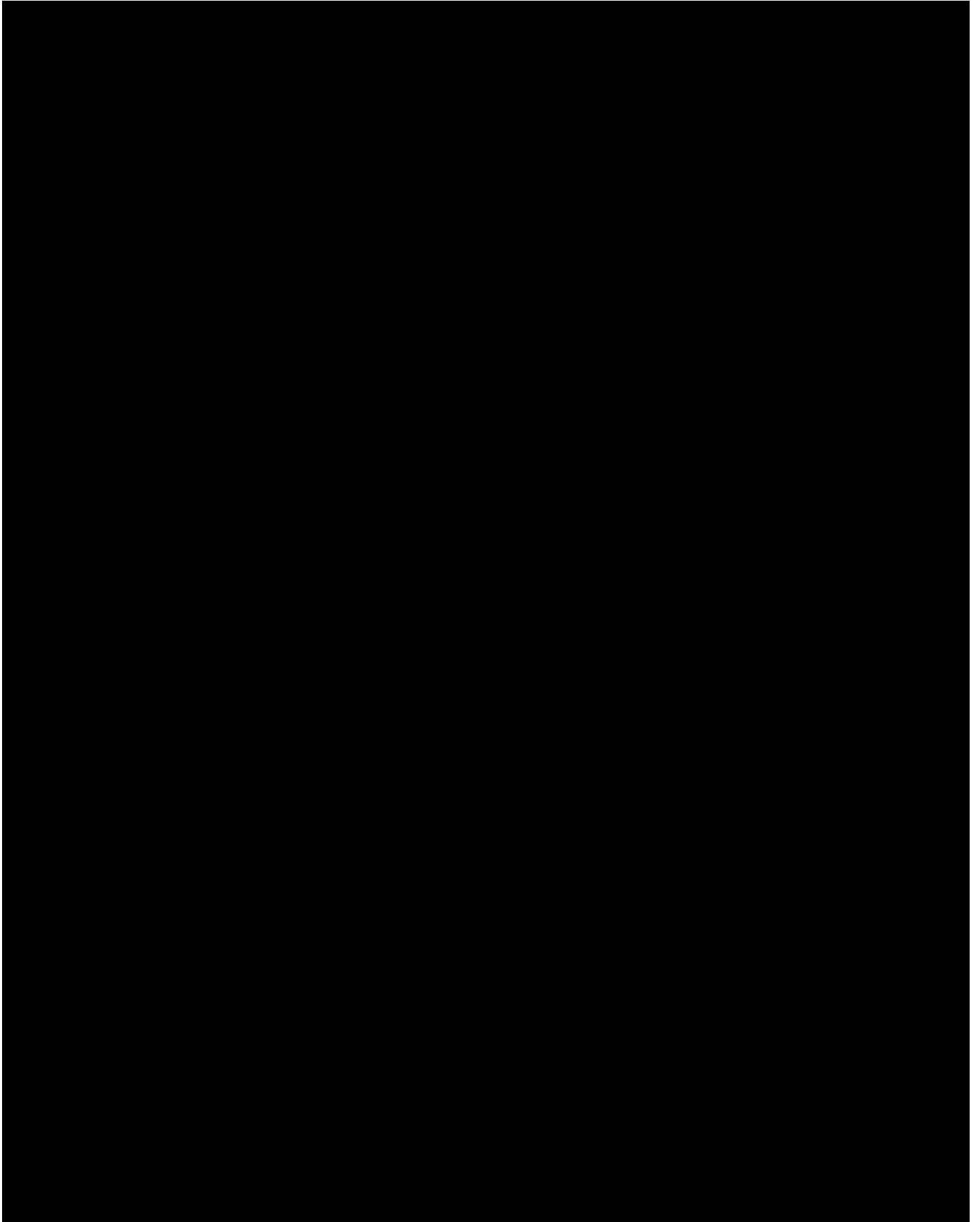
See attached job descriptions for Managers (identified as “Job Descriptions for Managerial Positions – Attachment to Exhibit 9, Section 9.4”)

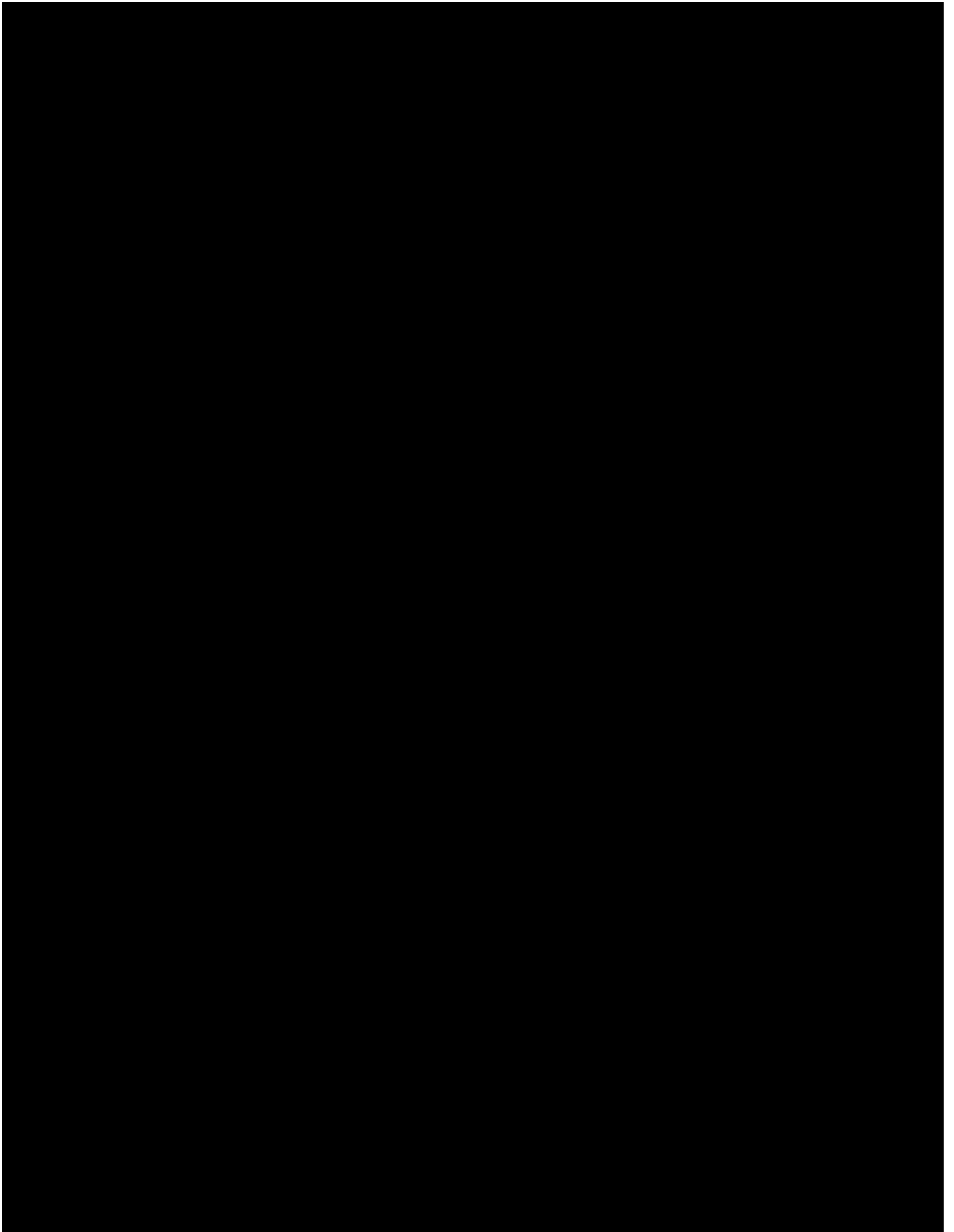
9.5 – Job Descriptions-Other

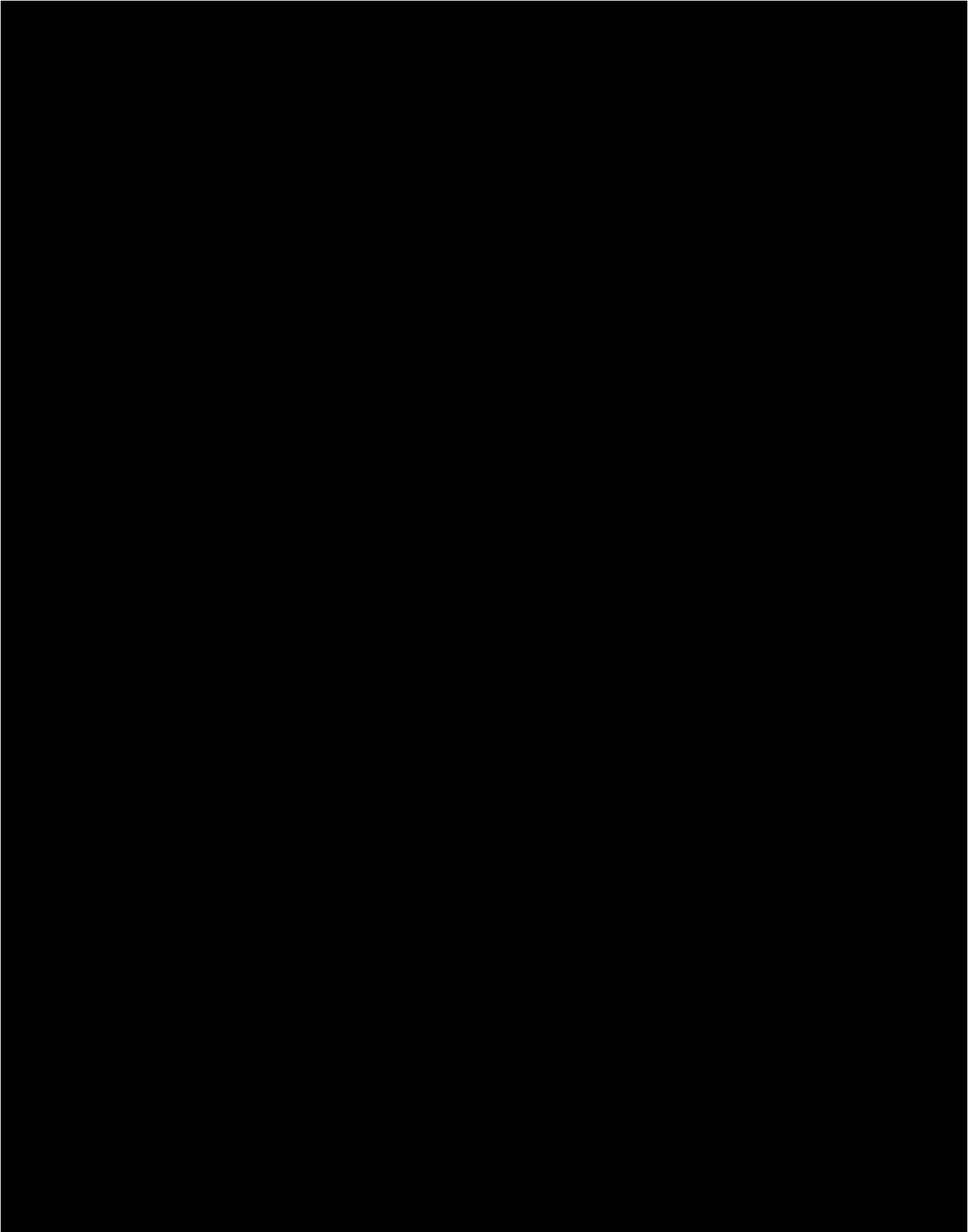
See attached job descriptions for other Staff (identified as “Job Descriptions for Non-Managerial Positions – Attachment to Exhibit 9, Section 9.5”)

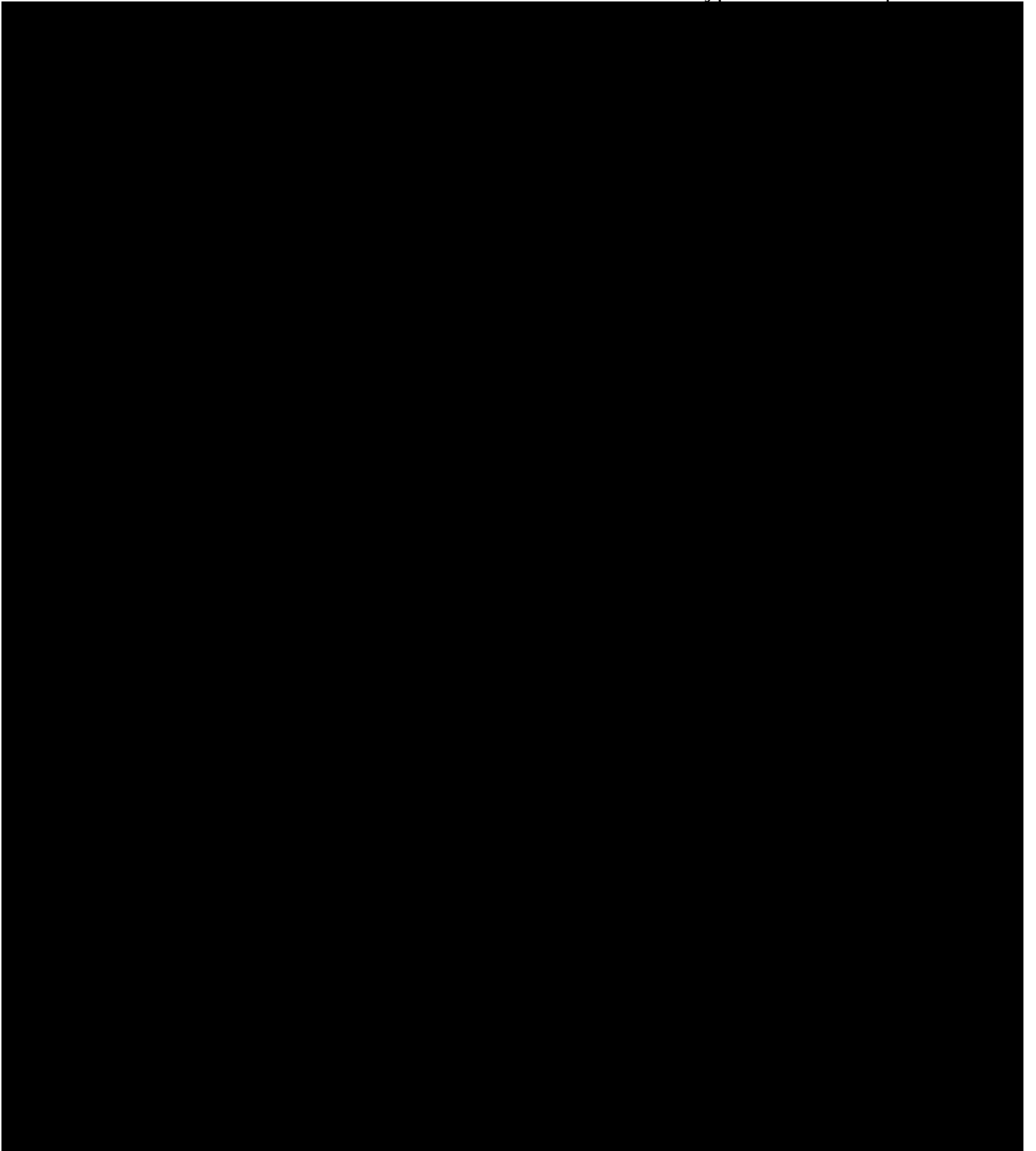




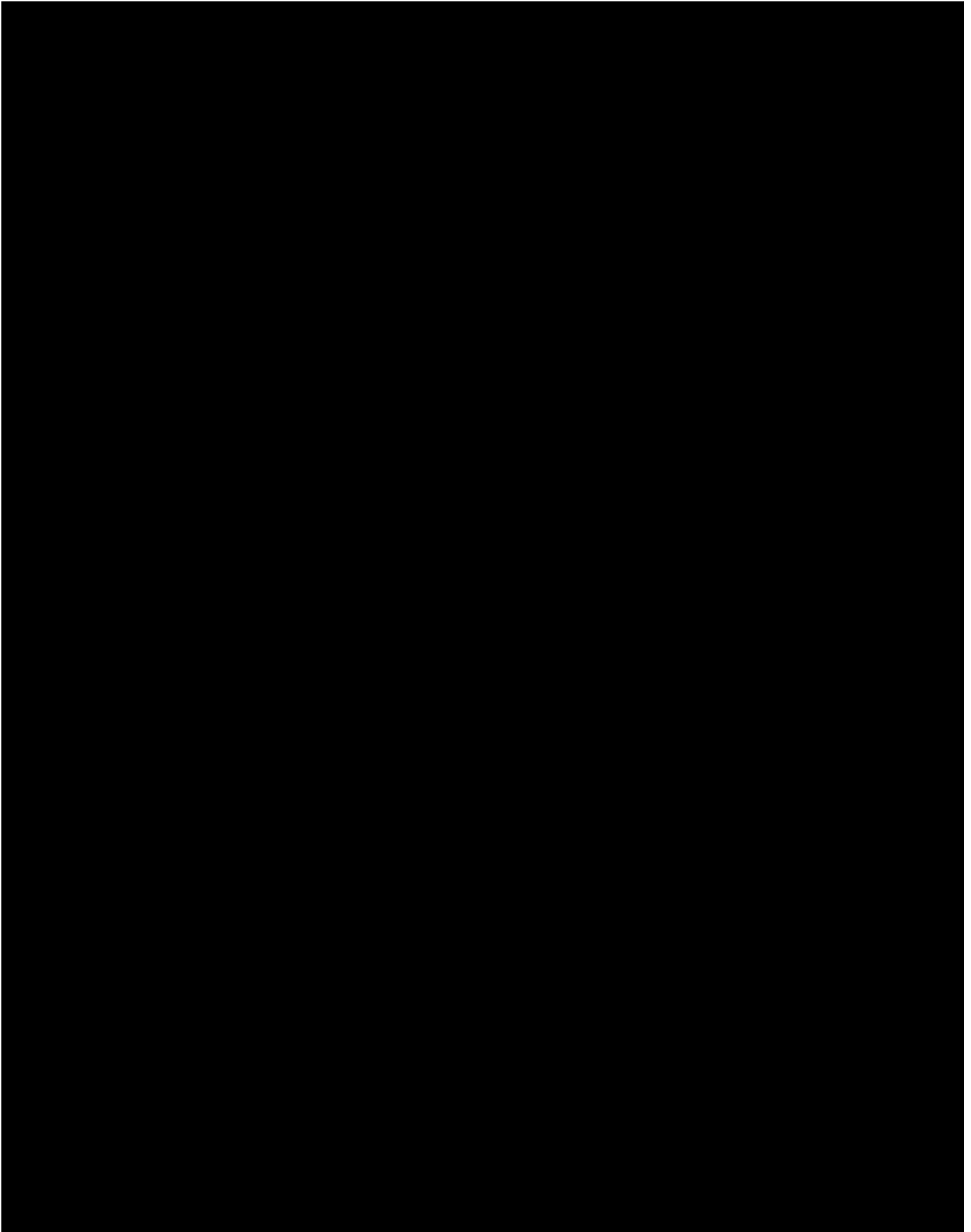


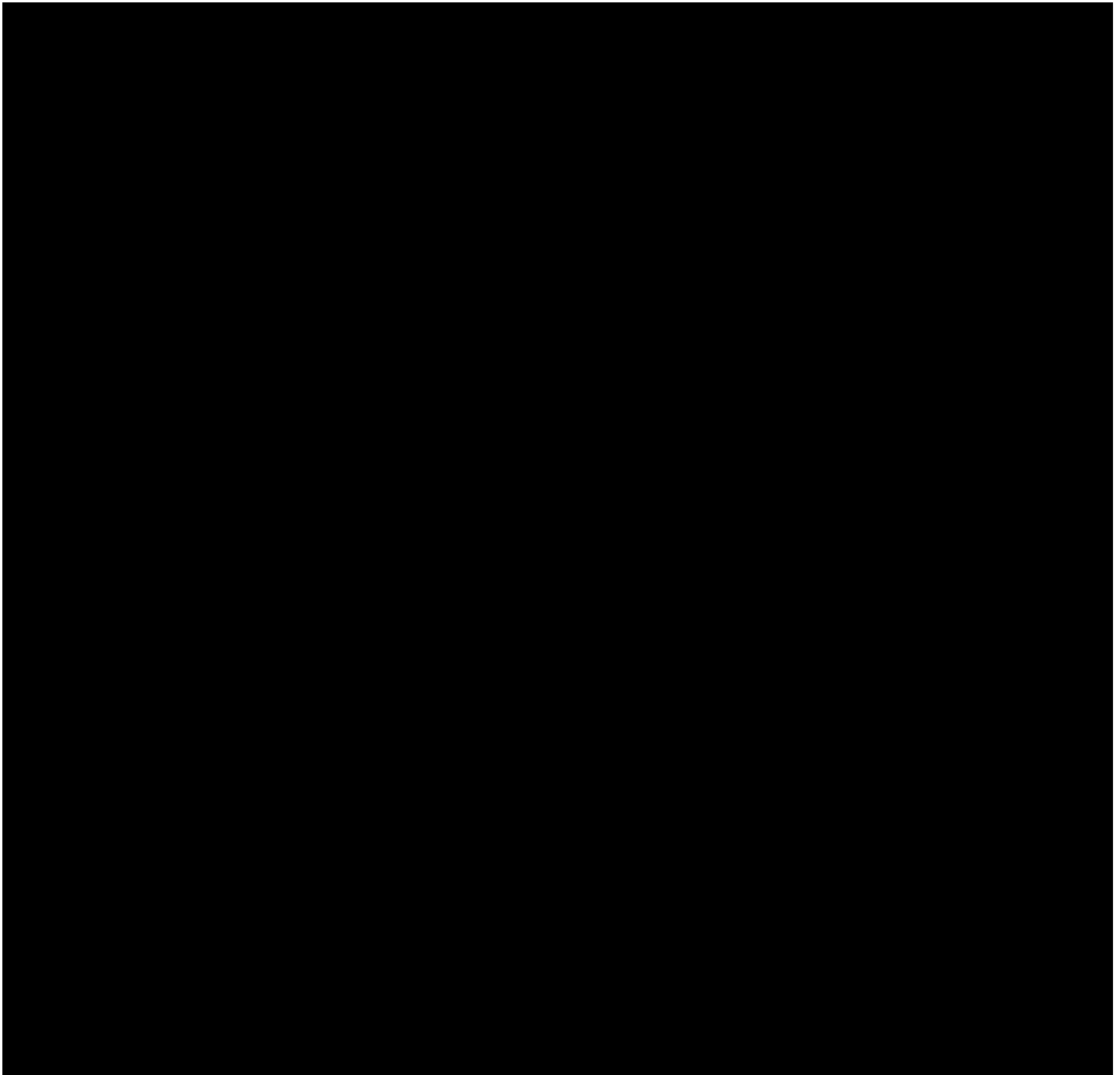


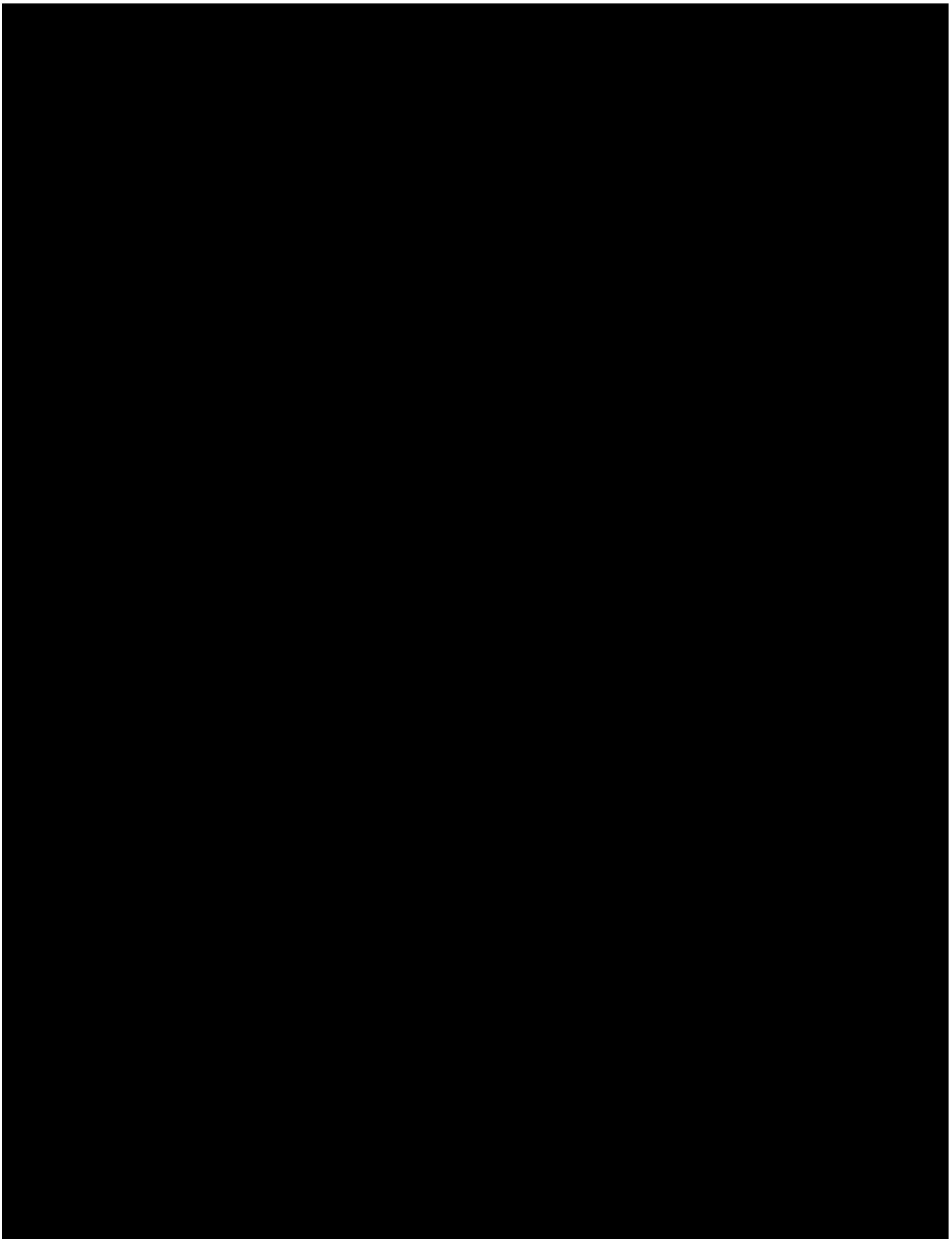


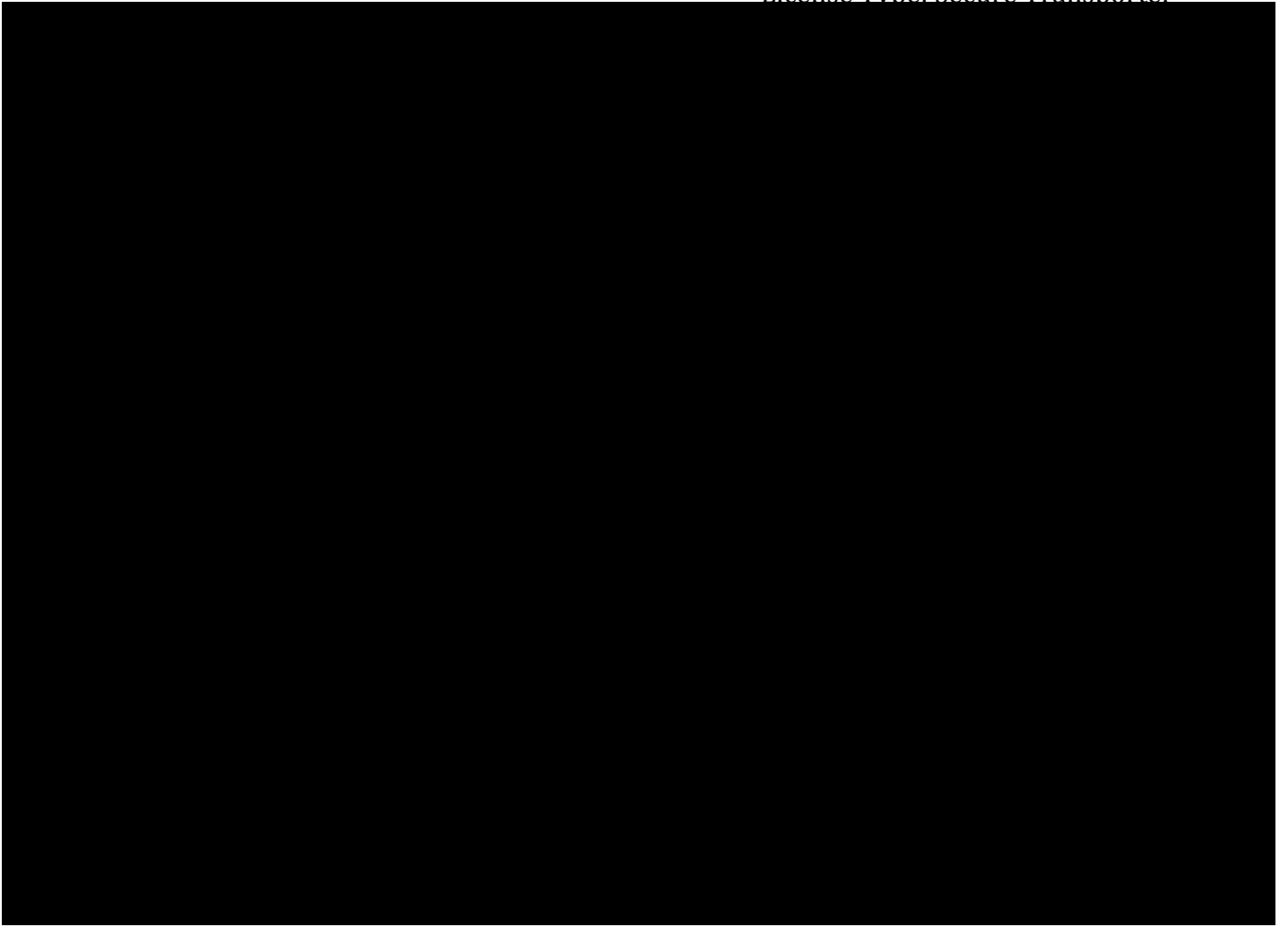


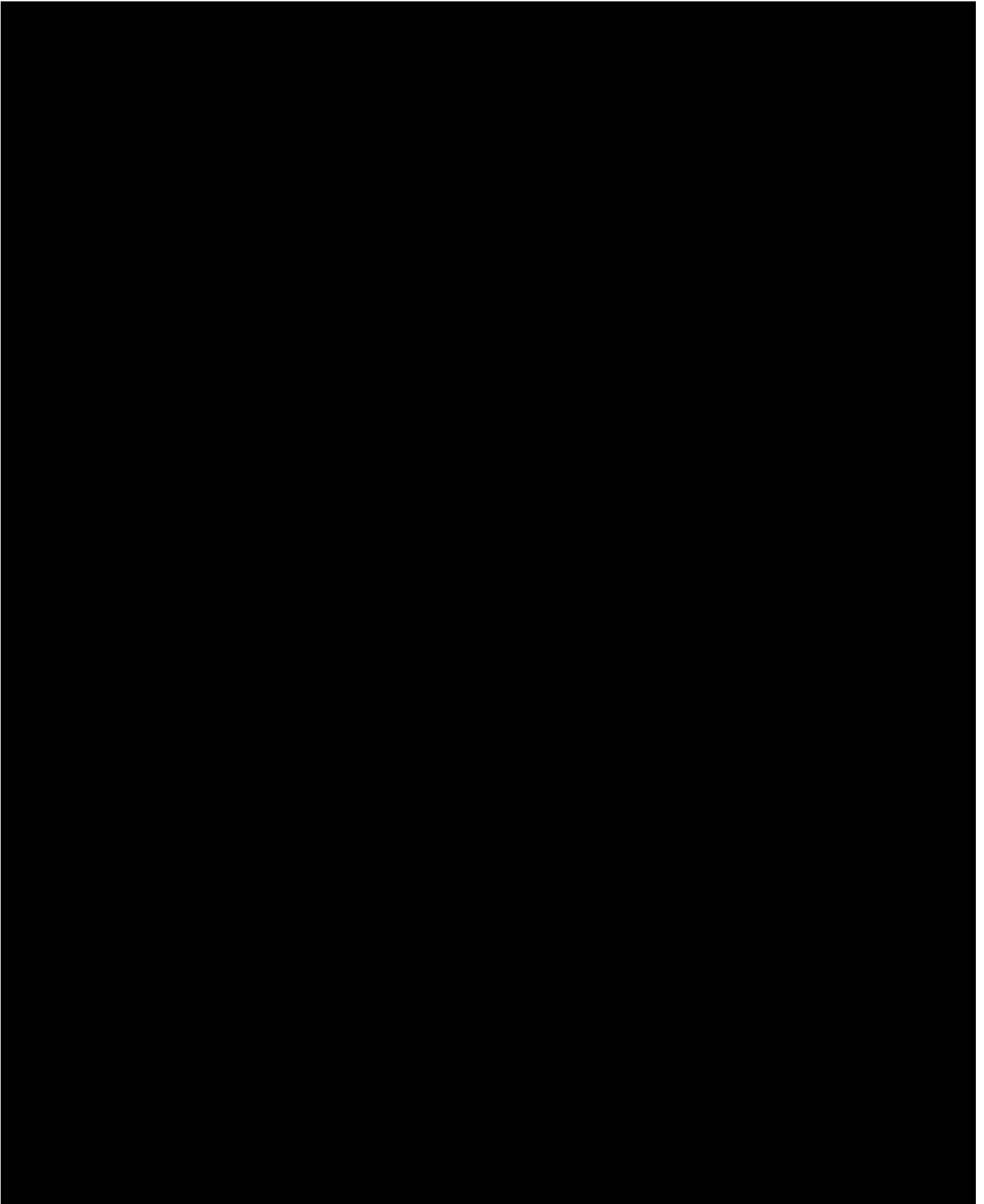
As of the date of Application filing, Completed.

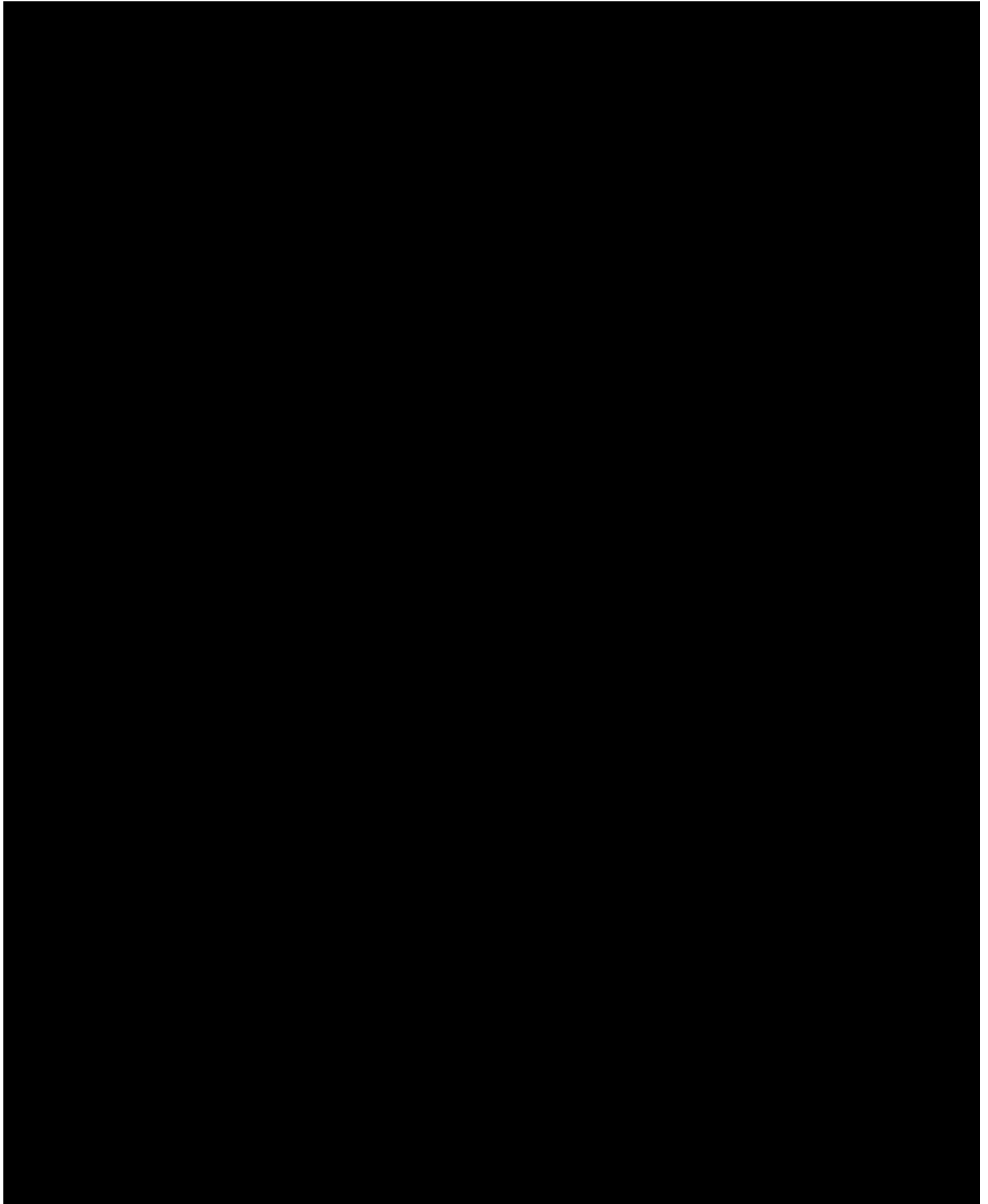


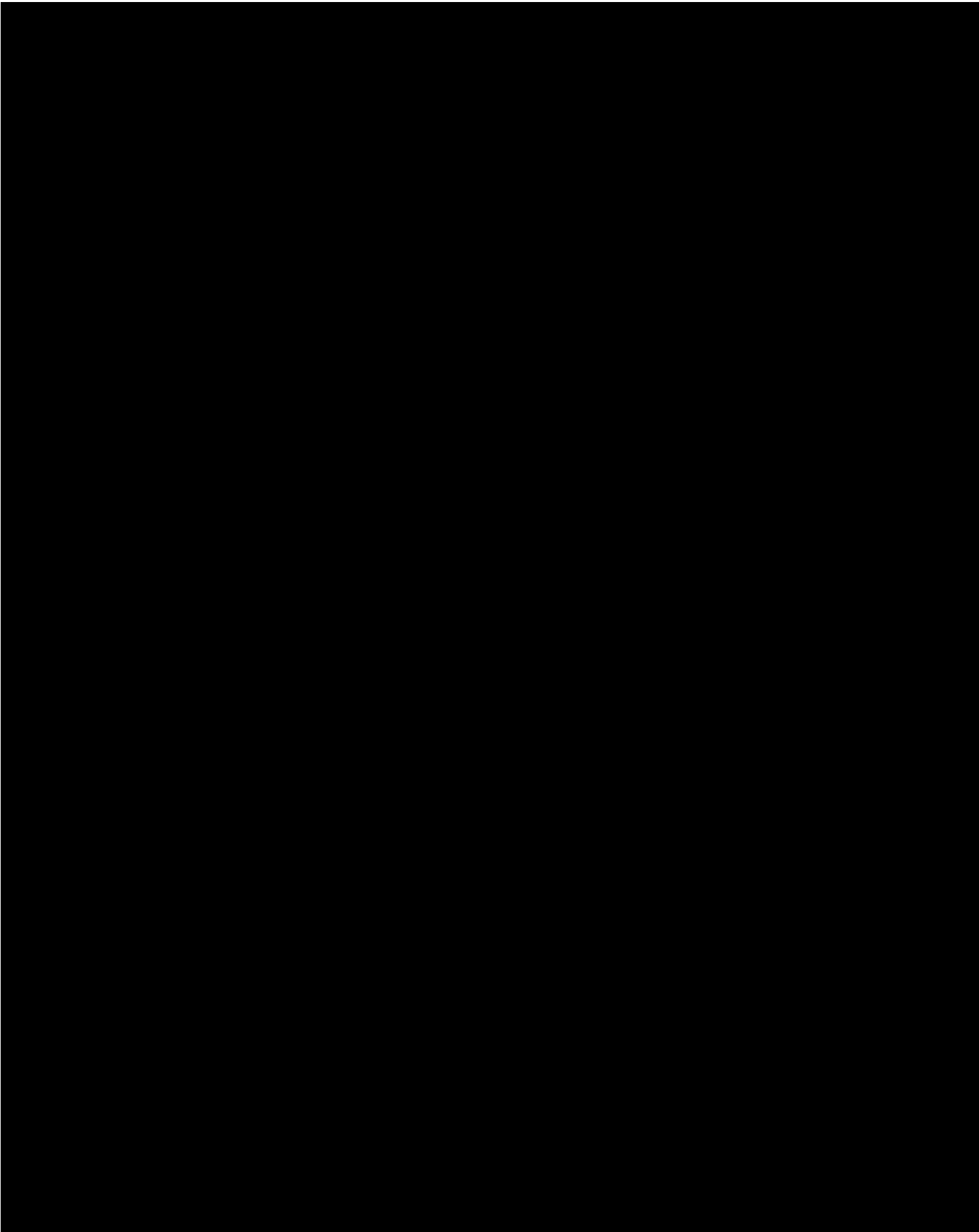


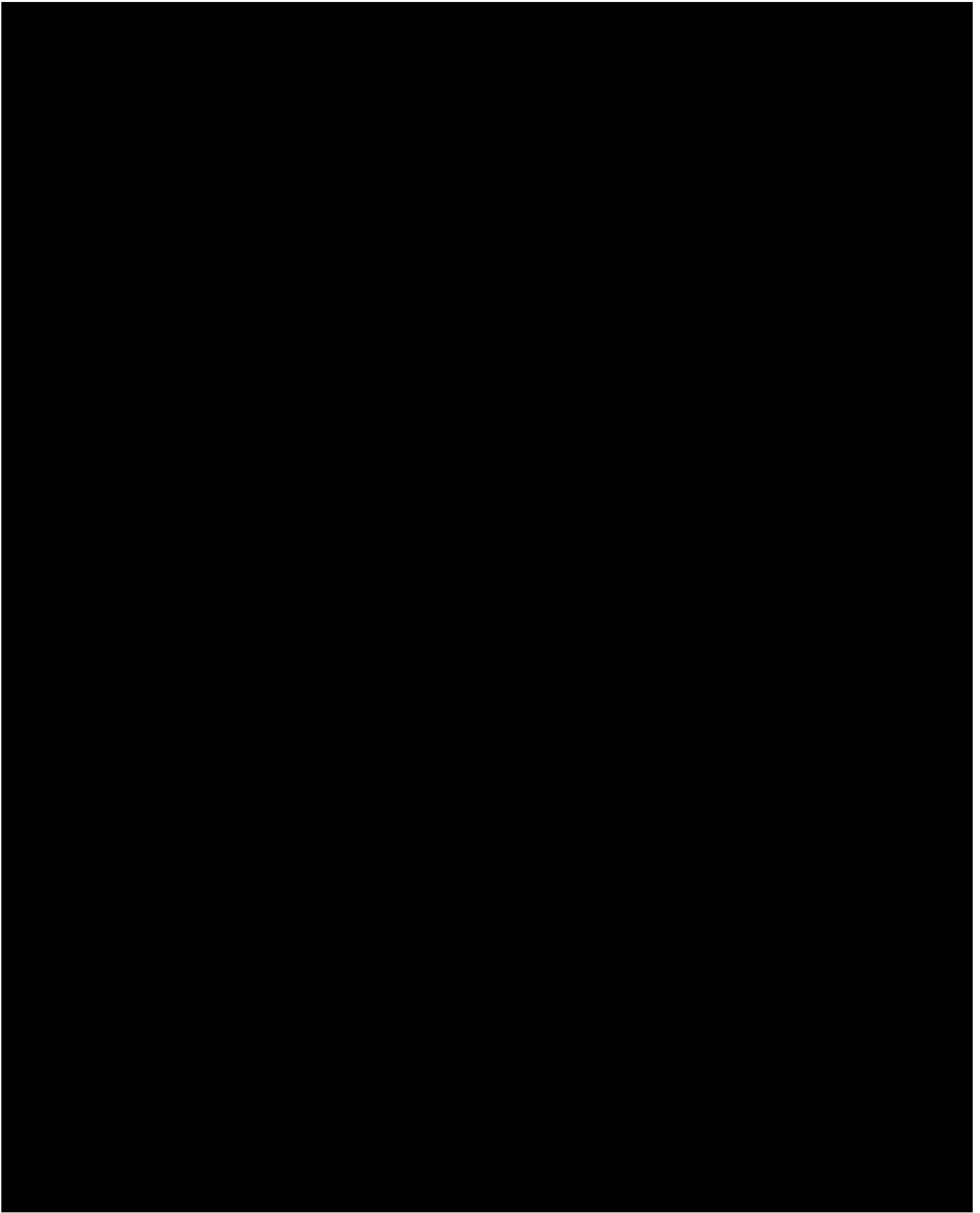


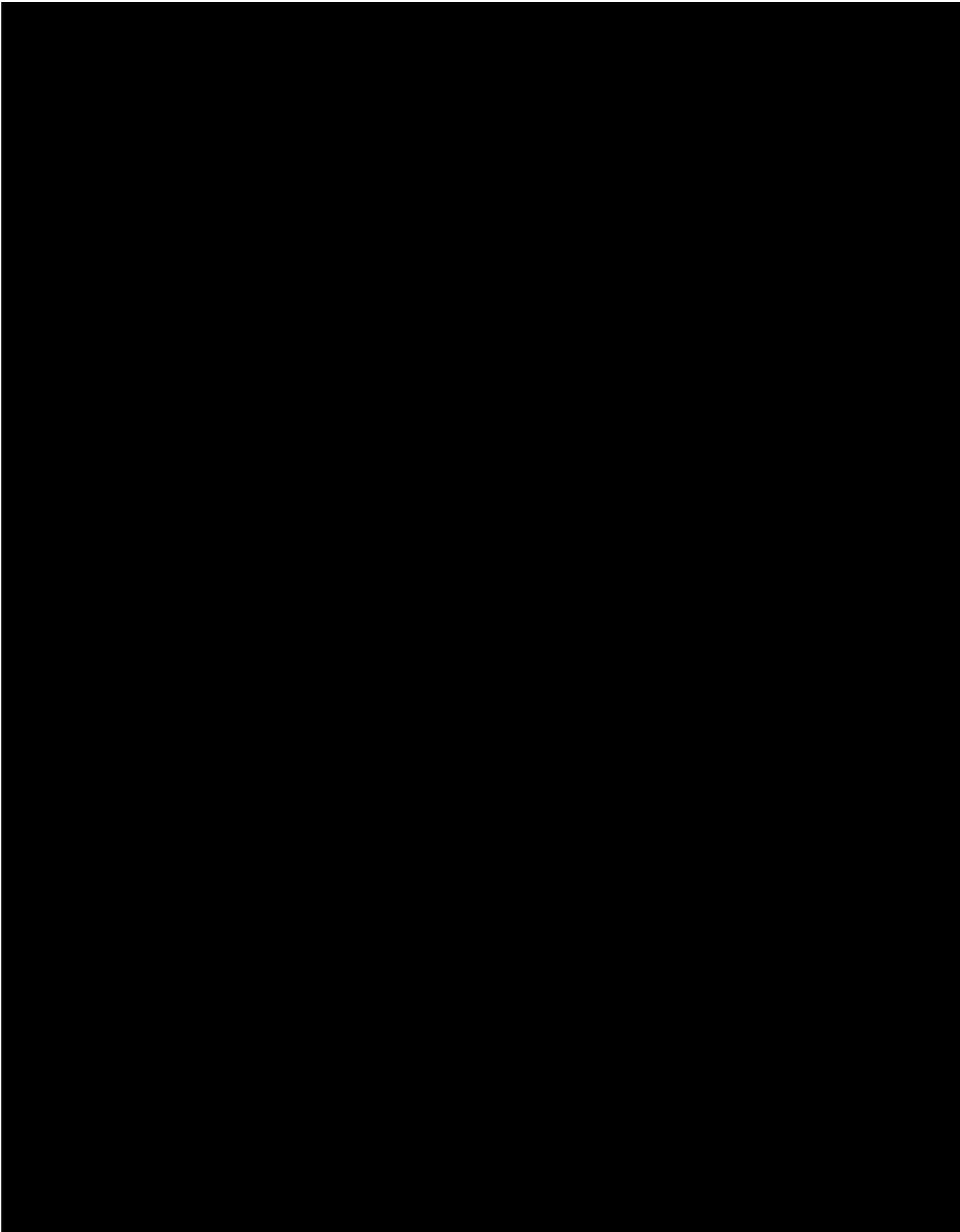


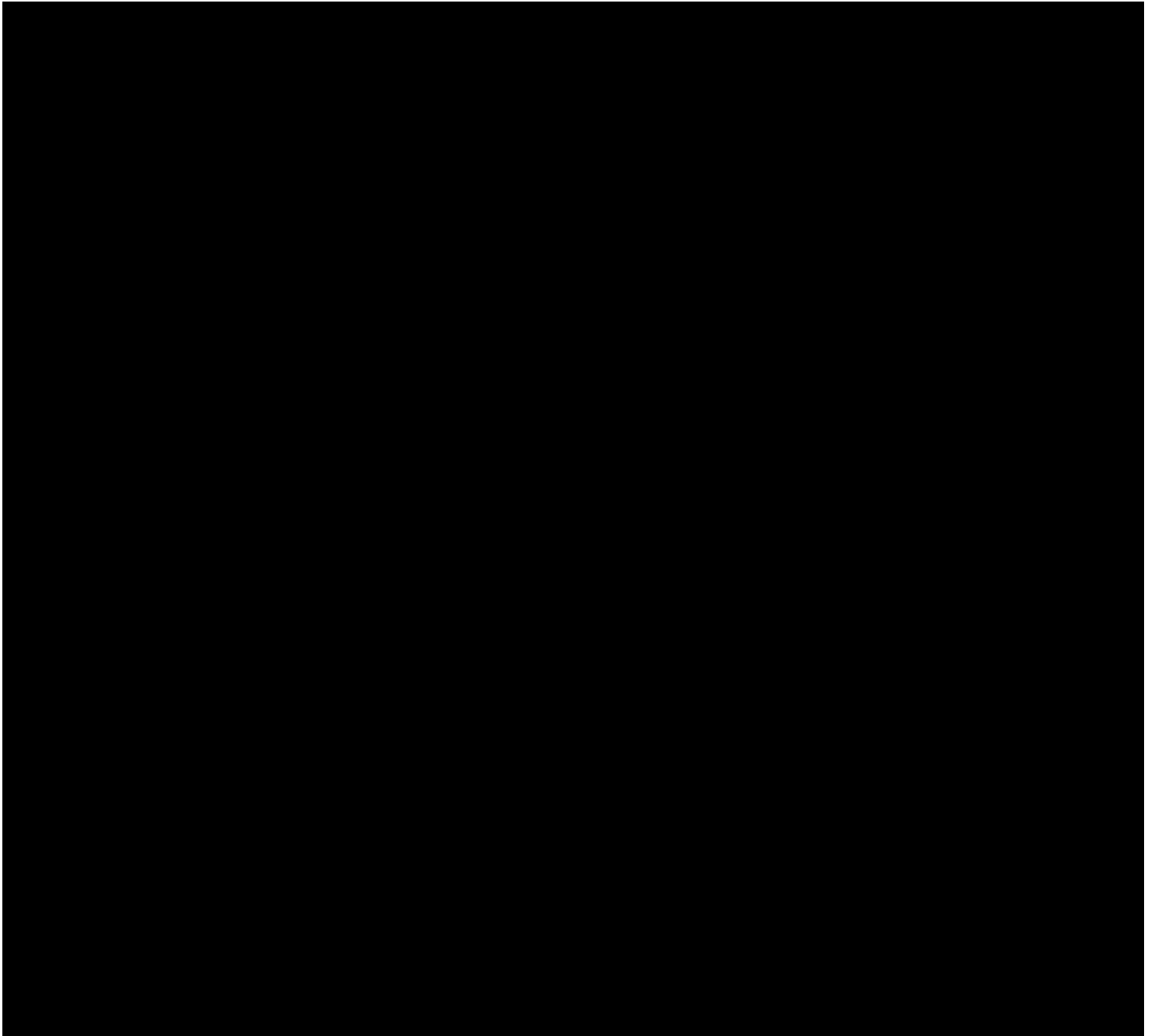


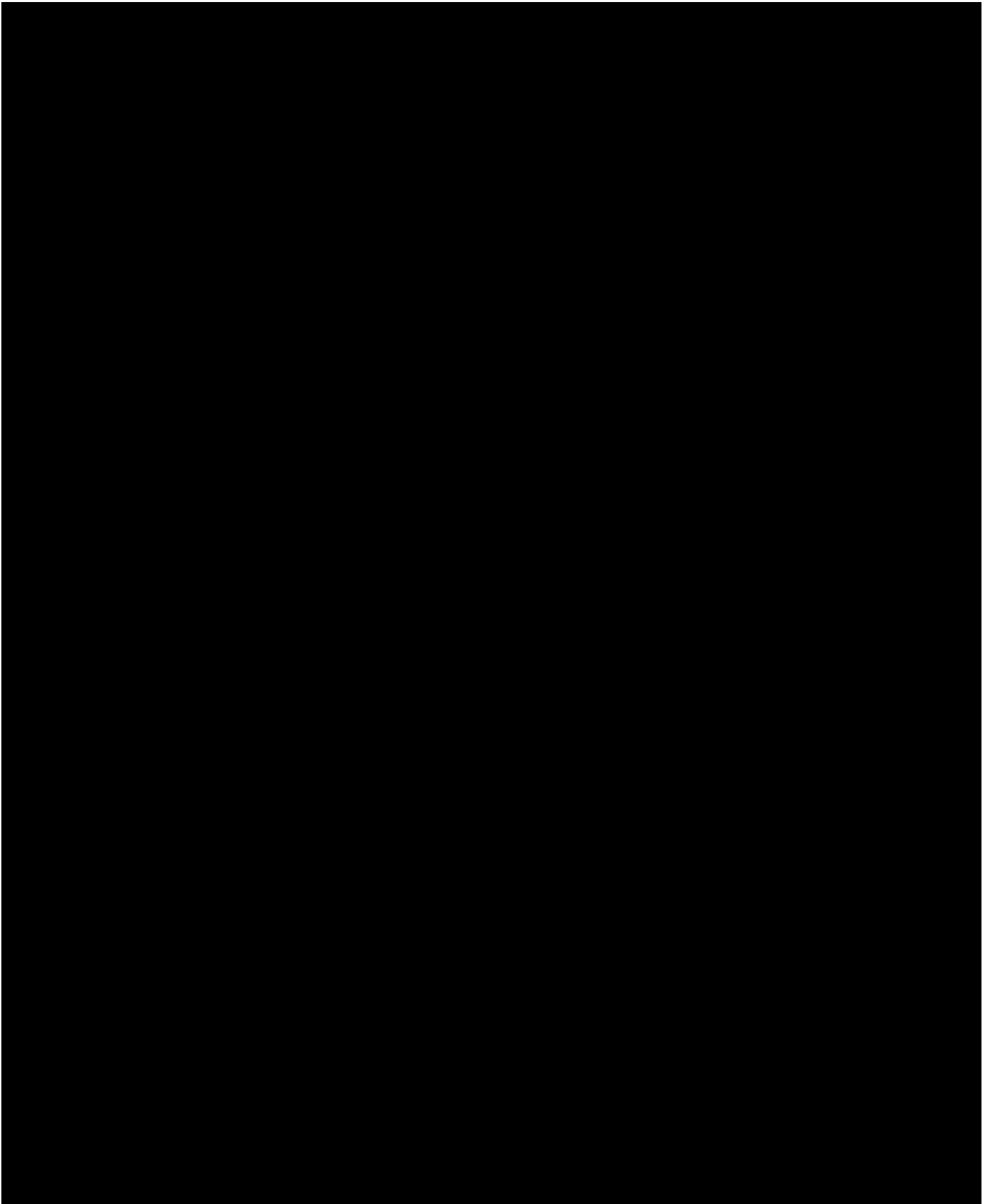


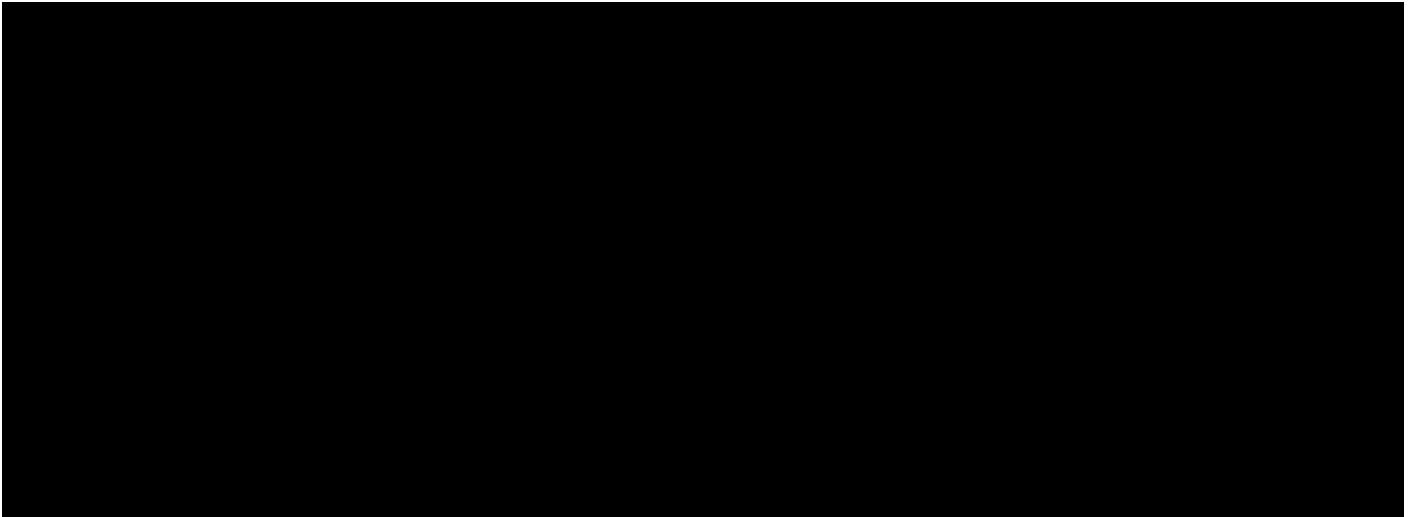


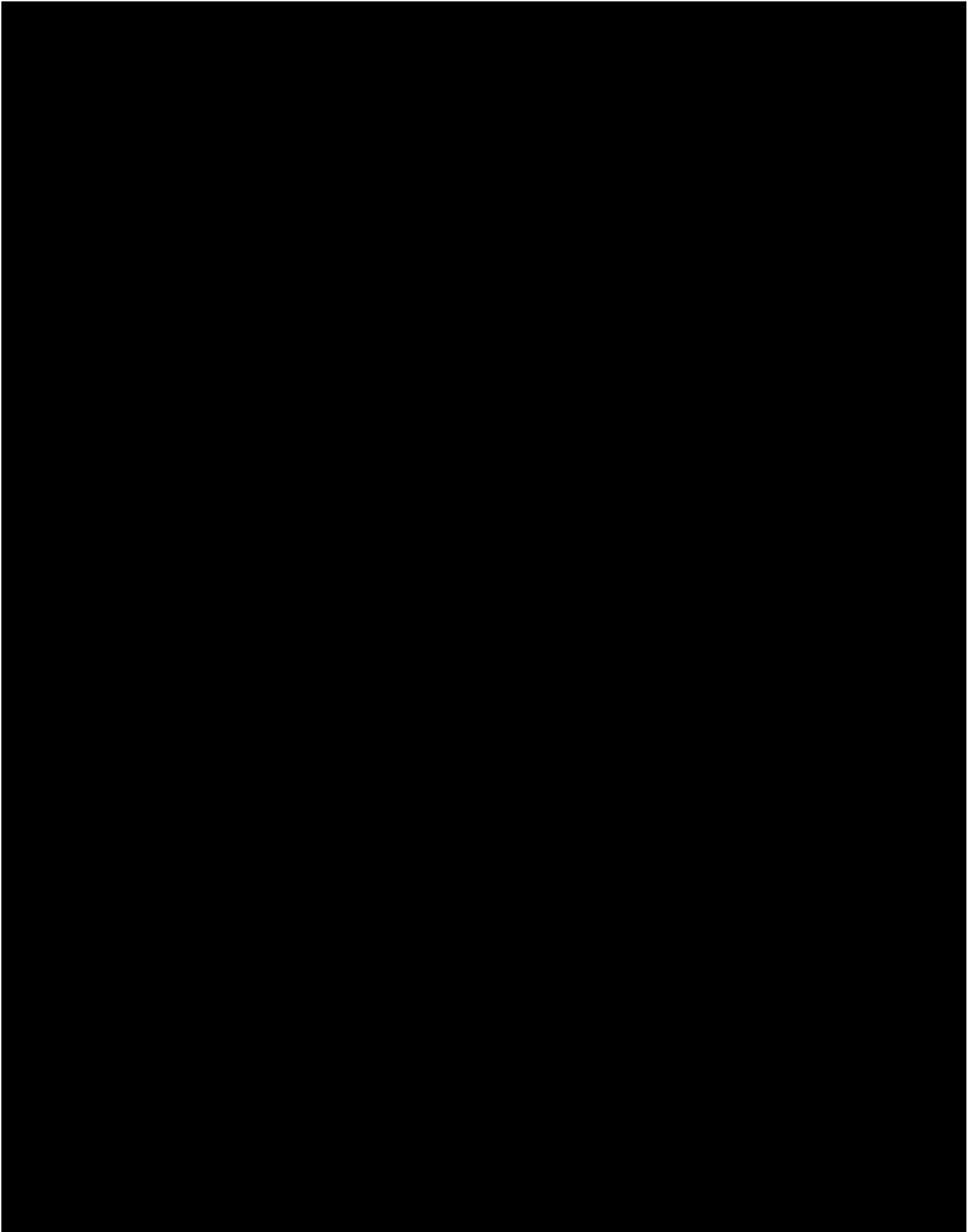


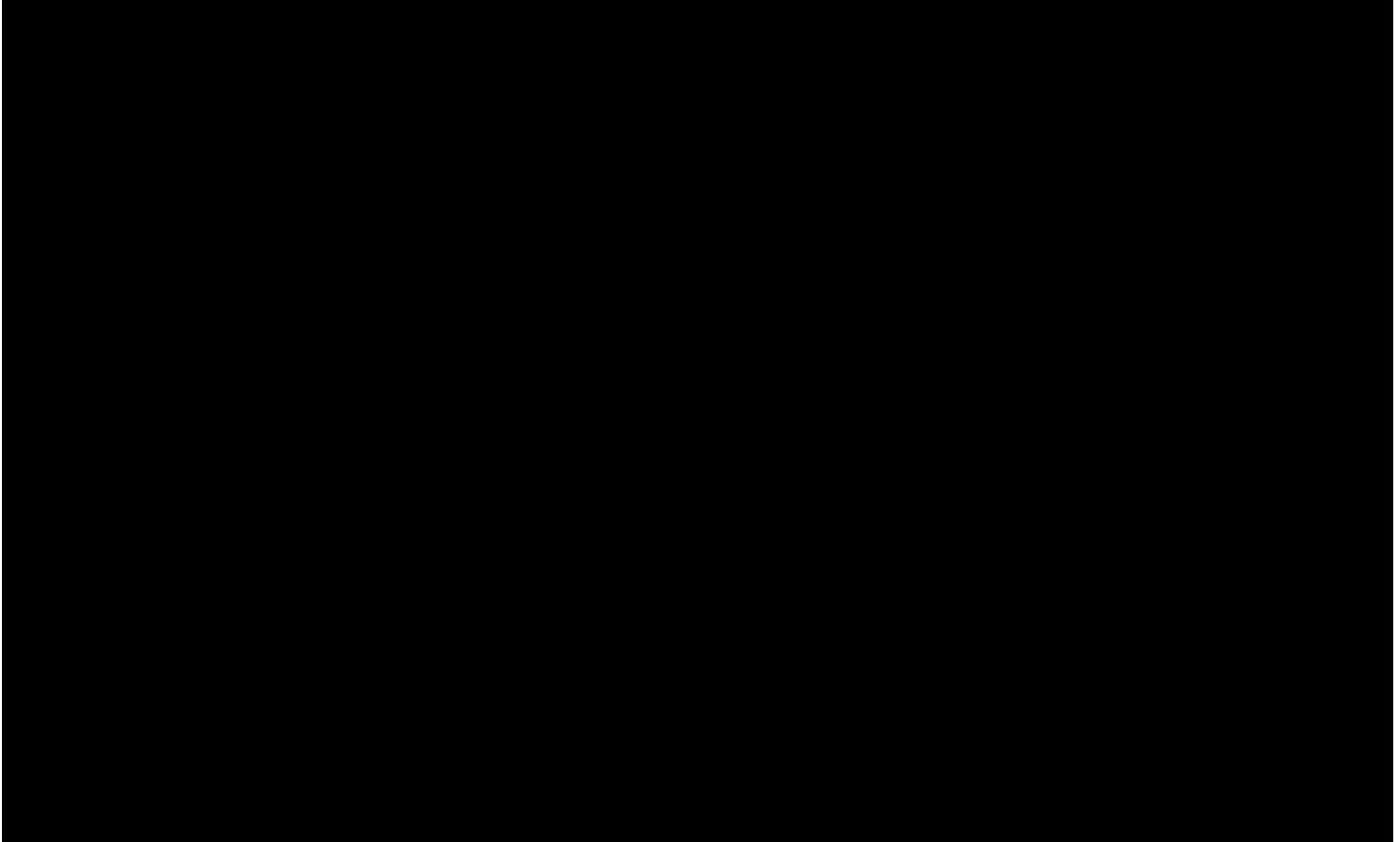


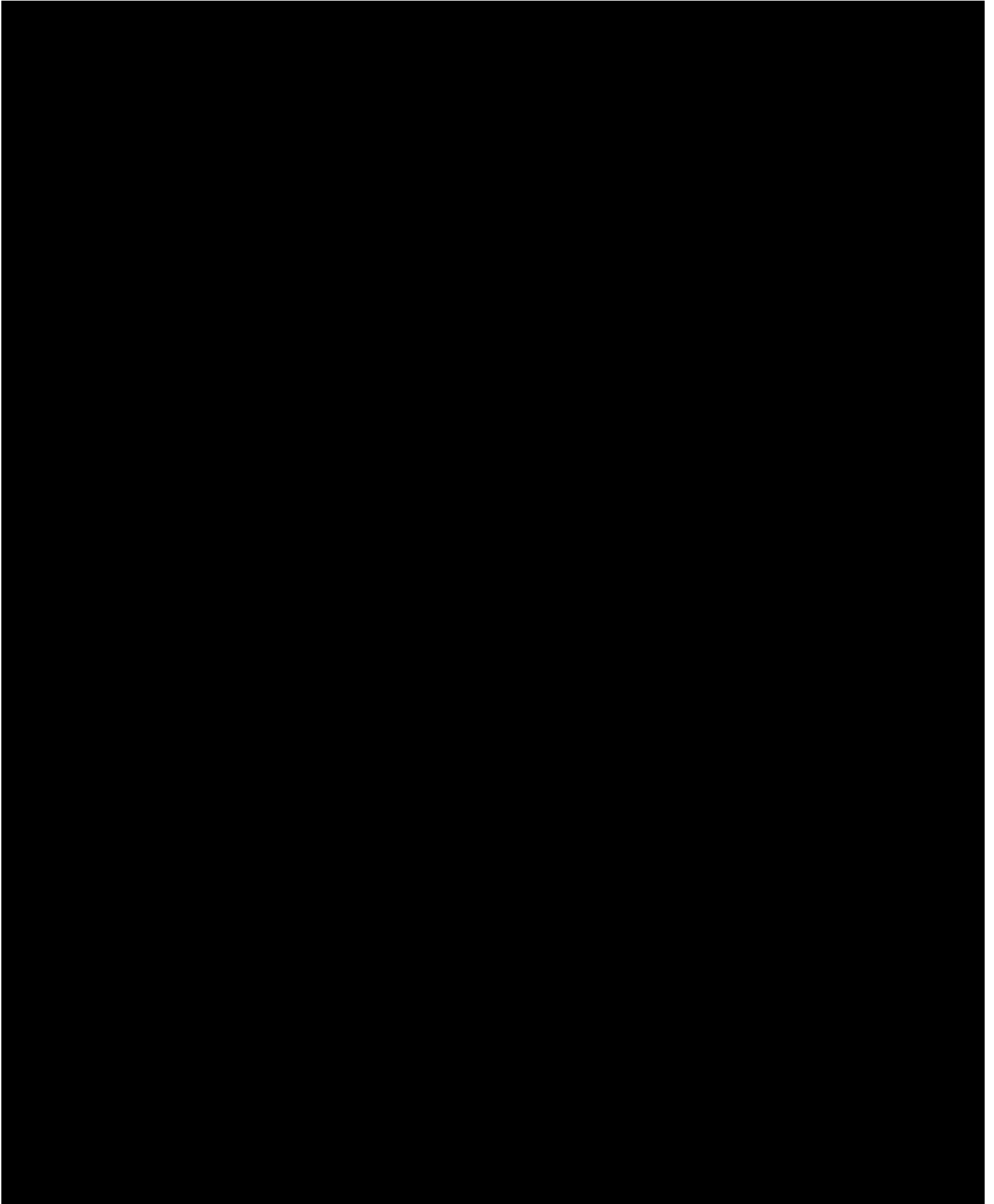


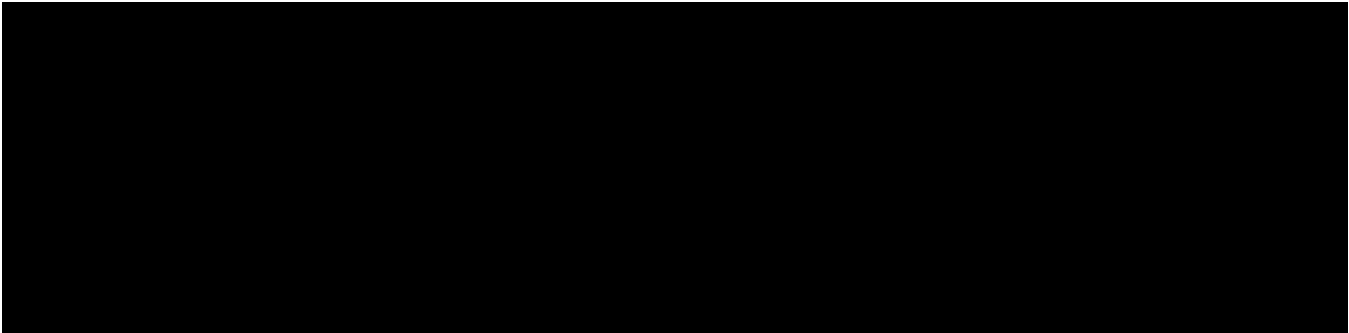


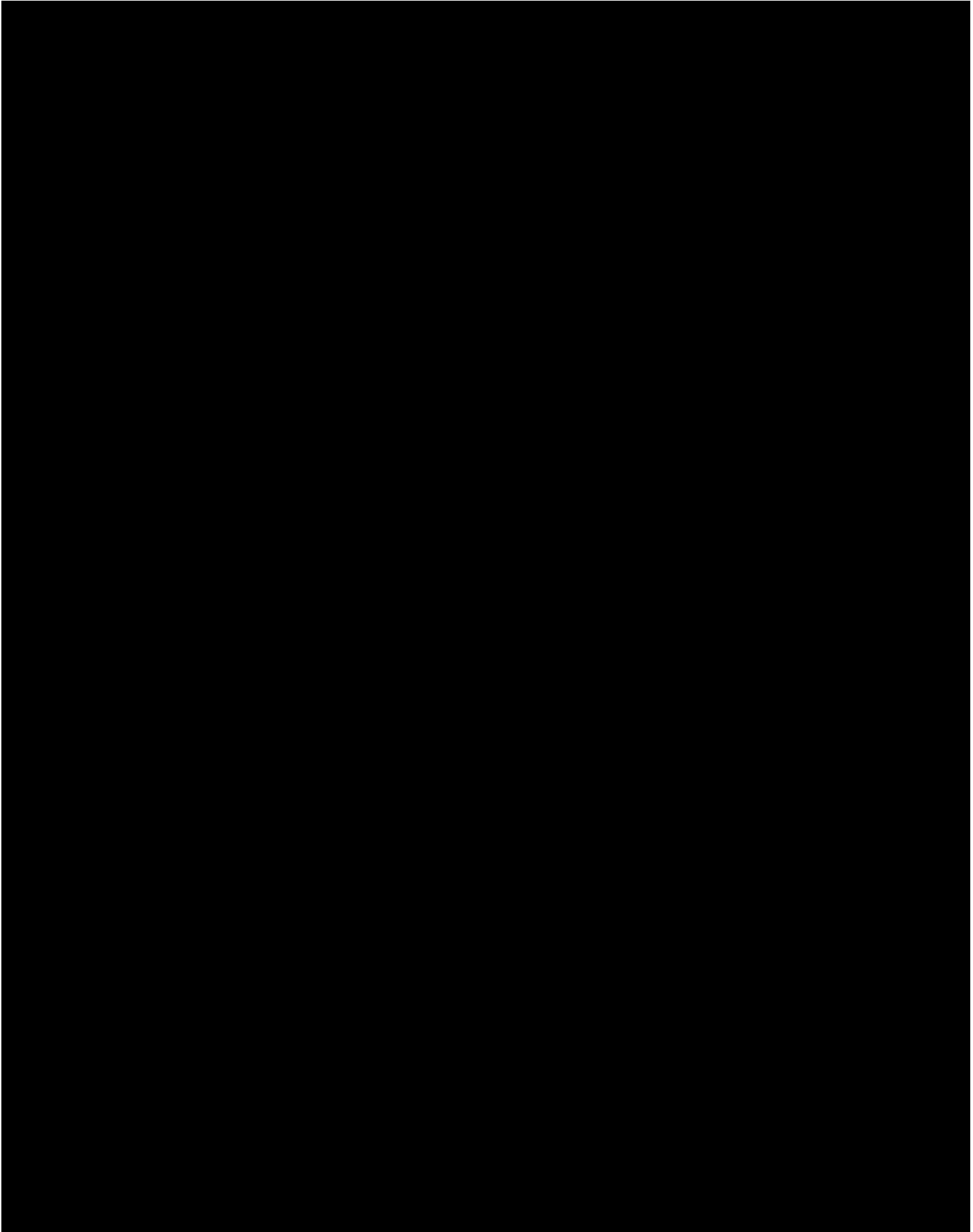


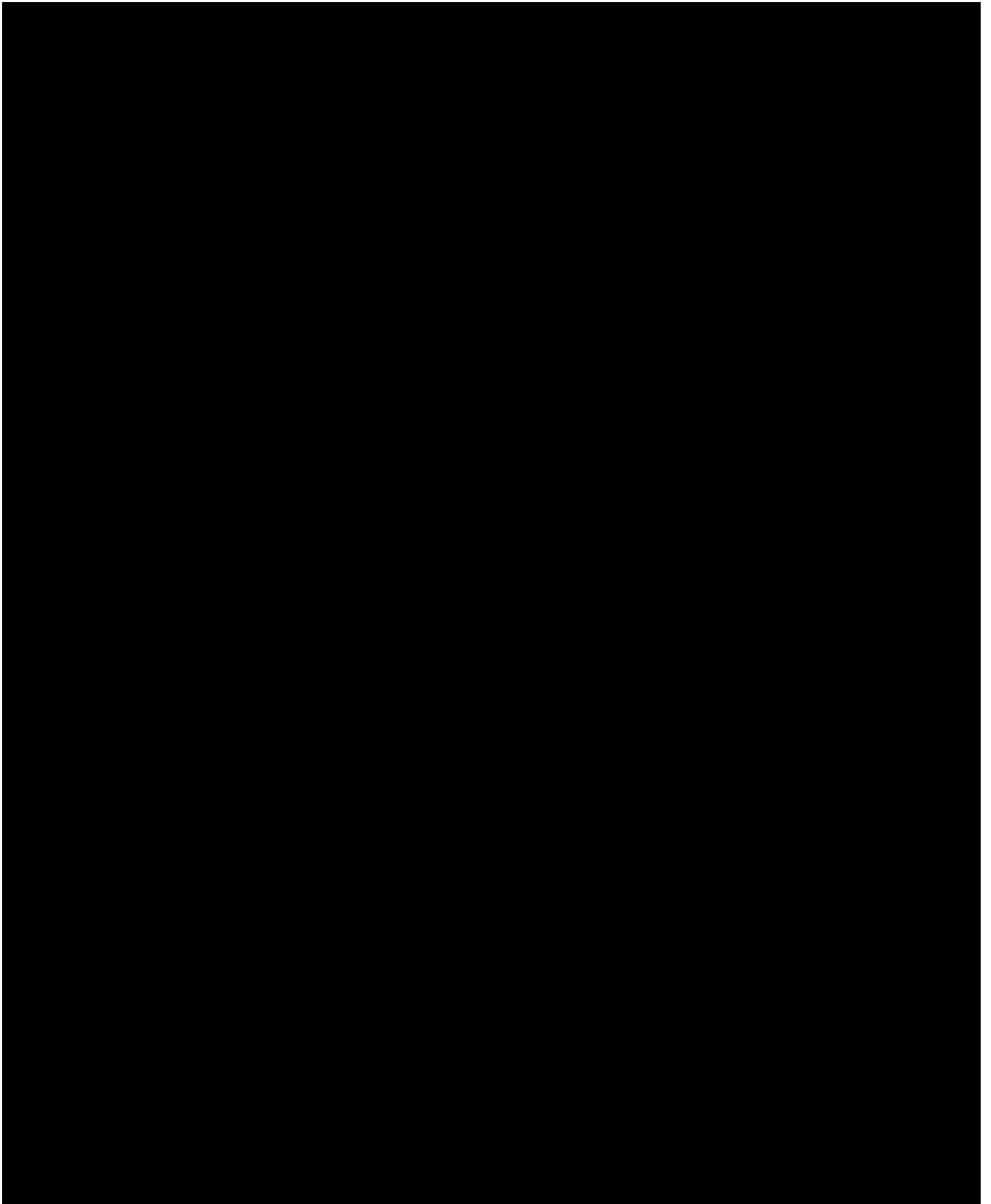


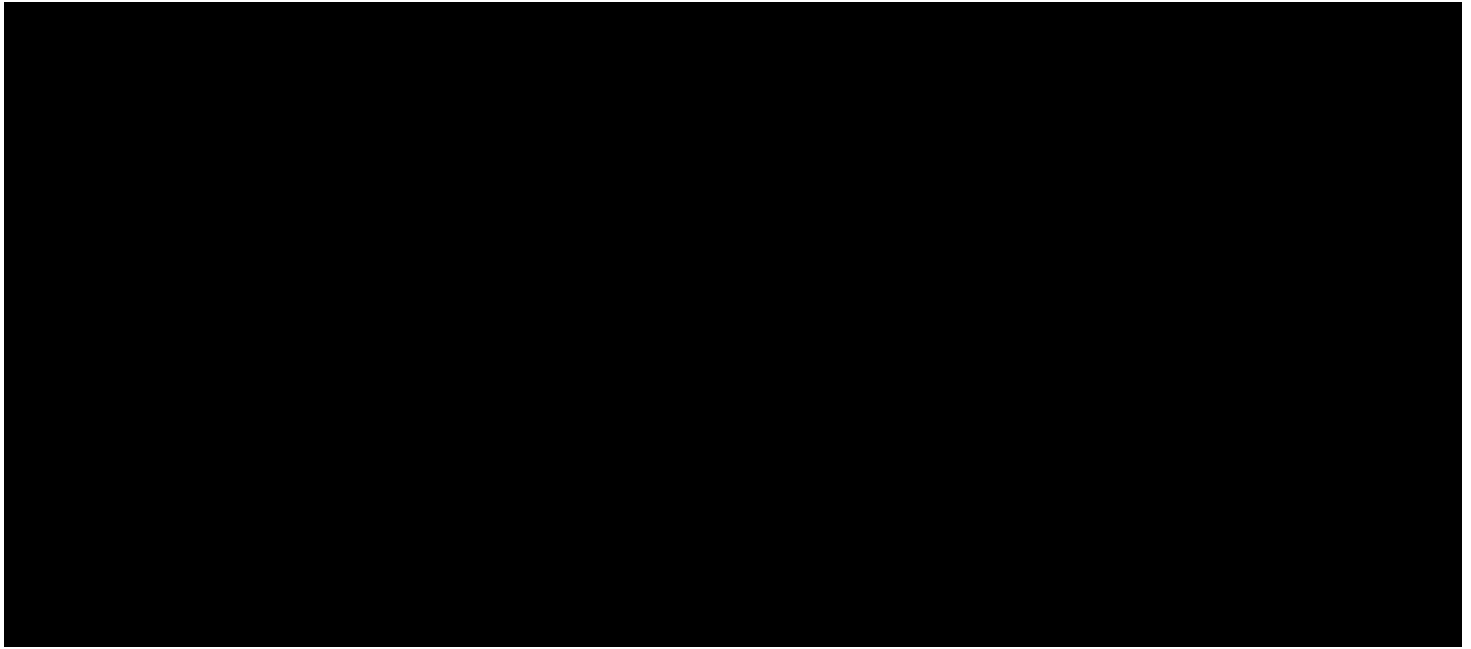


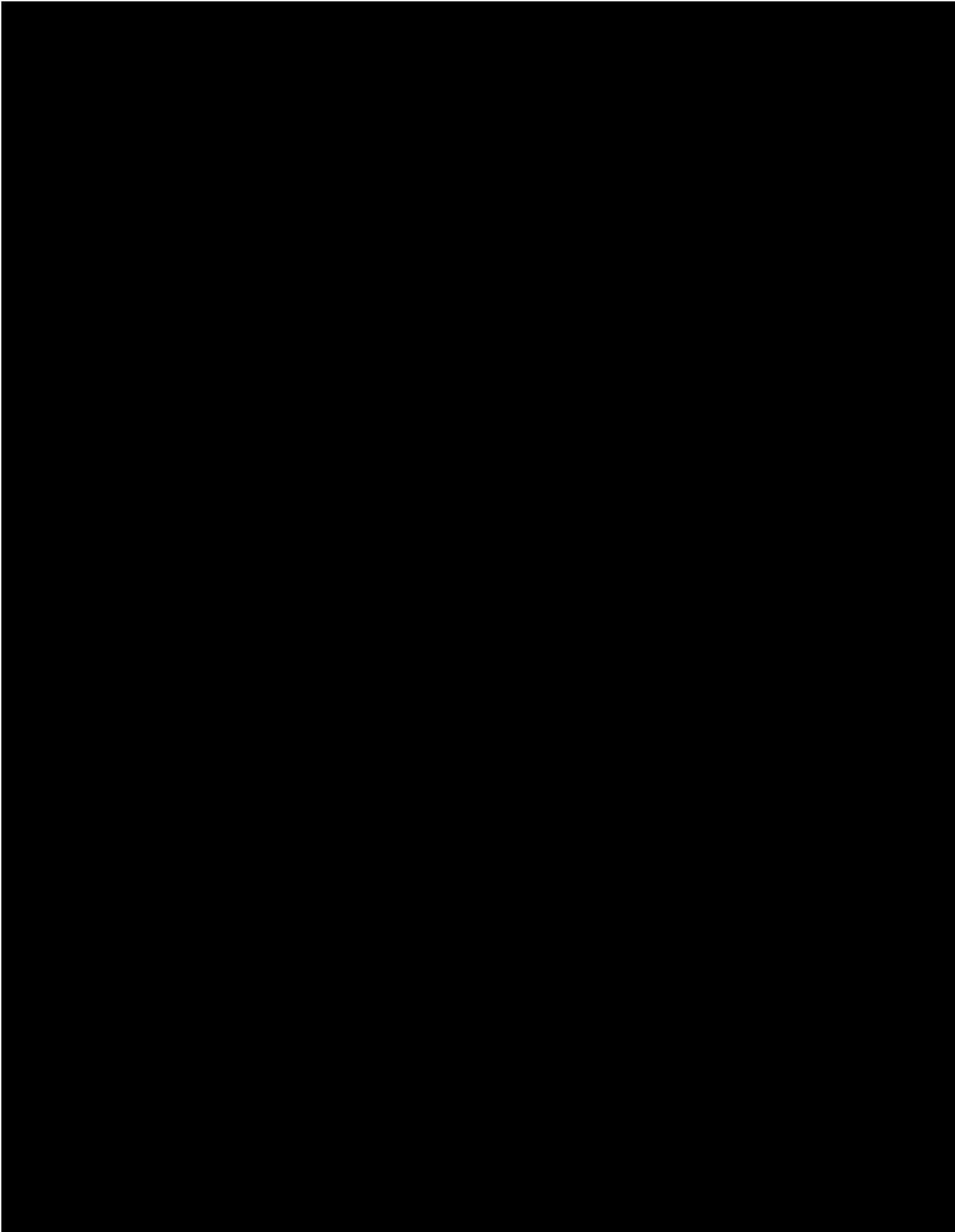
















December 14, 2022

Alabama Medical Cannabis Commission
PO Box 309585
Montgomery, AL 36130

Re: Letter of intent for Insurance for Tyler Van Lines, LLC

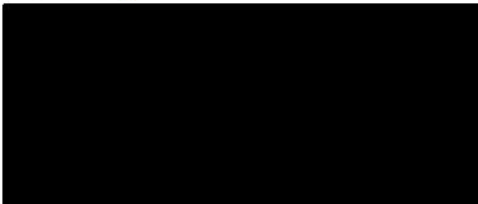
To Whom it May Concern,

Tyler Van Lines, LLC is a valued, longtime client of [REDACTED] Insurance. Enclosed, is a certificate with the current coverages carried by Tyler.

This letter serves to represent that when the time arises, we will be able to alter the coverages to meet and satisfy any requirements of the AMCC and other licensees, as applicable. This will include, but not be limited to, Auto Liability (Fleet vehicle), General Liability, Motor Truck Cargo, Workers Compensation, and Excess Liabilities. This can also include liability limits of \$2,000,000 or more if required. Additionally, any other required coverages can be procured at the appropriate time.

Their current coverages and any additional will be written with "A" rated insurance providers.

Sincerely,



Enclosure

Insurance Plan - Attachment to Exhibit 9, Section 9.11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).



INSURED
Tyler Van Lines, LLC

INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (IND. WORK)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ AUTOMOBILE LIABILITY \$ UNEMPLOYMENT BENEFIT \$ PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea. accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		1/4/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA. EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D		Y N/A		1/4/2022	1/1/2023	
				1/1/2023	1/1/2024	
B	Motor Truck Cargo			11/15/2022	11/15/2023	\$100,000 Limit \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Proof of Coverage
Tyler Van Lines, LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTAT

Exhibit 10

REDACTED COPY

The redacted portions of Exhibit 10 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning proprietary and confidential information.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 10 – Evidence of Business Relationship with Other 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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

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

Exhibit 10 – Table of Contents

- TOC/Summaries – Pages 1-2
- Prospective Cultivators – Pages 3-6
- Prospective Dispensaries – Pages 7-12
- Prospective Integrated Facilities – Pages 13-28

Exhibit 10 - Summaries

10.1 – Prospective Cultivator

Applicant has developed a business relationship with two prospective cultivator licensees. See attached Letters of Intent or Memoranda of Understanding as evidence of our business relationship with prospective medical cannabis Cultivators in Alabama (identified as “LOI/MOU for Prospective Cultivator Licensees - Attachment to Exhibit 10, Section 10.1”).

10.2 – Prospective Processor

NONE – Due to the discreet nature of this license, Applicant felt it improper to use any other means of discovery other than word-of-mouth. Applicant was unable to locate a prospective licensee in this category. However, once licenses are issued and become public record, Applicant is confident in its ability to locate, negotiate, and execute an amicable contract with a prospective Processor in this state.

10.3 – Prospective Dispensary

Applicant has developed a business relationship with two prospective dispensary licensees. See attached Letters of Intent or Memoranda of Understanding as evidence of our business relationship with prospective medical cannabis Dispensaries in Alabama (identified as “LOI/MOU for Prospective Dispensary Licensees – Attachment to Exhibit 10, Section 10.3”).

10.4 – Prospective Integrated Facility

Applicant has developed a business relationship with six prospective integrated facility licensees. See attached Letters of Intent or Memoranda of Understanding as evidence of our business relationship with prospective medical cannabis Integrated Facilities in Alabama (identified as “LOI/MOU for Prospective Integrated Facility Licensees – Attachment to Exhibit 10, Section 10.4”).

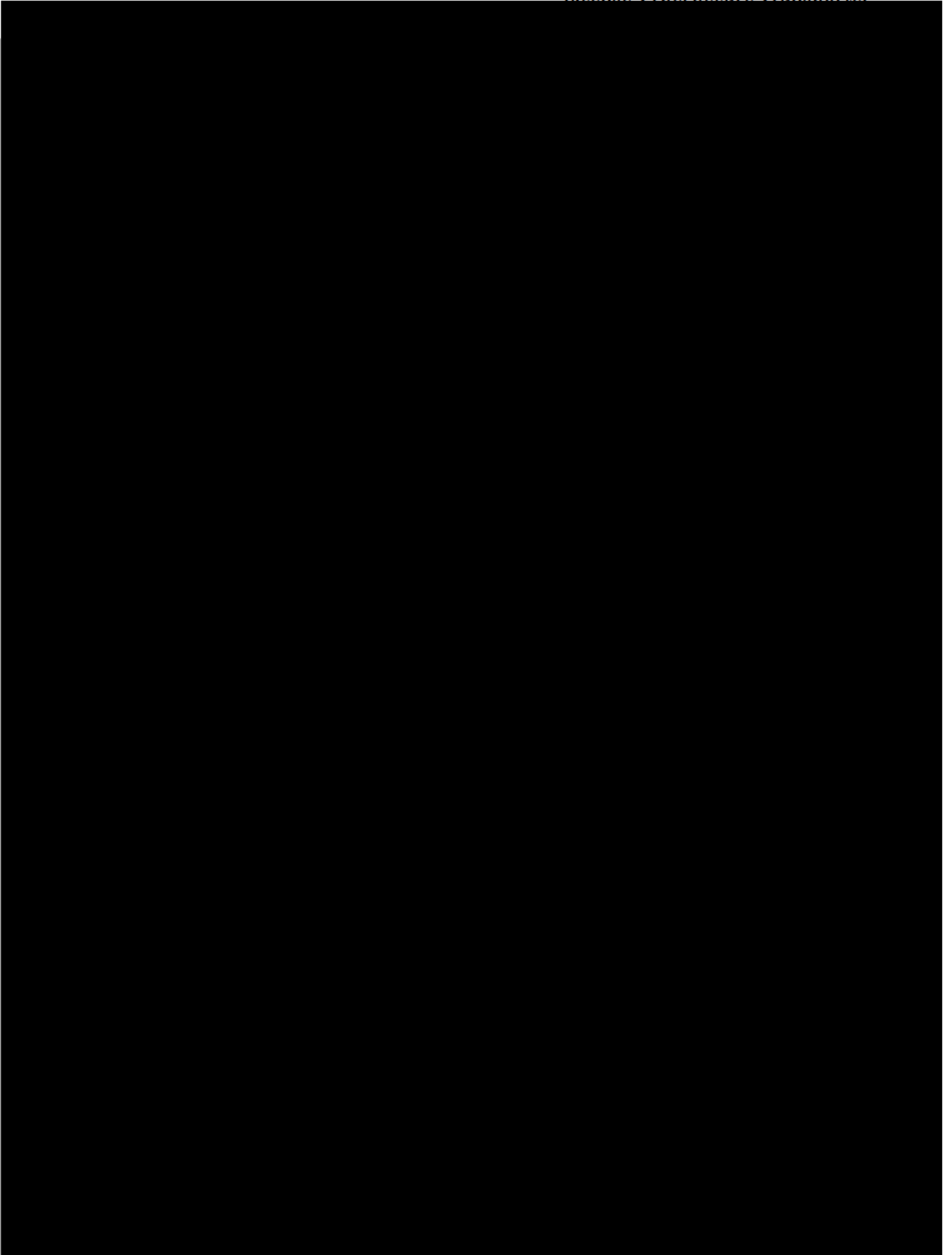
10.5 – Prospective State Testing Laboratory

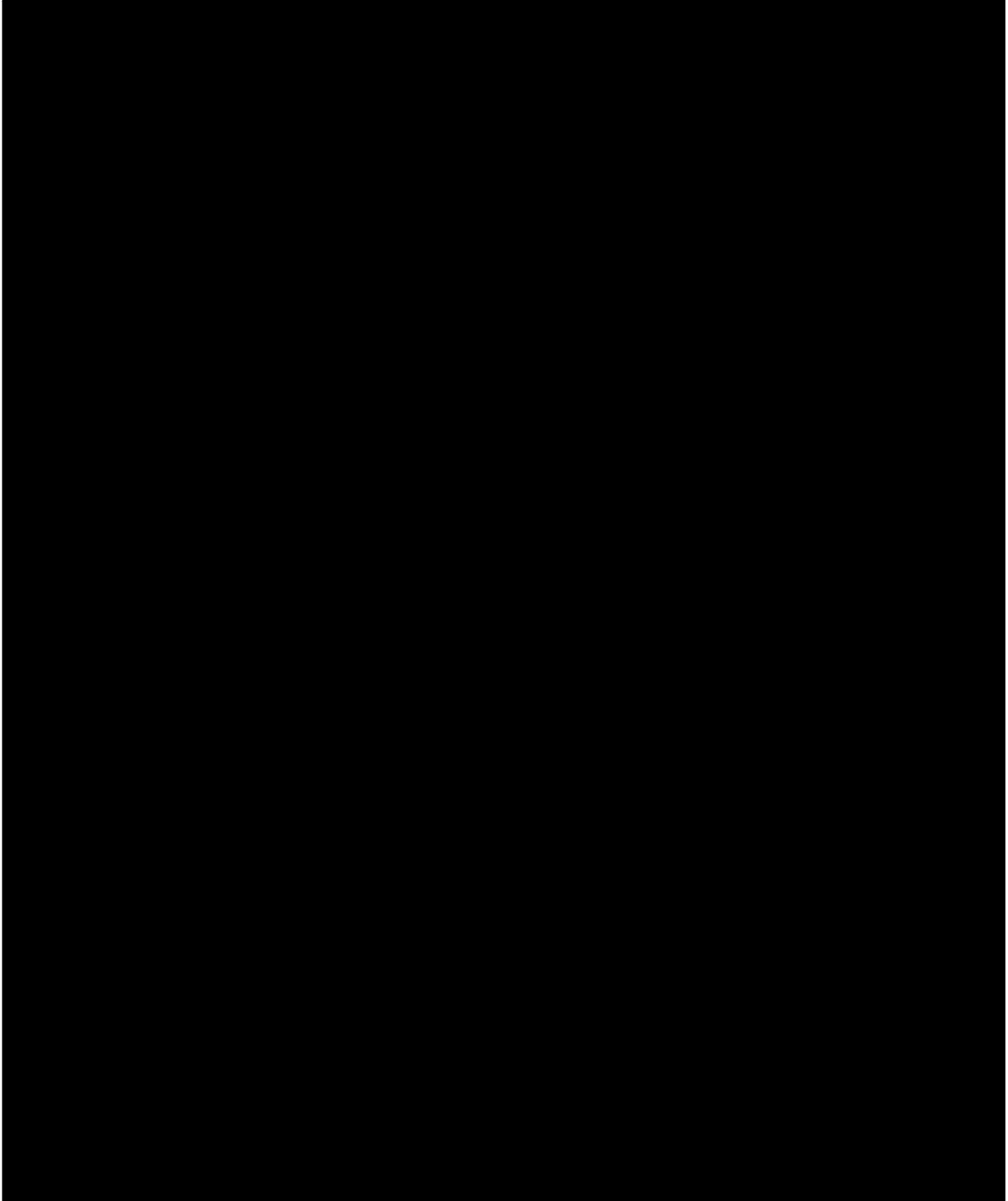
NONE - Due to the discreet nature of this license, Applicant felt it improper to use any other means of discovery other than word-of-mouth. Applicant was unable to locate a prospective licensee in this category. However, once licenses are issued and become public record, Applicant is confident in its ability to locate, negotiate, and execute an amicable contract with a prospective State Testing Laboratory.

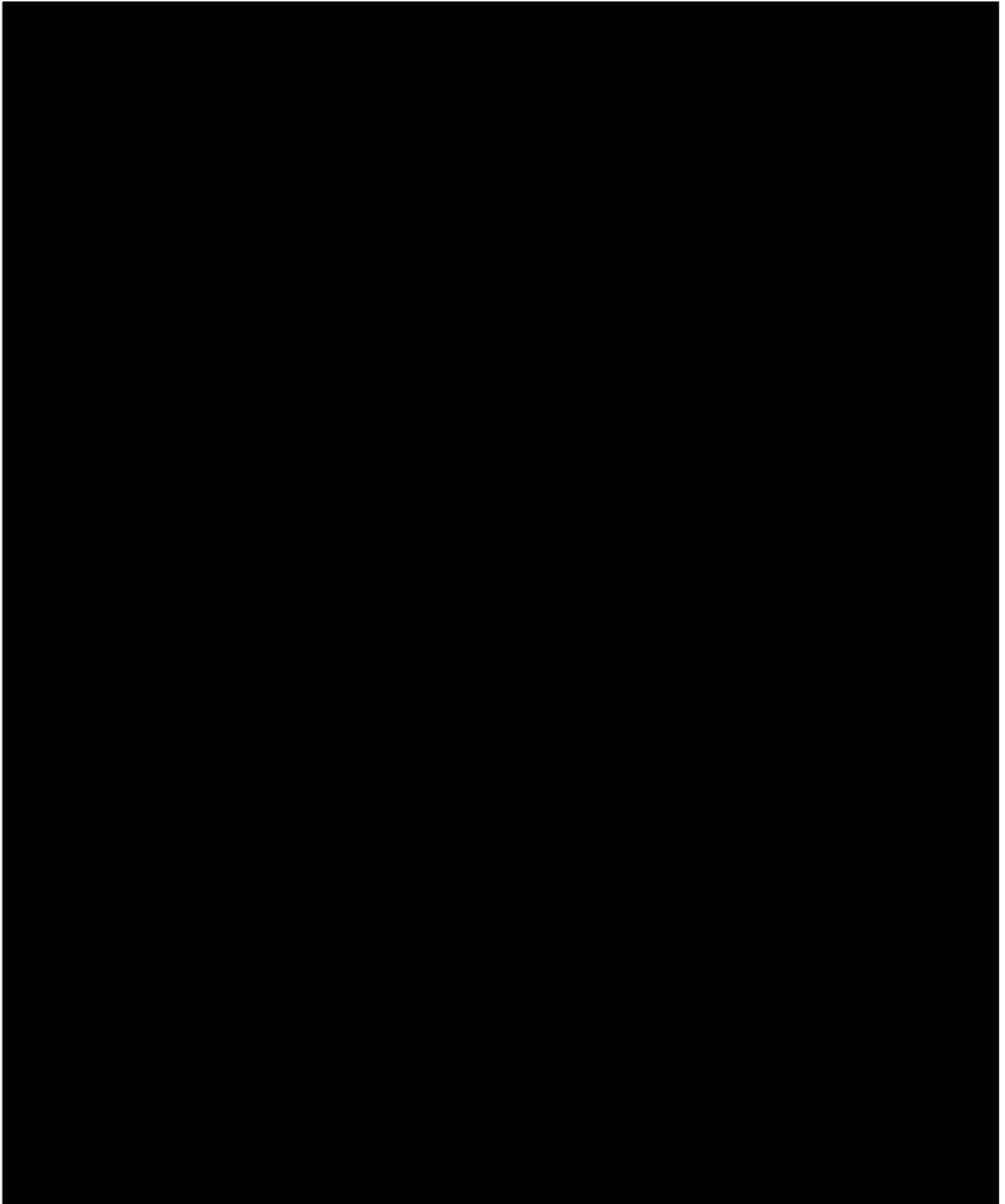
Additional Notes on Exhibit 10:

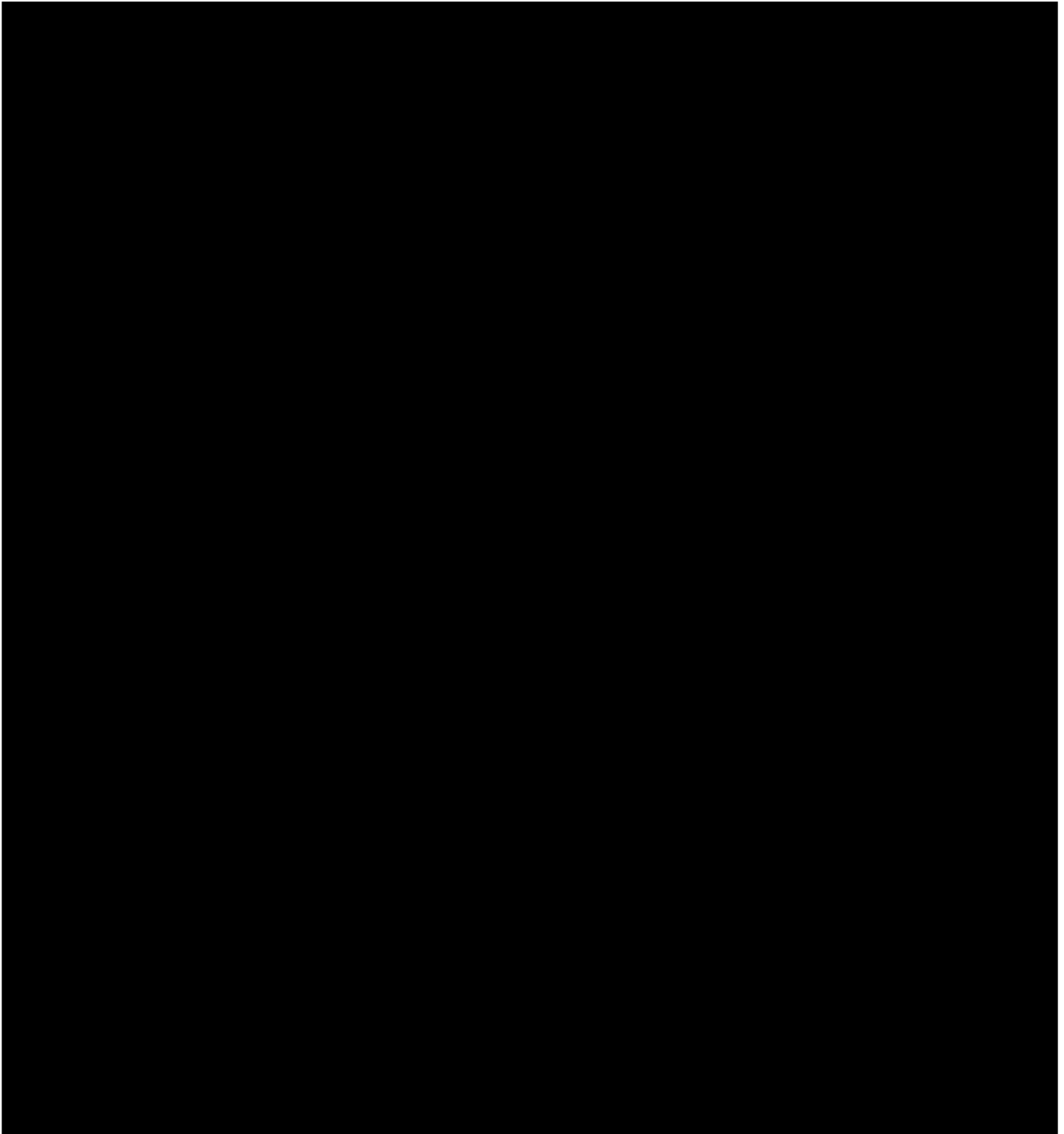
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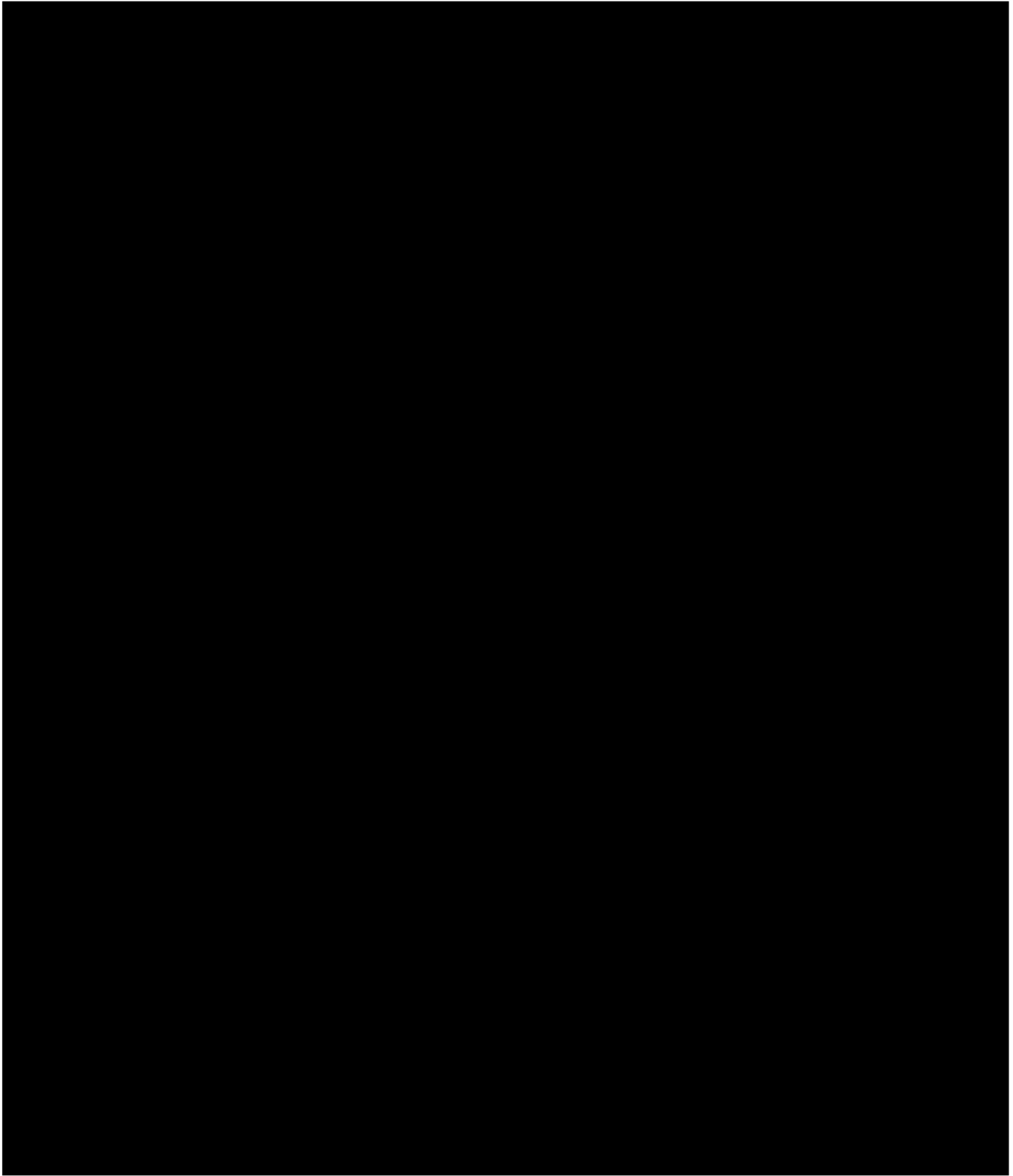
Status of Plan or Requirement(s) as of the date of application filing: Completed.





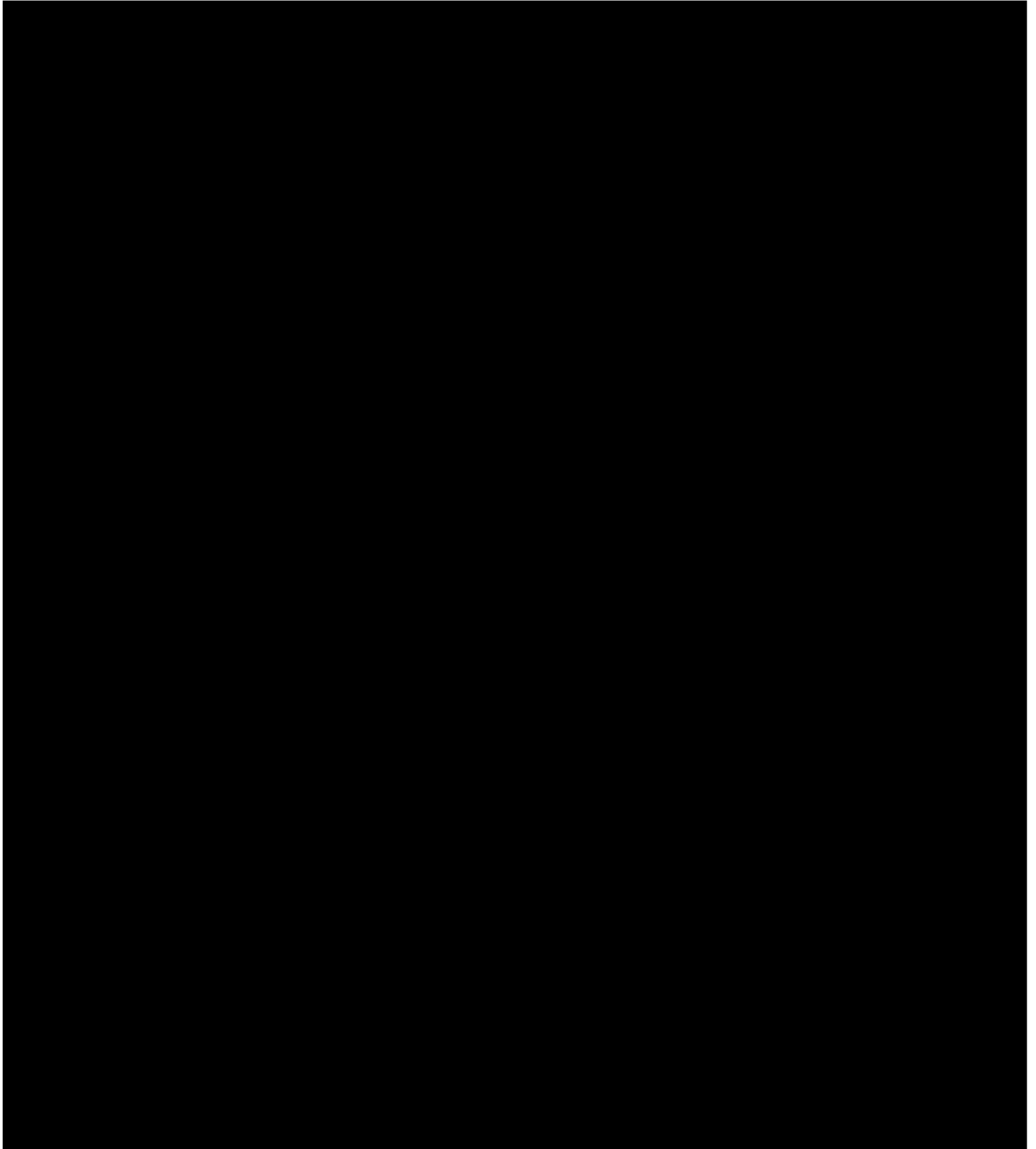






Contains proprietary and confidential information

Page 1 of 3



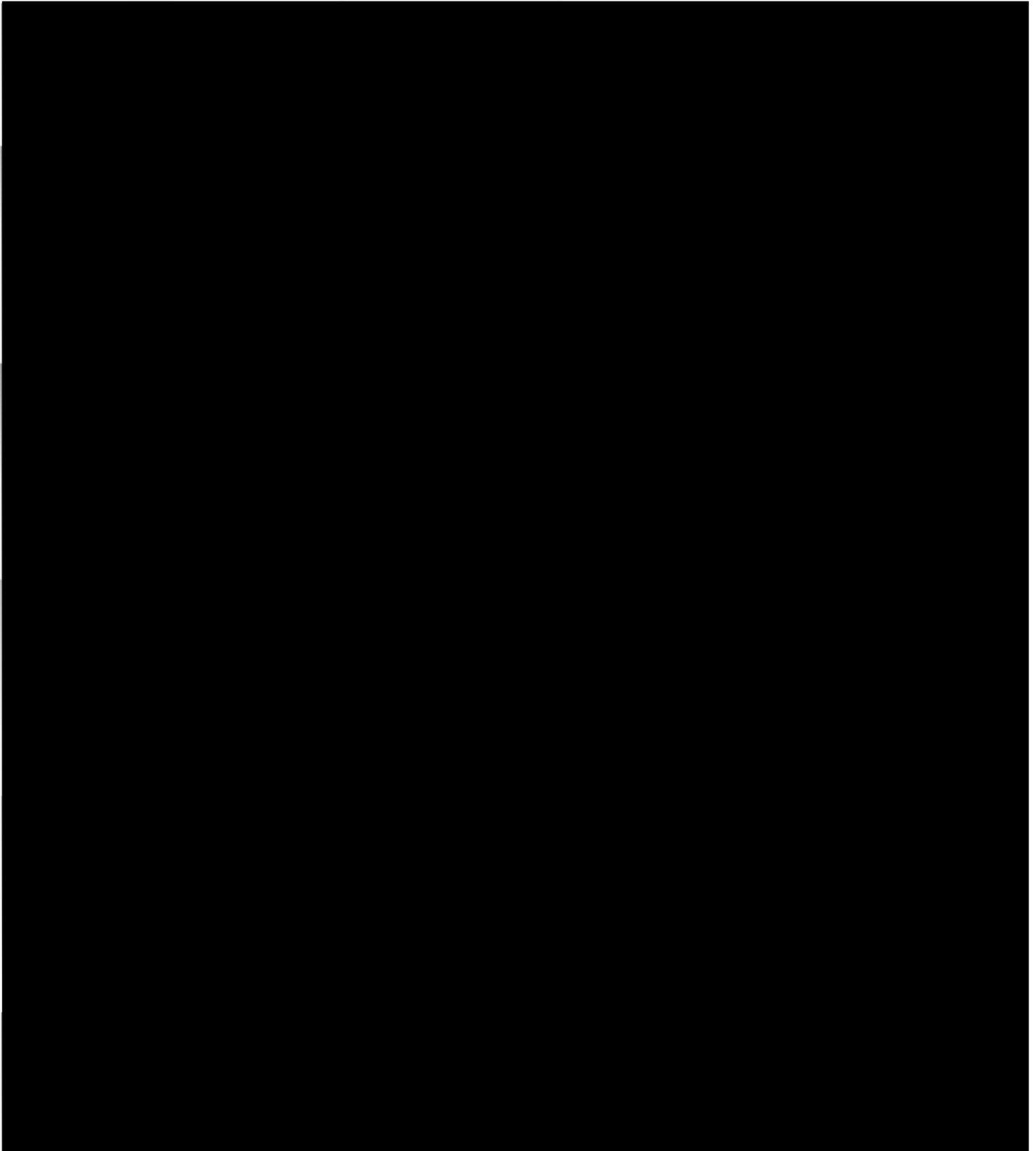
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Page 2 of 3



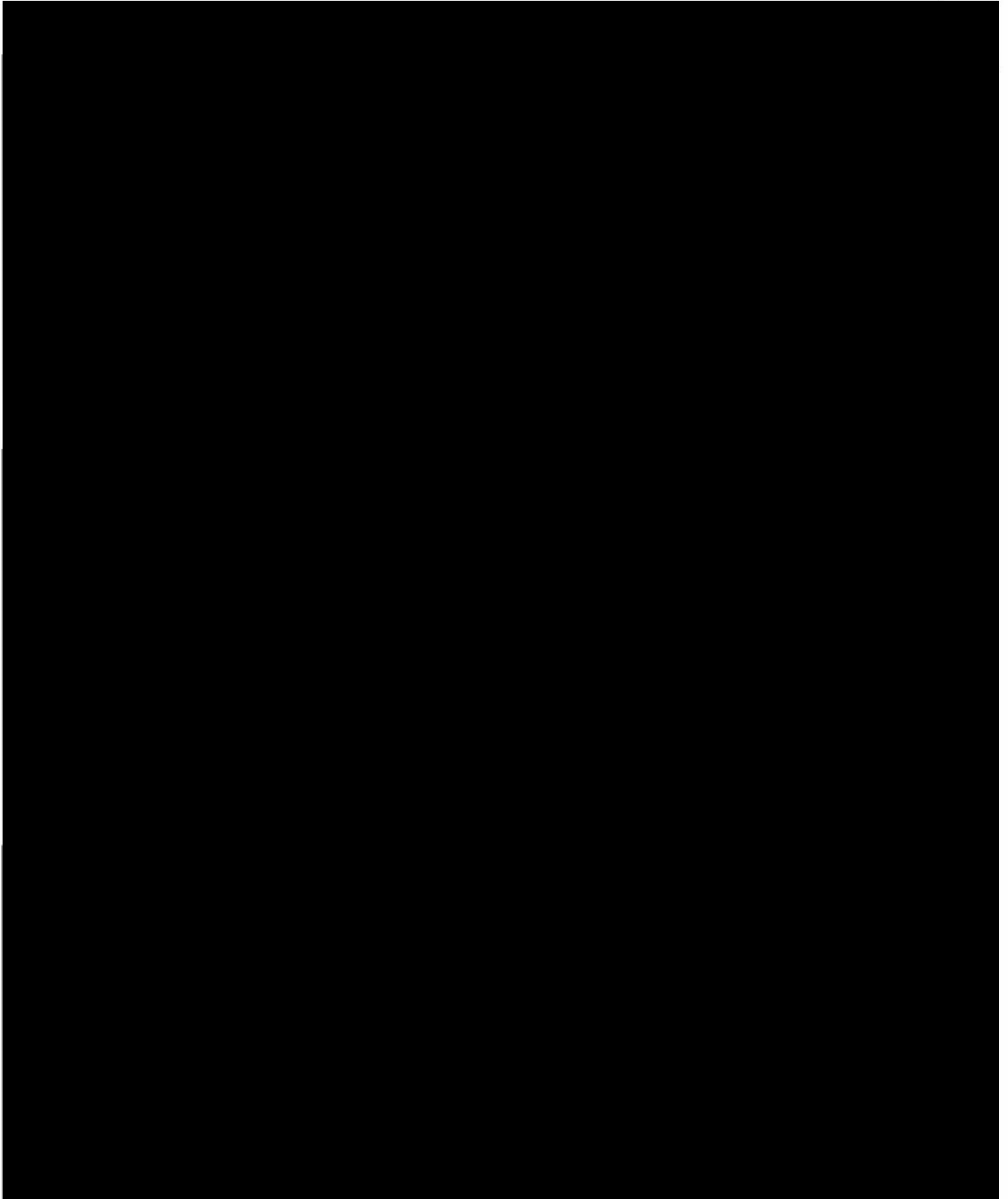
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Page 3 of 3



Contains proprietary and confidential information

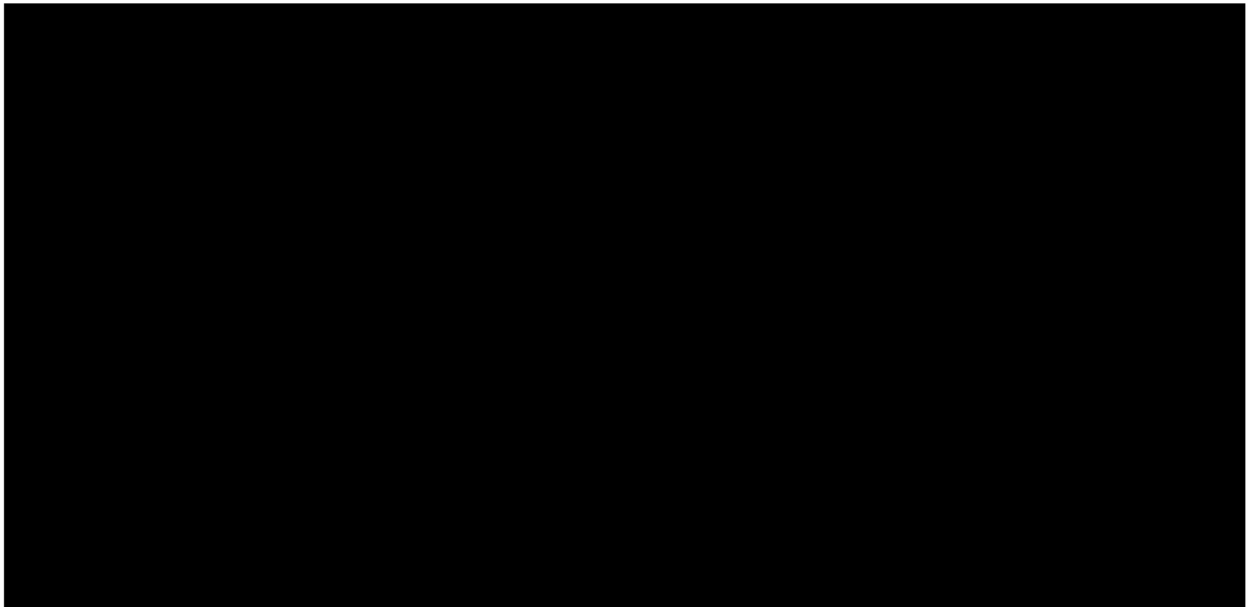
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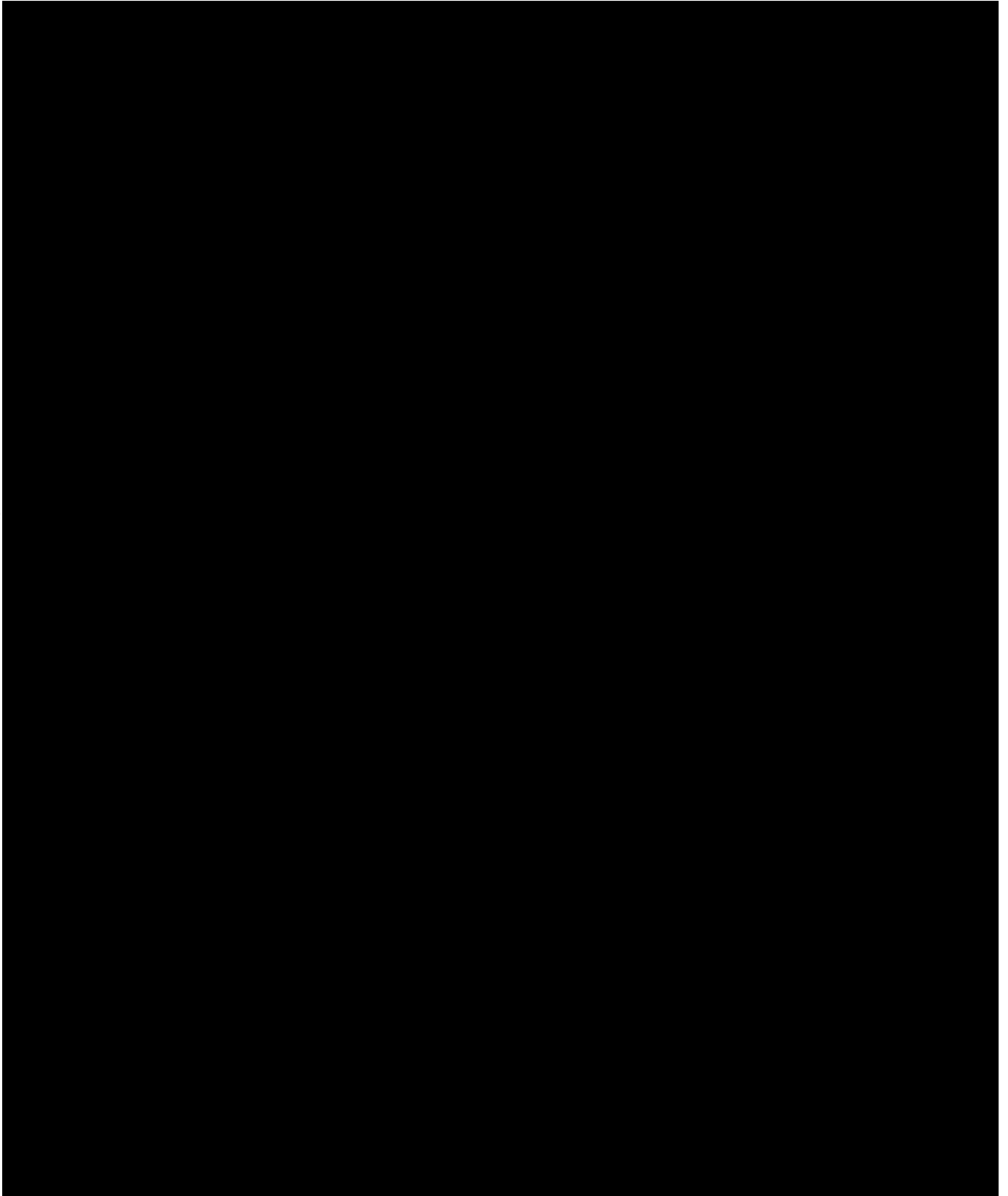
Page 2 of 3

Memorandum of Understanding



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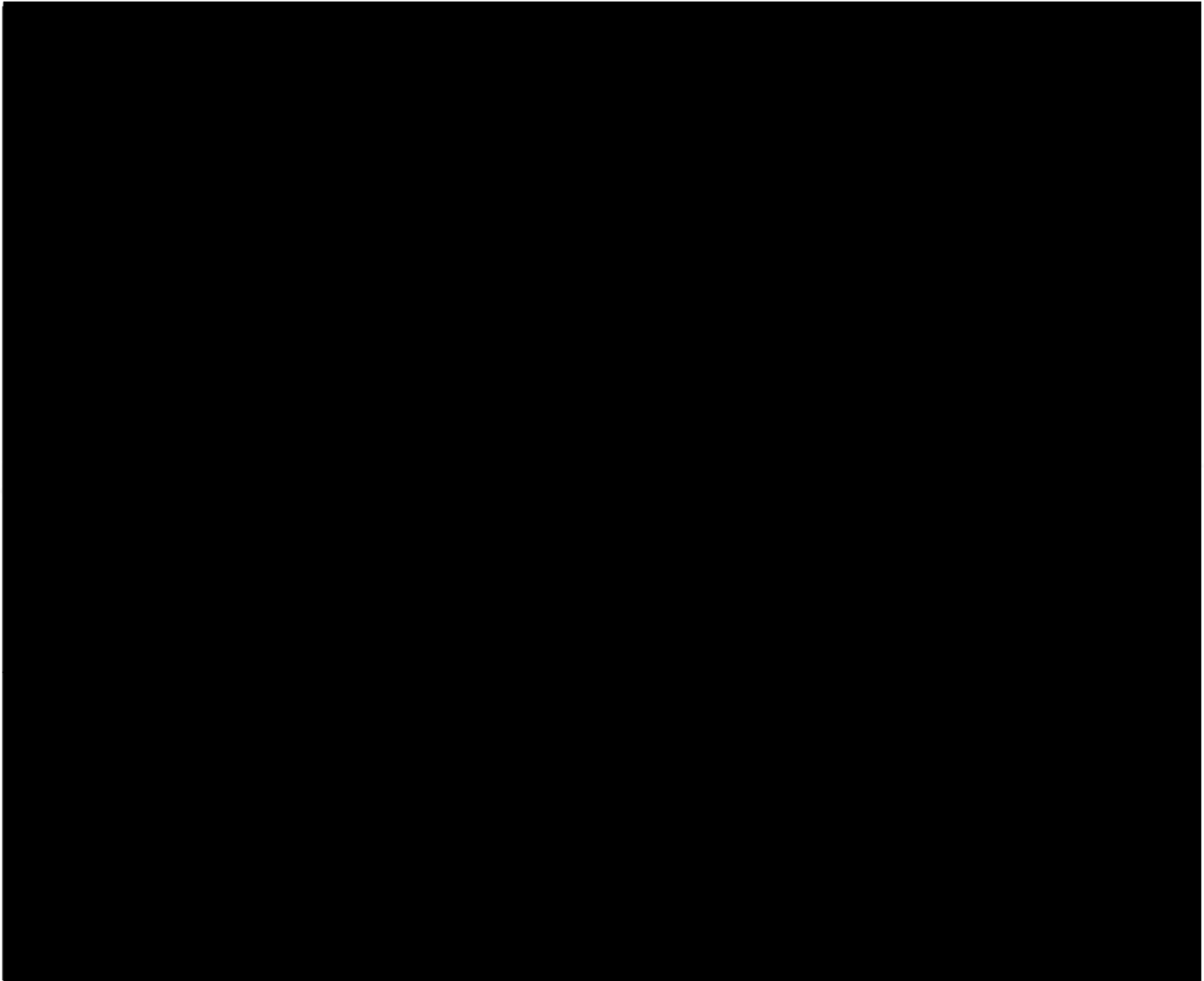
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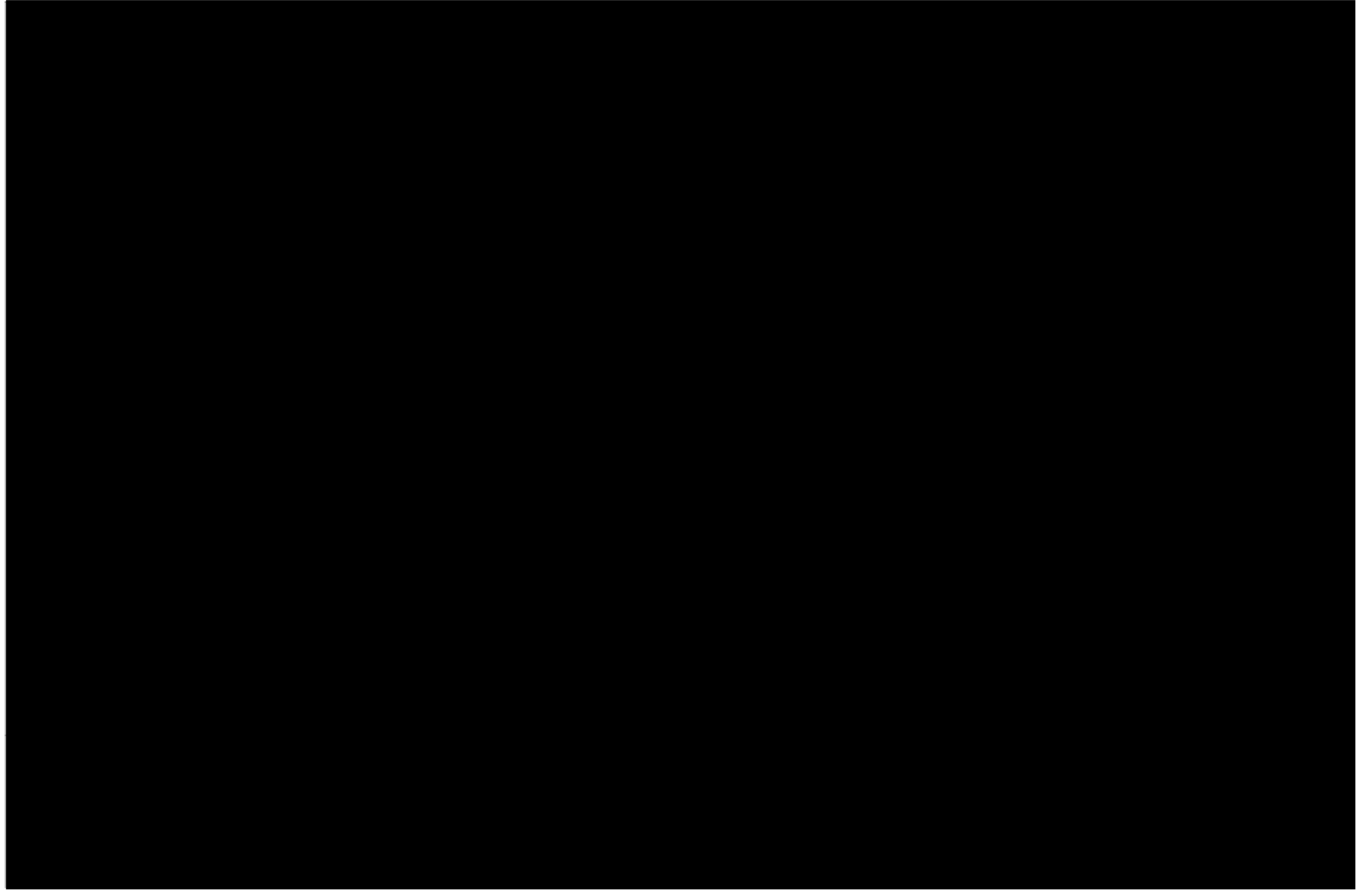
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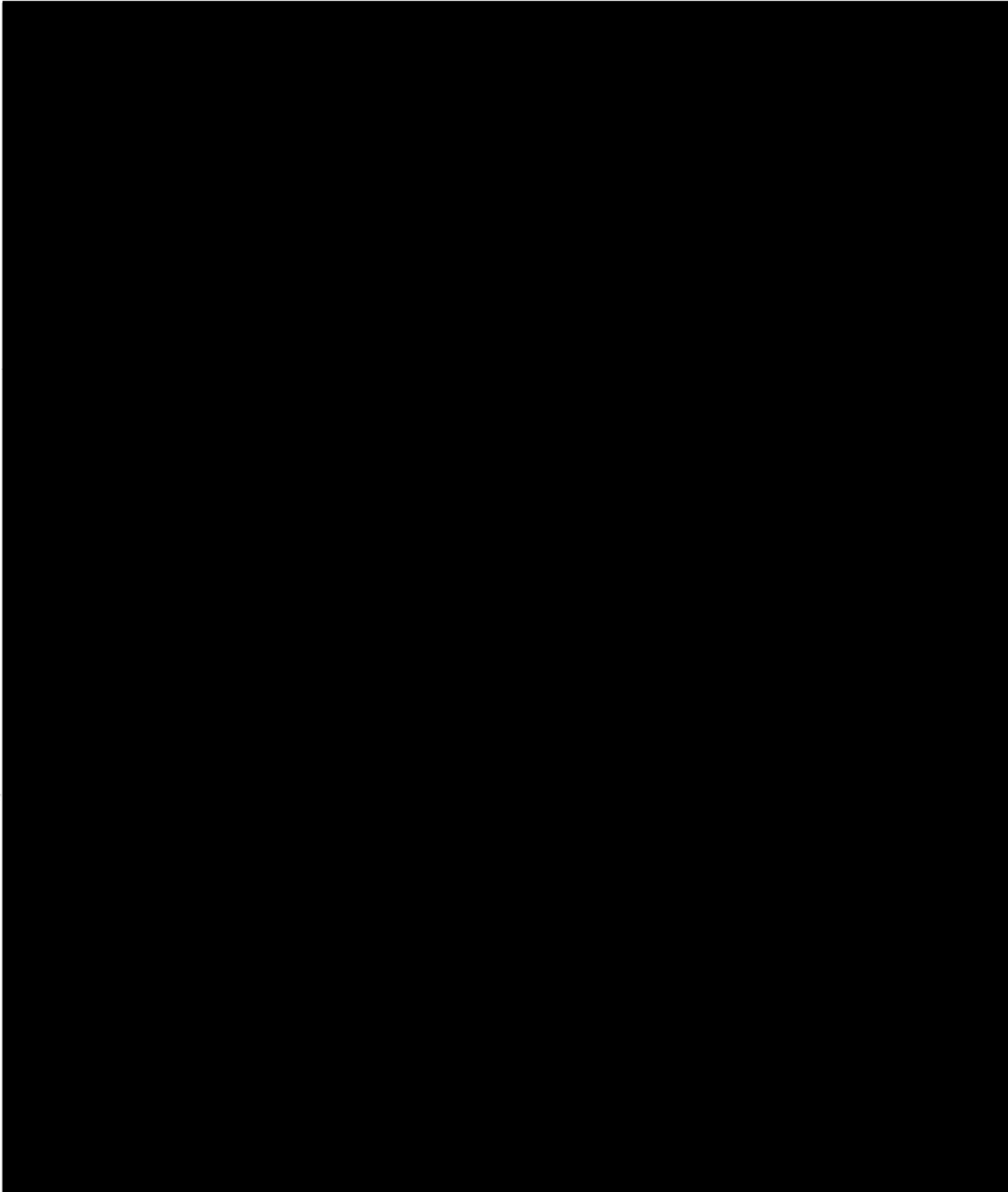
Page 1 of 3

Memorandum of Understanding



Memorandum of Understanding

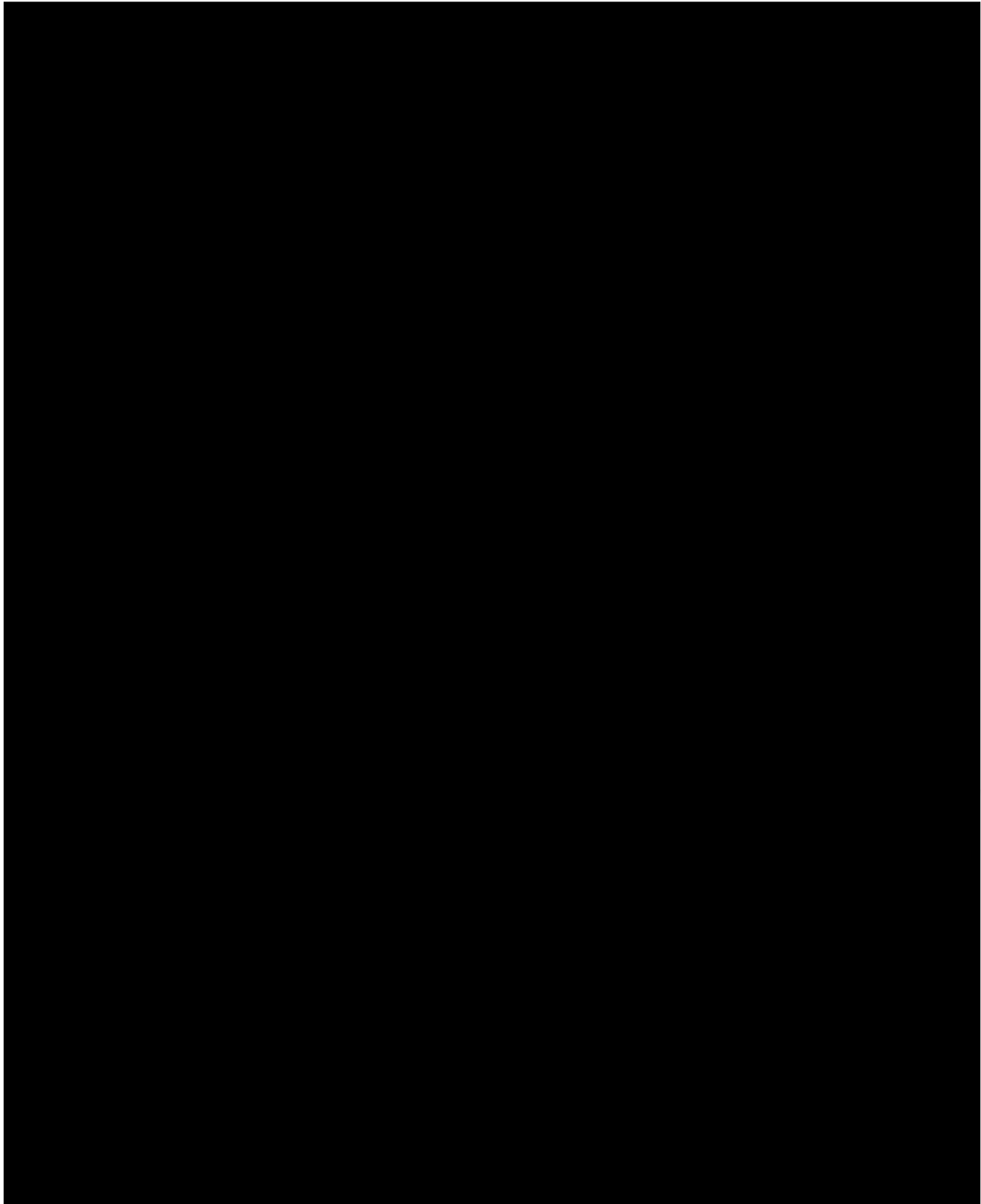




Contains proprietary and confidential information

Page 1 of 3

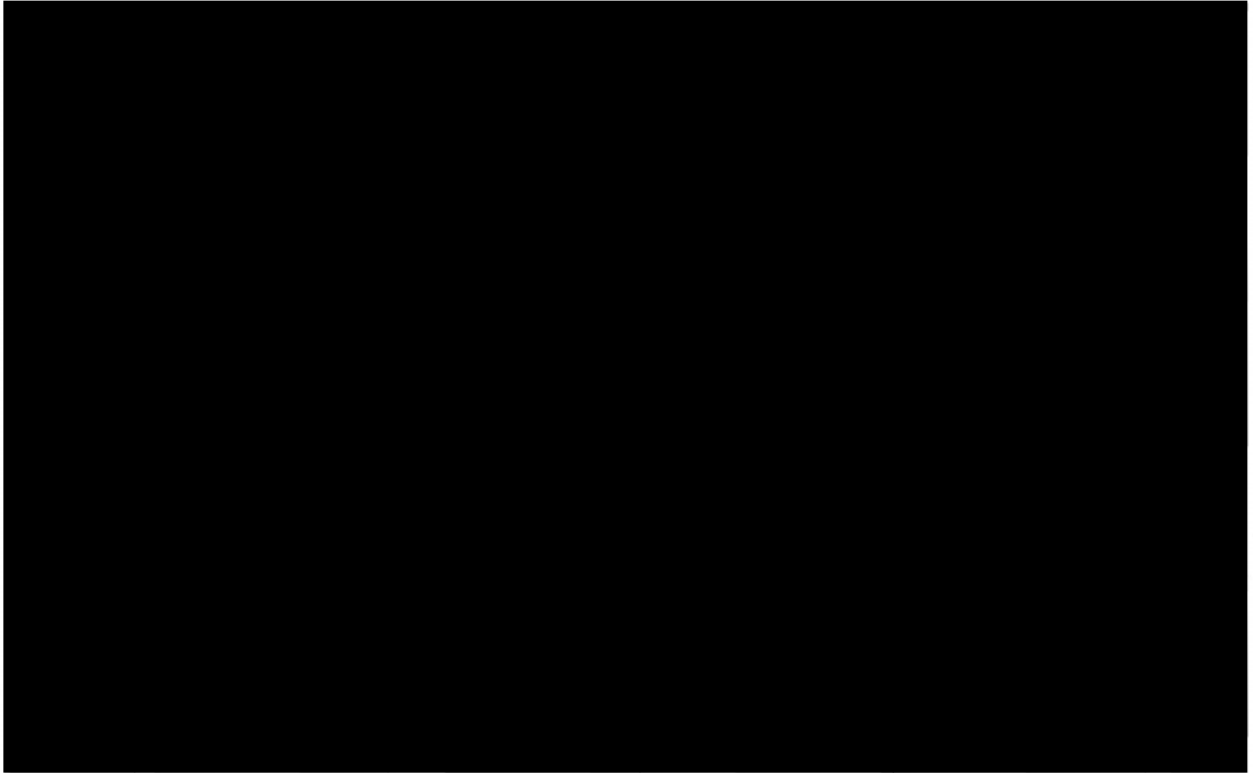
Memorandum of Understanding



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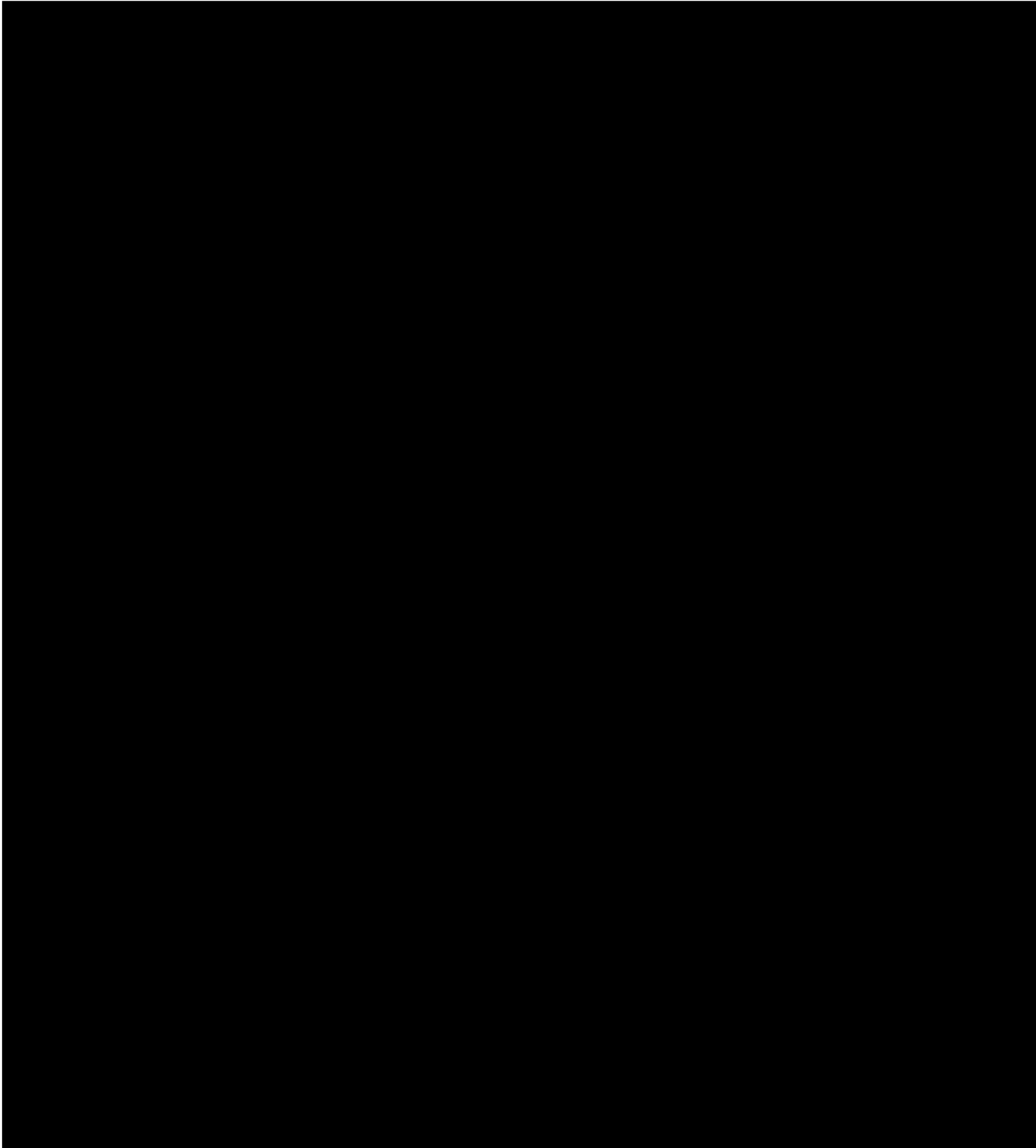
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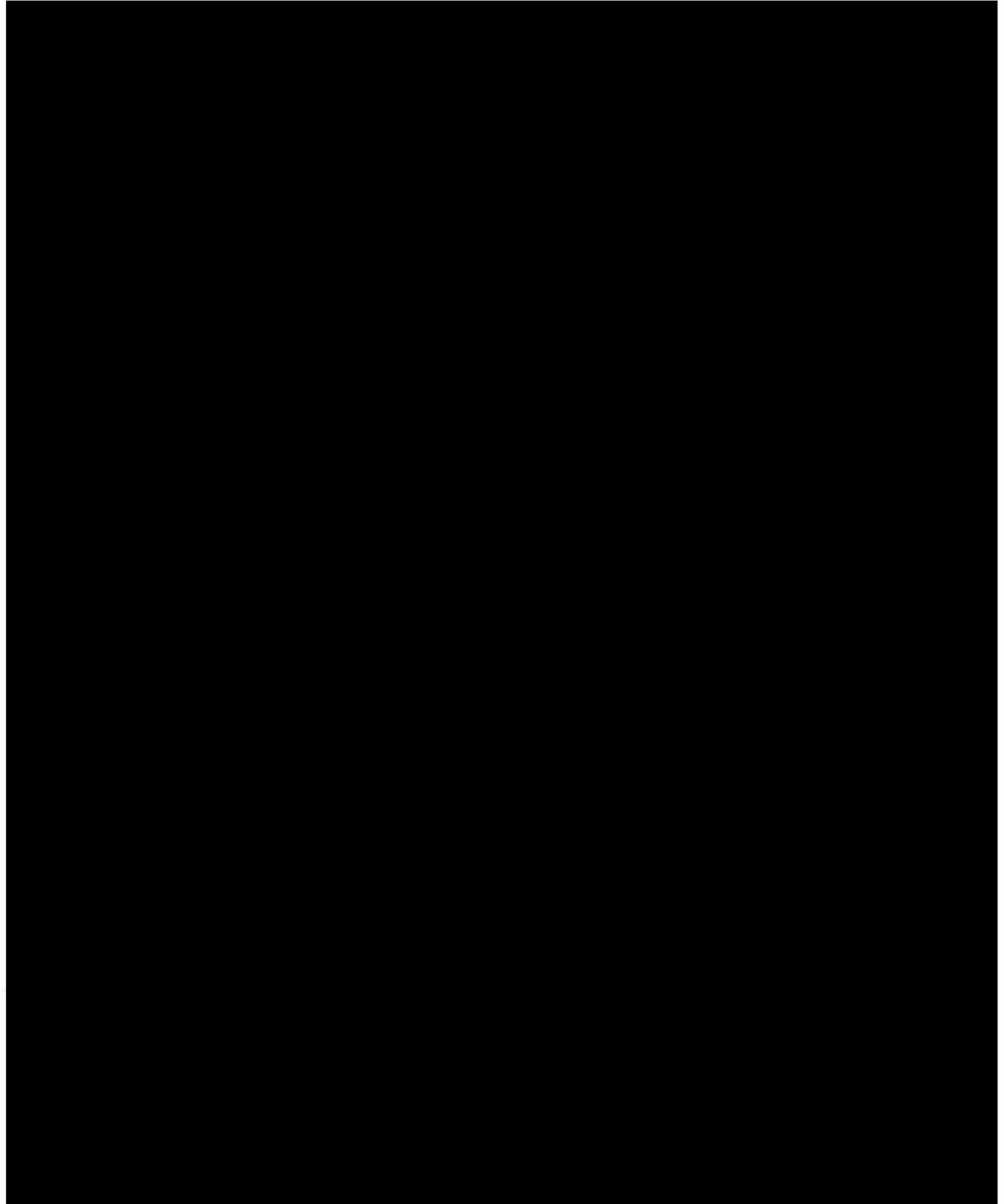
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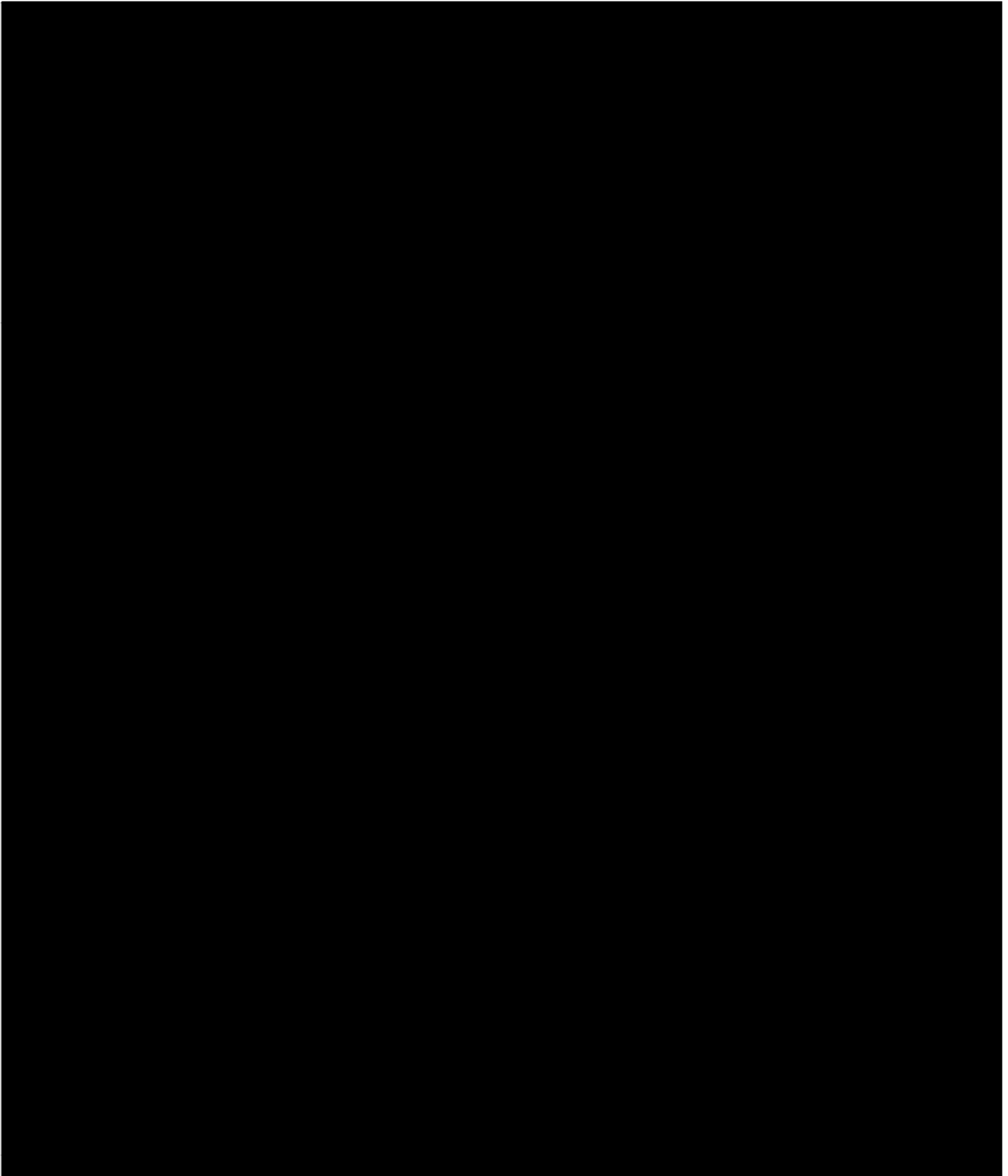


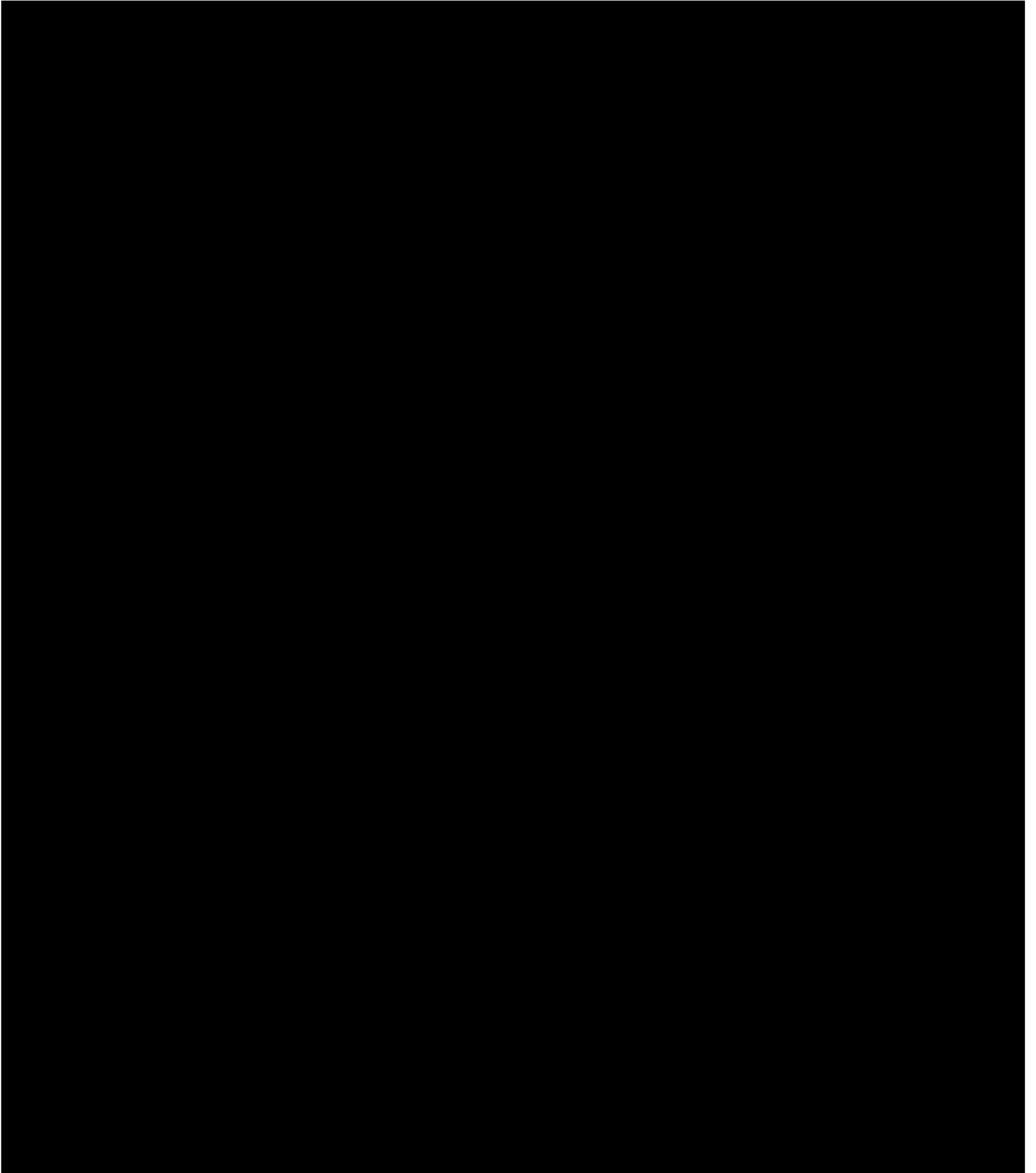
Contains proprietary and confidential information

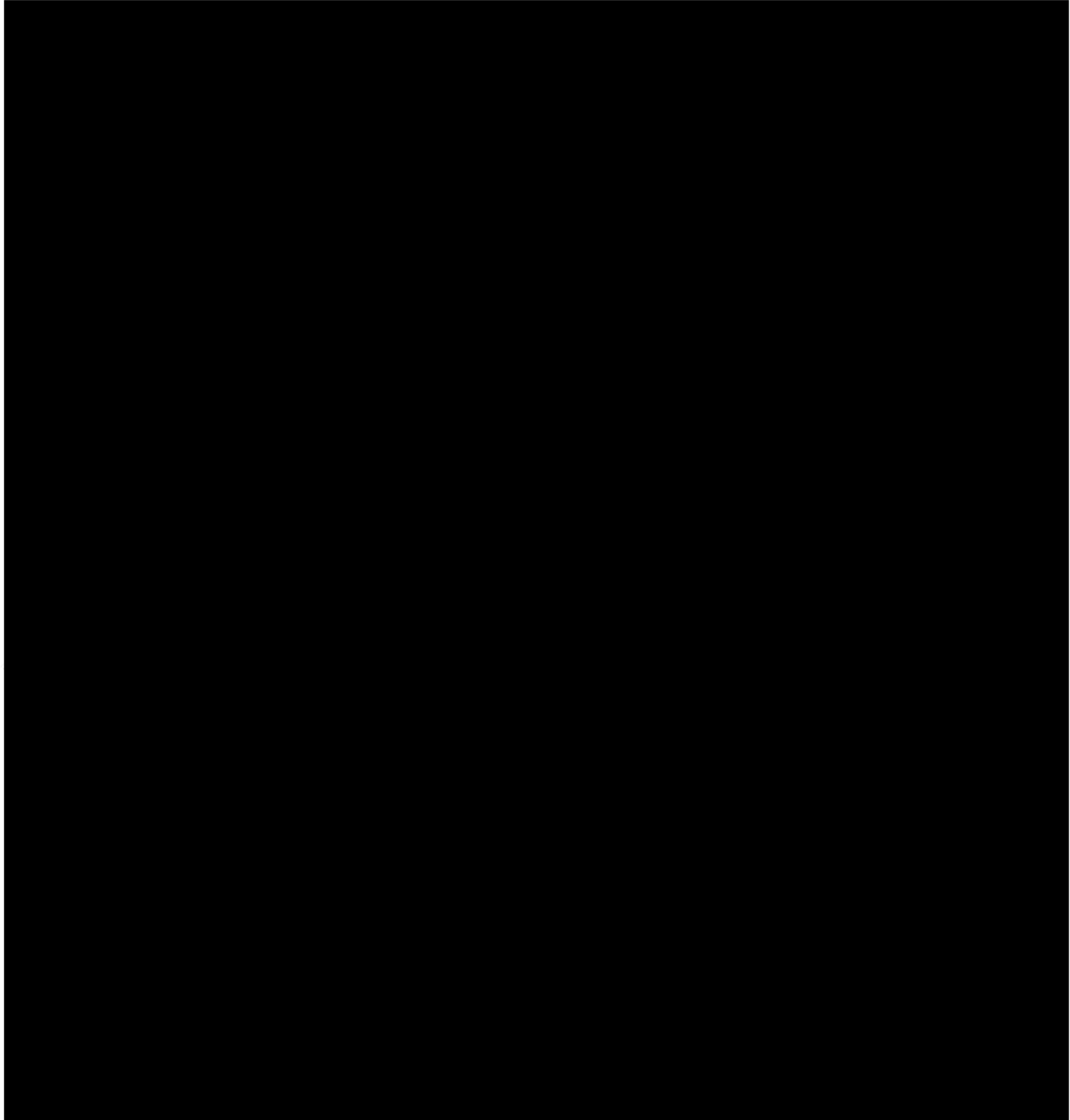
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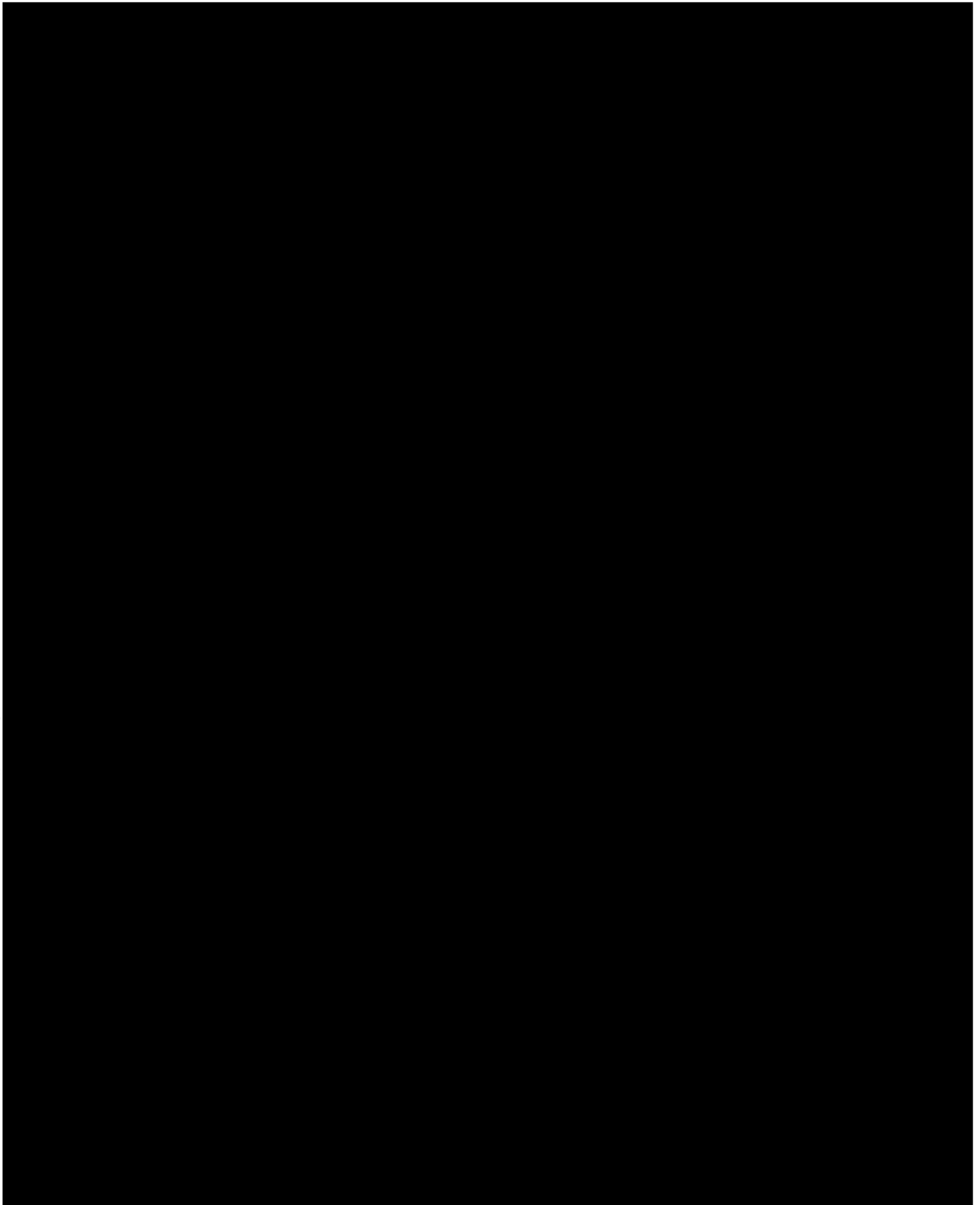


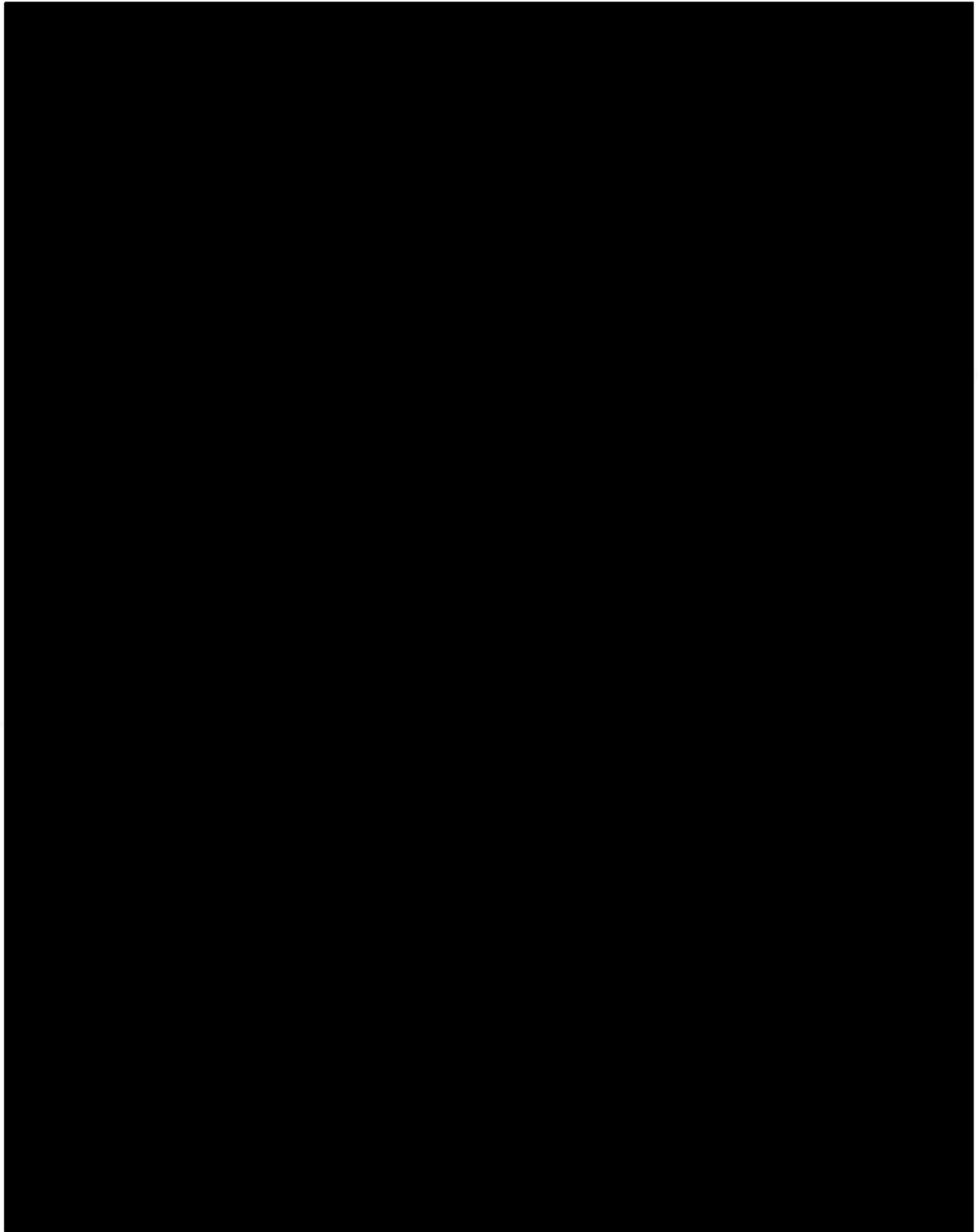


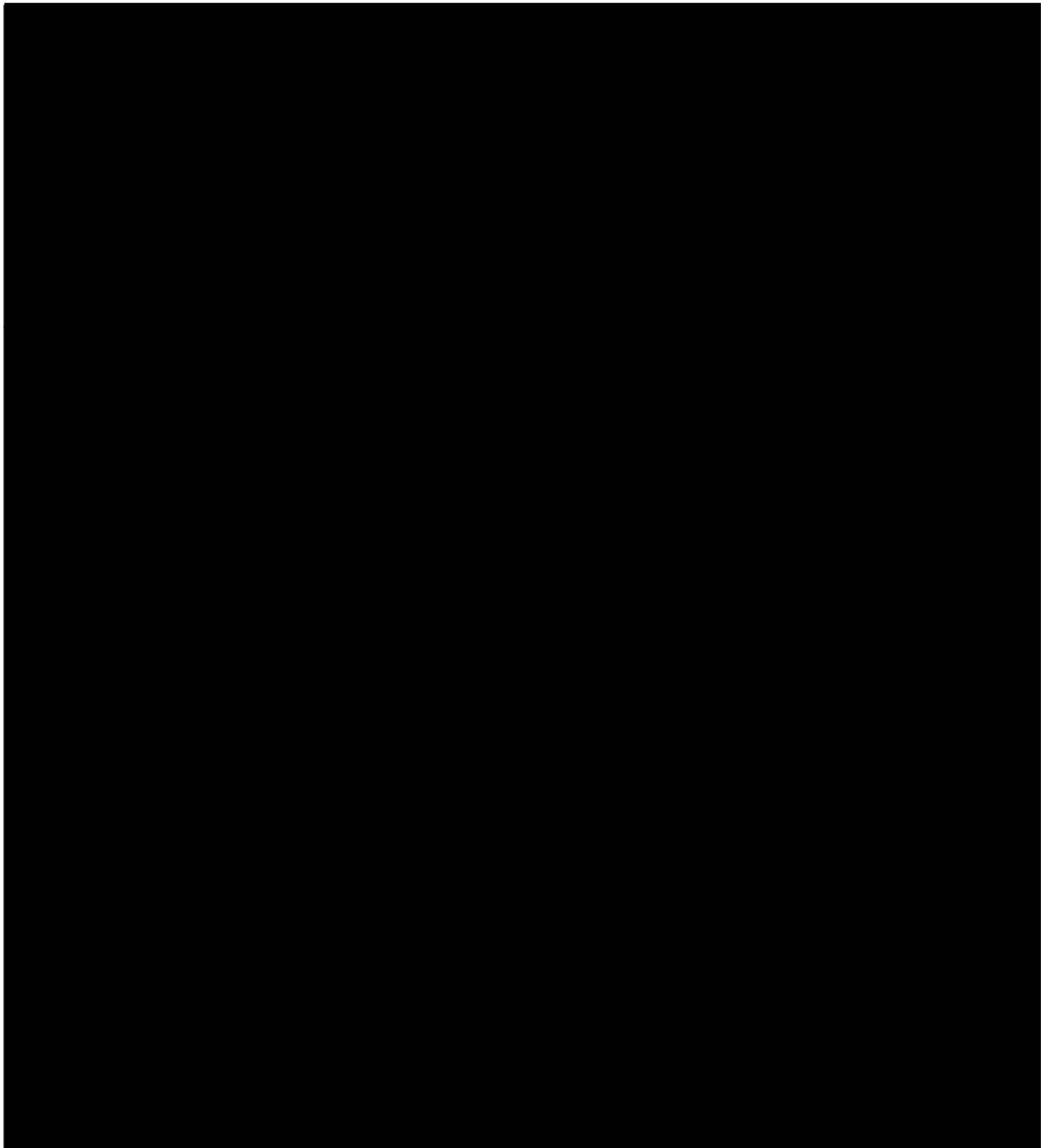












**EXHIBIT 1
TERMS**

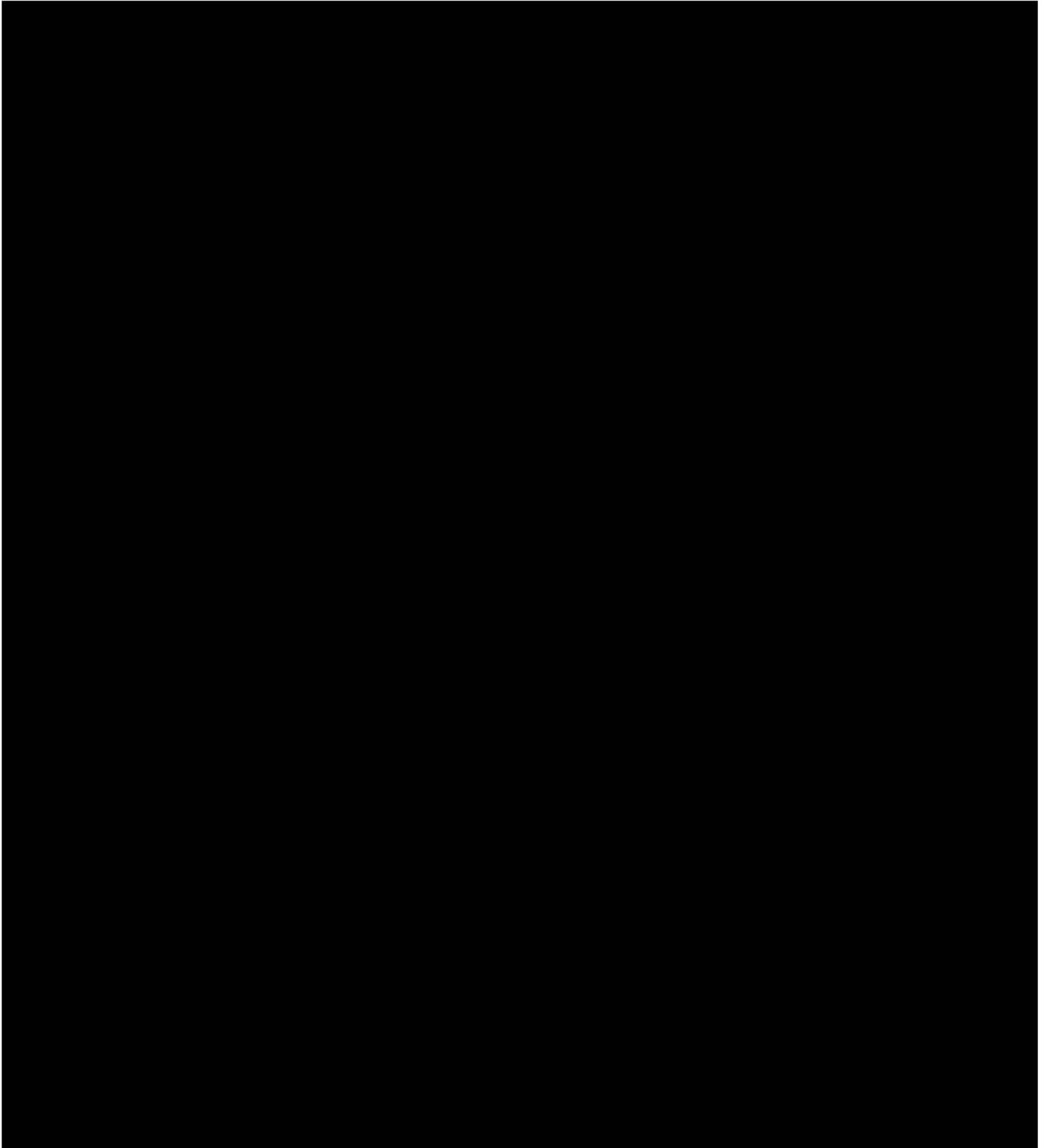


Exhibit 11

REDACTED COPY

The redacted portions of Exhibit 11 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 11 – 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

Responsible Party

Title of Verifying Individual

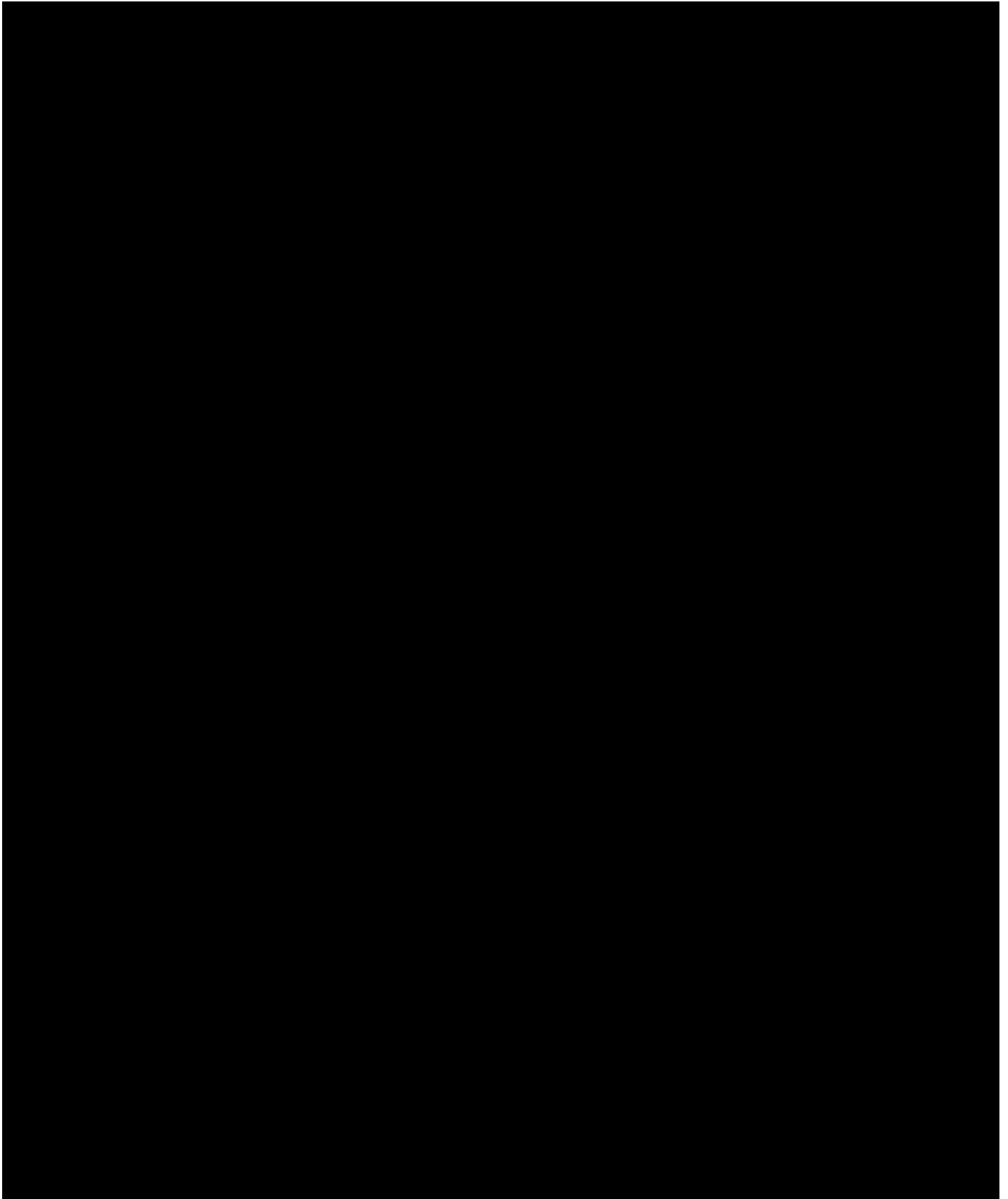


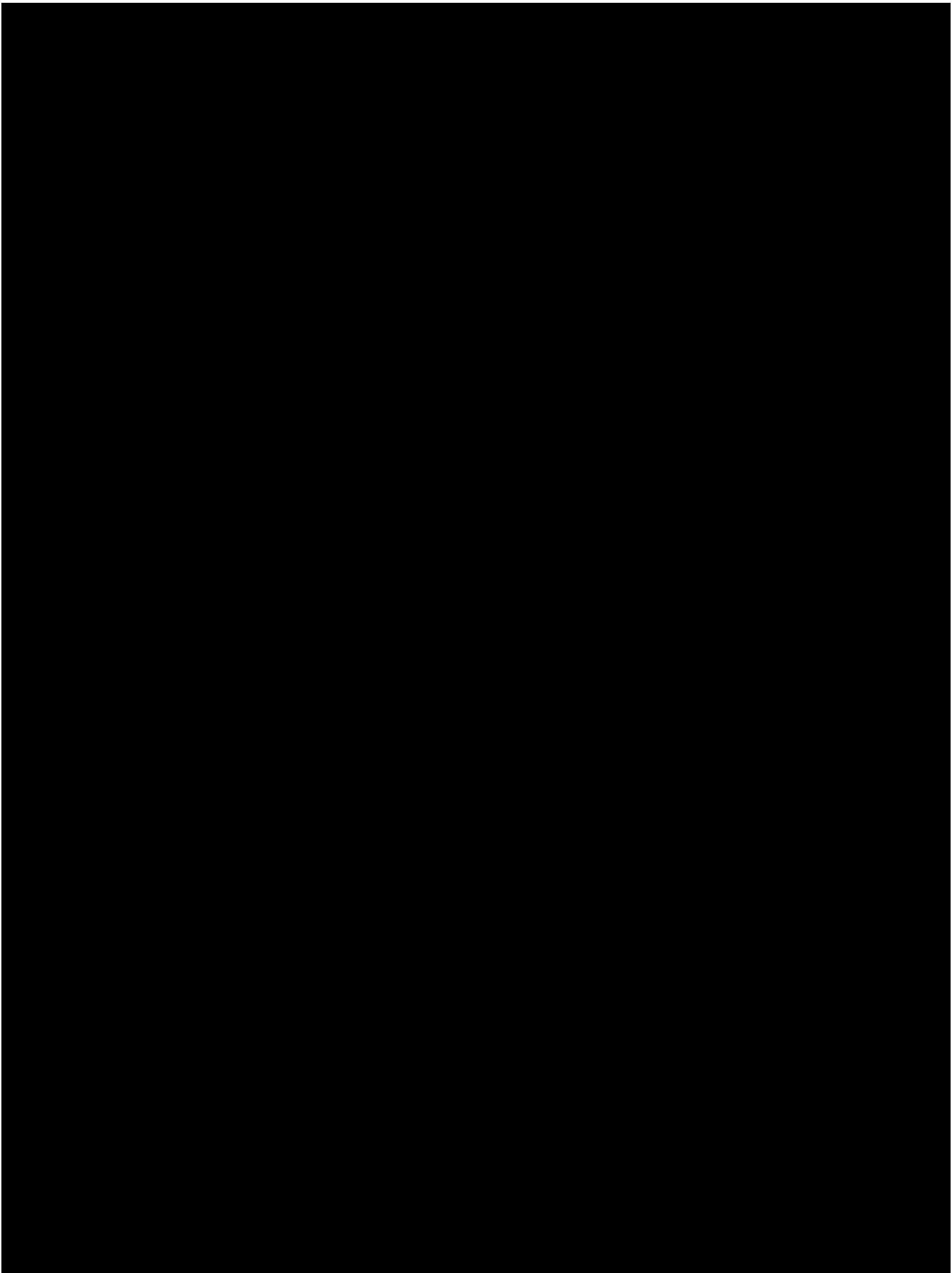
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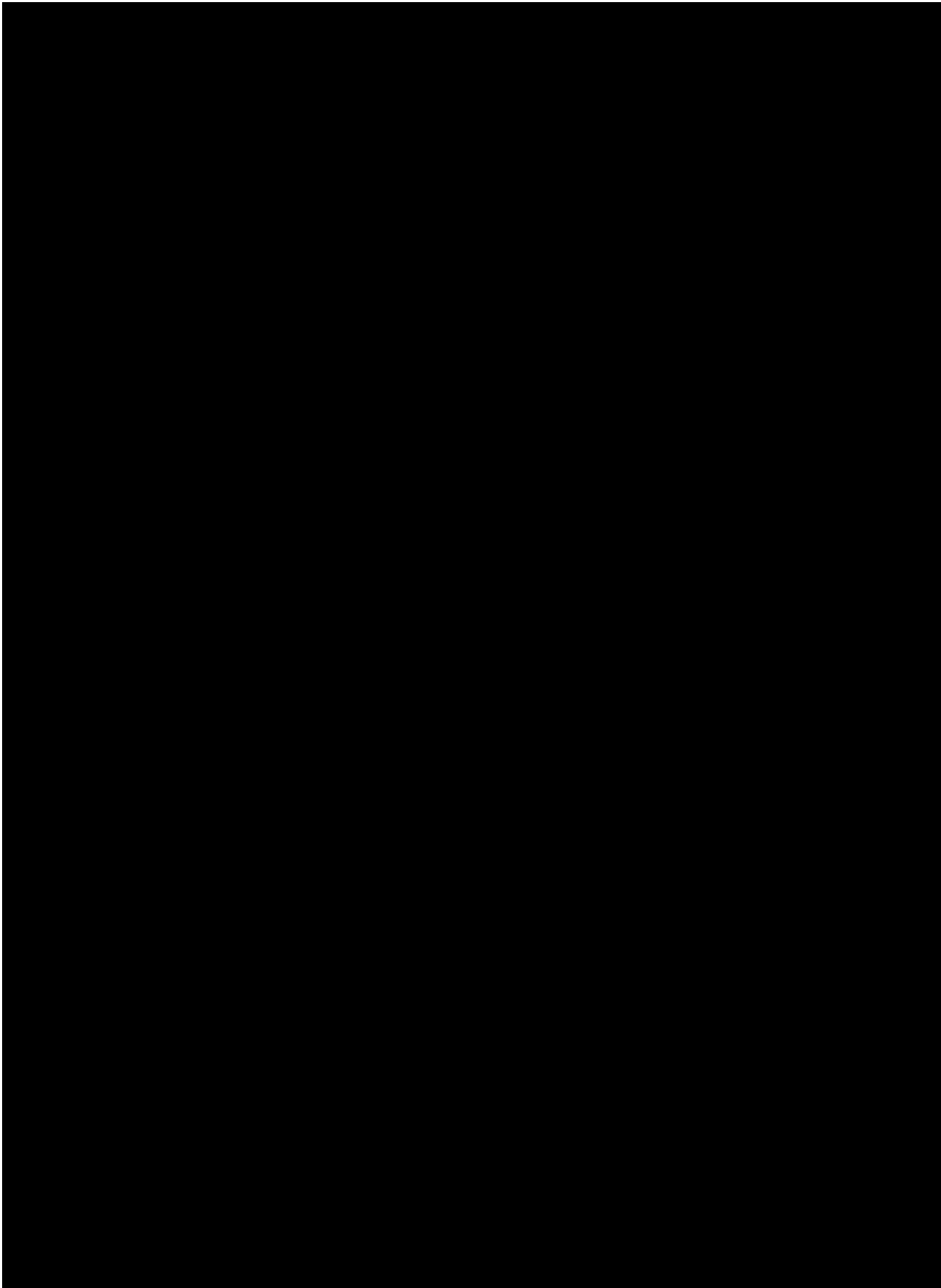
12/30/2022

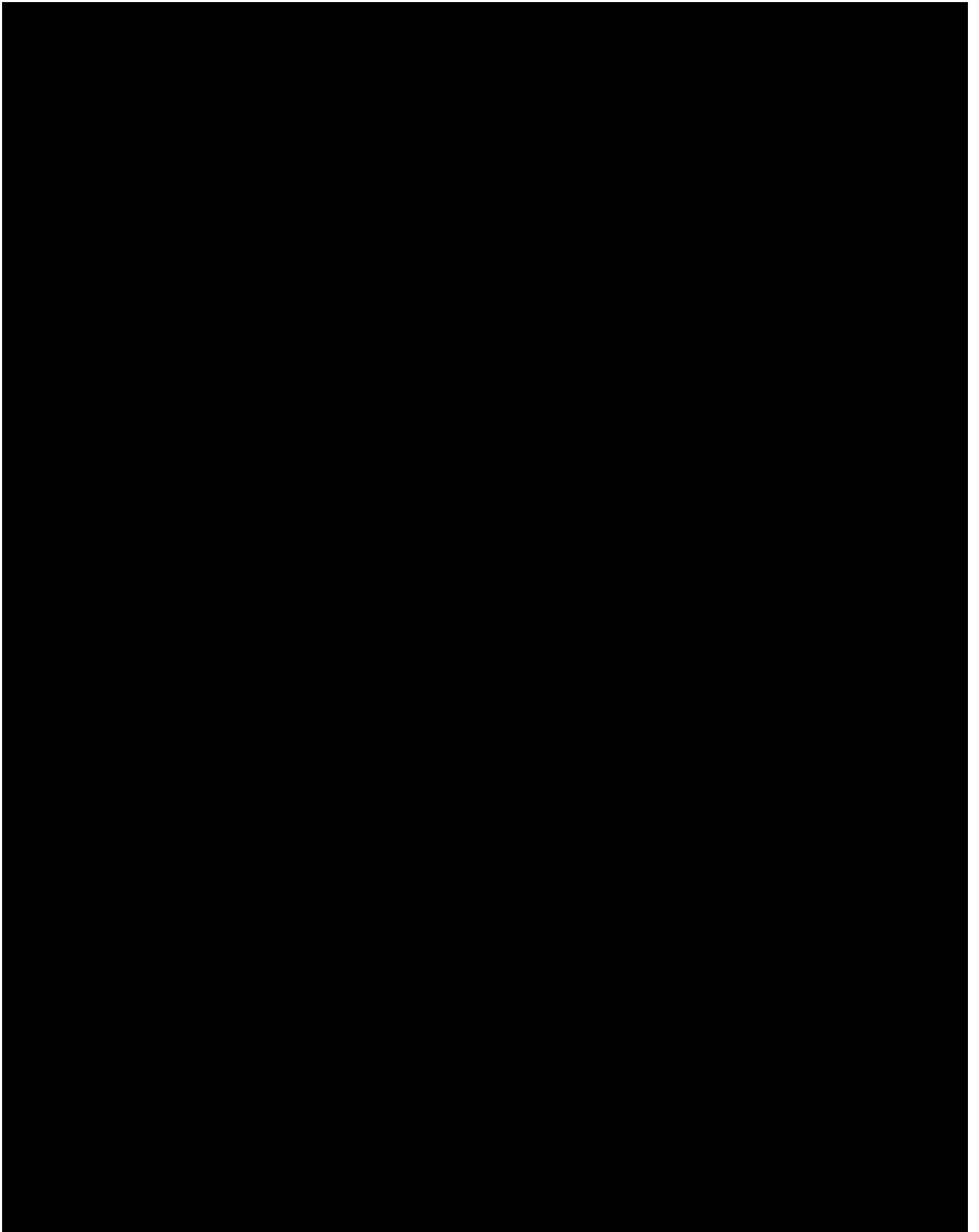
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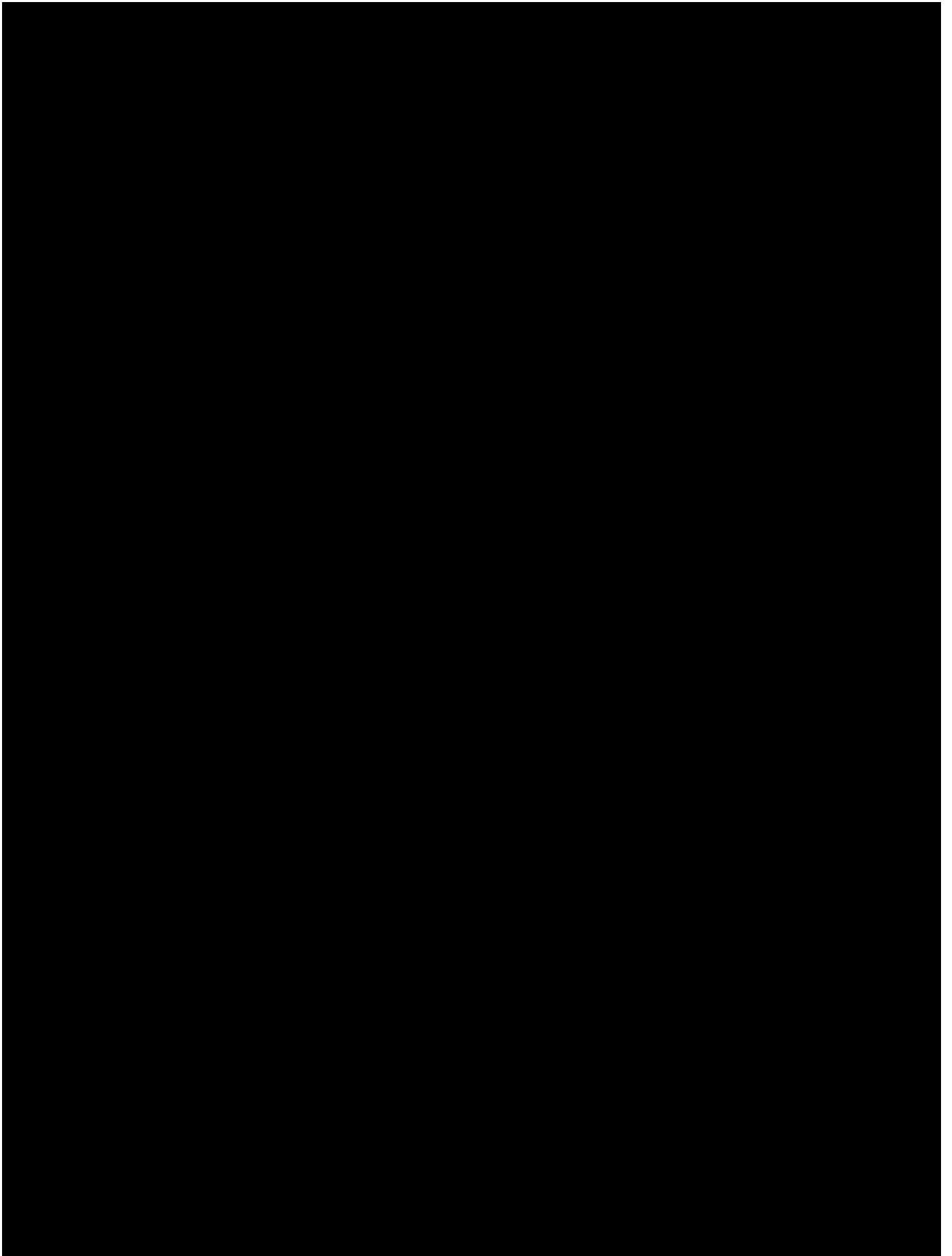
Exhibit 11 – Standard Operating Plan and Procedures

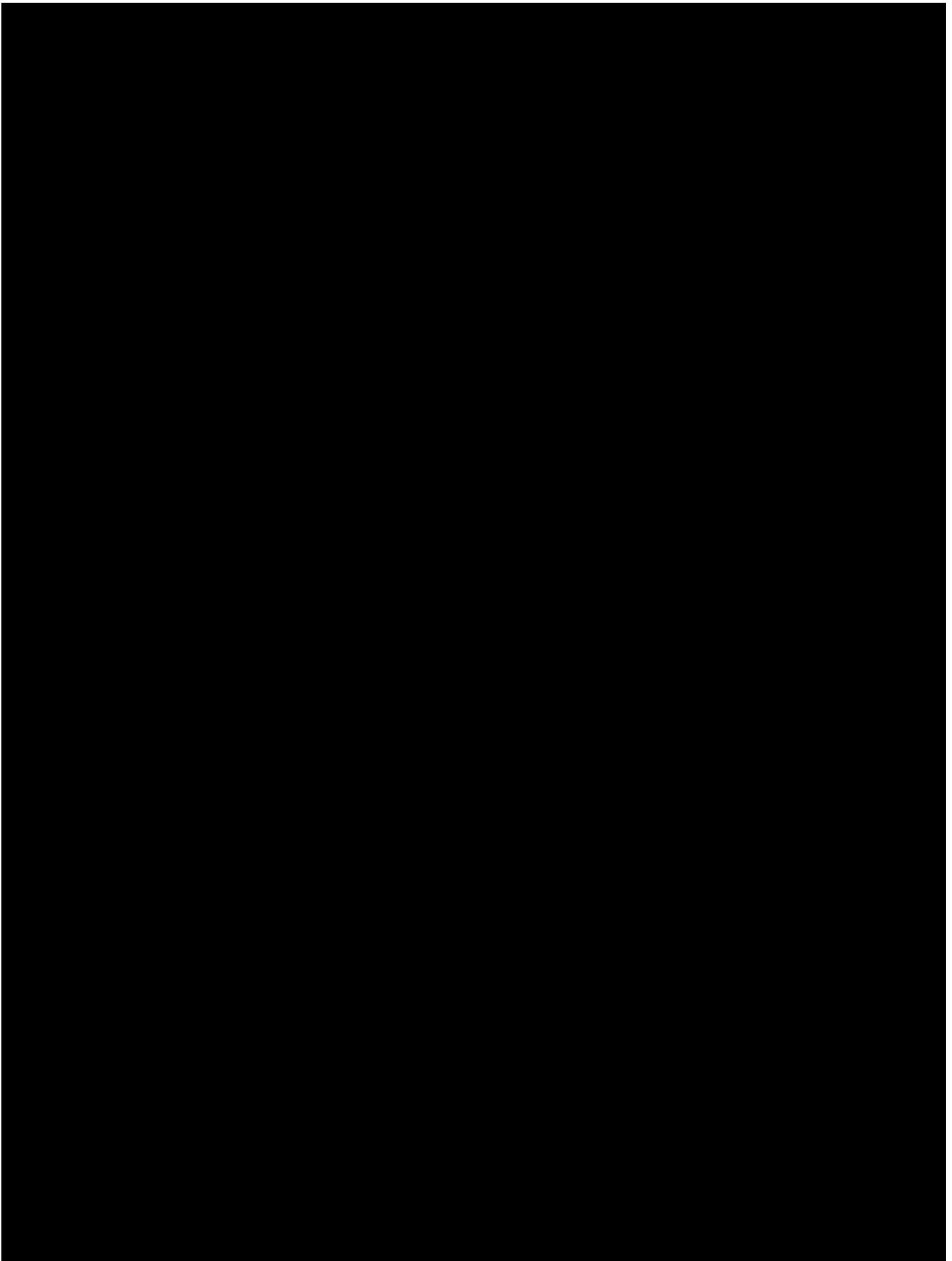


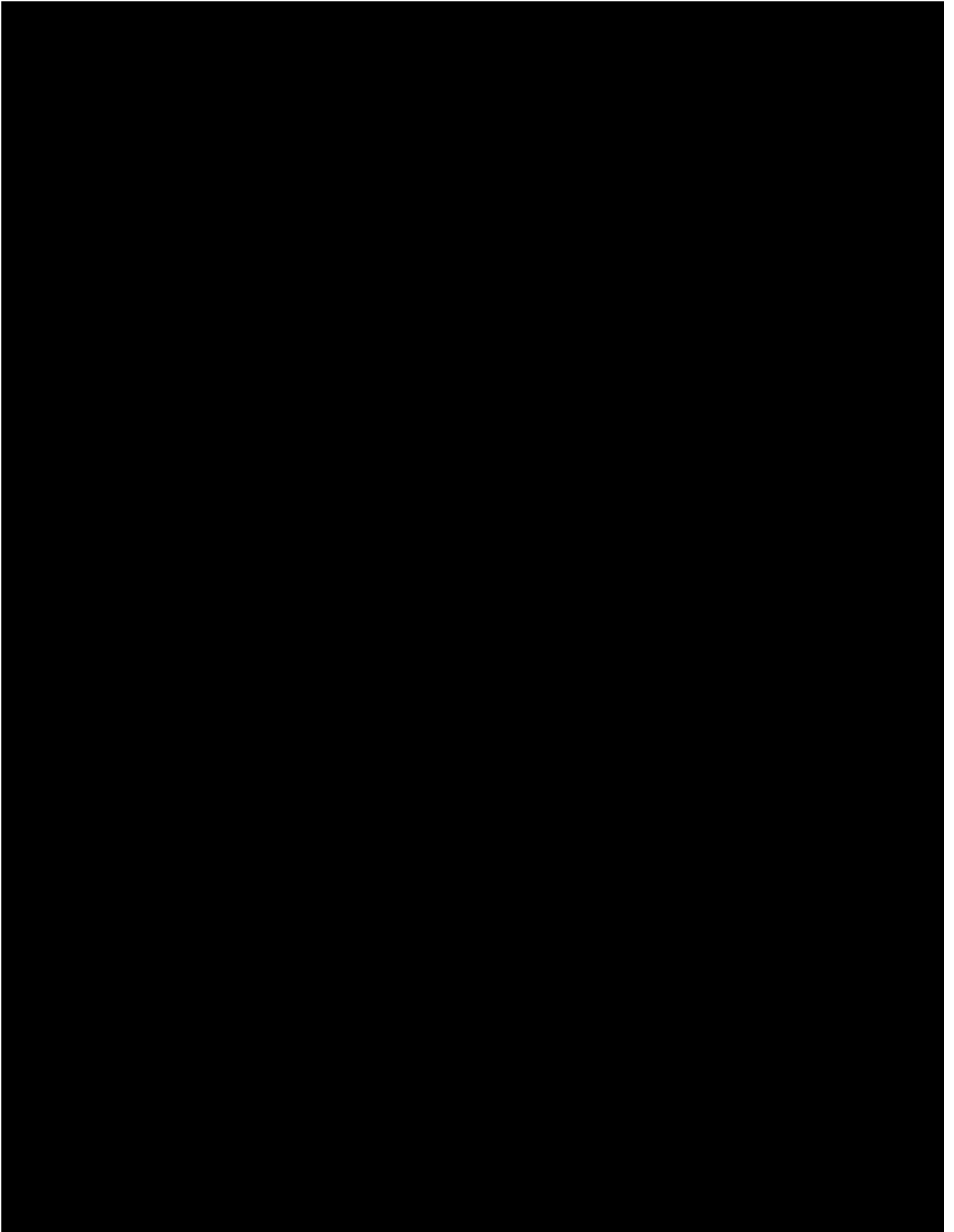


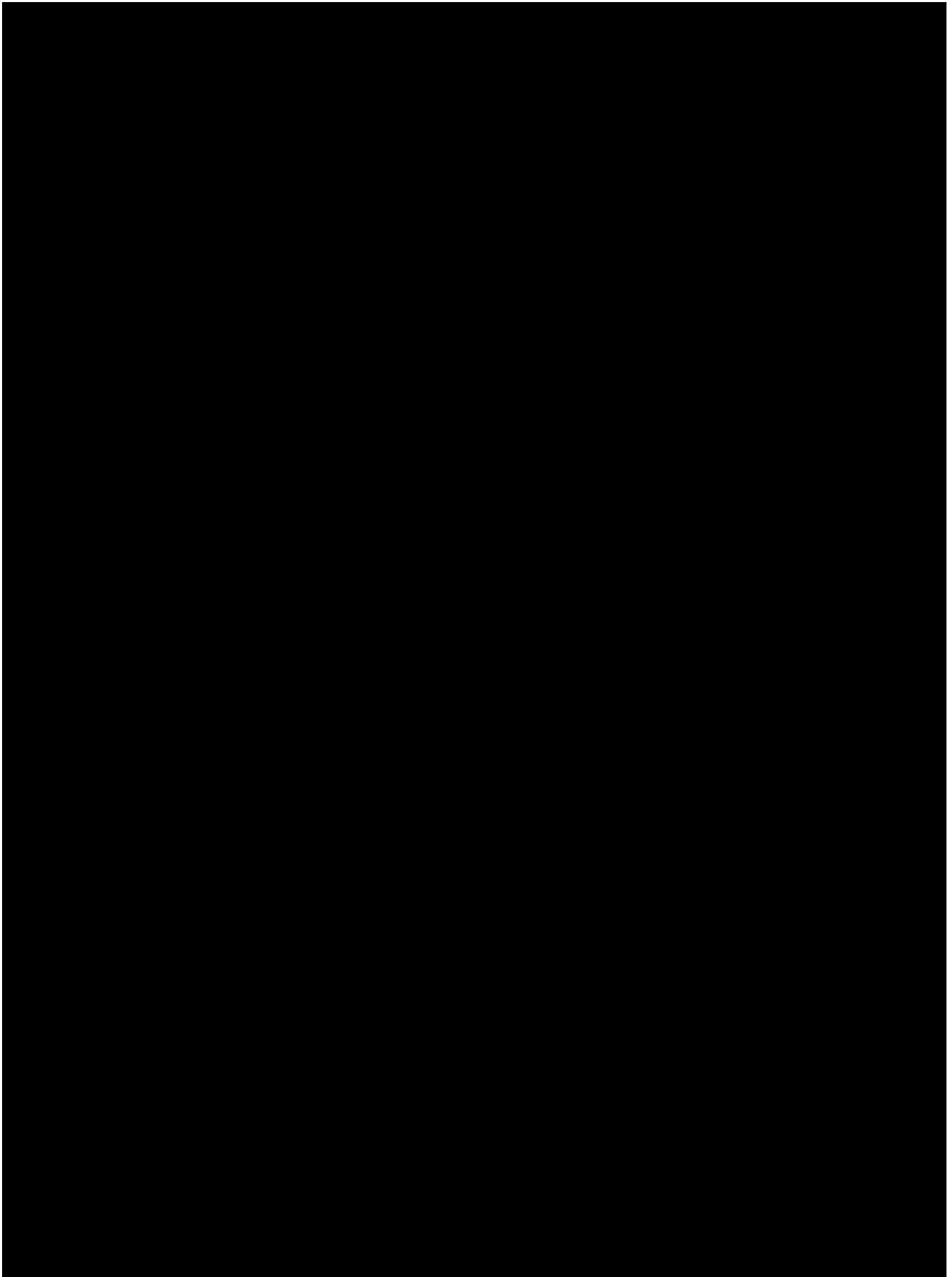


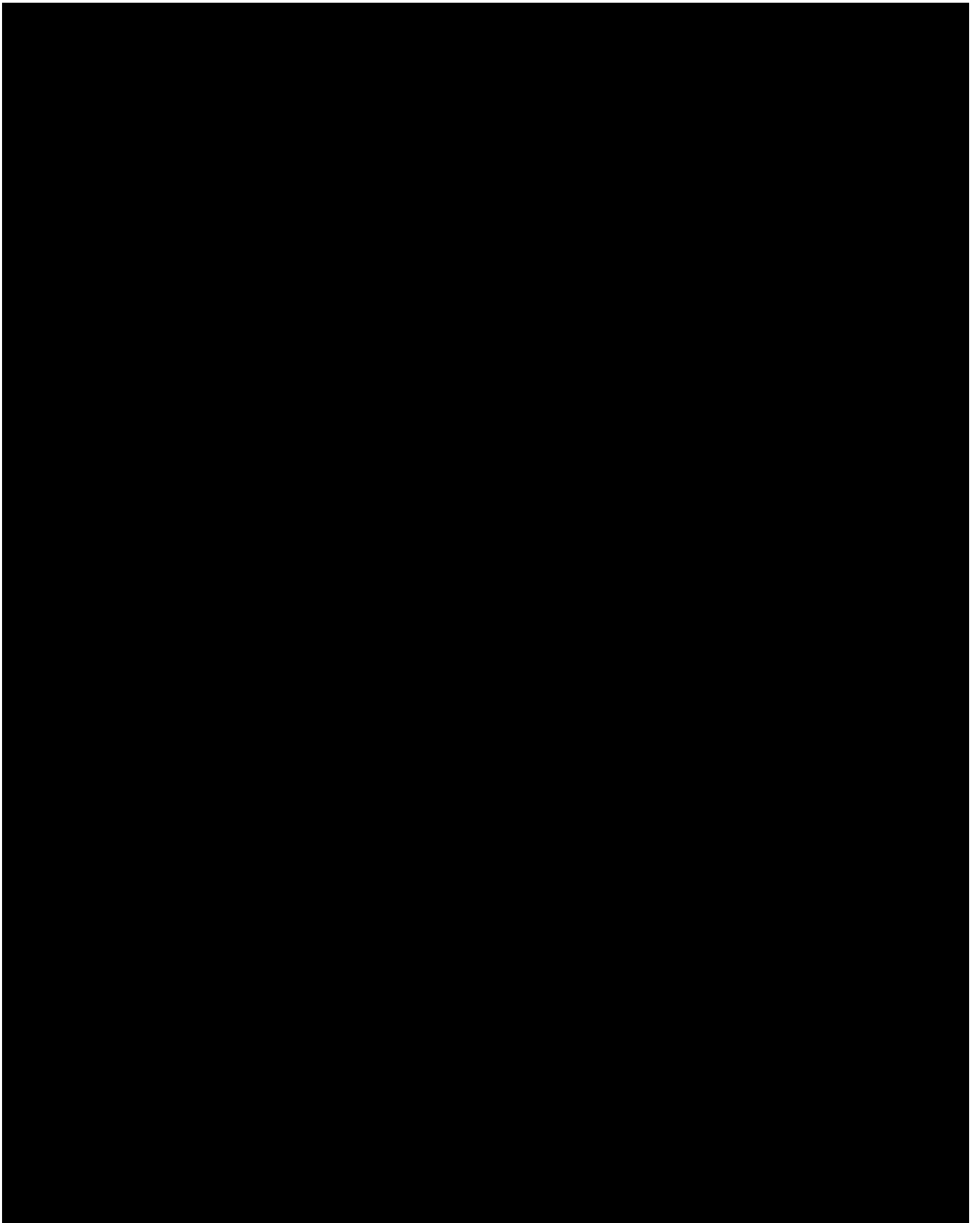


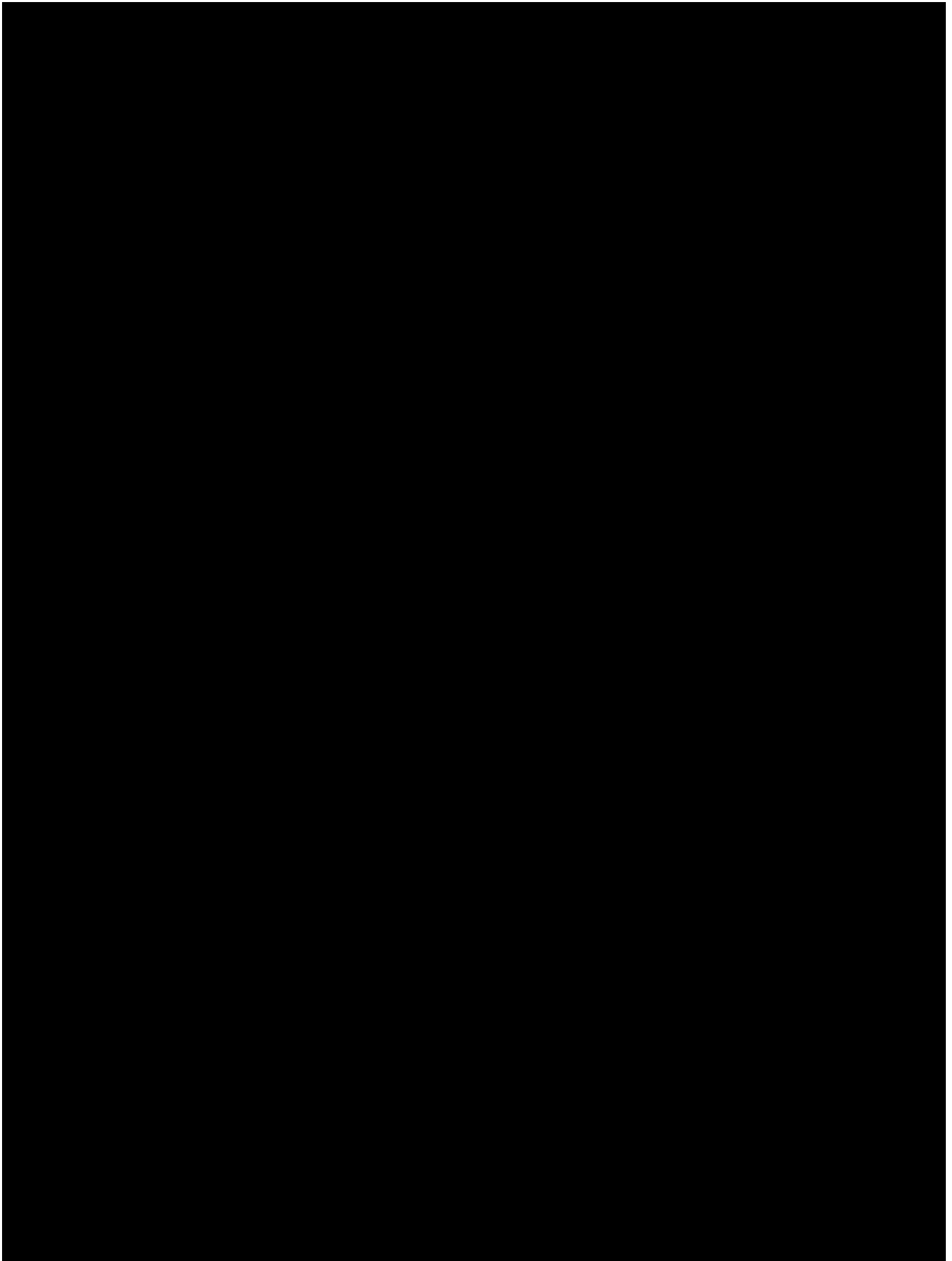


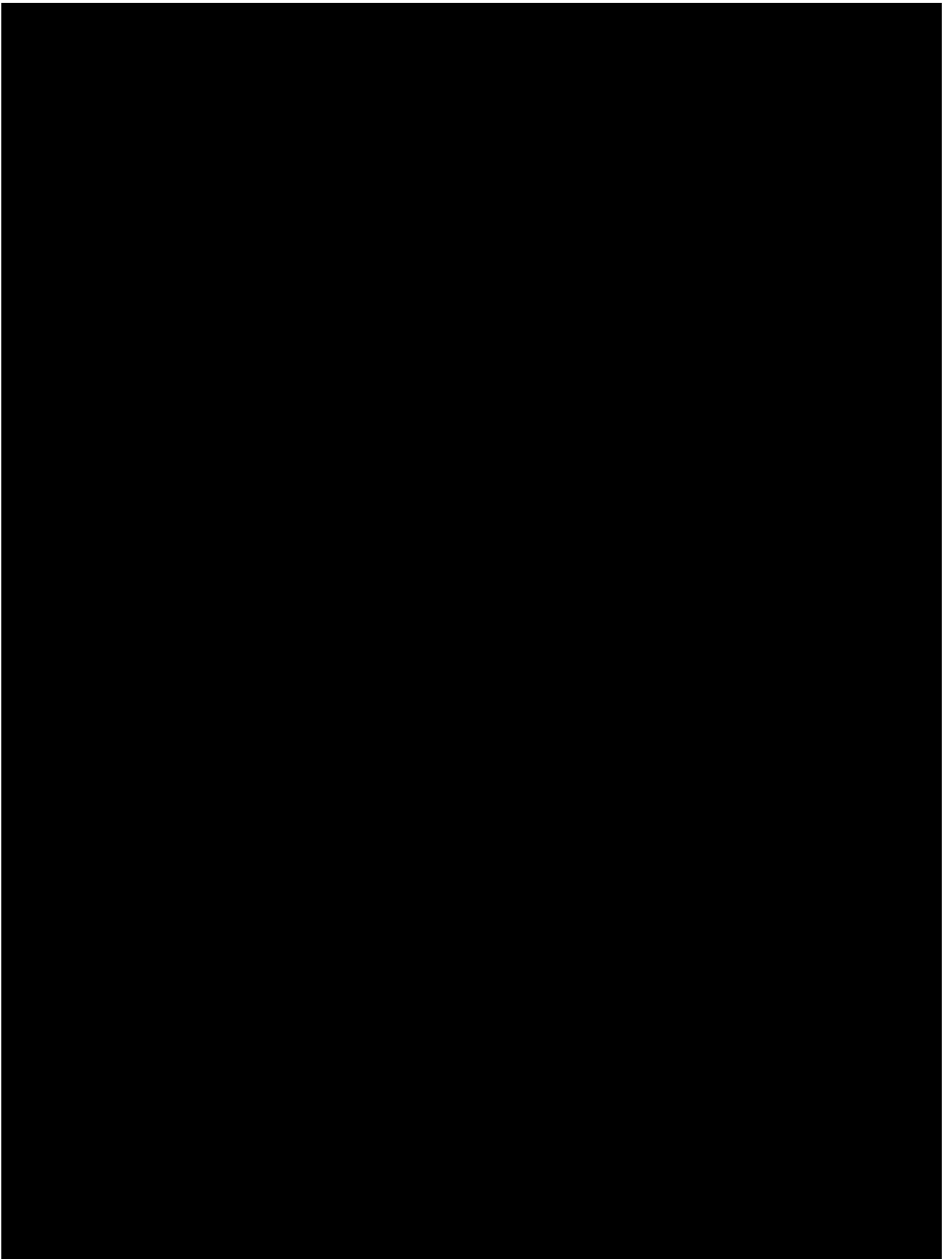


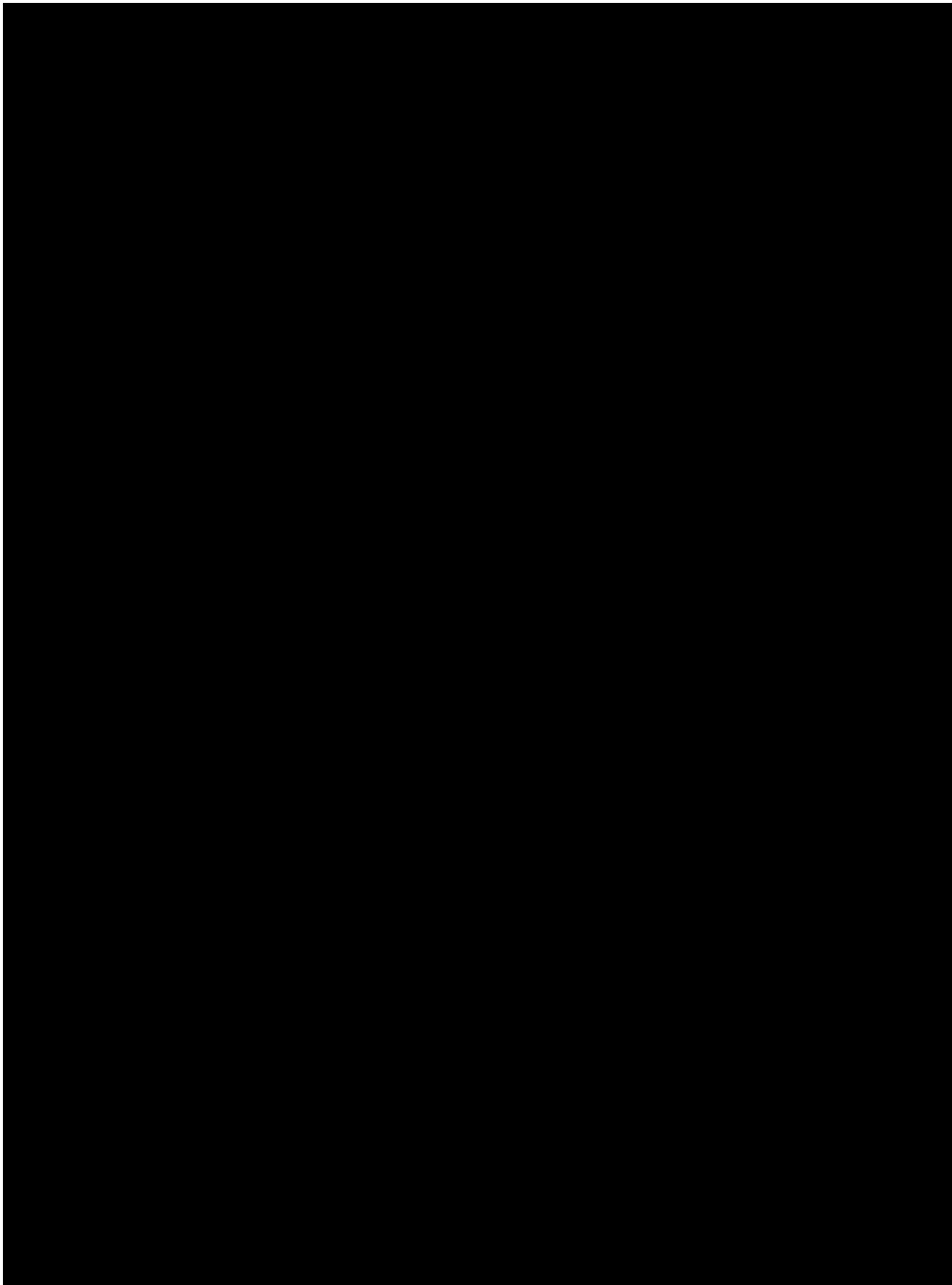


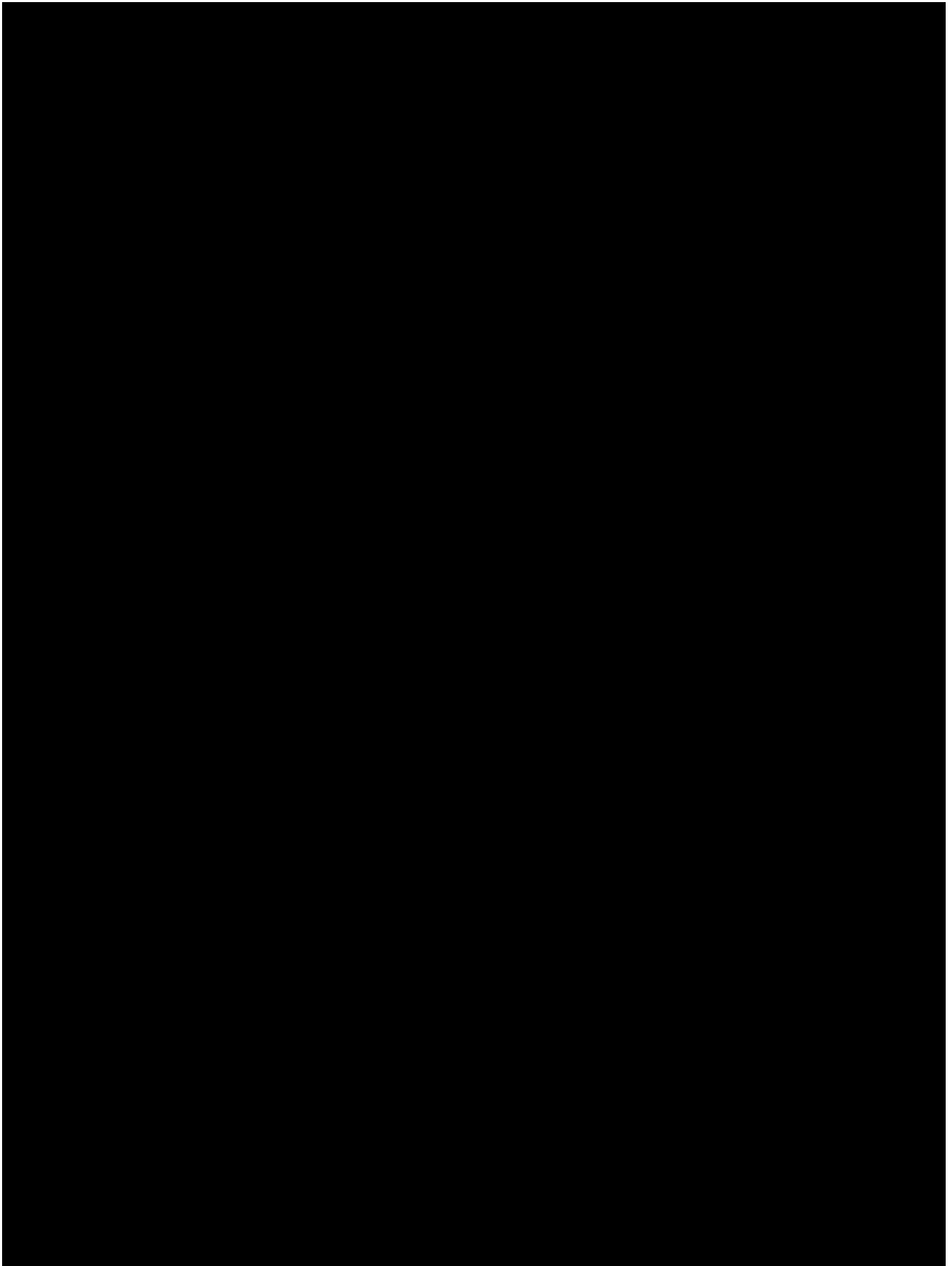


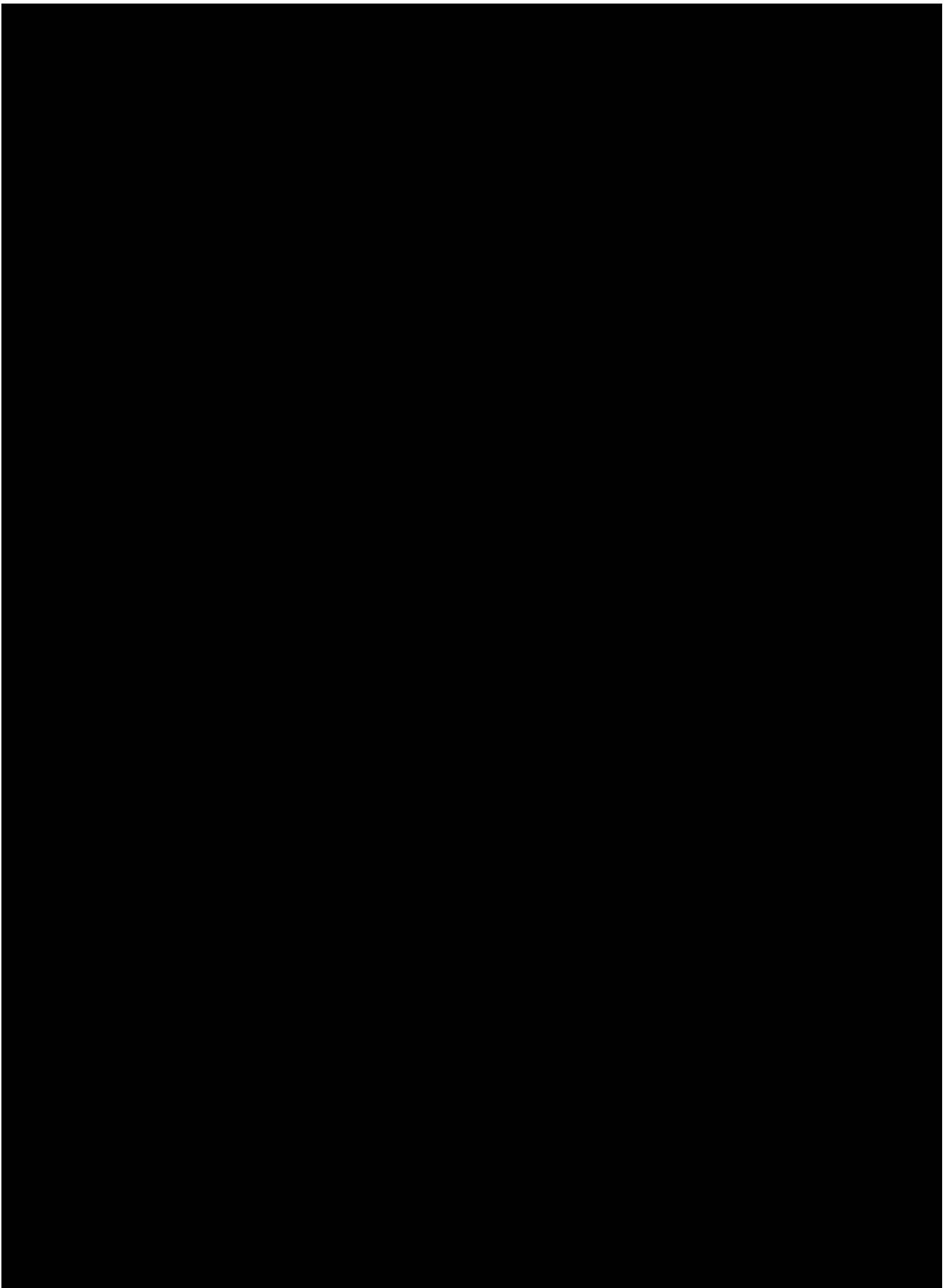














Emergency Evacuation Plan – Attachment to Exhibit 11, Section 11.4

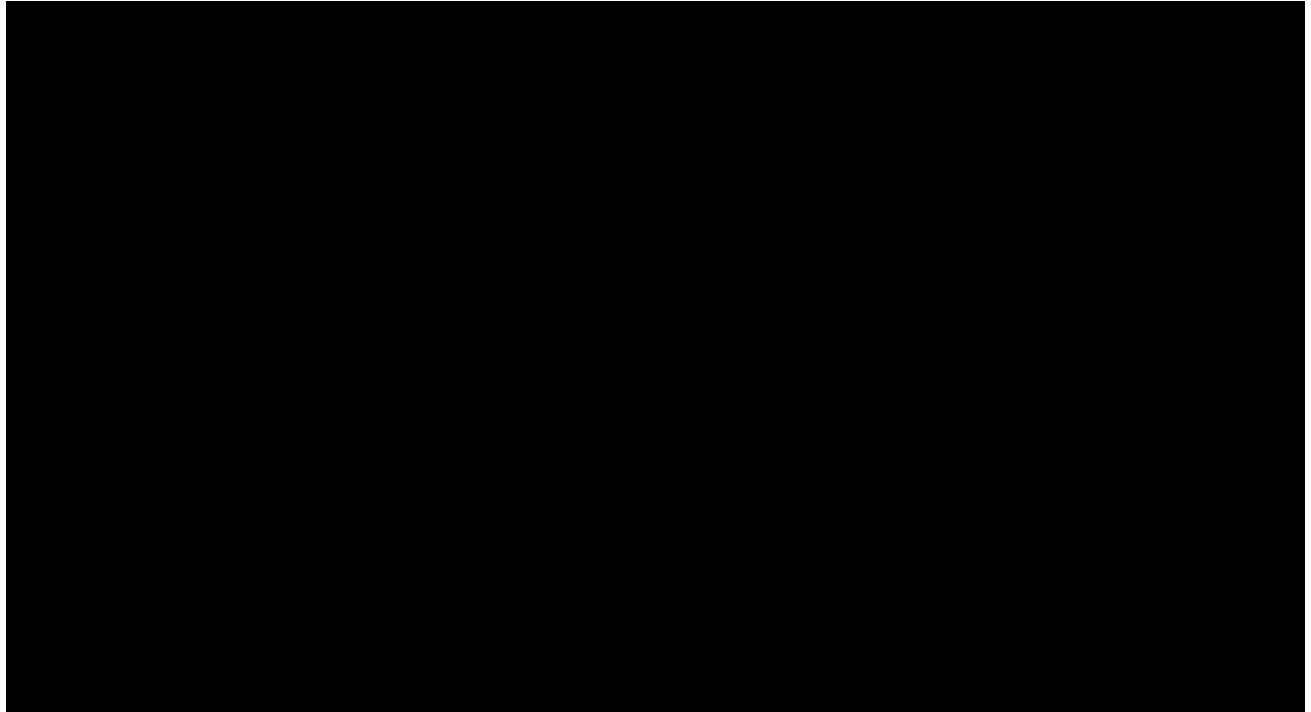


Exhibit 12

REDACTED COPY

The redacted portions of Exhibit 12 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 12 – 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

Responsible Party

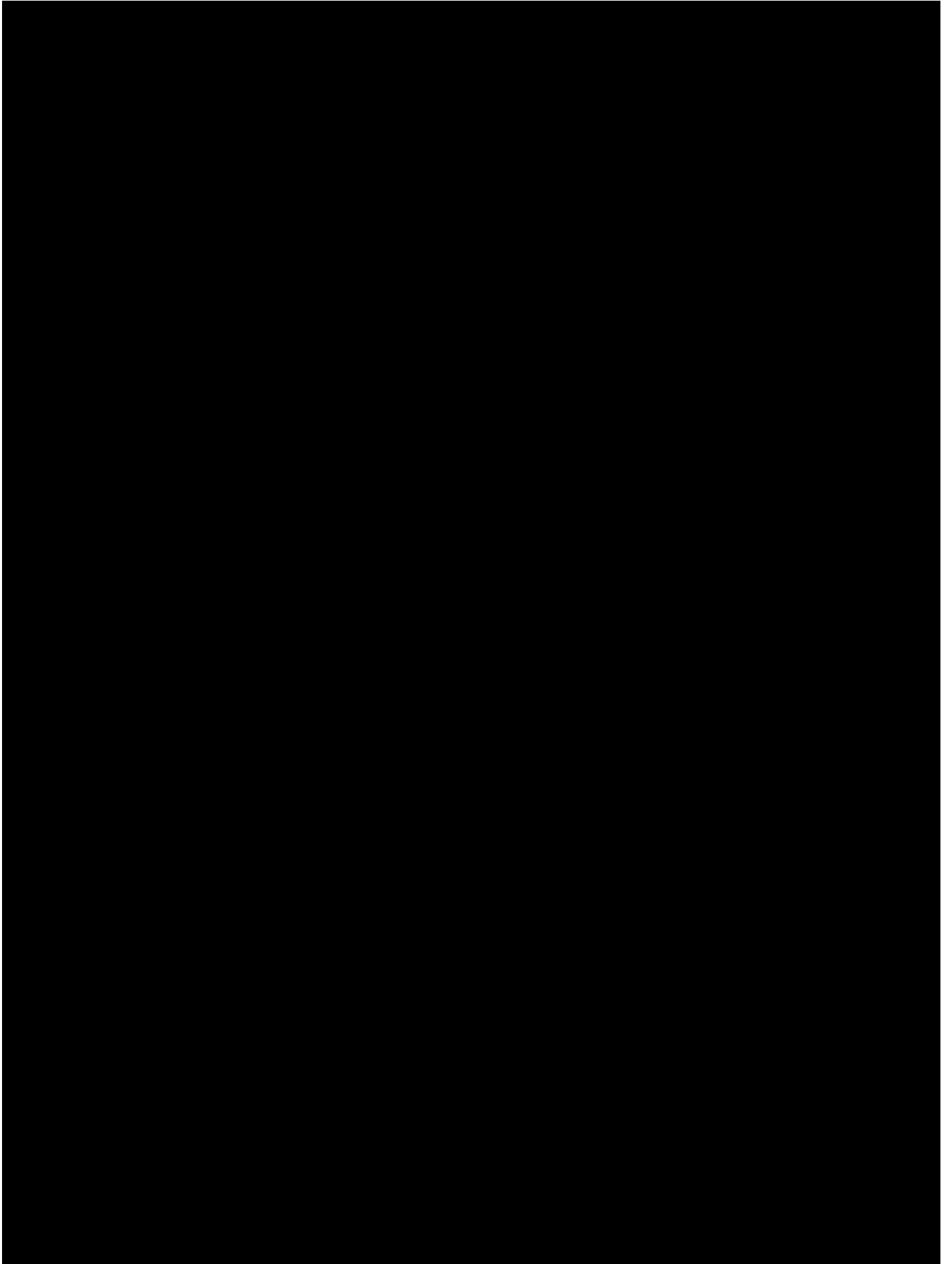
Title of Verifying Individual

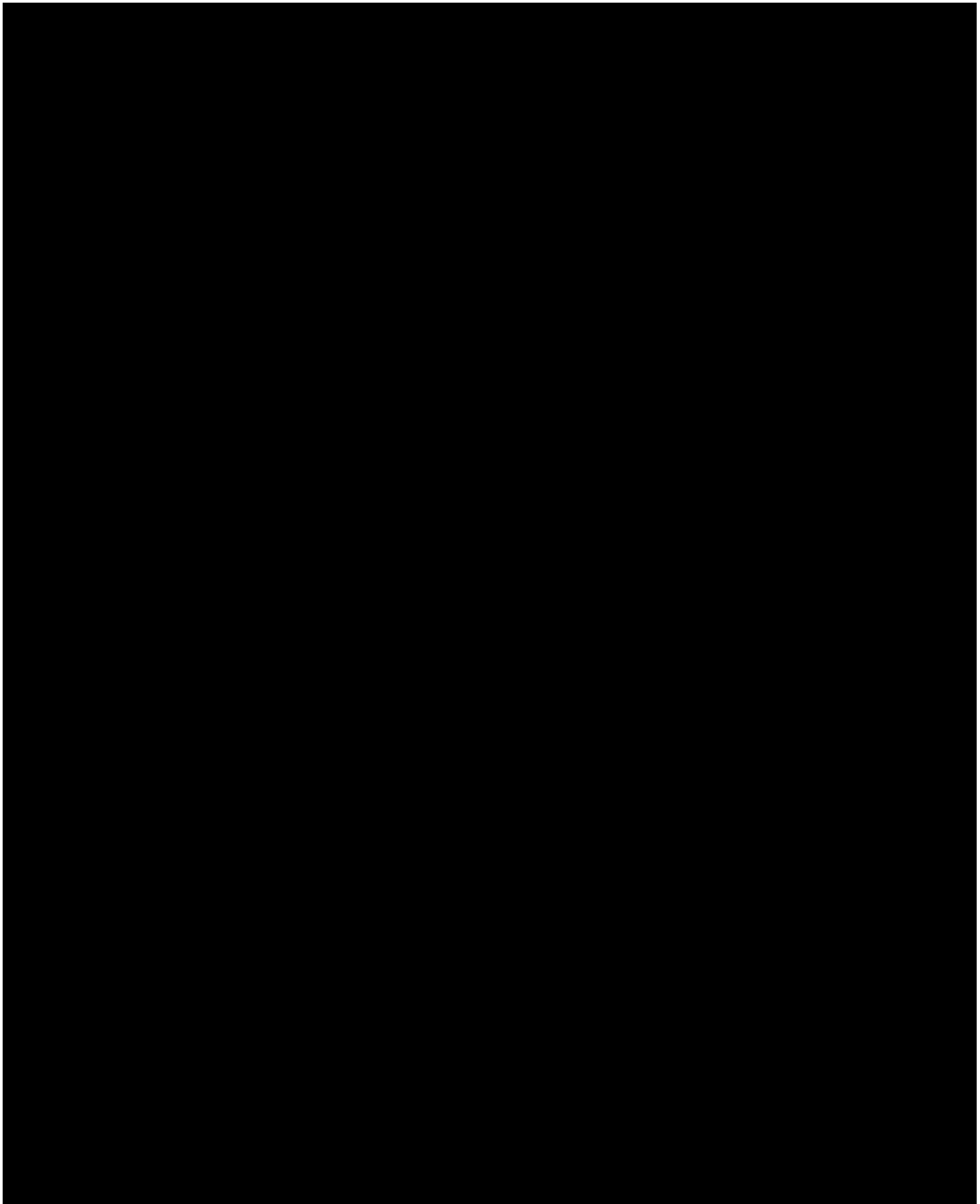


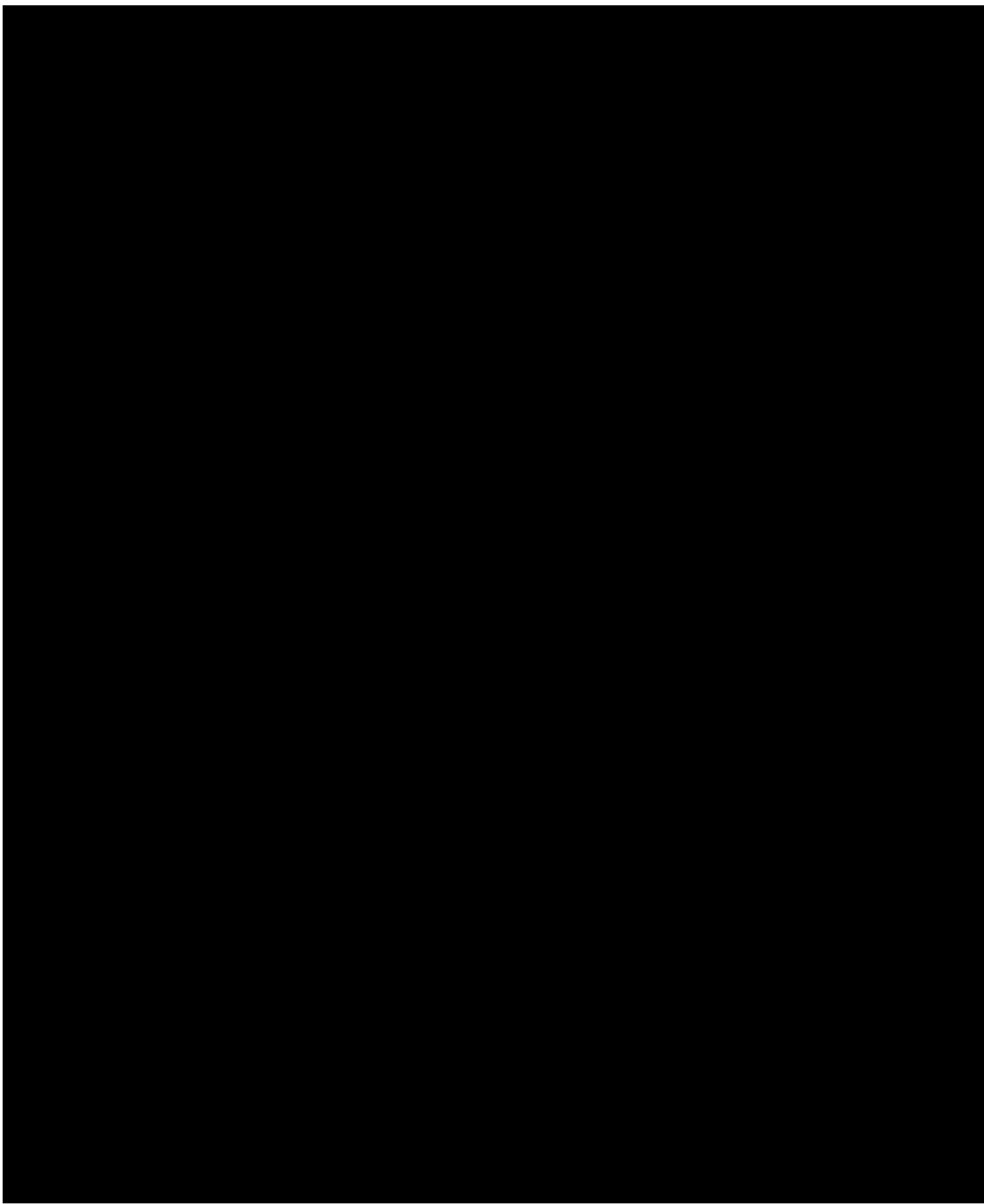
Signature of Verifying Individual

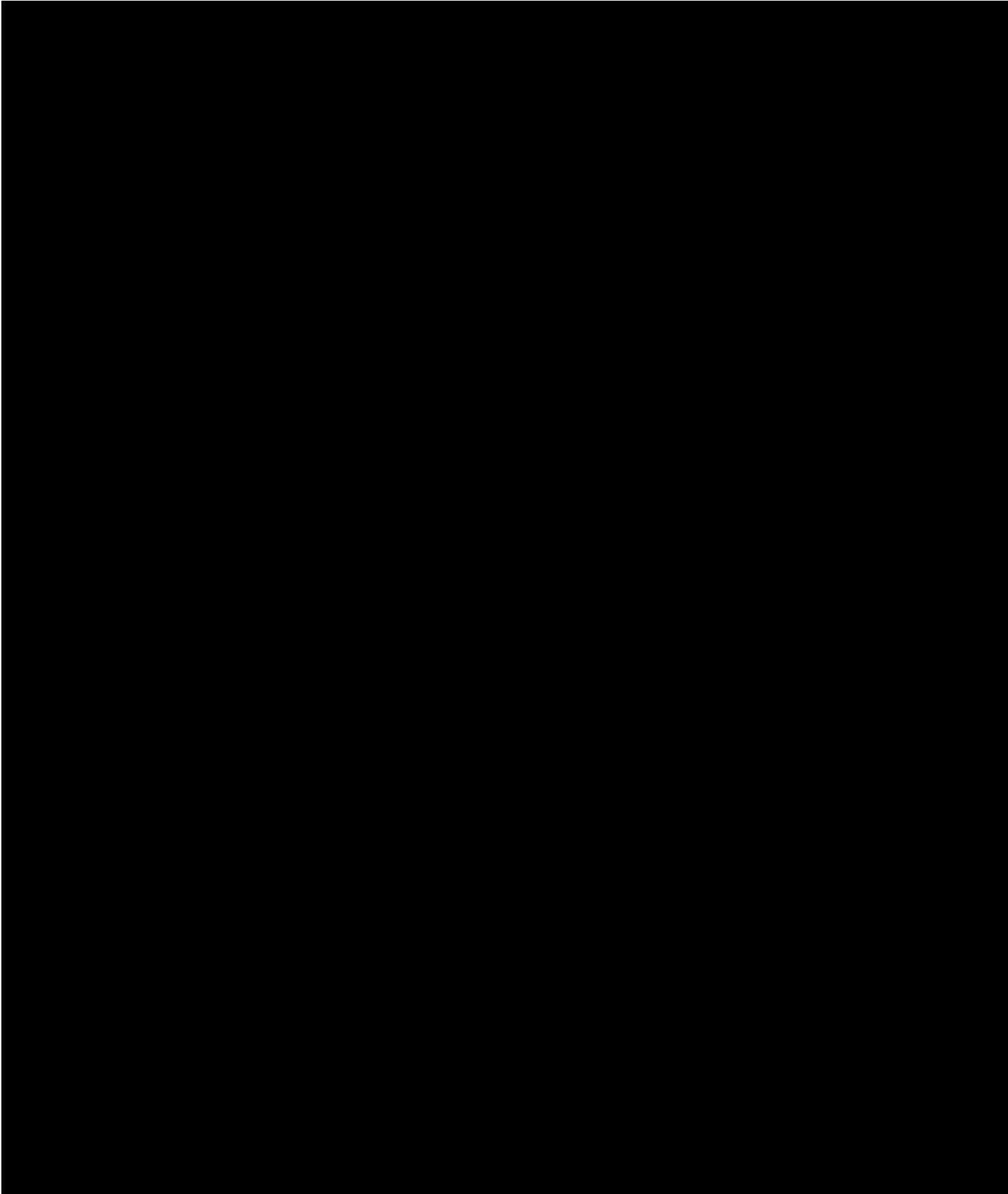
12/30/2022

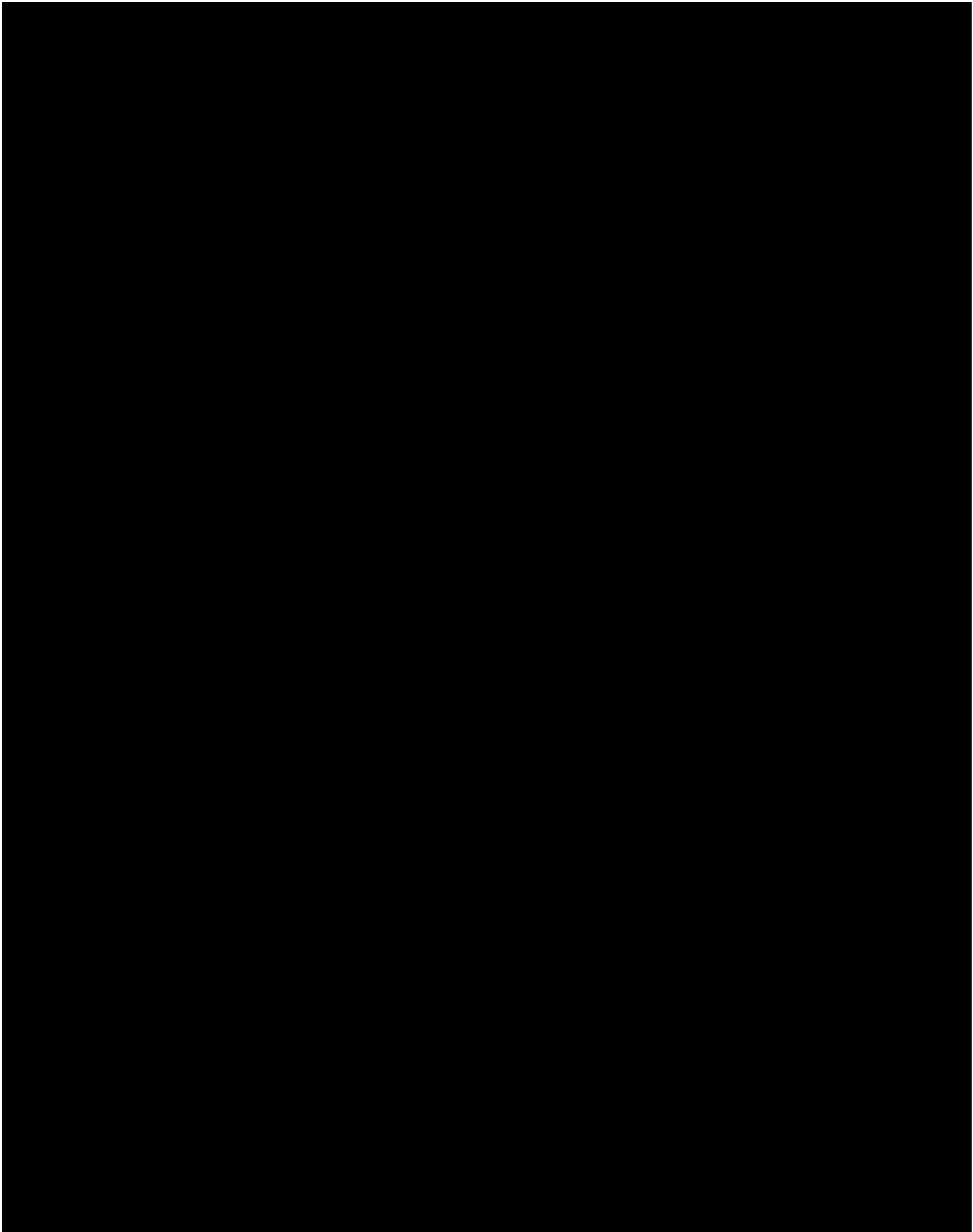
Verification Date

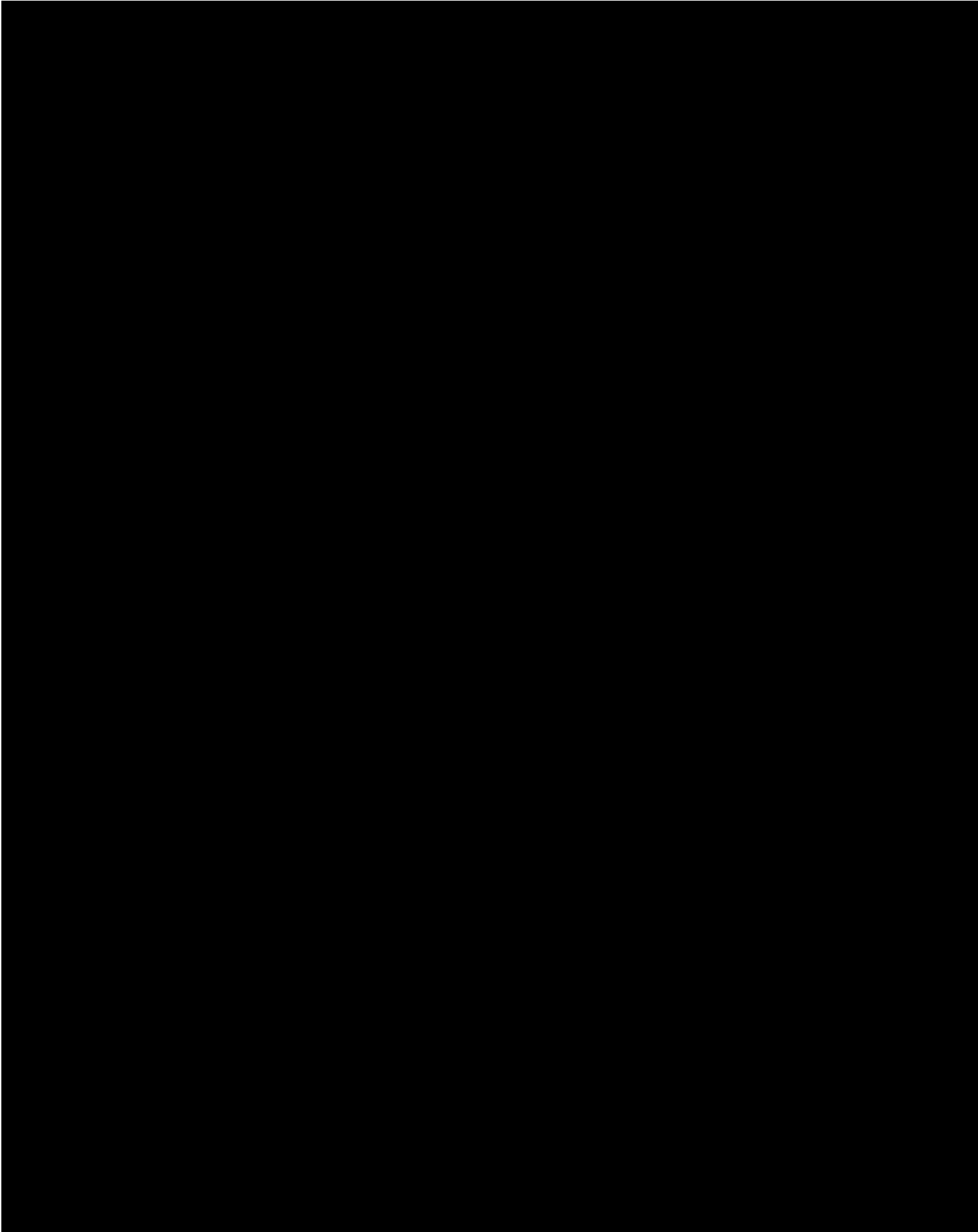


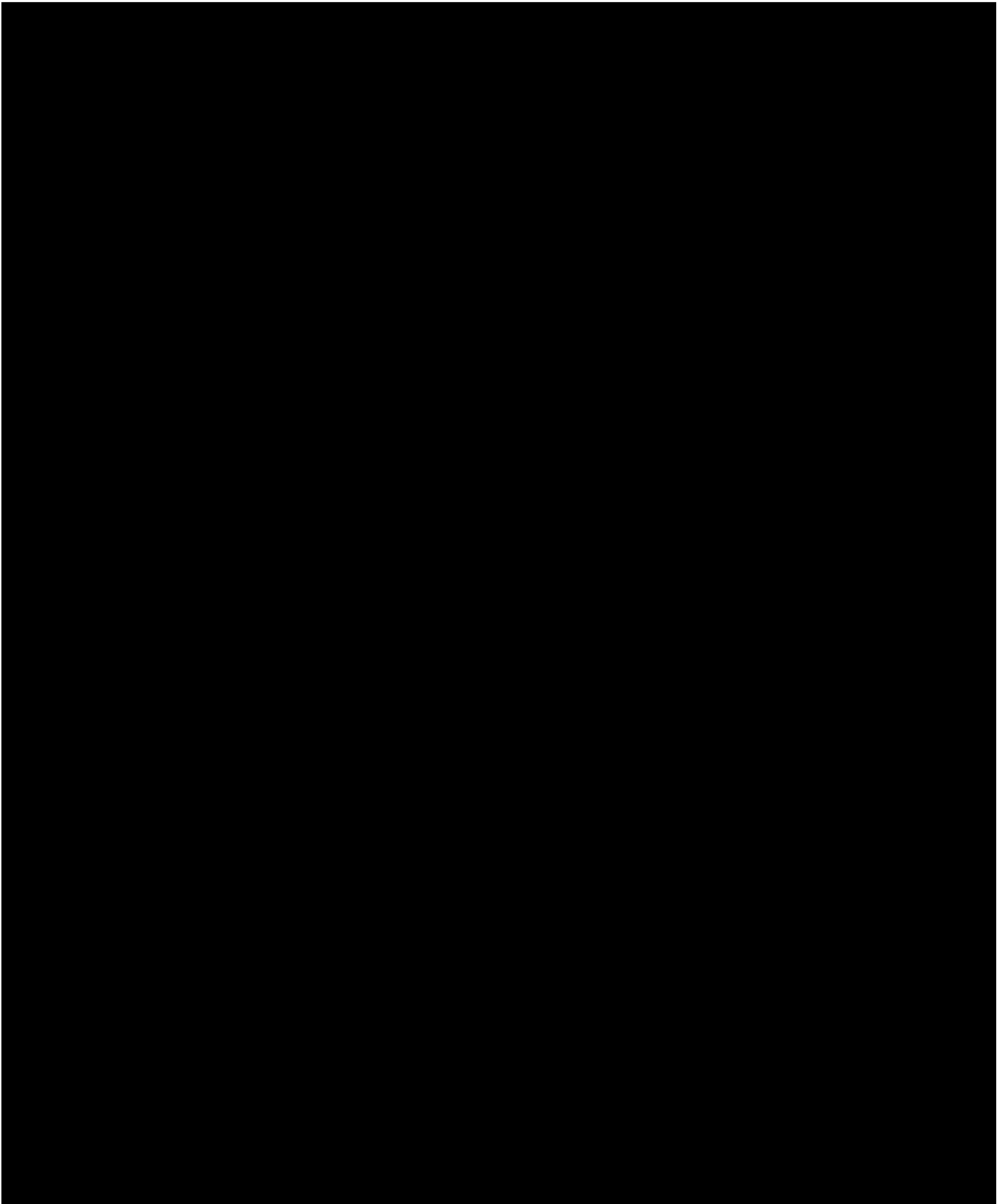


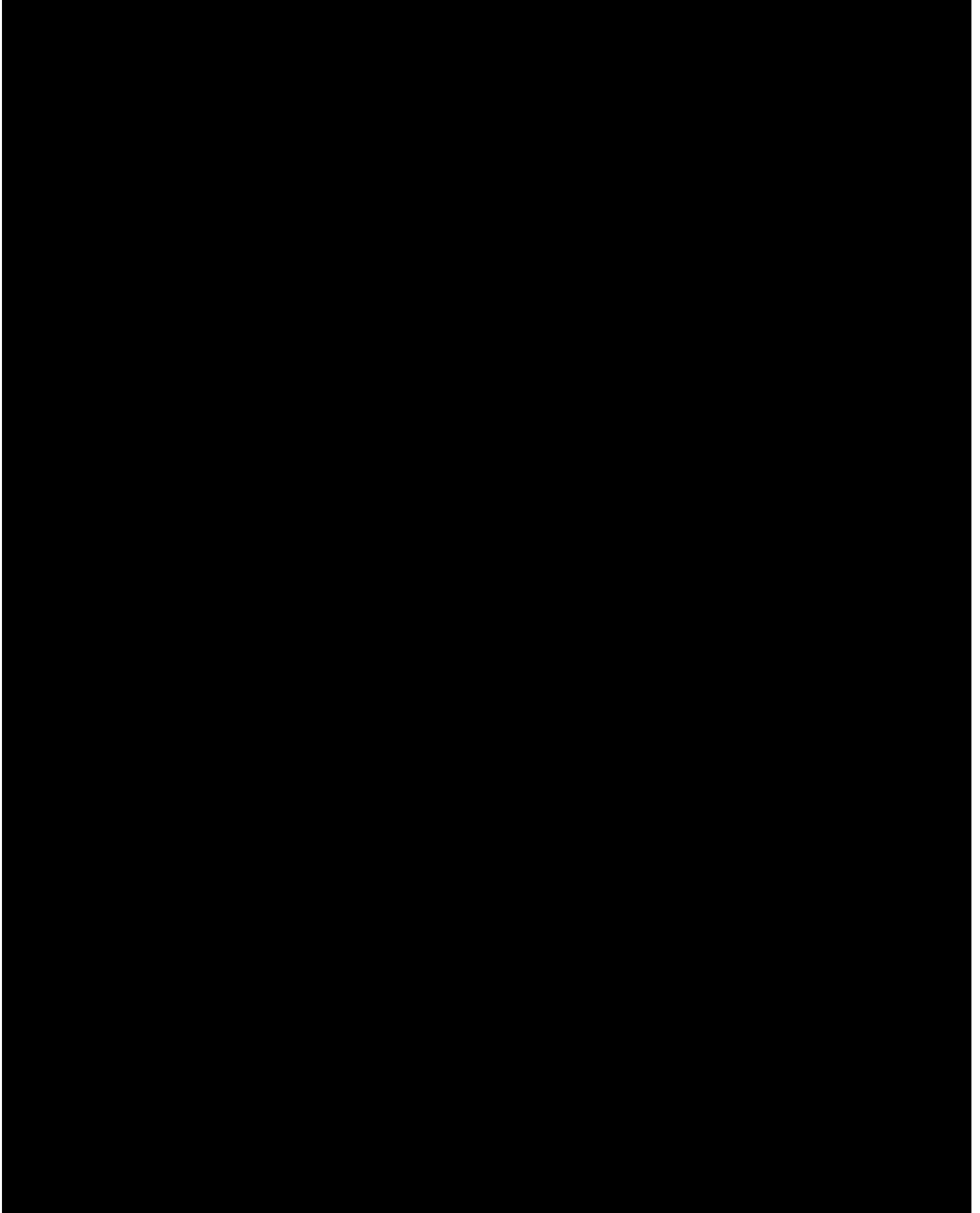




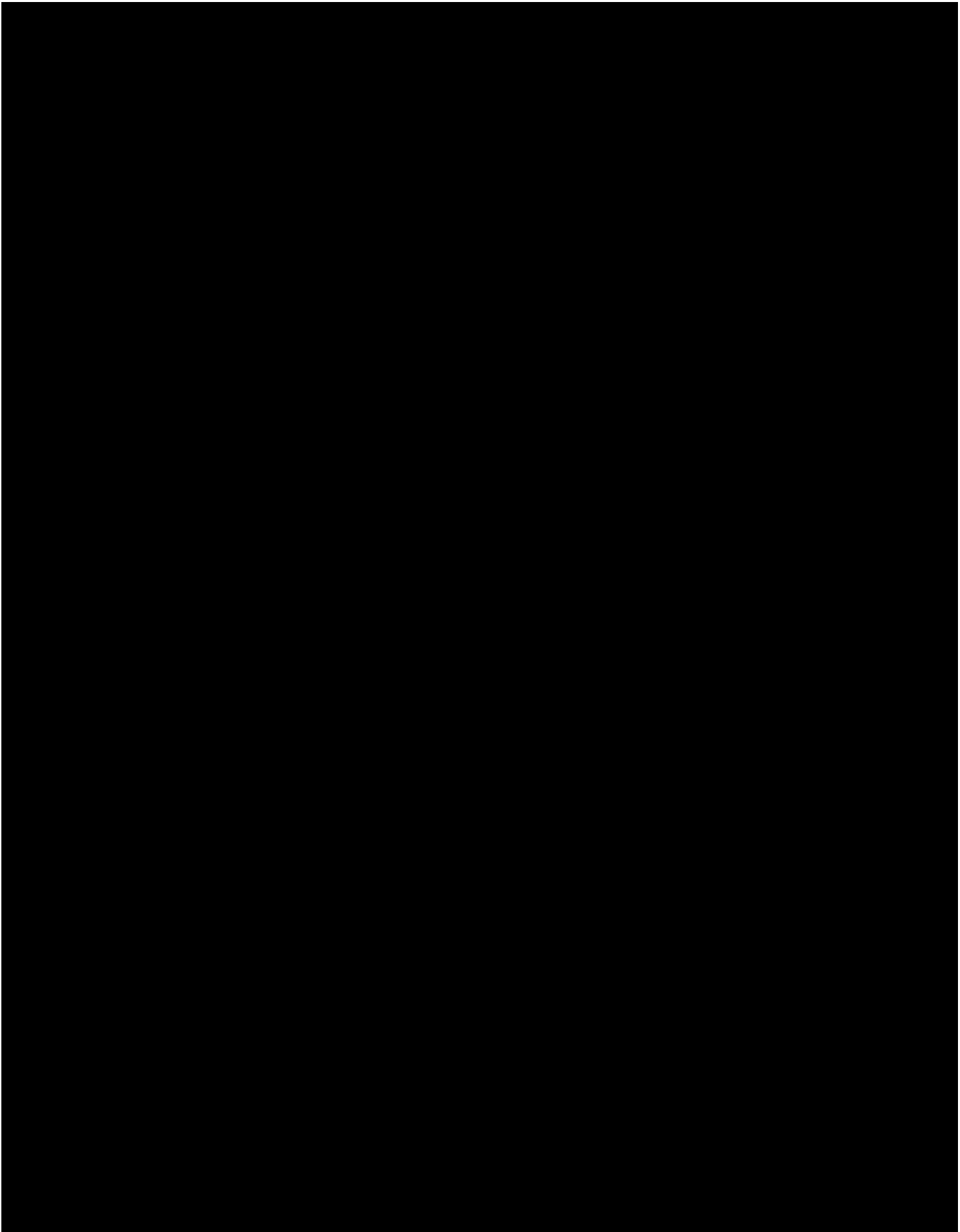




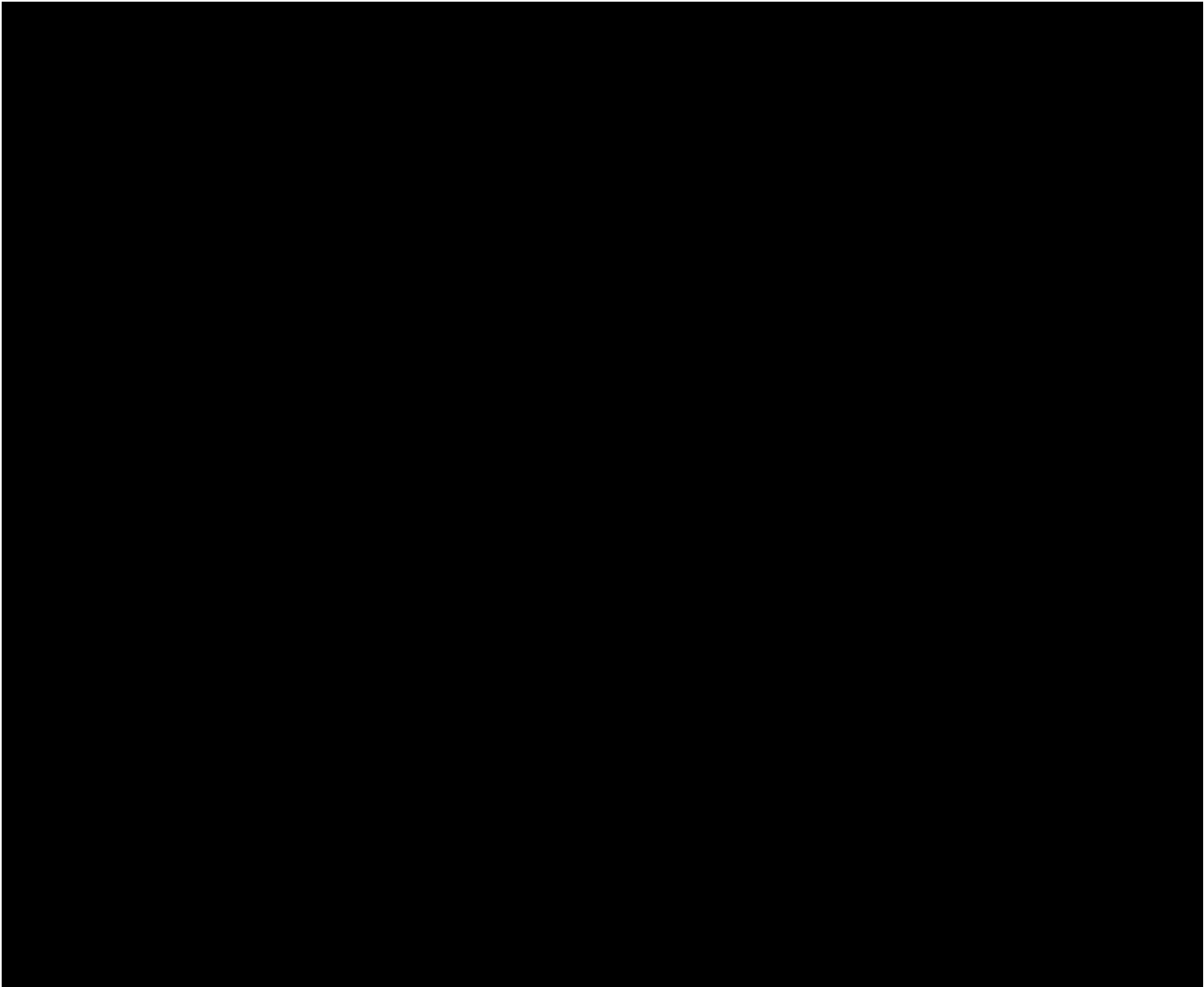












Employee name (printed)

Employee signature

Date

Exhibit 13

REDACTED COPY

The redacted portions of Exhibit 13 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 13 – Secure Transport Vehicles

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 13 – Proposed Secure Transport Vehicles

Exhibit 13 – Table of Contents

• TOC/Summaries	Pages 1-3
• Lease Agreements	Pages 4-23
• Title Applications	Pages 24-33
• Bills of Sale	Pages 34-49
• Delivery Receipts	OMITTED
• Annual Inspections	Pages 50- 57
• Insurance Declaration Documents	Pages 58-62
• Cab Cards	Pages 63-71
• Ad Valorem Tax Receipts	Pages 72-81
• DOT #	Pages 82

Exhibit 13 – Summaries

13.1 – Possessory Interest in Vehicles

- A. The Applicant leases vehicles for the purpose of secure transportation. These leased vehicles are owned by a business entity with ownership interest in the Applicant. See attached equipment leases (identified as “Lease Agreements – Attachment to Exhibit 13, Section 13.1.A”).
- B. The secure transport vehicles listed herein are financed. The lienholder currently has possession of all titles; however, Applicant has provided copies of all title applications. See attached equipment title applications (identified as “Title Applications – Attachment to Exhibit 13, Section 13.1.B”).
- C. Applicant has provided Bills of Sale for vehicles herein described (identified as “Bill of Sale – Attachment to Exhibit 13, Section 13.1.C”).
- D. Applicant has provided delivery receipts for vehicles herein described (identified as “Delivery Receipts – Attachment to Exhibit 13, Section 13.1.D”).

- E. All vehicles described herein have passed annual inspections as required by the Federal Motor Carrier Safety Administration. Applicant has provided proof of inspection for all vehicles described herein (identified as “Annual Inspections – Attachment to Exhibit 13, Section 13.1.E”)

13.2 – Insurance Declaration

Applicant carries current insurance coverage on all vehicles described herein. Coverages include:

- A. General Liability Coverage of \$2,000,000 for each occurrence, \$3,000,000 general aggregate. Applicant has provided a declaration page proving this coverage (identified as “General Liability – Attachment to Exhibit 13, Section 13.2.A”)
- B. Automobile Liability Coverage of \$1,000,000, Motor Truck Cargo Coverage of \$100,000, and Workers Compensation / Employers Liability Coverage of \$1,000,000. Applicant has provided a declaration page proving this coverage (identified as “Auto Liability, Cargo, & Workers Comp – Attachment to Exhibit 13, Section 13.2.B”)
- C. If granted a Secure Transporter license by the AMCC, Applicant plans to increase limits and/or add additional coverages to meet or exceed the insurance limits required by the Act and the Rules governing Secure Transporters in this state. All coverages will be written by an A-rated insurance provider as illustrated in a letter provided by our insurance agency (identified as “Insurance Letter of Intent – Attachment to Exhibit 13, Section 13.2.C”)
- D. If awarded a license, Applicant will team up with [REDACTED] an Alabama licensed security company, to assist with the requisite training our employees and drivers will require for safe and secure transport of medical cannabis. [REDACTED] [REDACTED] is an existing Alabama Limited Liability company that provides security transport services to the State of Alabama, transporting prisoners within the state. While working with their leadership, Applicant has been advised of additional insurance coverages that are pertinent to the scope of service we will be

providing under the Act, such as [REDACTED] coverages. Applicant has provided a sample COI, provided by [REDACTED] that shows to the commission, these additional coverages we intend to carry (identified as “[REDACTED] COI – Attachment to Exhibit 13, Section 13.2.D”).

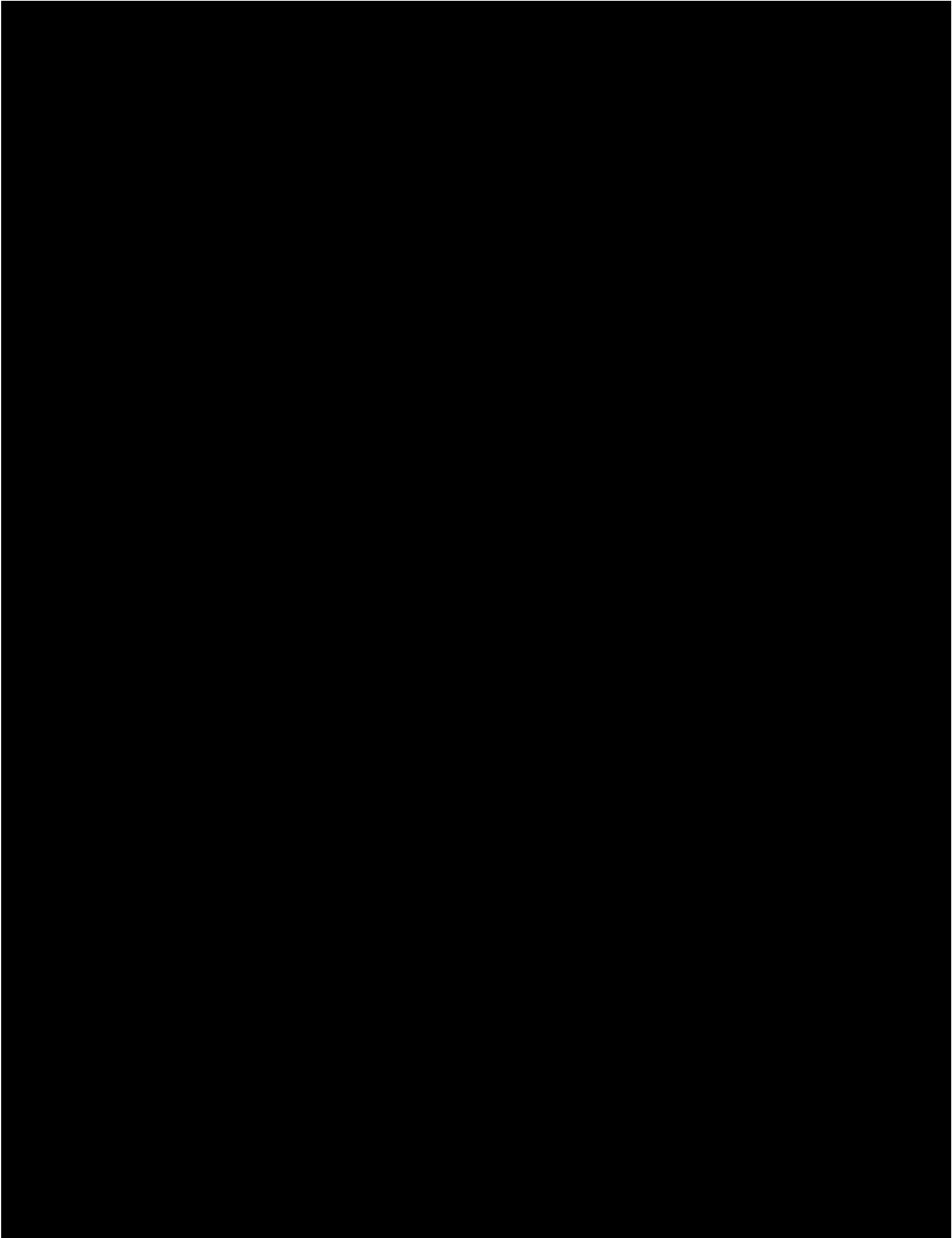
13.3 – License Plate / DOT Numbers

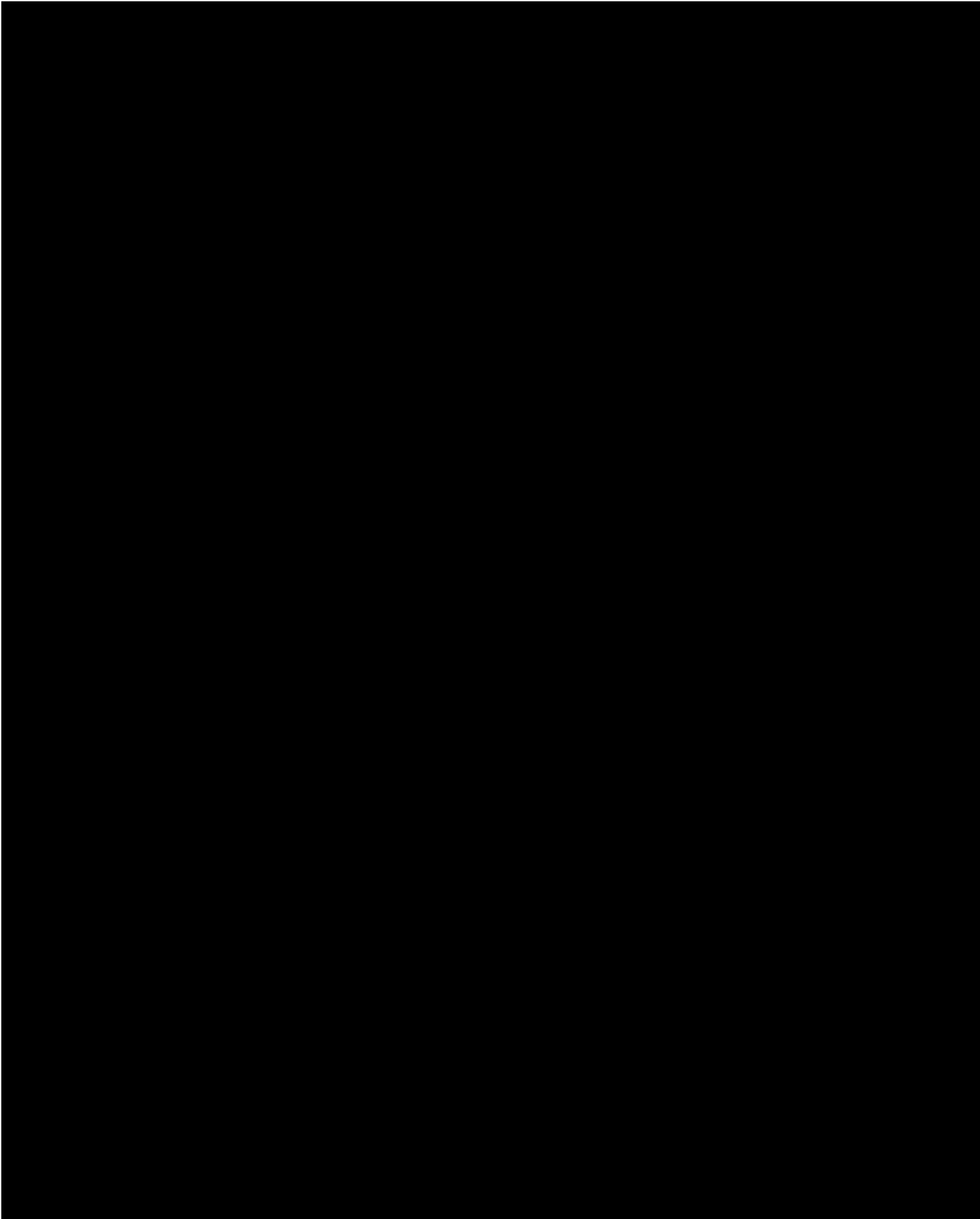
- A. Applicant vehicles have valid license plates as assigned by the Alabama Department of Revenue Motor Vehicle Division, International Registration Plan. See attached cab cards for each vehicle (identified as “Cab Cards – Attachment to Exhibit 13, Section 13.3.A”)
- B. Applicant registered each vehicle herein with the Alabama Department of Revenue and paid applicable Ad Valorem Taxes. See vehicle registration cards (identified as “Ad Valorem Tax – Attachment to Exhibit 13, Section 13.3.B”)
- C. Applicant has acquired and maintains the United States DOT number 2003929 with the Federal Motor Carrier Safety Administration. See attached filing from the FMCSA licensing and insurance website (identified as “DOT# - Attachment to Exhibit 13, Section 13.3.C”)

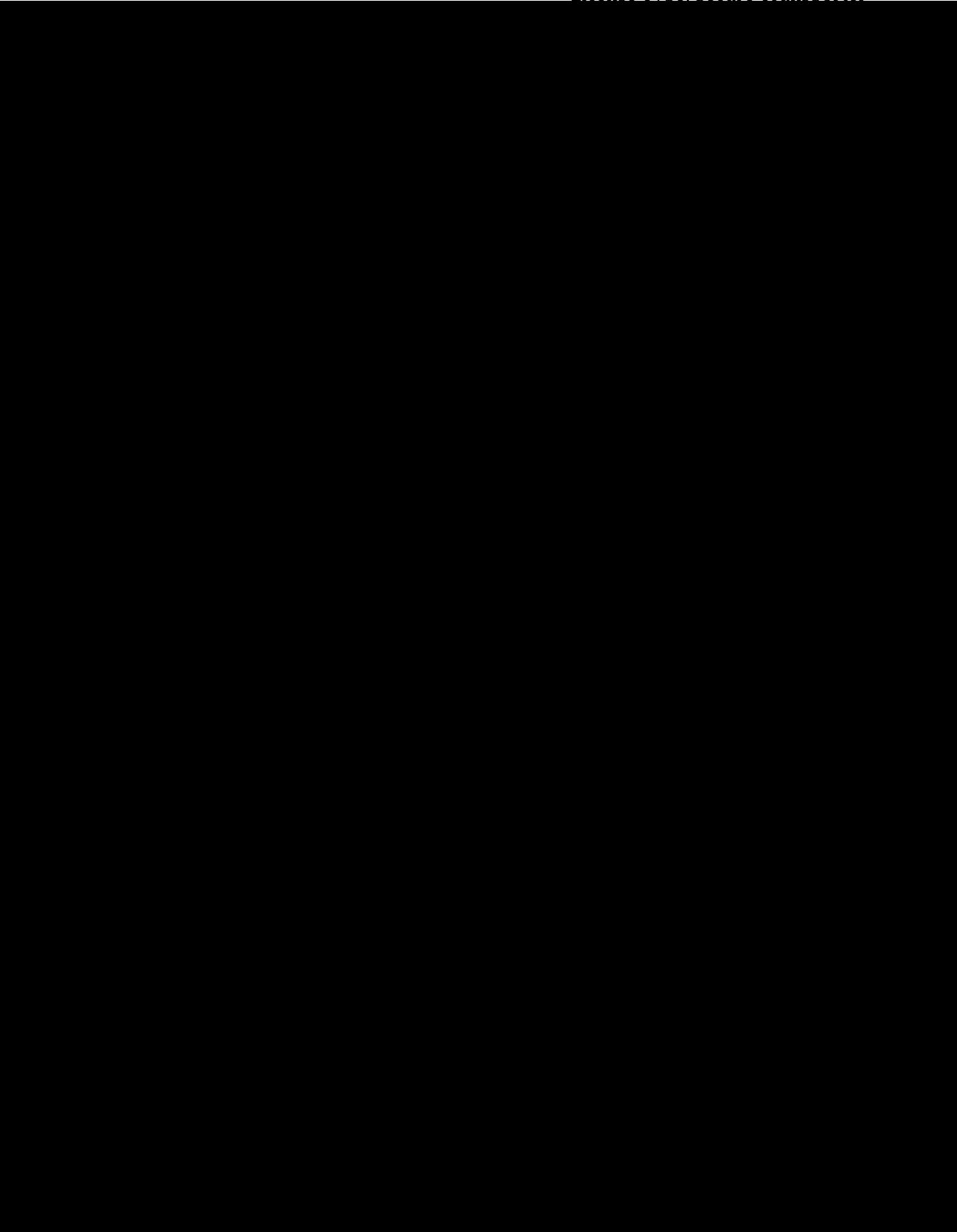
Additional Notes on Exhibit 13:

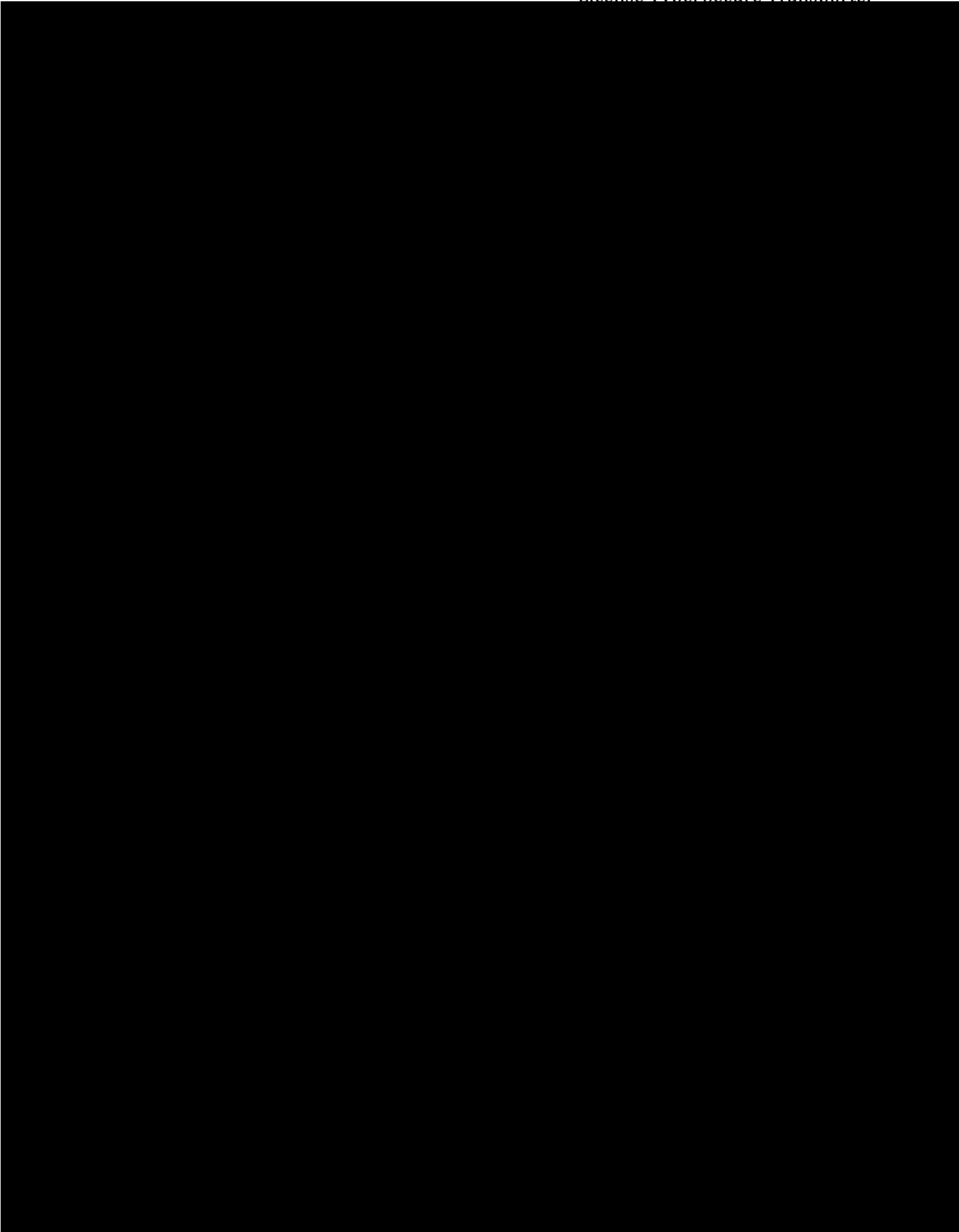
The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change. Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 30 days after award of license.

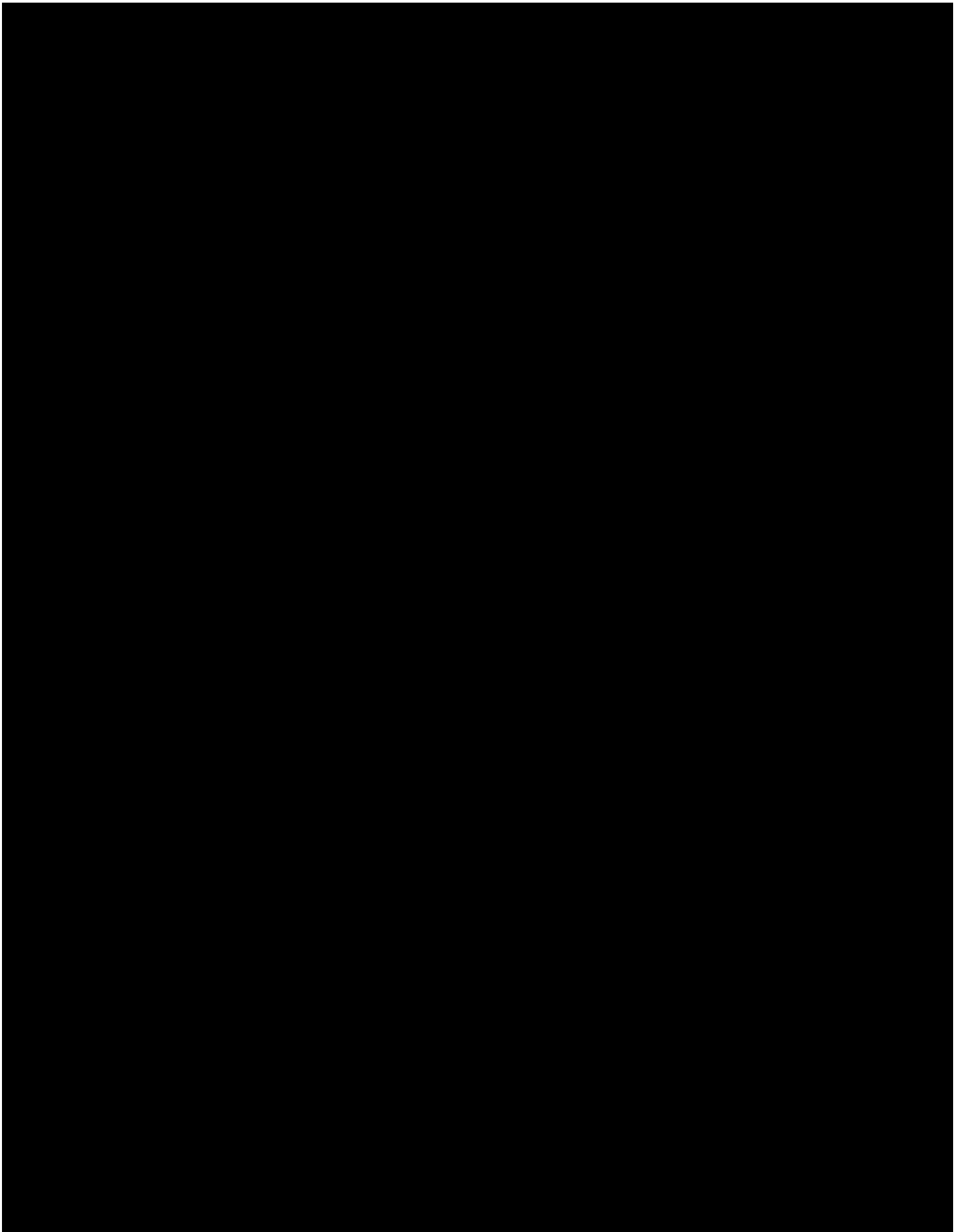
****NOTE: THIS EXHIBIT, IN ITS ORIGINAL FORM, EXCEEDED THE 10MB FILE SIZE LIMIT. APPLICANT WAS TASKED WITH REDUCING THE FILE SIZE OF THIS EXHIBIT BEFORE IT COULD BE UPLOADED TO THE AMCC WEBSITE. ANY MISSING VEHICLE CREDENTIALS ARE DUE TO THIS FILE SIZE LIMITATION. APPLICANT CERTIFIES AND HAS VERIFIED THAT IT POSSESSES THE INFORMATION AS DEFINED FOR EACH VEHICLE AS LISTED ABOVE. ALL CREDENTIALS FOR THE LISTED TRANSPORT VEHICLES ARE CURRENT AND IN THE POSSESSION OF APPLICANT, AS OF THE DATE OF APPLICATION FILING.**



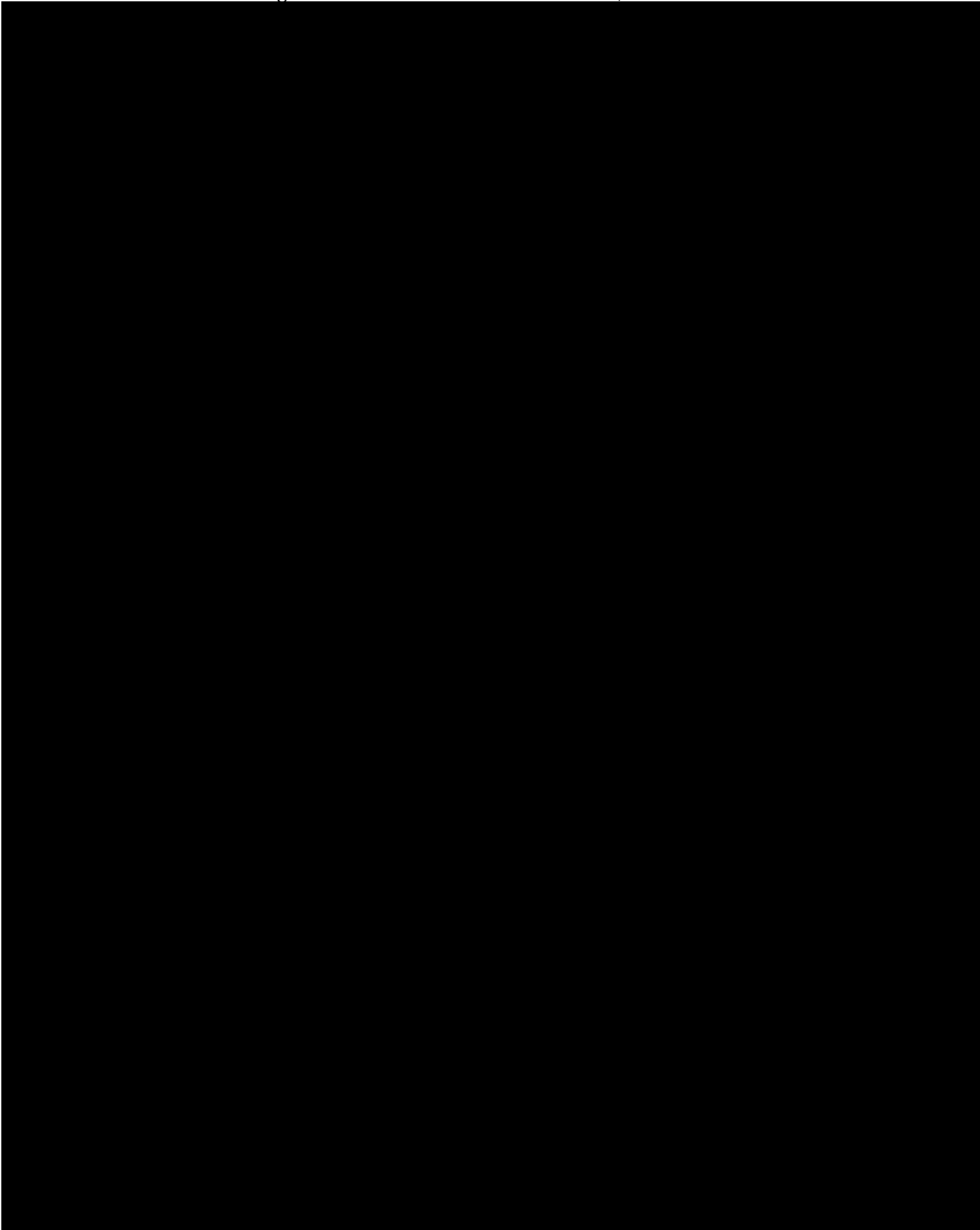


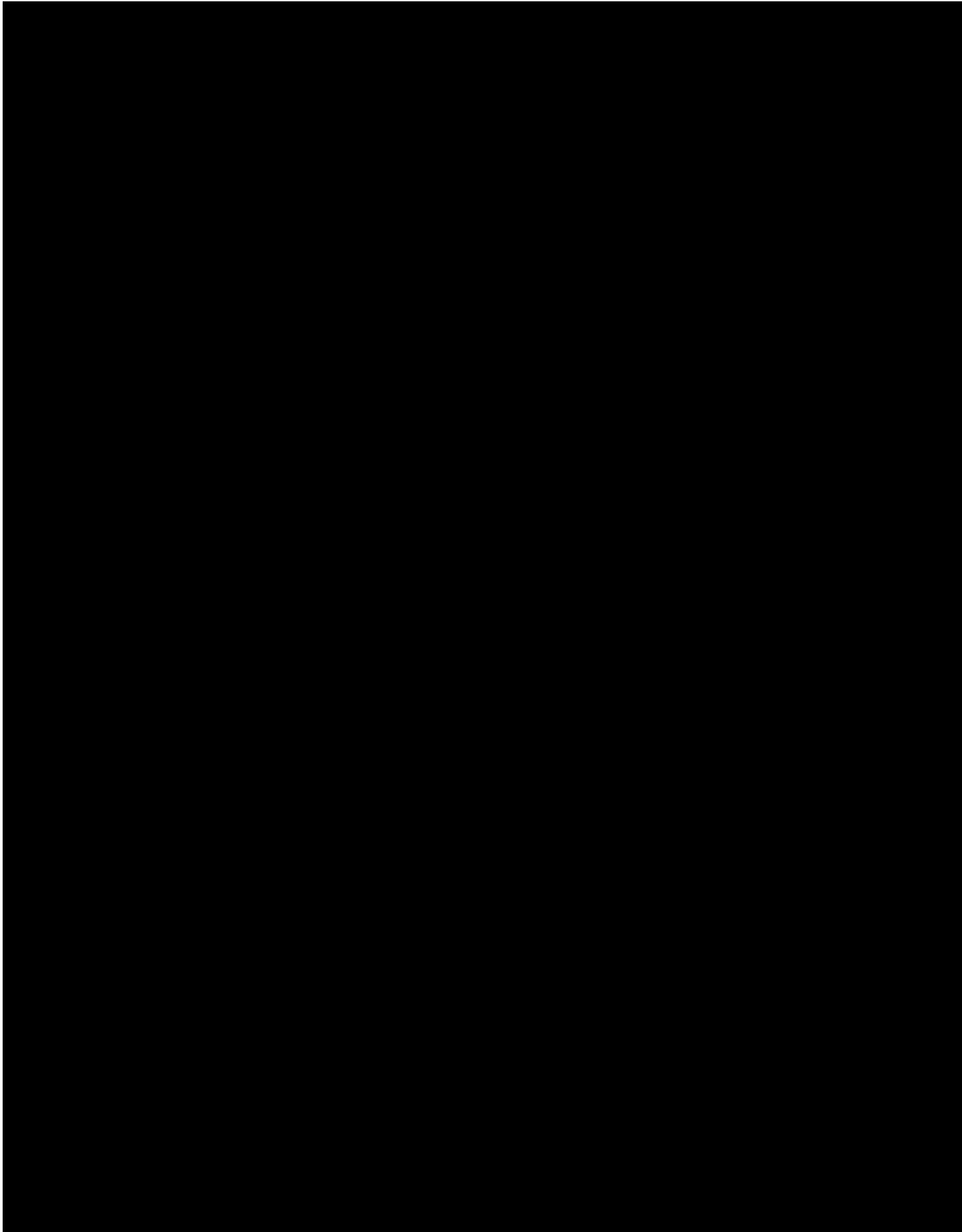


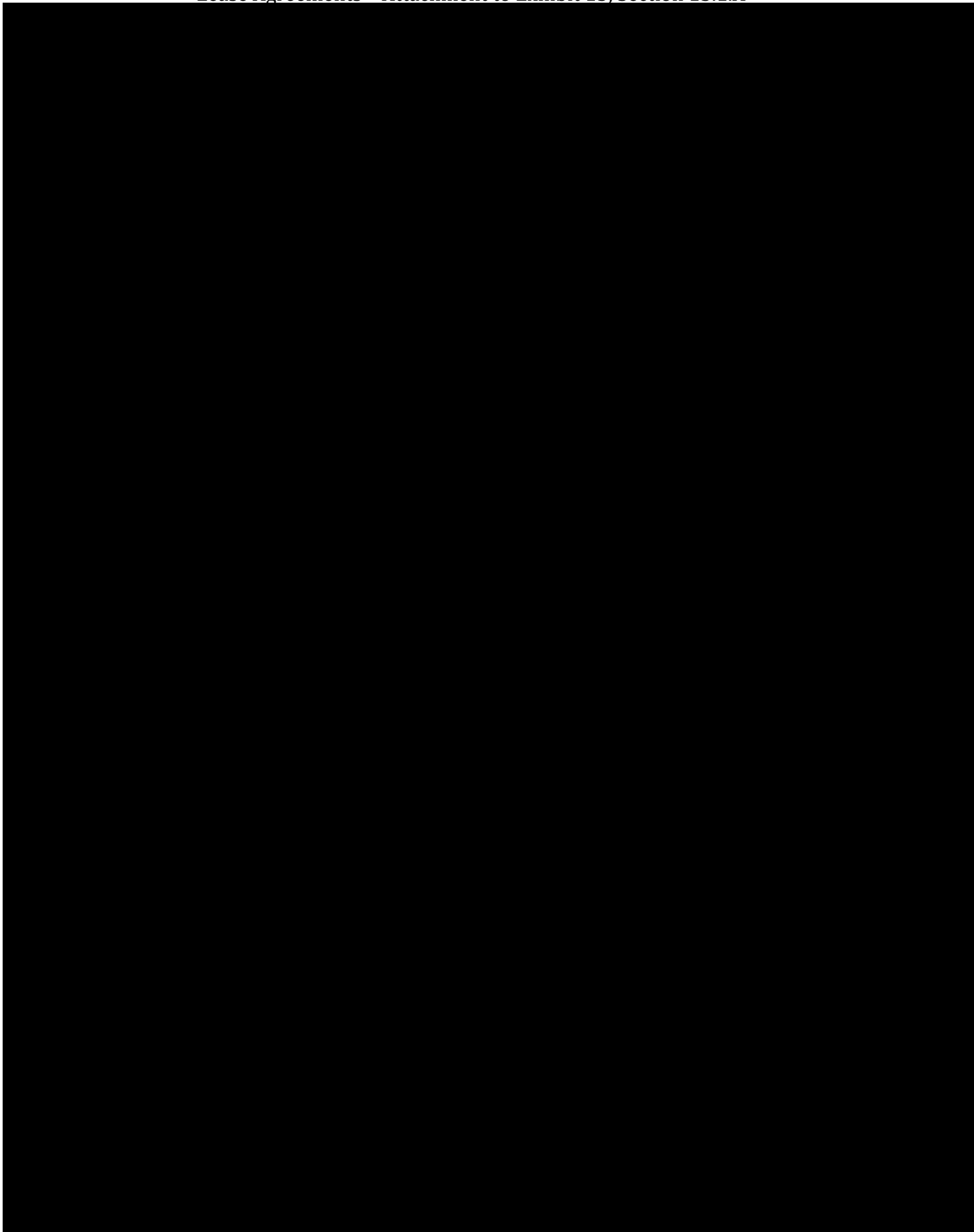


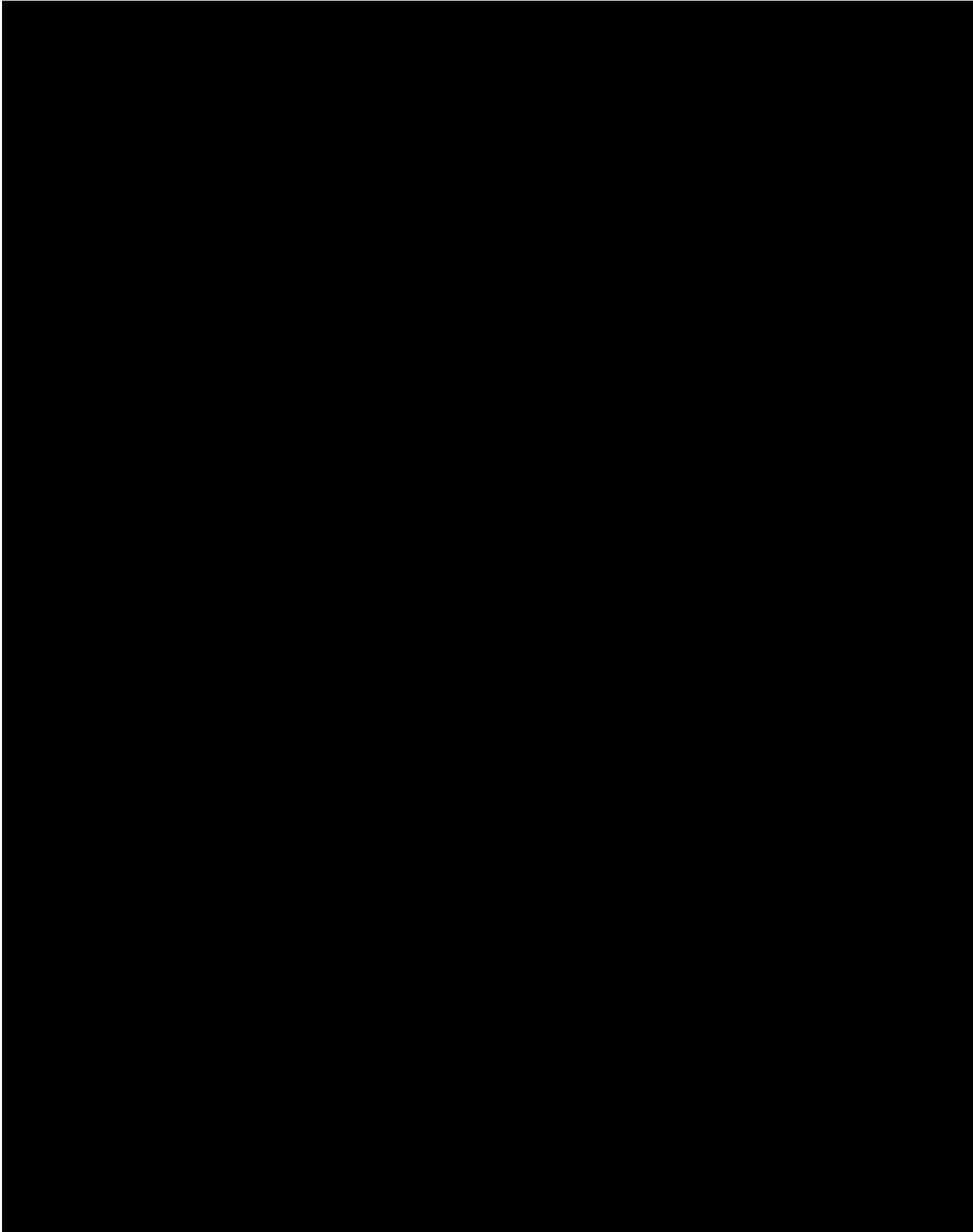


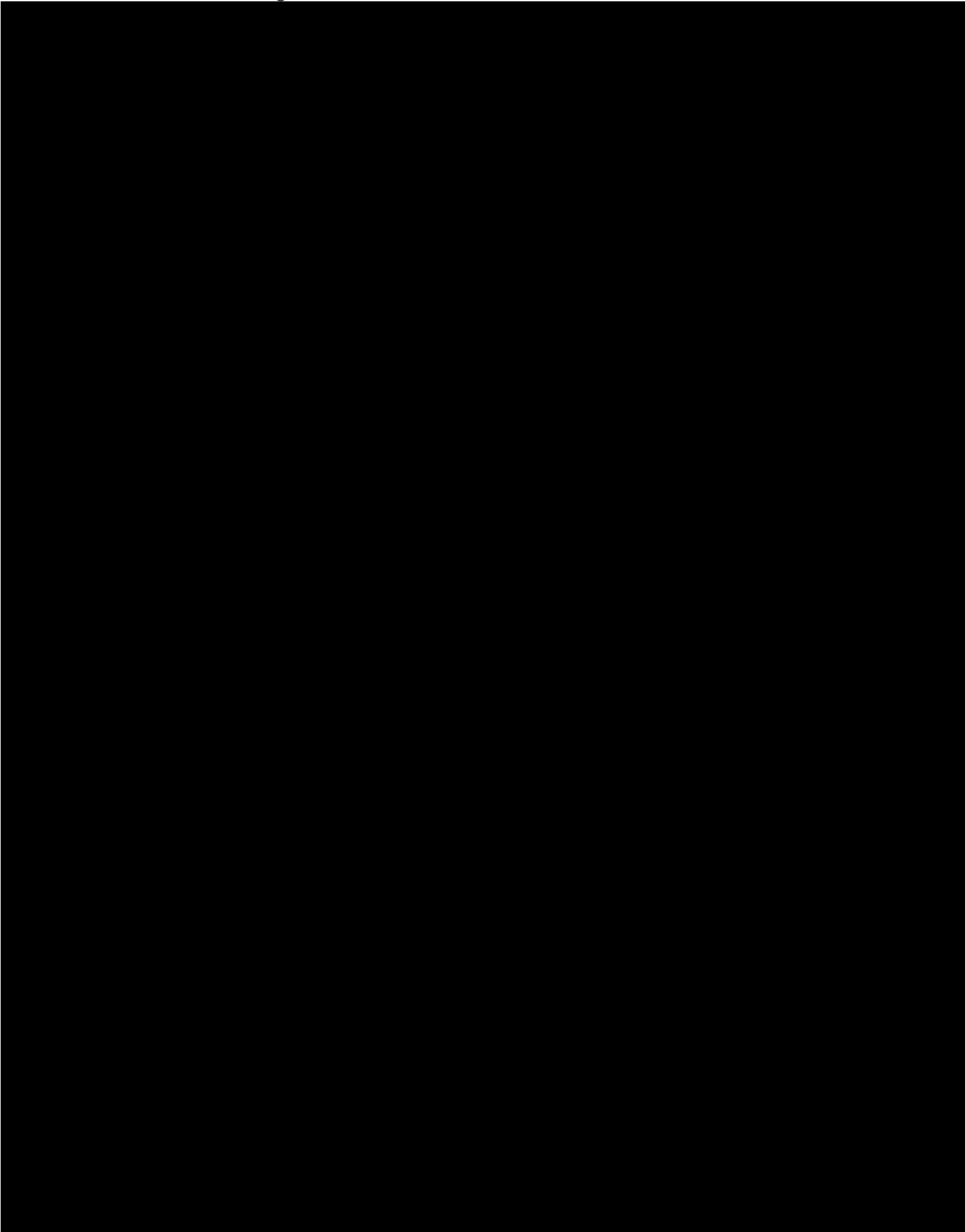
Lease Agreements – Attachment to Exhibit 13, Section 13.1.A

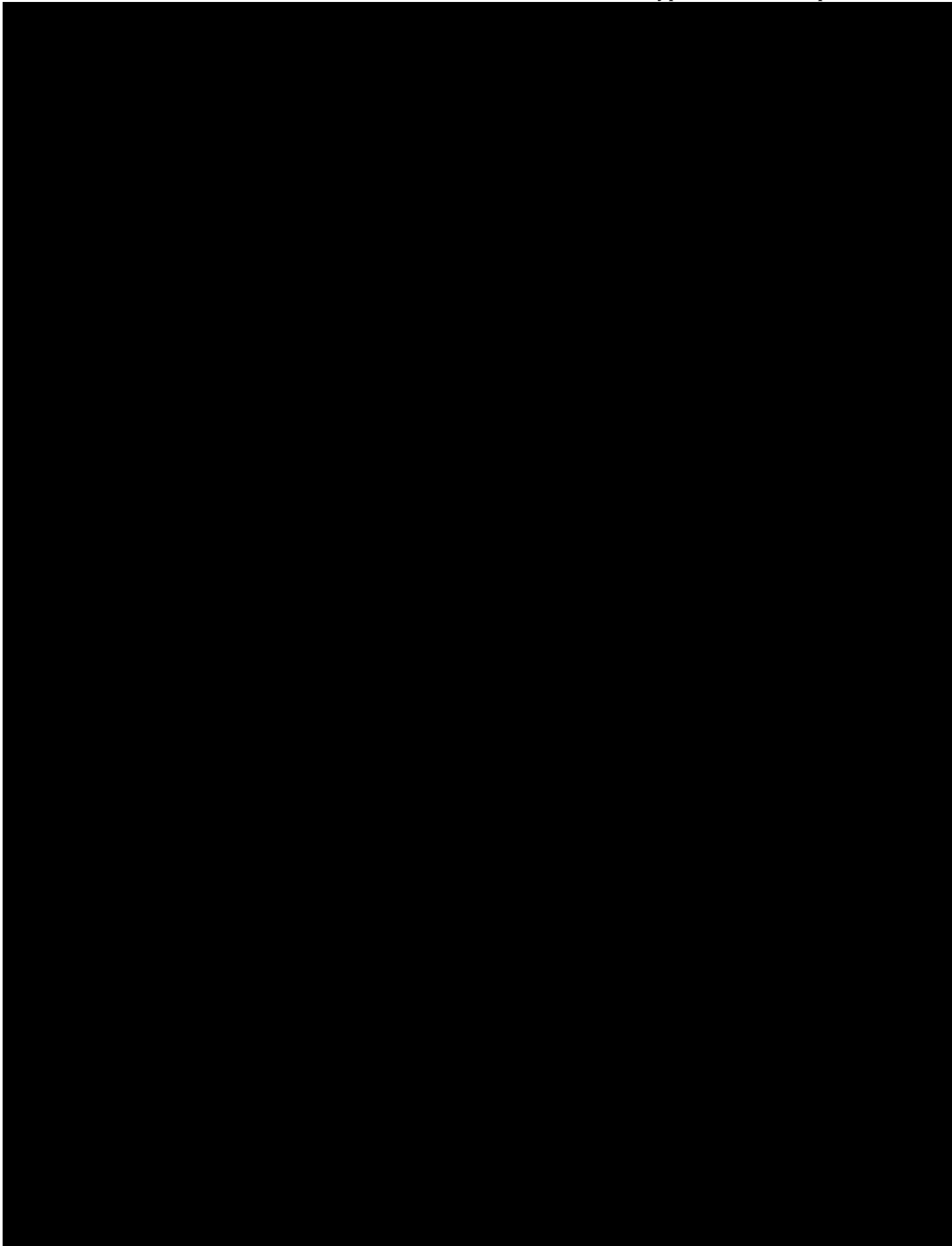


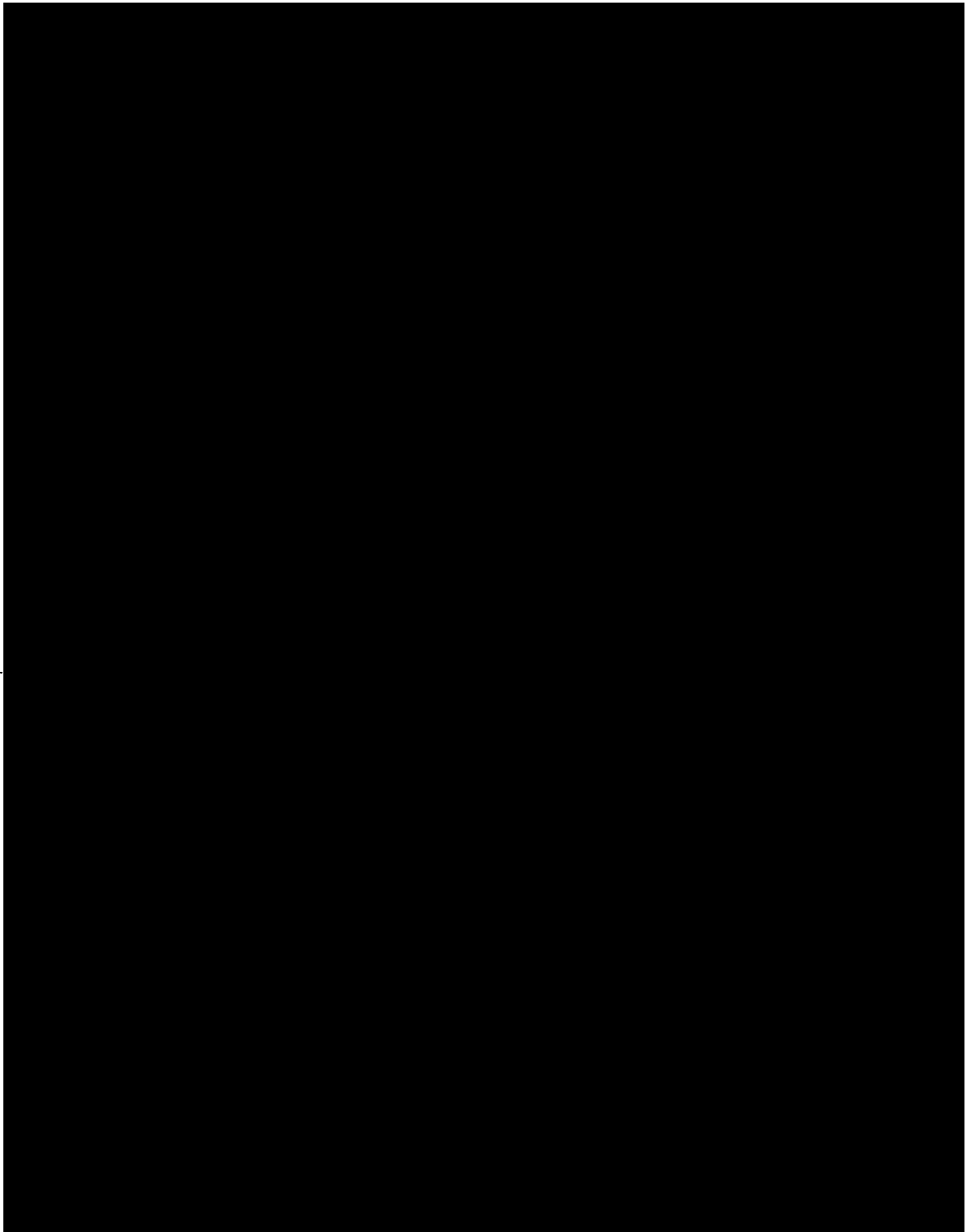


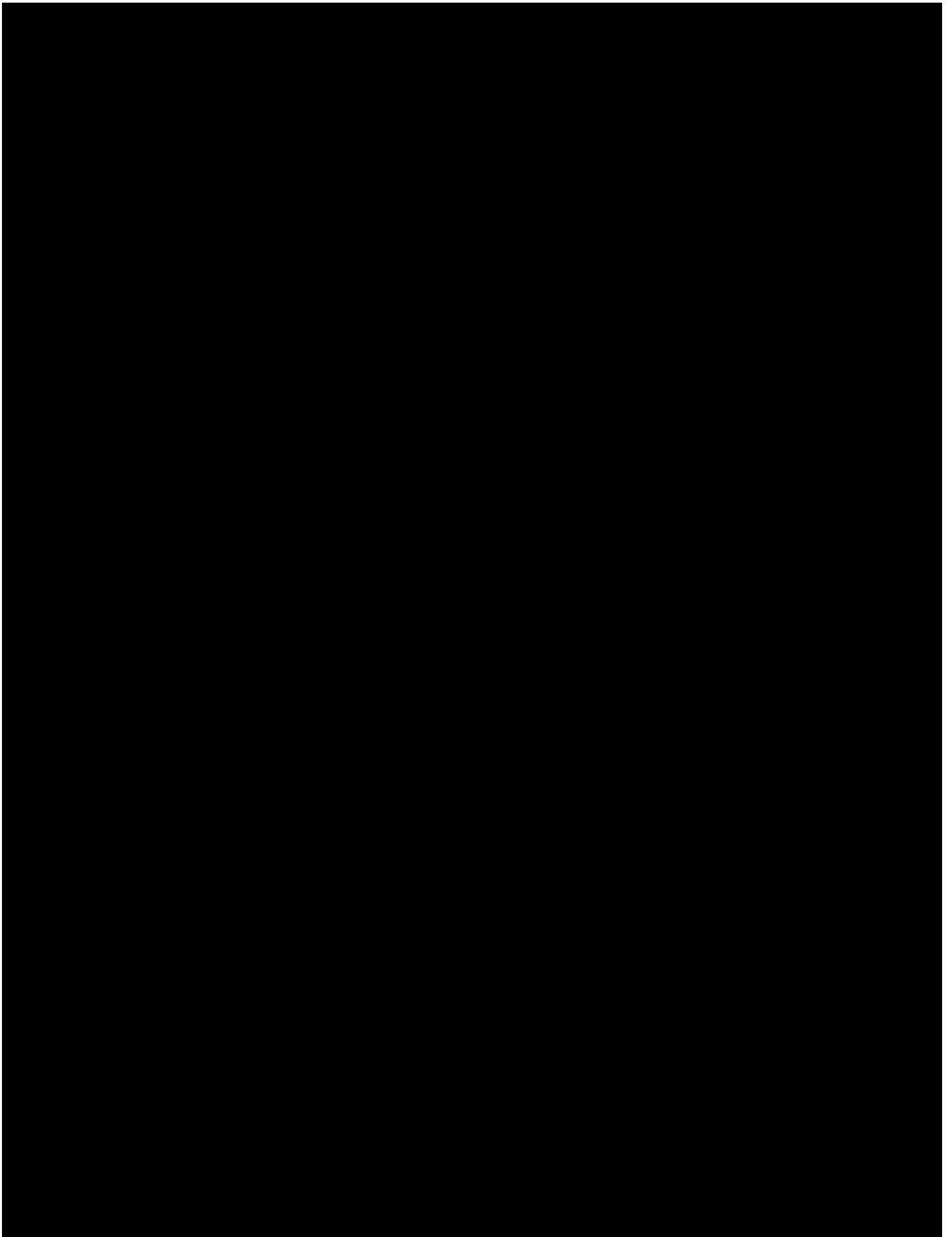


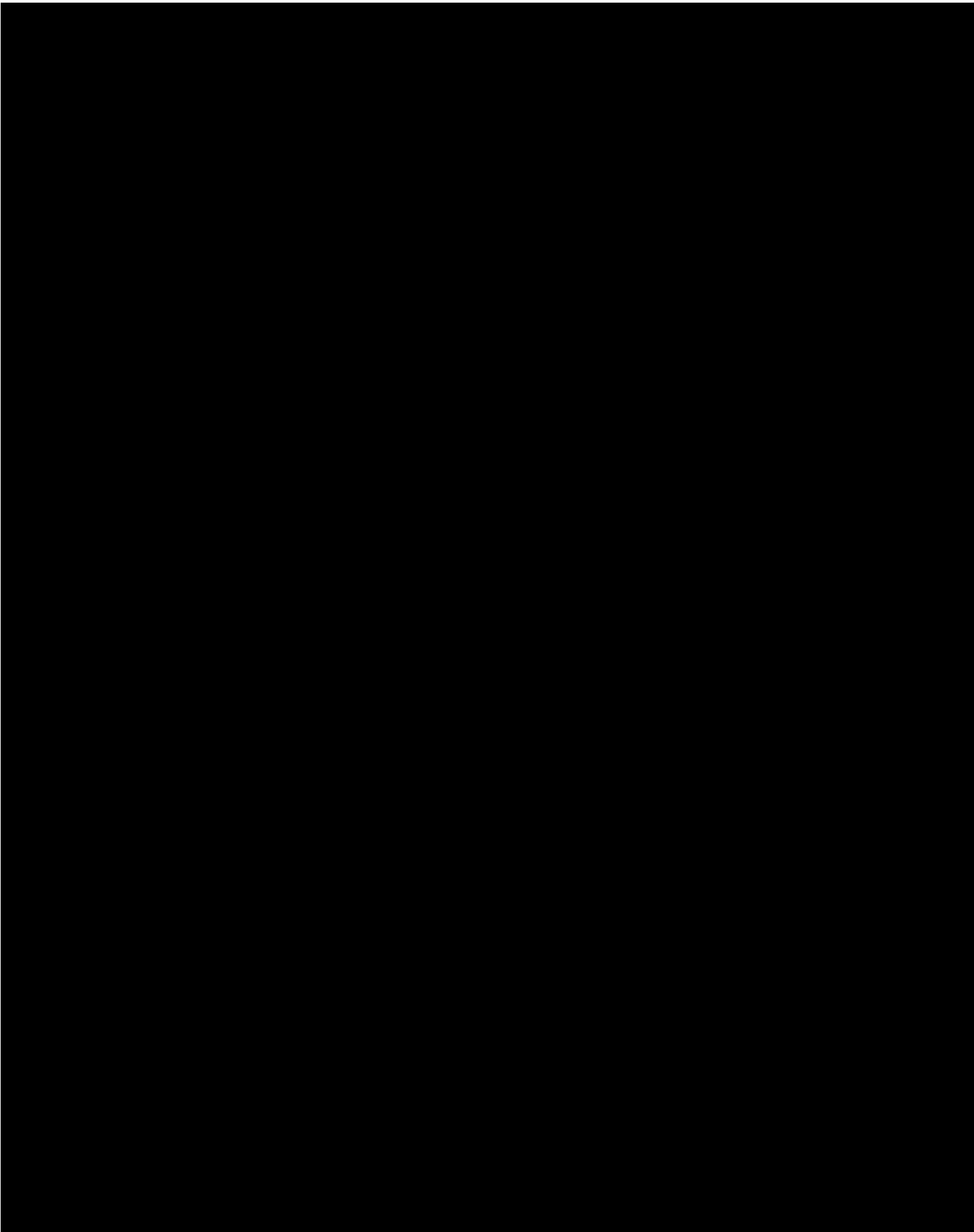


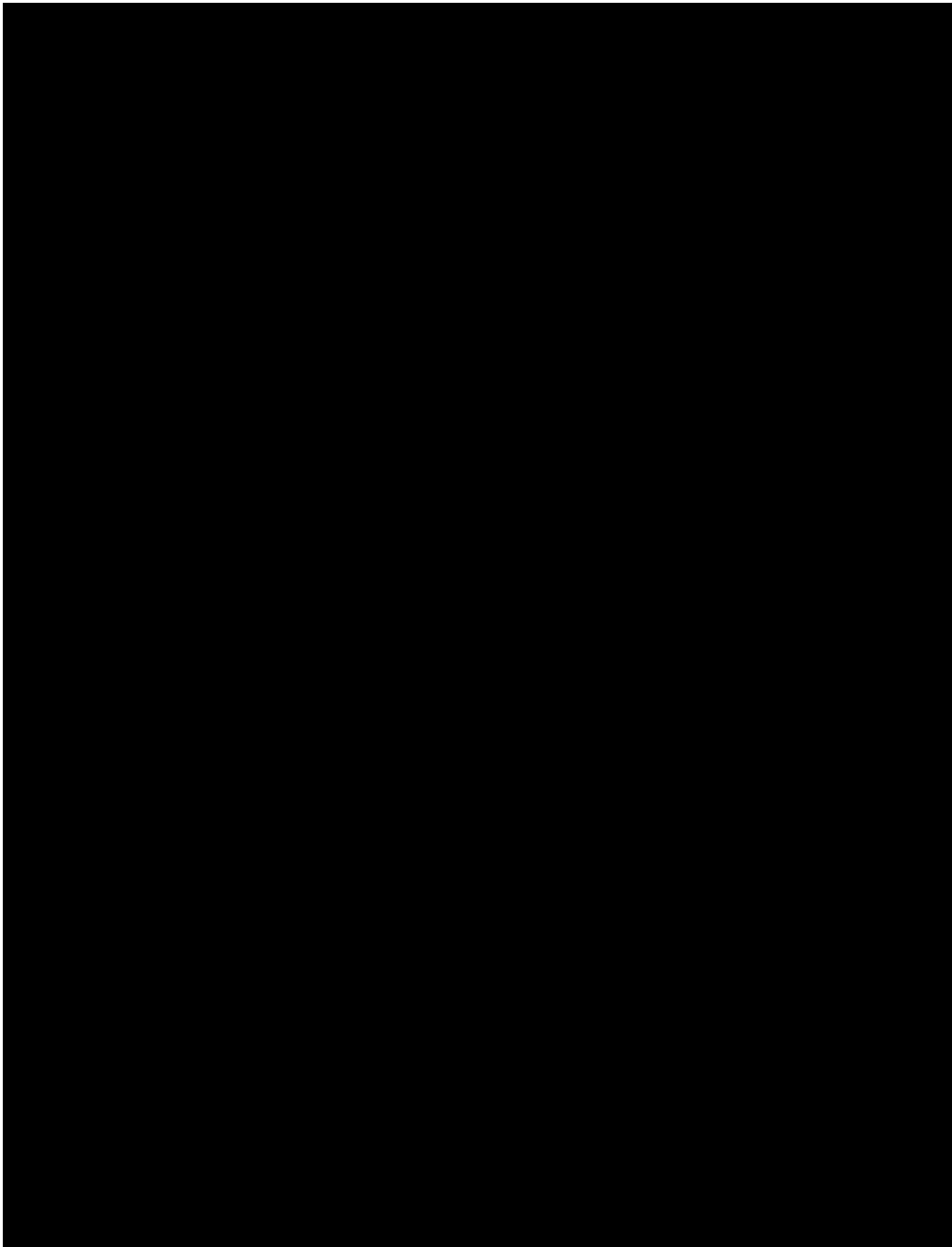


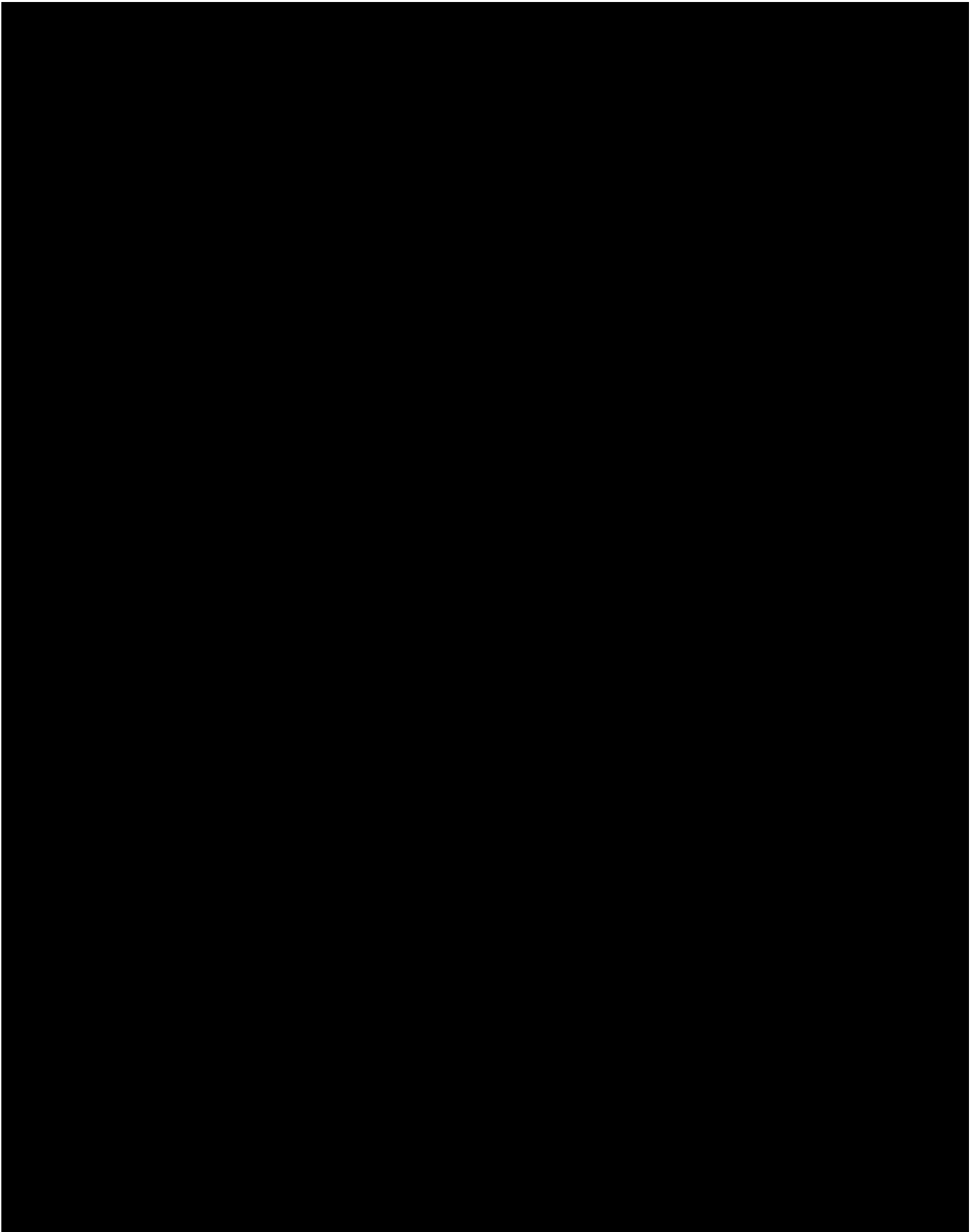


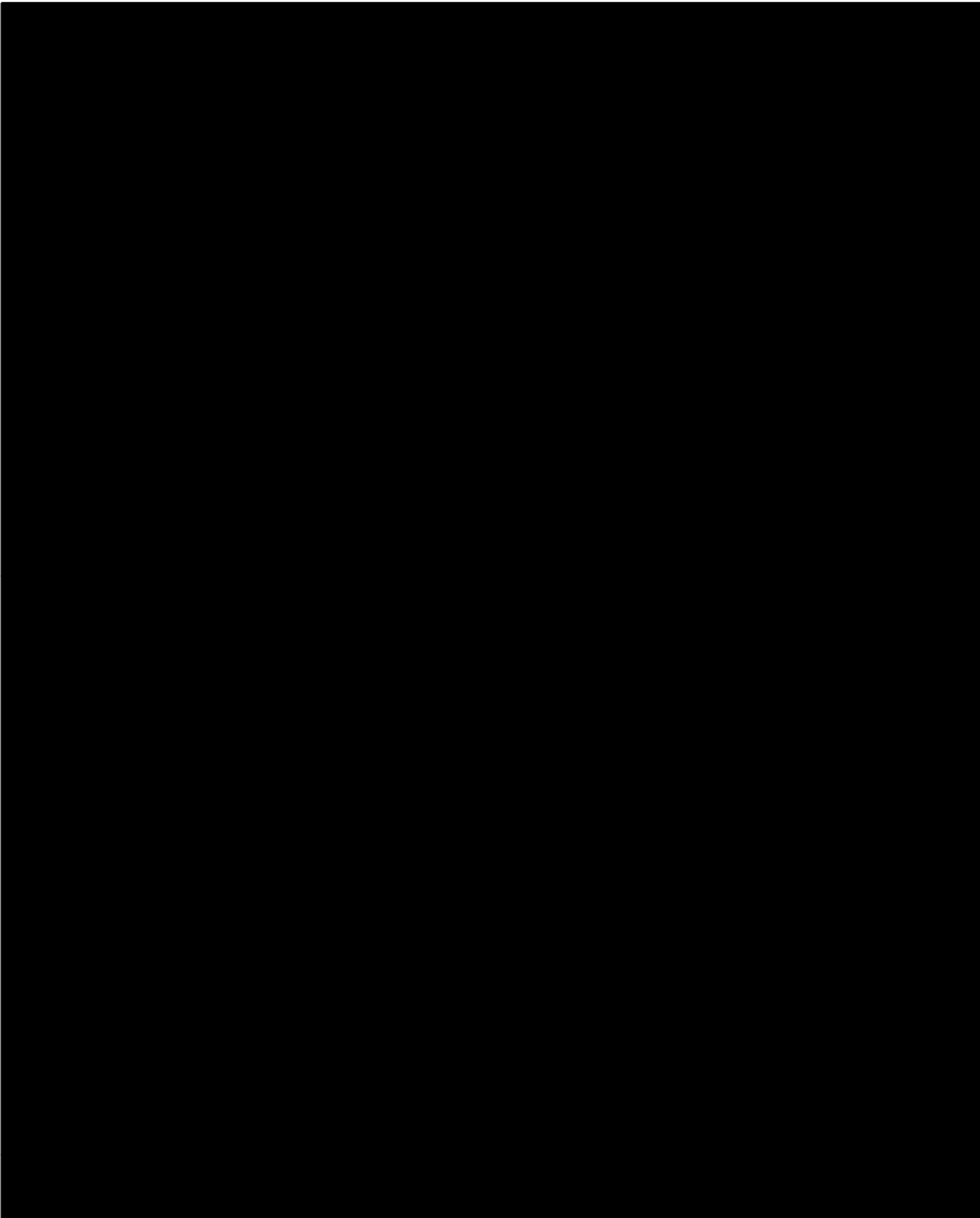


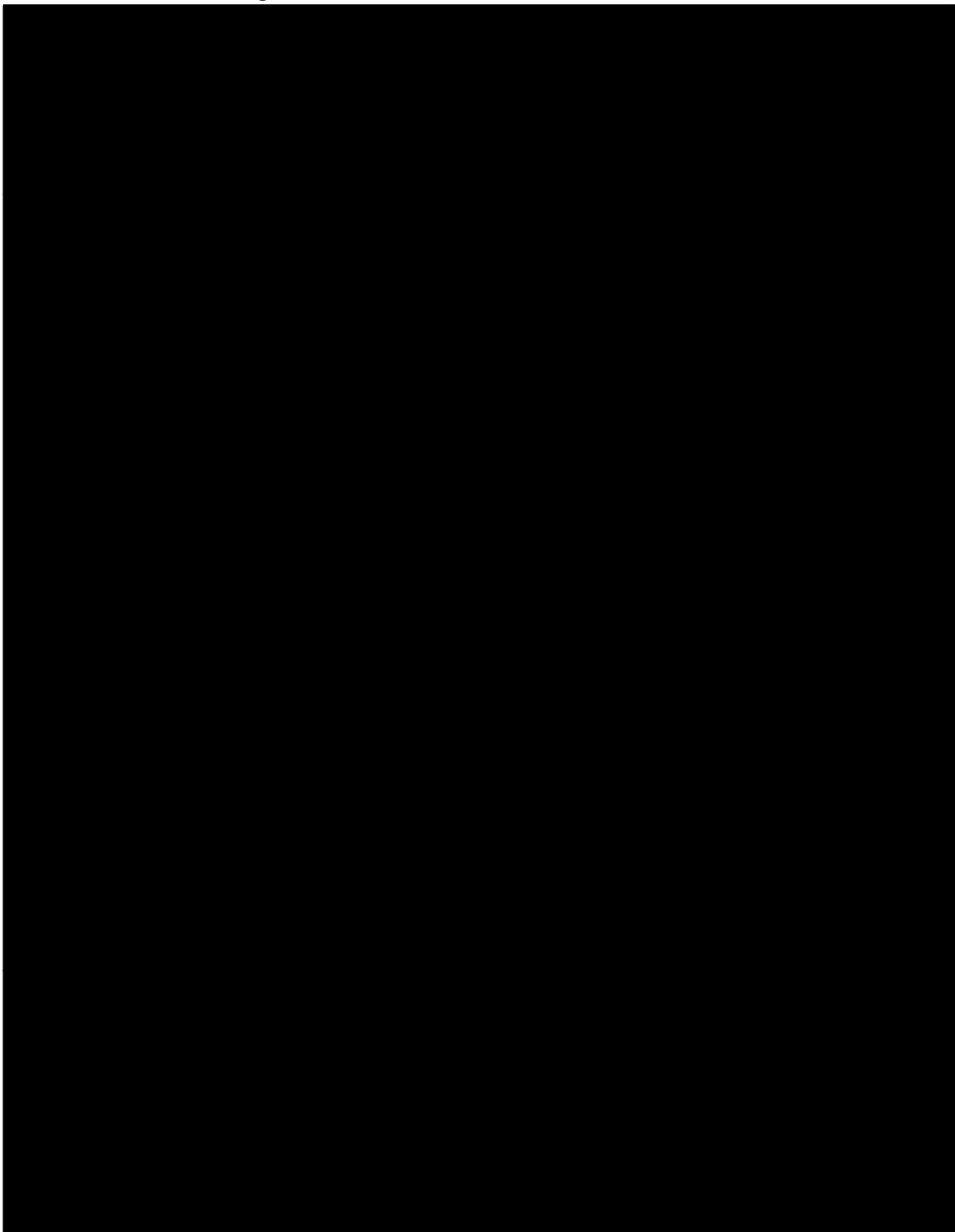


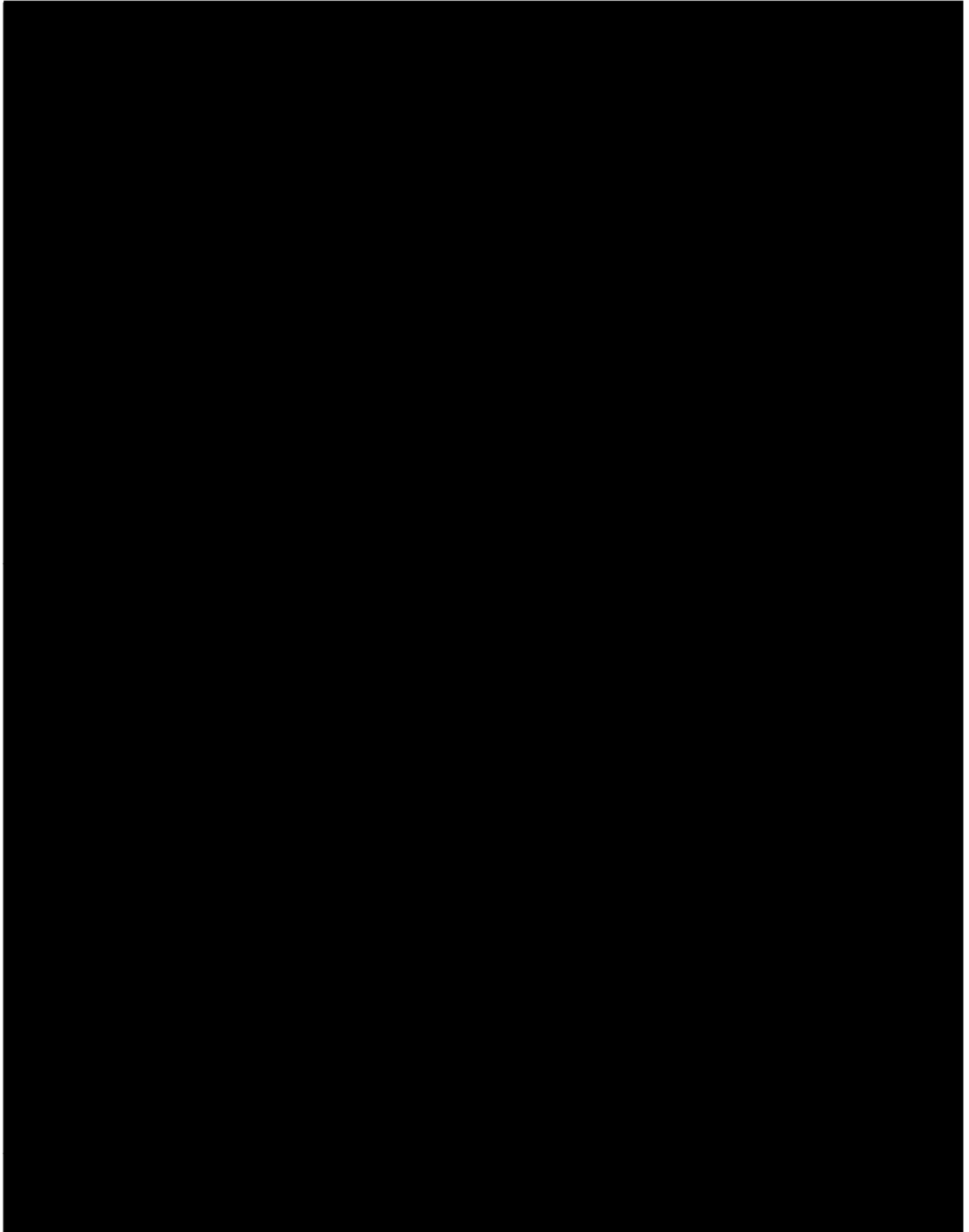


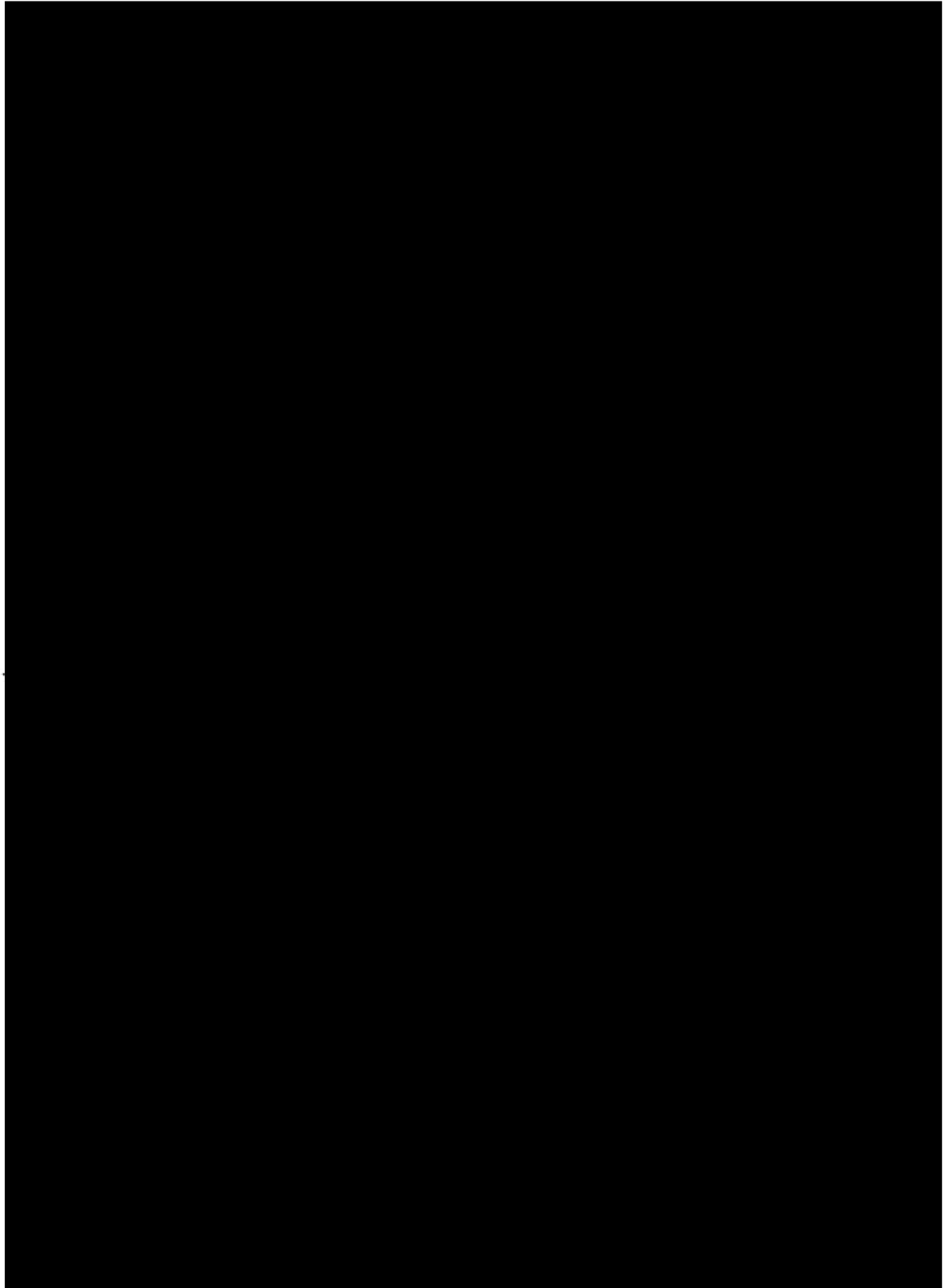


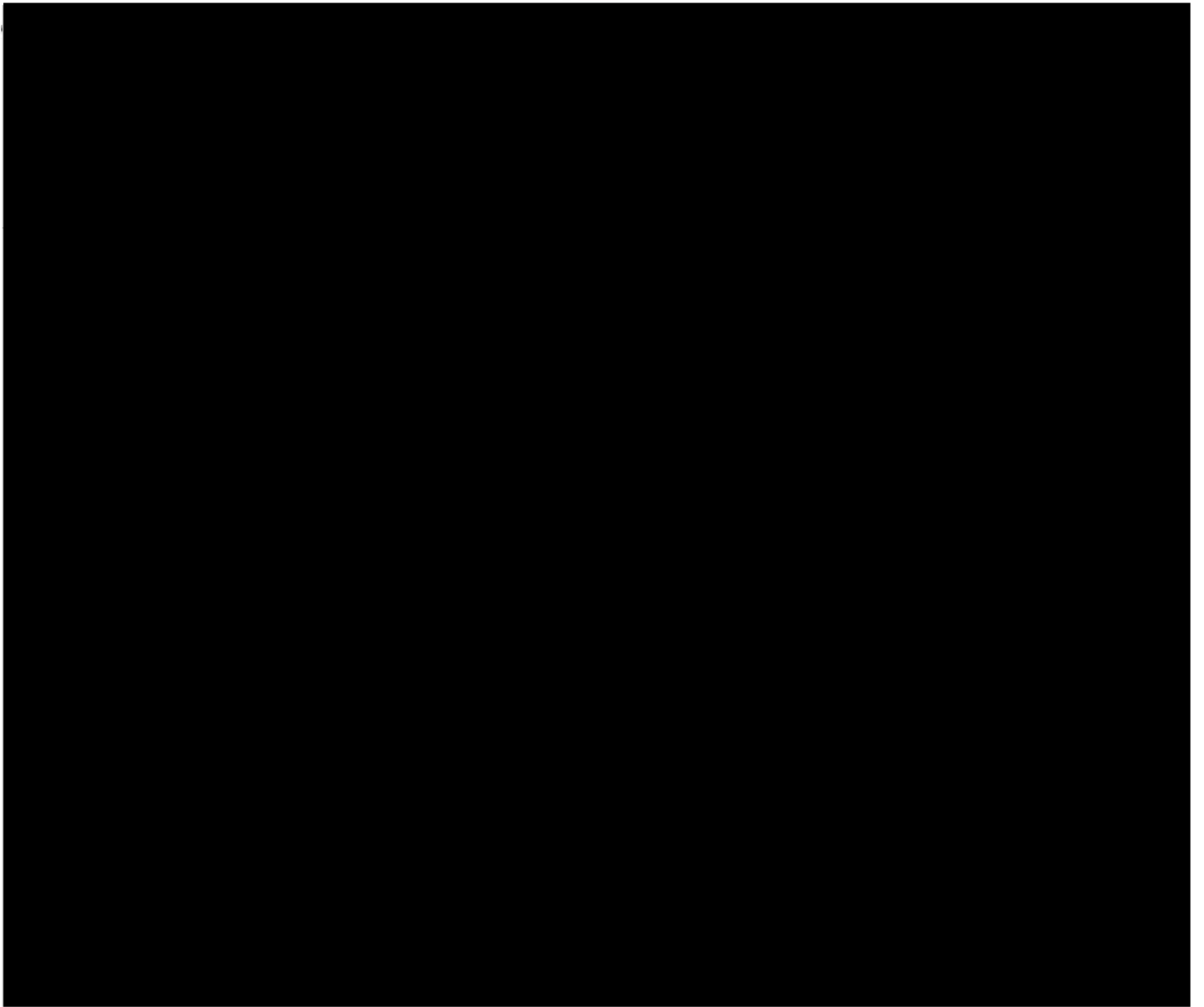


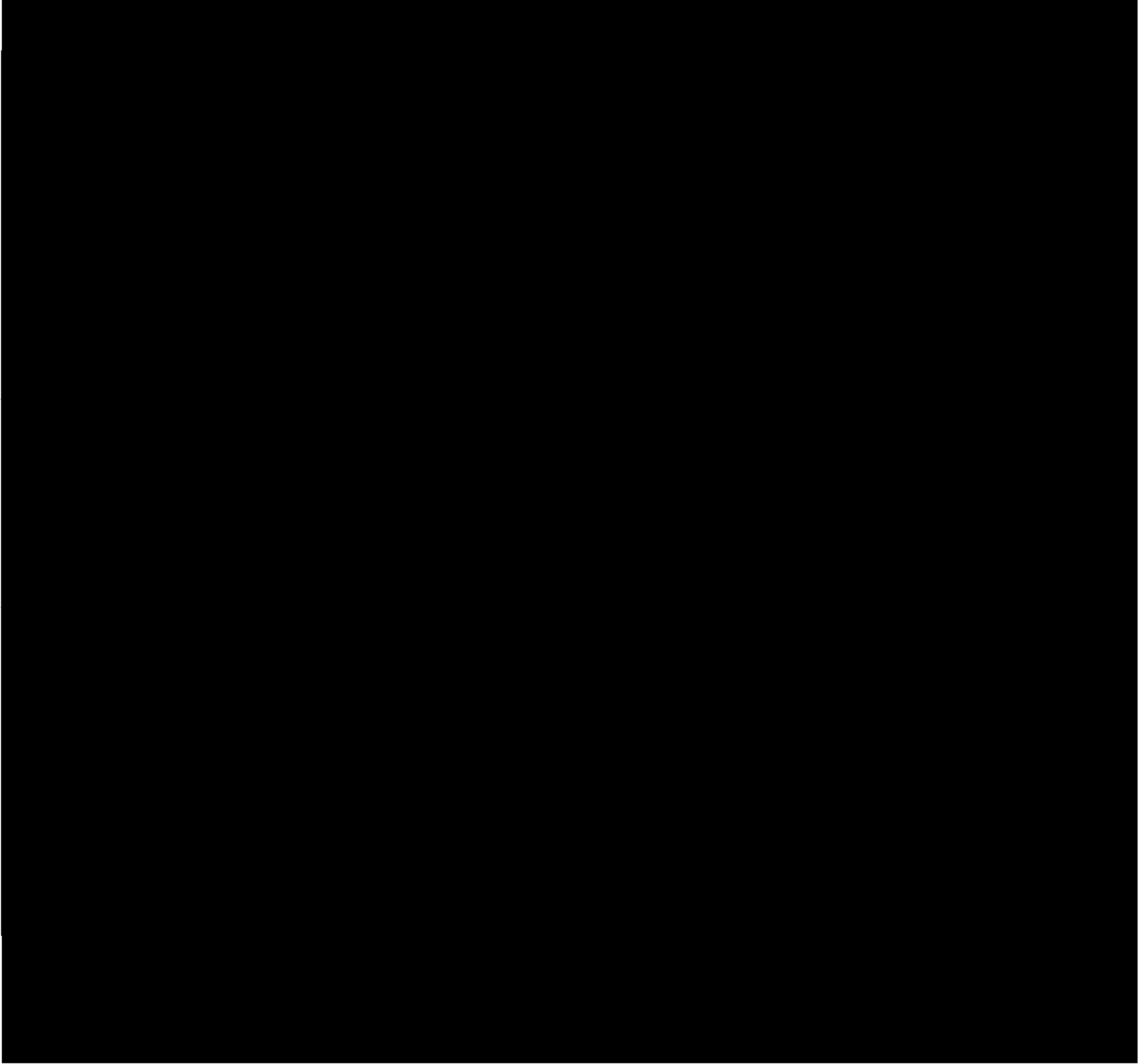


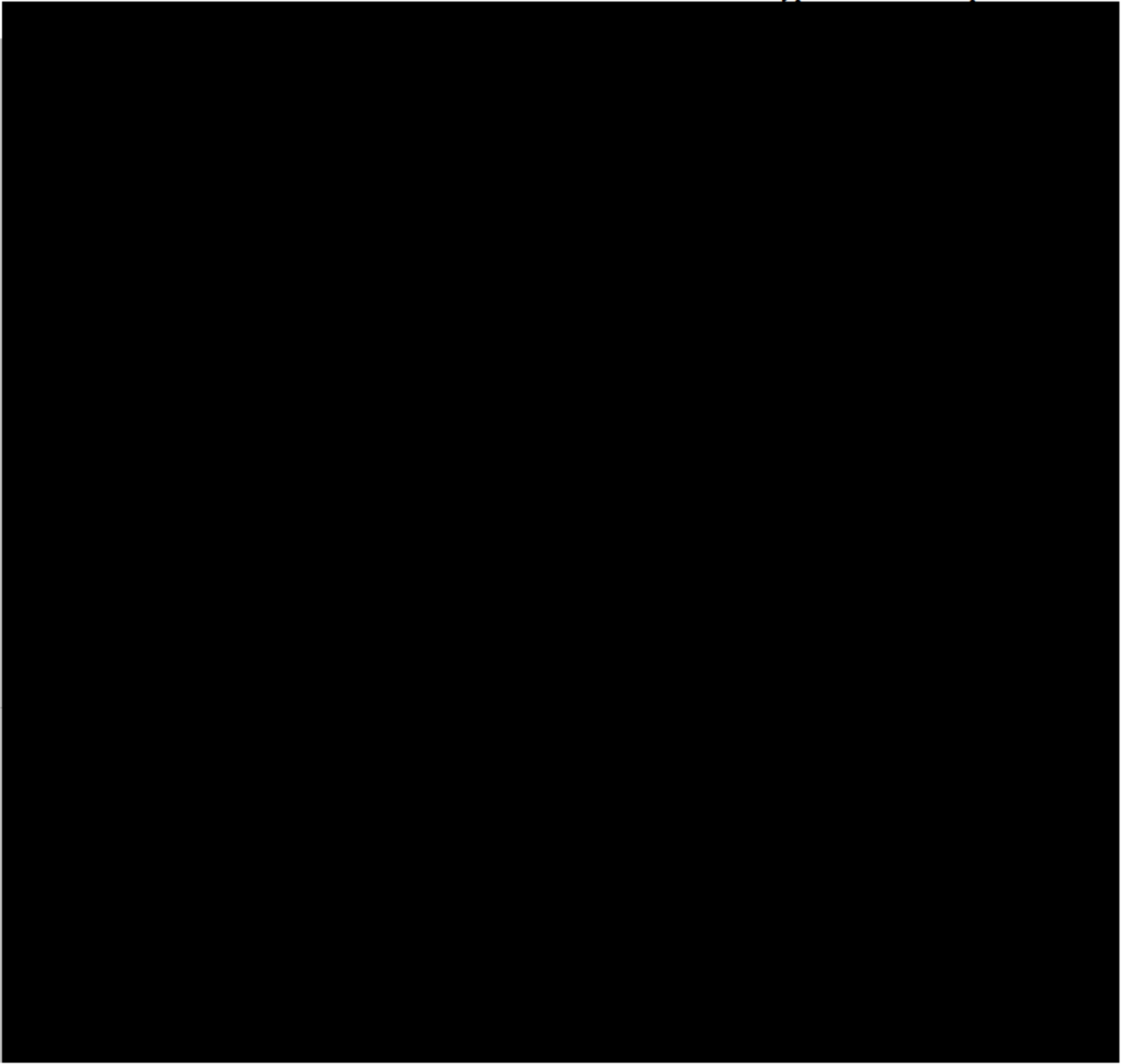


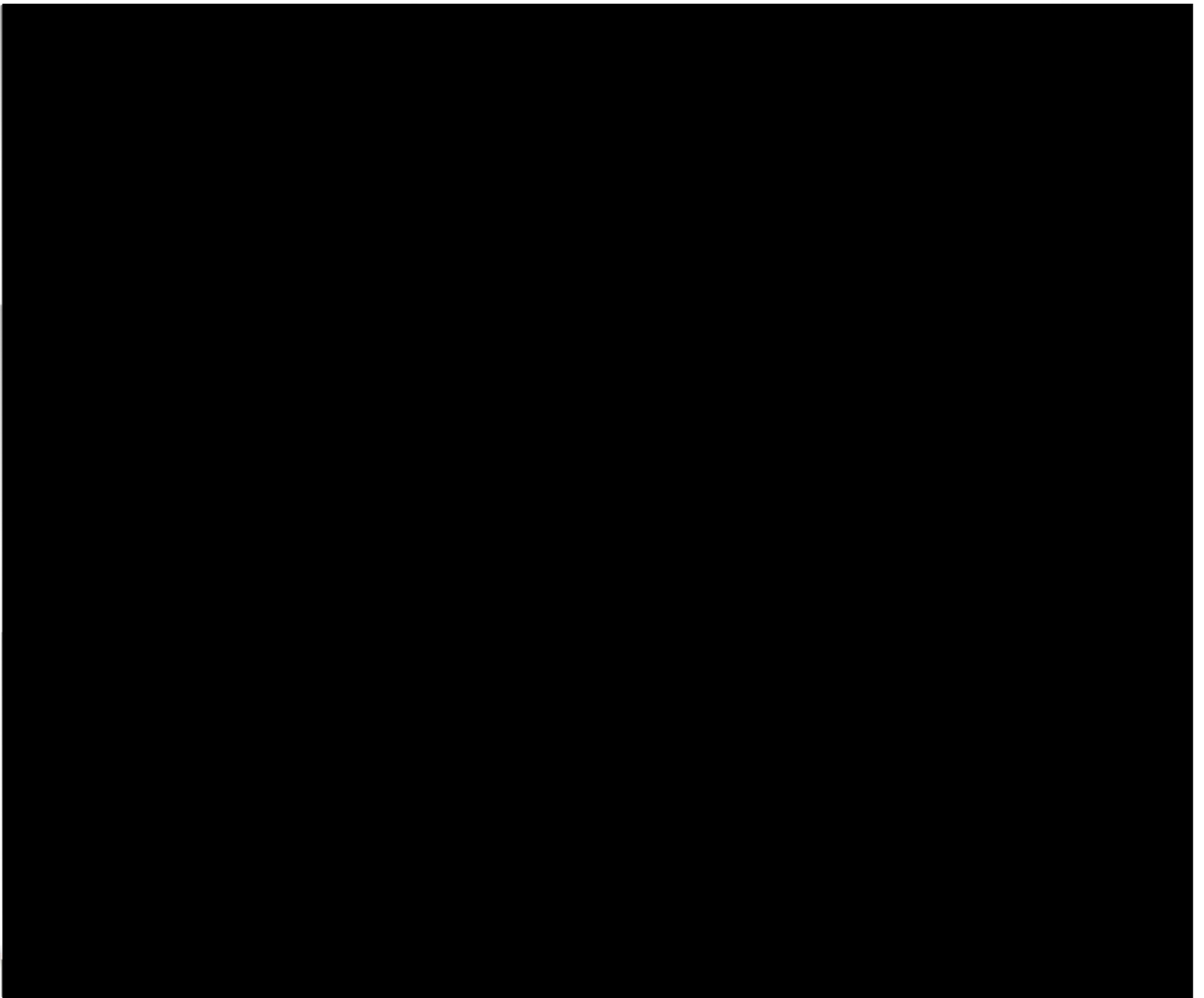




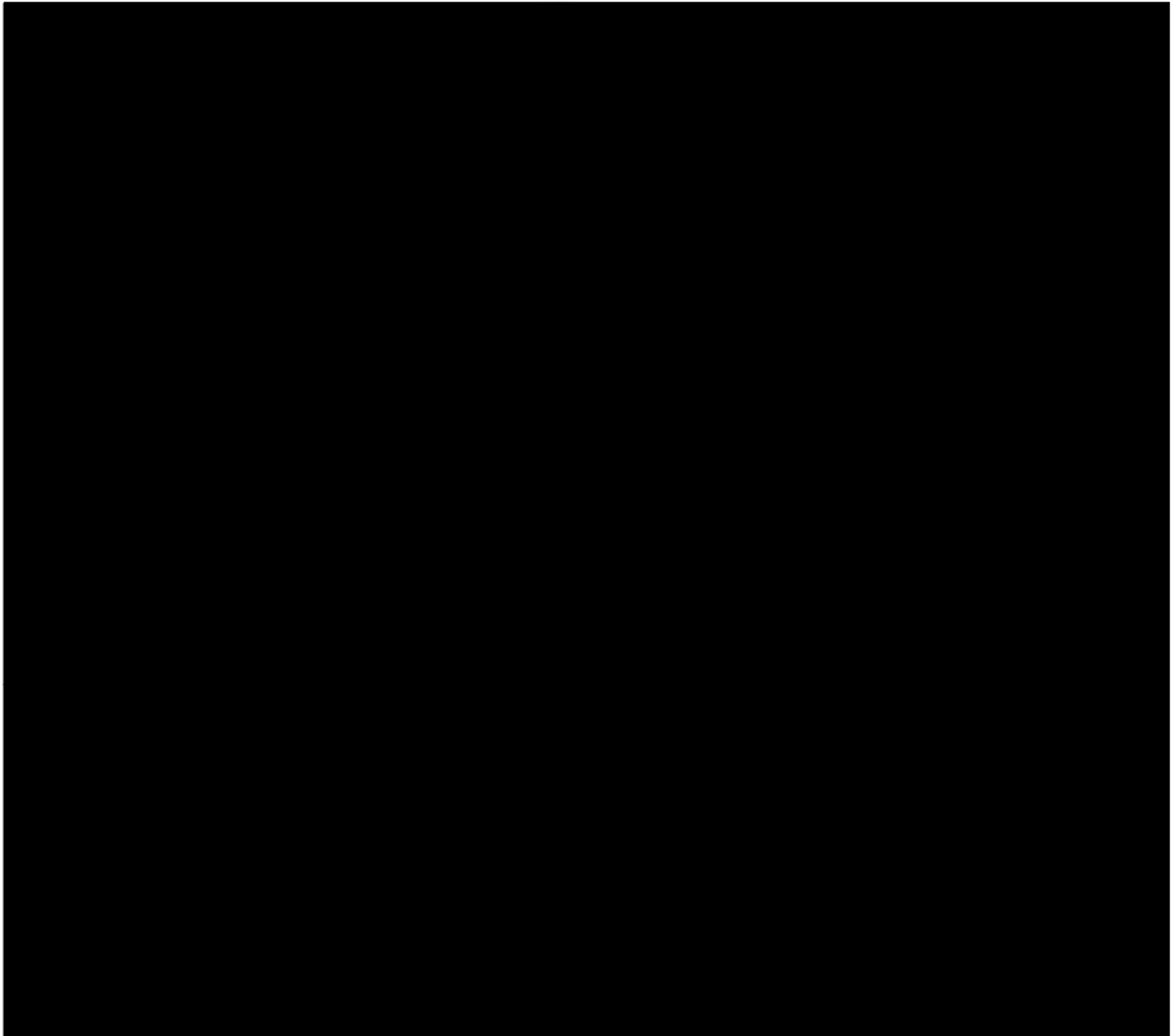


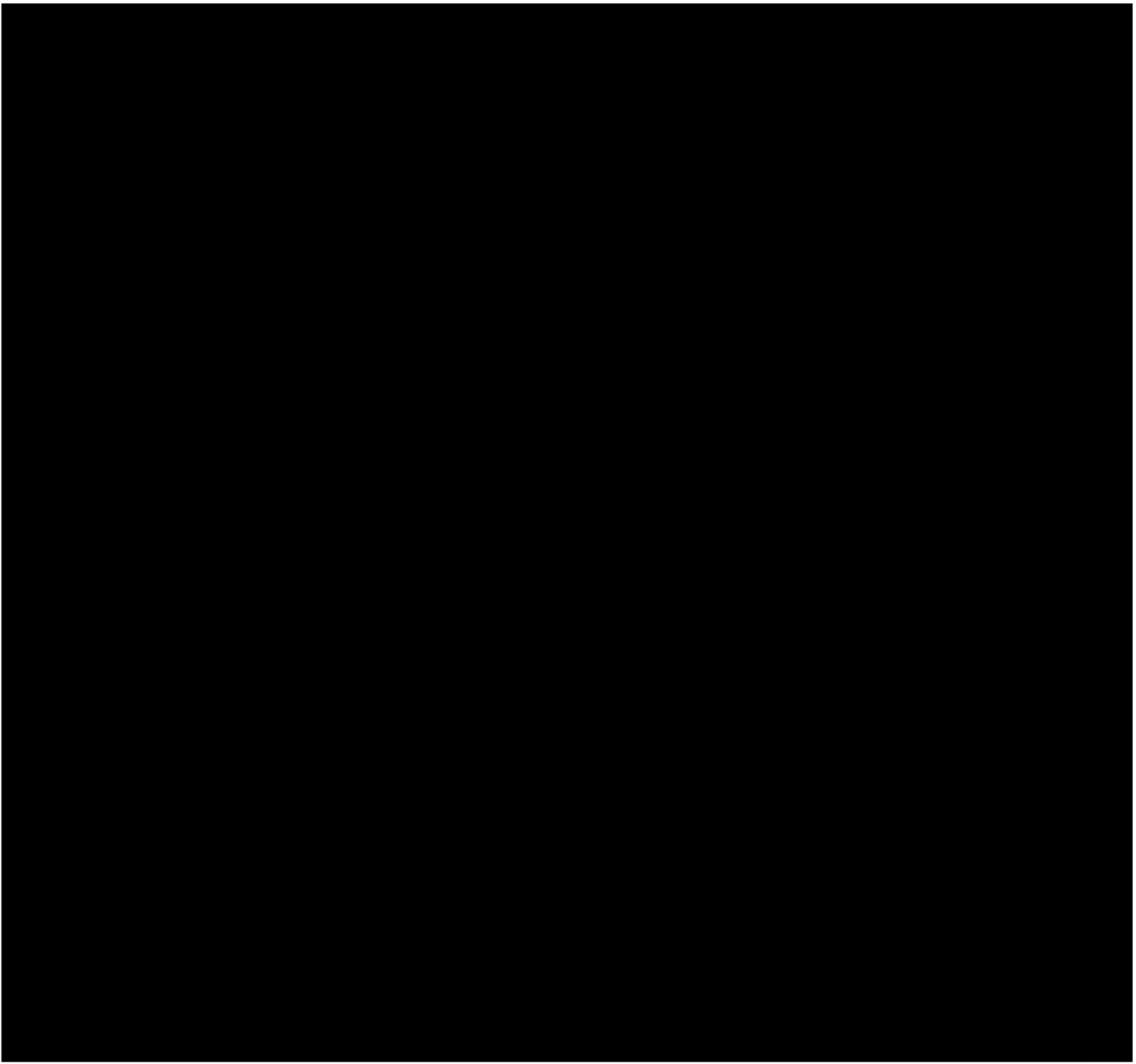


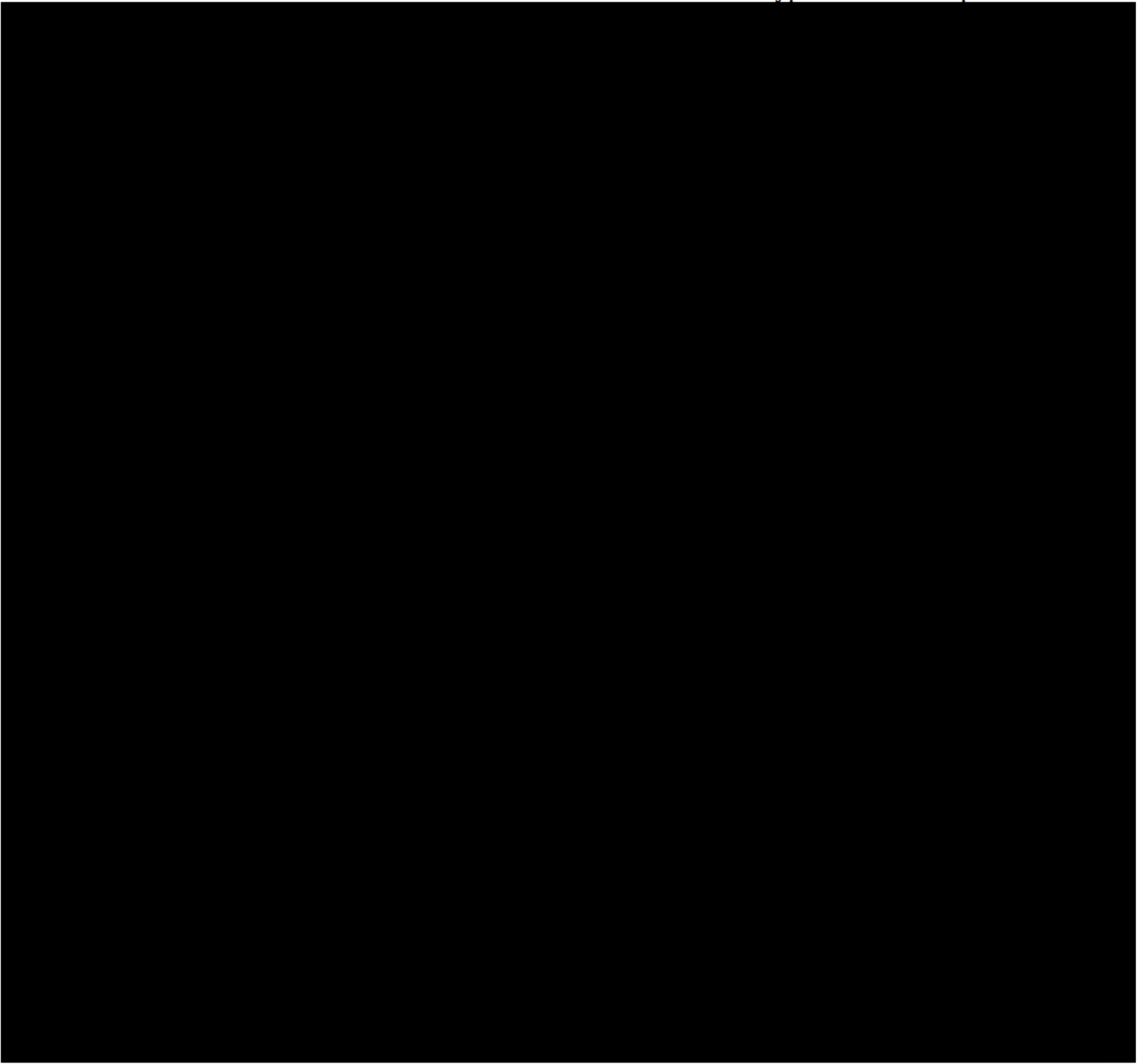


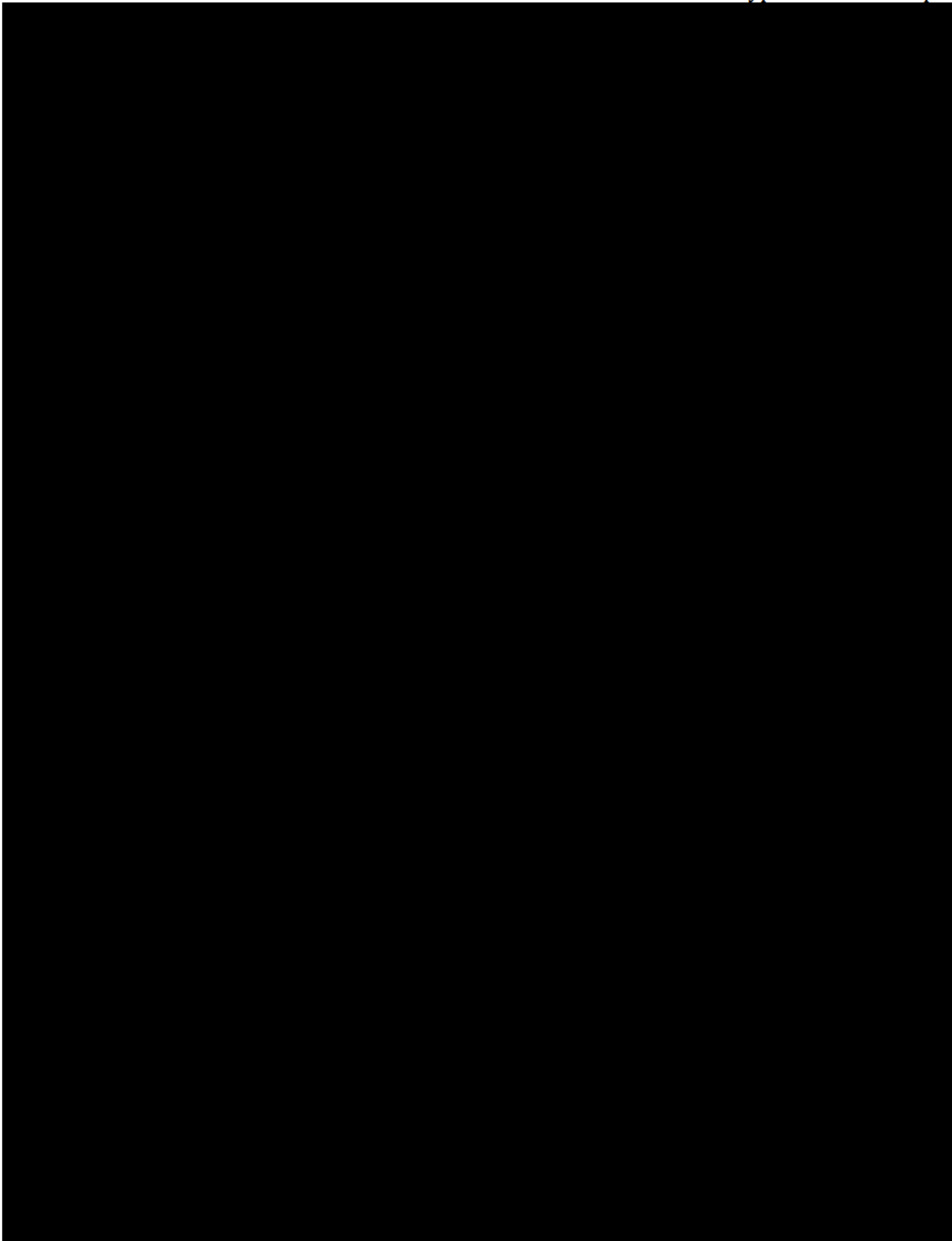


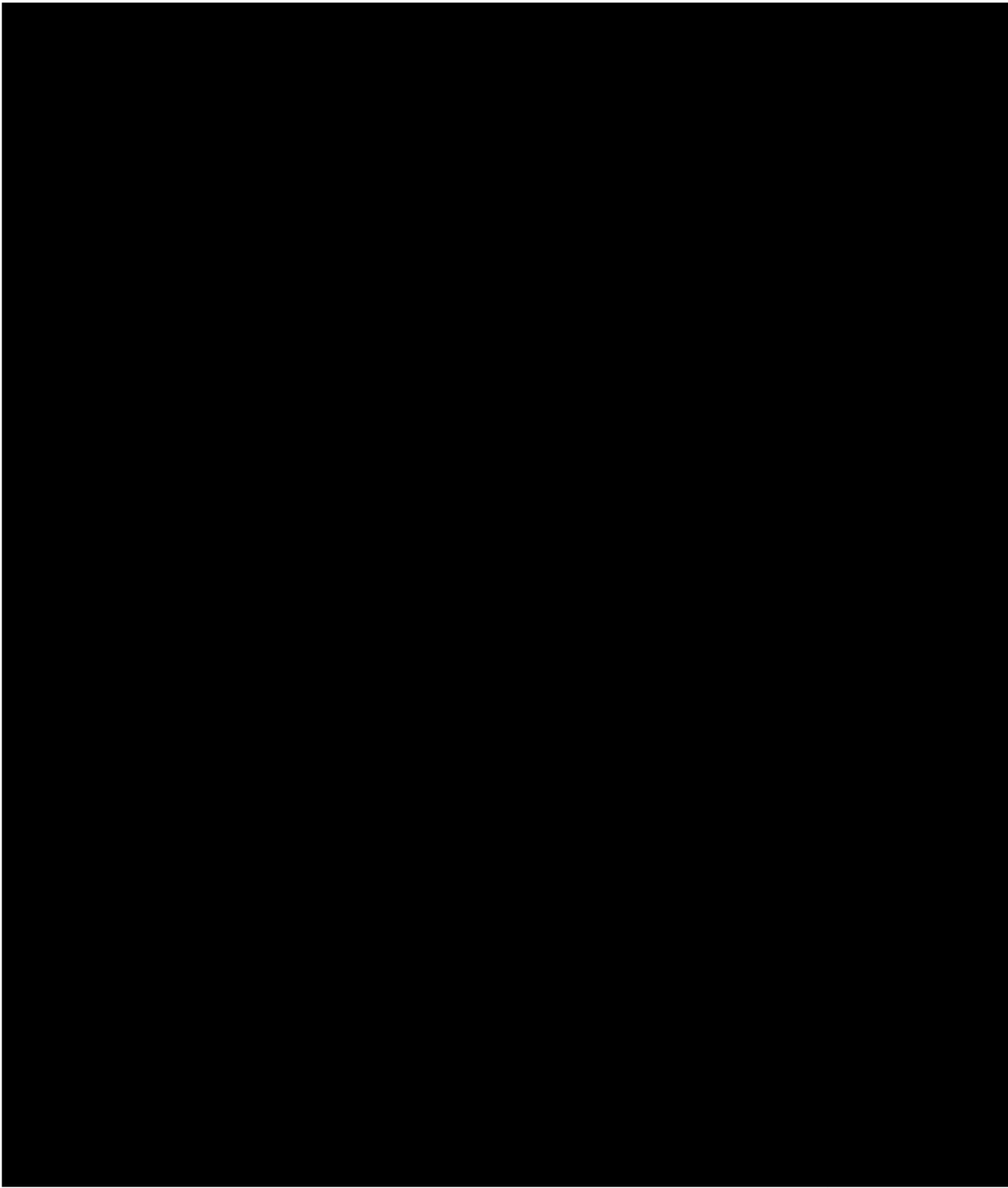




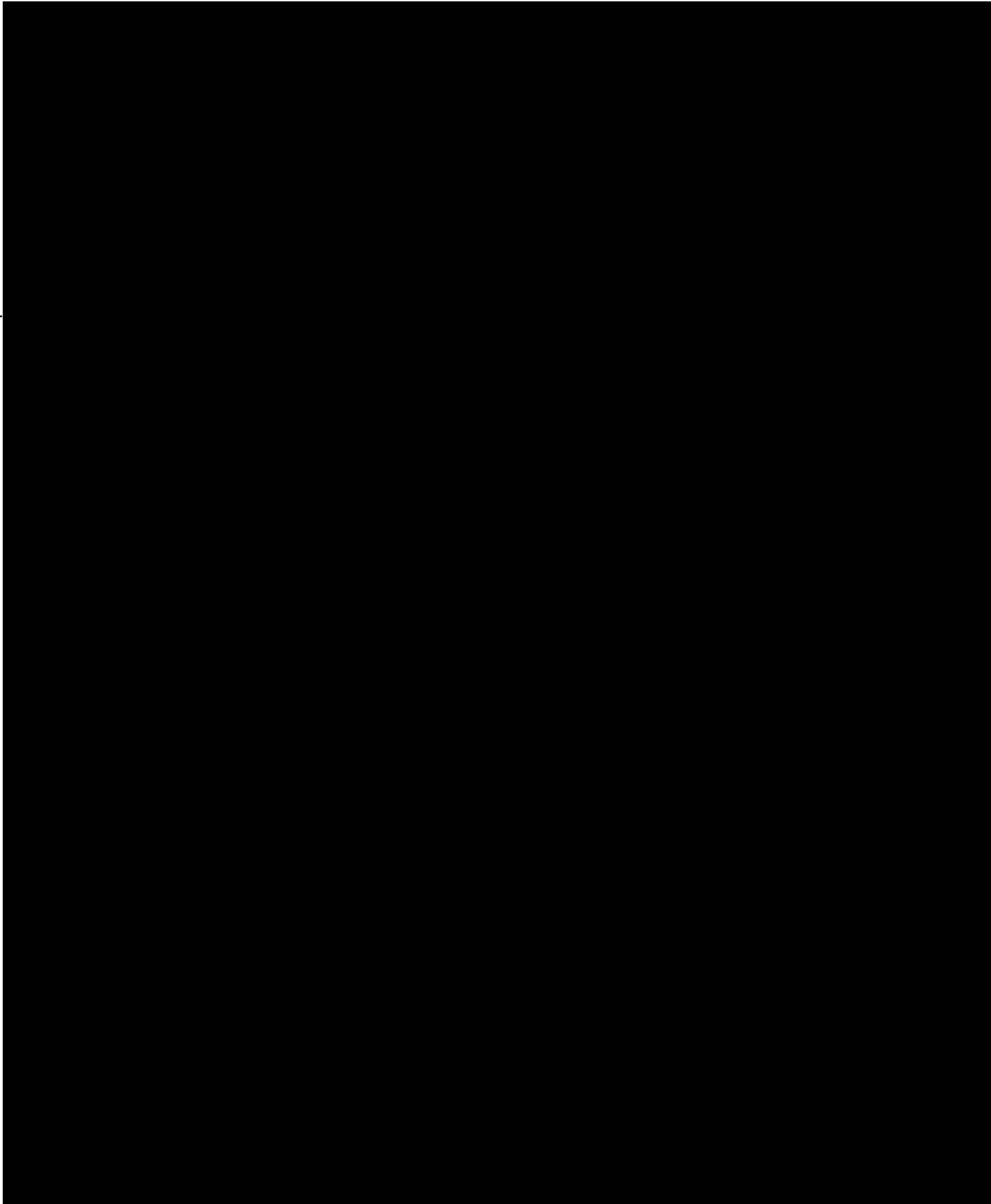


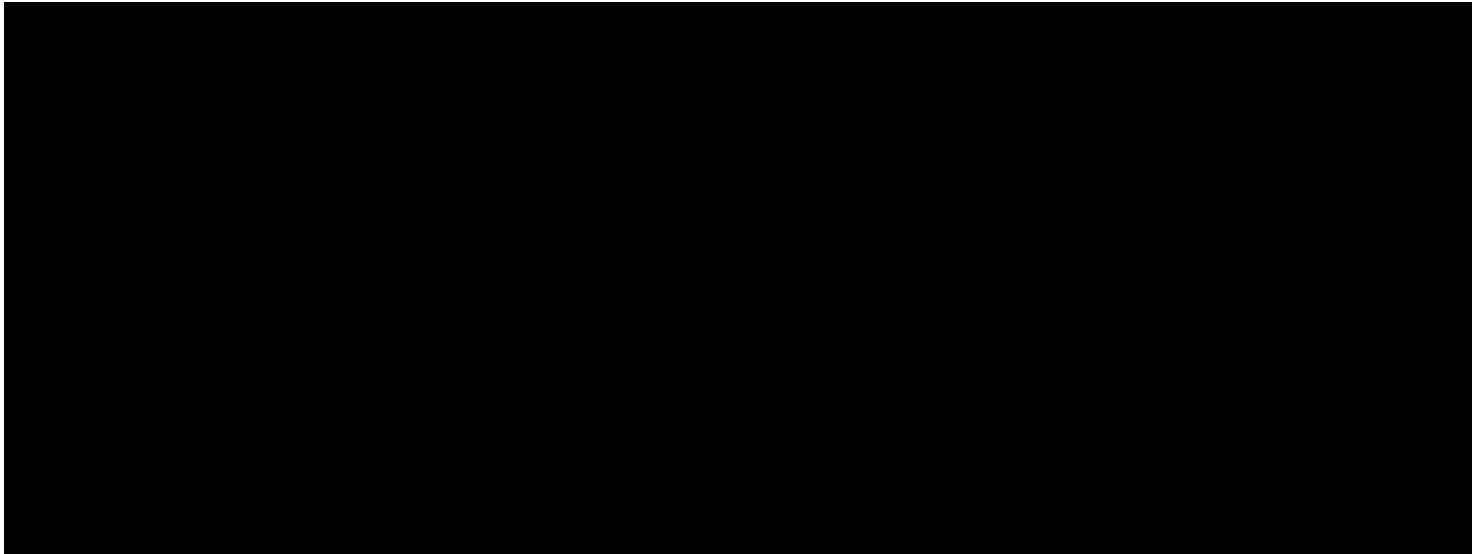


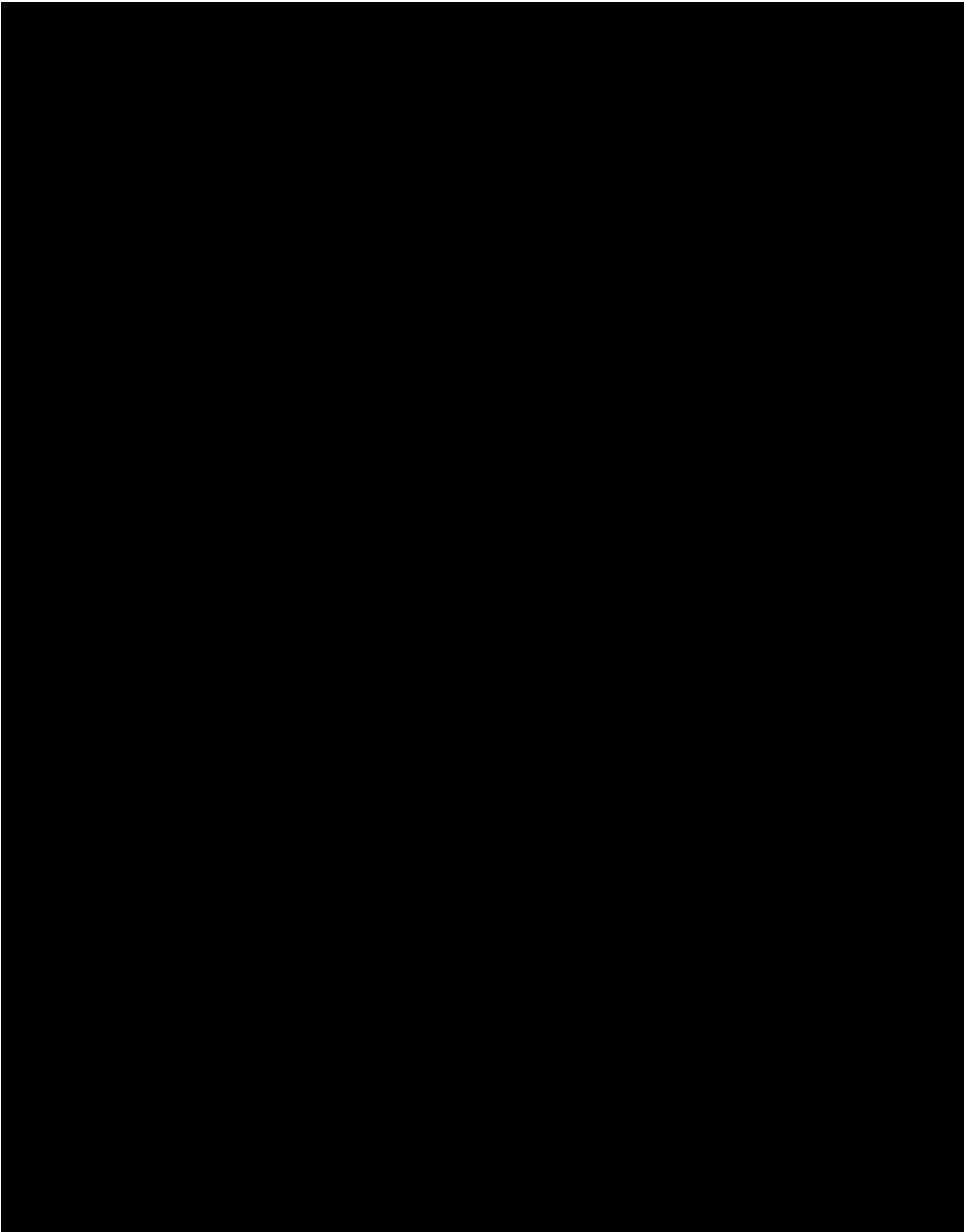


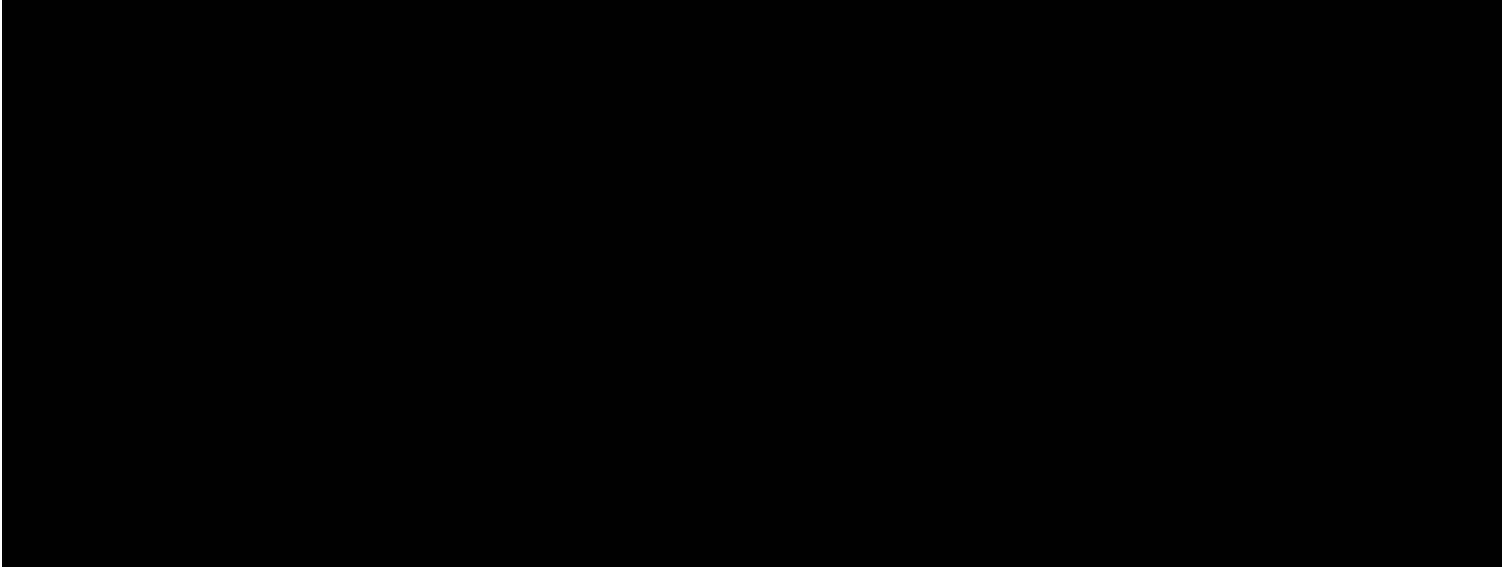


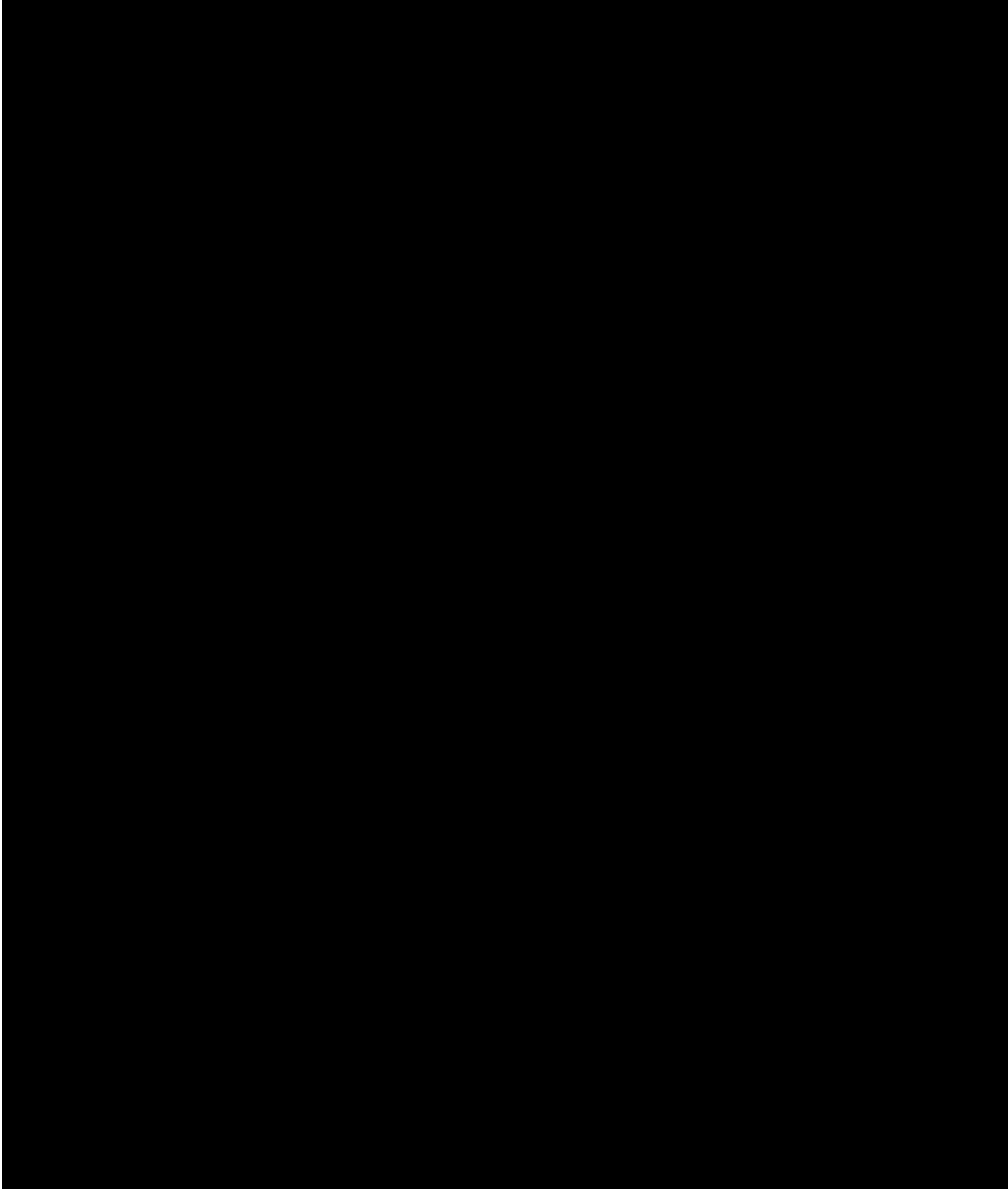
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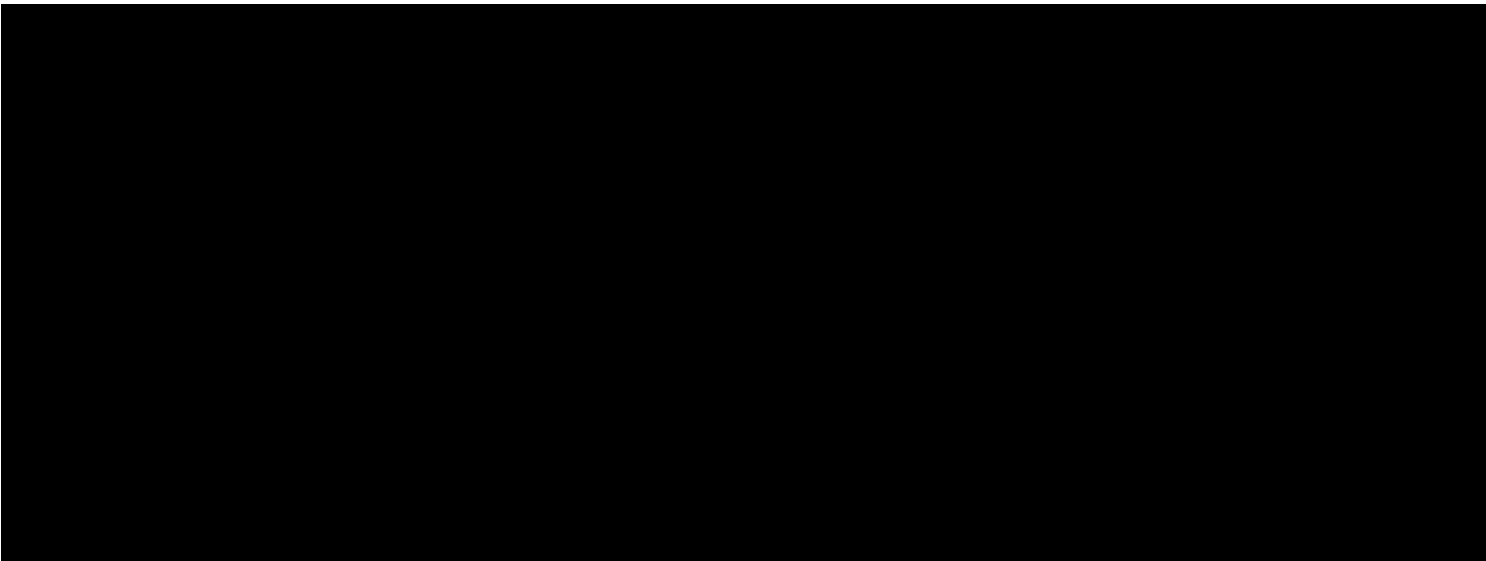
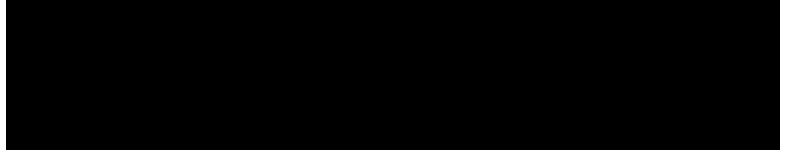


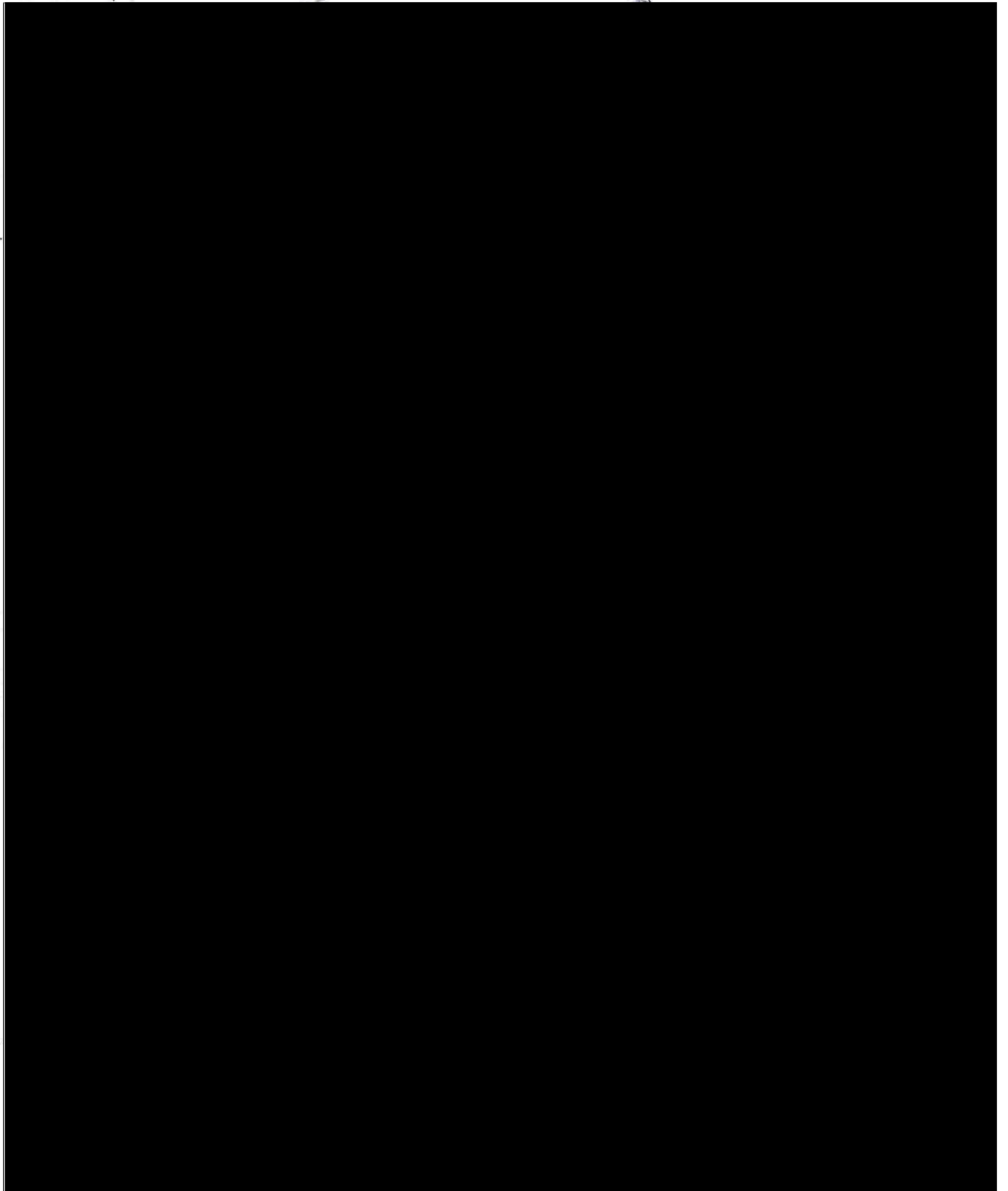




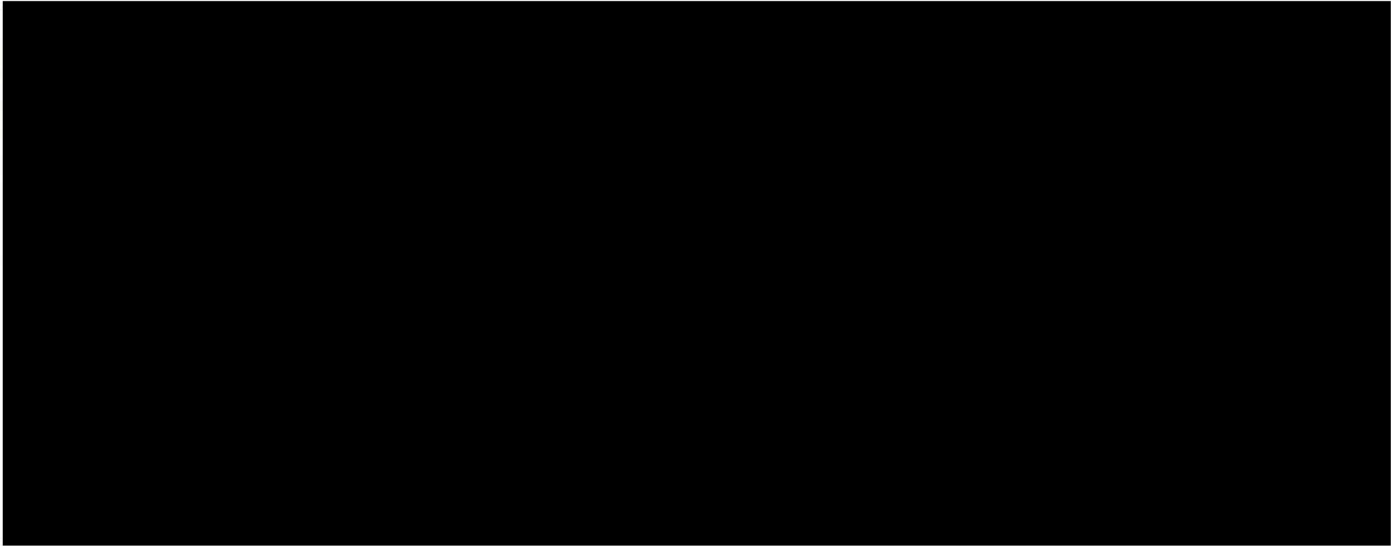


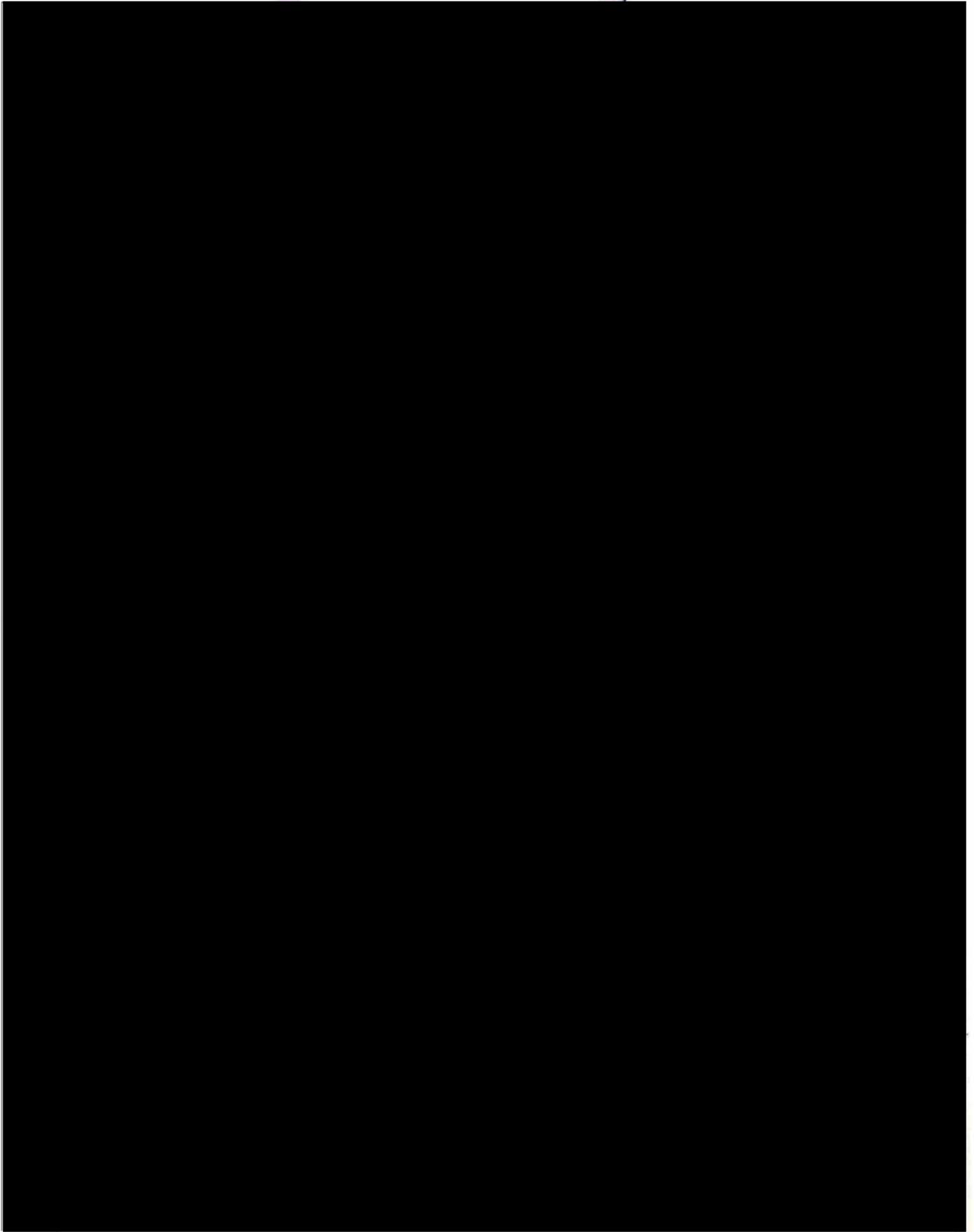


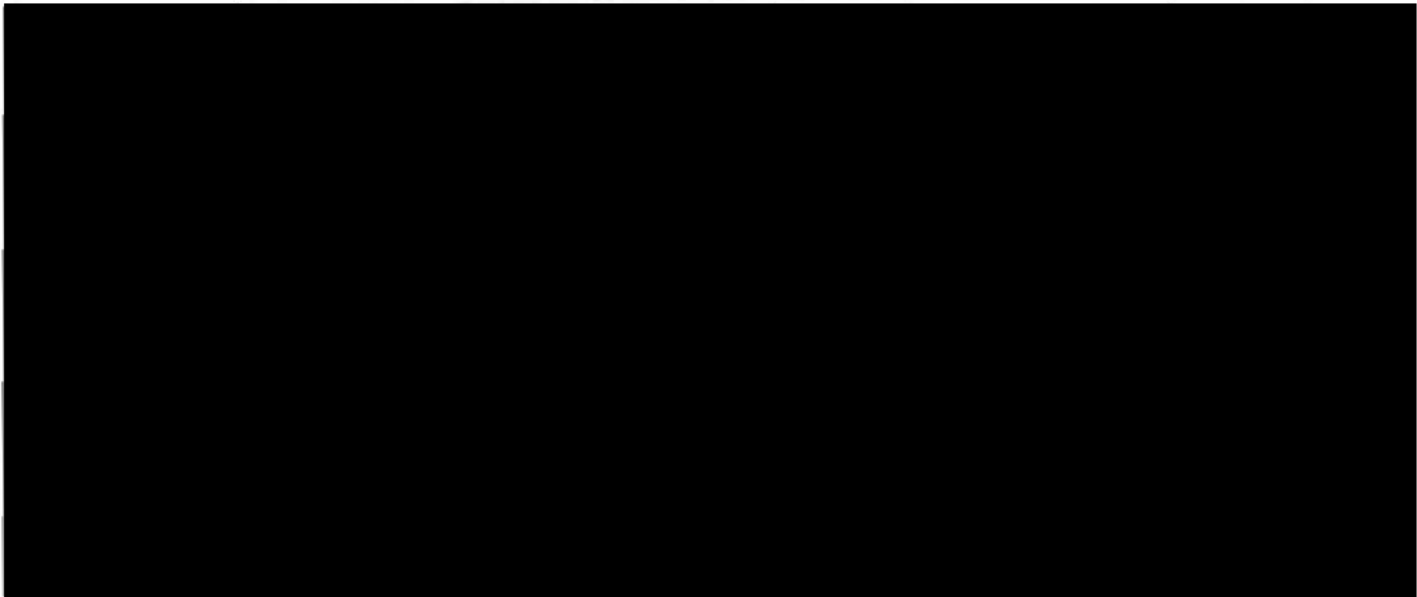
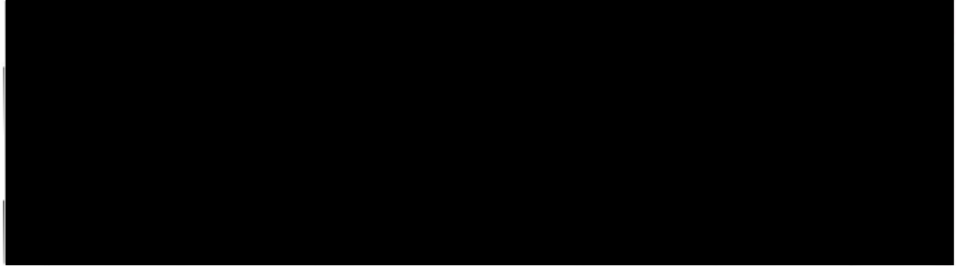


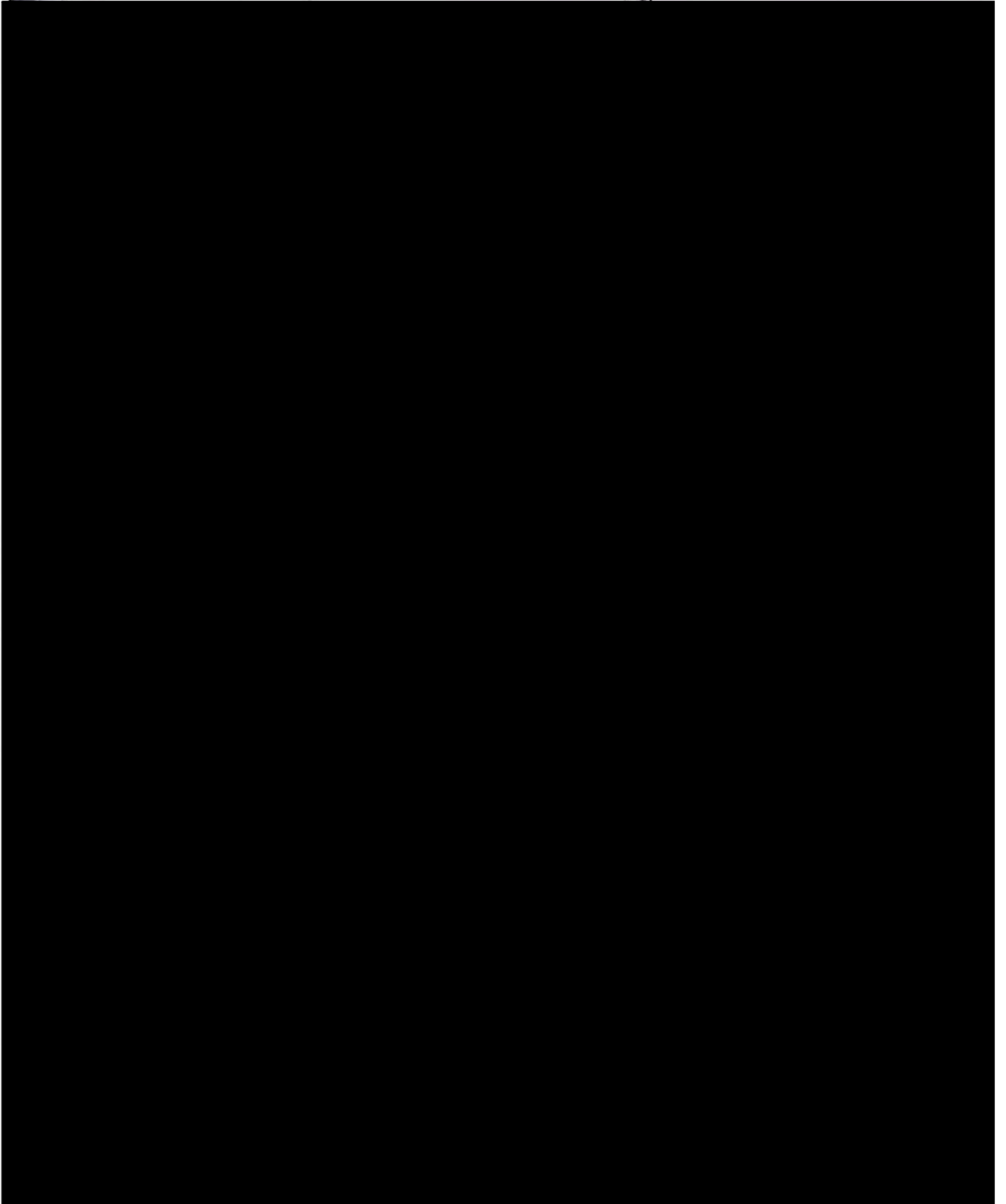


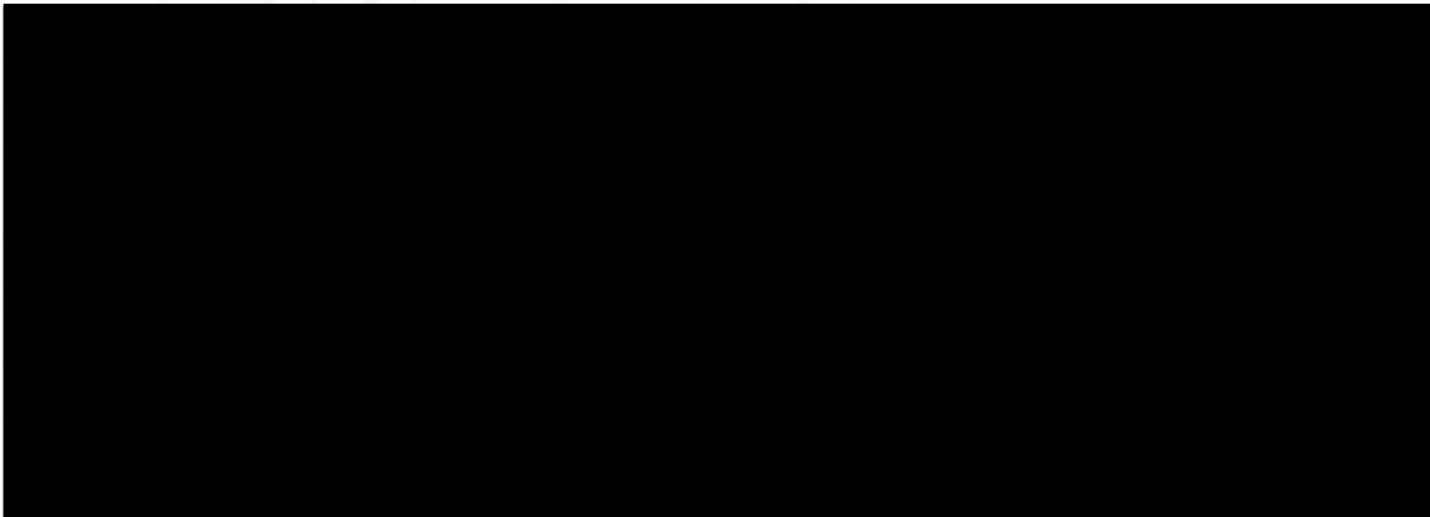
Bill of Sale – Attachment to Exhibit 13, Section 13.1.C

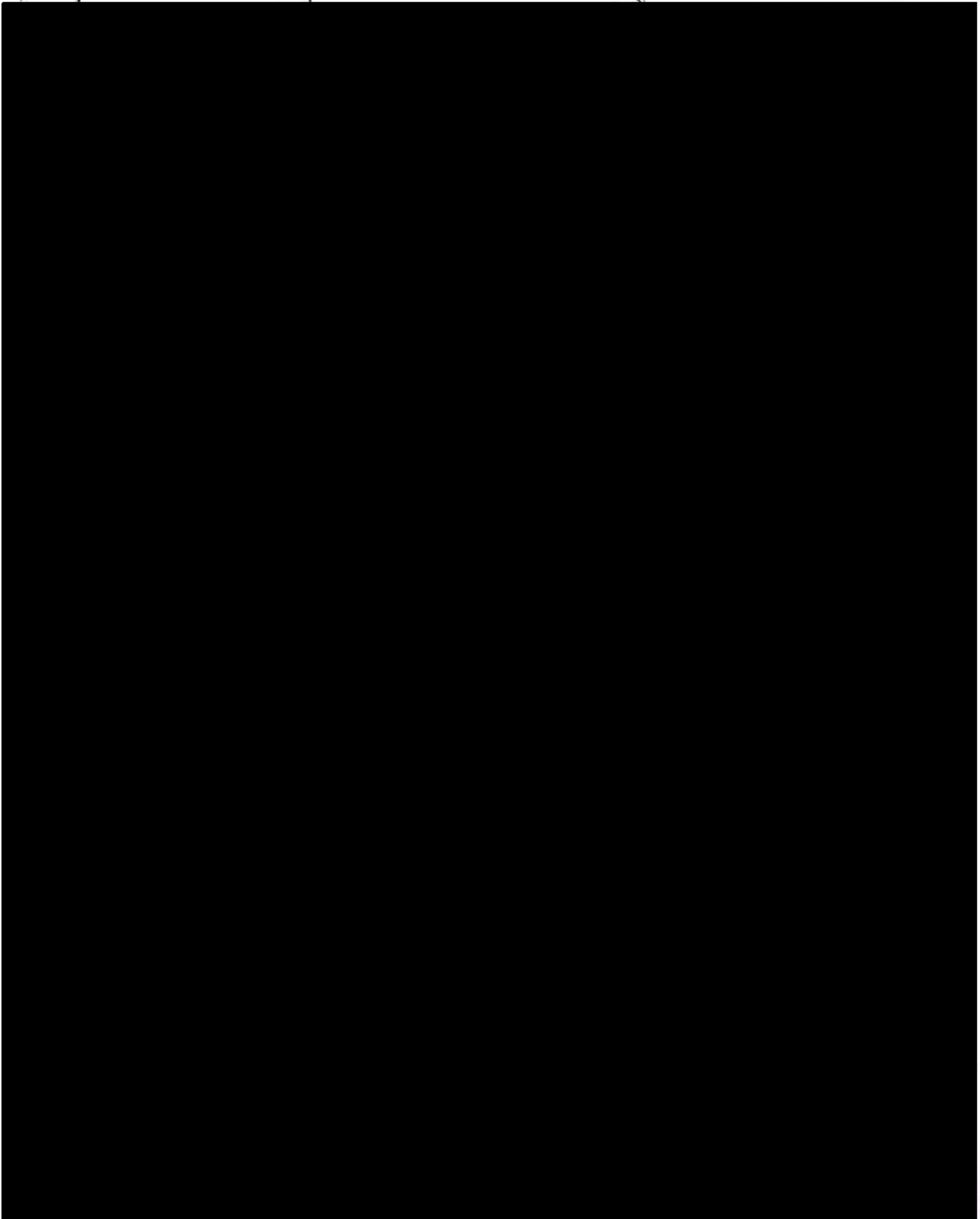


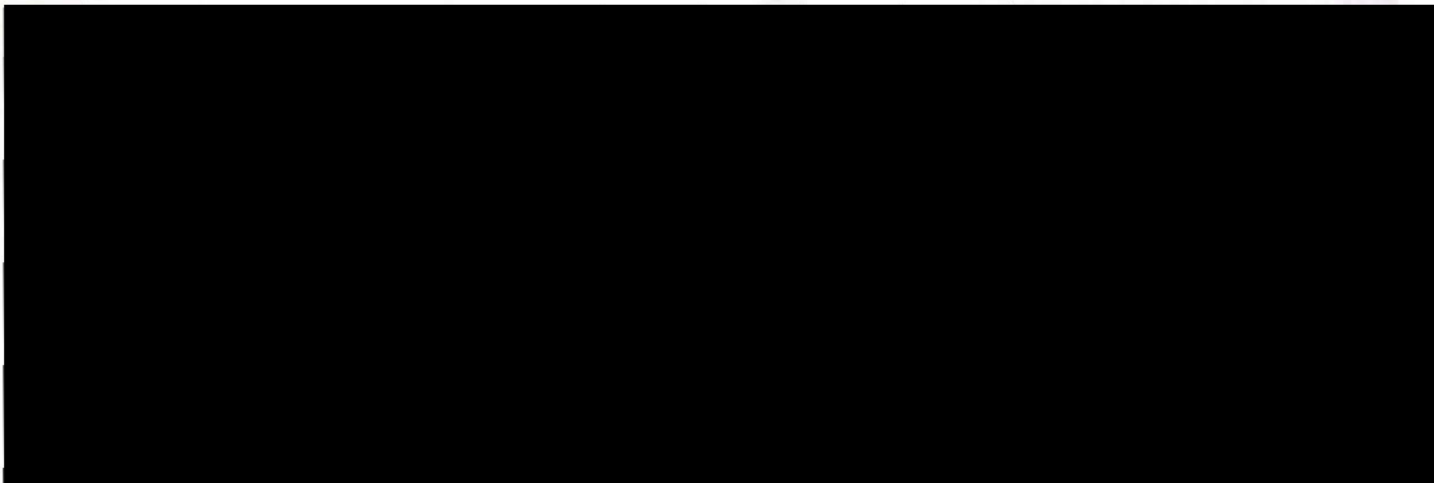


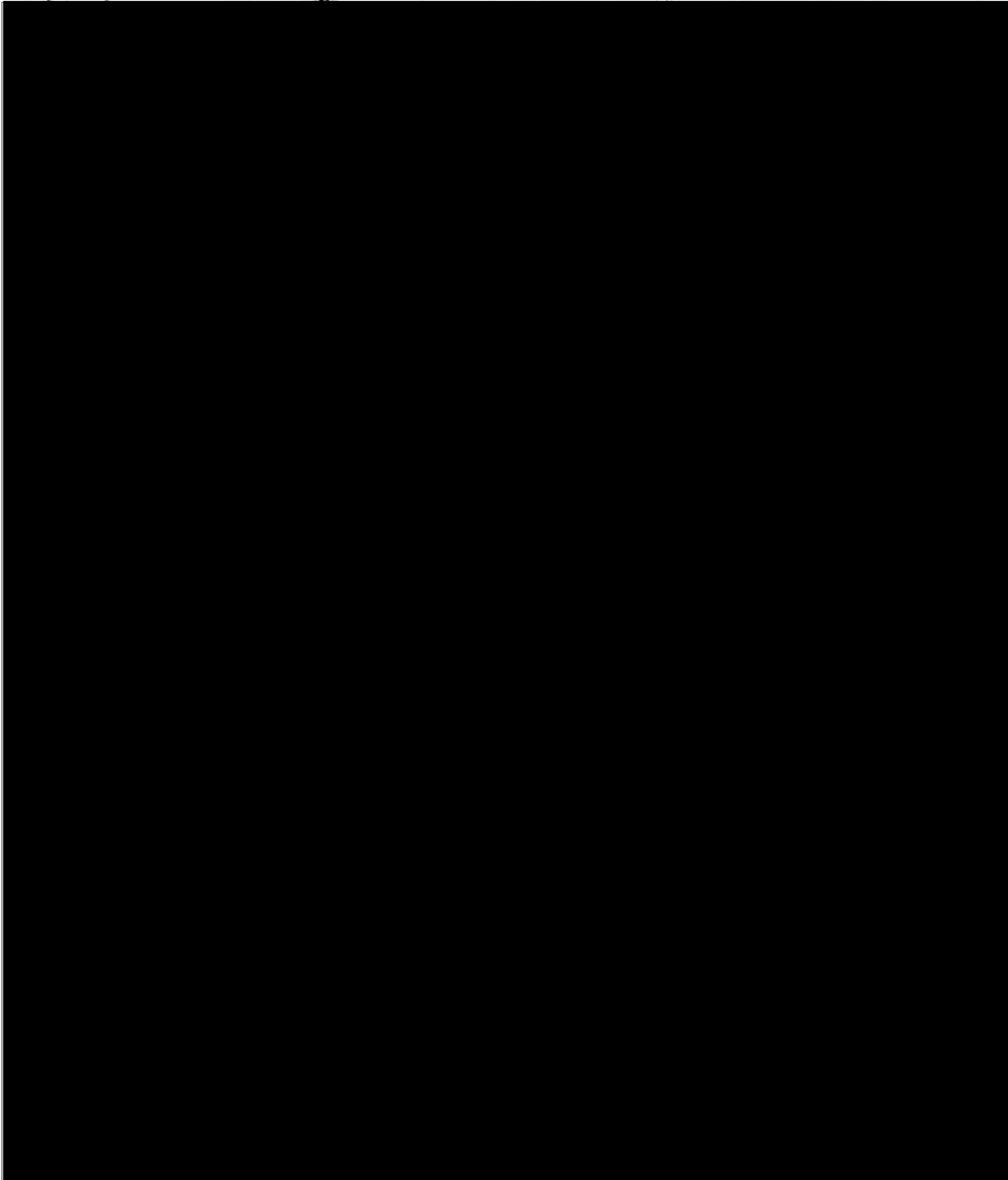


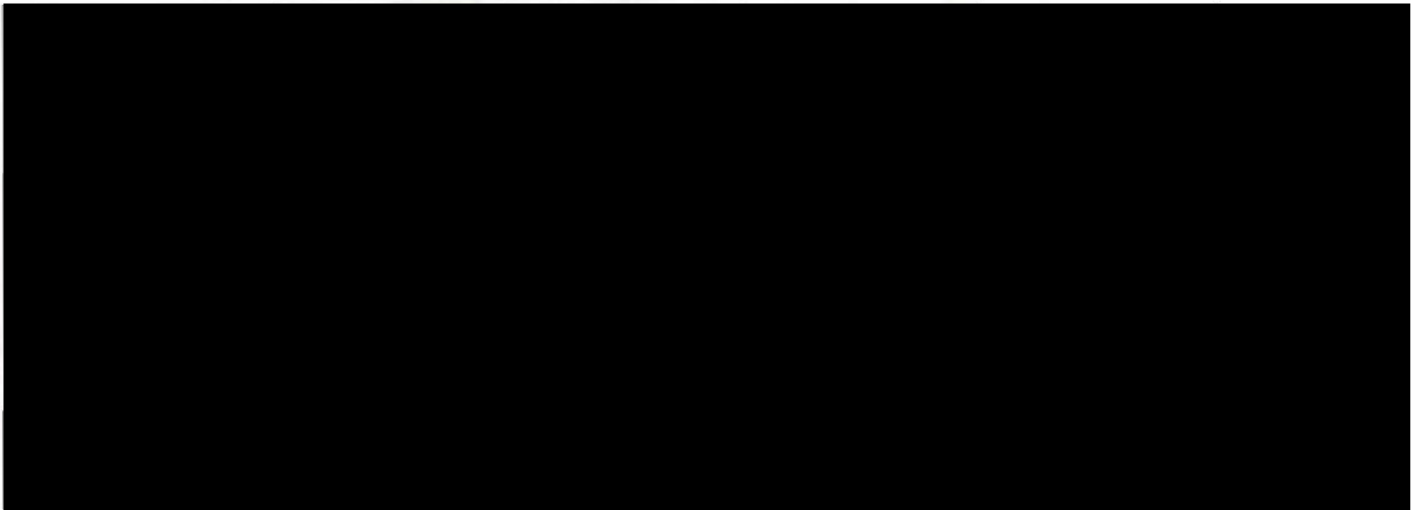






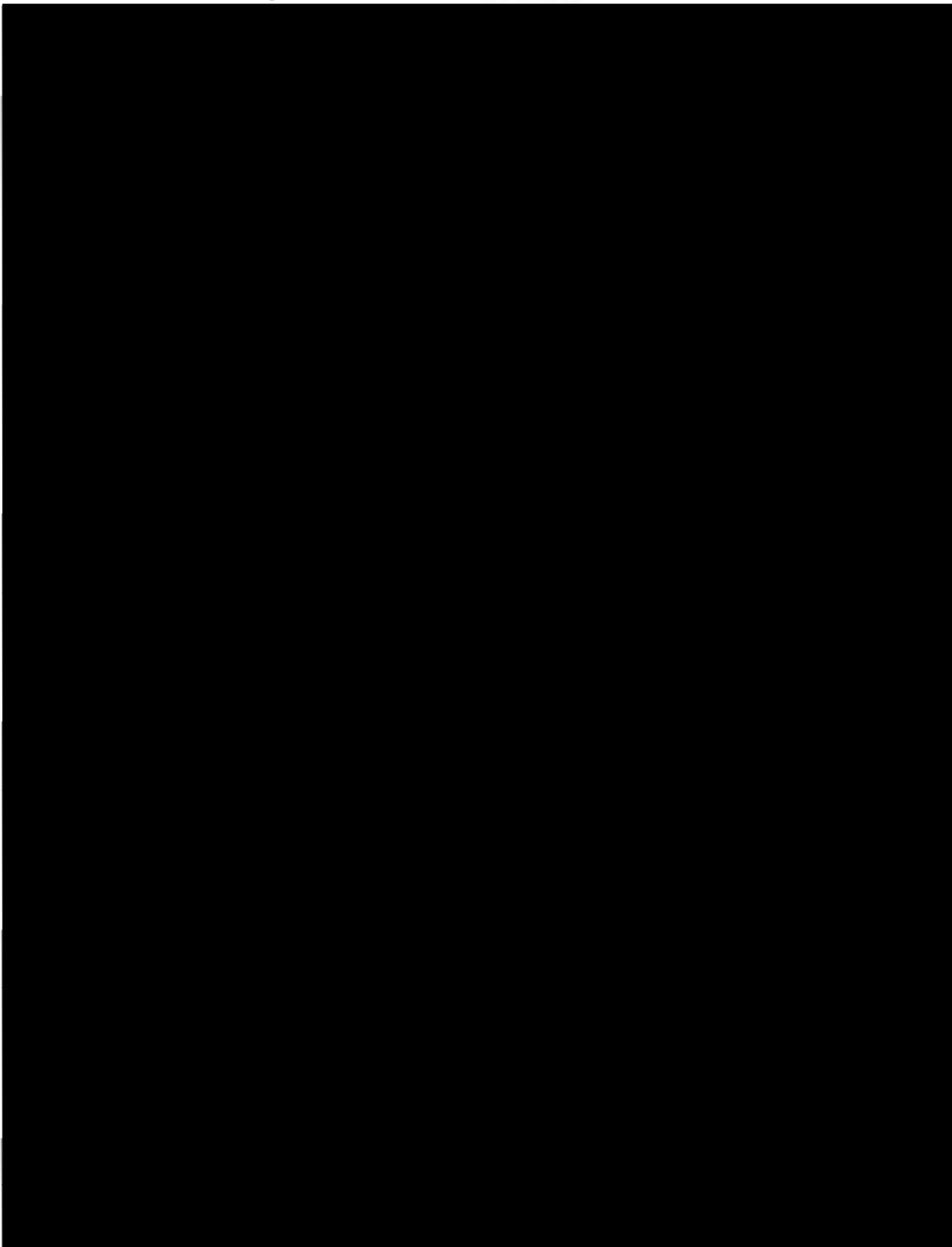


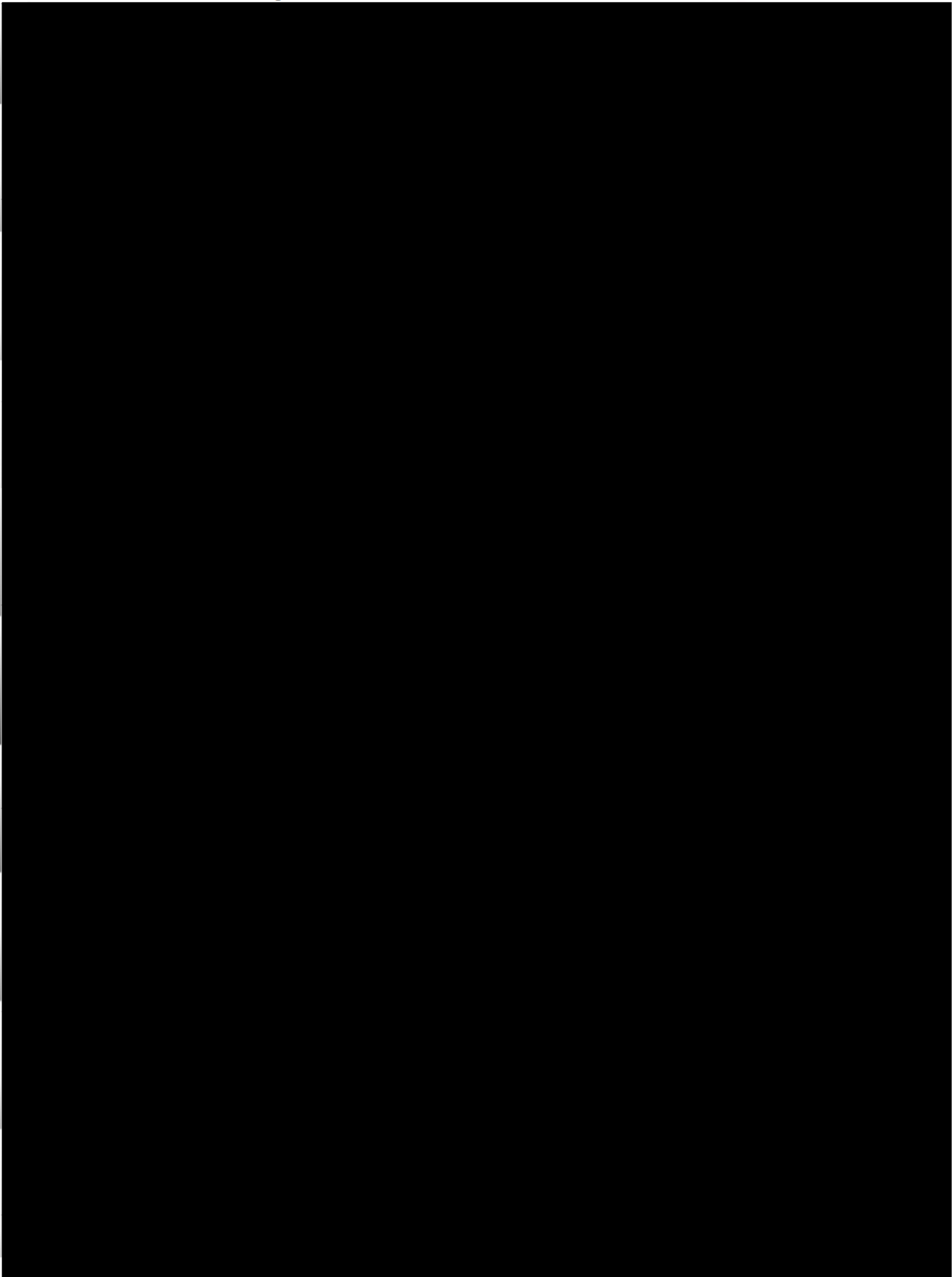


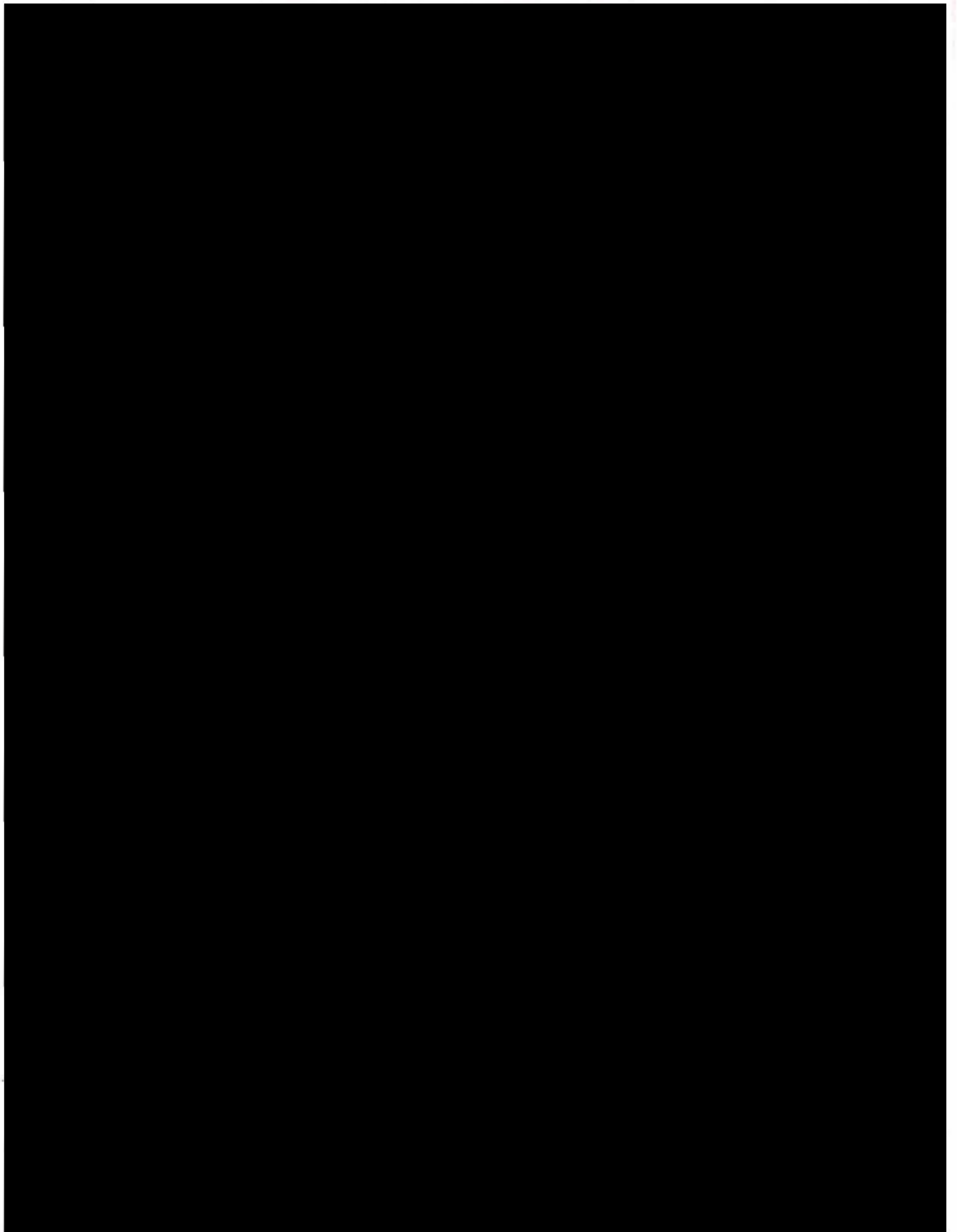


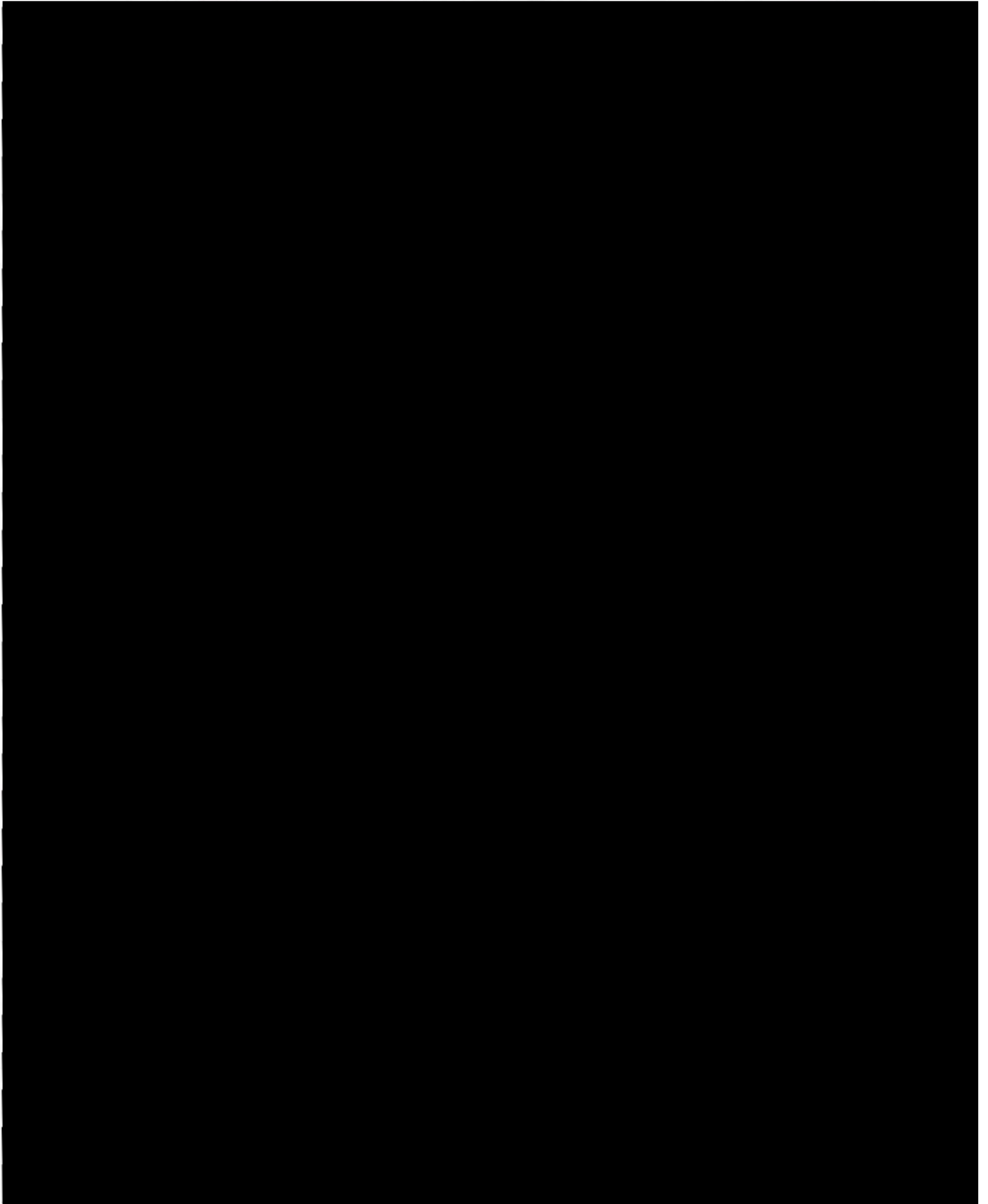


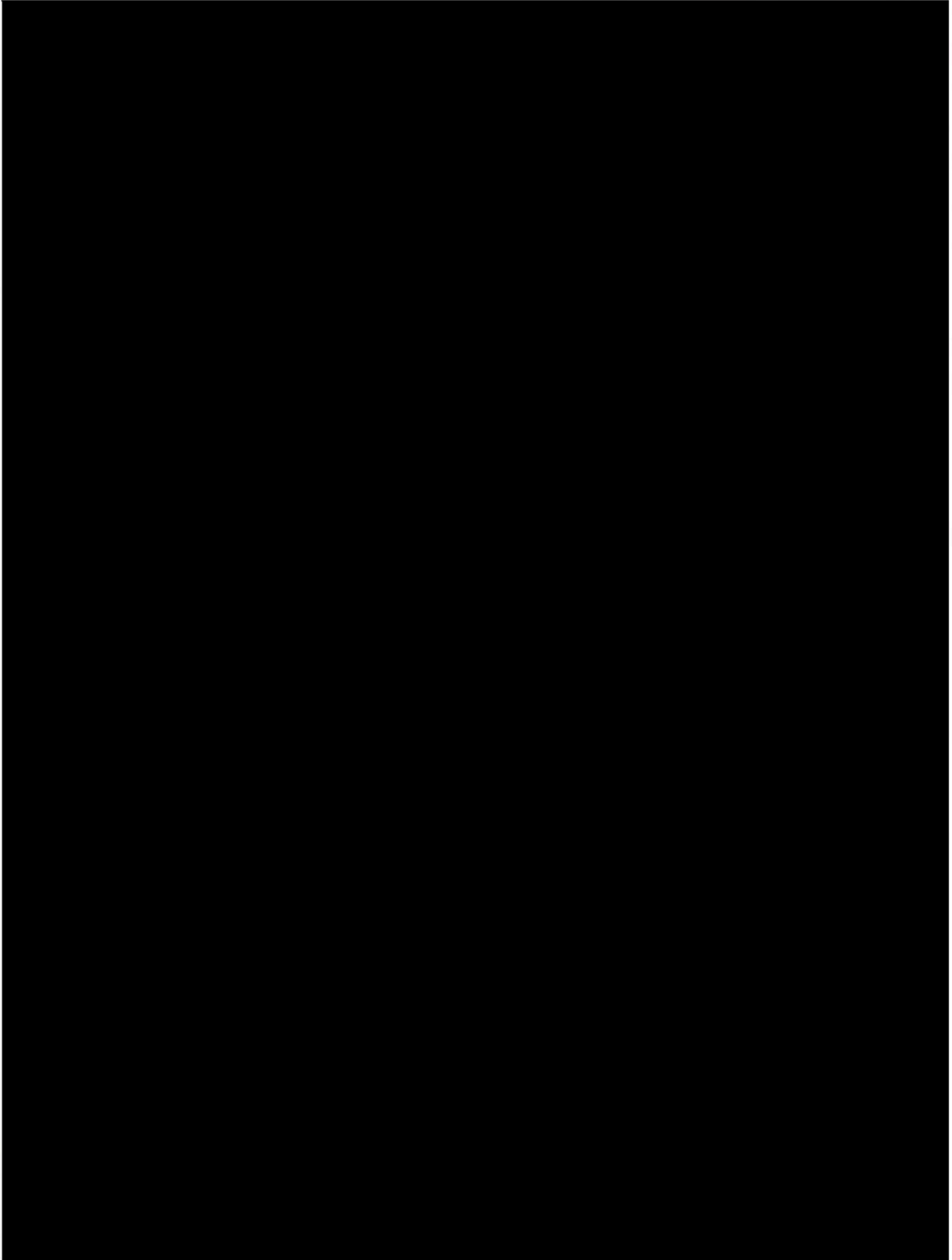
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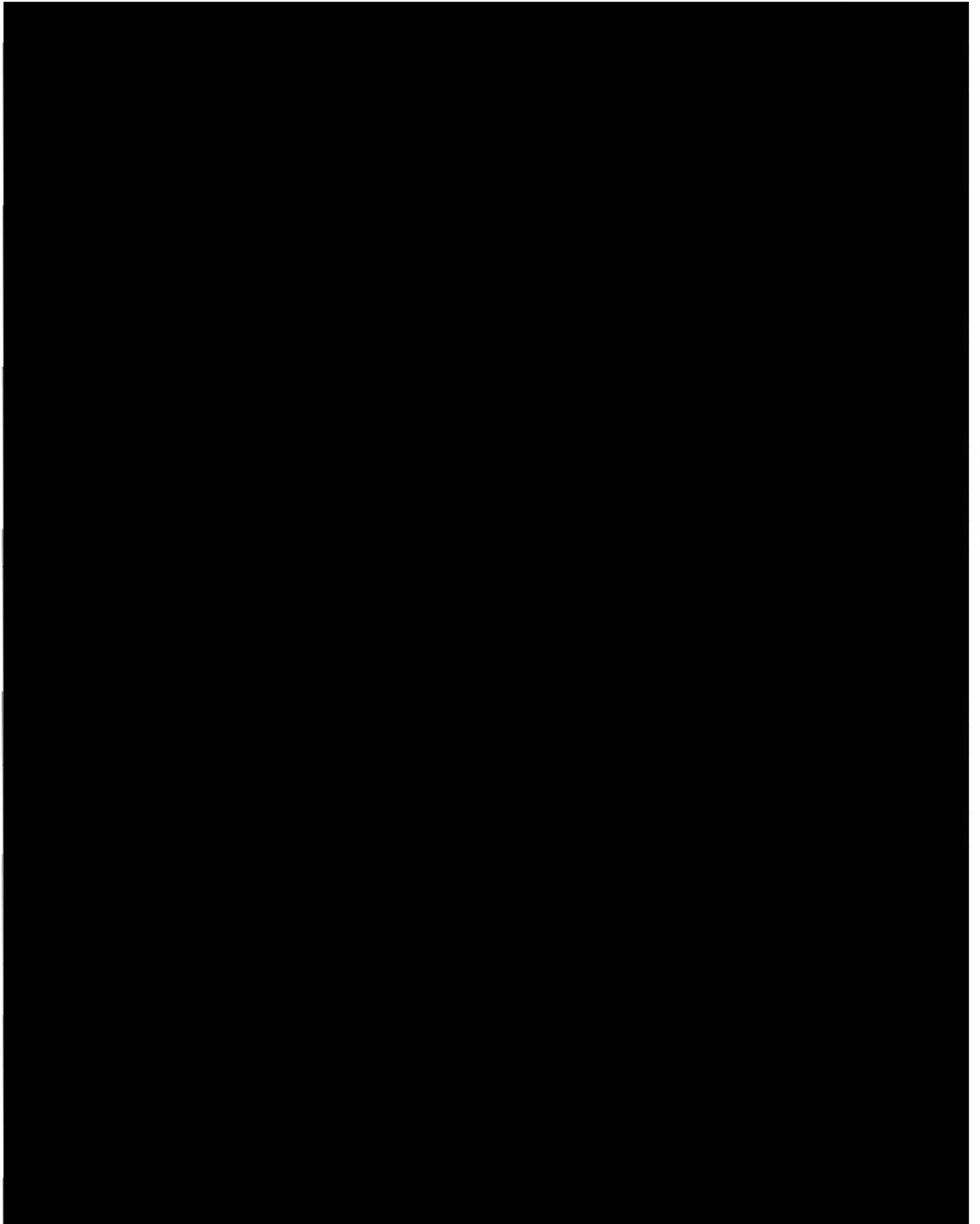


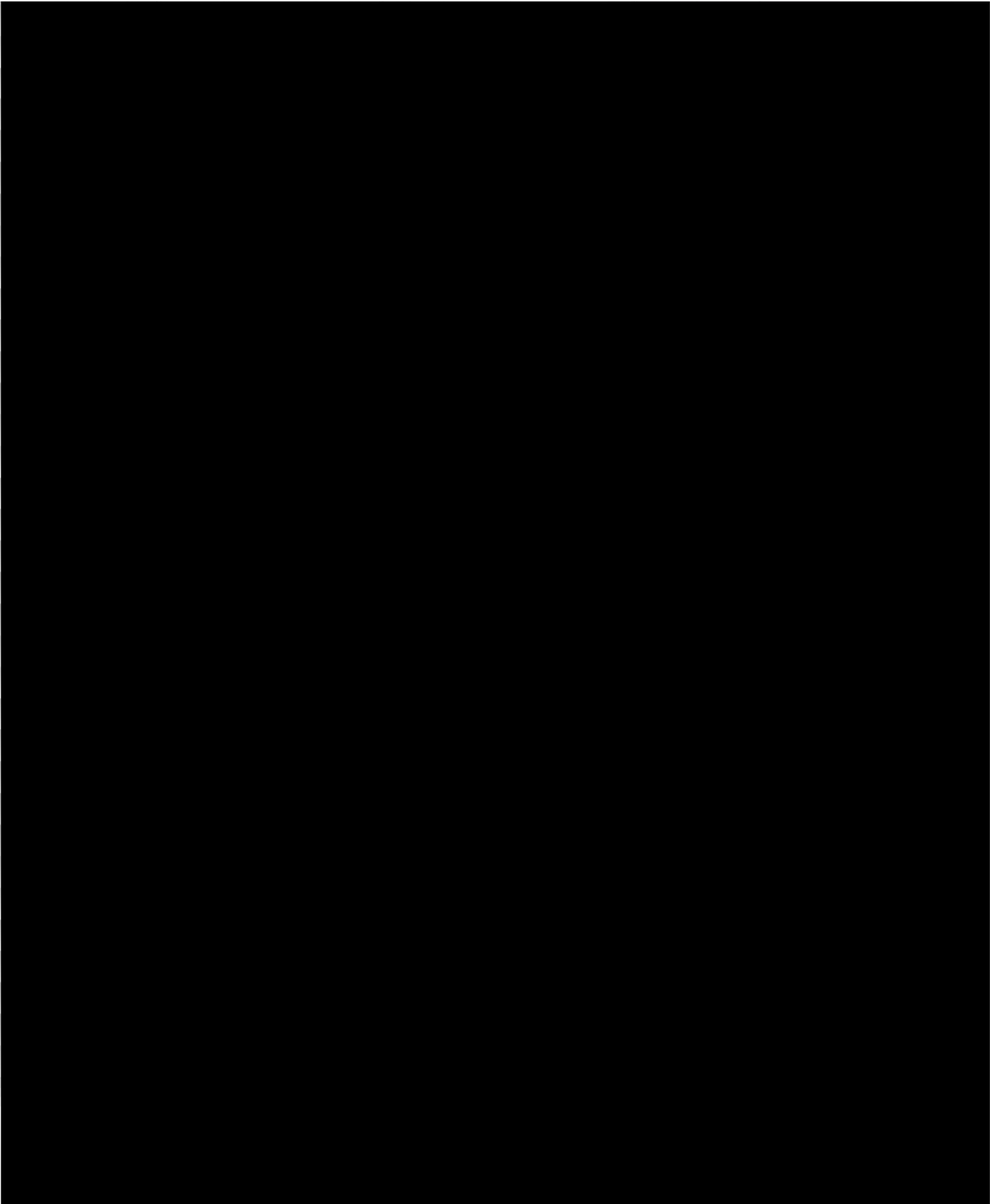












General Liability – Attachment to Exhibit 13, Section 13.2.A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED: Tyler Van Lines, LLC

COVERAGES

CERTIFICATE NUMBER: 872038869

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Alabama Medical Cannabis Commission
P.O. Box 309585
Montgomery, AL 36130

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Auto Liability, Cargo, & Workers Comp – Attachment to Exhibit 13, Section 13.2.B



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURED

Tyler Van Lines, LLC
776 Hudson Street
Troy, AL 36079

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 71214996

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY				11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.				1/4/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Motor Truck Cargo				11/15/2022	11/15/2023	\$100,000 Limit \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Proof of Coverage

Tyler Van Lines, LLC
776 Hudson Street
Troy AL 36079

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Insurance Letter of Intent – Attachment to Exhibit 13, Section 13.2.C



December 14, 2022

Alabama Medical Cannabis Commission
PO Box 309585
Montgomery, AL 36130

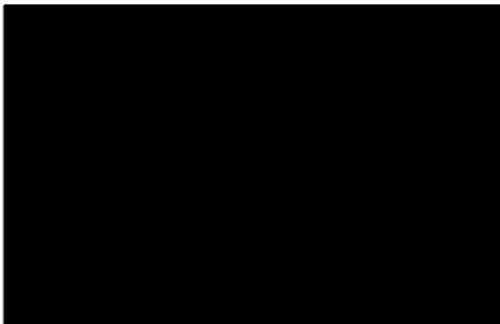
Re: Letter of intent for Insurance for Tyler Van Lines, LLC

To Whom it May Concern,

Tyler Van Lines, LLC is a valued, longtime client of McGriff Insurance. Enclosed, is a certificate with the current coverages carried by Tyler.

This letter serves to represent that when the time arises, we will be able to alter the coverages to meet and satisfy any requirements of the AMCC and other licensees, as applicable. This will include, but not be limited to, Auto Liability (Fleet vehicle), General Liability, Motor Truck Cargo, Workers Compensation, and Excess Liabilities. This can also include liability limits of \$2,000,000 or more if required. Additionally, any other required coverages can be procured at the appropriate time.

Their current coverages and any additional will be written with "A" rated insurance providers.





SECUR32

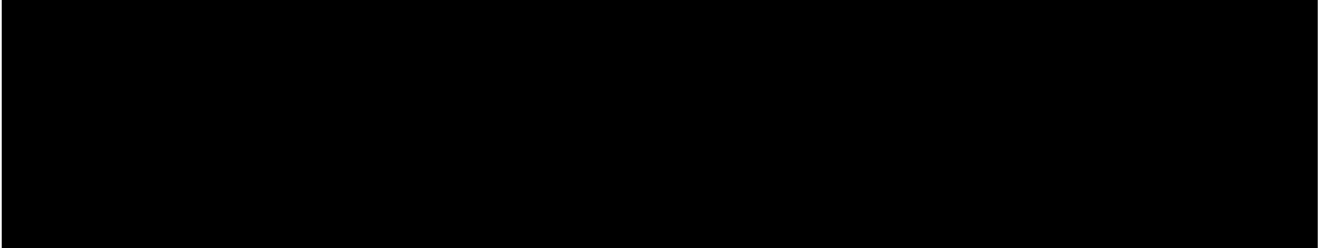
OP ID: JE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).



INSURER F

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			[REDACTED]	07/21/2022	07/21/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Assault & Battery						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Errors & Omission						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 1,000,000
OTHER:							\$
B	AUTOMOBILE LIABILITY			[REDACTED]	04/30/2022	04/30/2023	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			[REDACTED]	09/26/2022	07/21/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
DED RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance

CERTIFICATE HOLDER

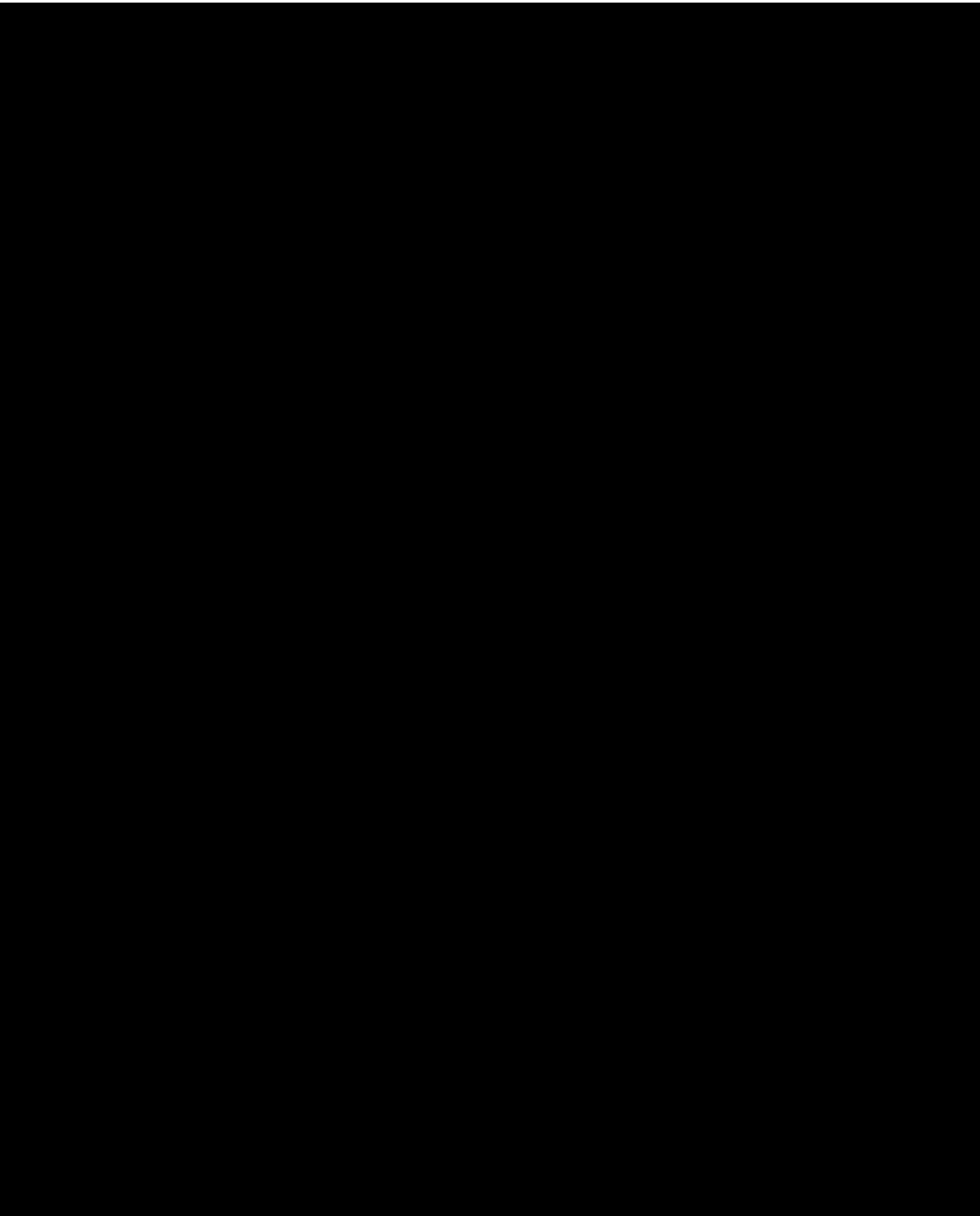
CANCELLATION

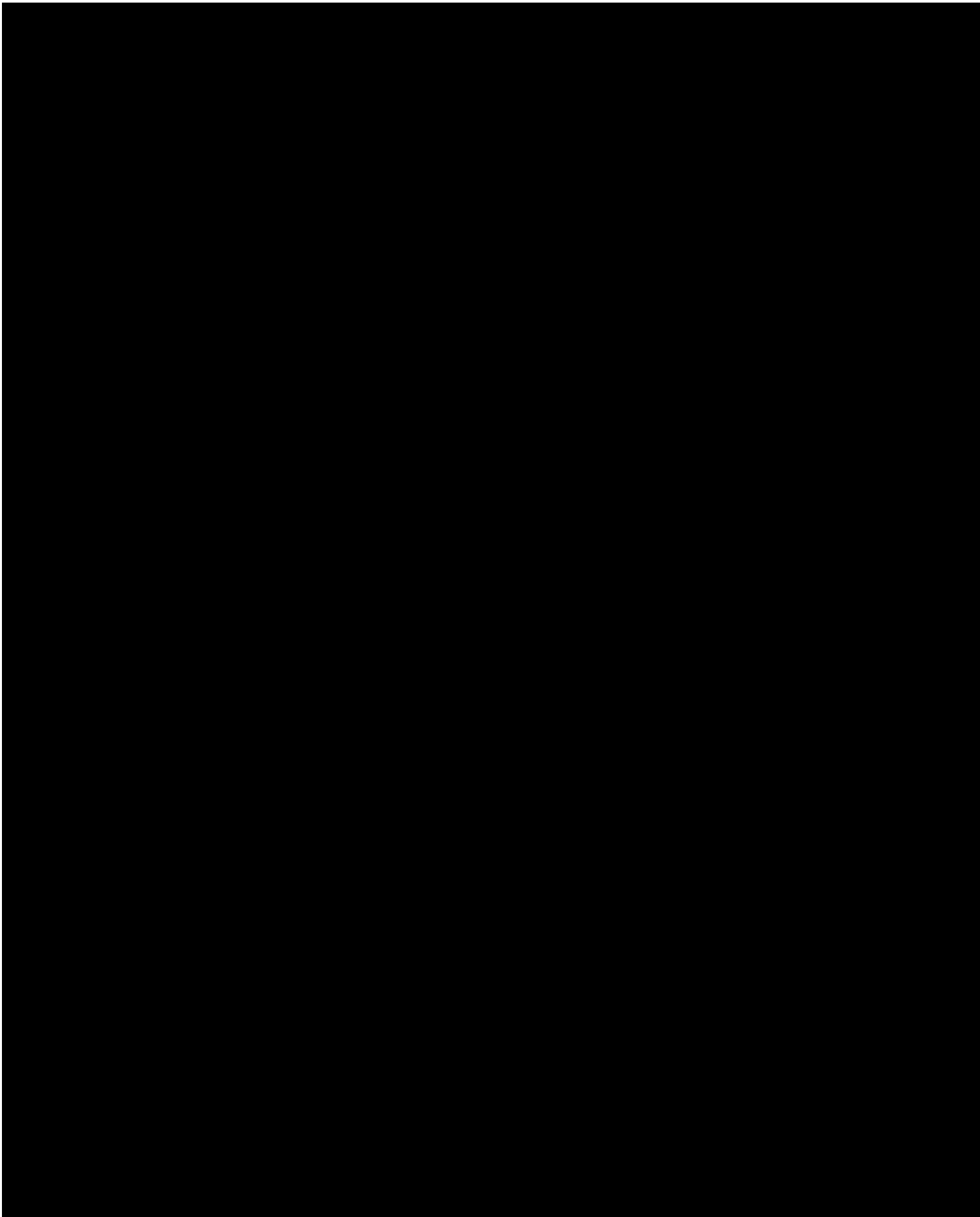
<p>PROOF-2</p> <p>Proof of Insurance</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
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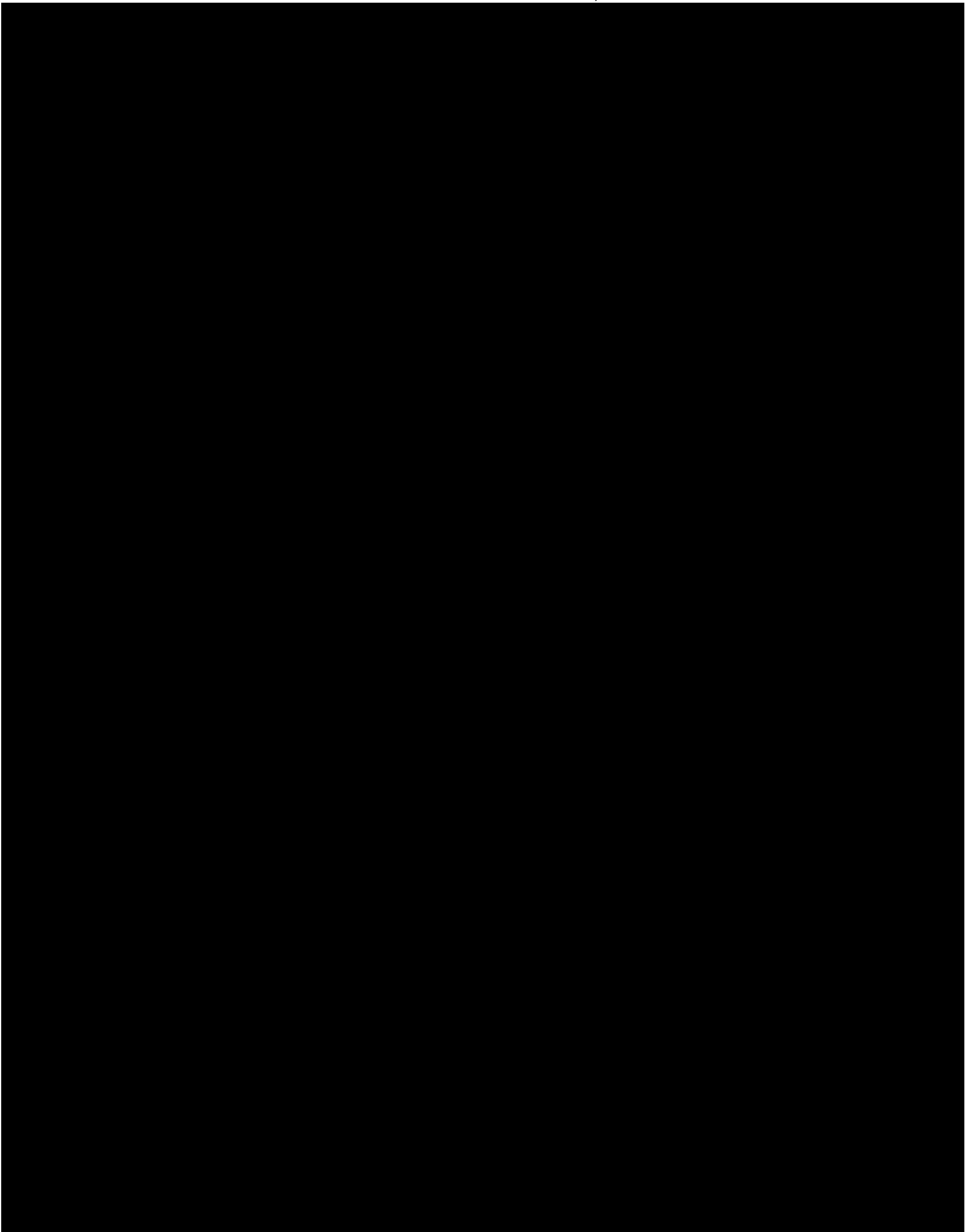
ACORD 25 (2016/03)

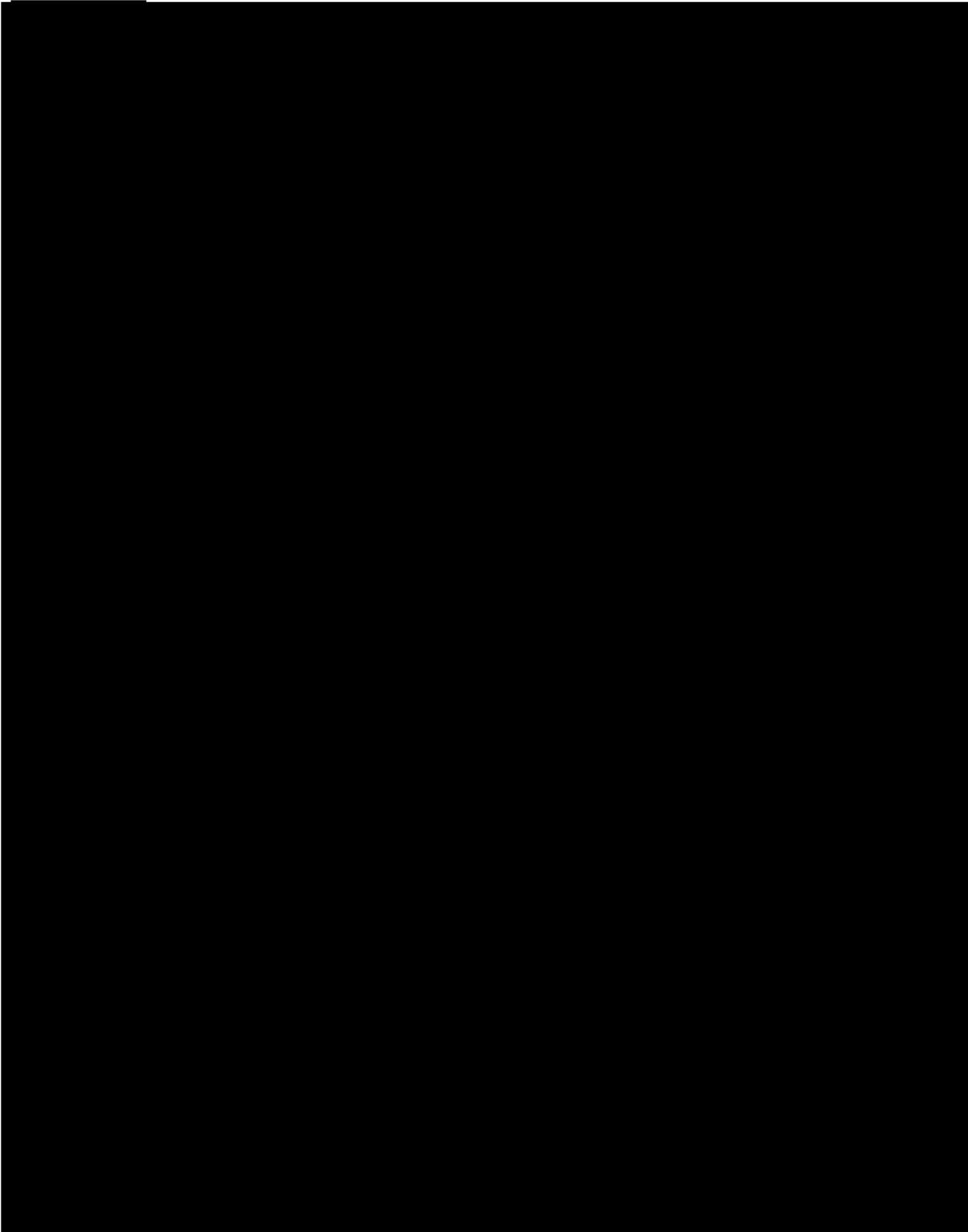
ATION. All rights reserved.

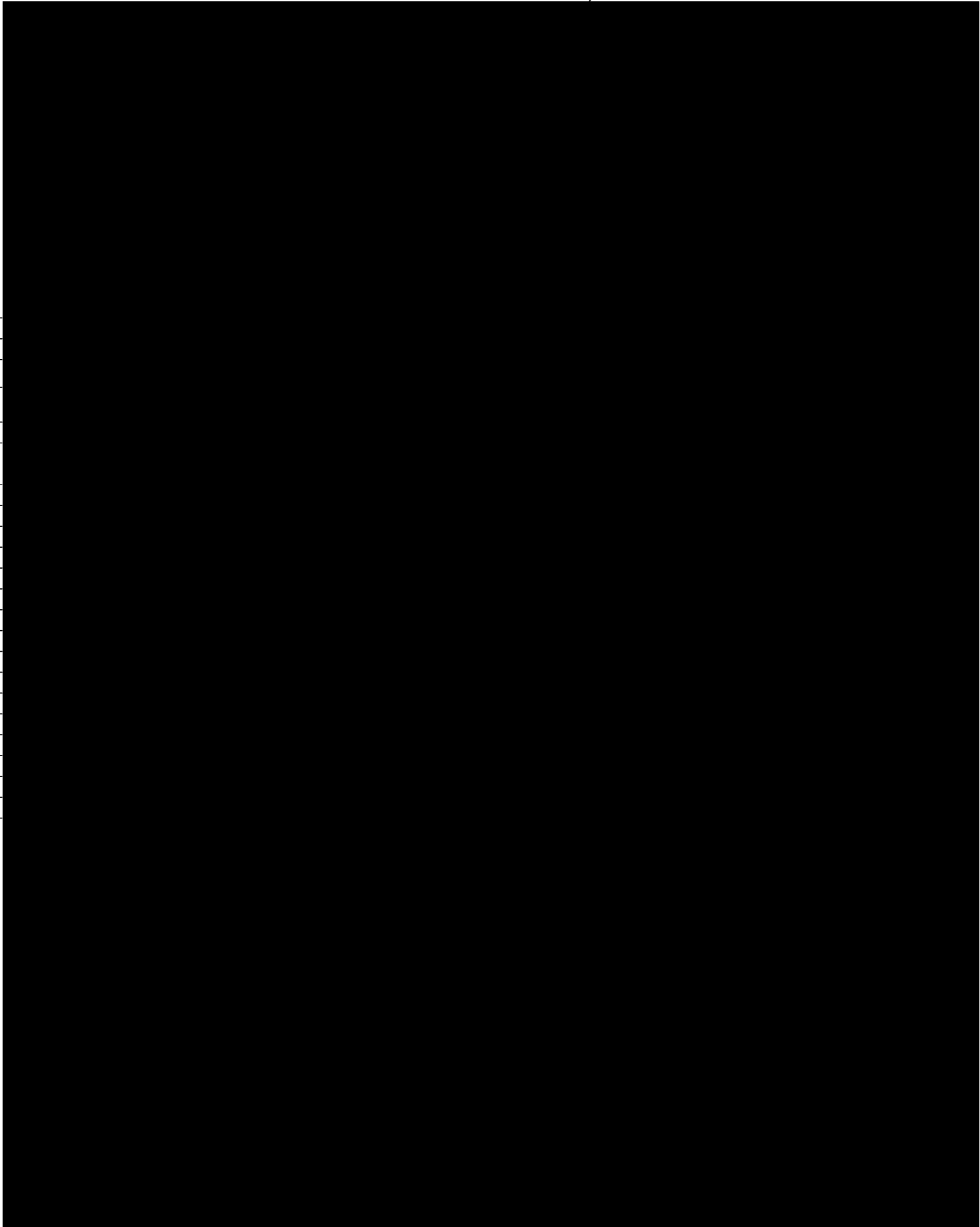
The ACORD name and logo are registered marks of ACORD

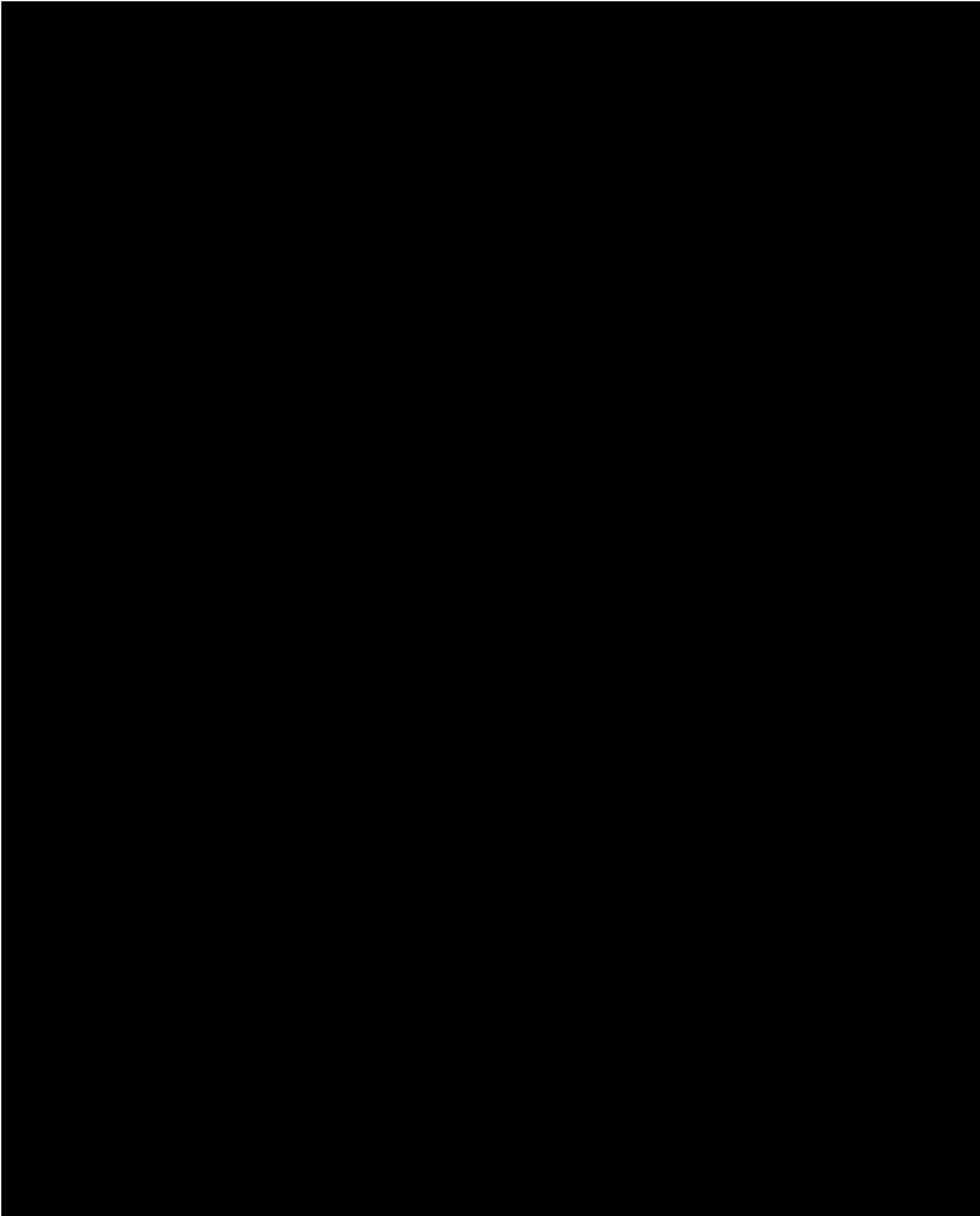


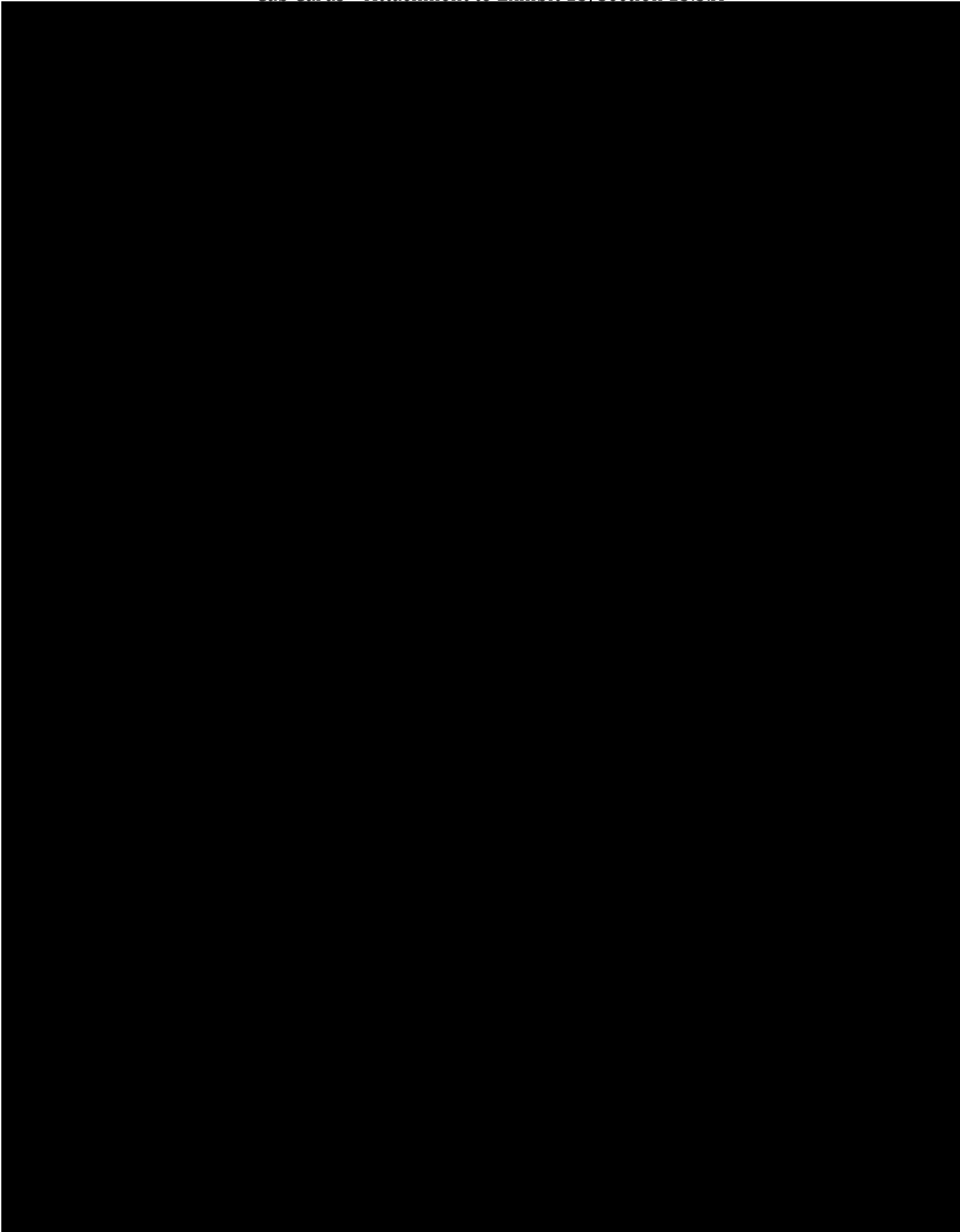


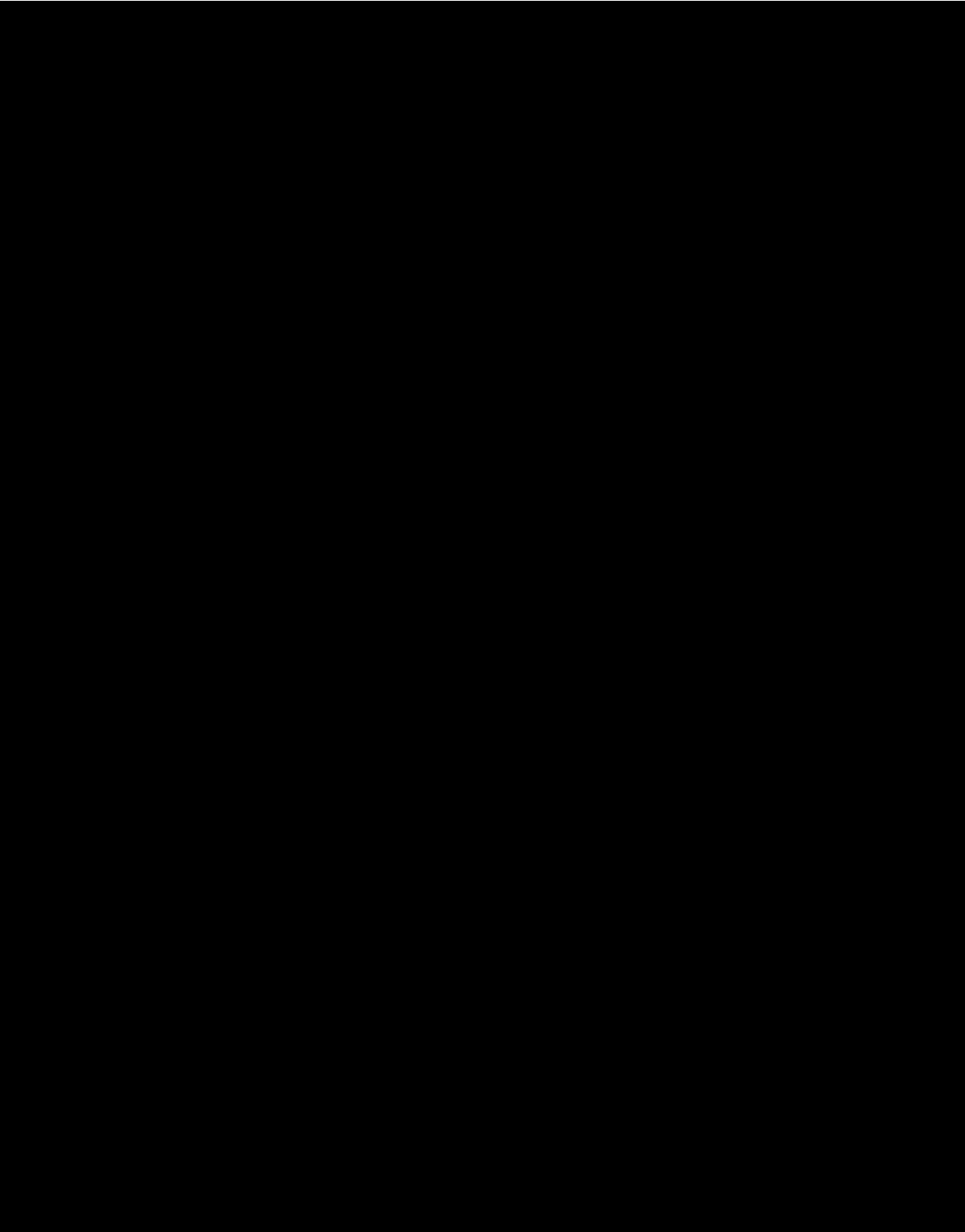






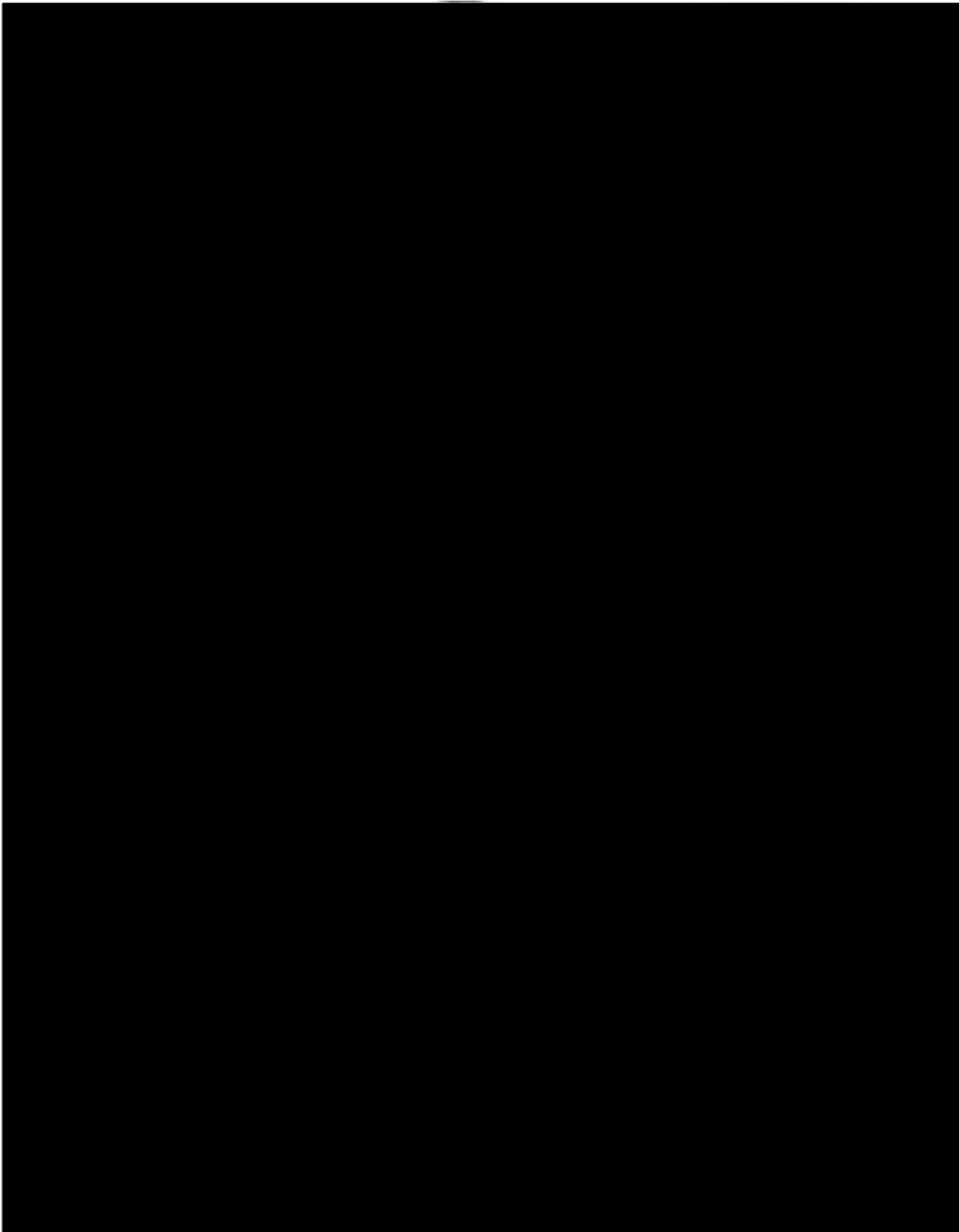


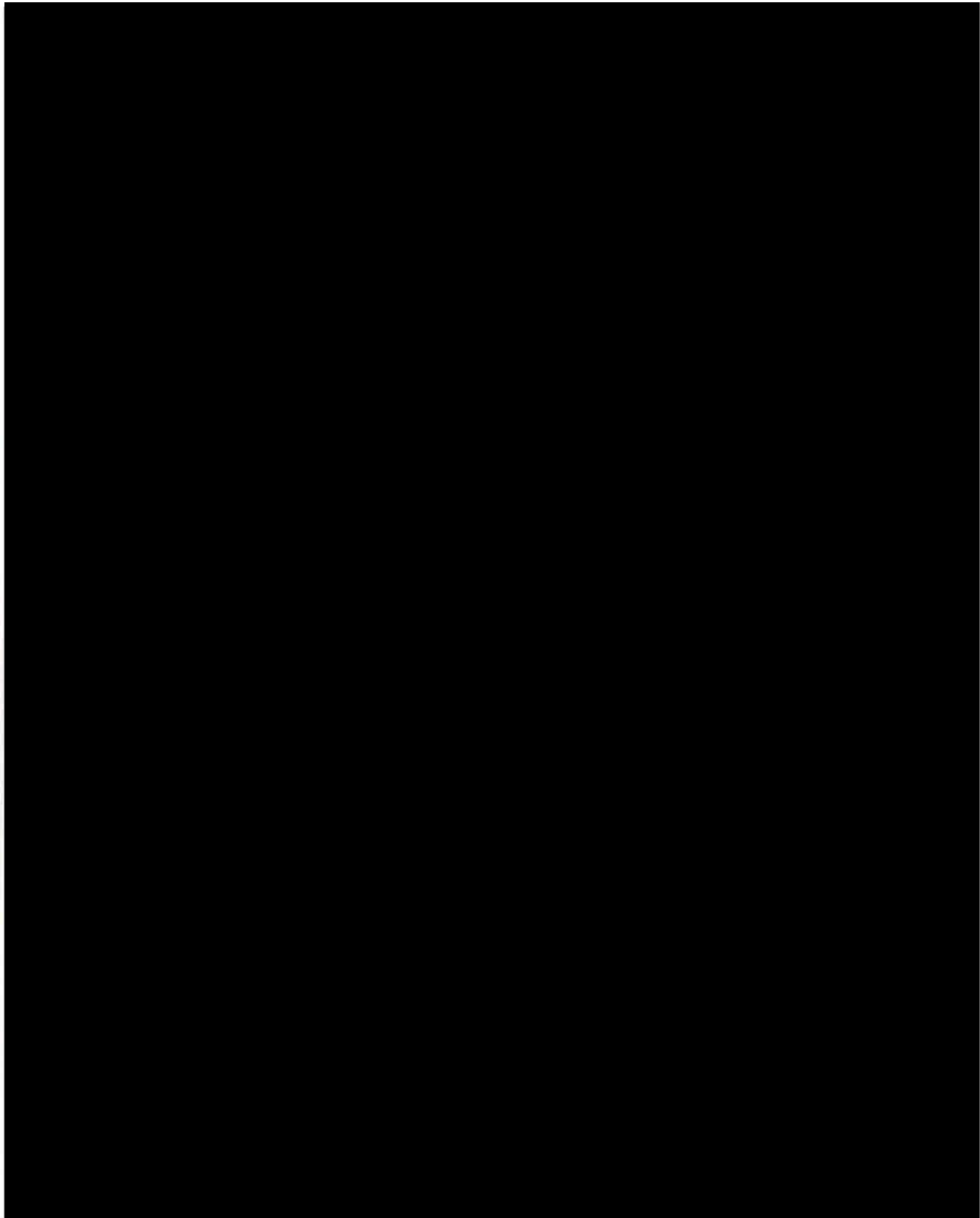


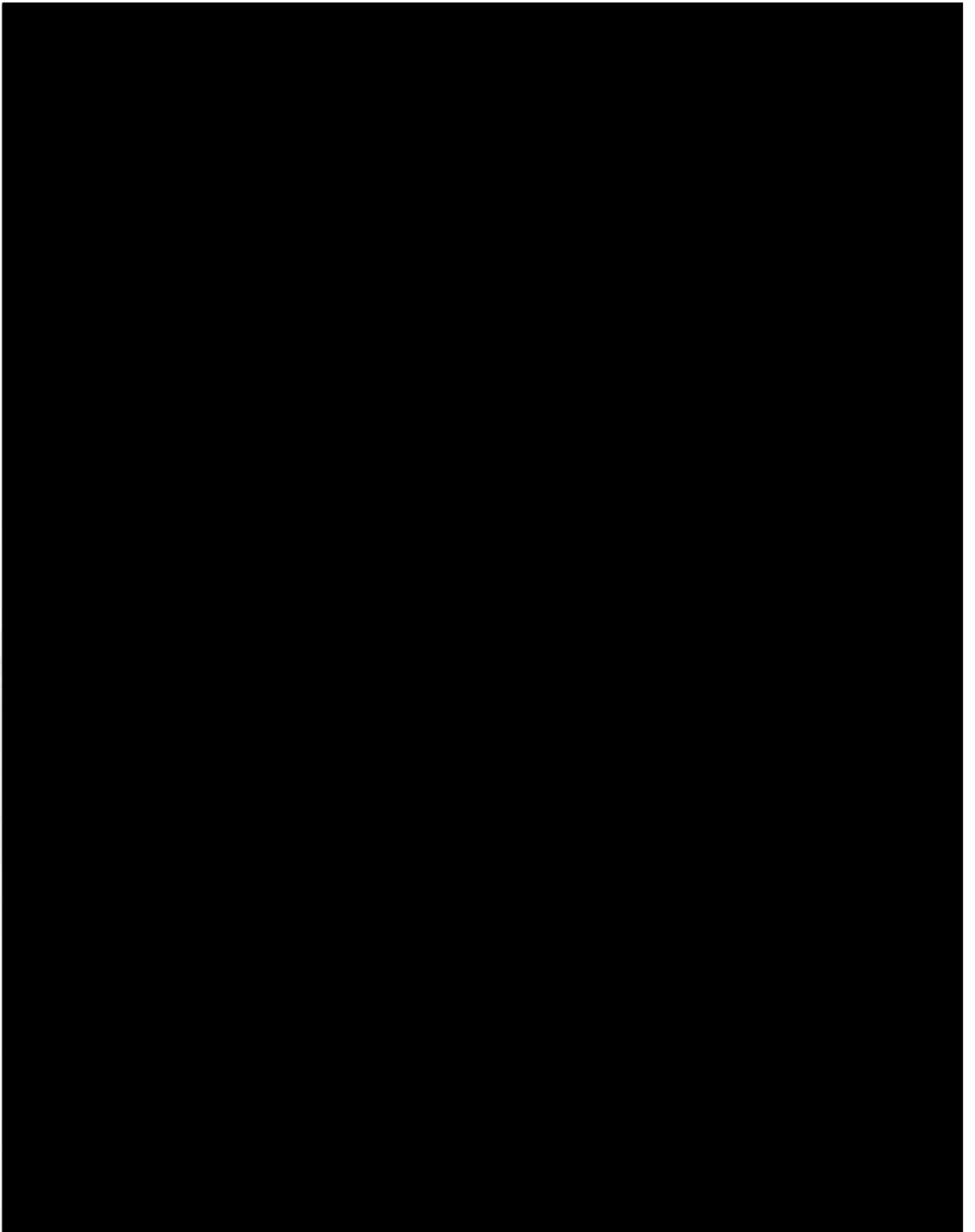


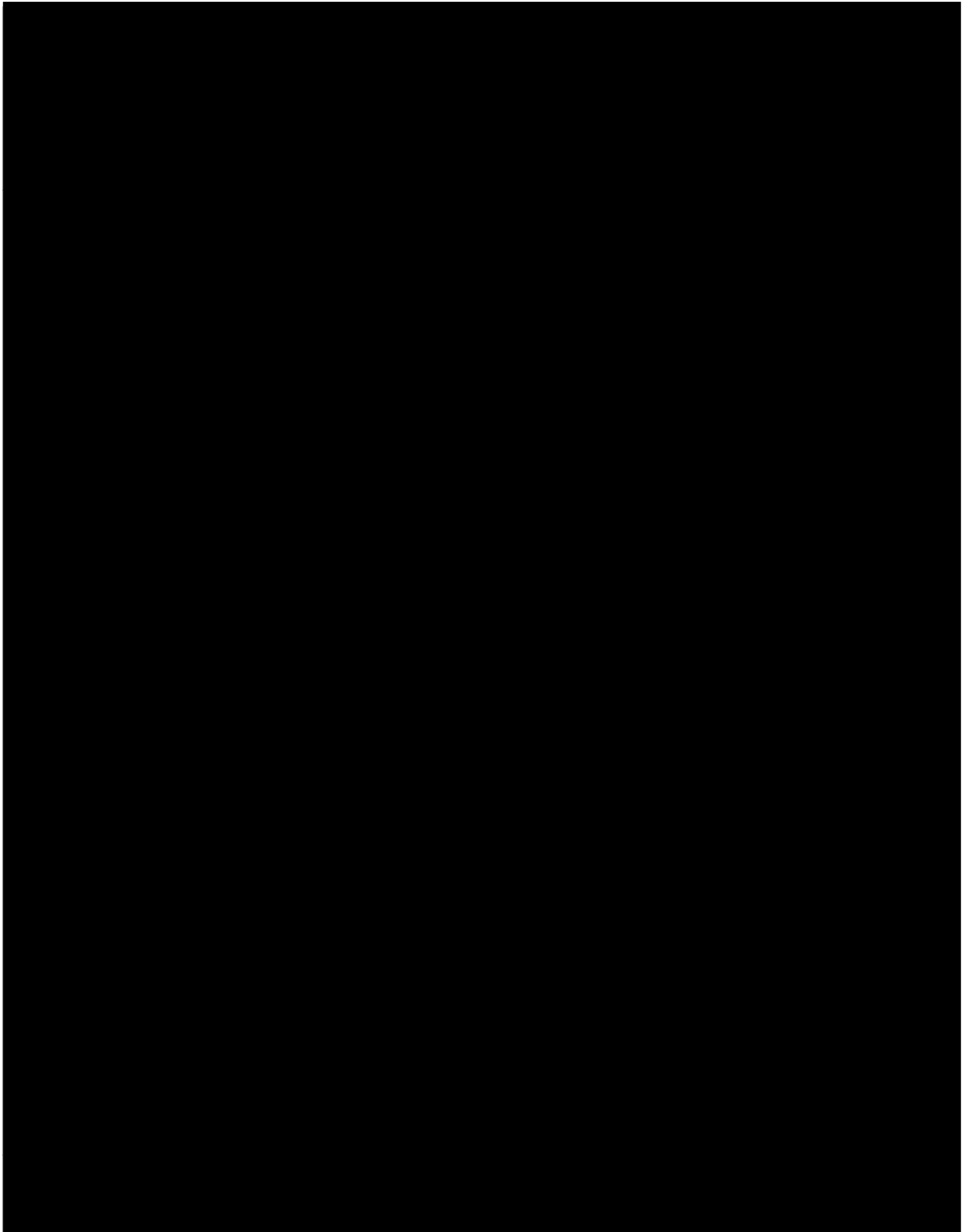
Cab Cards – Attachment to Exhibit 13, Section 13.3.A

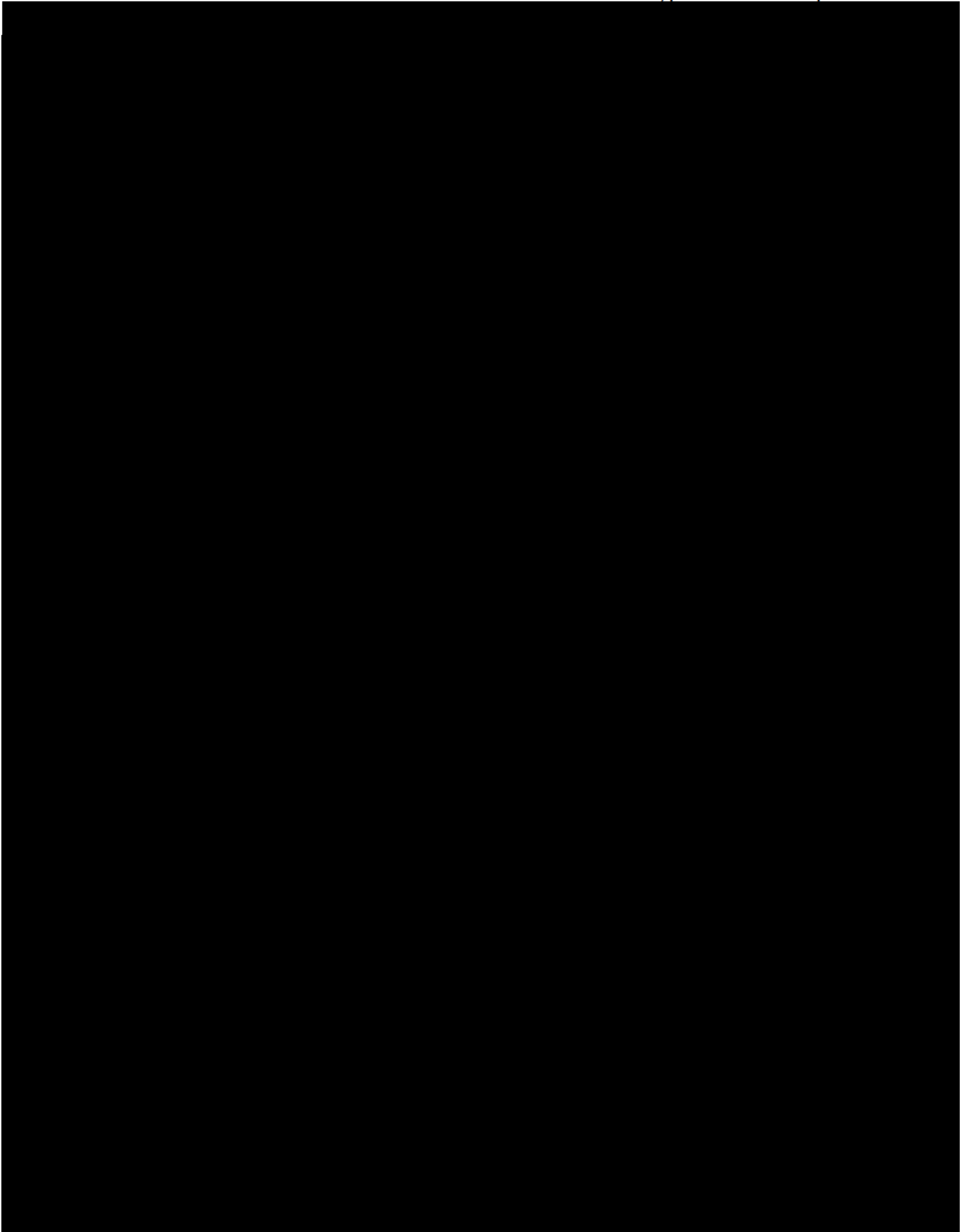


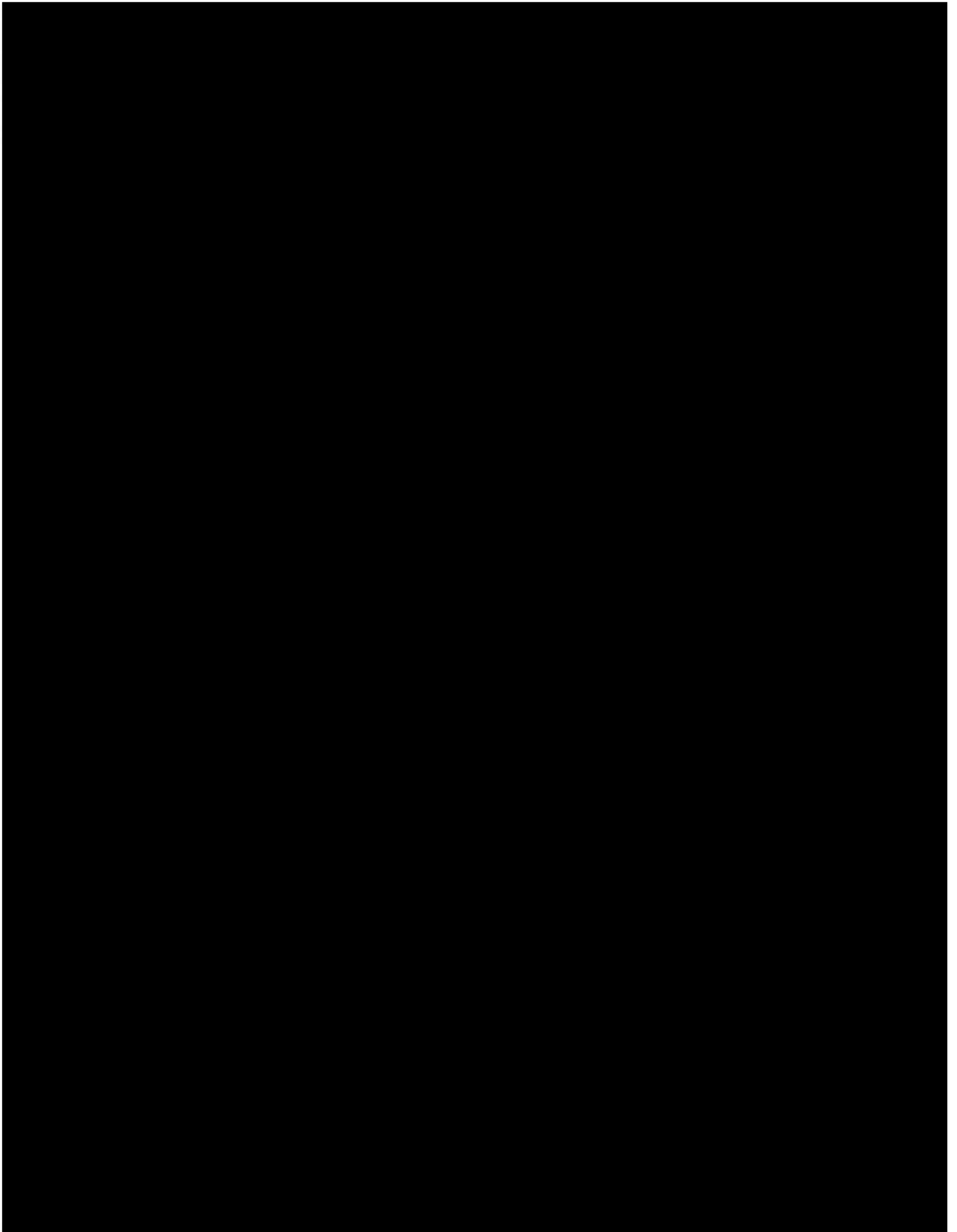


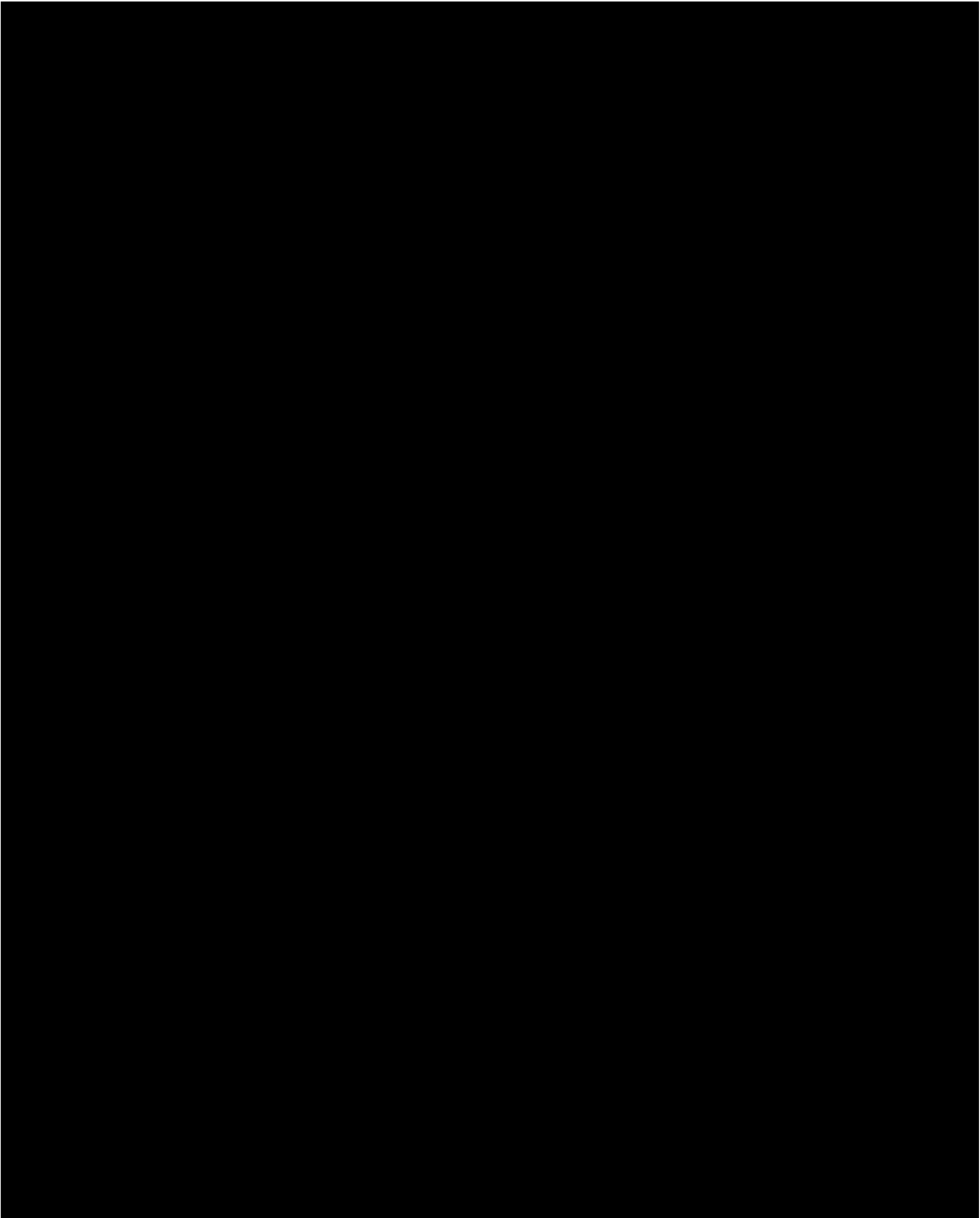


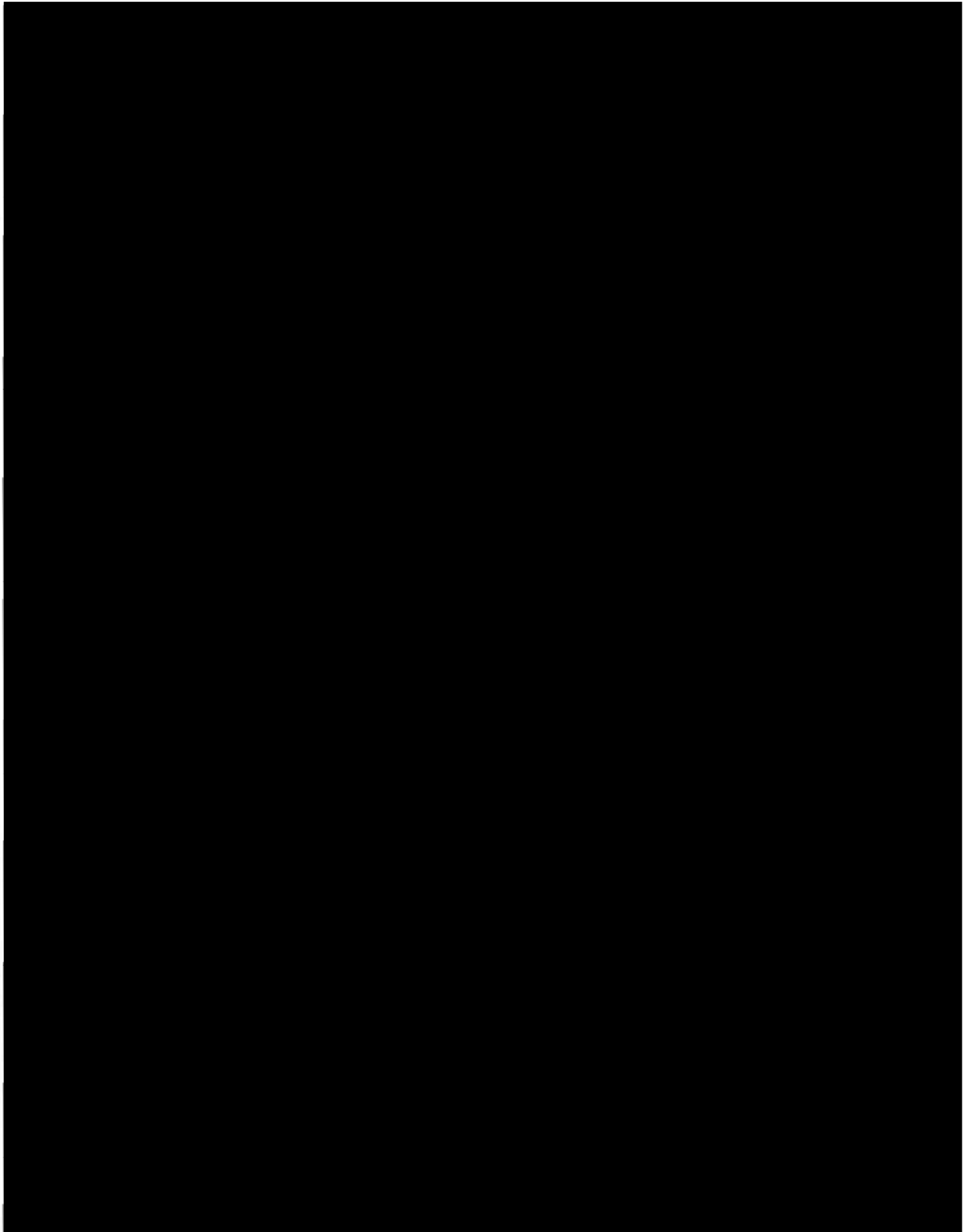


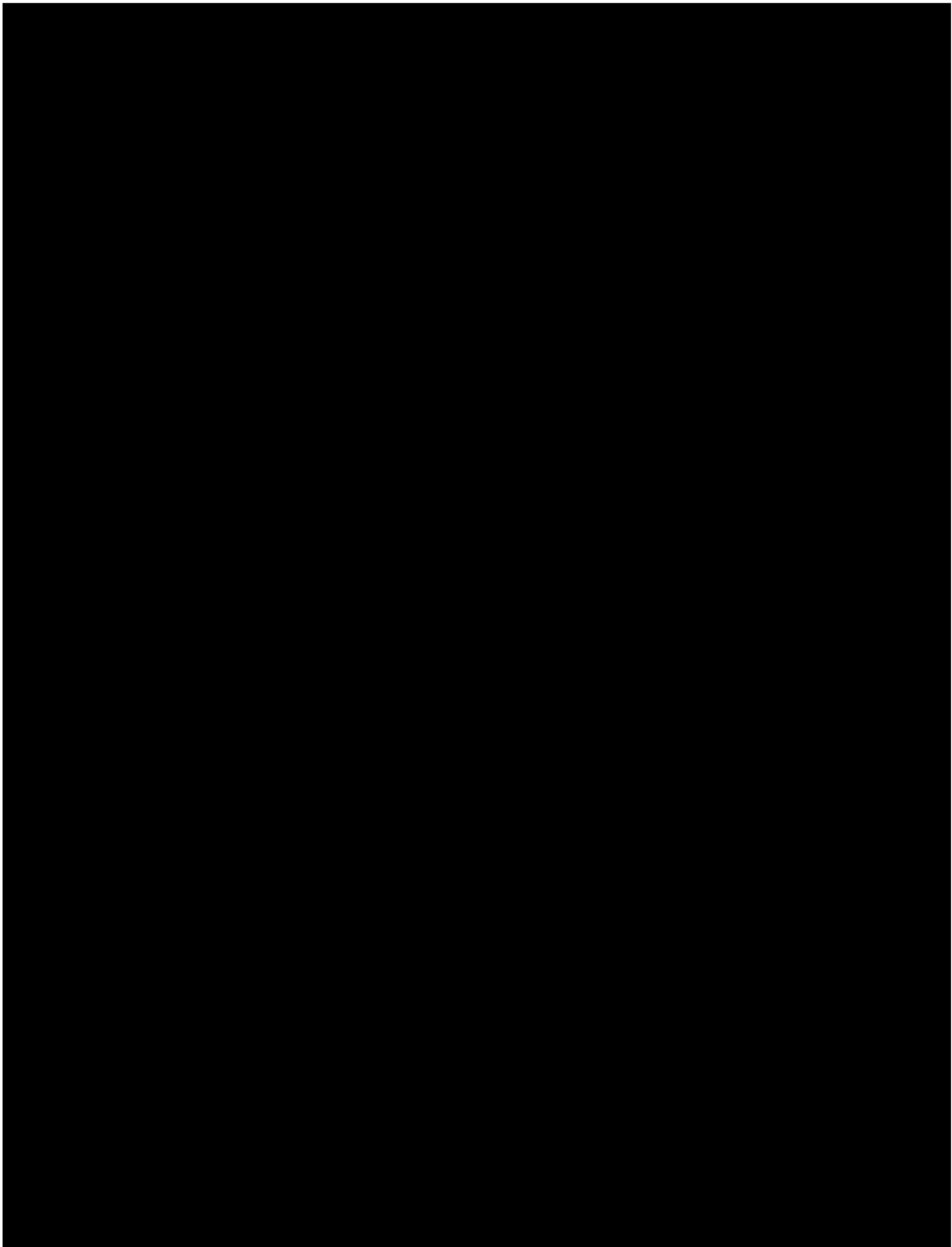


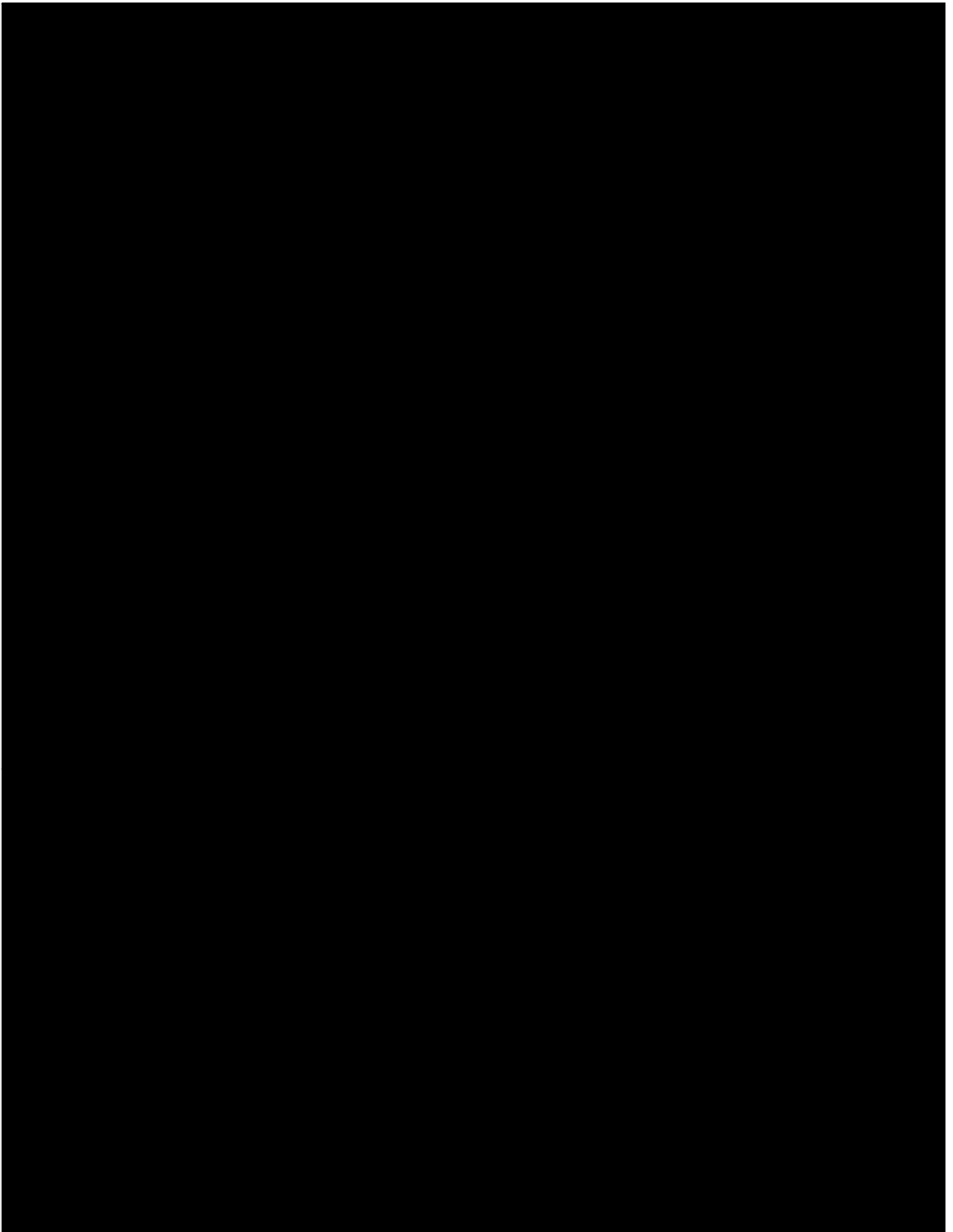












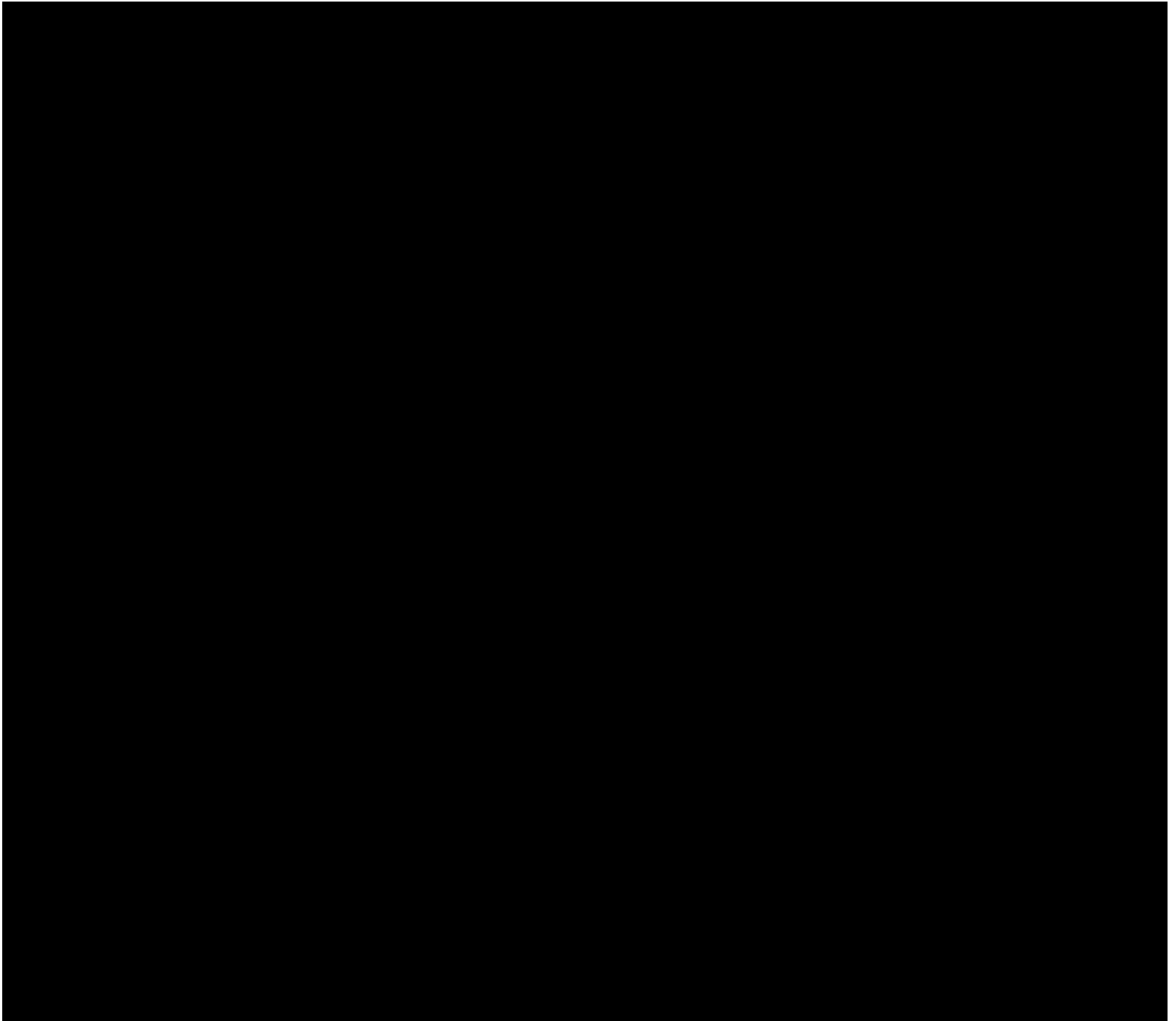


Exhibit 14

REDACTED COPY

The redacted portions of Exhibit 14 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

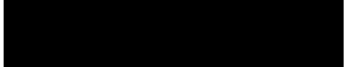
Specifically, the redactions include personally identifying information including names, unique signatures and other unique identifiers of a person or entity; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 14 – Compliance with Alabama Public Service Commission Requirements

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

Responsible Party

Title of Verifying Individual



Individual

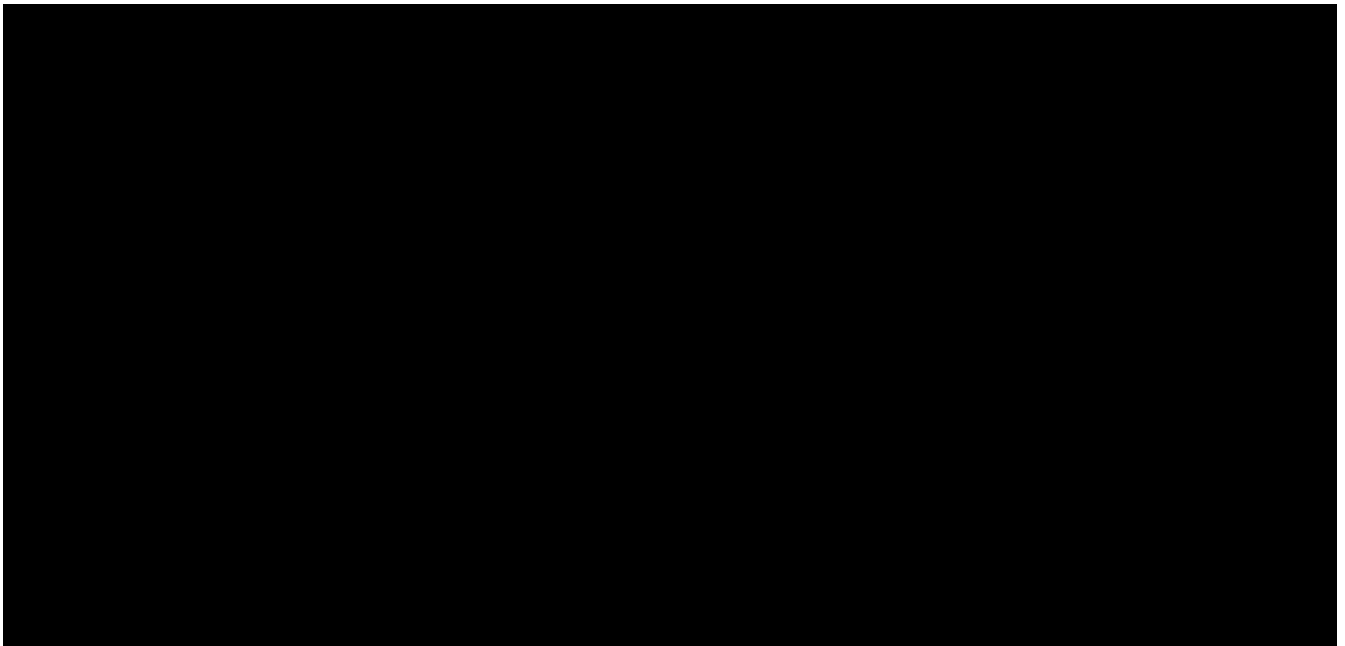
12/30/2022

Verification Date

Exhibit 14 – Compliance with Alabama Public Service Commission Requirements

Applicant has applied for and has been granted Intrastate Operating Authority by the Alabama Public Service Commission. The APSC has deemed the Applicant “fit, willing and able to operate in compliance with the insurance requirements and the pertinent safety regulations, and that the Applicant has sufficient financial resources to commence operations.” See attached decision (identified as “Alabama Public Service Commission Decision – Attachment to Exhibit 14”)

Status of Plan or Requirement(s) as of the date of application filing: Completed.



Status of Plan or Requirement(s) as of the date of application filing: Not Started, with completion expected 30 days after award of license.

Additional Notes on Exhibit 14:

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.

Alabama Public Service Commission Decision – Attachment to Exhibit 14

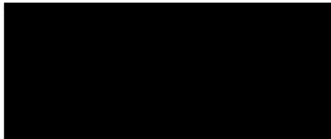


STATE OF ALABAMA
ALABAMA PUBLIC SERVICE COMMISSION
P. O. BOX 304260
MONTGOMERY, ALABAMA 36130-4260

December 5, 2022

TWINKLE ANDRESS CAVANAUGH, PRESIDENT
JEREMY H. ODEN, ASSOCIATE COMMISSIONER
CHRIS "CHIP" BEEKER, JR., ASSOCIATE COMMISSIONER

JOHN A. GARNER, EXECUTIVE DIRECTOR



RE: Alabama Public Service Commission Certification Number [REDACTED]



We extend our congratulations to you upon receiving the authorization for your company's Motor Carrier Certificate.

Please note the following are among the many responsibilities as a motor carrier:

- **Change of name or address:** Notify the Commission in writing regarding any change in the business or trade name under which you operate and/or the address at which official notices are received.
- **Insurance:** Must be on file with the Commission and kept current at all times. Failure to have current insurance on file with the Commission may result in the revocation of your company's APSC authority.
- **In the event your company acquires intrastate vehicles** (vehicles operated solely within the state of Alabama), registration numbers must be obtained by submitting a completed Form B-2 and the statutory fee of \$6.00 (six dollars) per vehicle in the form of a cashier's check or money order made payable to the Alabama Public Service Commission. The Form B-2 is available at www.psc.alabama.gov.

Thank you for the opportunity to be of service to you and your company.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Morgan".

Jennifer Morgan
Motor Carrier Services

Enclosures



STATE OF ALABAMA
PUBLIC SERVICE COMMISSION
P.O. BOX 304260
MONTGOMERY, ALABAMA 36130

TWINKLE ANDRESS CAVANAUGH, PRESIDENT

JOHN A. GARNER, EXECUTIVE DIRECTOR

JEREMY H. ODEN, ASSOCIATE COMMISSIONER

CHRIS "CHIP" BEEKER, JR., ASSOCIATE COMMISSIONER

SERVED December 1, 2022
Nathan Thomas

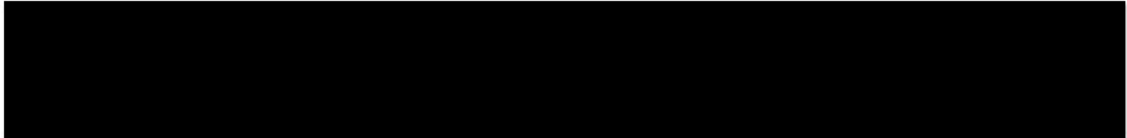
TYLER VAN LINES, LLC,
Applicant



DECISION

By application originally filed November 23, 2022, and completed on November 29, 2022, the Applicant seeks a certificate as a common carrier of property. The Applicant also requests that the application be processed pursuant to the Federal Aviation Administration Authorization Act of 1994, which is codified at 49 U.S.C. 11501.

It appears from the application, and the materials filed with the application, that the Applicant is fit, willing and able to operate in compliance with the insurance requirements and the pertinent safety regulations, and that the Applicant has sufficient financial resources to commence operations.



irregular routes, in the transportation of:

Property, except household goods, between all points in the State of Alabama.

The certificate number may be located within the cab of the vehicles in lieu of placing it on the outside of the vehicles.

Jurisdiction in this proceeding will be retained for any Commission order or orders, including general orders, that may appear to be warranted in the future.

By the Commission,

Luke Bentley
Luke Bentley
Administrative Law Judge

INSTRUCTIONS FOR MARKING VEHICLES

EXTERNAL IDENTIFICATION – Rule 3.22 of the Alabama Public Service Commission Motor Carrier General Orders Rules and Regulations provide the following for motor carrier external identification.

All motor carriers who hold authority by this commission shall display on each side of each power unit with letters no less than 2 inches in size the following:

- The business name under which the authority was issued.
- Next, the name of the city where the carrier's principle place of business is located.
- Next, "APSC Cert.", followed by the carrier's certificate number. Example: APSC Cert. F1234.
- Next, "APSC Reg. No.", followed by the registration number. Example: APSC Reg. No. 654321.

Motor carriers of passengers can petition the Enforcement Chief for a variance in displaying the registration number.

All motor carriers excluding taxis can omit marking the certificate number on the side if a copy of the order granting the authority is kept within the power unit at all times.

OTHER AUTHORITIES

Other authorities such as Charter Bus (CB) would use their prefix. EXAMPLE: APSC Cert. CB123, for Charter Bus.

Exhibit 15

REDACTED COPY

The redacted portions of Exhibit 15 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, driver licenses, social security numbers, medical information and unique signatures; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 15 - Commercial Driver's License

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 15 – Commercial Driver’s License

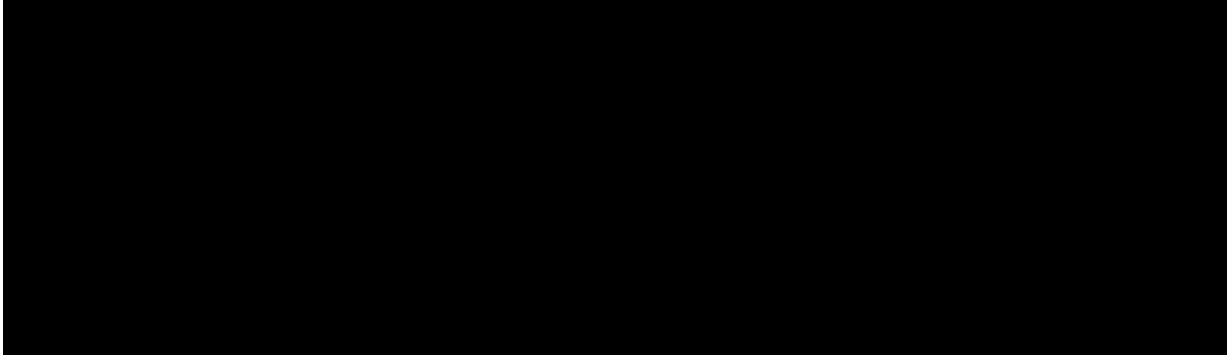
15.1 – Summary

The applicant verifies to the extent in which they intend to operate a vehicle that requires a Commercial Driver’s License, documentation demonstrating that proposed drivers are properly trained and licensed. Additionally, The Applicant verifies that all vehicles and drivers have the requisite training and shall maintain compliance with all federal, state, and local laws applicable to them at all times while employed as a driver.

All drivers identified in this section hold a current and valid Commercial Driver License. Each has acquired and maintained the requisite training to remain in compliance with all federal, state, and local laws, as applicable.

Requirements to obtain a Commercial Driver License include the passing of a medical exam, a written test and a skills test. Every driver listed herein has received and studied a regulations handbook issued by the Federal Motor Carrier Safety Administration. To maintain a valid CDL, a license holder must operate safely, pass regular medical examinations, attend quarterly safety meetings, and remain drug and alcohol free.

Driver Name	Verified CDL (expiration date)	Verified Medcard (expiration date)	Verified MVR (date report submitted)	Verified Driver's Receipt
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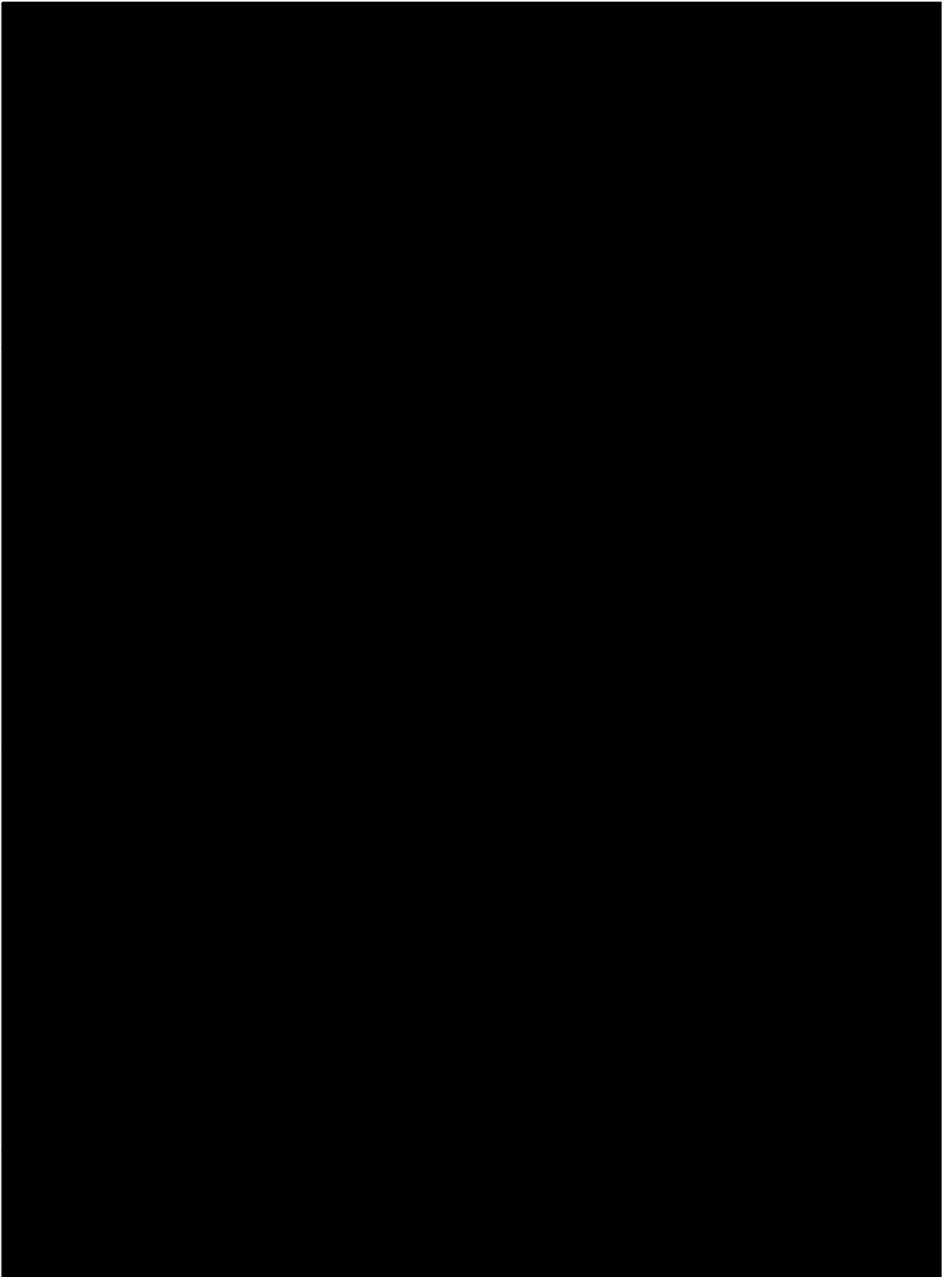
Applicant has provided verifiable information about our drivers in this Exhibit that includes the following:

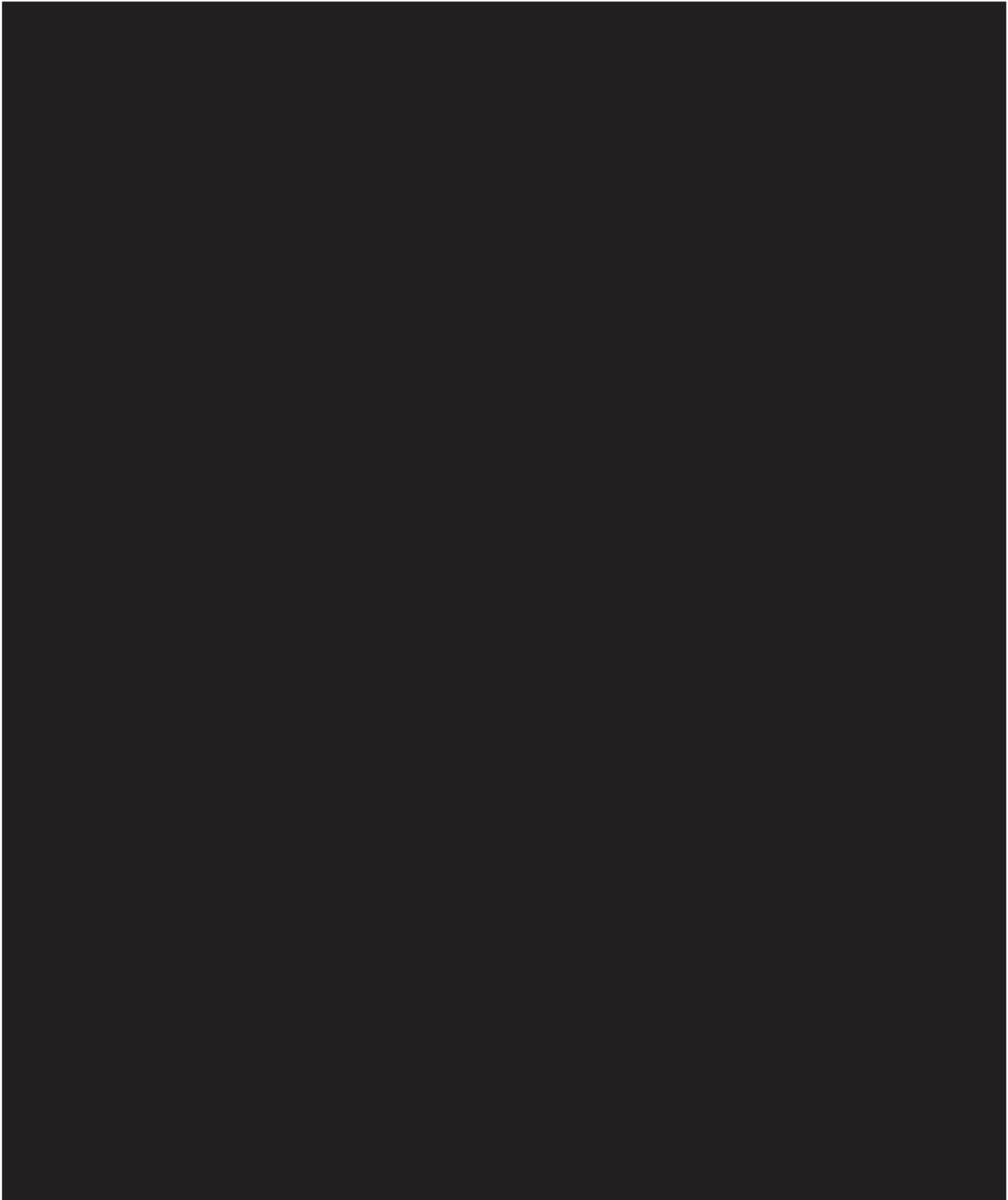
- Commercial Driver License
- Motor vehicle report
- Medical Examination Card
- Regulations Handbook Receipt

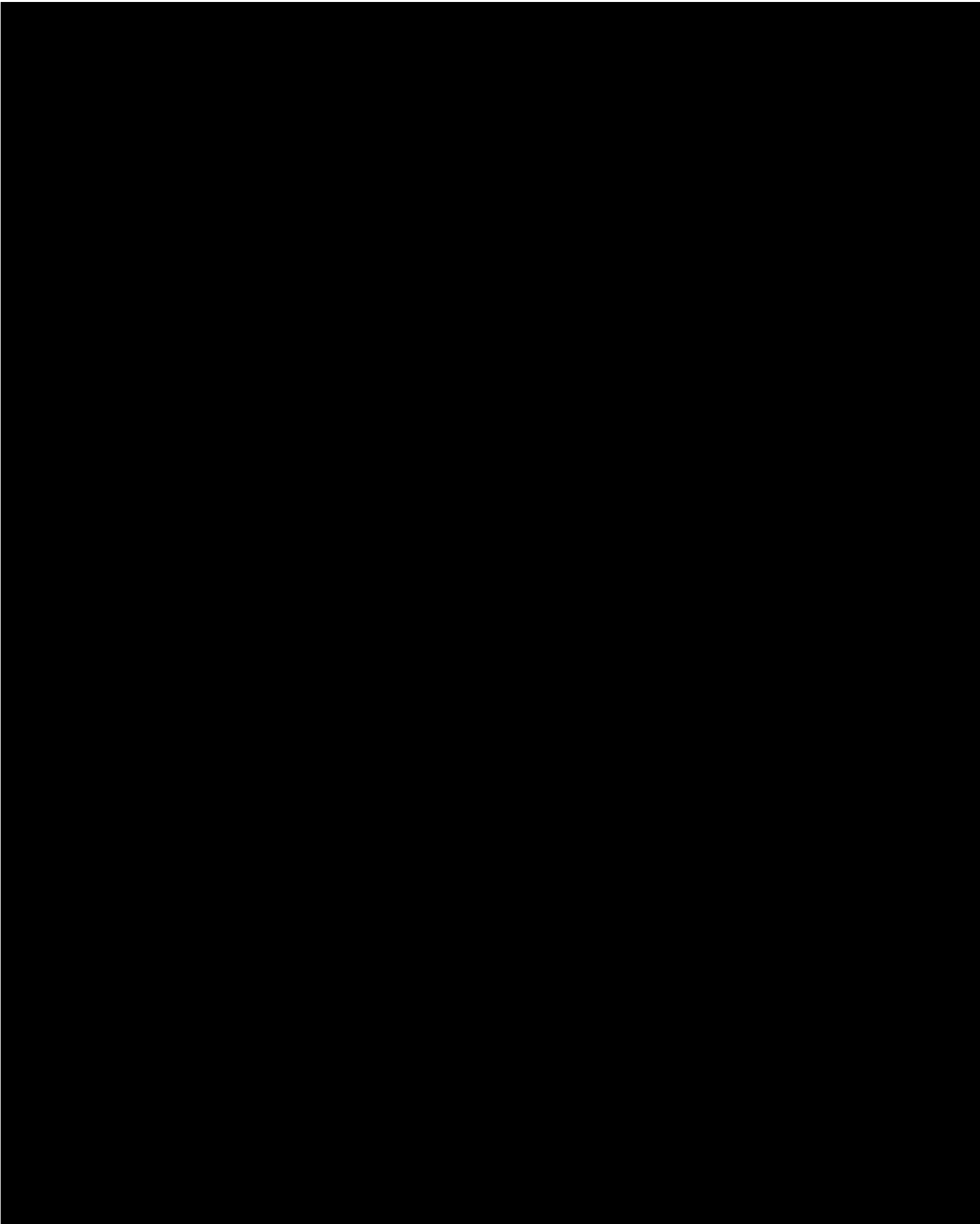
See attached CDL driver credentials (identified as "CDL Driver Credentials - Attachment to Exhibit 15")

****NOTE: THIS EXHIBIT, IN ITS ORIGINAL FORM, EXCEEDED THE 10MB FILE SIZE LIMIT. APPLICANT WAS TASKED WITH REDUCING THE FILE SIZE OF THIS EXHIBIT BEFORE IT COULD BE UPLOADED TO THE AMCC WEBSITE. ANY MISSING DRIVER CREDENTIALS ARE DUE TO THIS FILE SIZE LIMITATION. APPLICANT CERTIFIES AND HAS VERIFIED THAT IT POSSESSES THE INFORMATION AS DEFINED FOR EACH CDL DRIVER LISTED ABOVE. ALL CREDENTIALS FOR THE LISTED CDL DRIVERS ARE CURRENT AND IN THE POSSESSION OF APPLICANT, AS OF THE DATE OF APPLICATION FILING.**

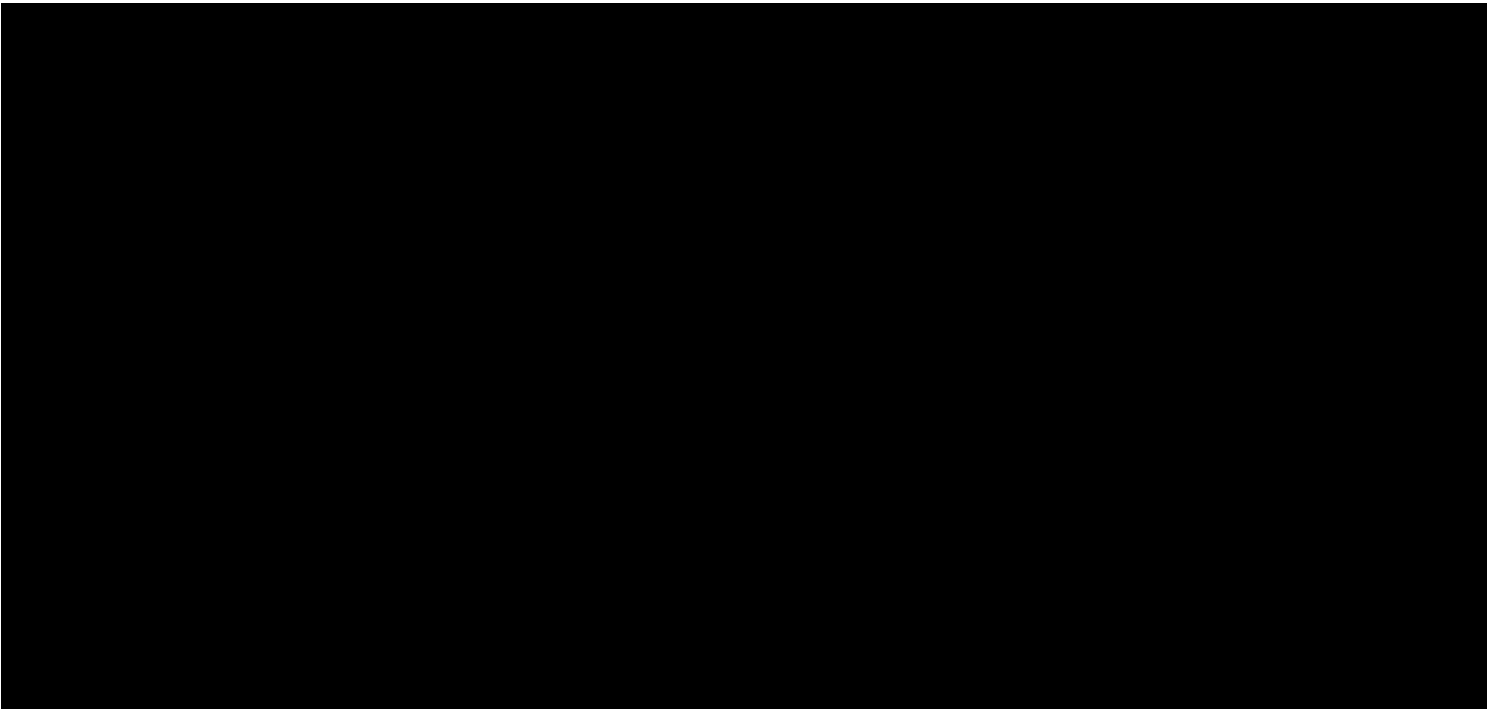
As of the date of application filing, Completed.

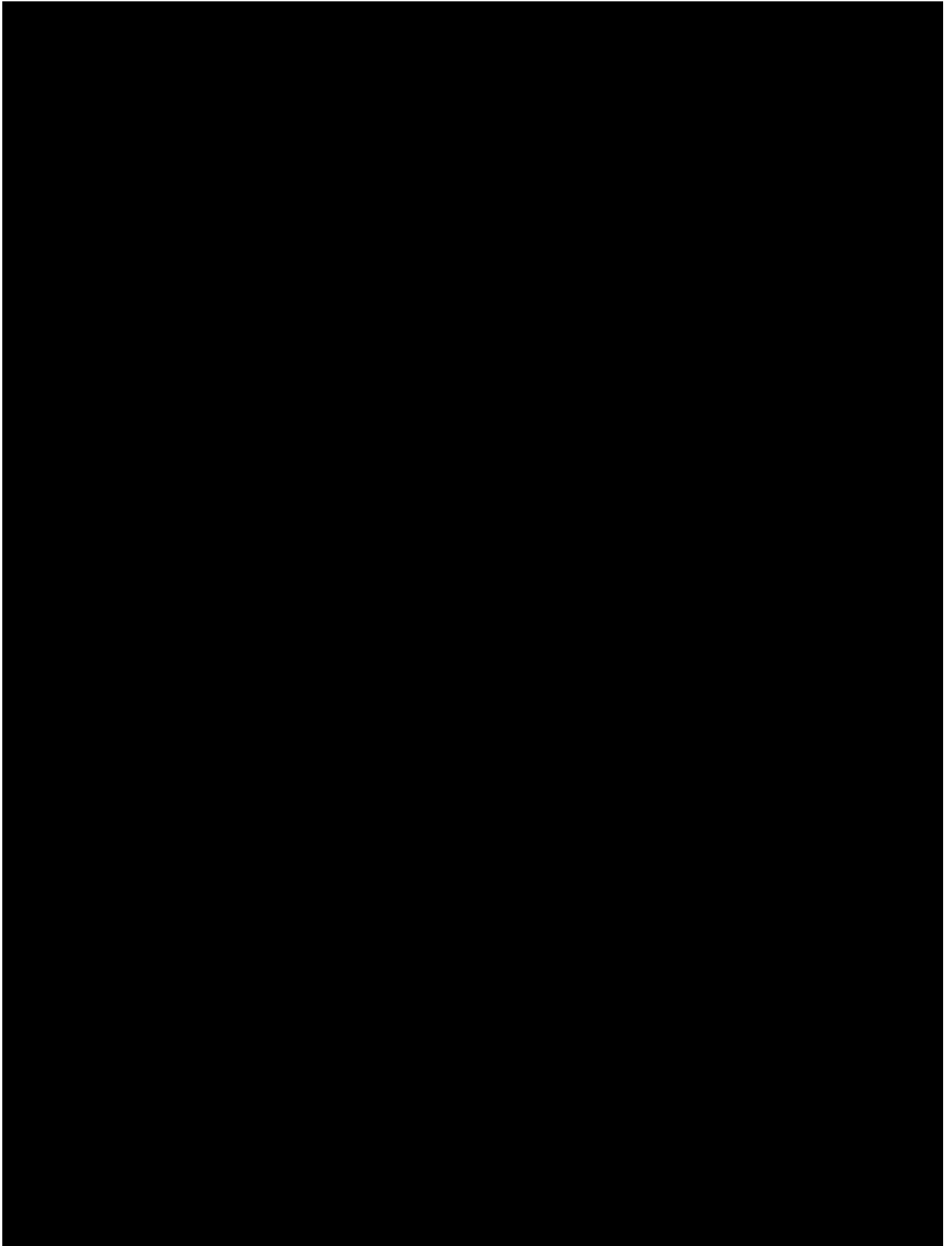


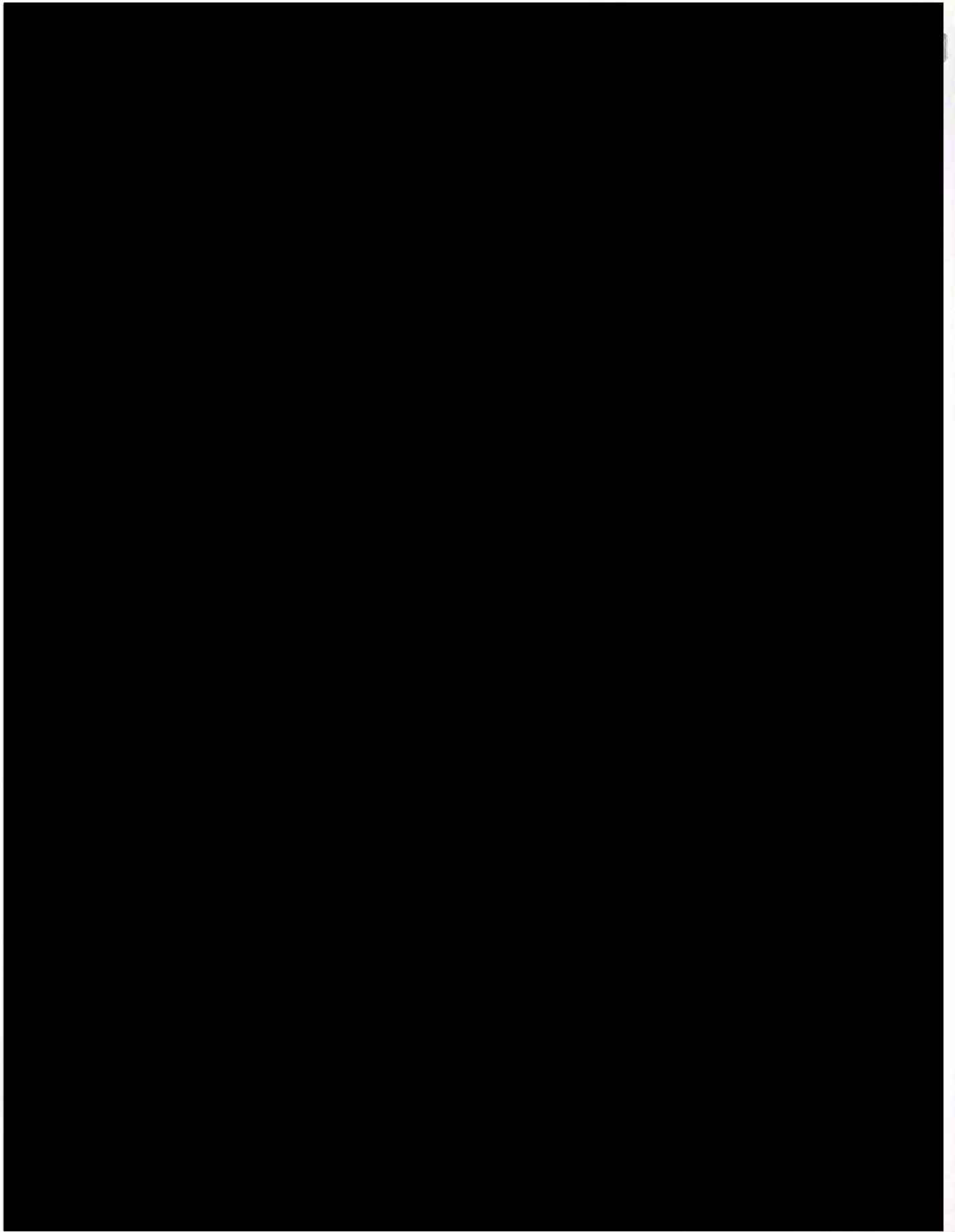


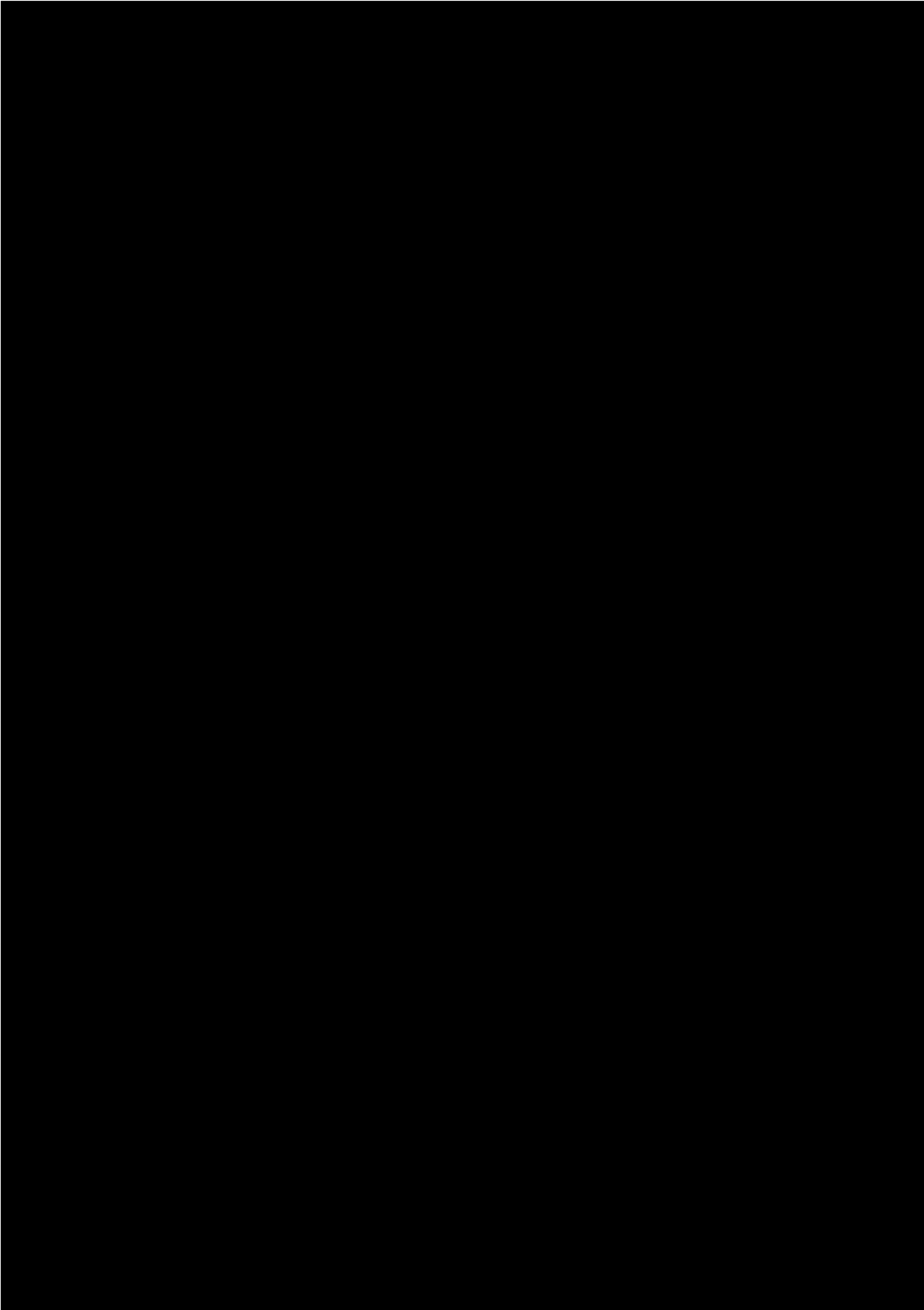


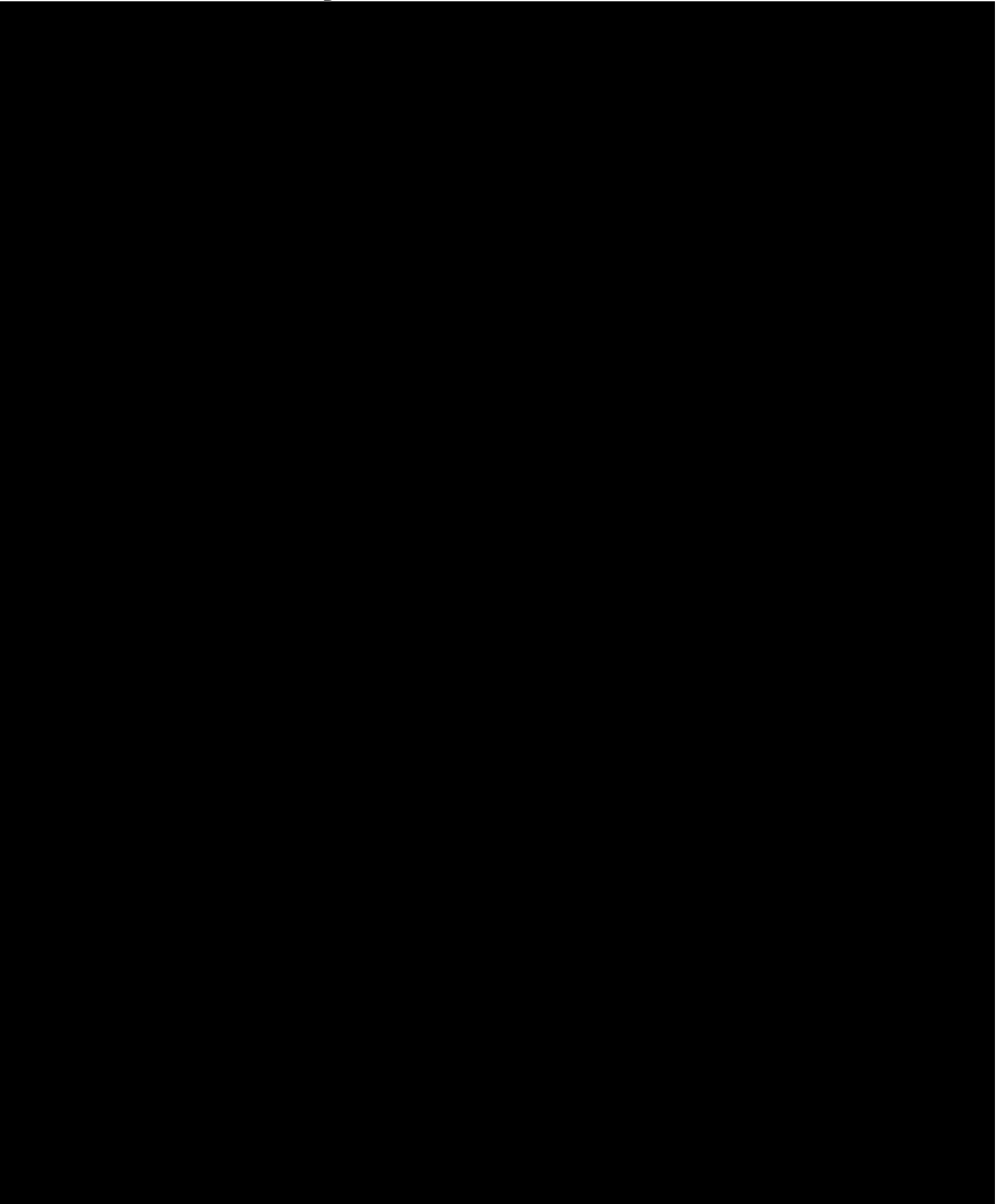
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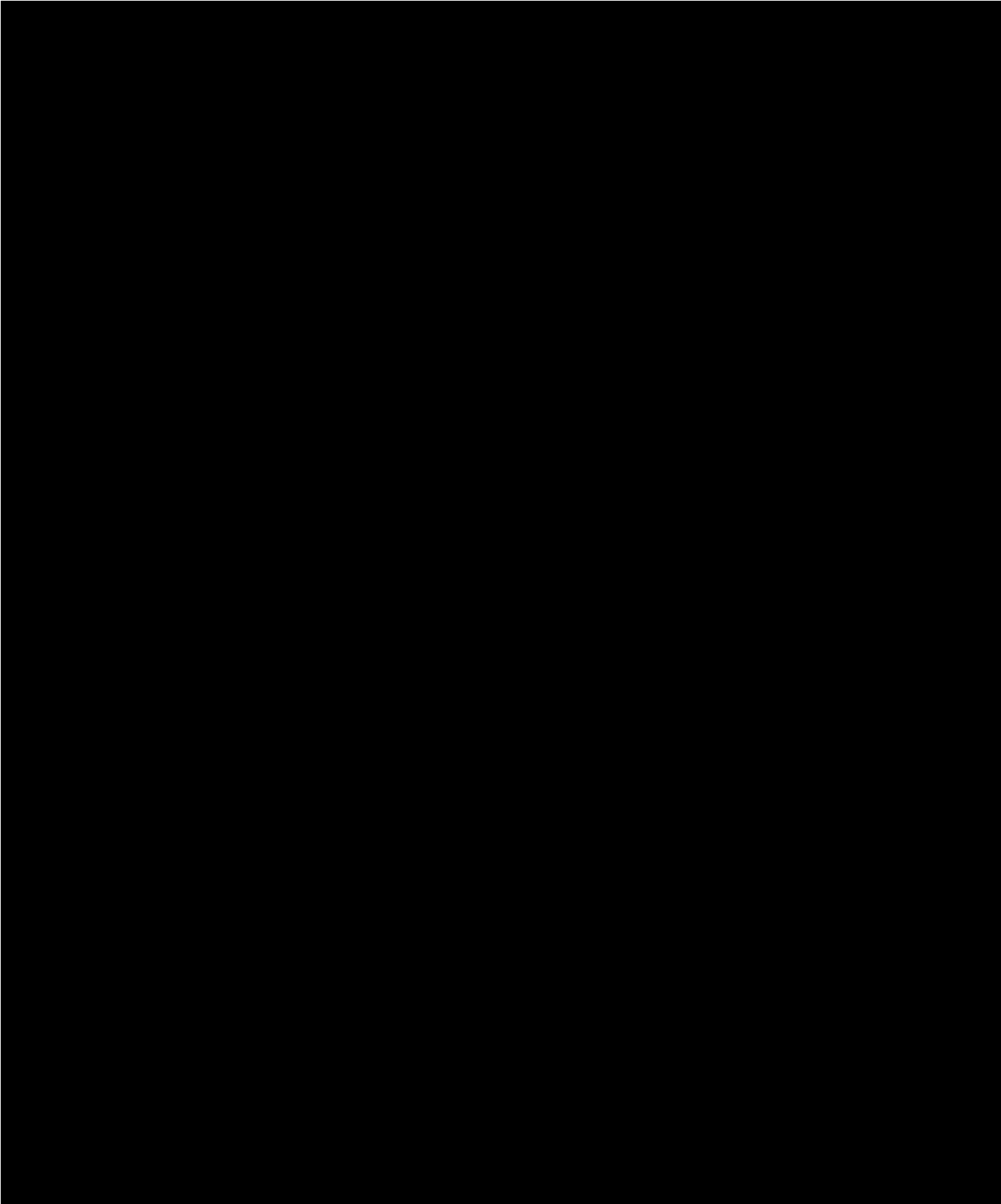


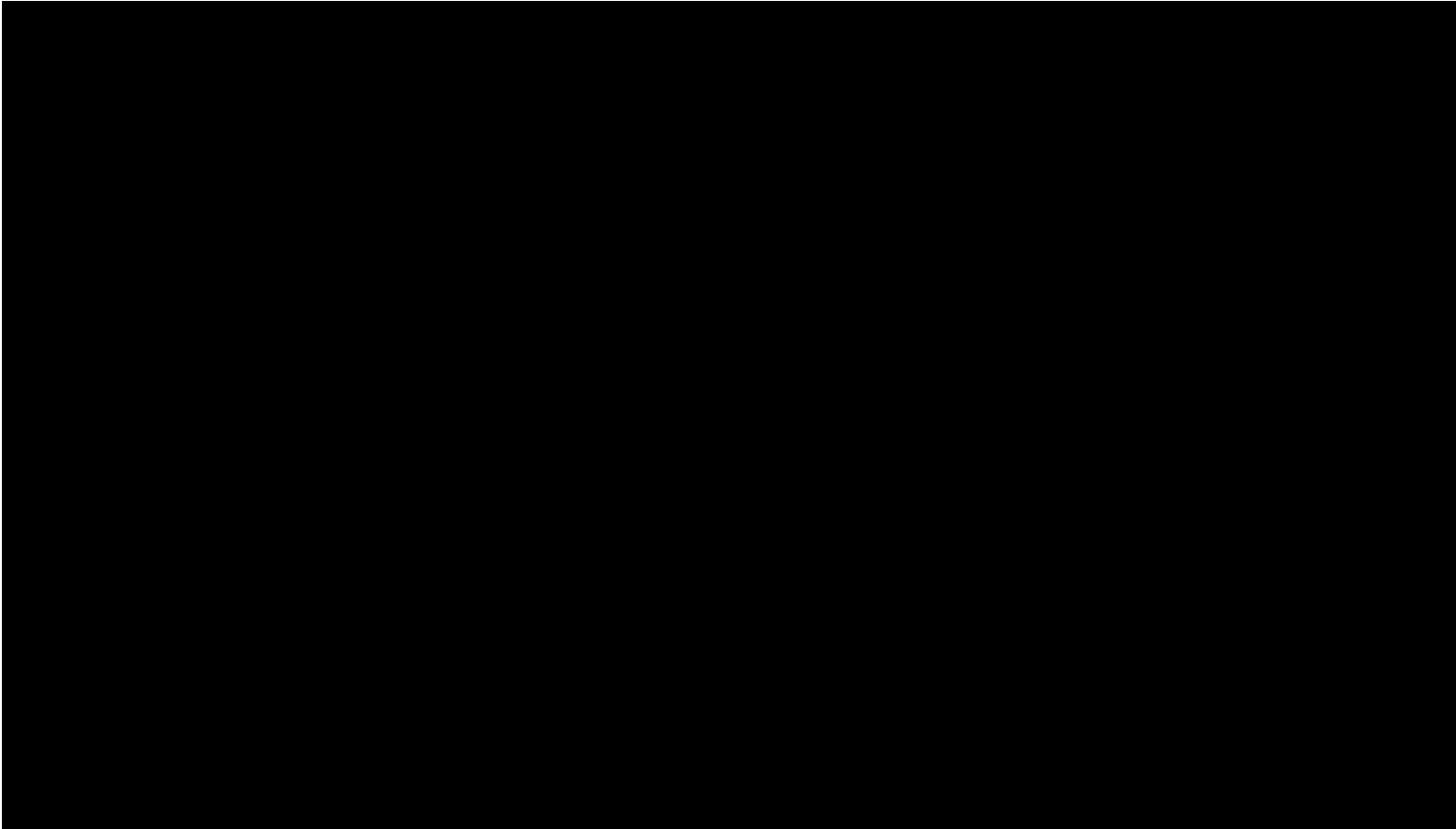


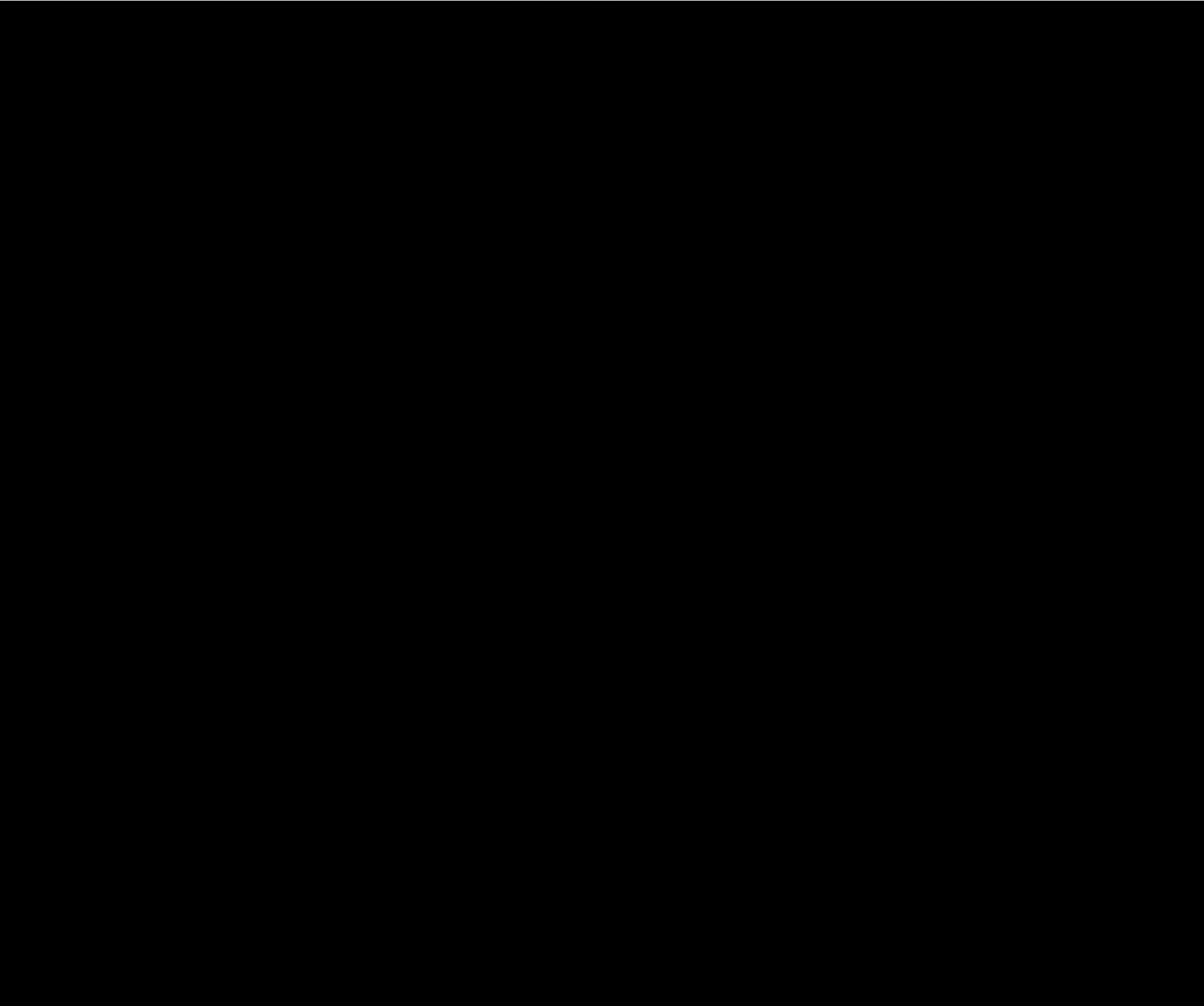


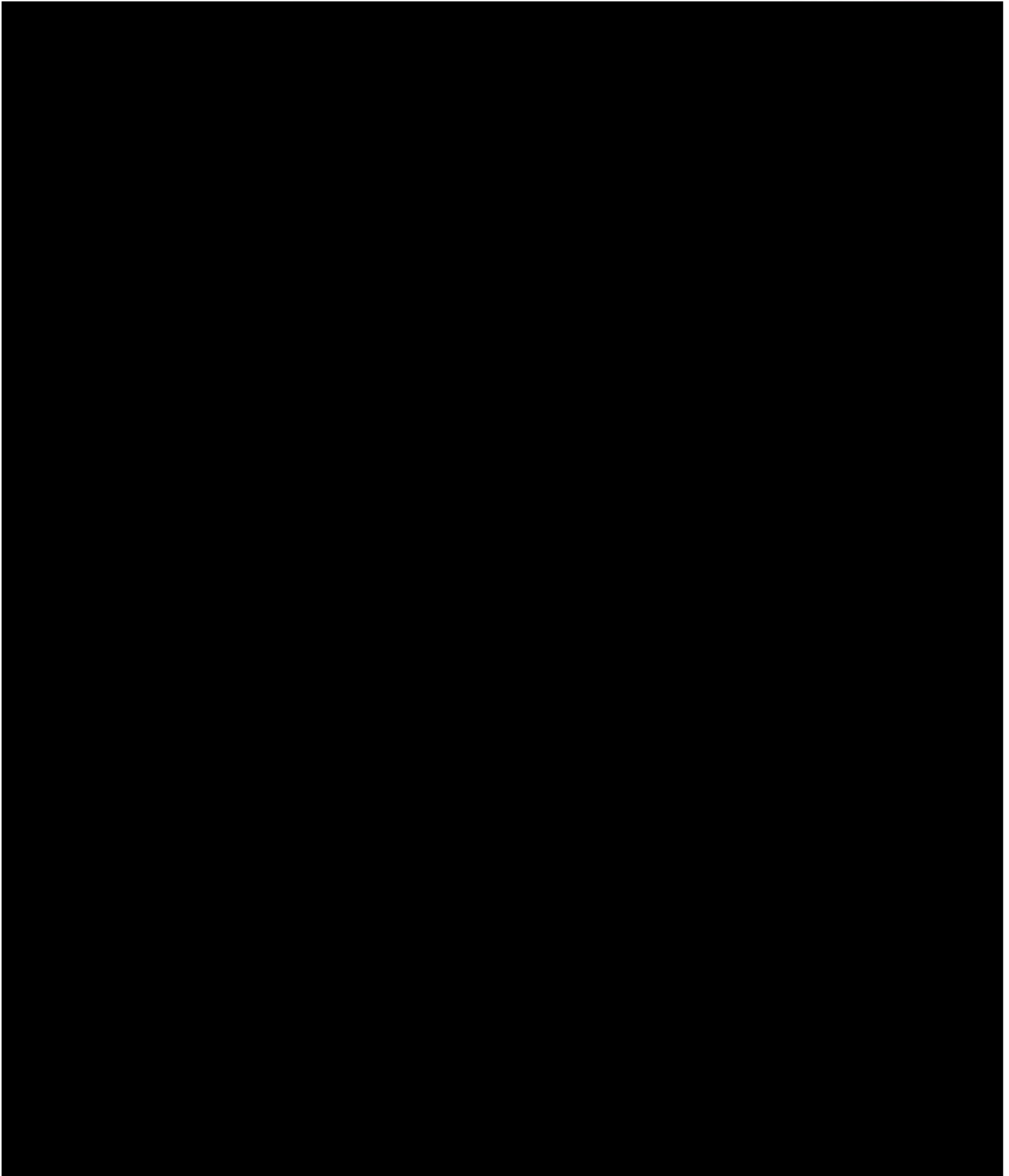


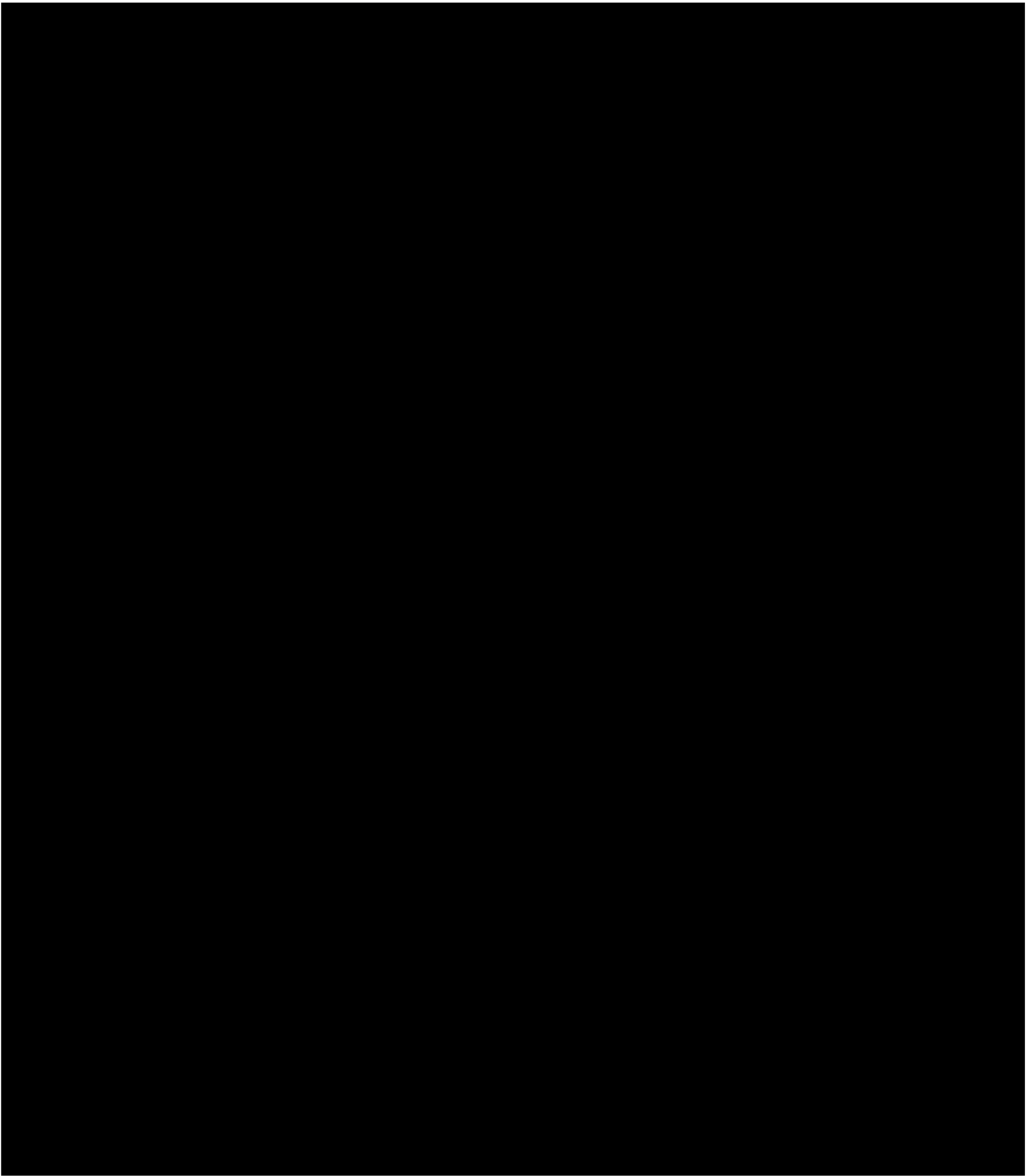




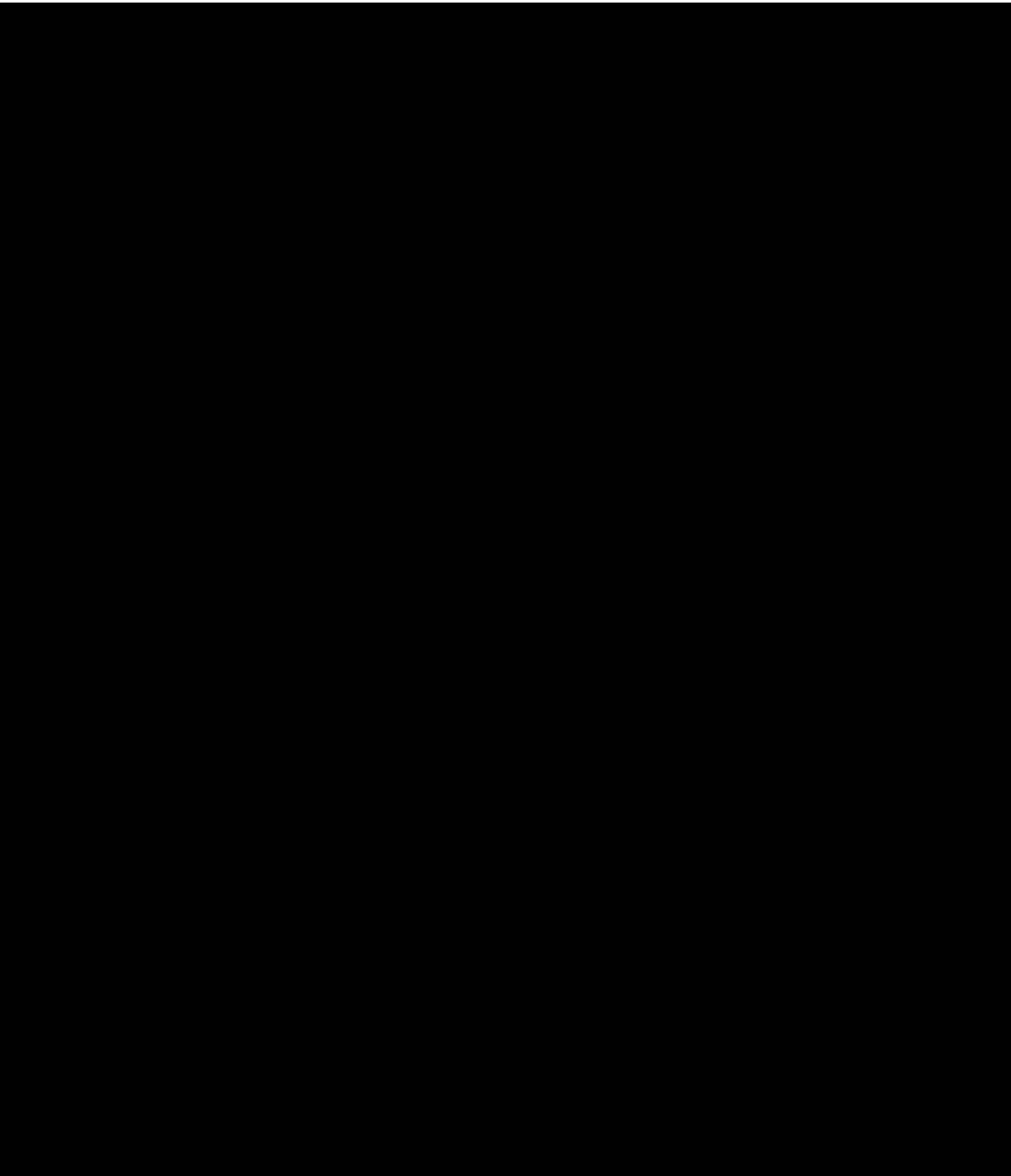


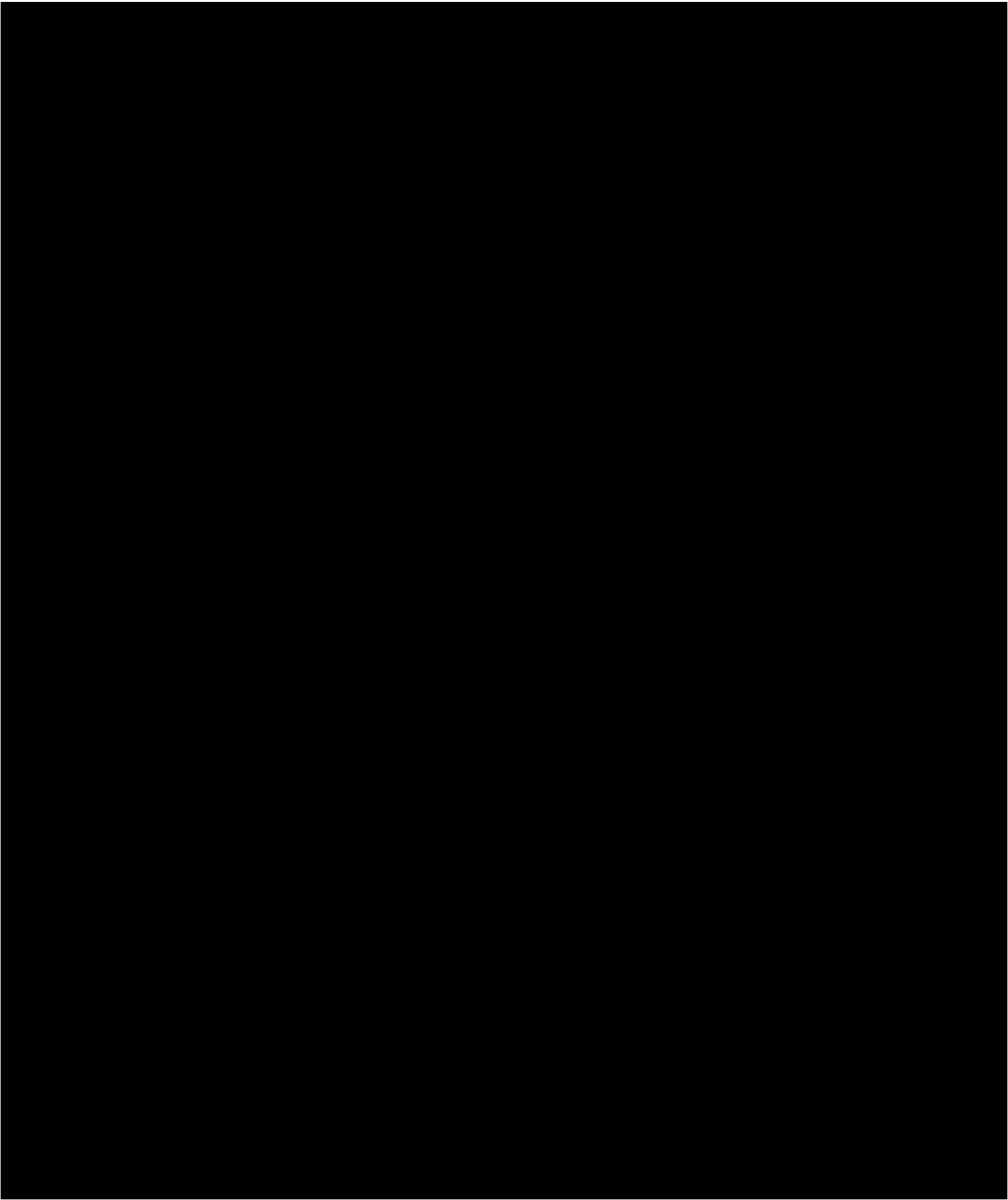






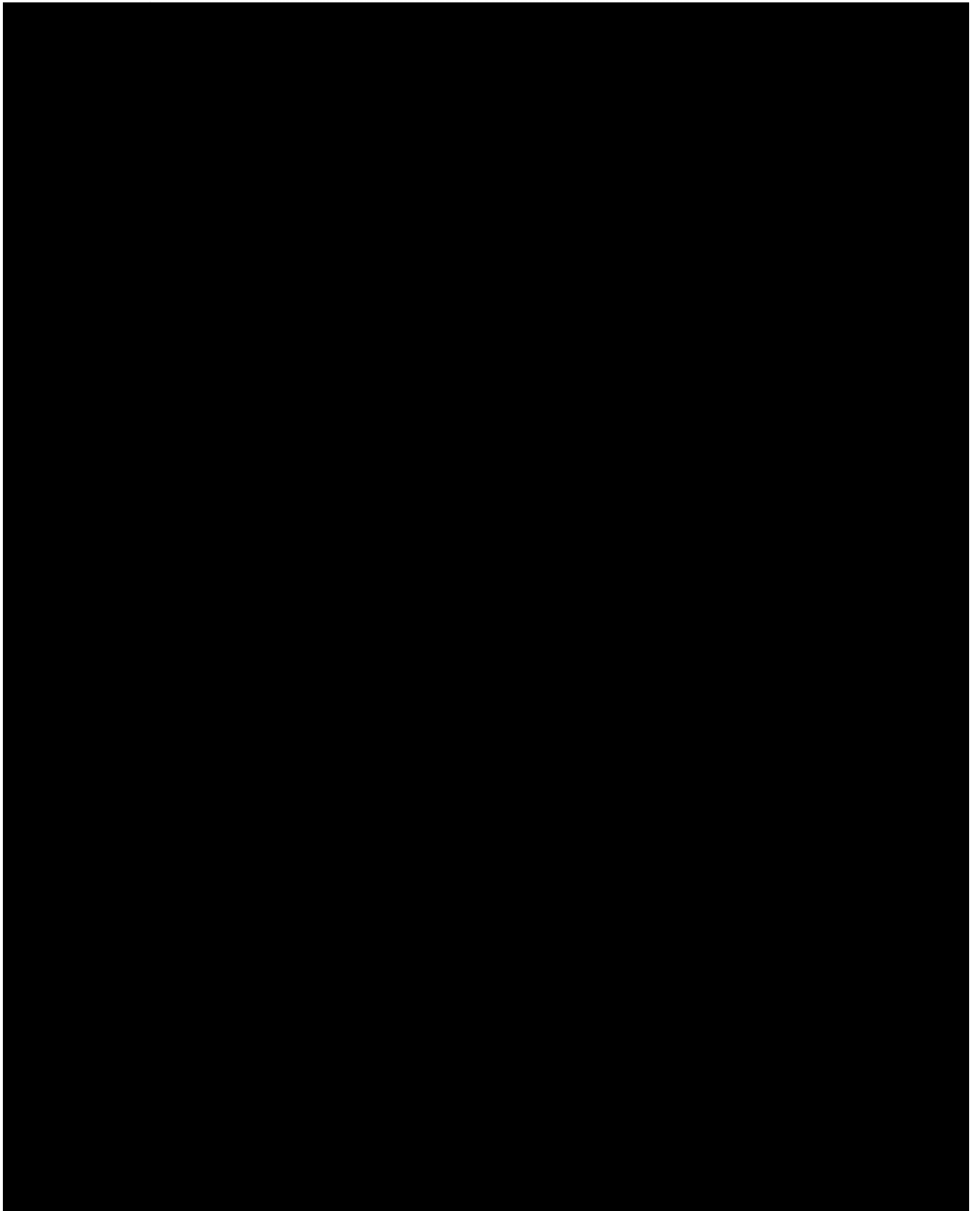


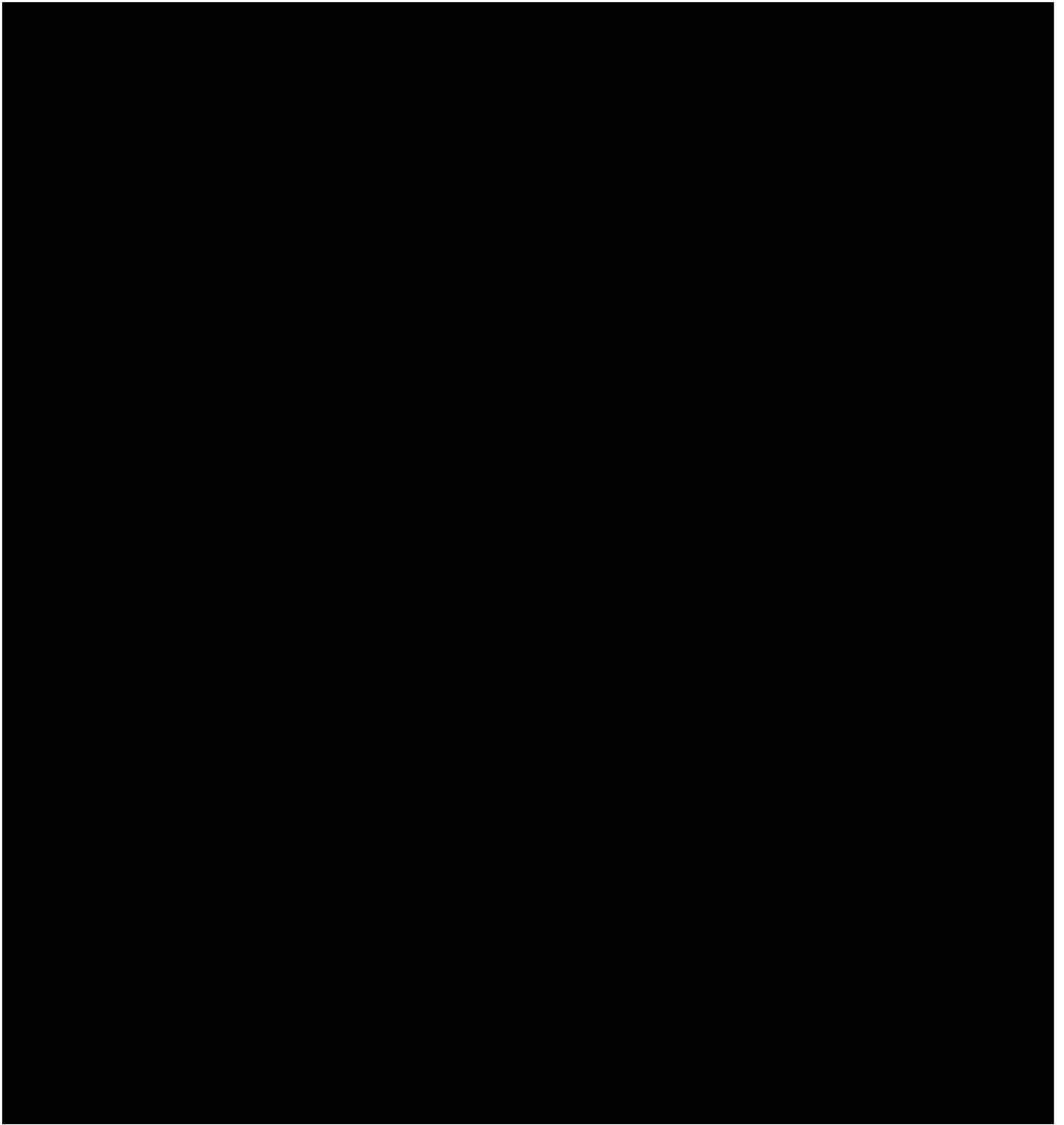


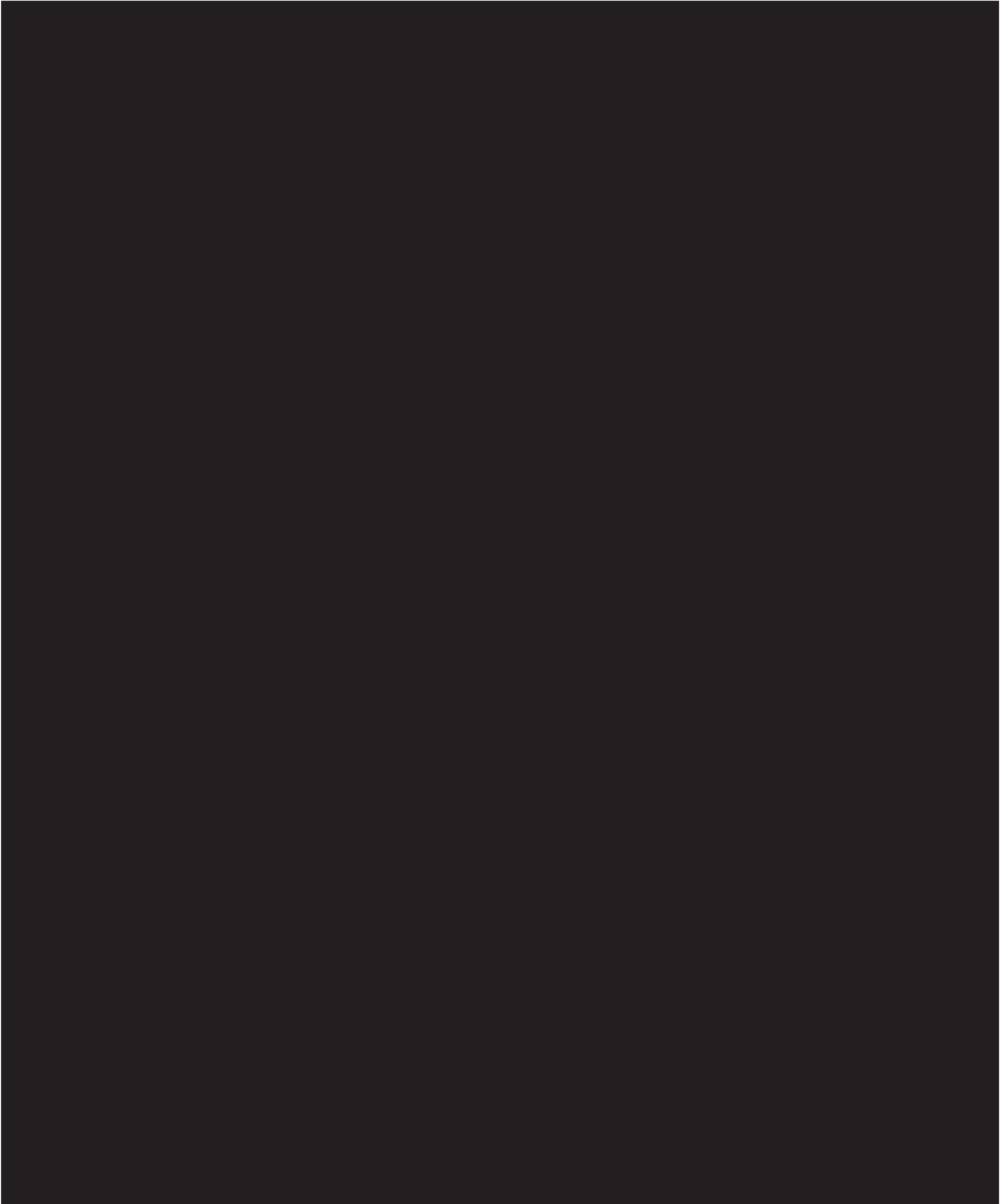


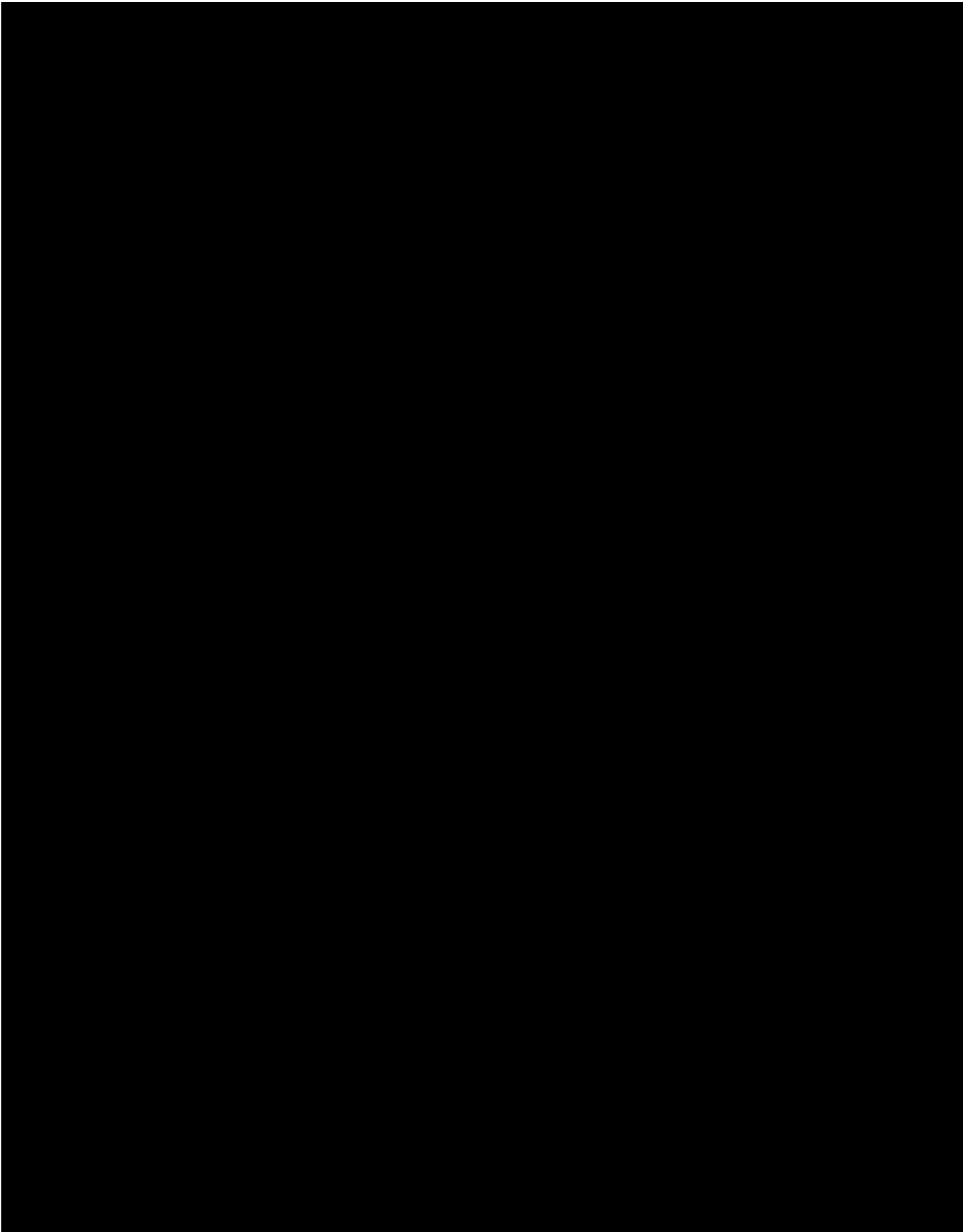
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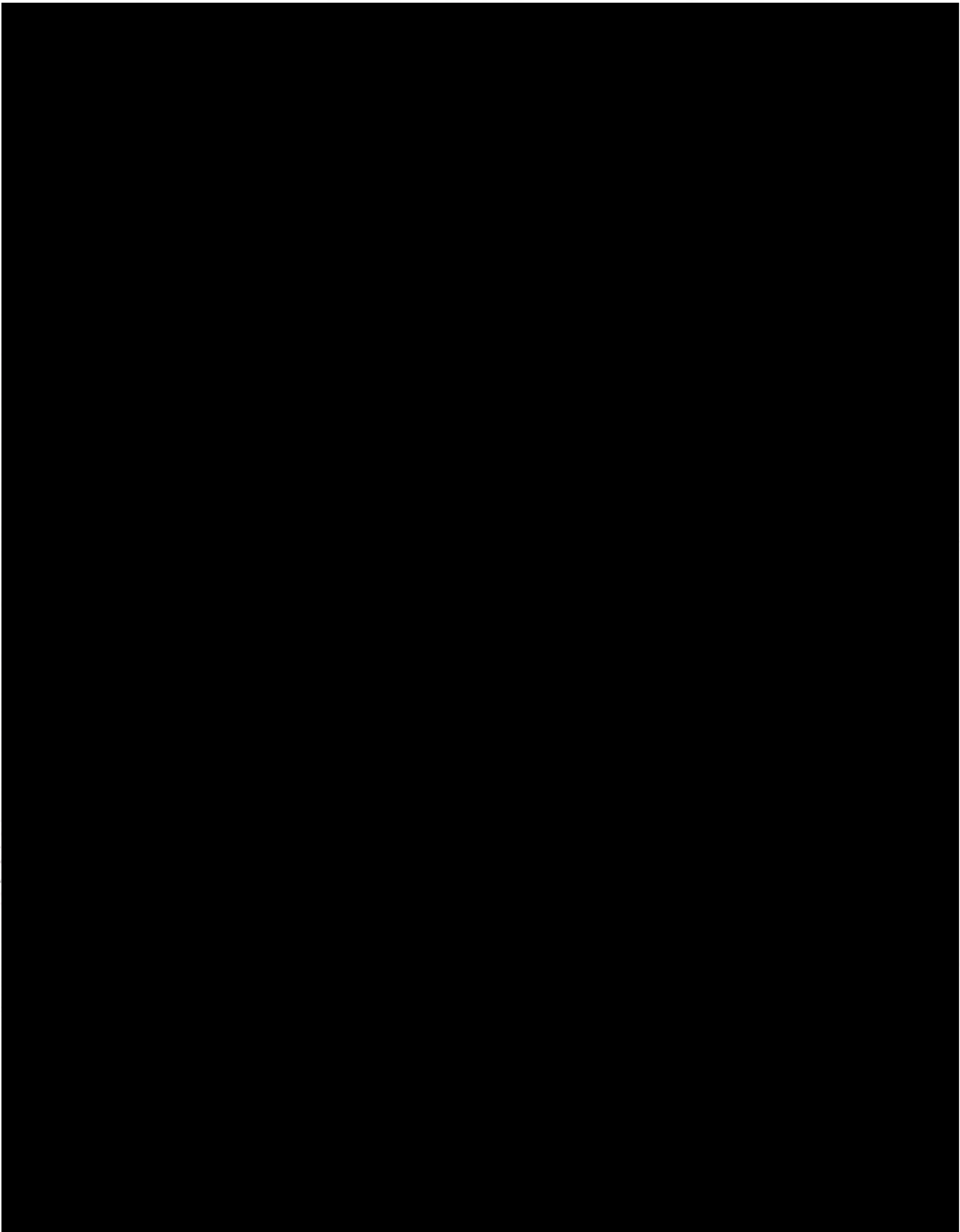


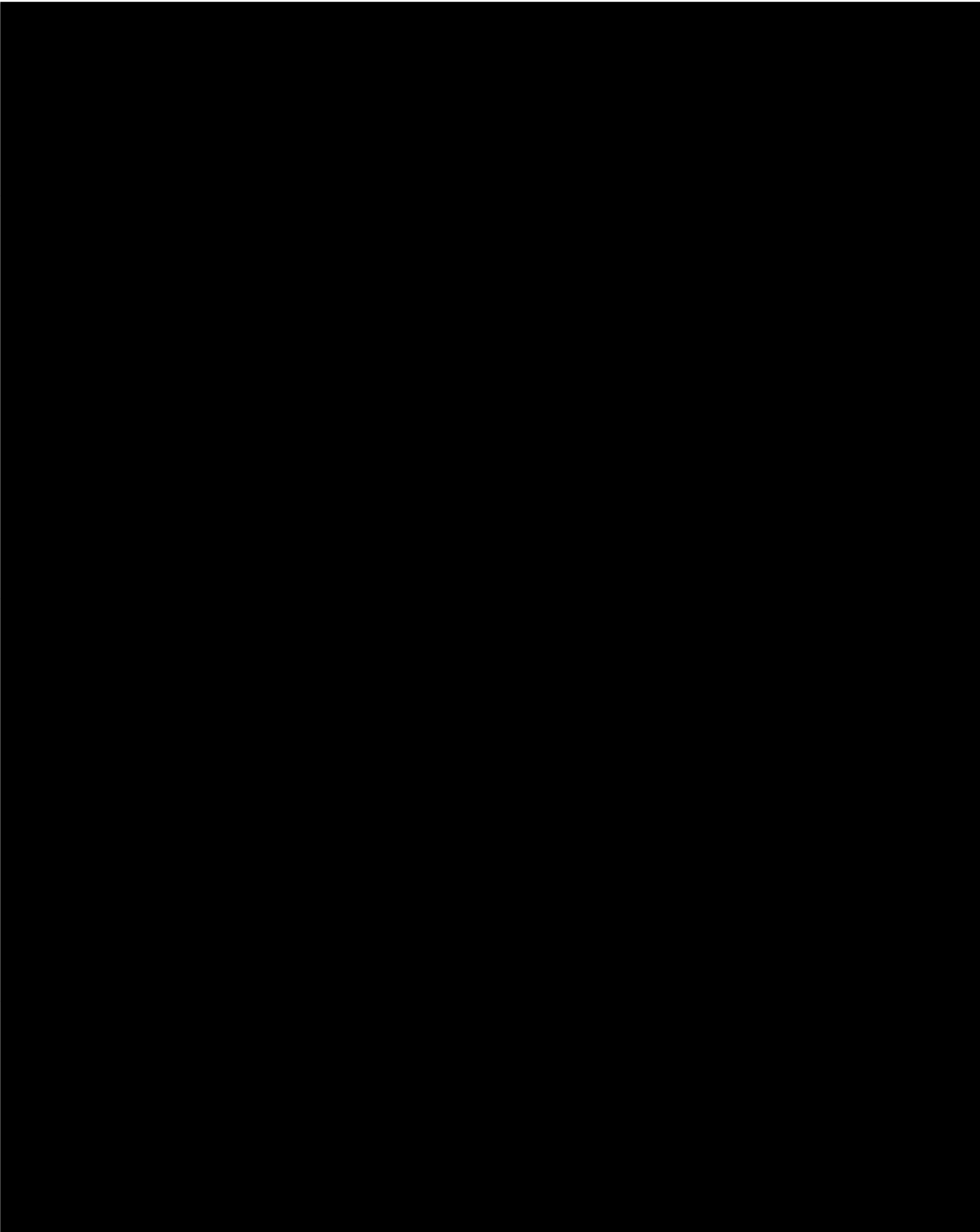


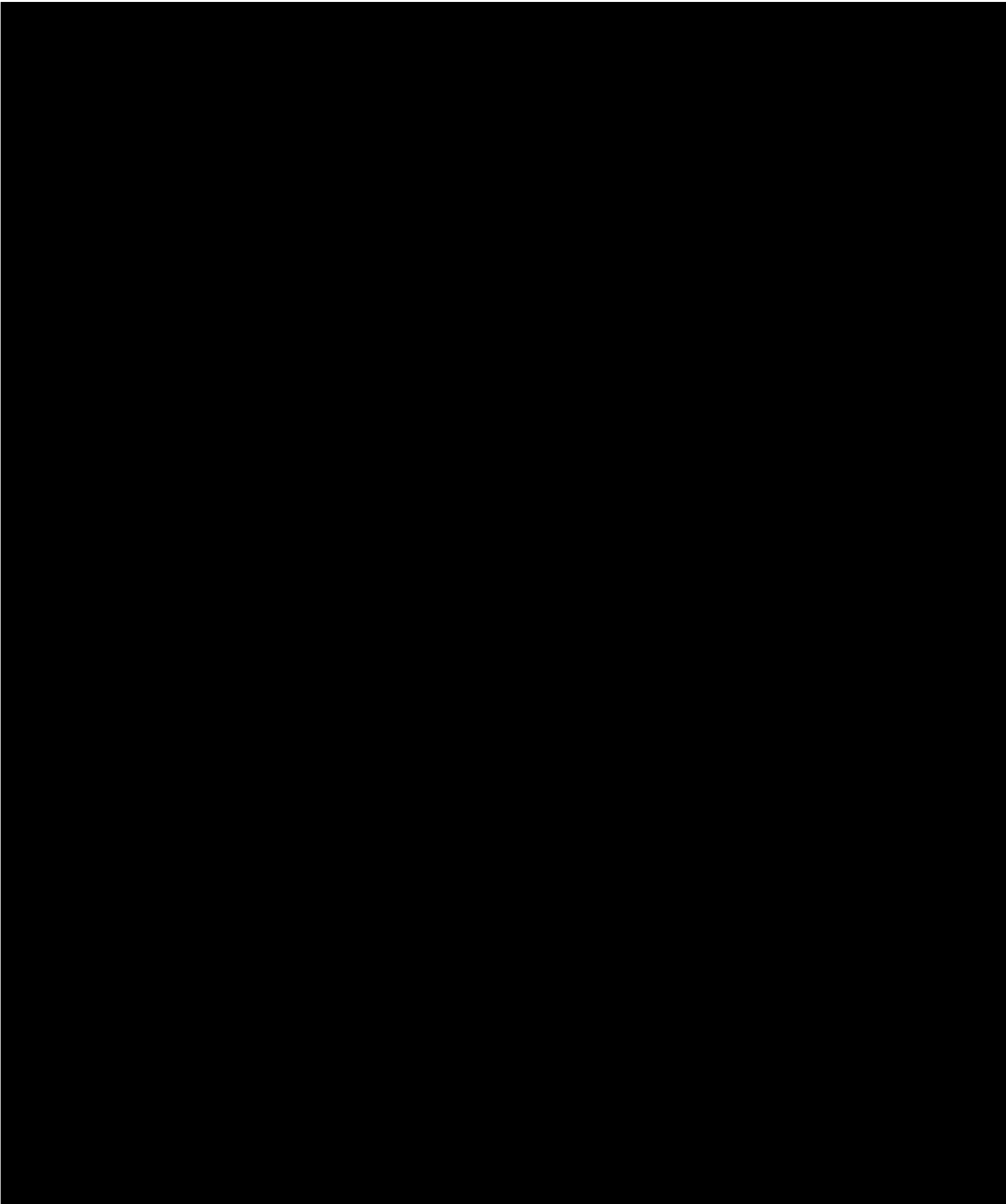


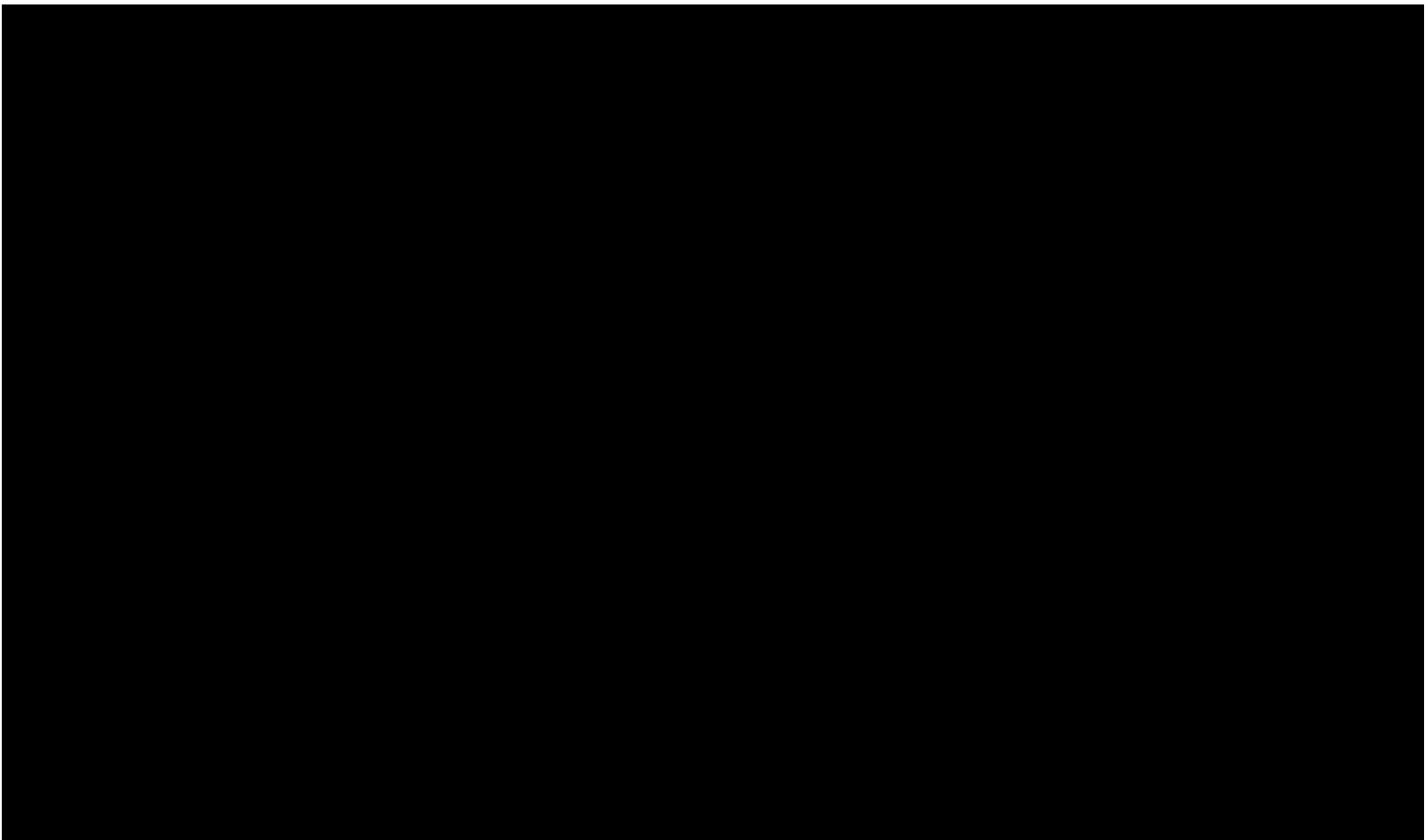






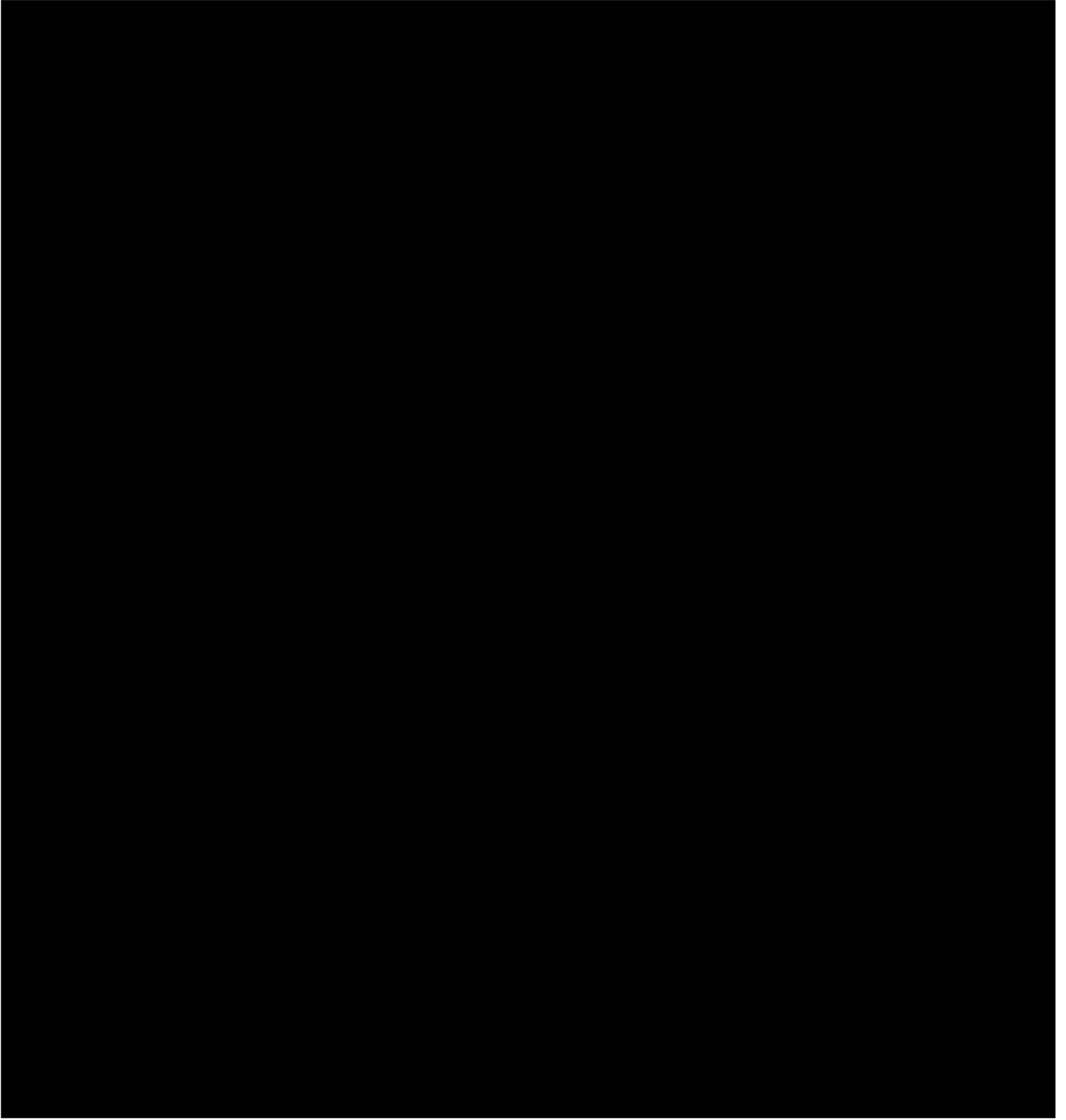






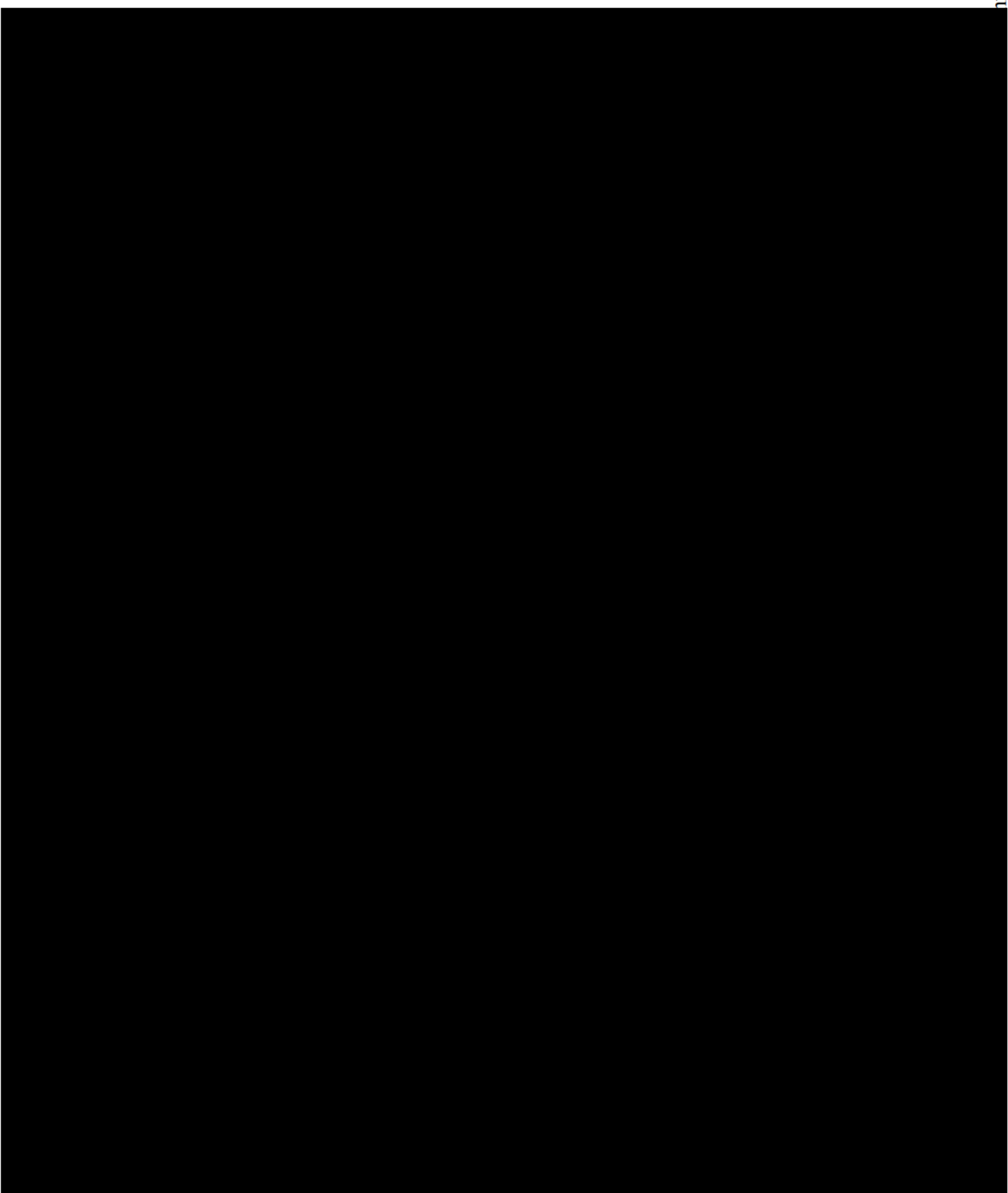


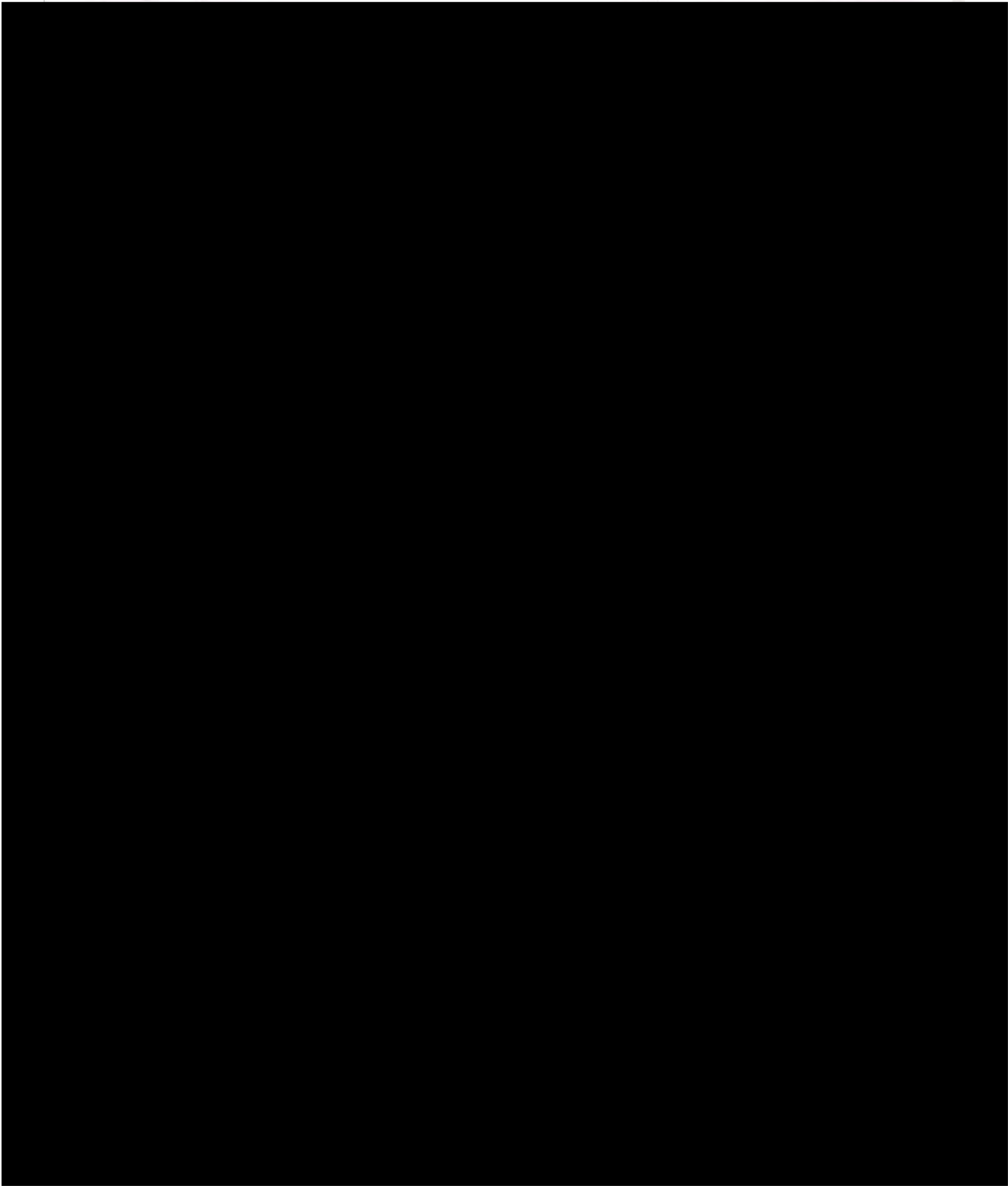


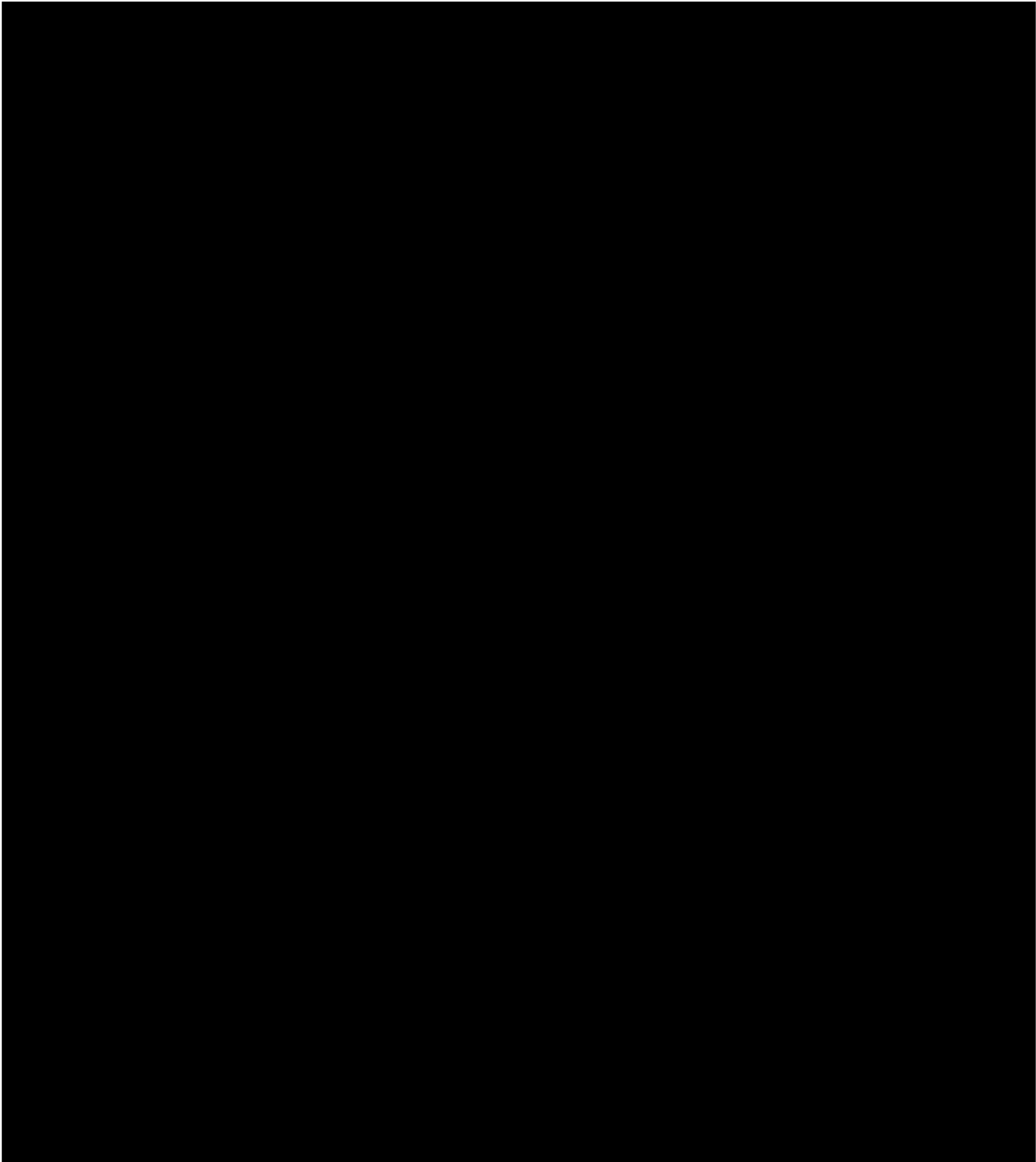


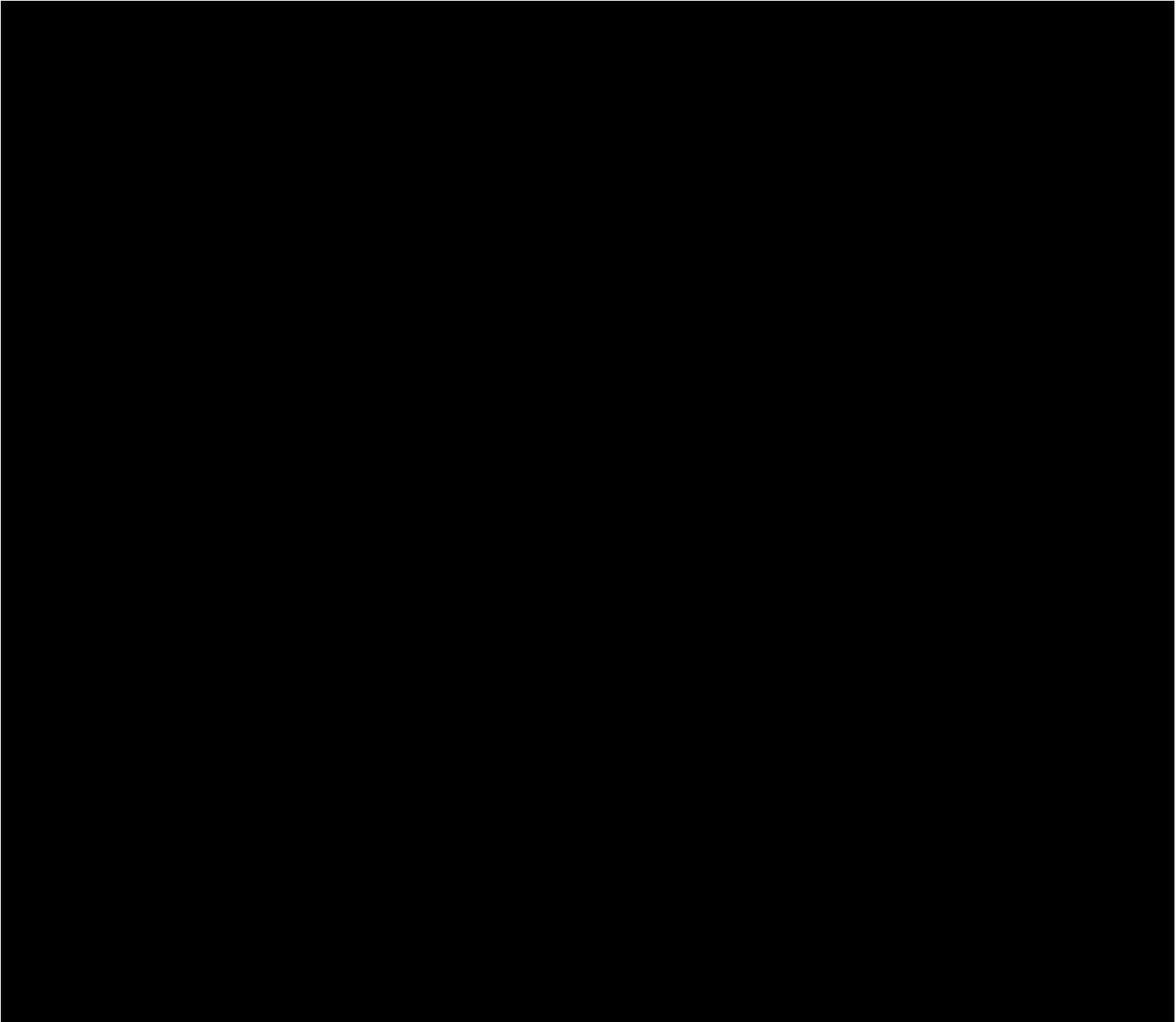


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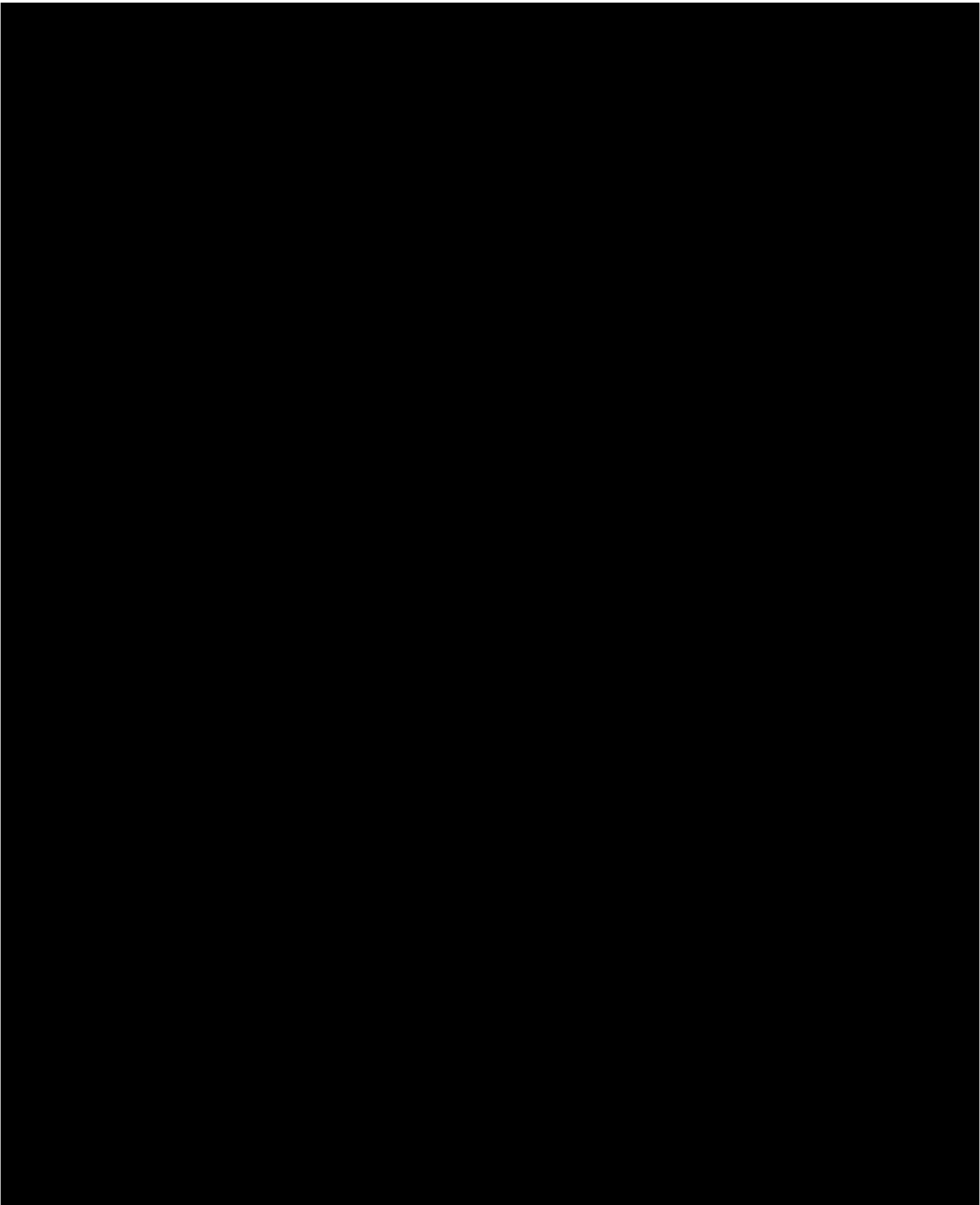


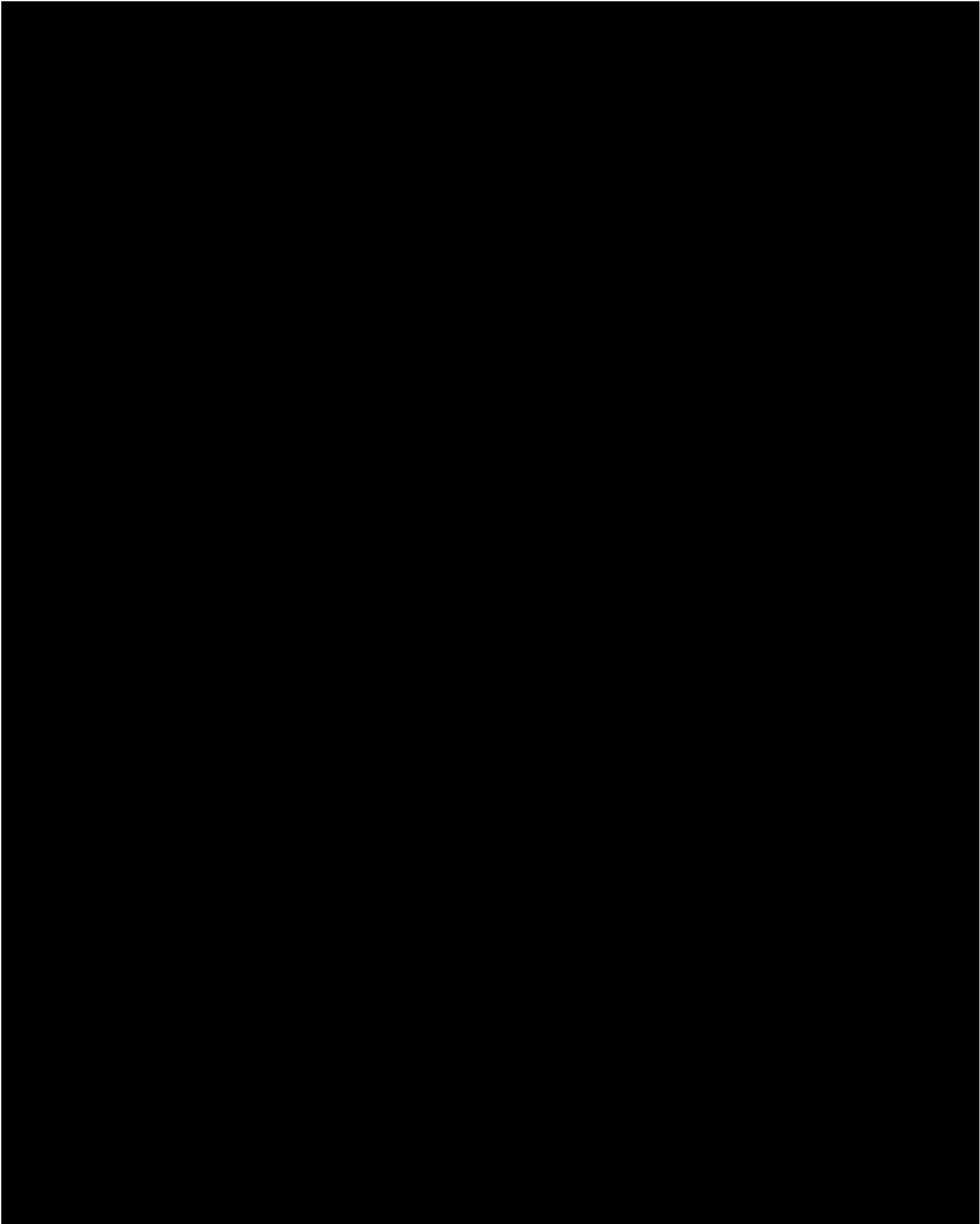


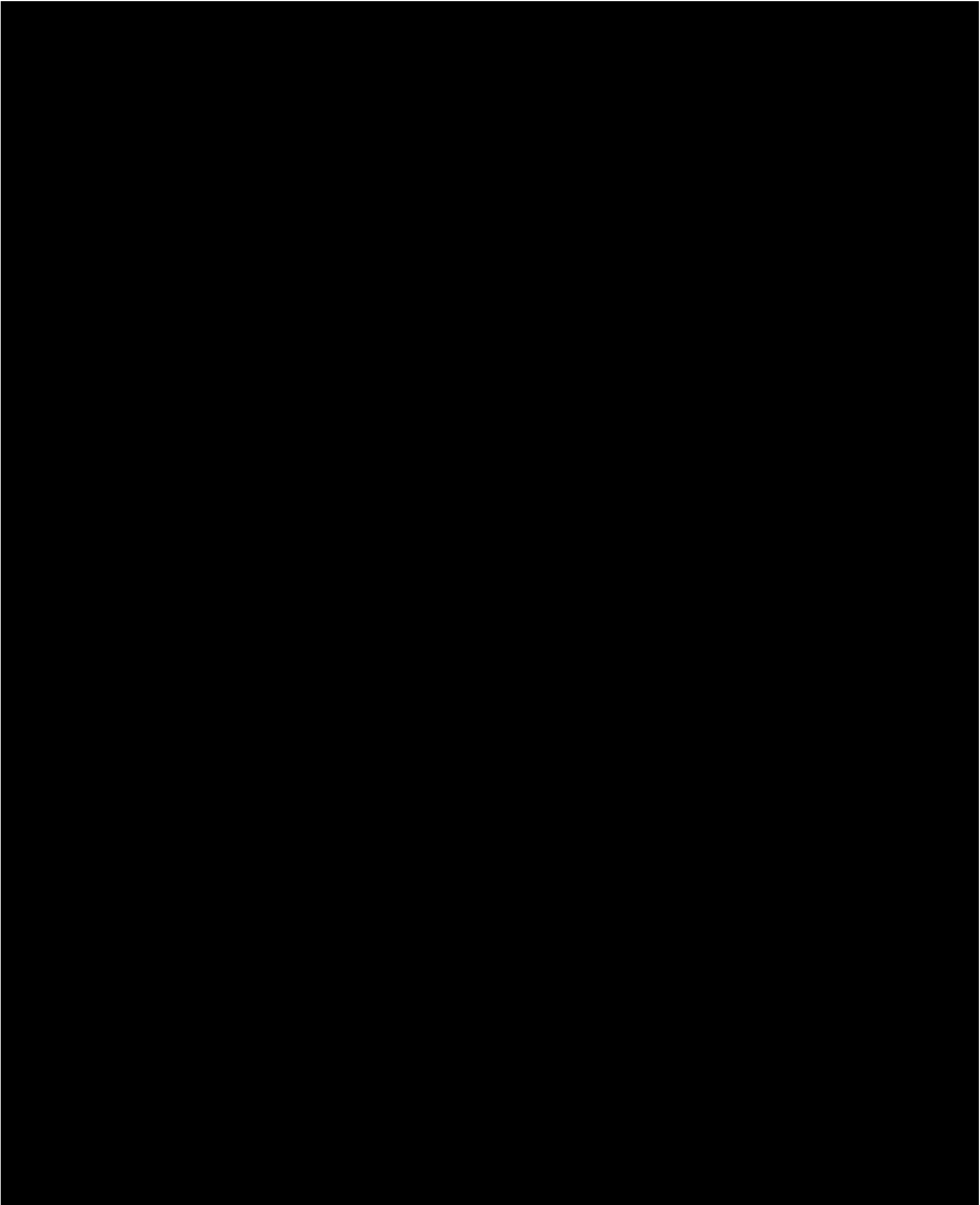


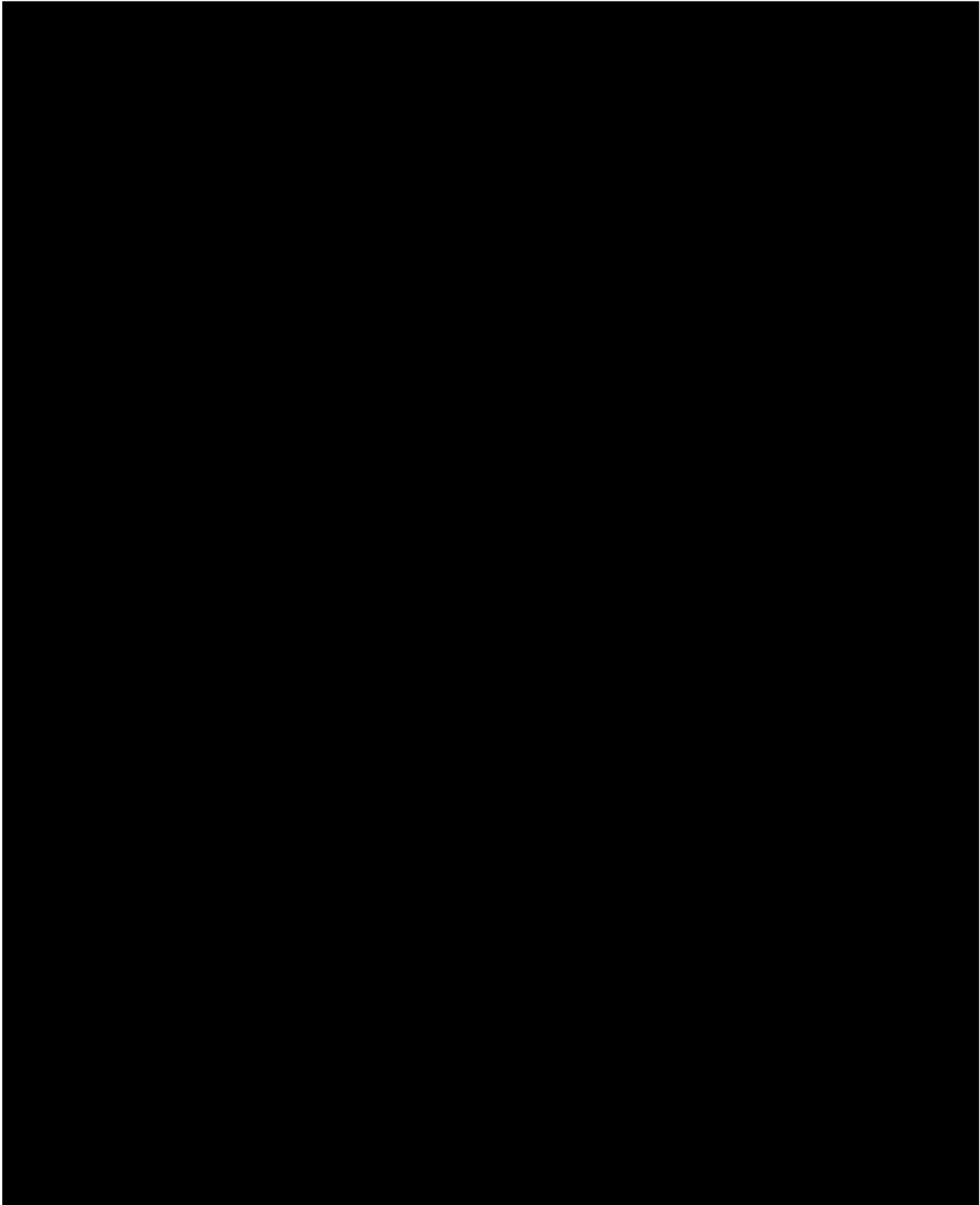


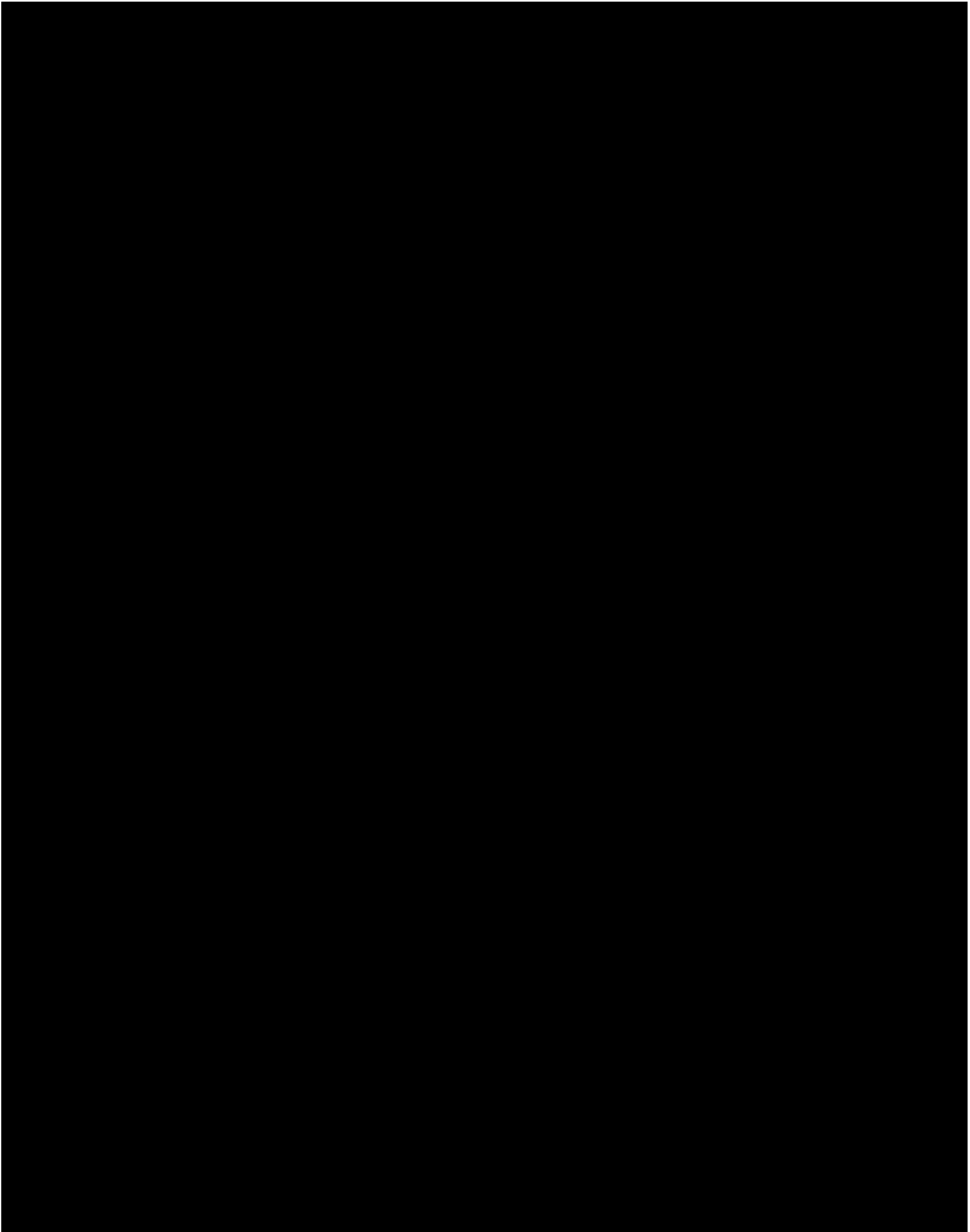
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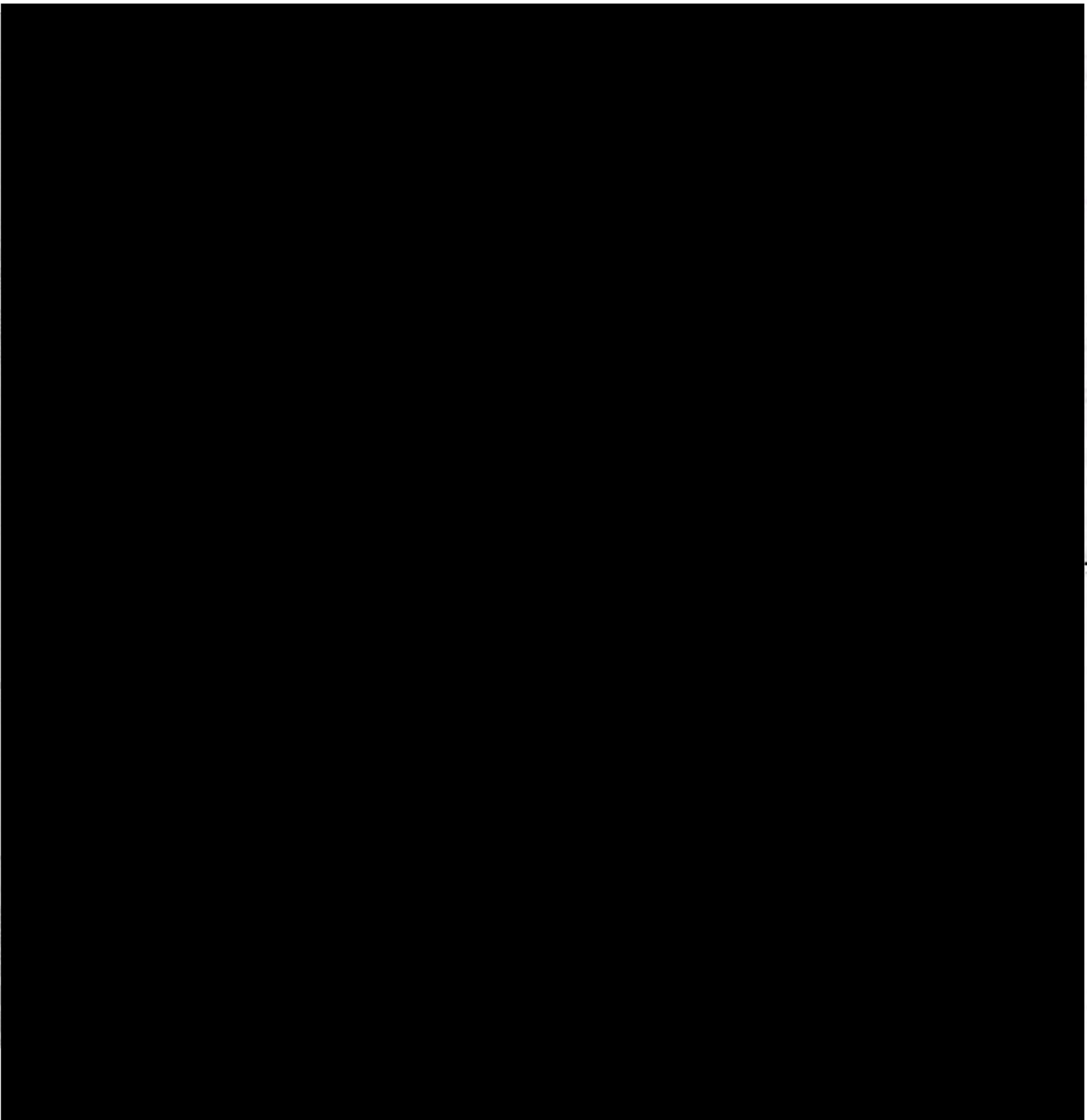












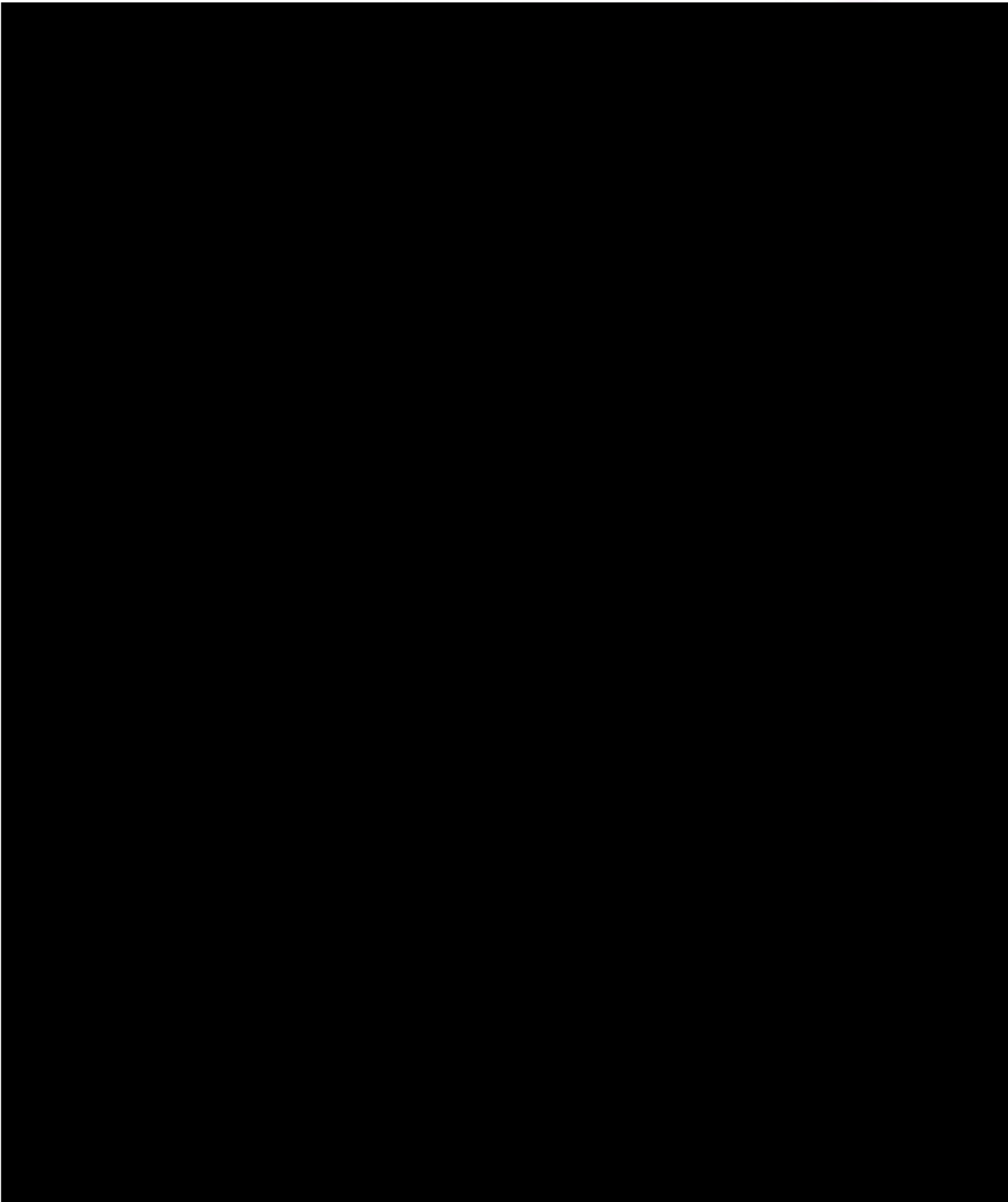


Exhibit 16

REDACTED COPY

The redacted portions of Exhibit 16 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 16 – Fleet Summary

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 16 – Fleet Summary

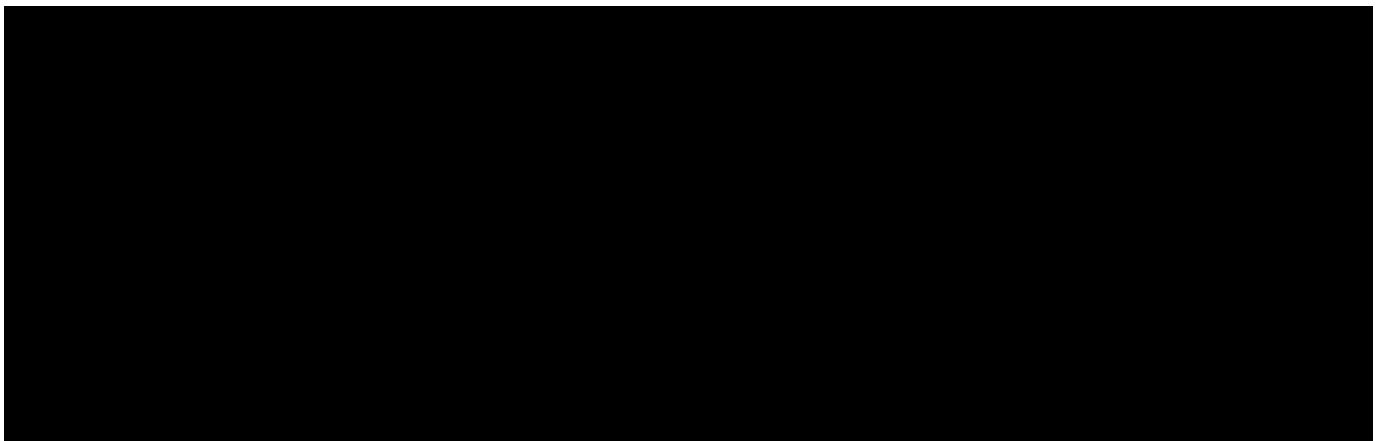
16.1 – Explanation of Current Knowledge

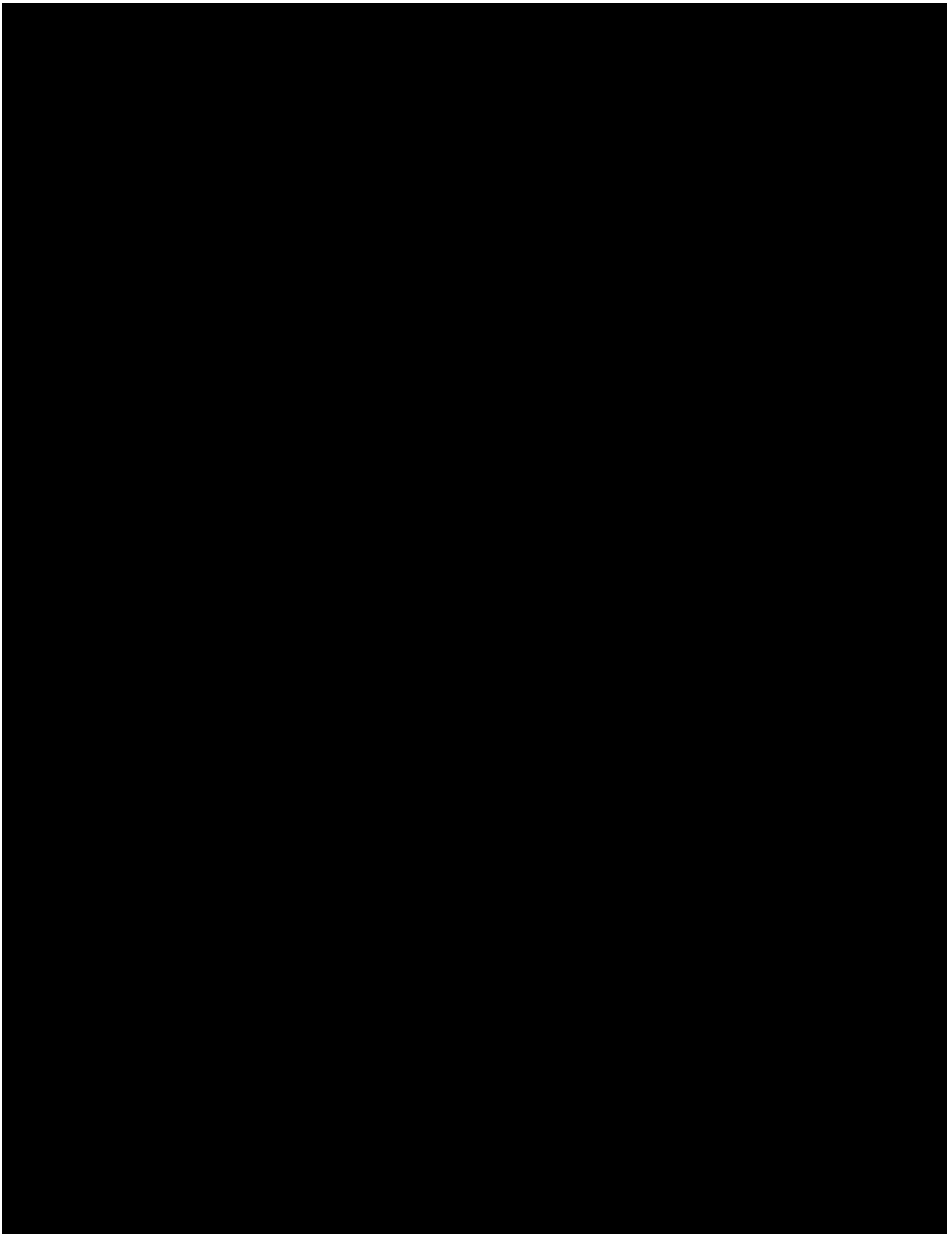
Applicant will utilize a wide variety of vehicles if granted a license by the AMCC. This will allow us to ensure the safe, secure, and climate-controlled transportation and delivery of medical cannabis products. Applicant intends to service all stages of transportation from cannabis cultivation to finished products dispensaries.

The volume, weight, and cube of each medical cannabis shipment is yet unknown. Despite much research and communication with other prospective licensees, Applicant has been unable to determine the exact type of vehicle and storage capacity needed to adequately service the Alabama Medical Cannabis industry. However, Applicant currently owns commercial motor vehicles that can be upfitted and used for secure transport and has access to and financial means to purchase or lease additional vehicles that may be better suited for the task of securely transporting medical cannabis. If the Applicant's current vehicles (described in Exhibit 13) are not adequate to service the needs of our customers, we will work closely with the AMCC and other licensees to satisfy their needs in the most efficient way possible.

All vehicles will be discreet, unmarked vans and have moisture/temperature controlled storage areas as required by the Act and 538-x-7-.02(3)(c.) (2) of the Rules. Another important factor to consider when acquiring vehicles is the level of security needed to protect the cargo and personnel. Applicant has researched the following vehicles as prospective purchases to meet these anticipated needs.

16.2 – Prospective Vehicle 1





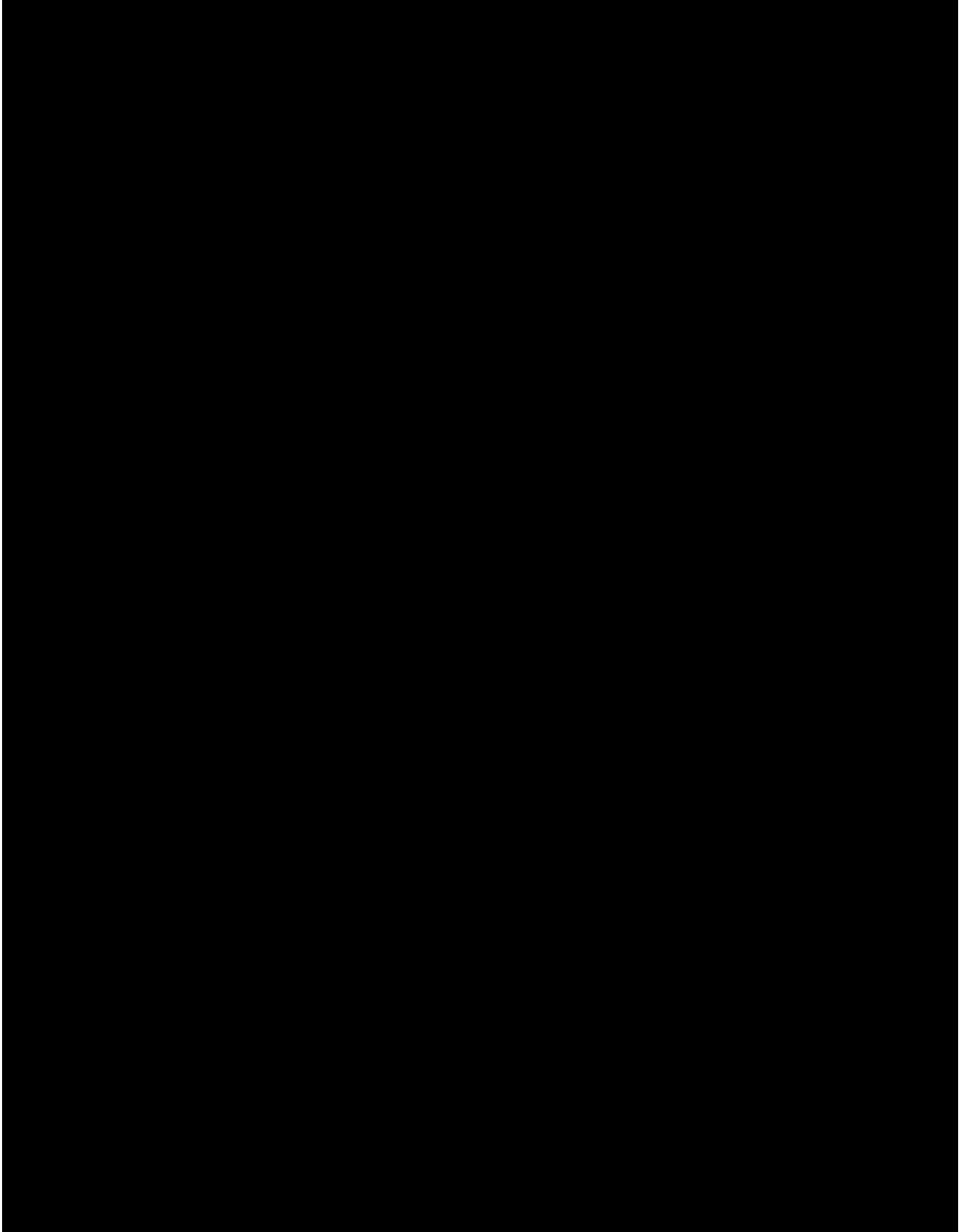


Exhibit 17

REDACTED COPY

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Exhibit 17 – Care and Maintenance of Vehicles

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

Responsible Party

Title of Verifying Individual

_____

Signature of Verifying Individual

12/30/2022

Verification Date

Secure Transport Vehicle Maintenance and Inspection Program

The Applicant's Vehicle Maintenance and Inspection program is critical in meeting the expectations of our customers, the motoring public, the Alabama Law Enforcement Agency, and the regulations set forth by the Alabama Medical Cannabis Commission, Chapter 7 of the Commission's rules. Our current facility includes a 3600 square foot maintenance garage, diagnostic equipment, freon recycling machine, bulk oil pump, and all tools necessary to perform any maintenance task required. In addition, we currently employ a service truck operator and two certified maintenance technicians with over 22 years combined experience.

Management understands that investing in proper preventative maintenance provides many benefits. These include:

Reduced Crashes – Proper vehicle maintenance will substantially reduce accidents caused by brake, tire, steering, and other mechanical component failures.

Reduced Breakdowns – Preventive maintenance minimizes equipment failure thus increasing equipment uptime and customer satisfaction.

Reduced Maintenance – Properly scheduled CMV maintenance inspections provide opportunities to make minor repairs and adjustments that will help prevent premature wear and identify mechanical failures before they become catastrophic failures. This attention will reduce maintenance costs significantly for the Company.

Improved Driver Morale – Tyler Van Lines, LLC takes pride in keeping our equipment safe and in top operating condition. As a result, our drivers take pride and responsibility in driving safely and handling the equipment with care and professionalism.

CSA Scores and Public Perception – CSA Program/SMS scores are critical in fostering a public perception that Tyler Van Lines, LLC offers safe and reliable transportation services. This is fostered by our requirement of keeping clean and well-maintained equipment. In addition, our employees and equipment represent our company image and reflect our safety-minded company culture.

To better understand vehicle maintenance, it is important to recognize that there are three basic types of vehicle maintenance in use today. These are:

1. **Demand Maintenance**- where repairs and service are given only when a catastrophic mechanical failure arises. This has high back-end monetary costs due to sudden premature failure and damage to other components.
2. **Crisis Maintenance**- is applied when a vehicle has experienced mechanical failure while in service, thus requiring management to act swiftly. This represents the highest cost of maintenance as repairs are unscheduled and work is completed by outside vendors at higher costs with unknown quality.
3. **Preventive Maintenance**- where services and repairs are provided before operational problems interfere with our daily business responsibilities. This has the lowest costs as equipment is maintained on a controlled schedule with work being performed by certified technicians employed by the company.

As a result of this understanding, Tyler Van Lines, LLC utilizes the Preventive Maintenance model and recognizes it as a critical component necessary to our fleet operation.

Components of a Preventative Maintenance Program

- Daily Vehicle Inspection Reports (DVIR);
- Grease Intervals/Visual Inspections;
- Oil Change Intervals/Leak Inspections
- Scheduled Preventative Maintenance;
- Annual Inspections;
- Record keeping of all inspections, repairs, and maintenance performed

Driver Vehicle Inspection Report (DVIR)

Tyler Van Lines, LLC requires every driver to inspect and fill out a DVIR, both Pre- and Post-Trip, on any vehicle assigned, including the trailer attached, if applicable. Unit number, odometer reading, and driver name are required on all DVIRs.

The written DVIR shall include the elements below and cover at least the following:

At the beginning of each trip (Pre-Trip Inspection), the driver will visually inspect the vehicle to be used. If a problem is found, immediately report the issue to the dispatch and maintenance departments. A repair order will be written, and repairs completed prior to using the vehicle. If repairs cannot be made in a timely manner, the dispatcher may elect to

assign a different vehicle. If so, a pre-trip inspection must be completed on the alternate vehicle.

At the end of each trip the driver must perform a thorough visual inspection (Post Trip Inspection) and complete a DVIR form. Only those defects associated with the safe operations of the vehicle and DVIR requirements should be recorded. The original copy will be submitted to the Maintenance Manager and the DVIR completion recorded.

Any DVIR with a defect documented will generate a repair order. The Maintenance Manager will schedule the repair and notify dispatch of the delay. DVIR repairs will be scheduled, and repairs performed immediately. If a vehicle cannot be repaired the same day, the CMV will be pulled from service until the resources and repairs can be completed. Only when all necessary repairs have been completed can the vehicle be returned to service.

Once the repairs are completed, Maintenance Personnel will sign off on the DVIR original copy and place inside the vehicle maintenance file. A copy of the completed DVIR inspection will be left inside the vehicle for repair verification and inspection by the next driver. If satisfied with the repairs, the driver must sign the DVIR copy and submit to the Maintenance Manager for review and filing.

Greasing Interval/Visual Inspection: Applying grease to all ports on a regular schedule is vital in extending the life of bearings and other metal connections. We must adhere to a strict schedule of grease packing in order to reduce friction wear and maximize the life of our equipment.

Oil Change Interval: Different oils are utilized throughout each vehicle. The engine, transmission, steering, brakes, and some hubs all depend on oil for cooling and lubrication of internal parts. Leaking or viscosity breakdown of oils are the root cause of most internal failures. We will inspect for lubricant leaks each day and adhere to scheduled oil changes to prevent these failures.

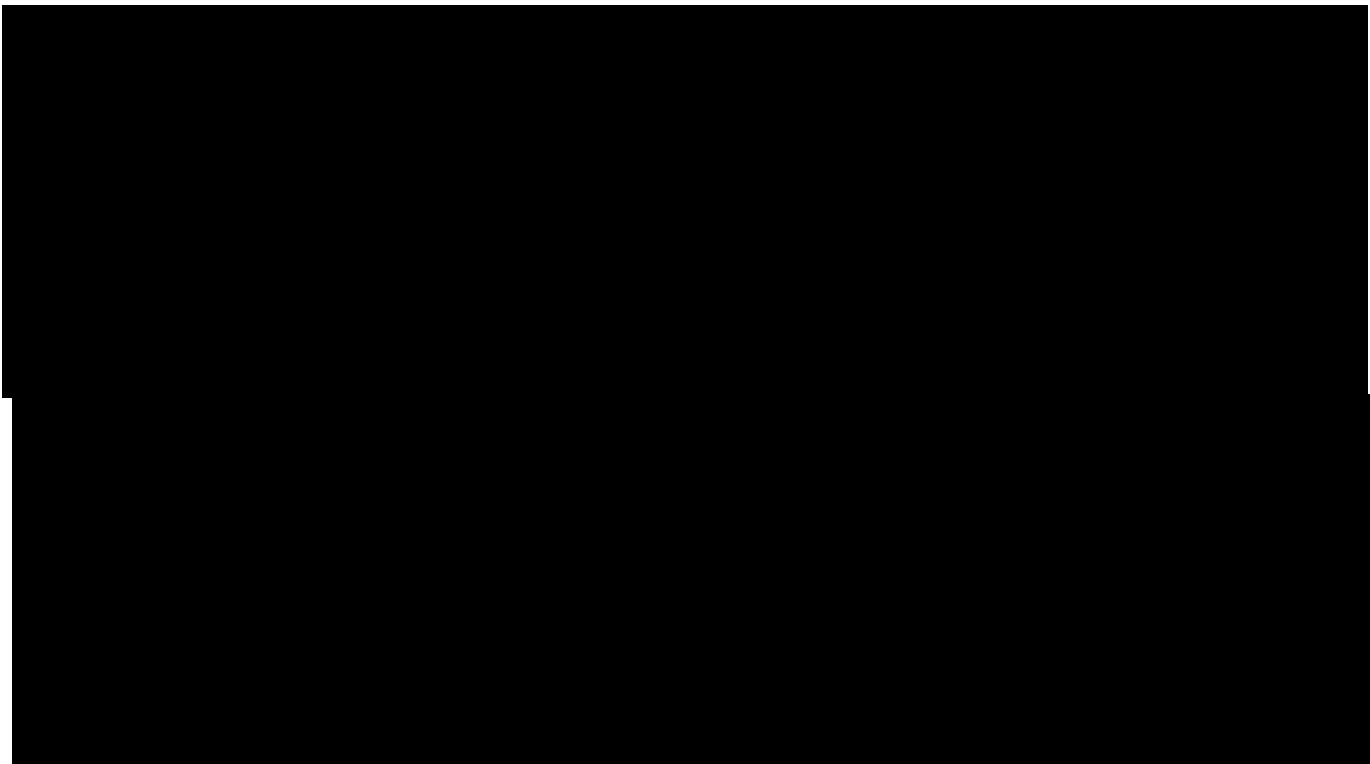
PM Scheduled Maintenance/Inspection: Our Maintenance Department ensures each vehicle receives its preventative maintenance (PM) per its unique preventative maintenance schedule or the manufacturer's recommendations. Tyler Van Lines, LLC has certified maintenance personnel authorized to perform all maintenance repairs from brake adjustments to complete engine rebuild.

Annual Inspection: Our Maintenance Department will ensure each vehicle receives an Annual Inspection within twelve calendar months. All qualification files will be updated current annual inspection forms, signed by the qualified technician, at each occurrence.

Maintenance and Record Keeping: Tyler Van Lines, LLC will maintain the following records pertaining to each vehicle used in our secure transport business.

The outer jacket of the qualification file will include Vehicle Identification Number, Assigned Unit Number, Vehicle Make, Vehicle Model, Manufacture Date, Vehicle Color and Vehicle Tire Size. A Qualification file will include Current Annual Vehicle Inspection Report, Vehicle Registration, Certificate of Title (or Title Application), Bill of Sale, Loan Agreement and any other documents pertaining to the purchase and ownership of the vehicle. A Maintenance file will include Completed Work Orders, Parts Receipts, DVIRs and any other documents pertinent to the safe mechanical operation of the vehicle.

Tyler Van Lines, LLC will maintain all maintenance records at our base facility. We shall ensure that the records required to be maintained under this section are true, accurate and legible. DVIRs will be retained for the month they are created and an additional 3 months. The other records identified above will be retained for the month they are created and an additional 14 months. All records will be kept for six months after the vehicle is sold, retired, or disposed.



Inspection and routine maintenance schedule:

Inspection Type	Vehicle Type	Inspection Interval (State Mileage, Time, or Hours)	Comments
Daily Trip Inspection:	Trucks, Tractors, Trailers	Every 24 hours	Complete written Daily Trip Inspection form as required. Record all defects and document all repairs.
Greasing Interval/Visual Inspection:	Trucks:	Every Week	Use Mobil 1 Synthetic/Visual Inspect
	Tractors:	Every Week	Use Mobil 1 Synthetic/Visual Inspect
	Trailers:	Every Week	Use Mobil 1 Synthetic/Visual Inspect
Oil Change Interval:	Trucks:	Every 18k MI/2 months	Use Mobil 1 Semi Synthetic 15w/40
	Tractors:	Every 18k MI/2 months	Use Mobil 1 Semi Synthetic 15w/40
PM Scheduled Maintenance / Inspection:	Trucks:	Every 1 Month	Per PM Schedule for CMV
	Tractors:	Every 2 Months	Per PM Schedule for CMV
	Trailers:	Every 4 Months	Per PM Schedule for CMV
Annual Inspection:	All Types	Annually	Required every 12 months before expiration - to be completed by a Certified or Qualified Inspector

Additional Notes on Exhibit 17:

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.

Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 30 days after award of license.

Exhibit 18

REDACTED COPY

The redacted portions of Exhibit 18 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).


Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

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Exhibit 18 – Route 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

Responsible Party

Title of Verifying Individual



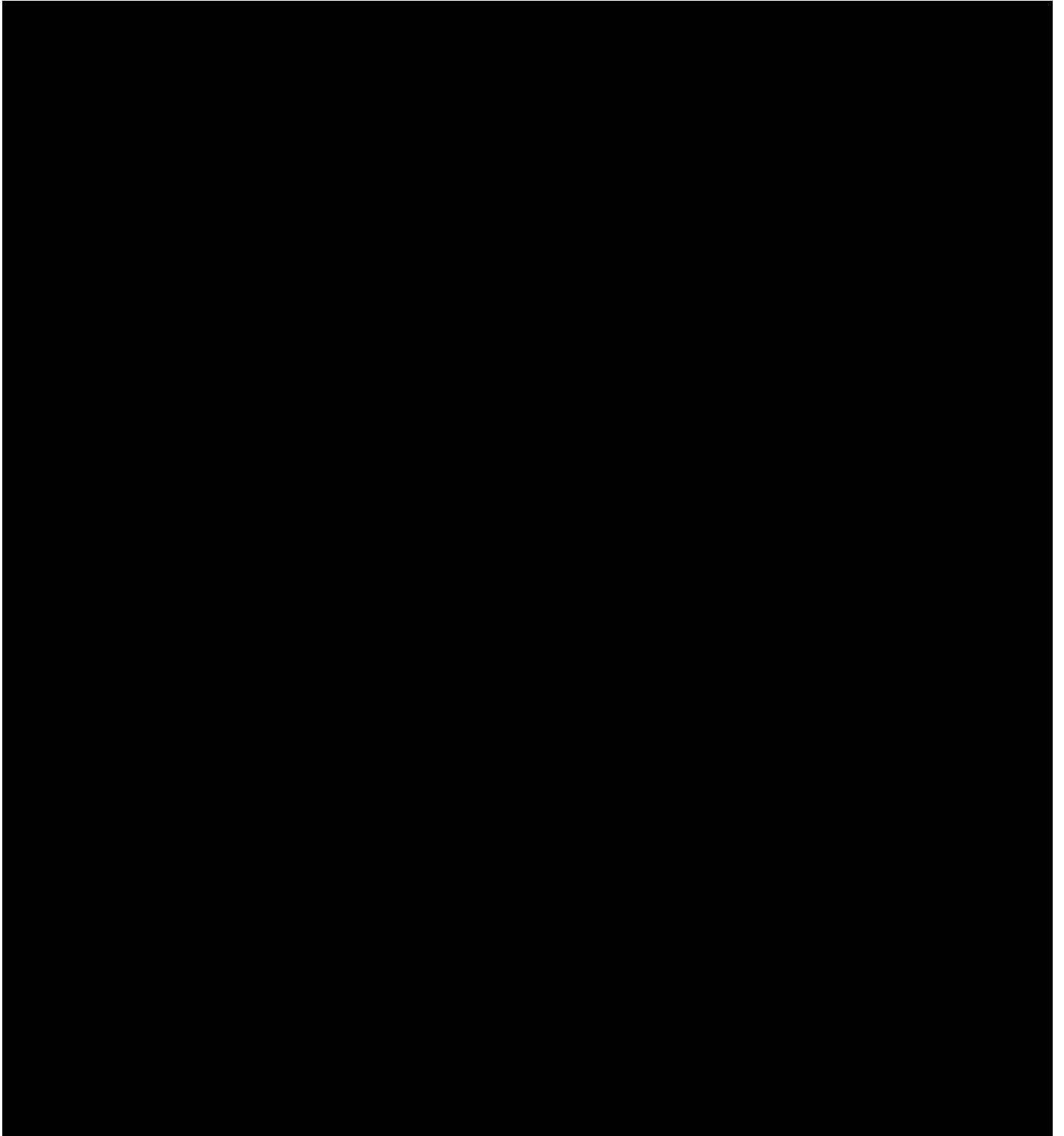
Signature of Verifying Individual

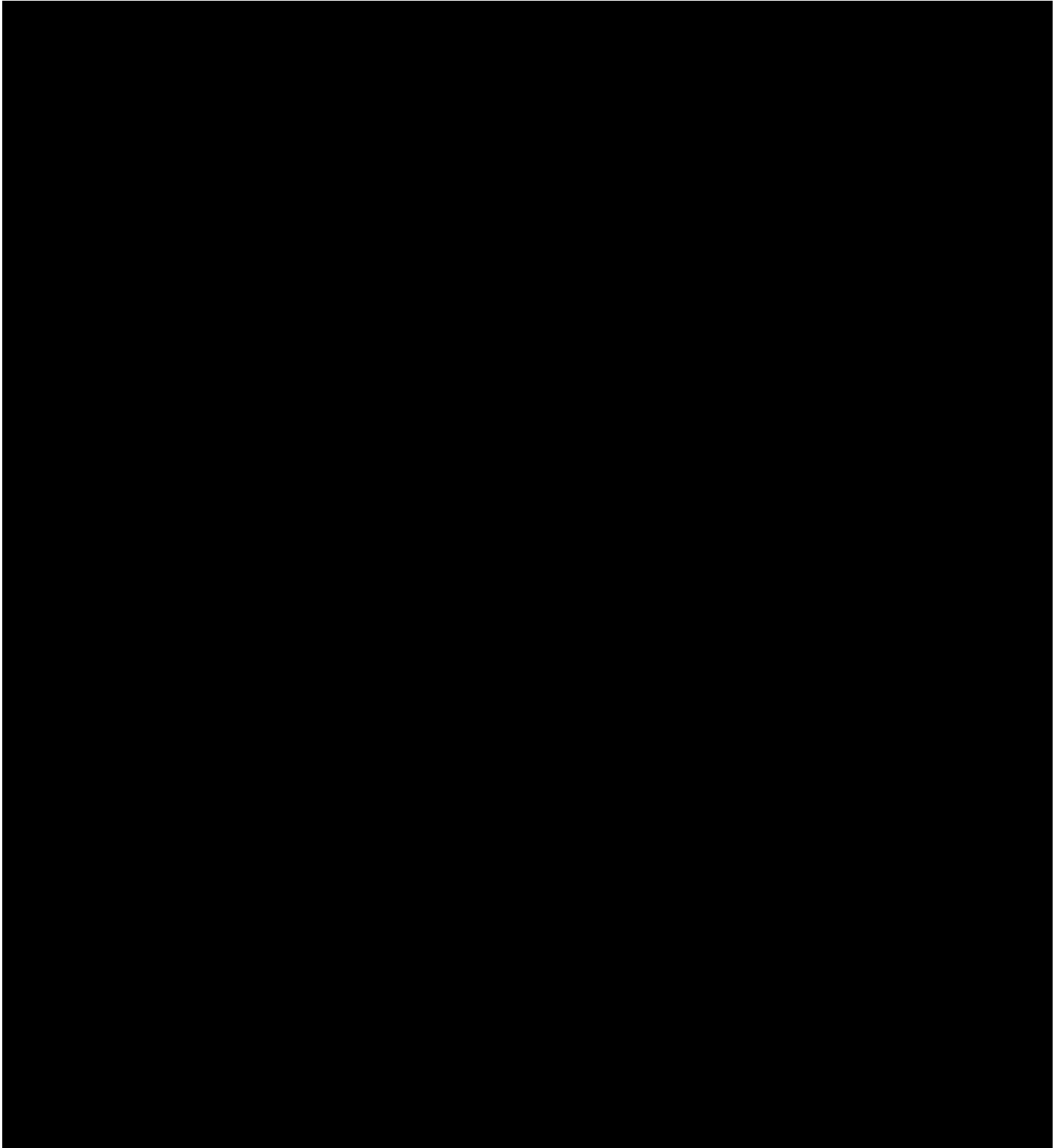
12/30/2022

Verification Date

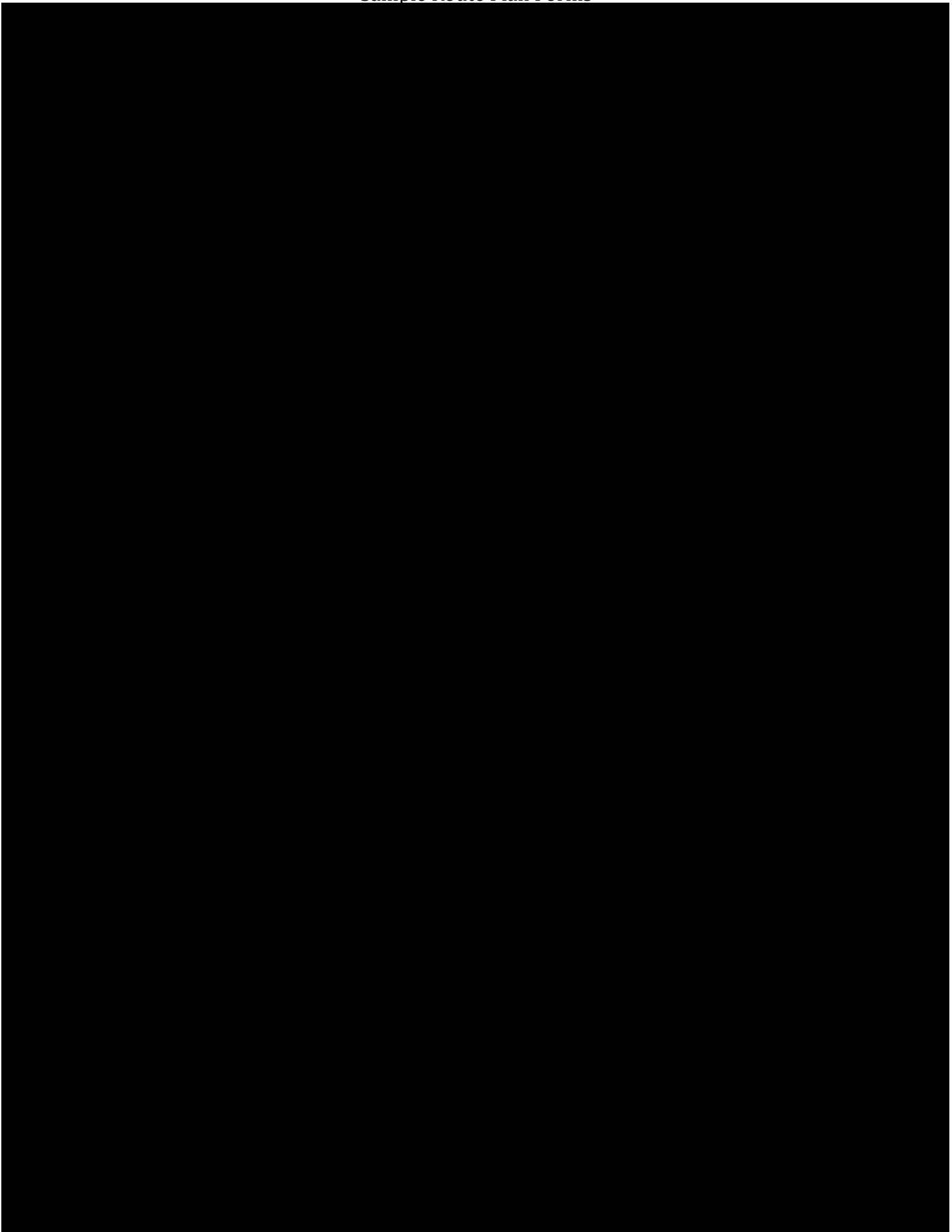
Exhibit 18 - Route Plans

Applicant has provided as a sample, a proposed itinerary, route plan and manifest, to demonstrate our ability to plan safe routes for the secure transport of medical cannabis

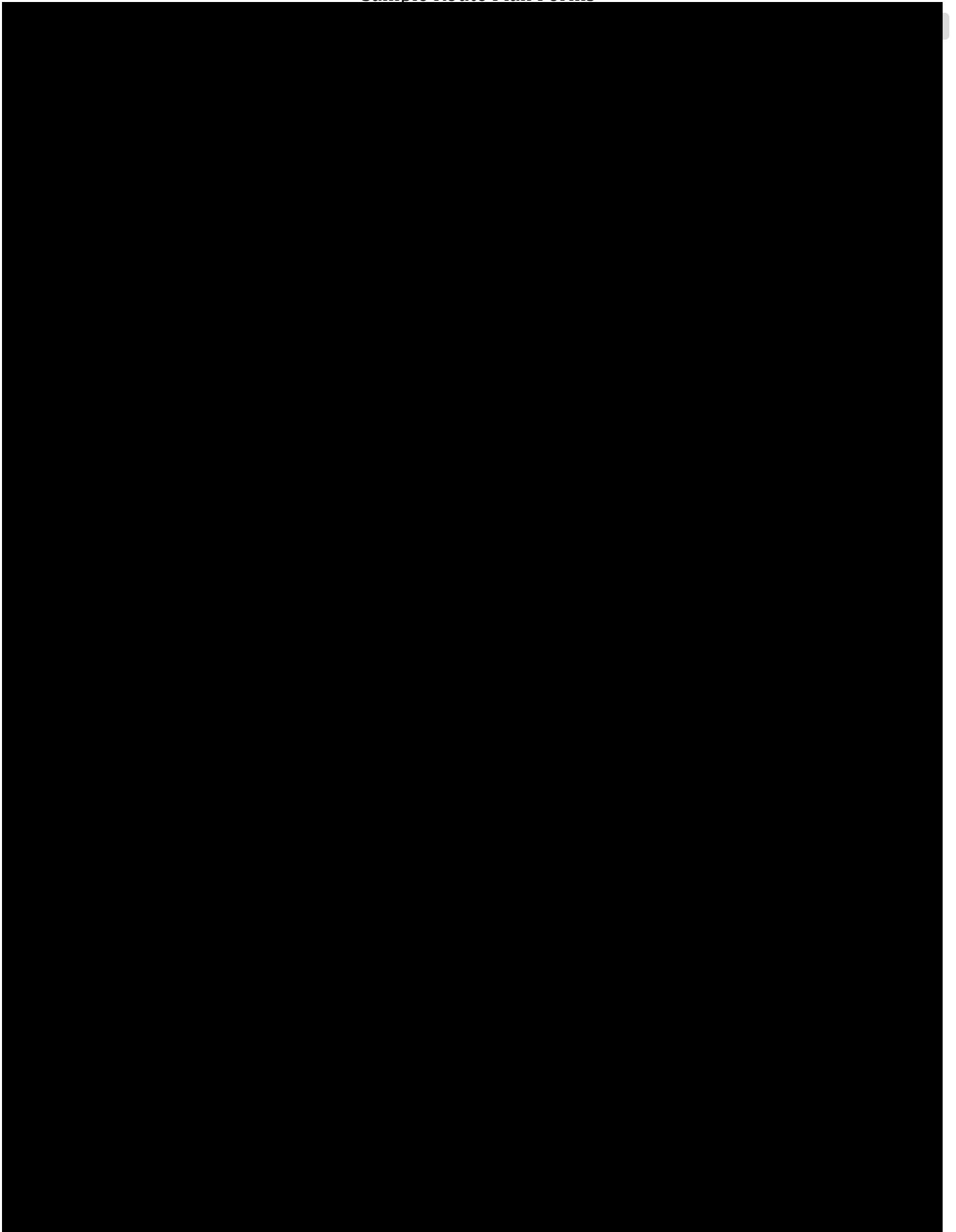




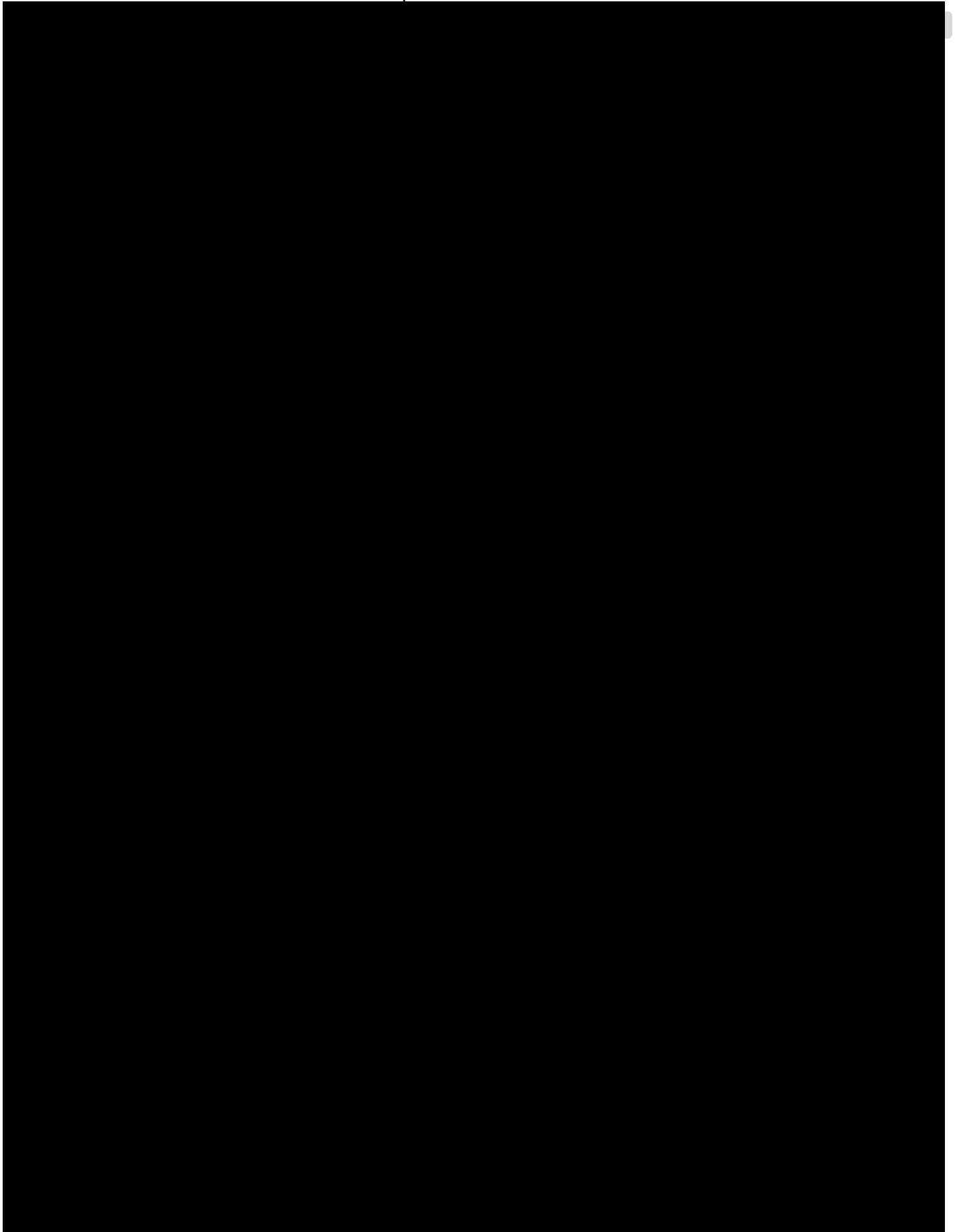
Sample Route Plan Forms



Sample Route Plan Forms



Sample Route Plan Forms



Sample Route Plan Forms

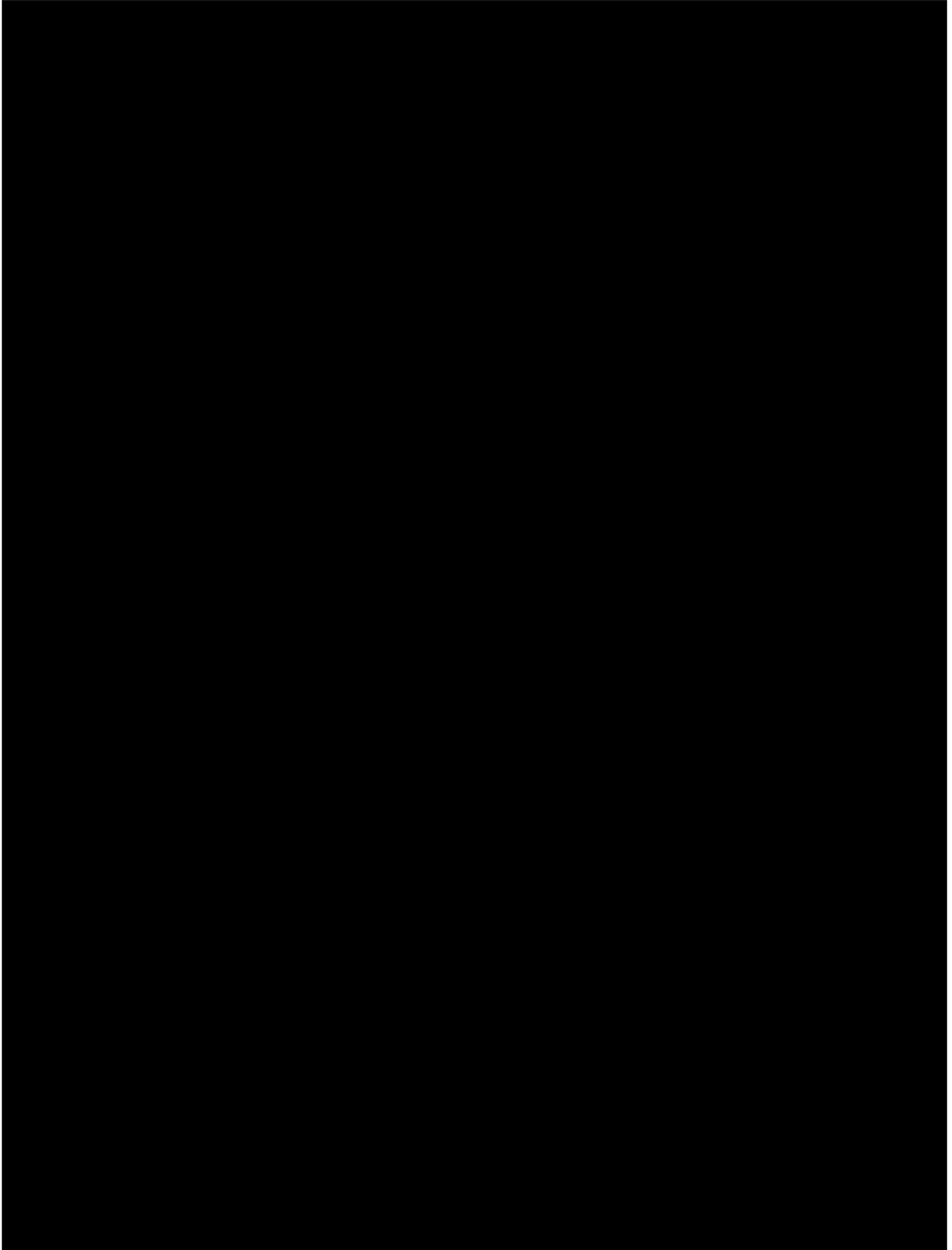


Exhibit 19

REDACTED COPY

The redacted portions of Exhibit 19 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses, GPS coordinates and unique signatures; and redactions concerning security plans, procedures, assessments, measures or system and other records relating to, or having an impact upon, the security or safety of persons, structures, facilities, or other infrastructures and/or processes; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

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Exhibit 19 – 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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 19 - Facilities

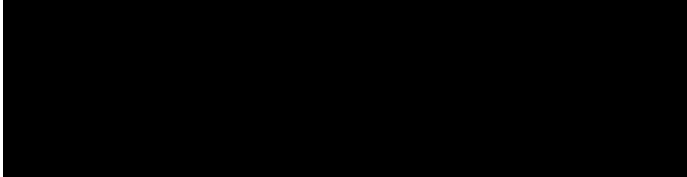
19.1 Facility Name and Type

Facility Name: Tyler Van Lines Dispatch Facility

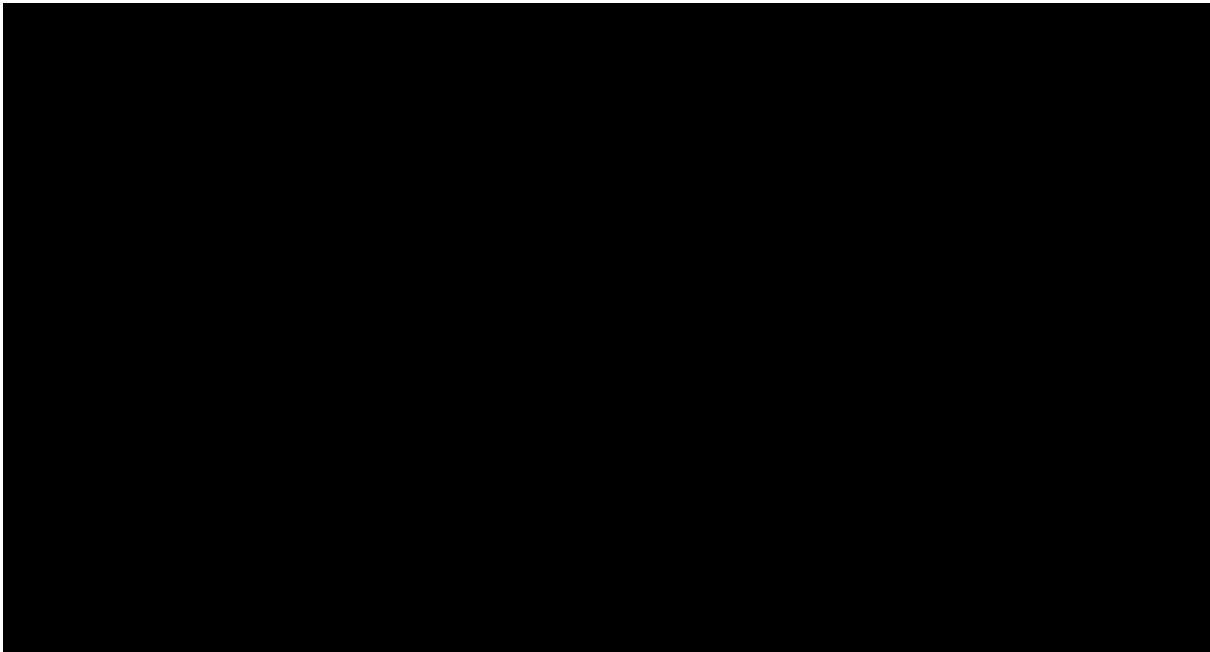
Facility Type: Secure Transporter Operations Hub

19.2 Physical Address & GPS Coordinates of Facility

Address:

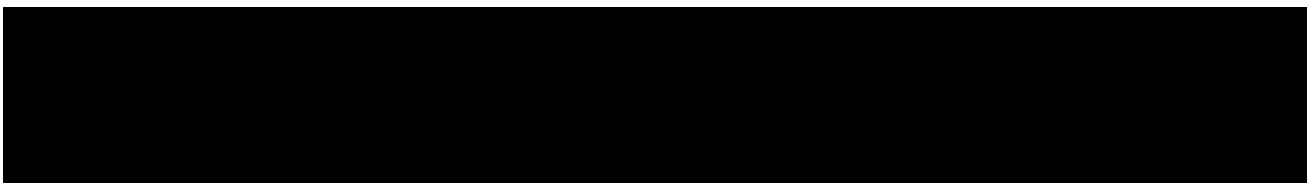


19.3 Aerial Photograph of Facility



See expanded view of Aerial Photograph (identified as "Expanded View of Aerial Photograph - Attachment to Exhibit 19, Section 19.3")

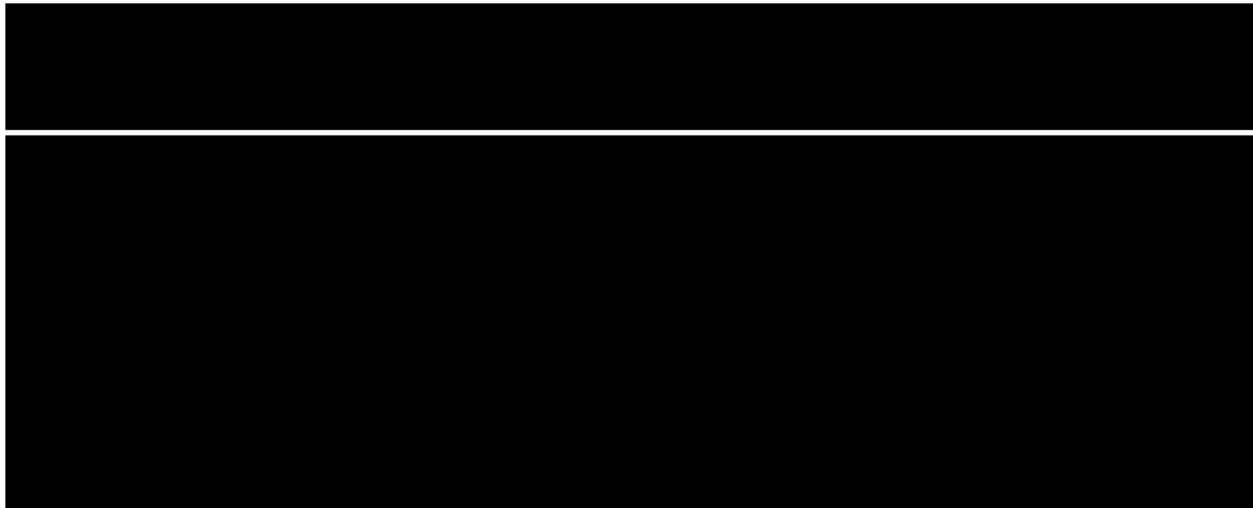
19.4 Proof of Authorization to Occupy Property



See attached lease agreement (identified as “Commercial Lease Agreement – Attachment to Exhibit 19, Section 19.4”).

19.5 – Local Jurisdiction Approvals

The City Council of Troy, Alabama adopted an ordinance approving the operation of cannabis dispensary operations inside its jurisdiction. The City of Troy does not require an additional ordinance for the operation of a Secure Transporter. The applicant has included a certified copy of the zoning ordinance to demonstrate that the local jurisdiction is open to the transport and sale of medical cannabis inside this jurisdiction.

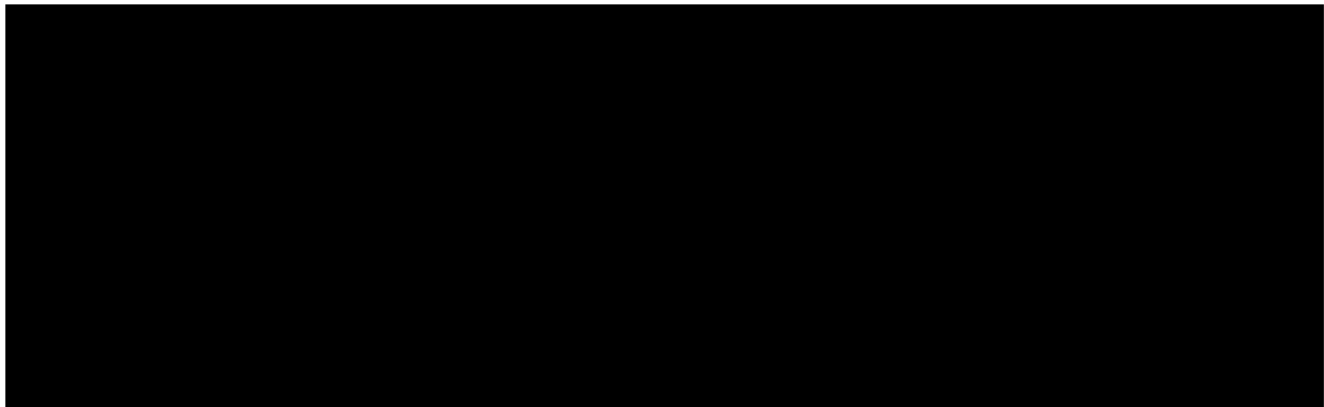


Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 90 days before award of license.

19.6 – Blueprint of Facility

The blueprint for facility identified in 19.1 above is attached and identified as “Blueprint – Tyler Van Lines, LLC Dispatch Facility – Attachment to Exhibit 19, Section 19.6”).

19.7 – Facility Timetable

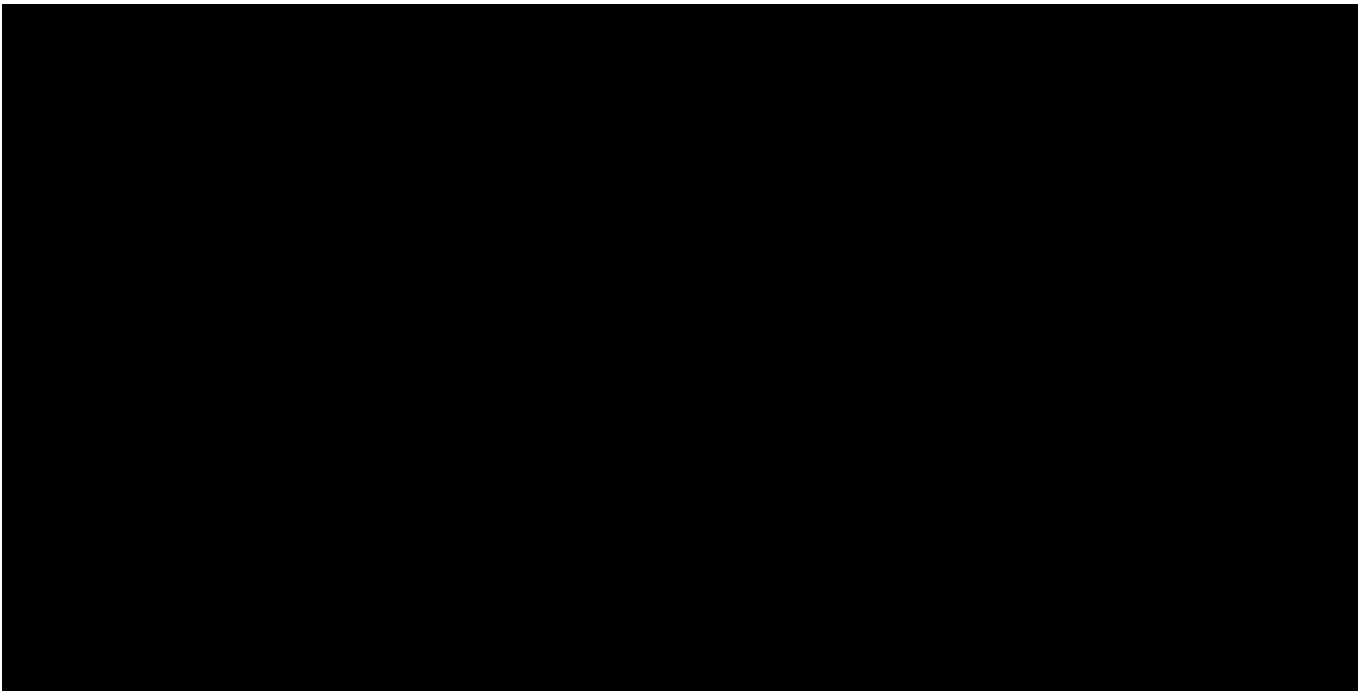


Act and the AMCC Rules, will be complete on or before March 31, 2023. The applicant expects that it will be able to commence operations at this Facility immediately upon licensure by the Commission or within thirty days thereafter.

19.8 - Public Access to Facility

The Tyler Van Lines Dispatch Facility will not be open to the public. Access to this facility will be restricted to lessees, licensees, employees, vendors, law enforcement, registered guests, AMCC representatives and their inspection teams as defined in 538-x-7-.04 of the AMCC Rules.

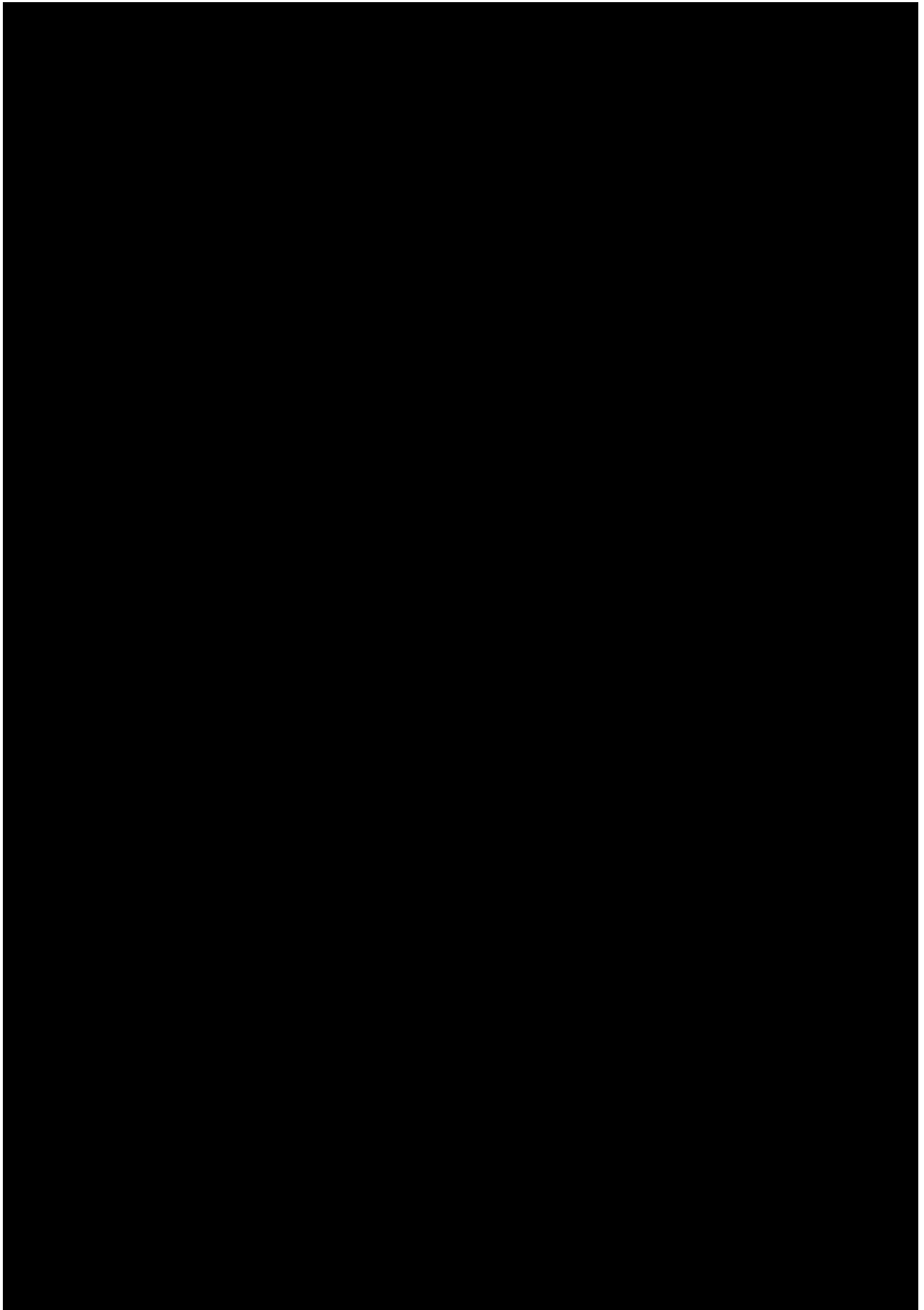
19.9 - Facility Hours of Operation / After Hours Contact

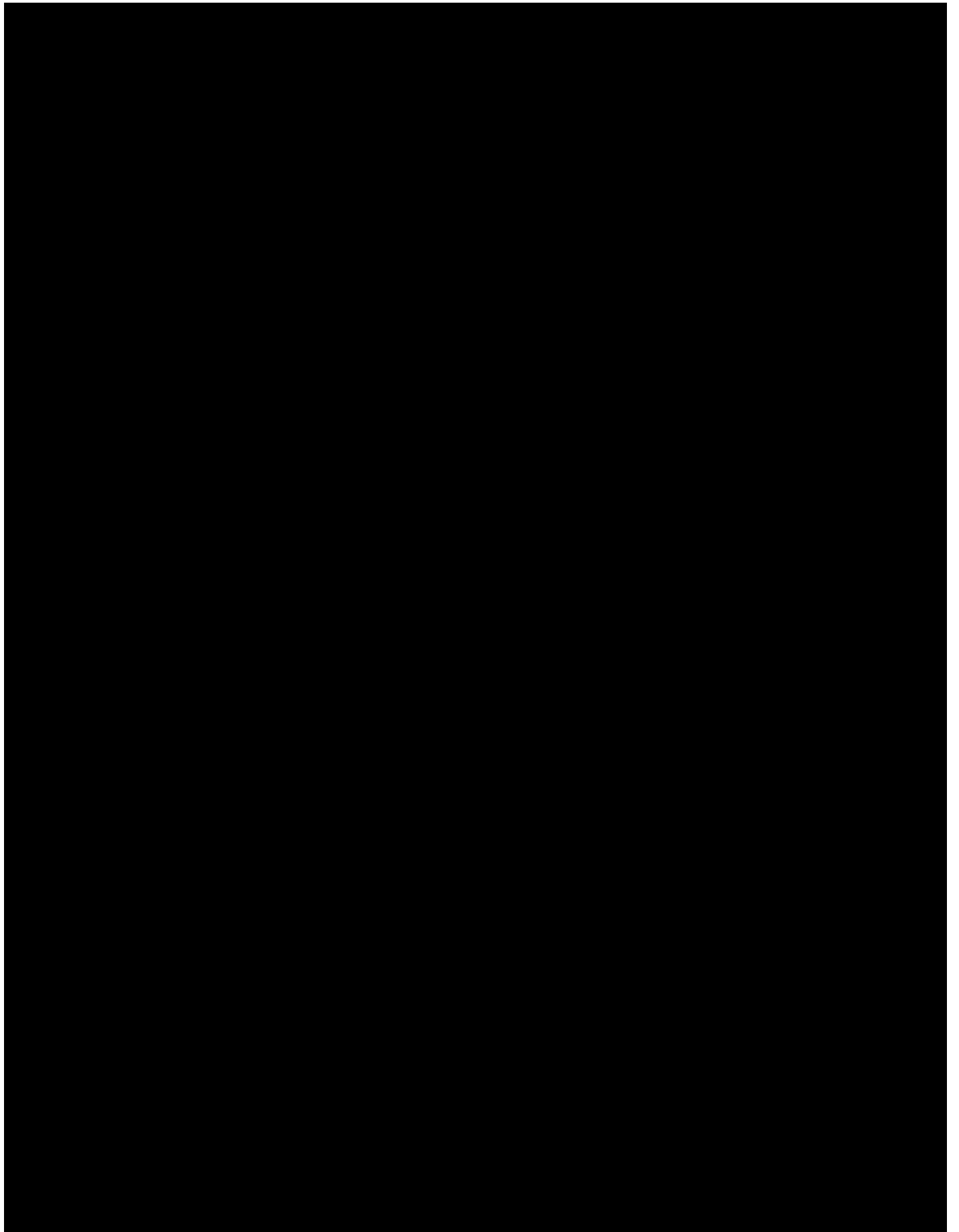


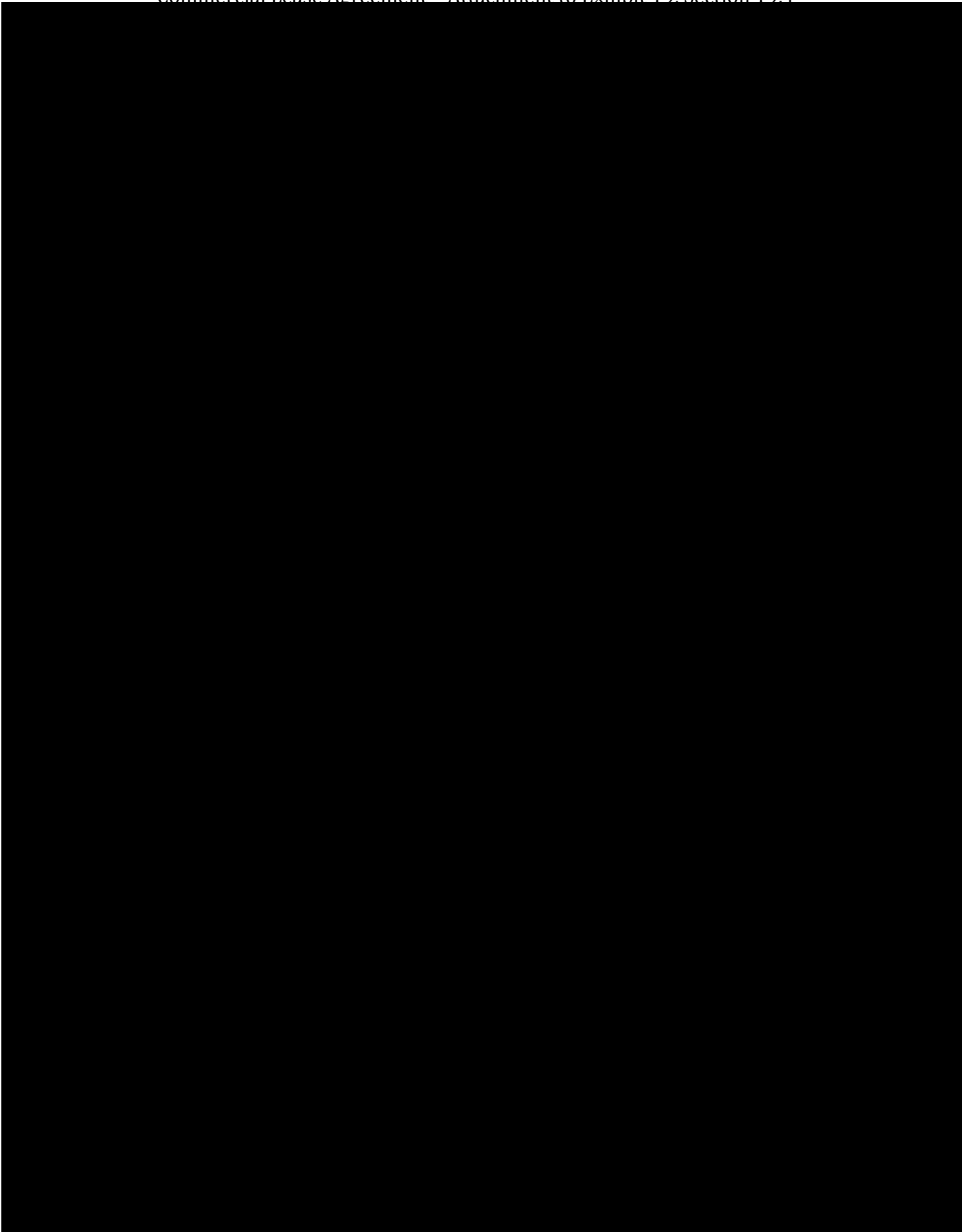
Additional Notes on Exhibit 19:

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 currently. However, as licenses are granted and shipping locations discovered, Applicant may apply to the AMCC, per Rule 538-x-4-.18, for additional facilities in more centralized locations in an effort to reduce costs for licensees and ultimately the end consumers.

Status of Plan or Requirement(s) as of the date of application filing: Completed.







ORDINANCE 435

**AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSARIES
WITHIN THE CORPORATE LIMITS OF THE CITY OF TROY**

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

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

WHEREAS, a dispensary may only be operated in a municipality if the municipality has passed an ordinance 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 Troy; and

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

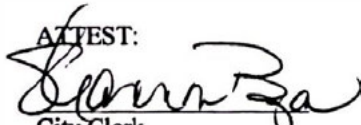
WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Troy, thus increasing revenue.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TROY, ALABAMA, that it authorizes the operation of dispensing sites within the corporate limits of the City of Troy, subject to any applicable zoning restrictions the City of Troy may adopt pursuant to §20-2A-51(c)(3).

ADOPTED and APPROVED this 13th day of December, 2022.

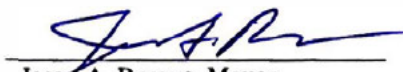


Presiding Officer

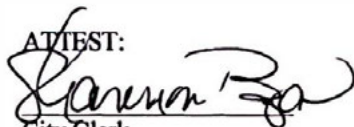
ATTEST:


City Clerk

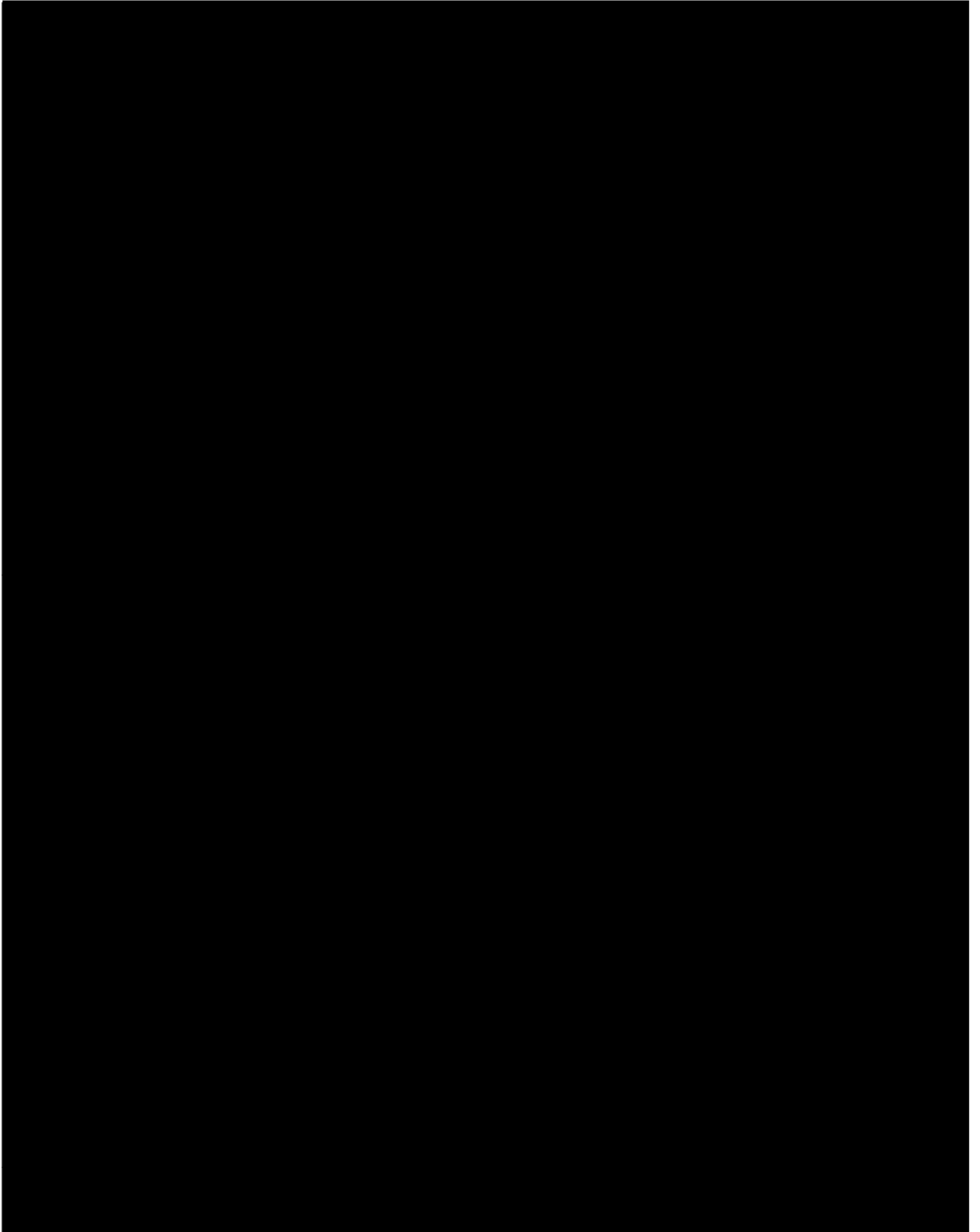
APPROVED this the 13th day of December, 2022.

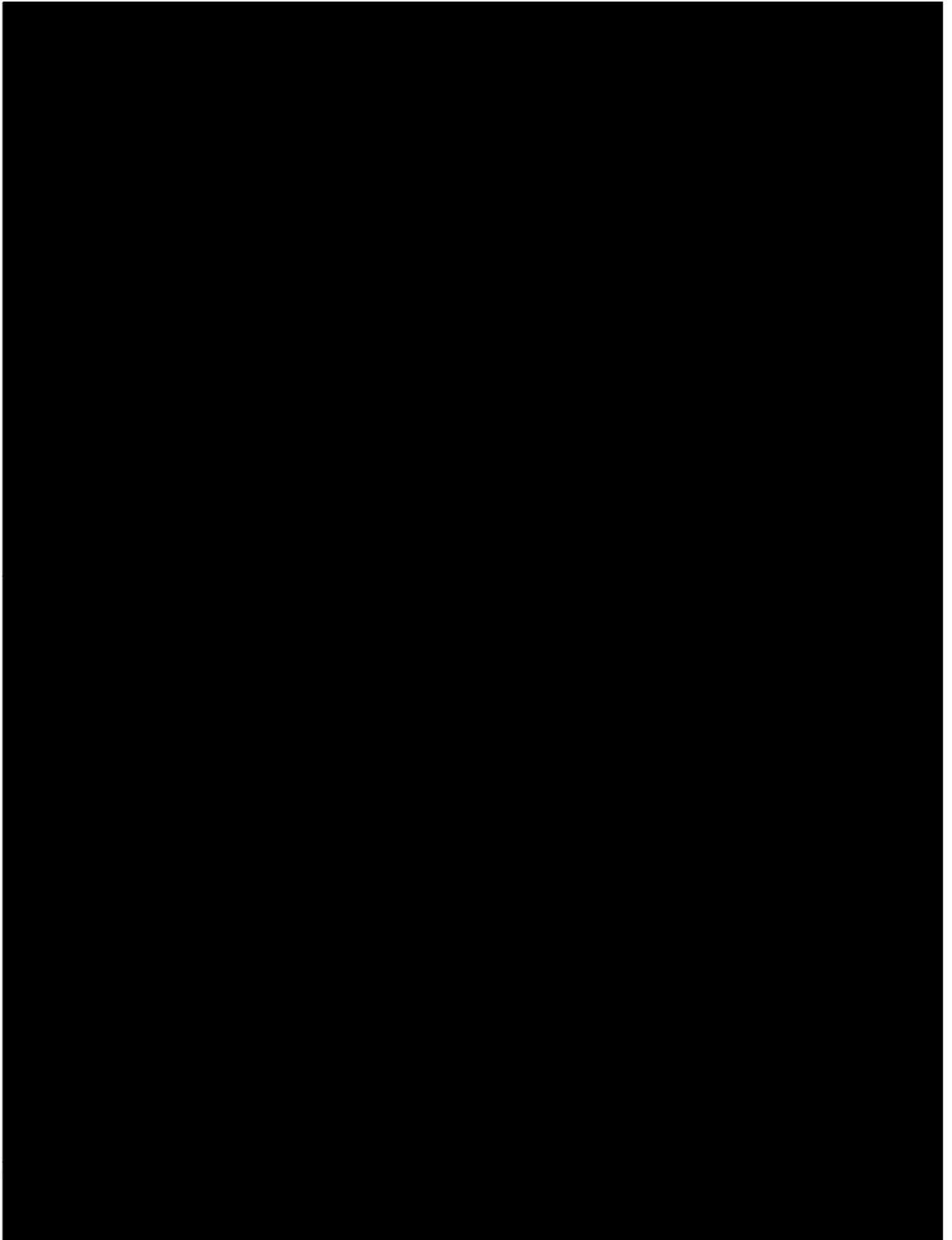


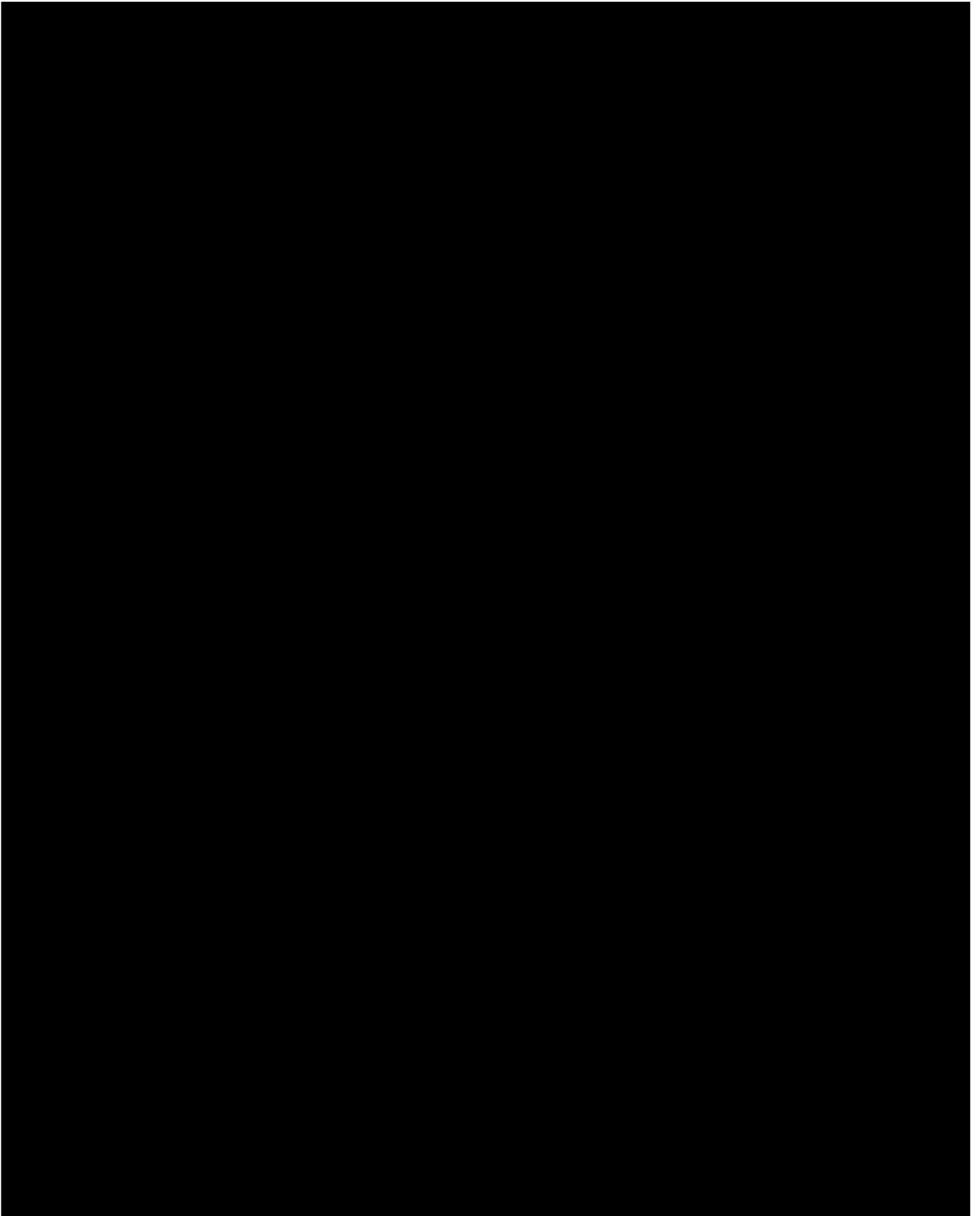
Jason A. Reeves, Mayor

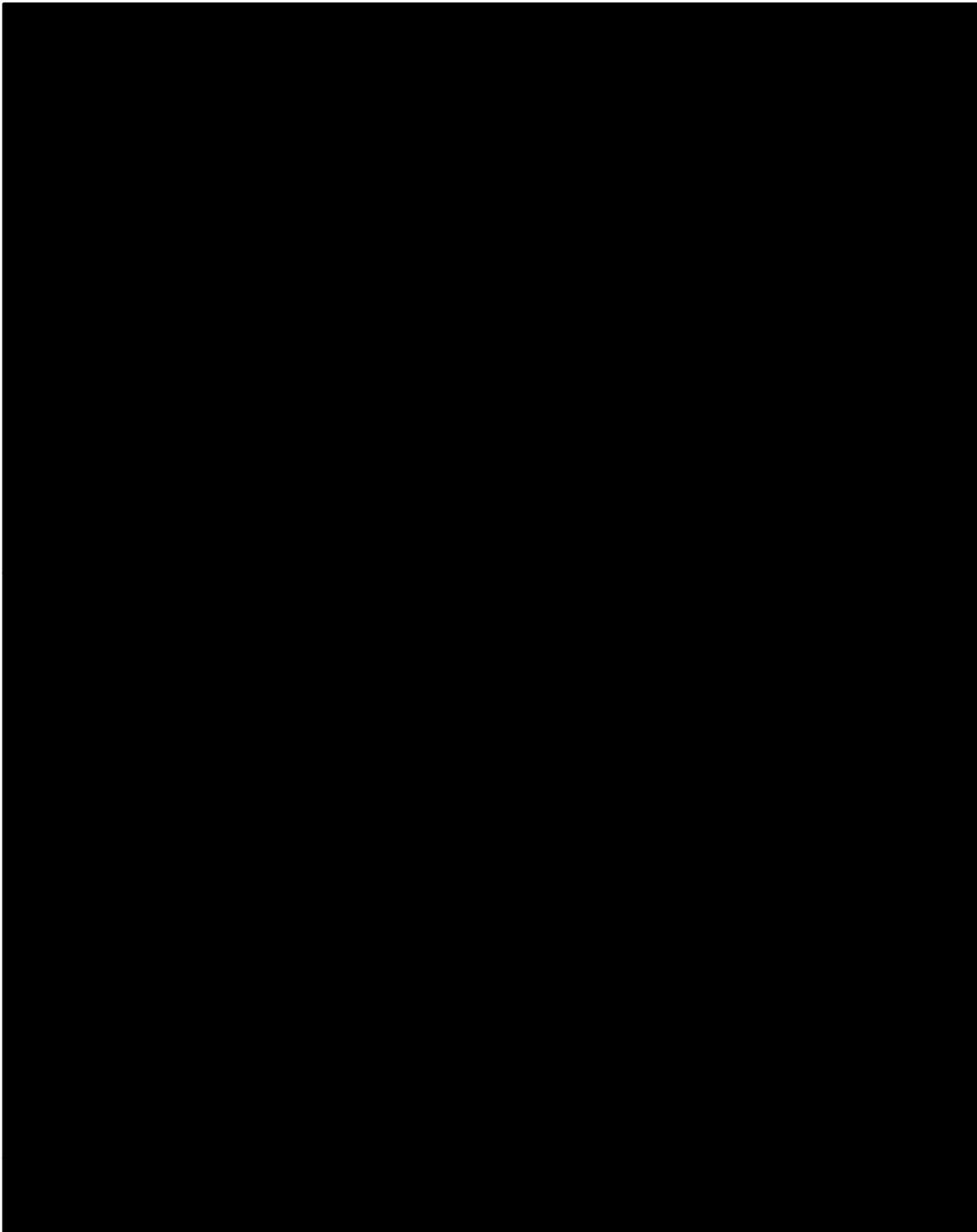
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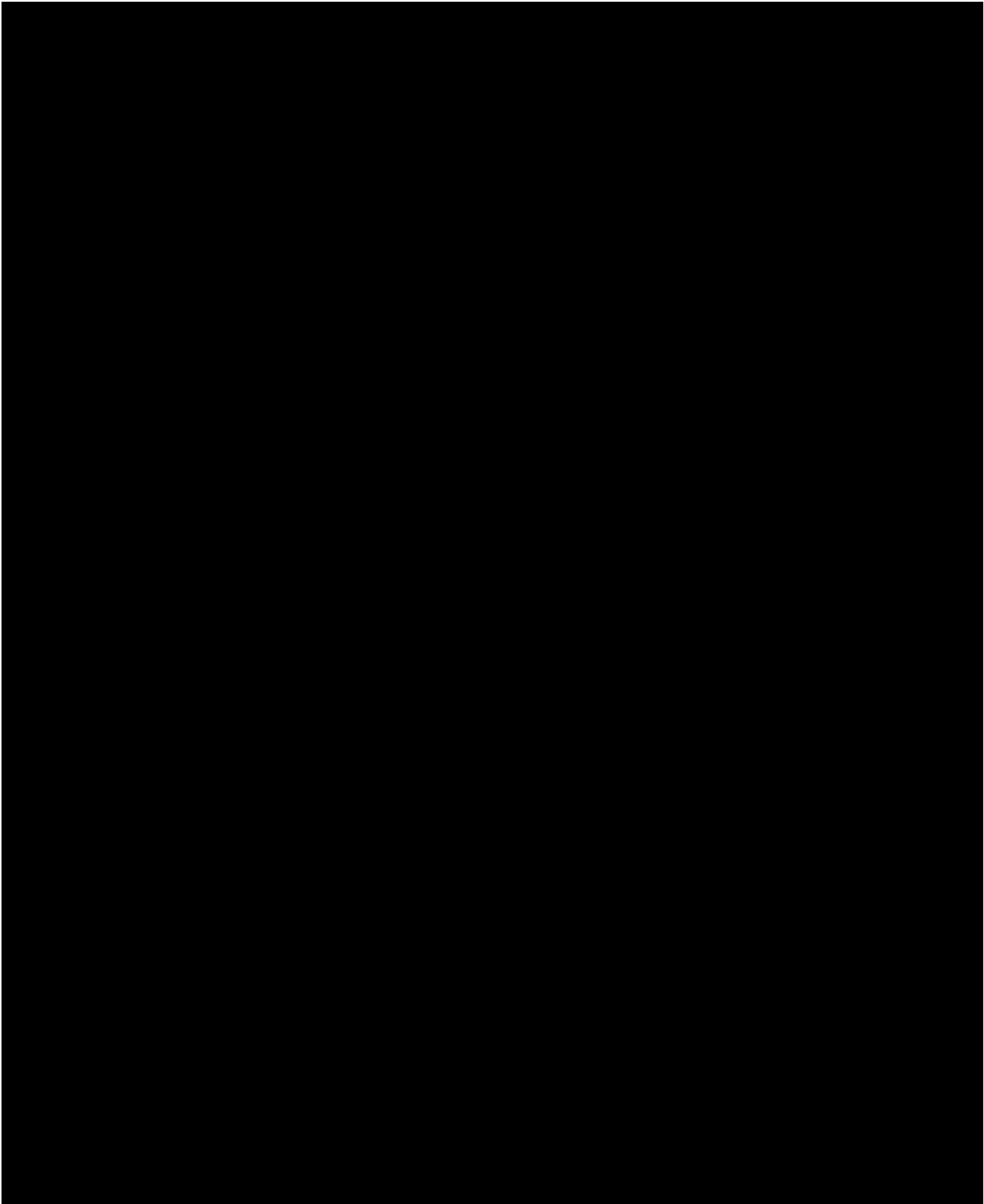
City Clerk

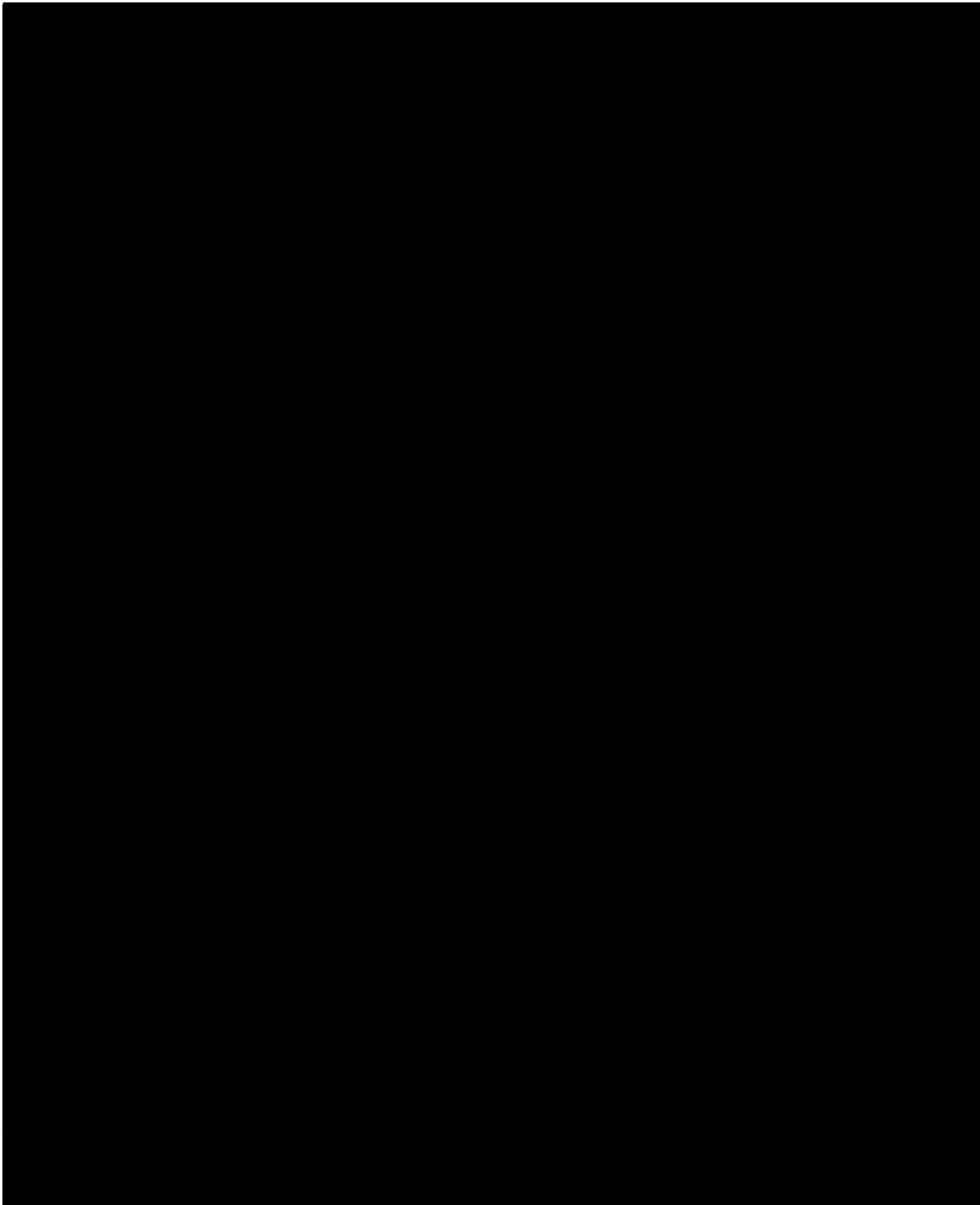


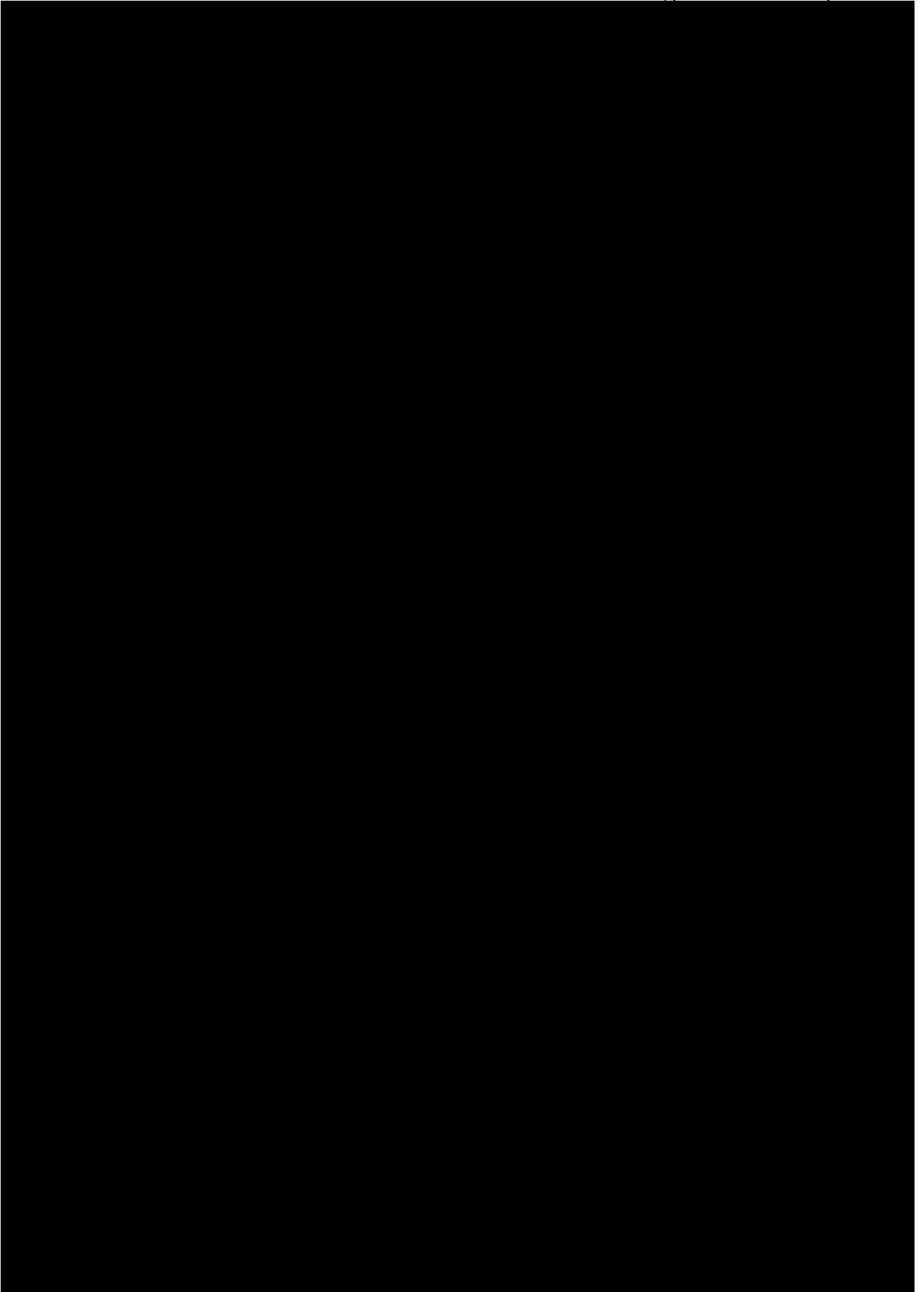












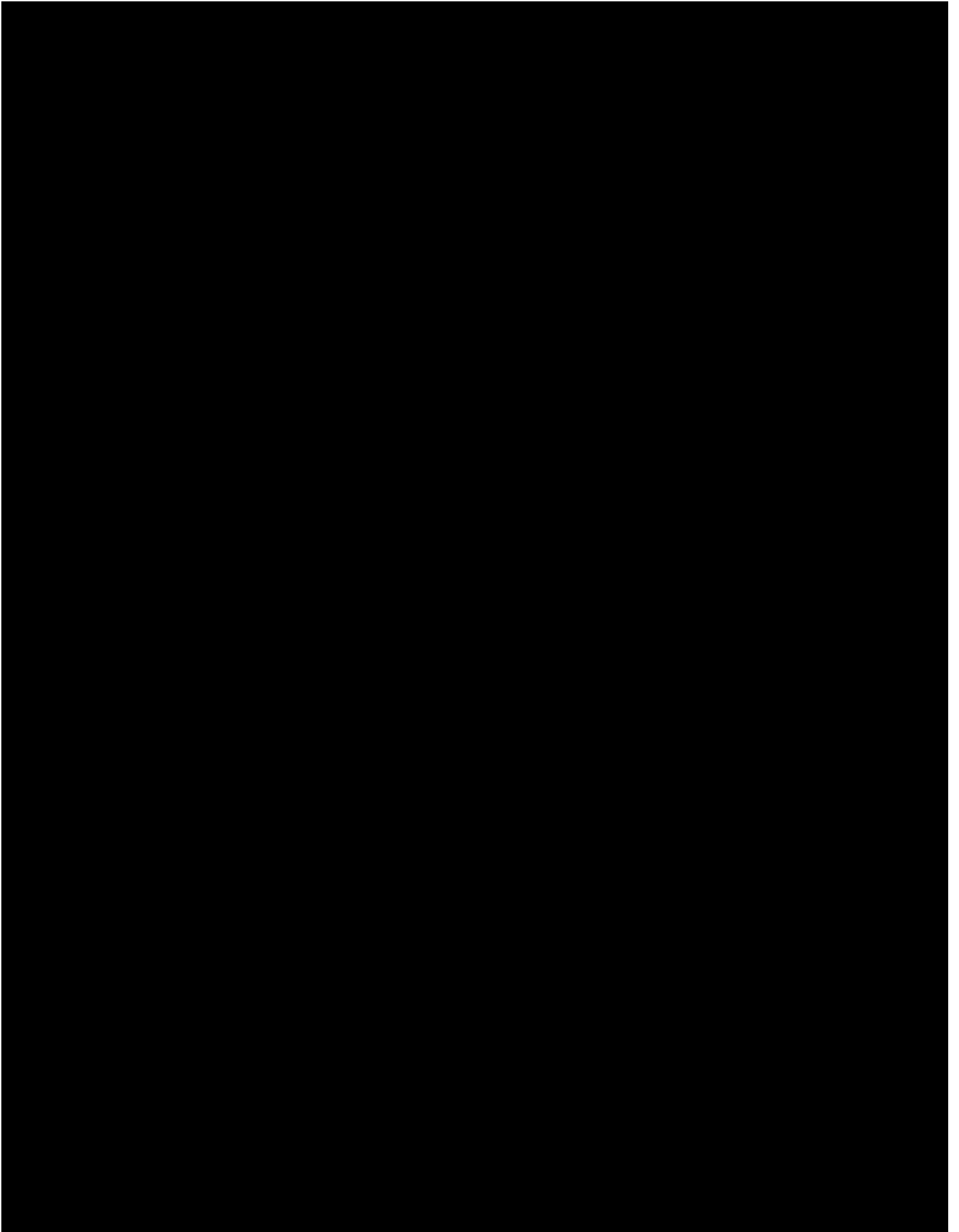


Exhibit 20

REDACTED COPY

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Exhibit 20 – 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

Responsible Party

Title of Verifying Individual

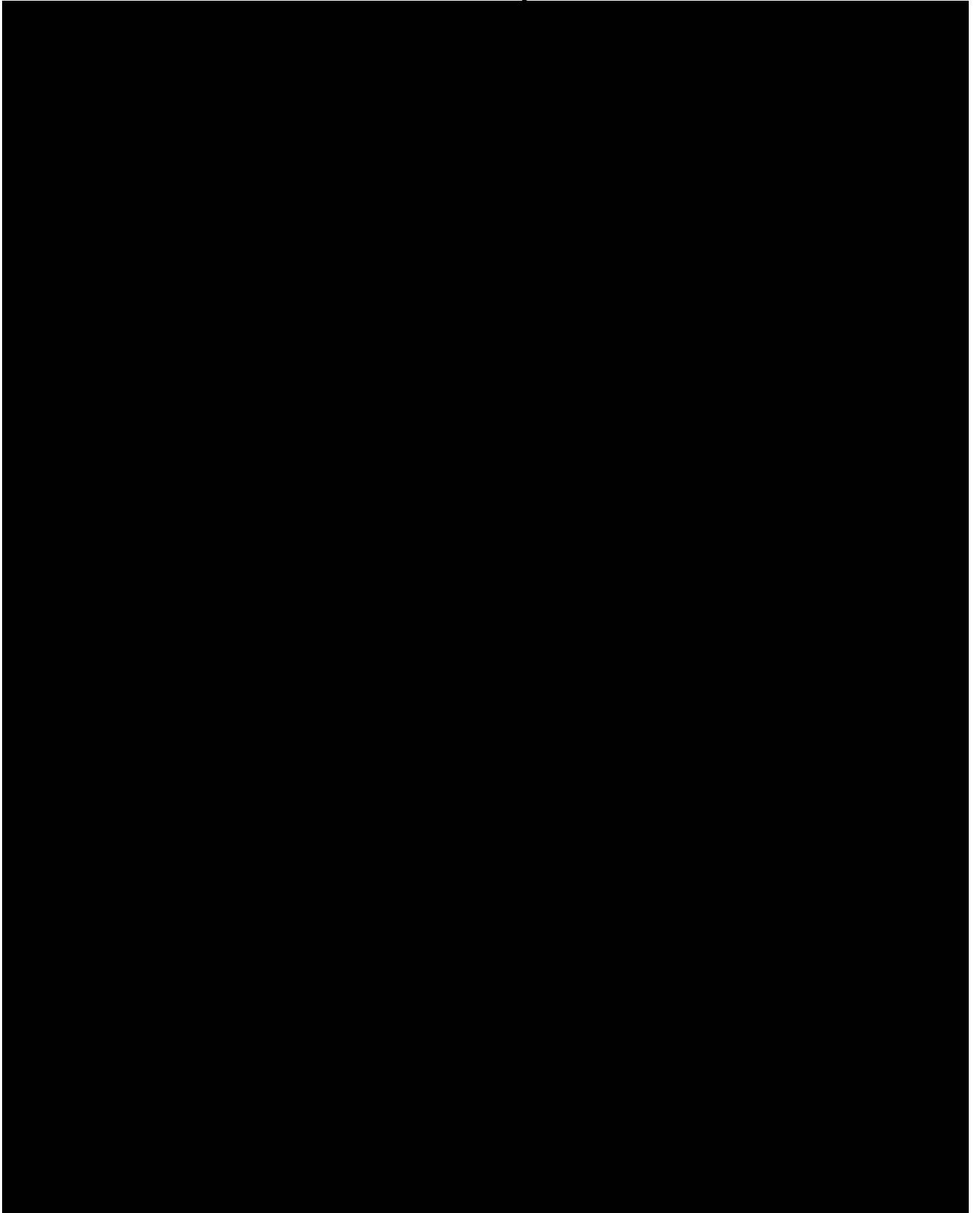


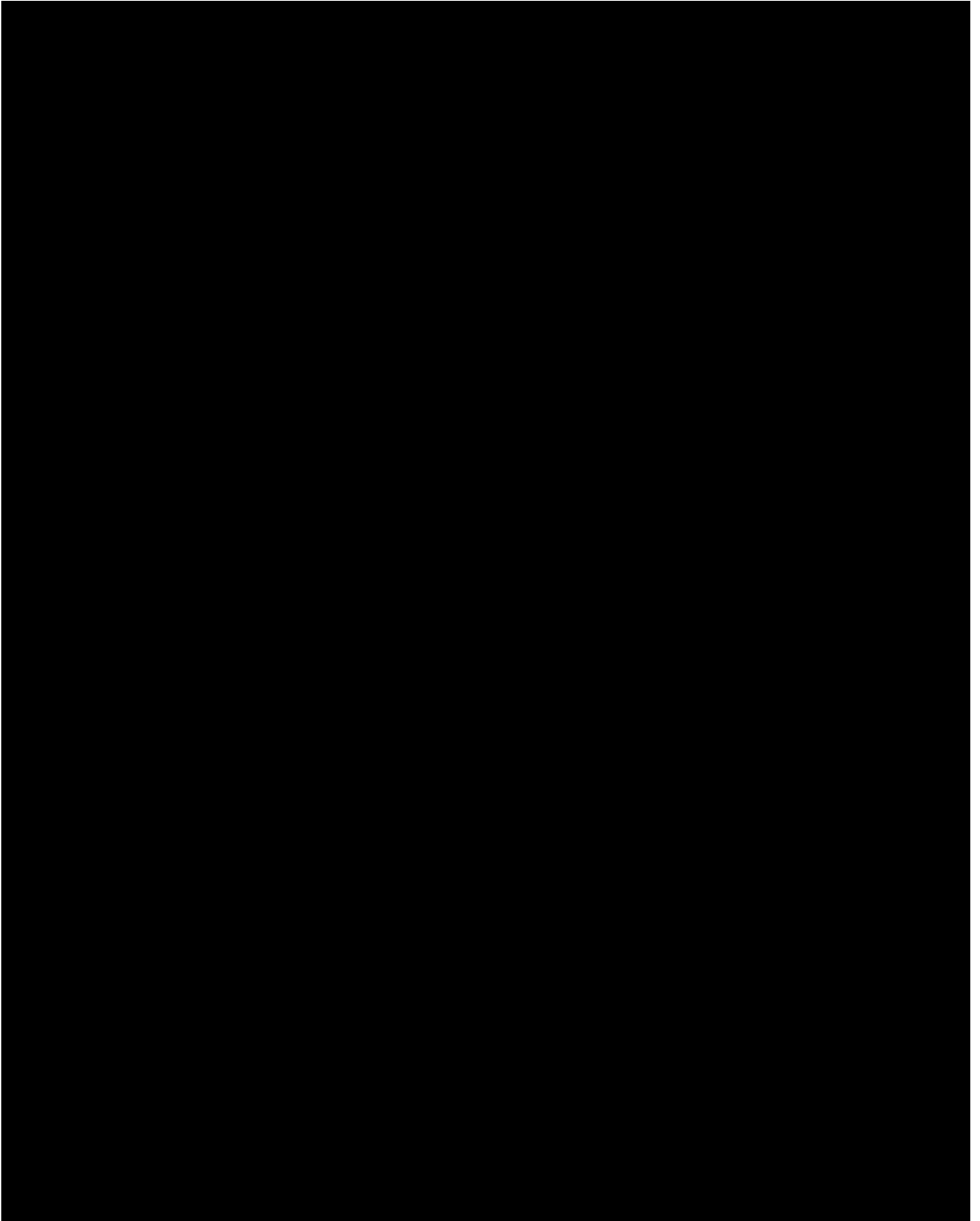
Signature of Verifying Individual

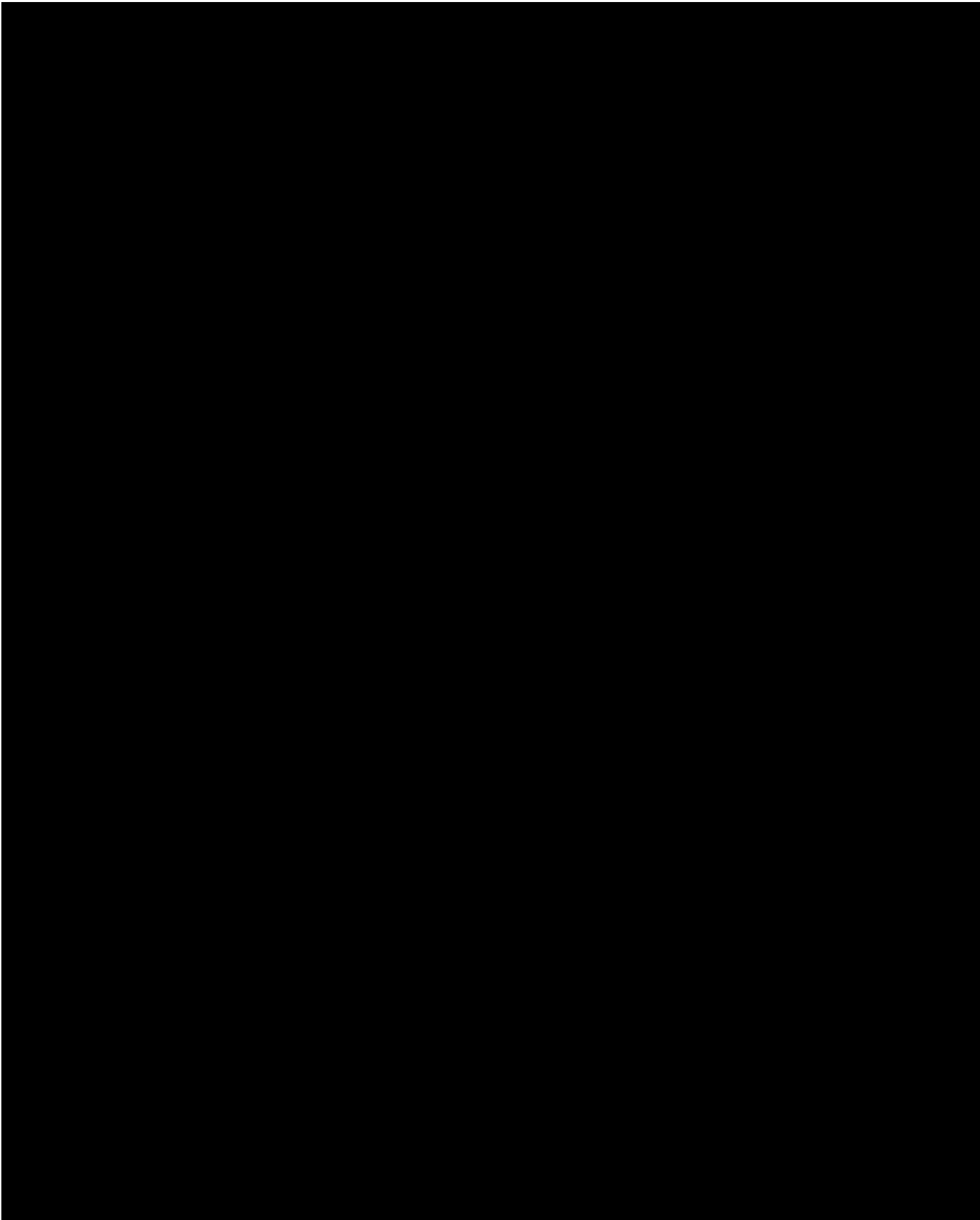
12/30/2022

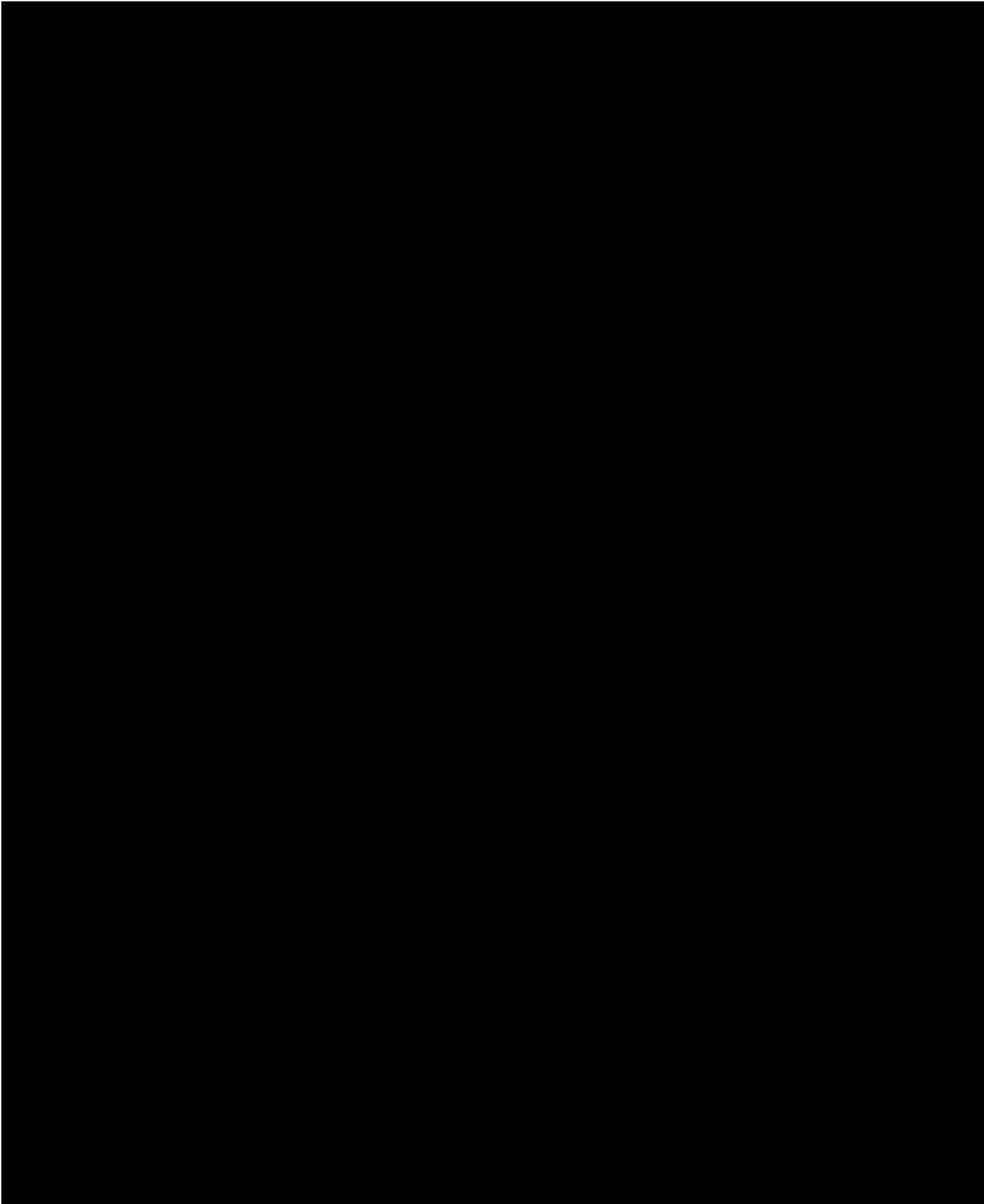
Verification Date

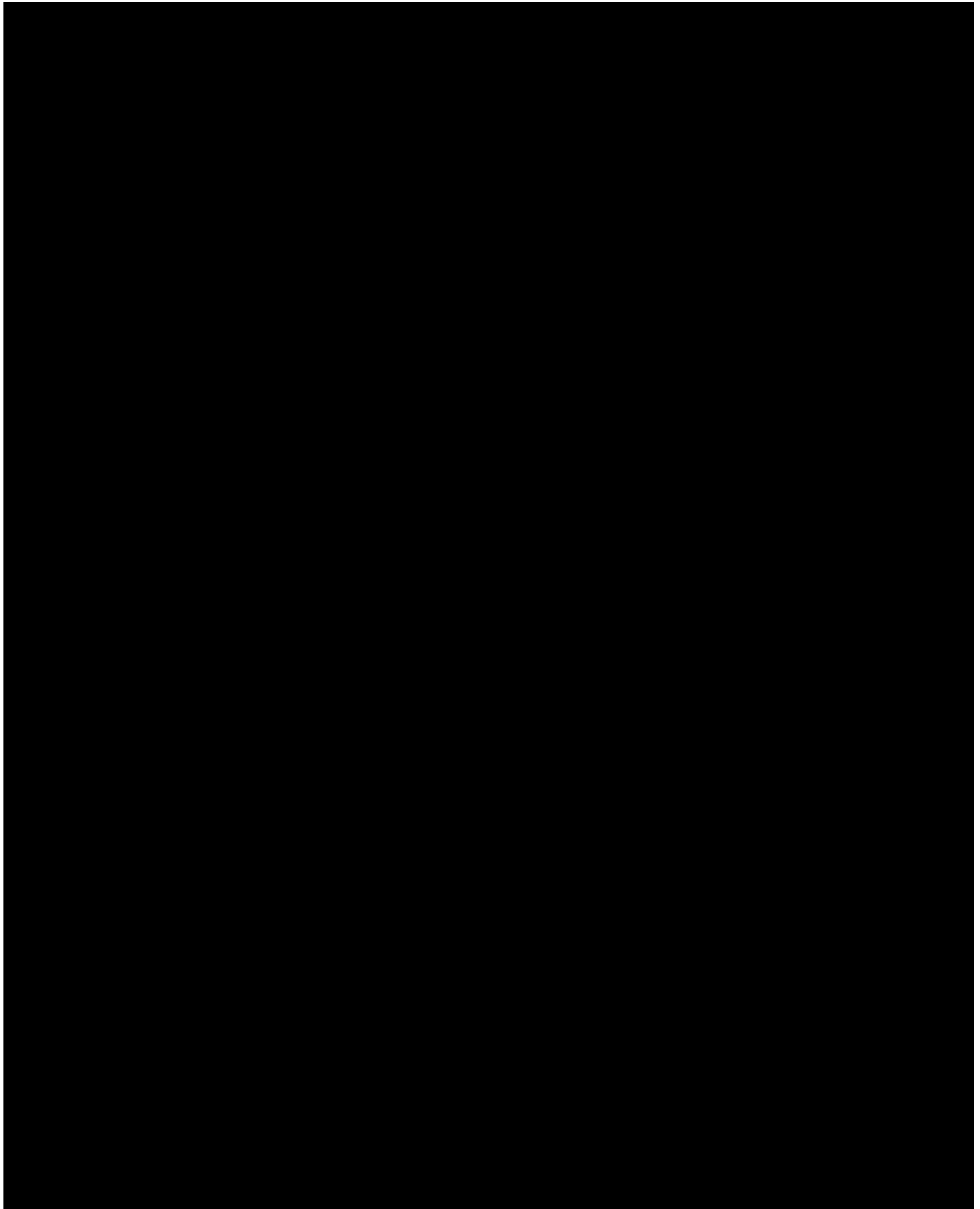
Exhibit 20 - Security Plan

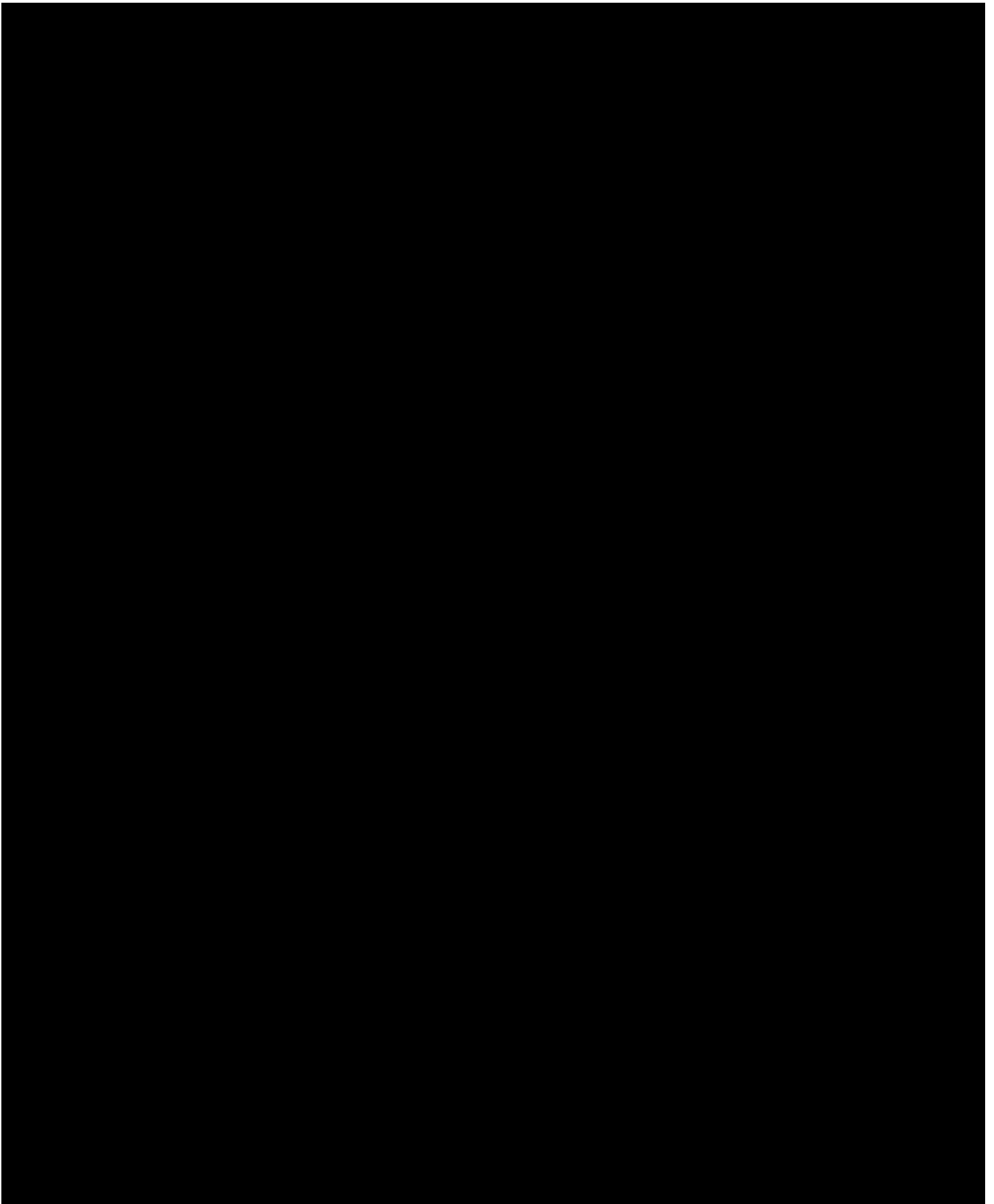


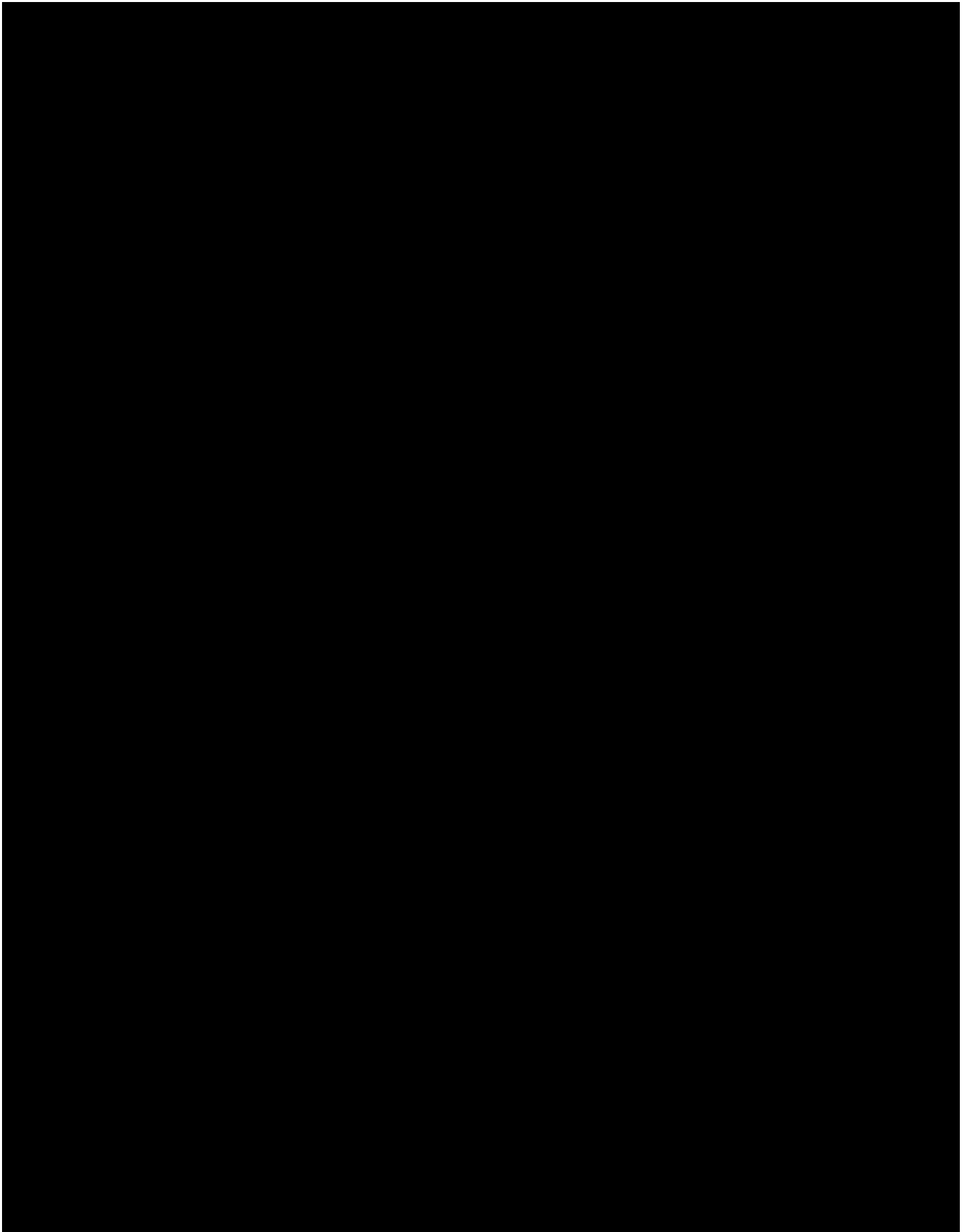


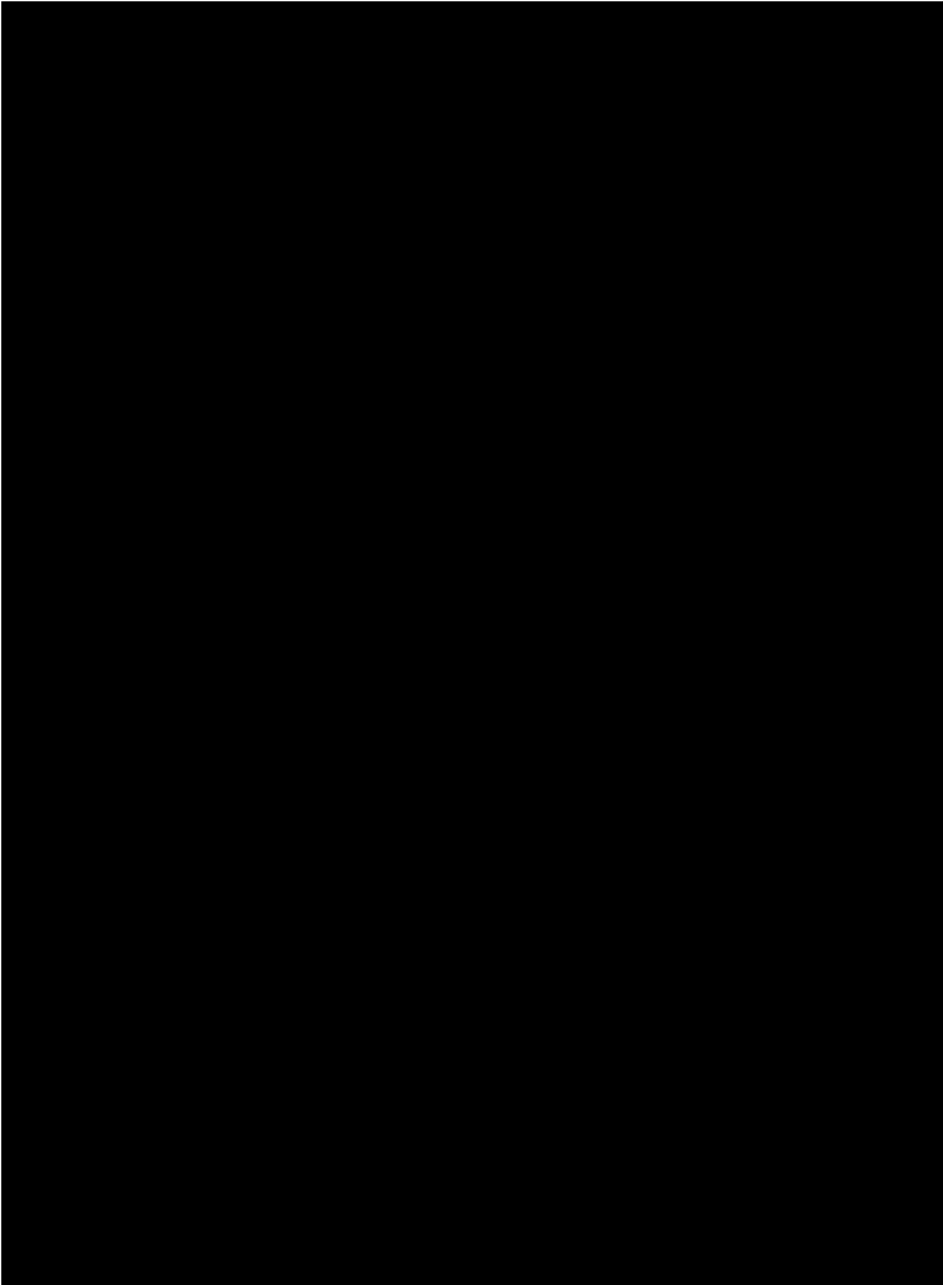


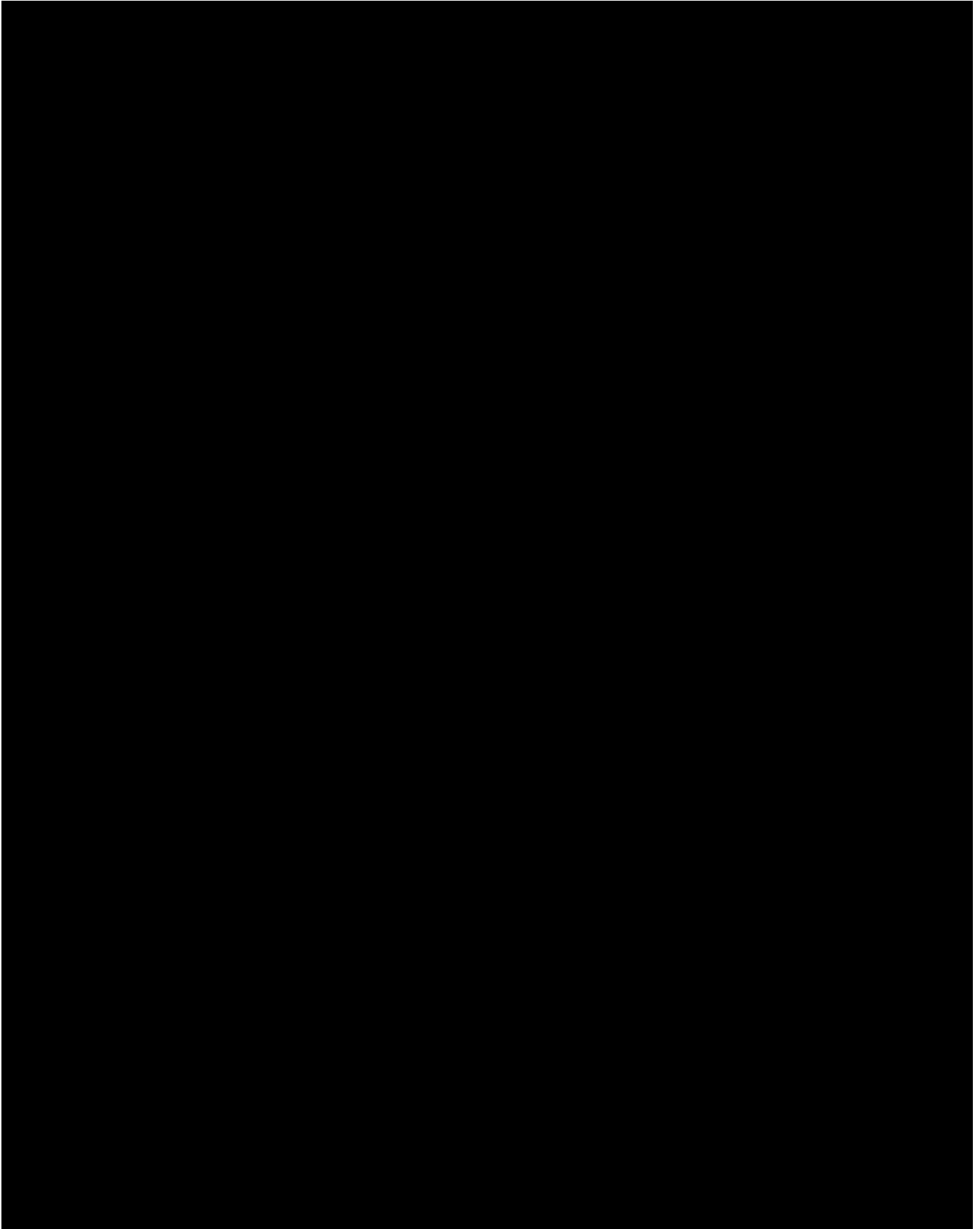


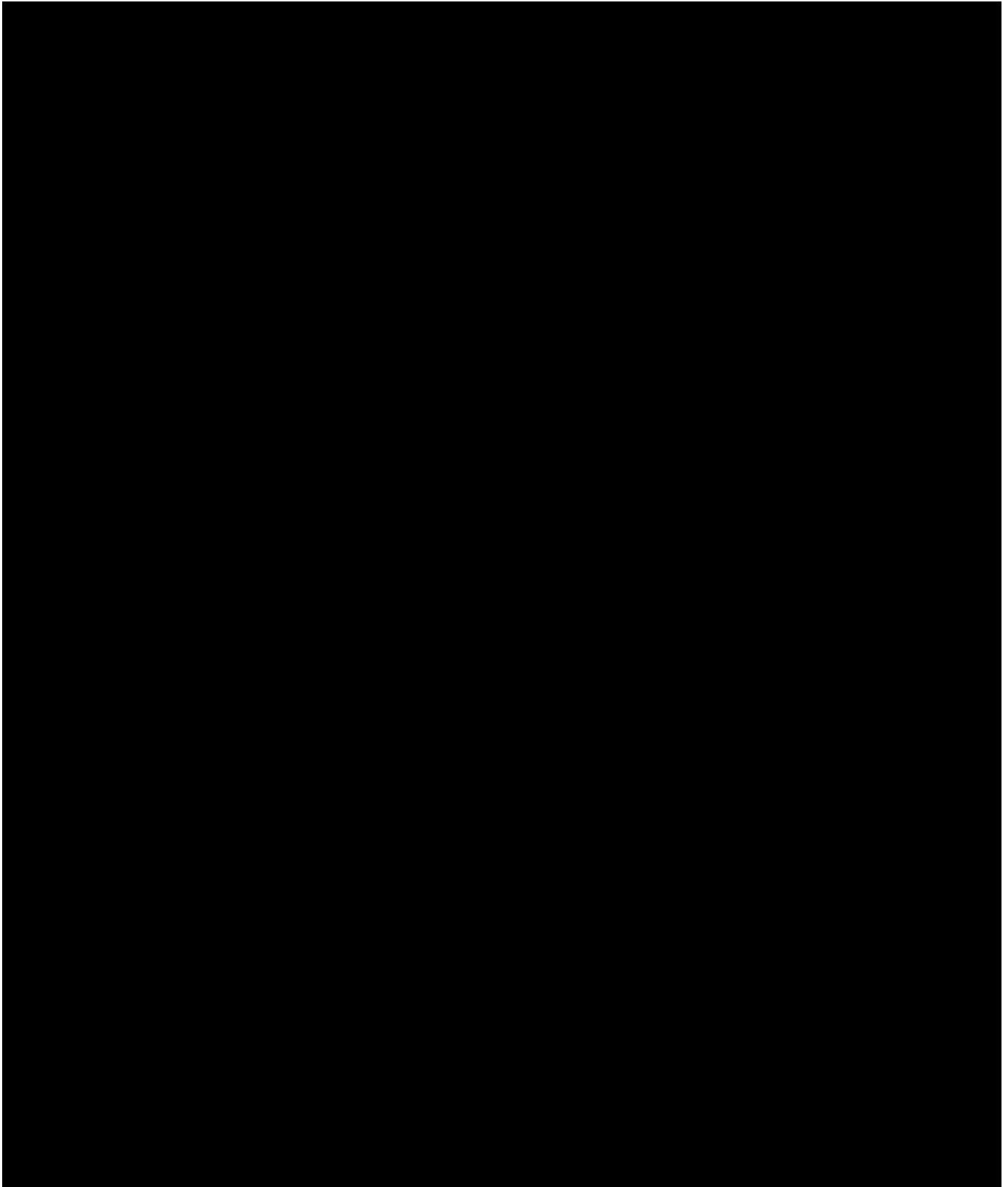




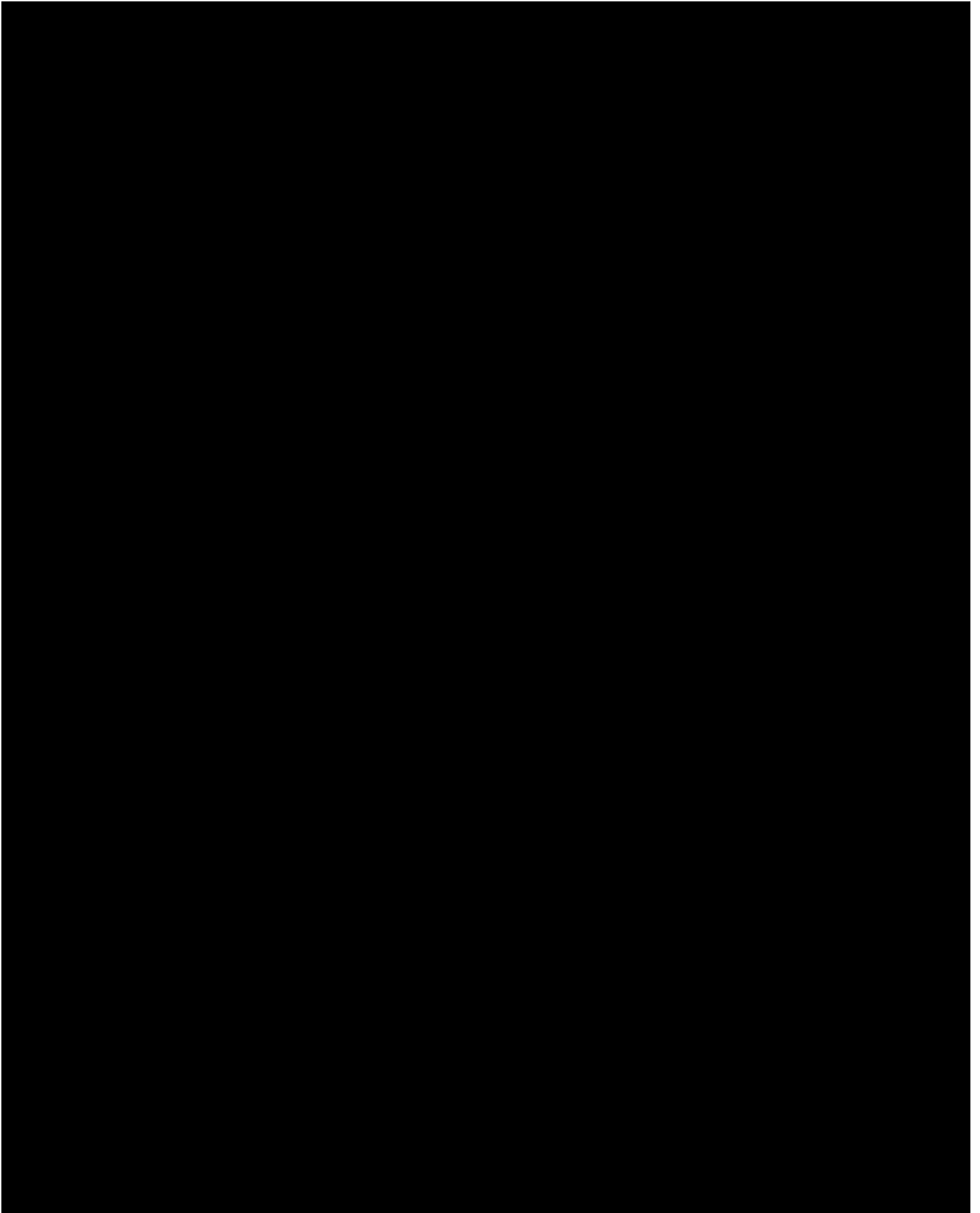


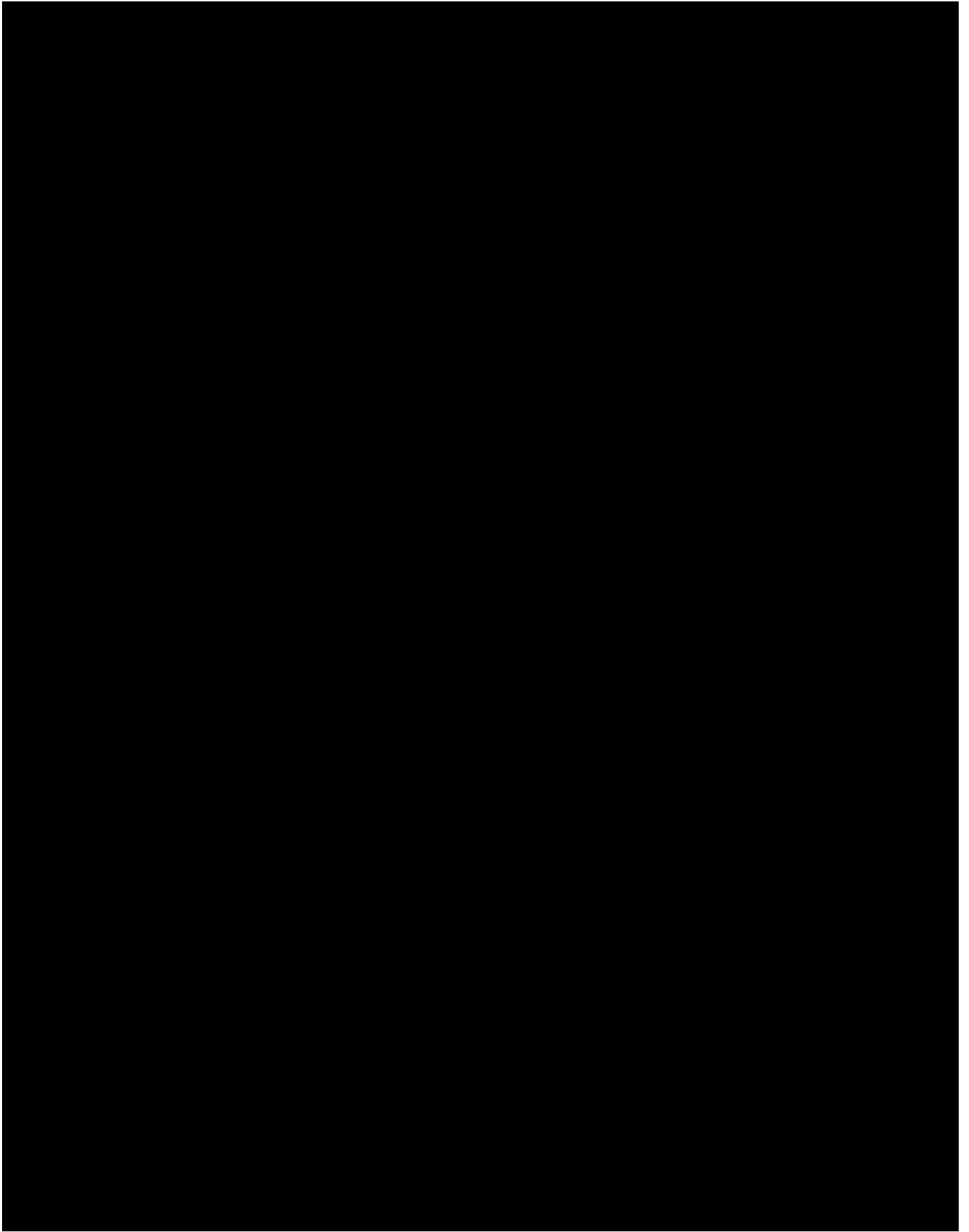






20.23 Training of Secure Procedure for Inspection by Law Enforcement





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.

Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 30 days after award of license.

Exhibit 21

REDACTED COPY

The redacted portions of Exhibit 21 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, phone numbers, addresses, social security numbers, and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 21 - 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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

FORM G: PERSONNEL ROSTER & VERIFICATION

Tyler Van Lines, LLC

Business License Applicant Name

Secure Transporter

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.

			Leader
			Title/Position
			
			Email
Troy	AL	36079	
City	State	Zip	

			Leader
			Title/Position
			
		36305	
City	State	Zip	

			Leader
			Title/Position
			
			Email
Geneva	AL	36340	
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

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

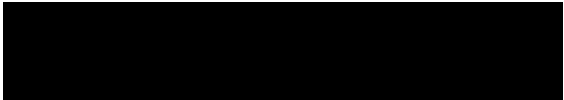
City

State

Zip

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.


Printed Name of Verifying Individual


Signature of Verifying Individual

Contact Person

Title of Verifying Individual

12/29/2022

Verification Date

Exhibit 22

REDACTED COPY

The redacted portions of Exhibit 22 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

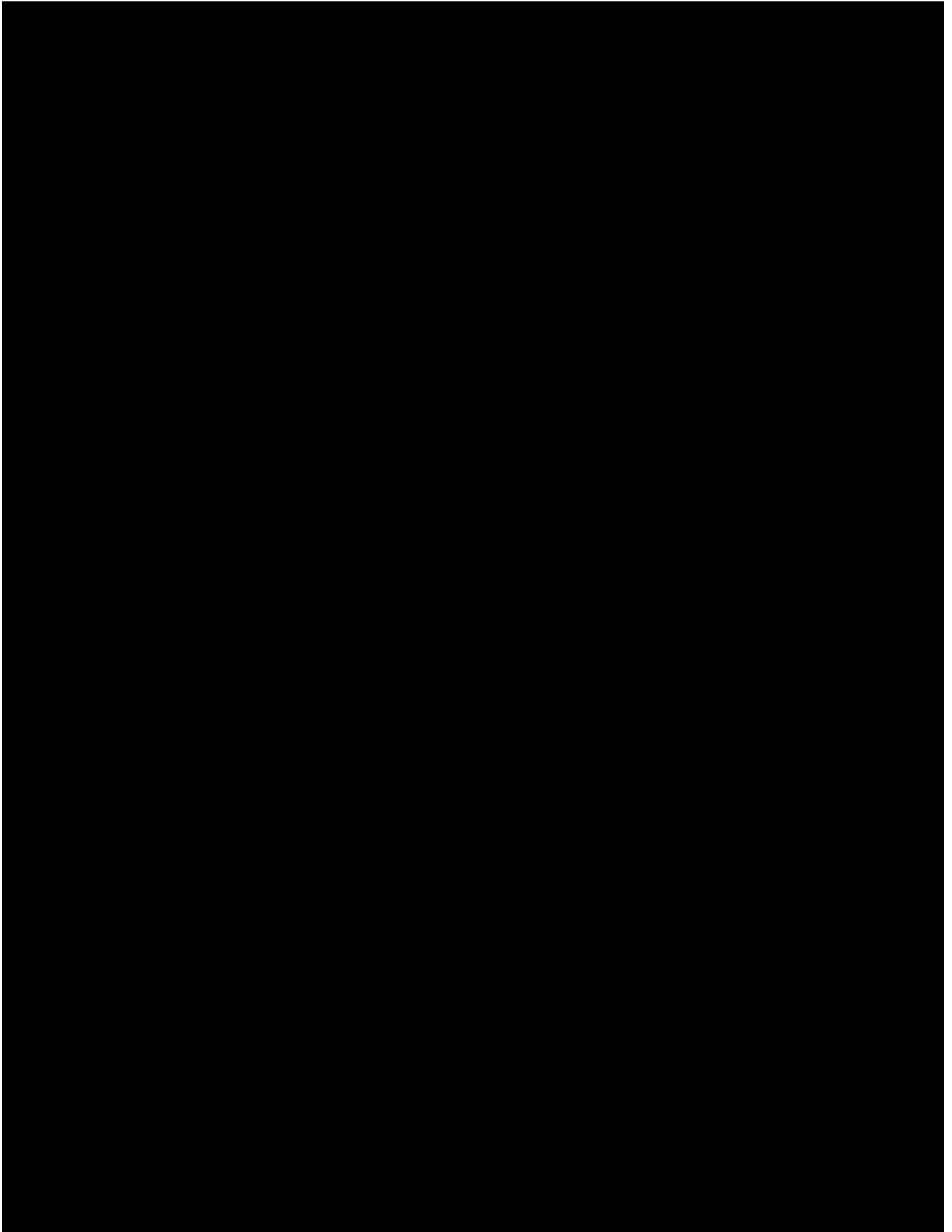
Applicant has attached its proposed employee handbook (identified as “Handbook - Attachment to Exhibit 22”).

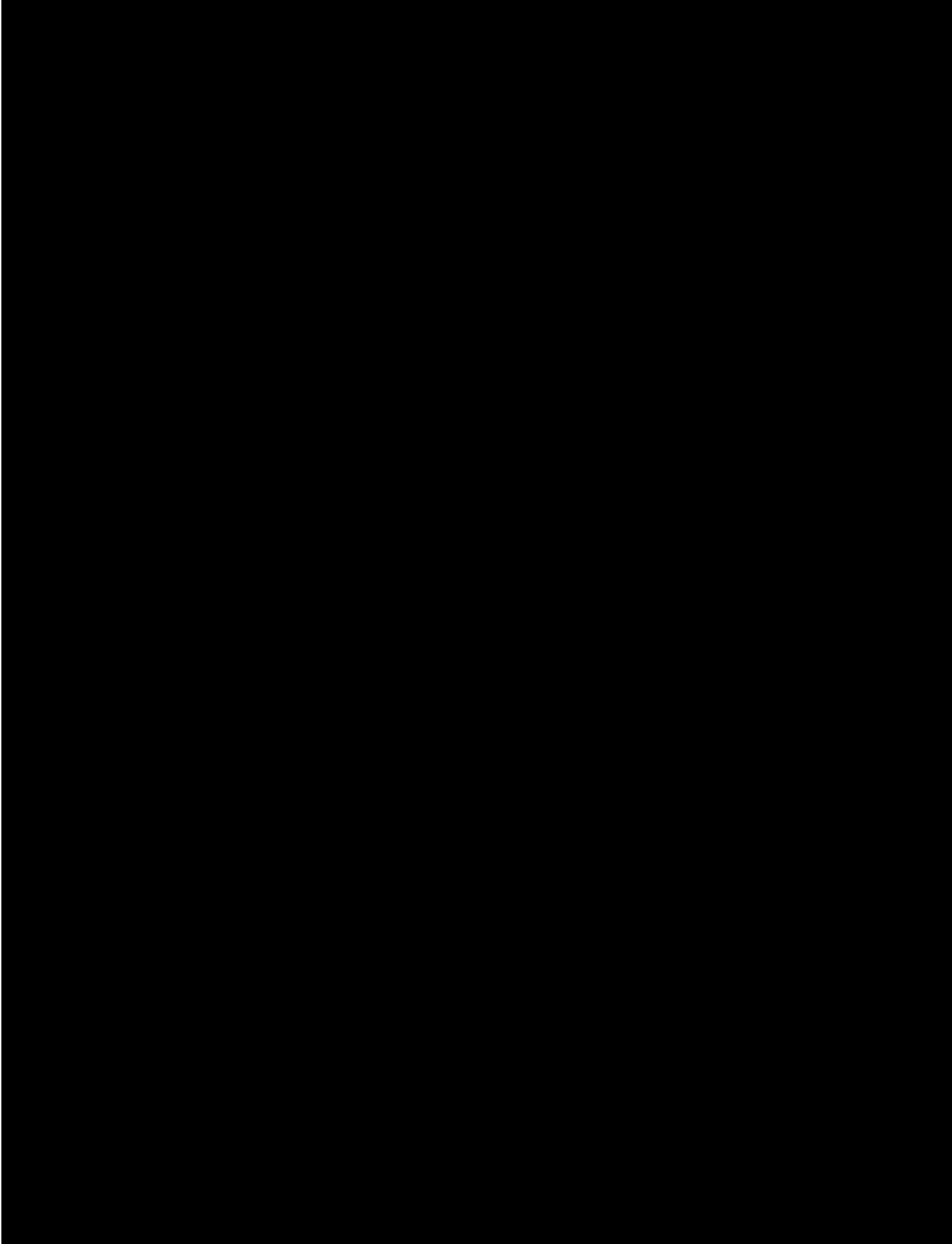
This document will be adapted as needed to comply with the Darren Wesley ‘Ato’ Hall Compassion Act and all other rules and regulations of the AMCC, ALEA, OSHA, APSC, EEOC and any other body governing the fair treatment of employees and the providing of a safe and healthy work environment.

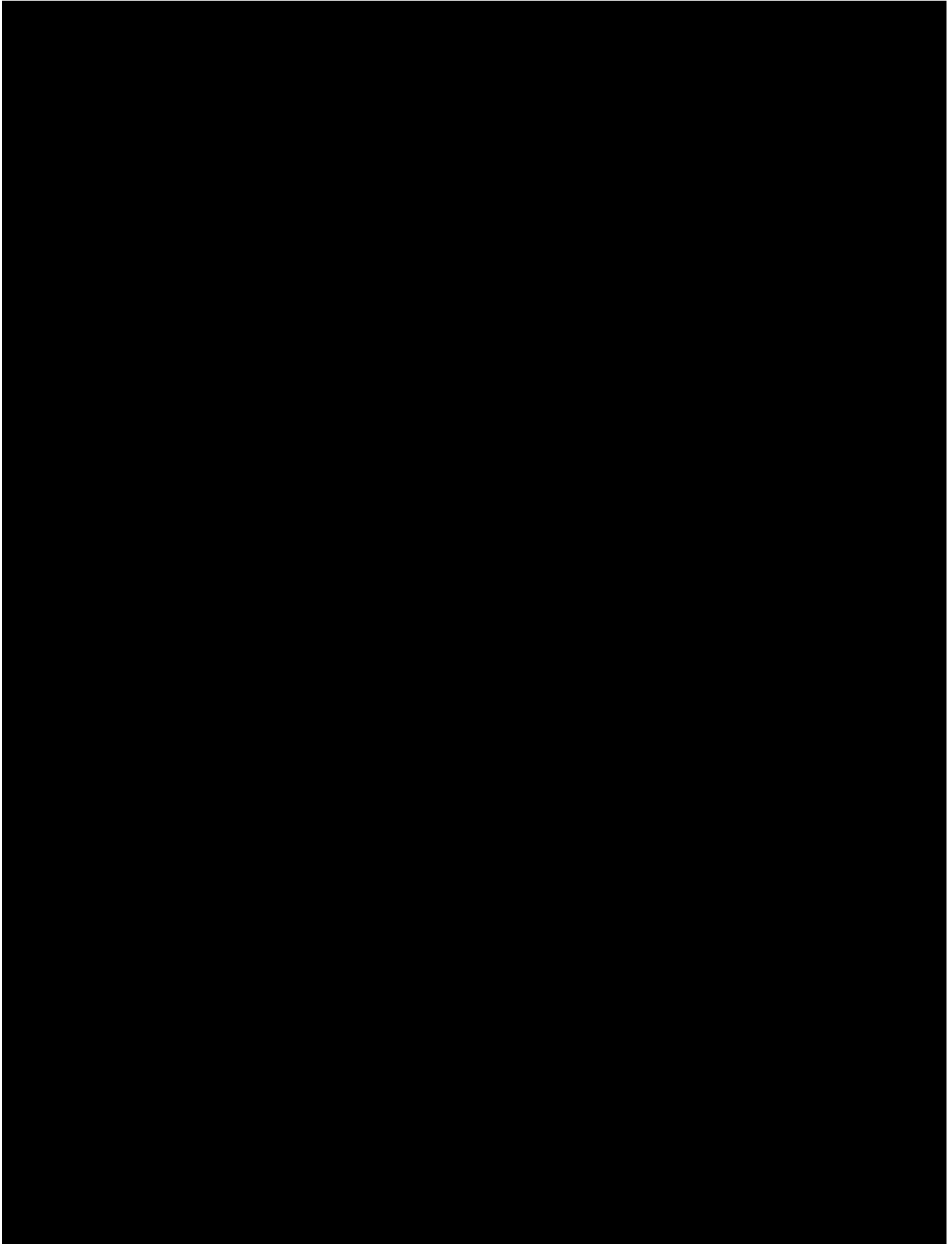
Additional Notes on Exhibit 22:

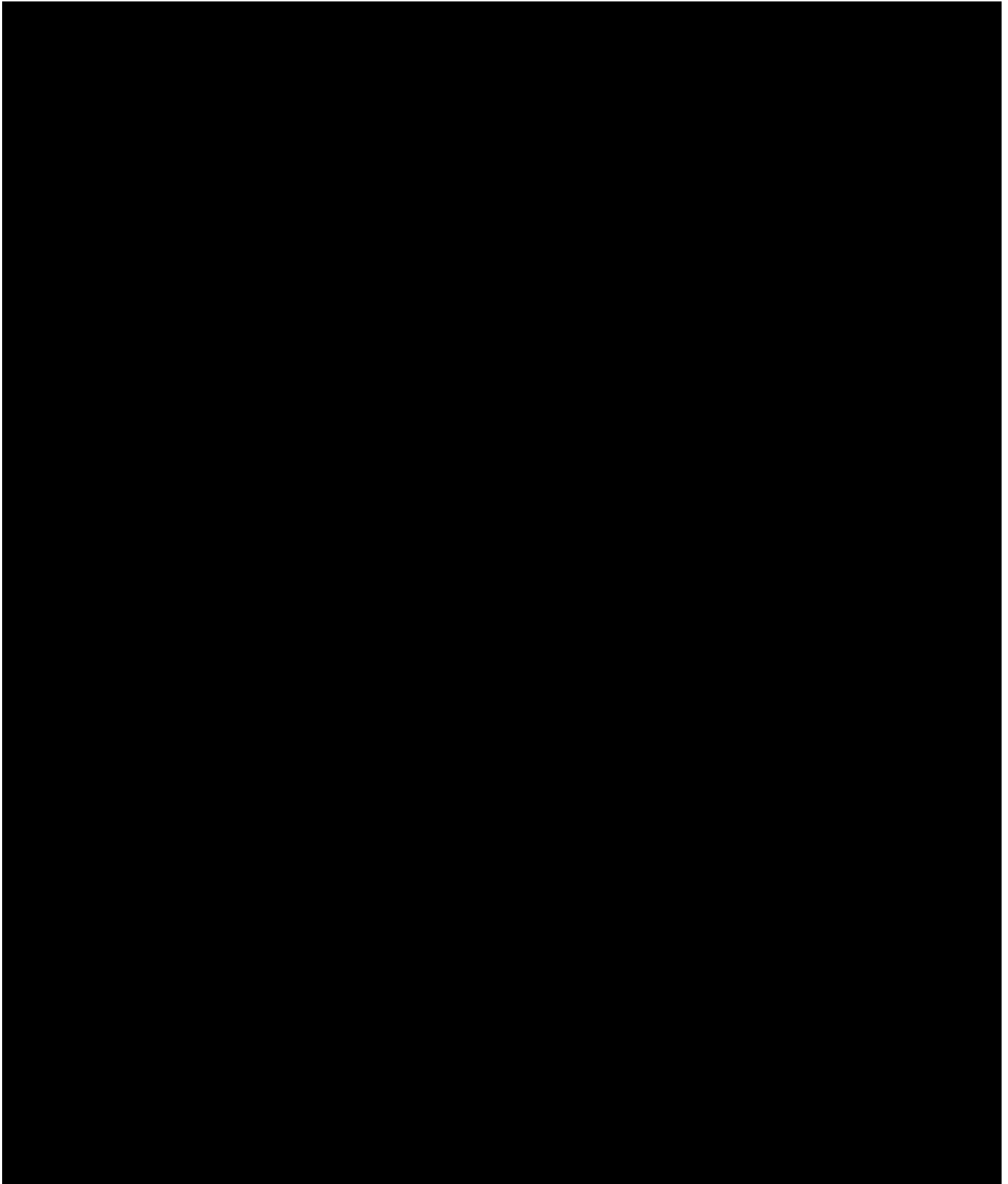
The information contained in this exhibit is based on the best available knowledge to the applicant at the time of submission. The applicant will update or amend any information in this exhibit that may change.

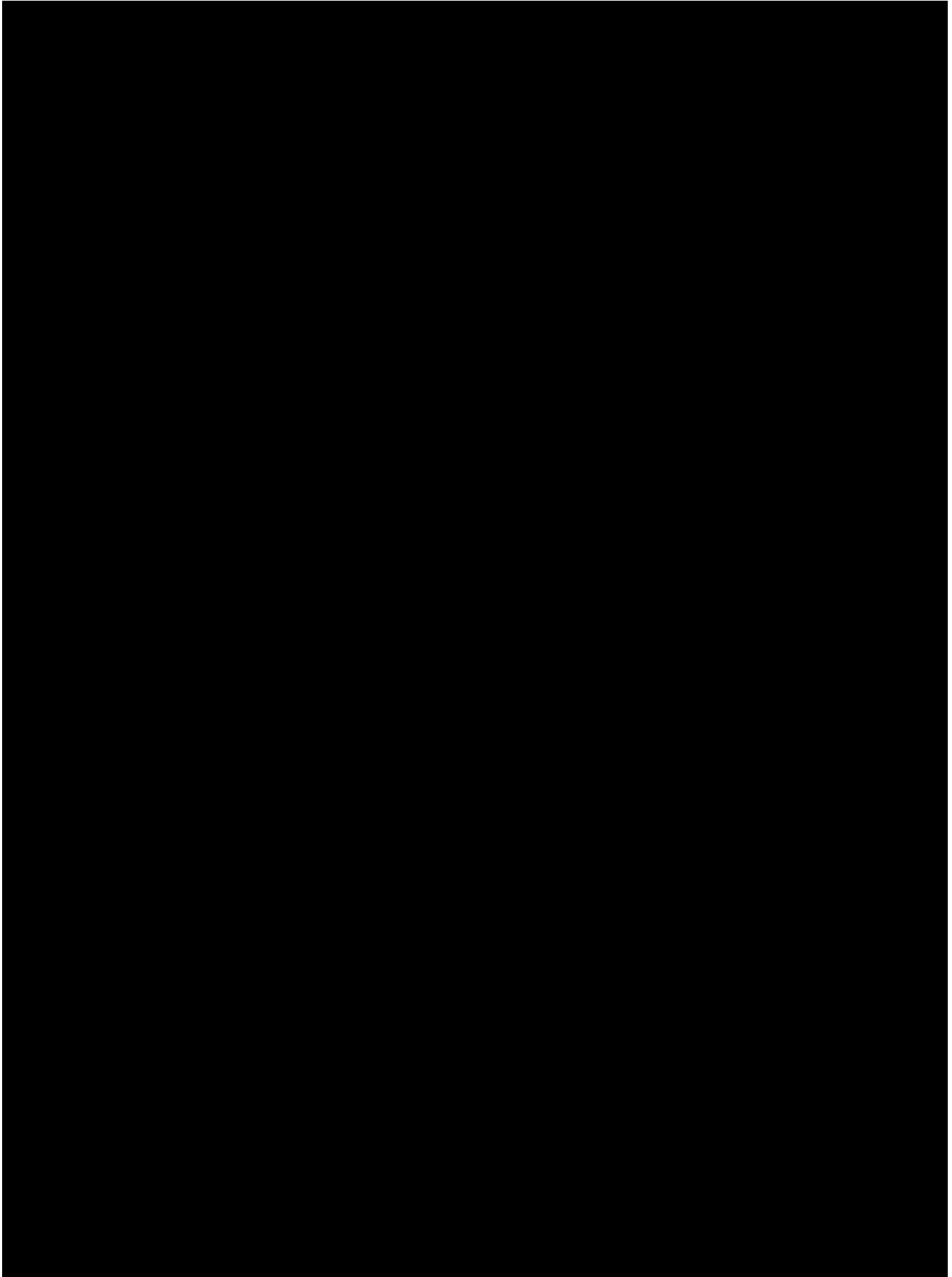
Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 30 days after award of license.

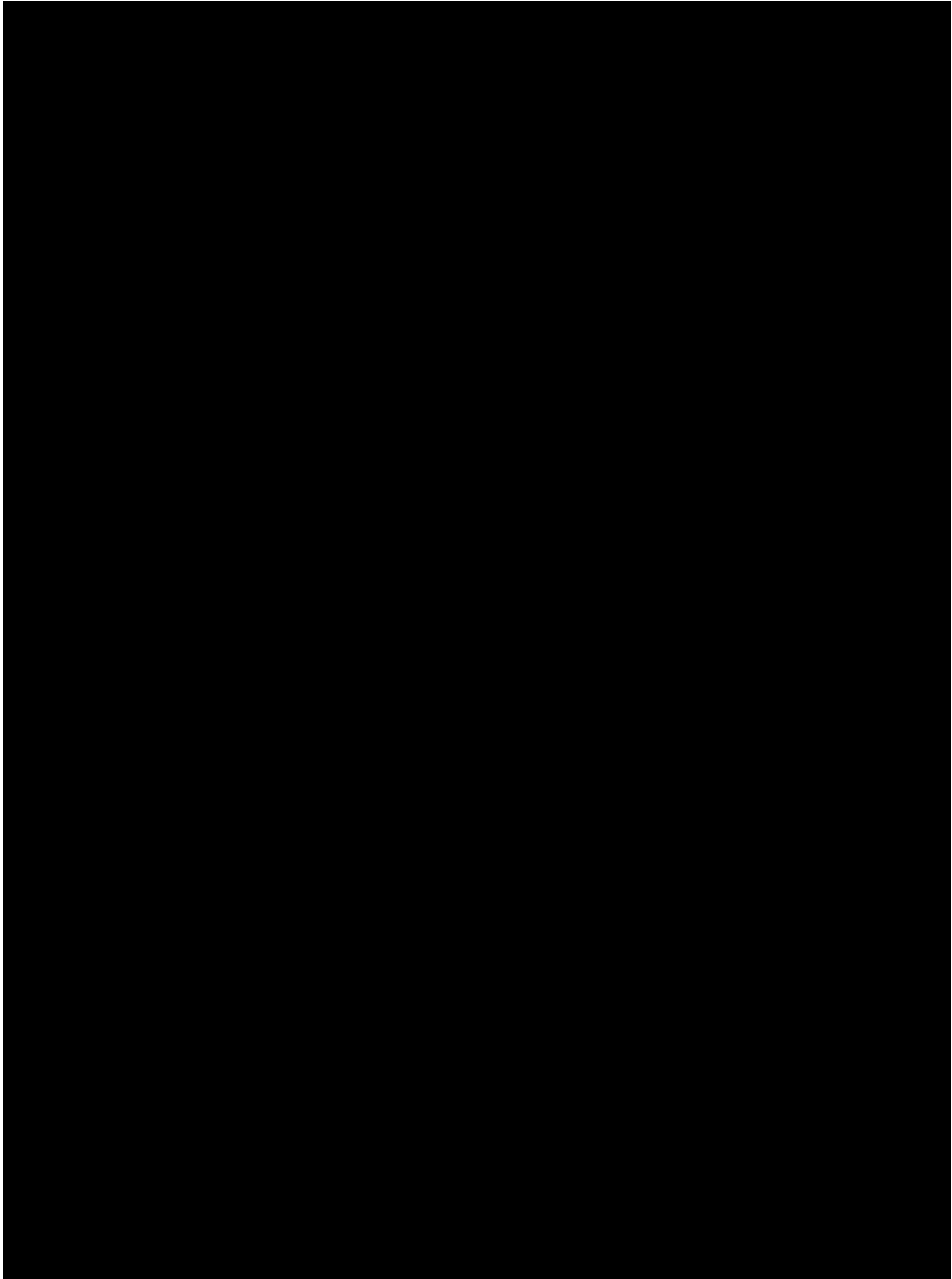


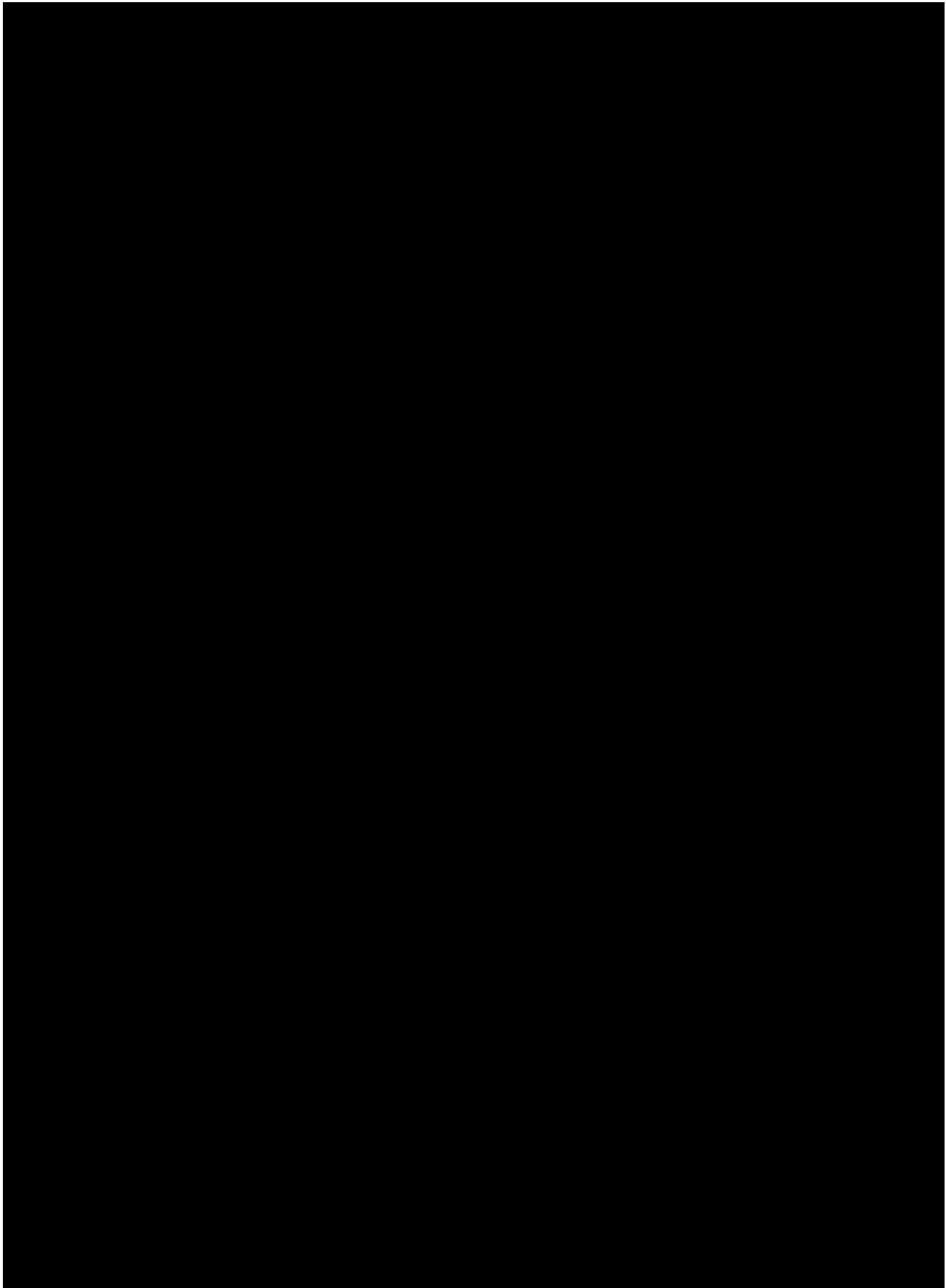


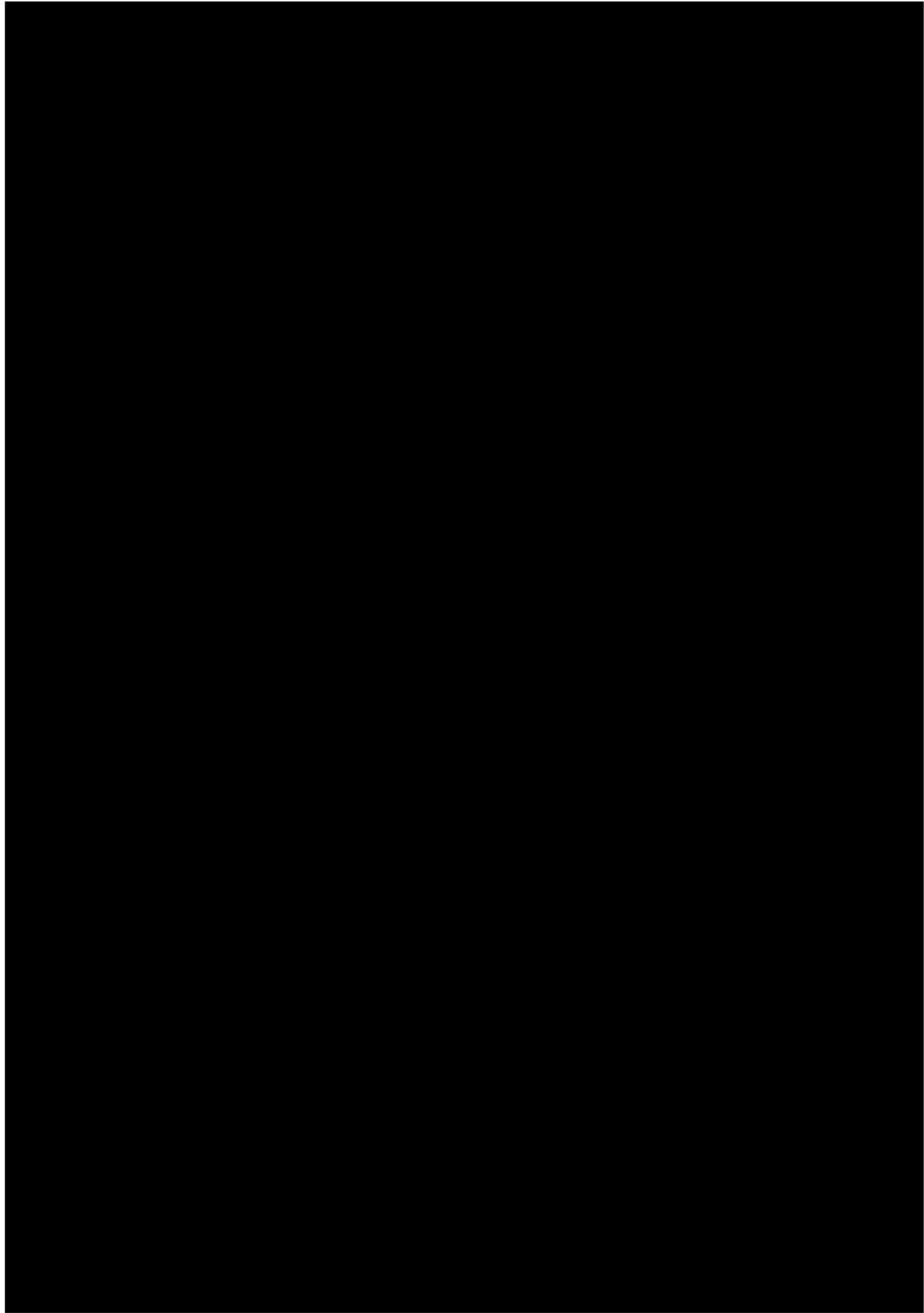


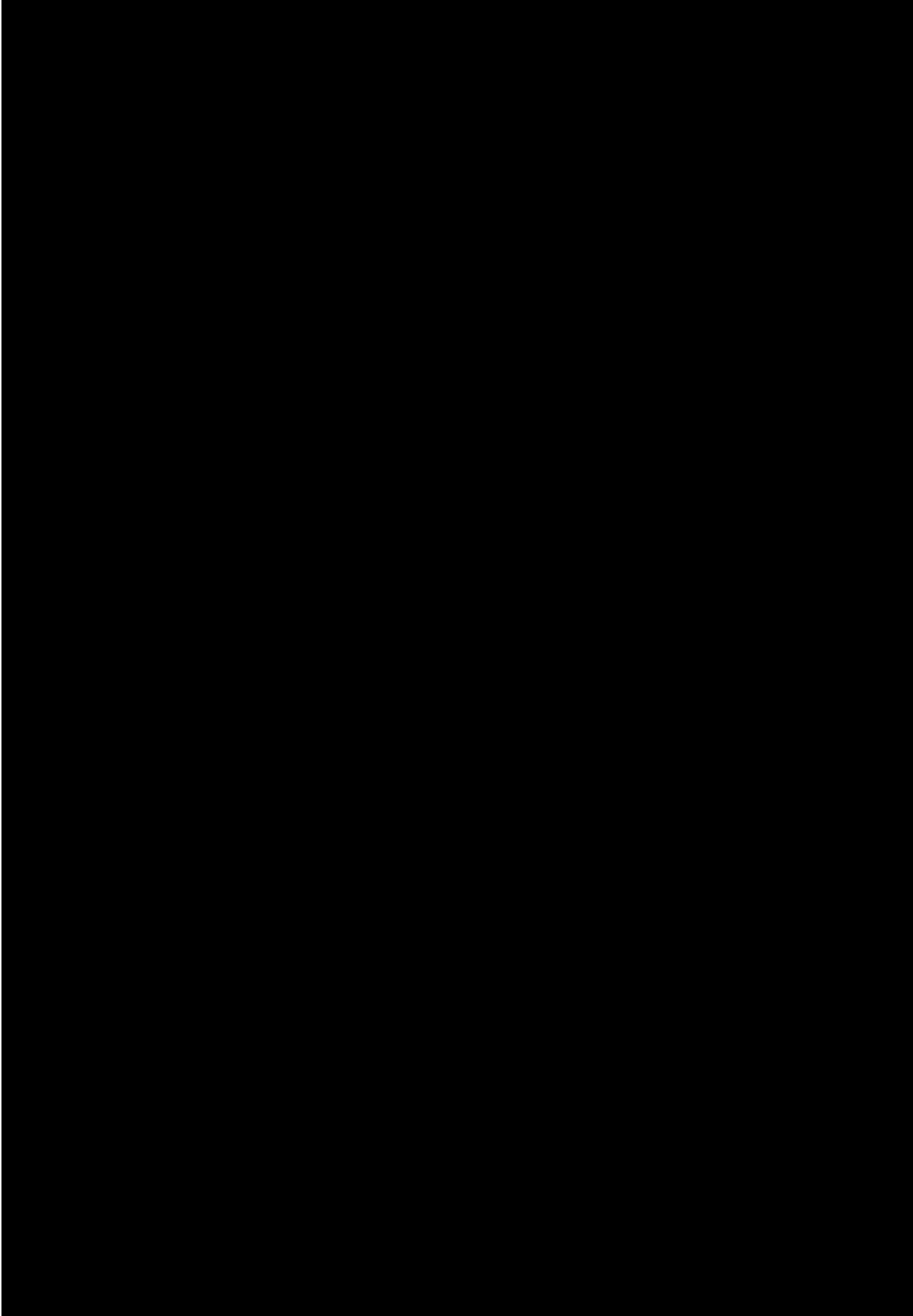


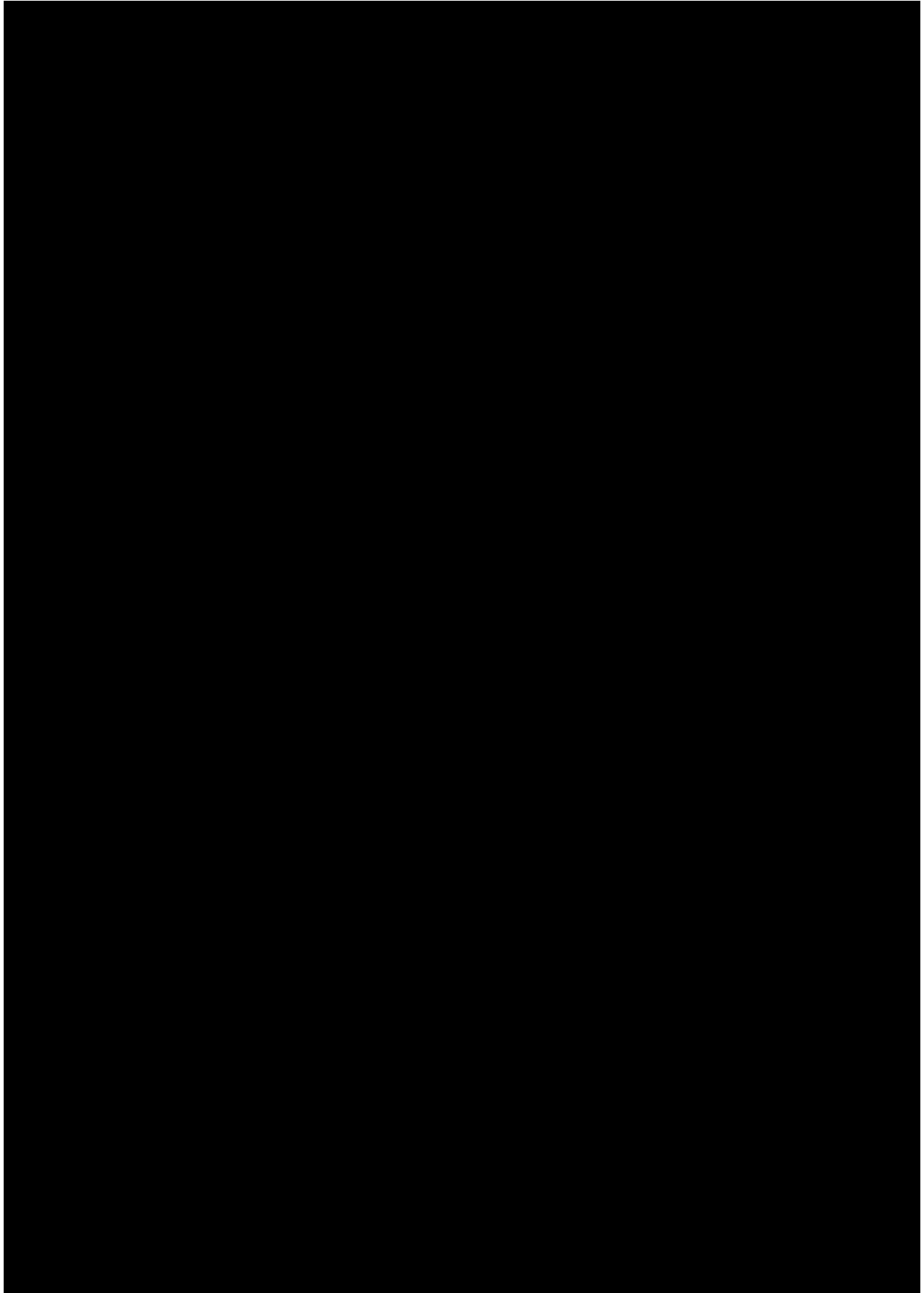


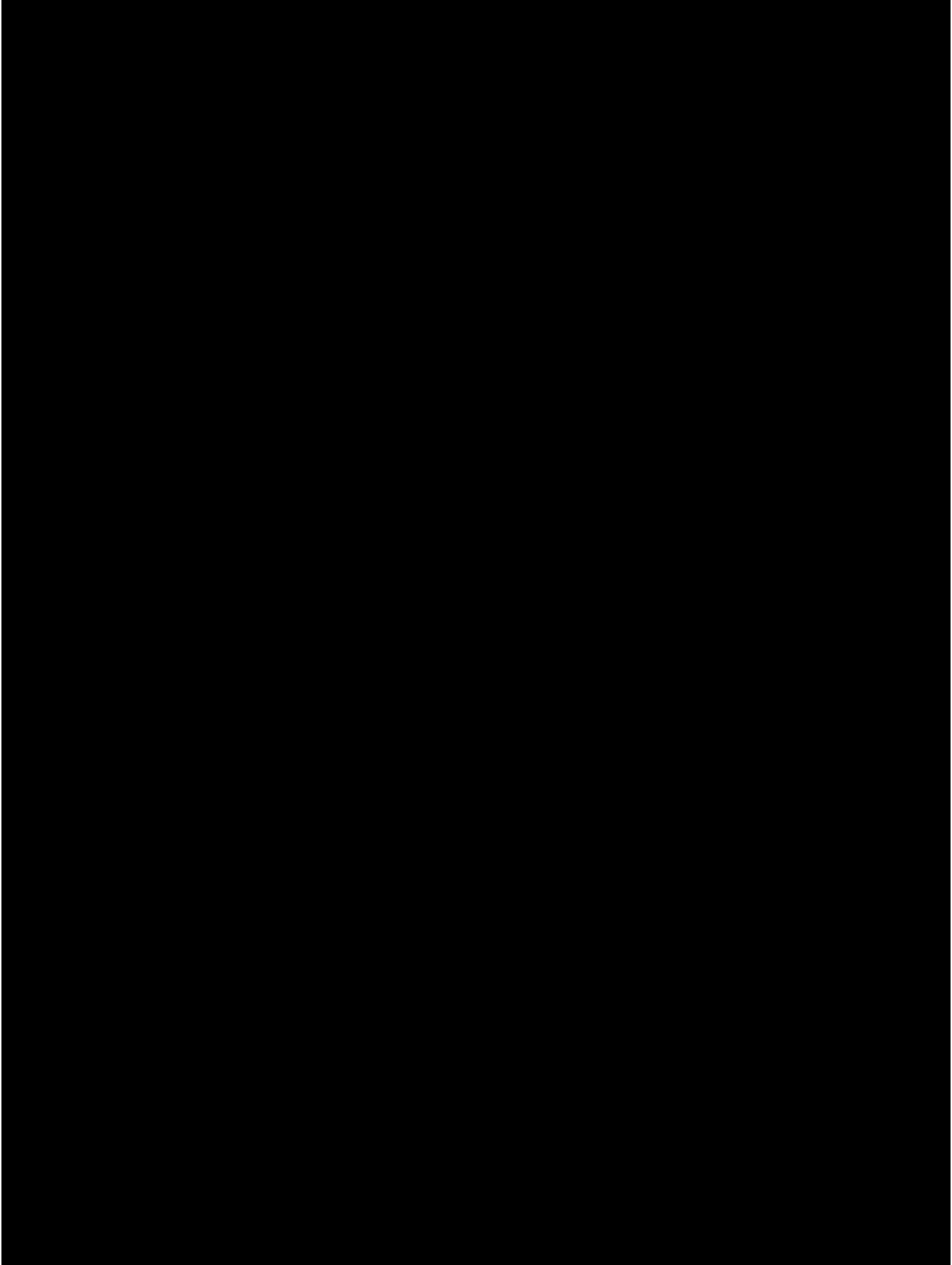


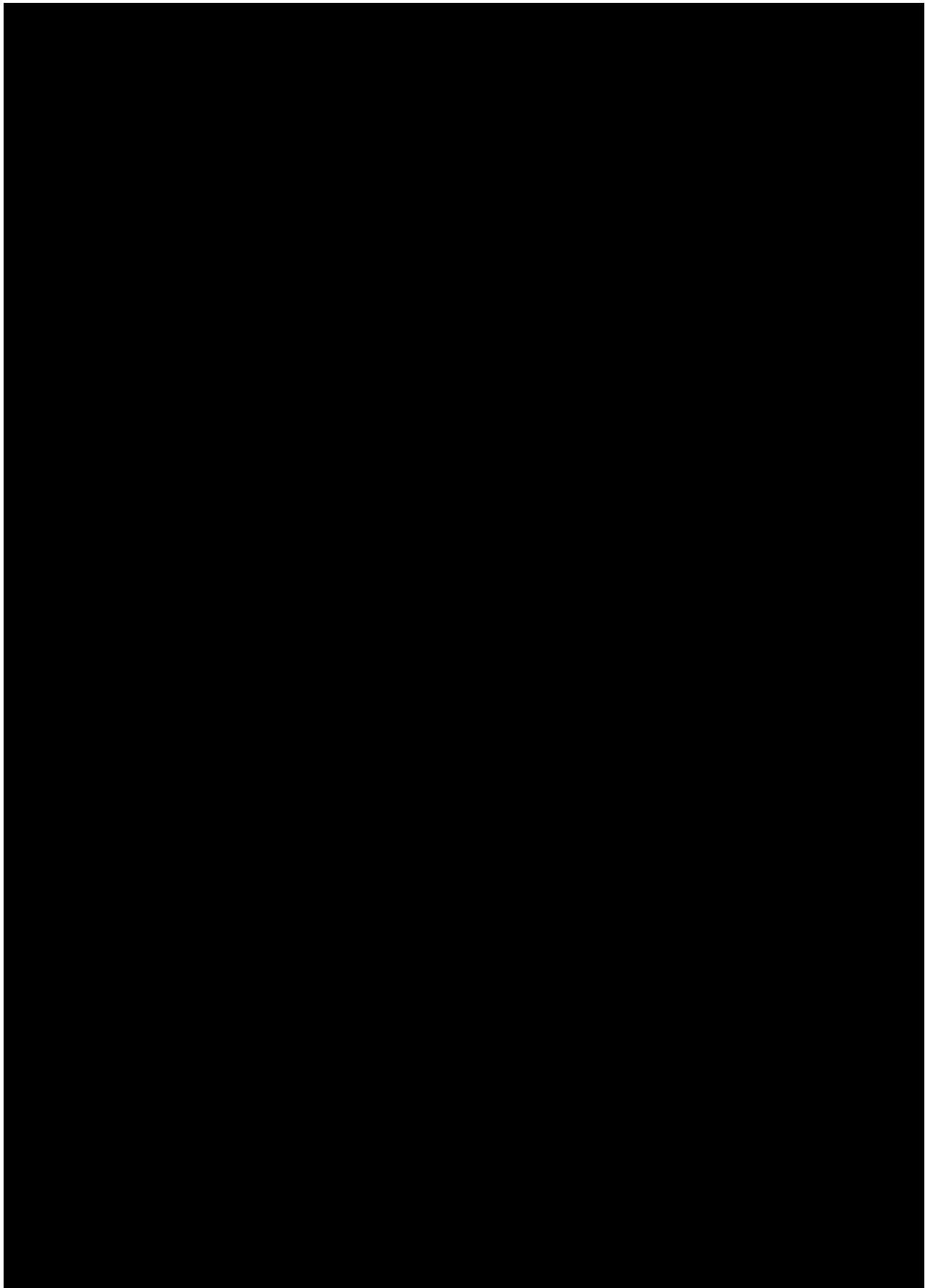


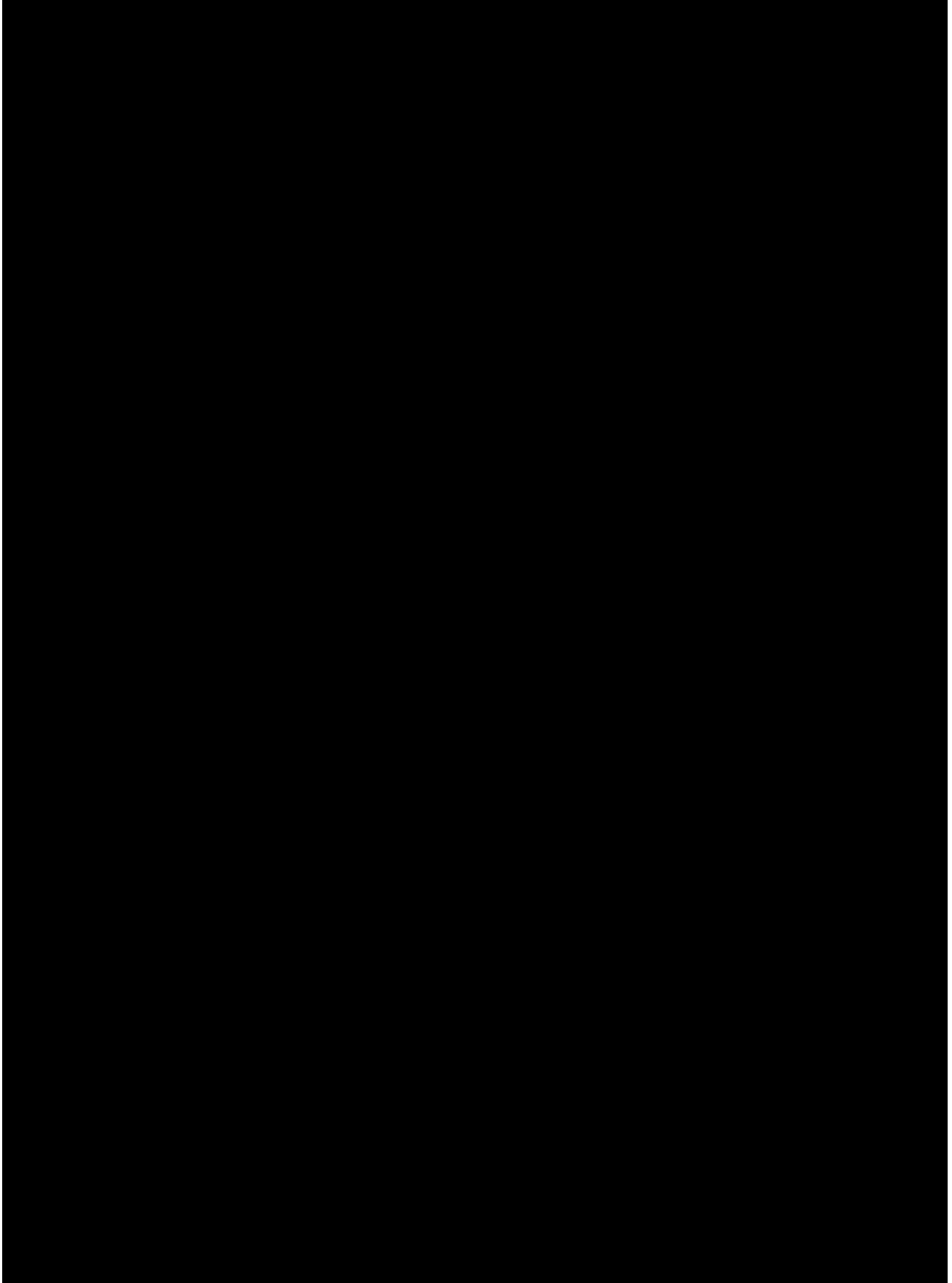


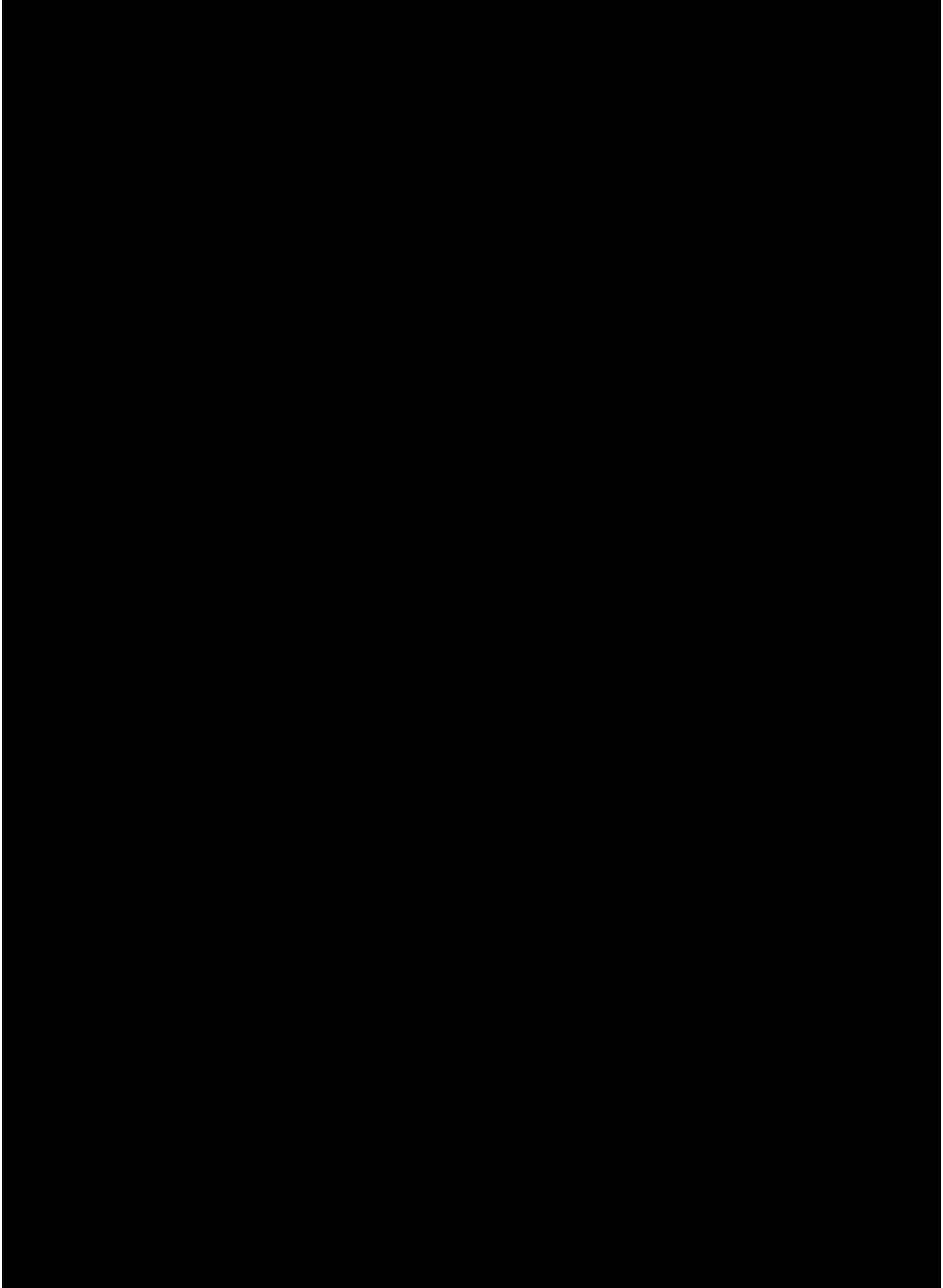


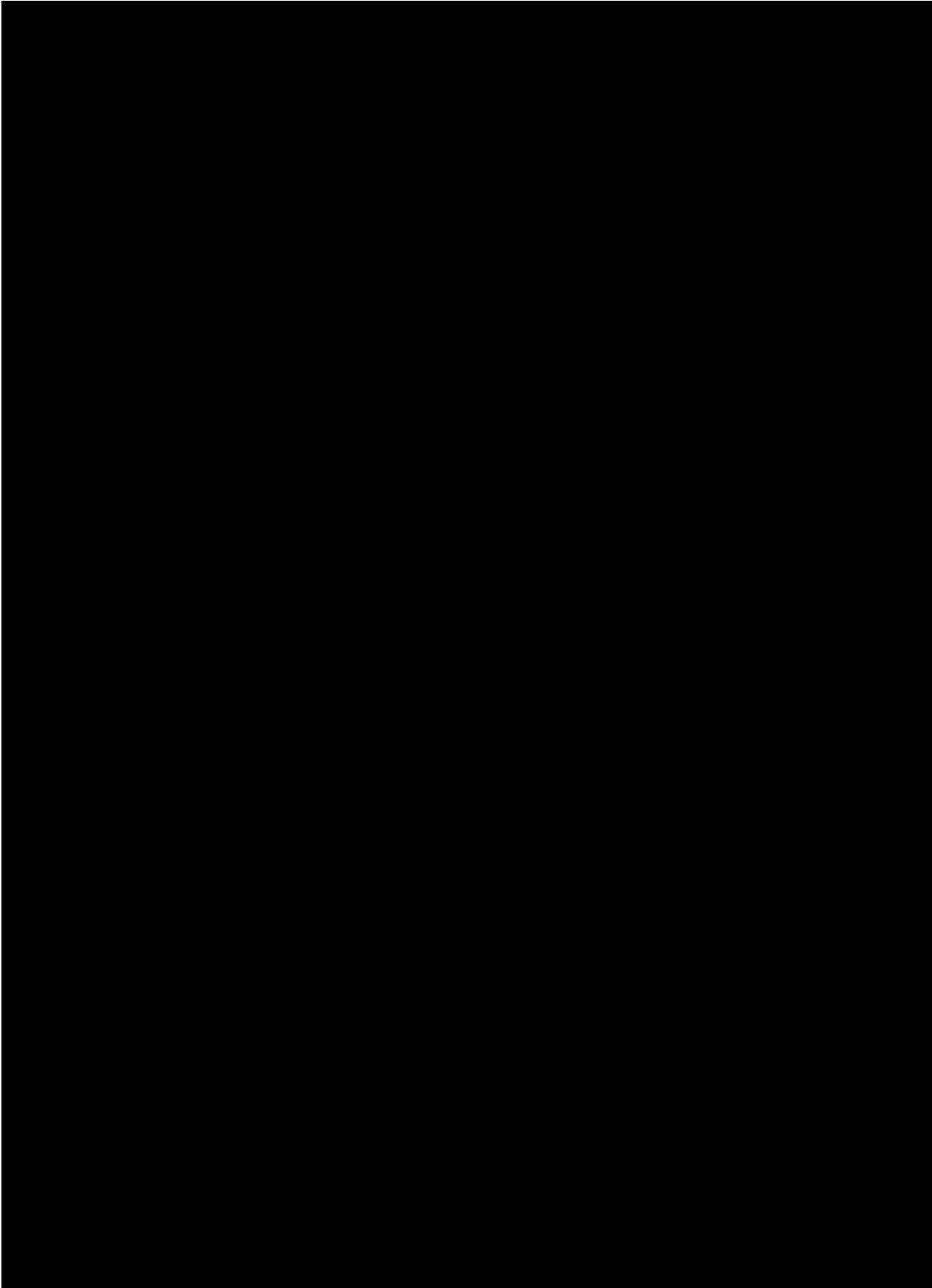


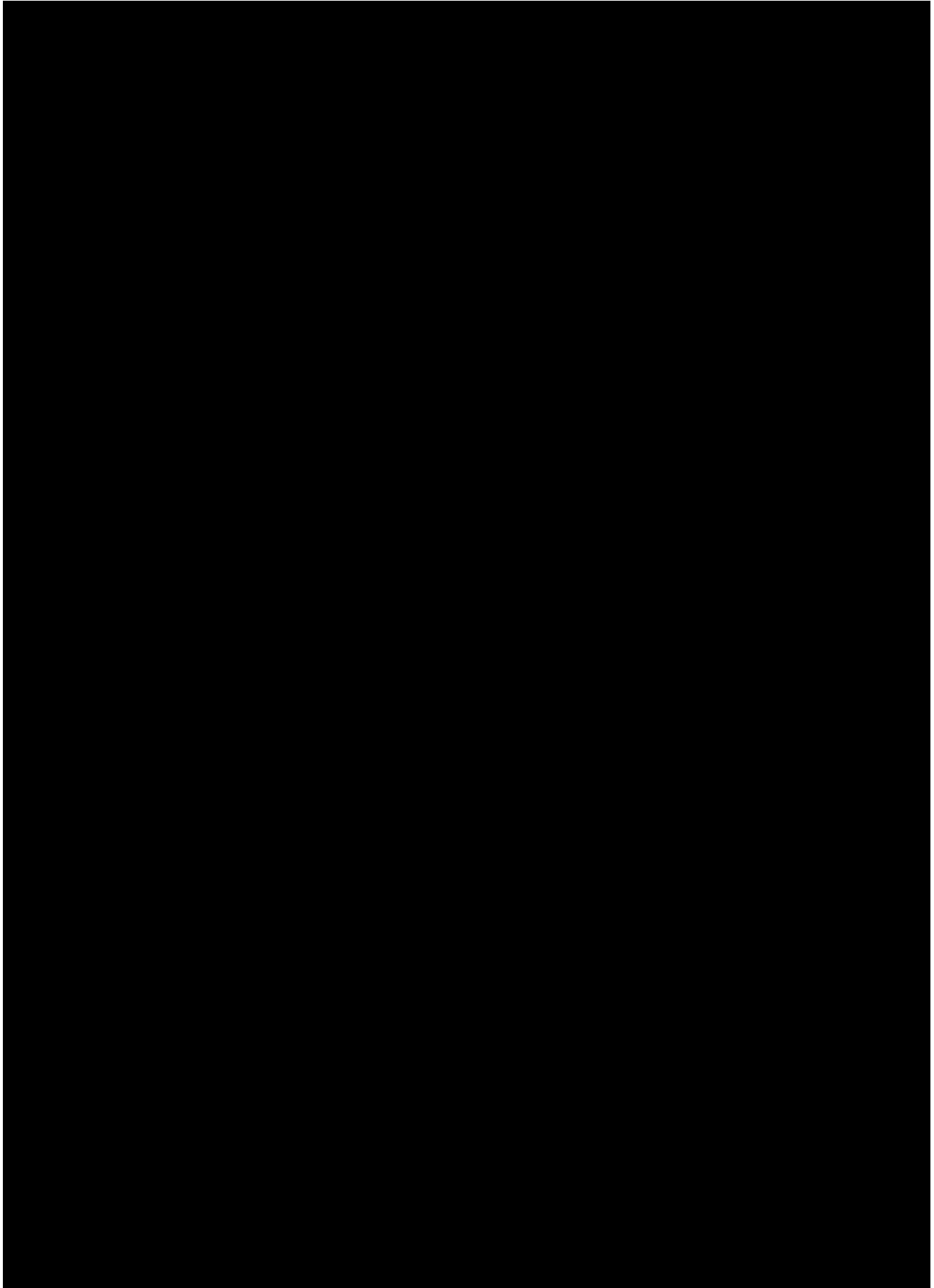


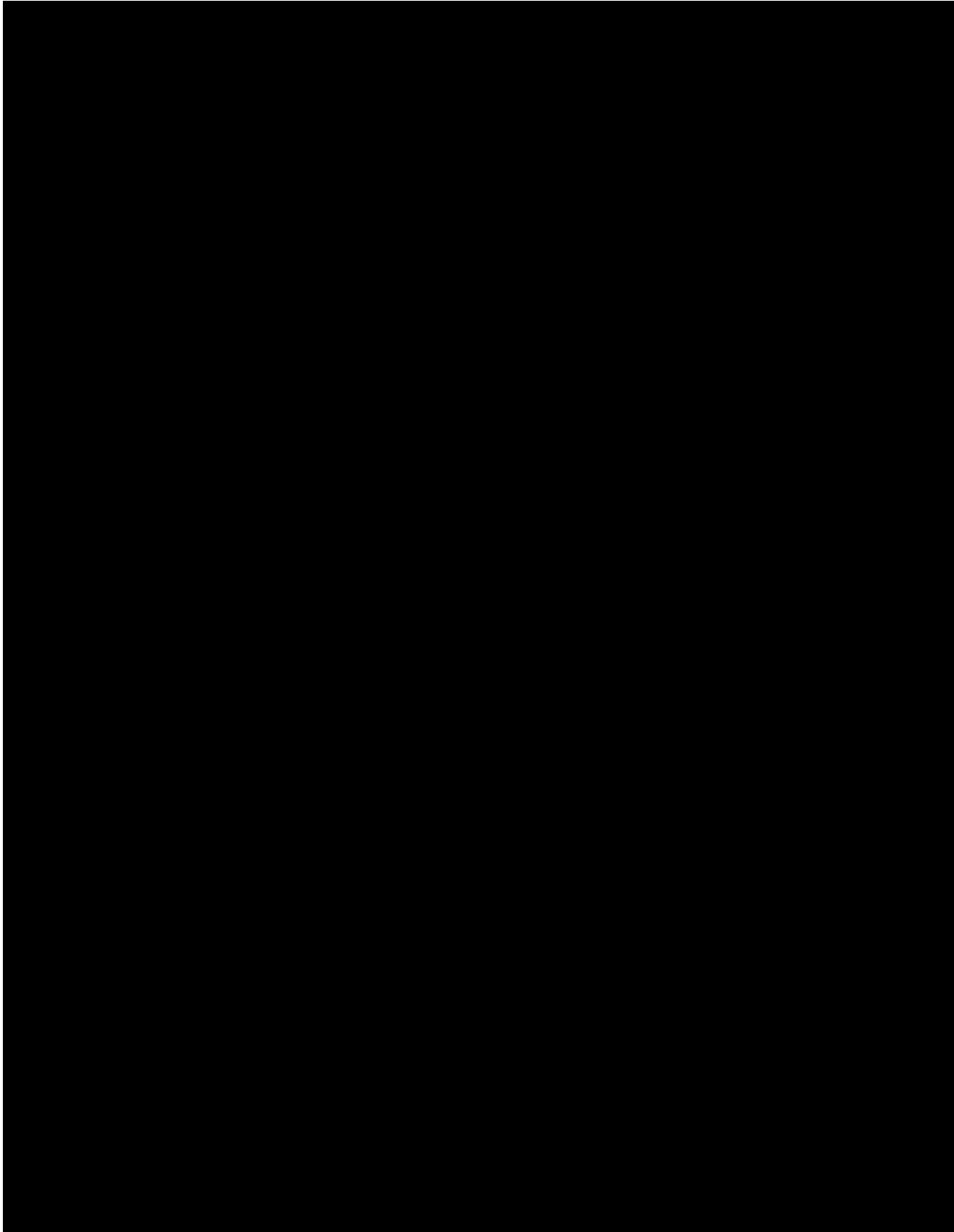


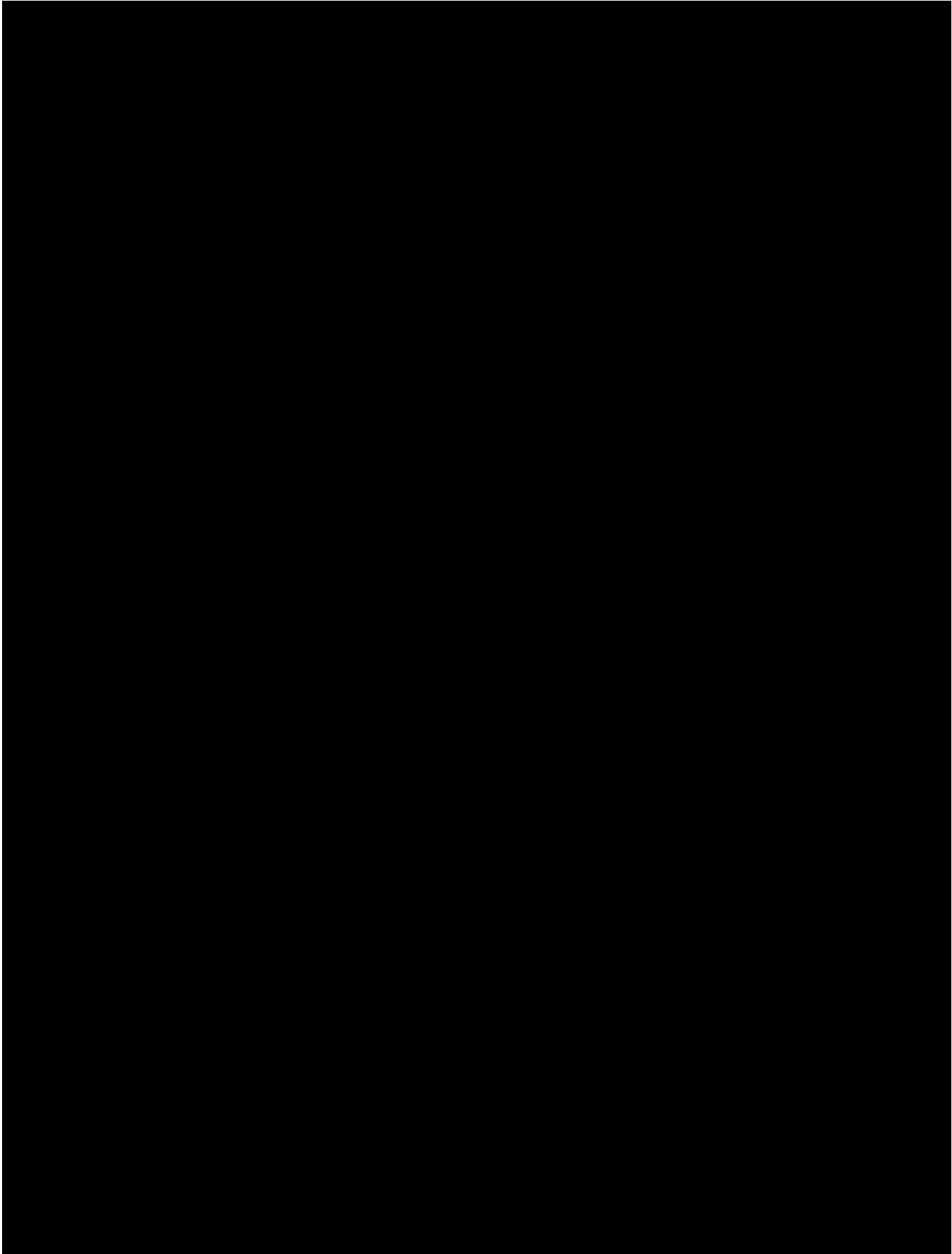


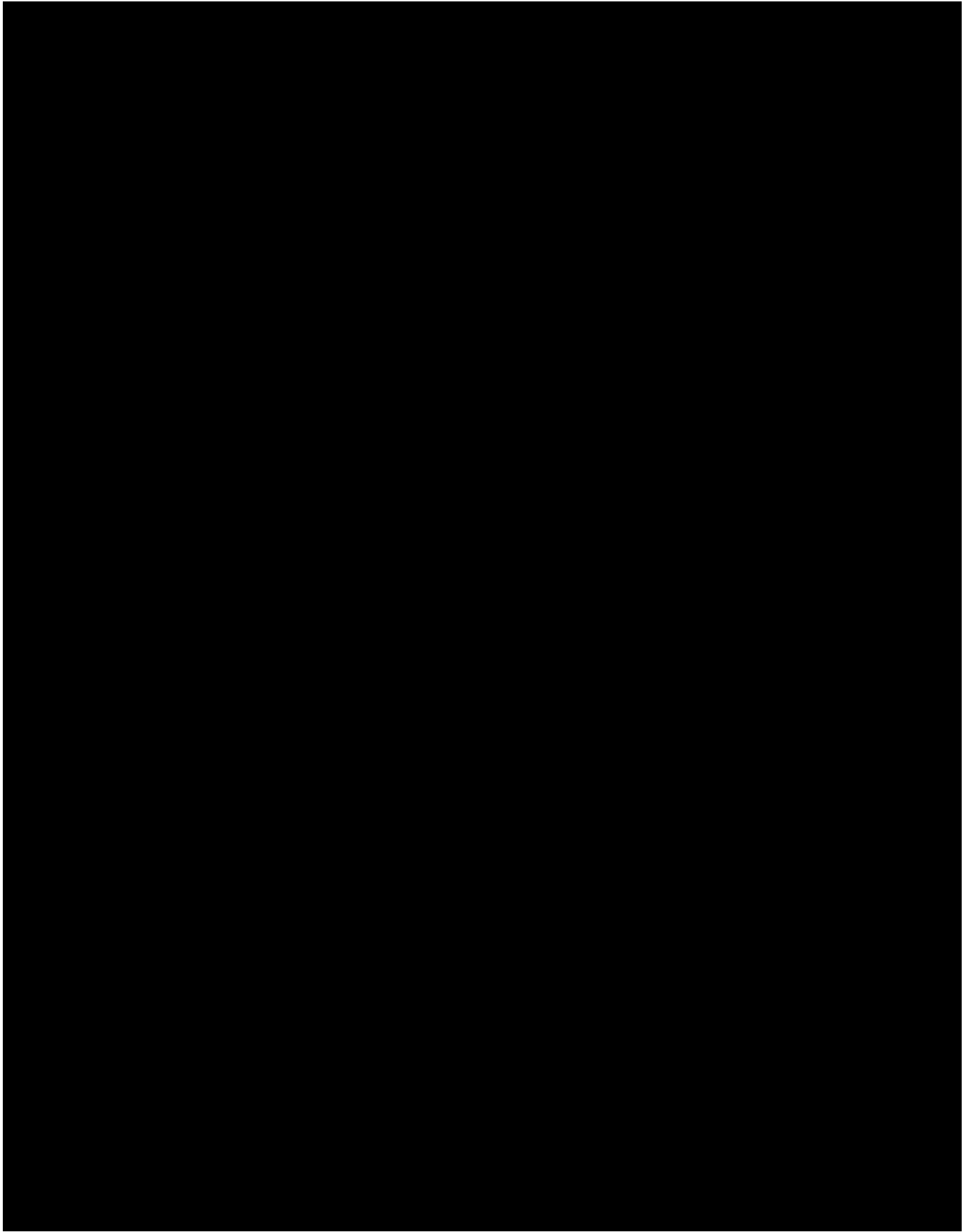












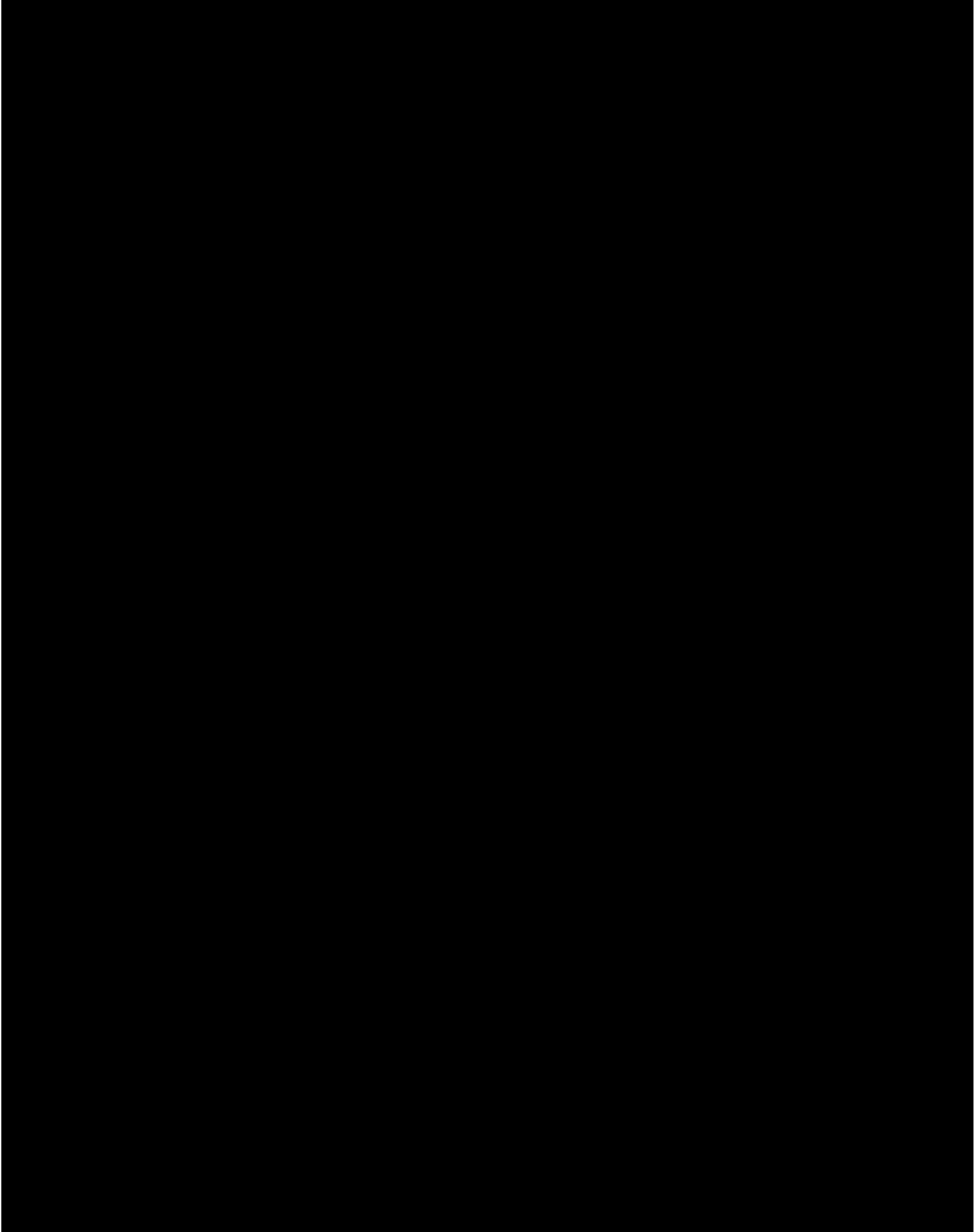


Exhibit 23

REDACTED COPY

The redacted portions of Exhibit 23 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, dates of birth, social security numbers, driver license numbers and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 23 – Secure Transport Drivers

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

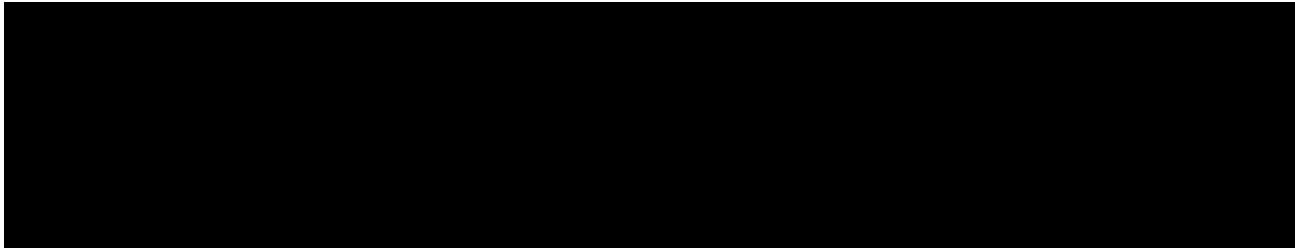
Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

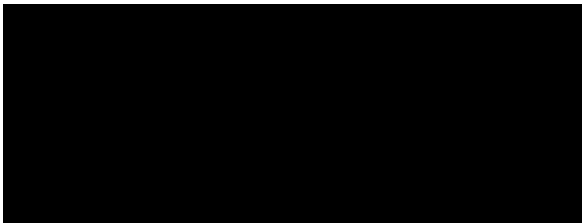
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Responsible Party

Title of Verifying Individual

12/29/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

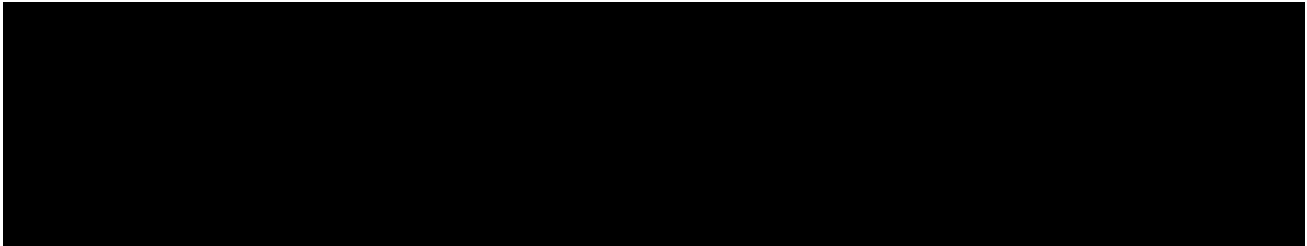
Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By
Date of Occurrence Location (City/County) Location (State)
Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By
Date of Occurrence Location (City/County) Location (State)
Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By
Date of Occurrence Location (City/County) Location (State)
Disposition/Amount Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

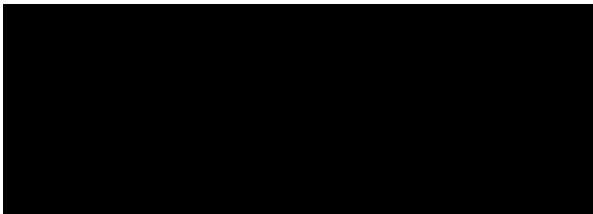
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Contact Person

Title of Verifying Individual

12/29/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Issued by (State) Number Issue Date Expiration Date

Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

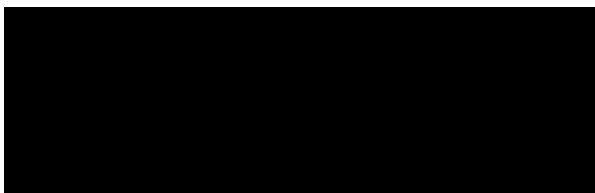
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Signature of Verifying Individual

Contact Person

Title of Verifying Individual

12/29/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

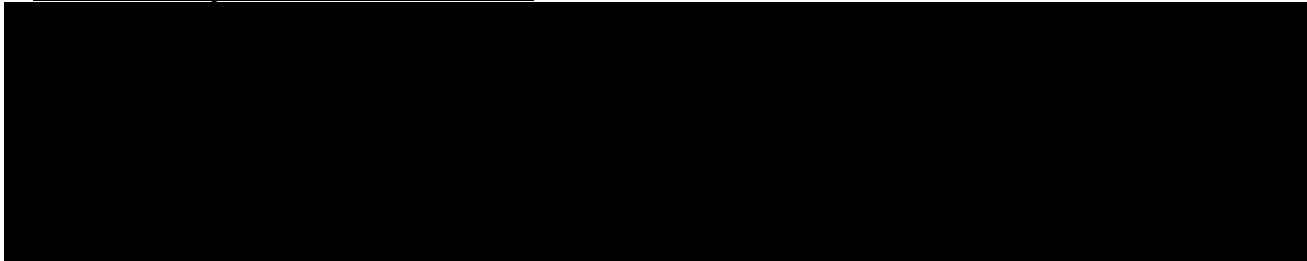
Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

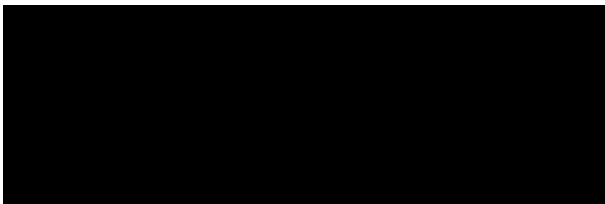
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Contact Person

Title of Verifying Individual

12/29/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

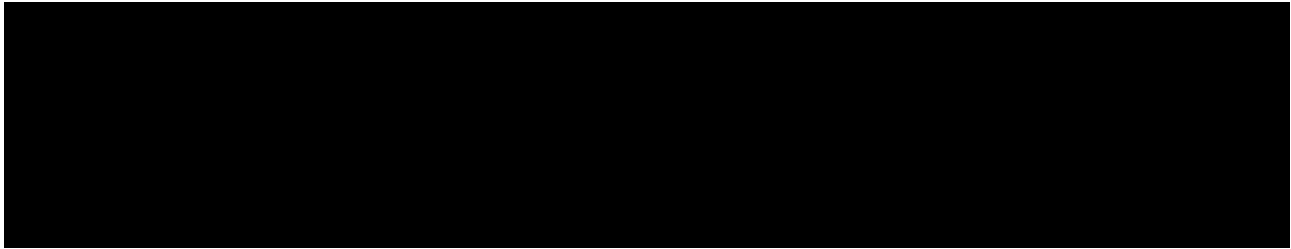
Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By
Date of Occurrence Location (City/County) Location (State)
Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By
Date of Occurrence Location (City/County) Location (State)
Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By
Date of Occurrence Location (City/County) Location (State)
Disposition/Amount Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

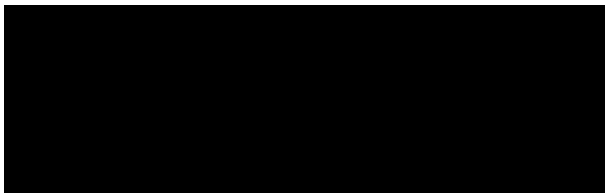
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Signature of Verifying Individual

Responsible Party

Title of Verifying Individual

12/29/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

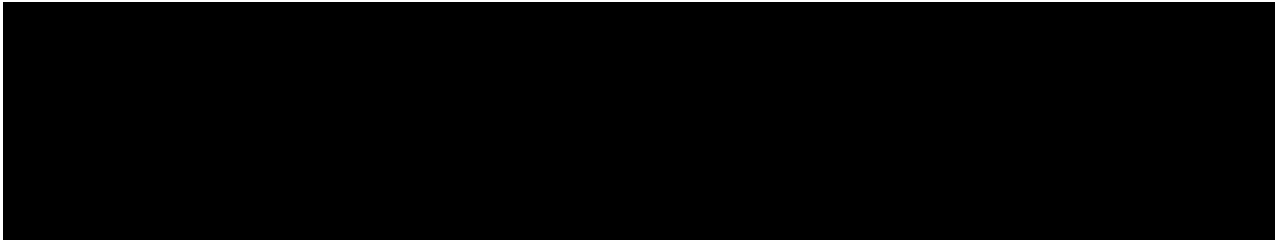
Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Issued by (State) Number Issue Date Expiration Date

Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

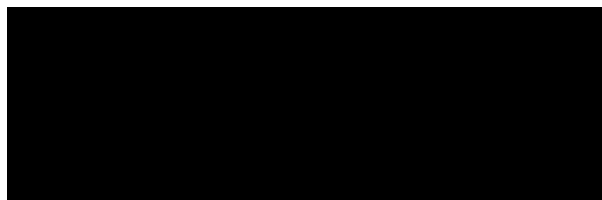
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Signature of Verifying Individual

Responsible Party

Title of Verifying Individual

12/29/2022

Verification Date

FORM H: SECURE TRANSPORT DRIVERS

Complete a separate form and verification for each of the Applicant's secure transport drivers.

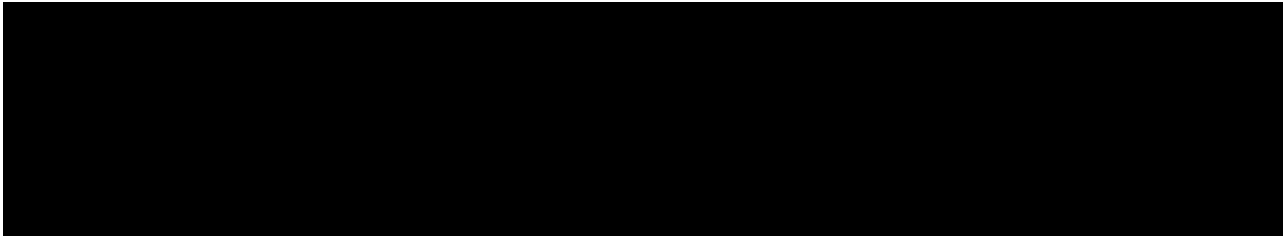
Tyler Van Lines, LLC

Secure Transporter

Business License Applicant Name

License Type

Secure Transport Driver Information



Issued by (State) Number Issue Date Expiration Date

Citations, Fines & Violations

List all motor vehicle citations, fines, and violations received by the driver in the last three (3) years. Attach additional forms if necessary.

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply): [] Citation [] Fine [] Violation

Violation/Charge Issued By

Date of Occurrence Location (City/County) Location (State)

Disposition/Amount Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Type (select all that apply): Citation Fine Violation

Violation/Charge

Issued By

Date of Occurrence

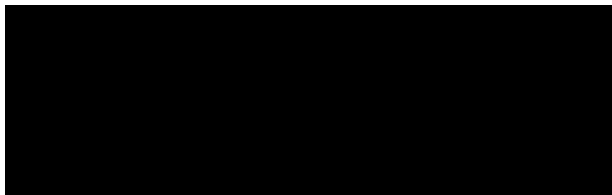
Location (City/County)

Location (State)

Disposition/Amount

Date of Disposition

Applicant Verification: The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes complete and accurate information for the secure transport driver identified hereinabove (and attached, as necessary). The undersigned further verifies that the secure transport driver identified hereinabove is at least 21 years of age and has a minimum of three (3) years driving experience.



Signature of Verifying Individual

Responsible Party

Title of Verifying Individual

12/30/2022

Verification Date

Exhibit 24

REDACTED COPY

The redacted portions of Exhibit 24 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).


Specifically, the redactions include personally identifying information including names and unique signatures; and redactions concerning intellectual property, proprietary information and/or trademark secrets.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 24 – Driver’s 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

Responsible Party

Title of Verifying Individual



Individual

12/30/2022

Verification Date

Purposed Driver's Manual

Verification: The Applicant verifies compliance with Alabama Public Service commission requirements for motor carries. The Applicant verifies all secure transport drivers are at least 21 years of age and have a minimum of three years of driving experience.

Additional Notes on Exhibit 24:

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.

Status of Plan or Requirement(s) as of the date of application filing: In Progress, with completion expected 30 days after award of license.

Objective: The purpose of this Purposed Driver's Manual is to detail the qualifications, standards, and procedures to be followed by prospective secure transport drivers. These conditions and qualifications of this manual are not exhaustive of all responsibilities and duties when in transport with cannabis or medical cannabis product. Additional actions and duties may be required as set forth in policies and procedures, Safety Plan, or other manuals. Driver safety and protocols shall be taught in training to include but not limited to: route reporting, manifests, entry to seed-to-sale, notices, secure product, emergency procedures, contact other appropriate personnel, etc.

Driver Qualification/Eligibility

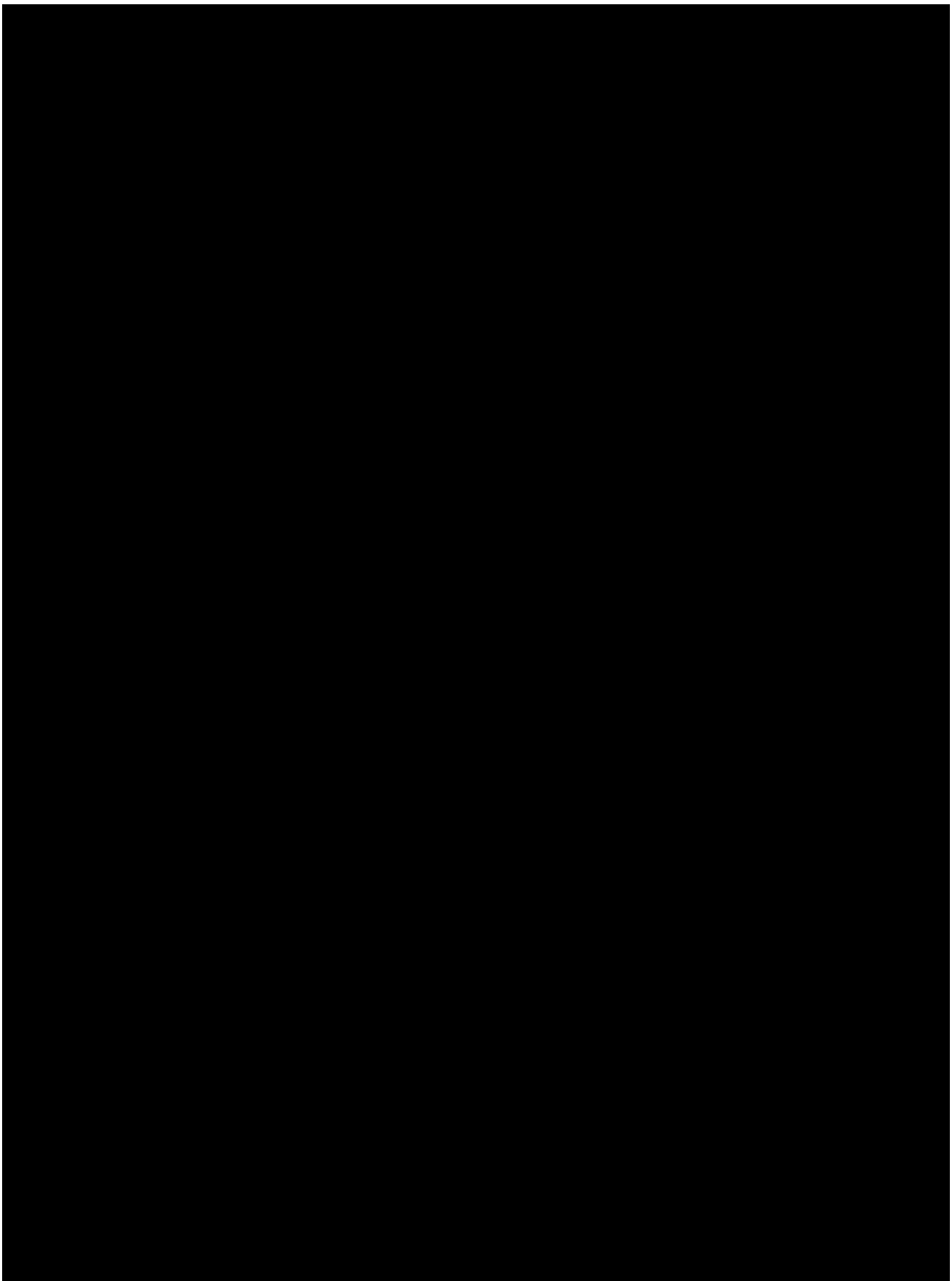
Driver qualifications:

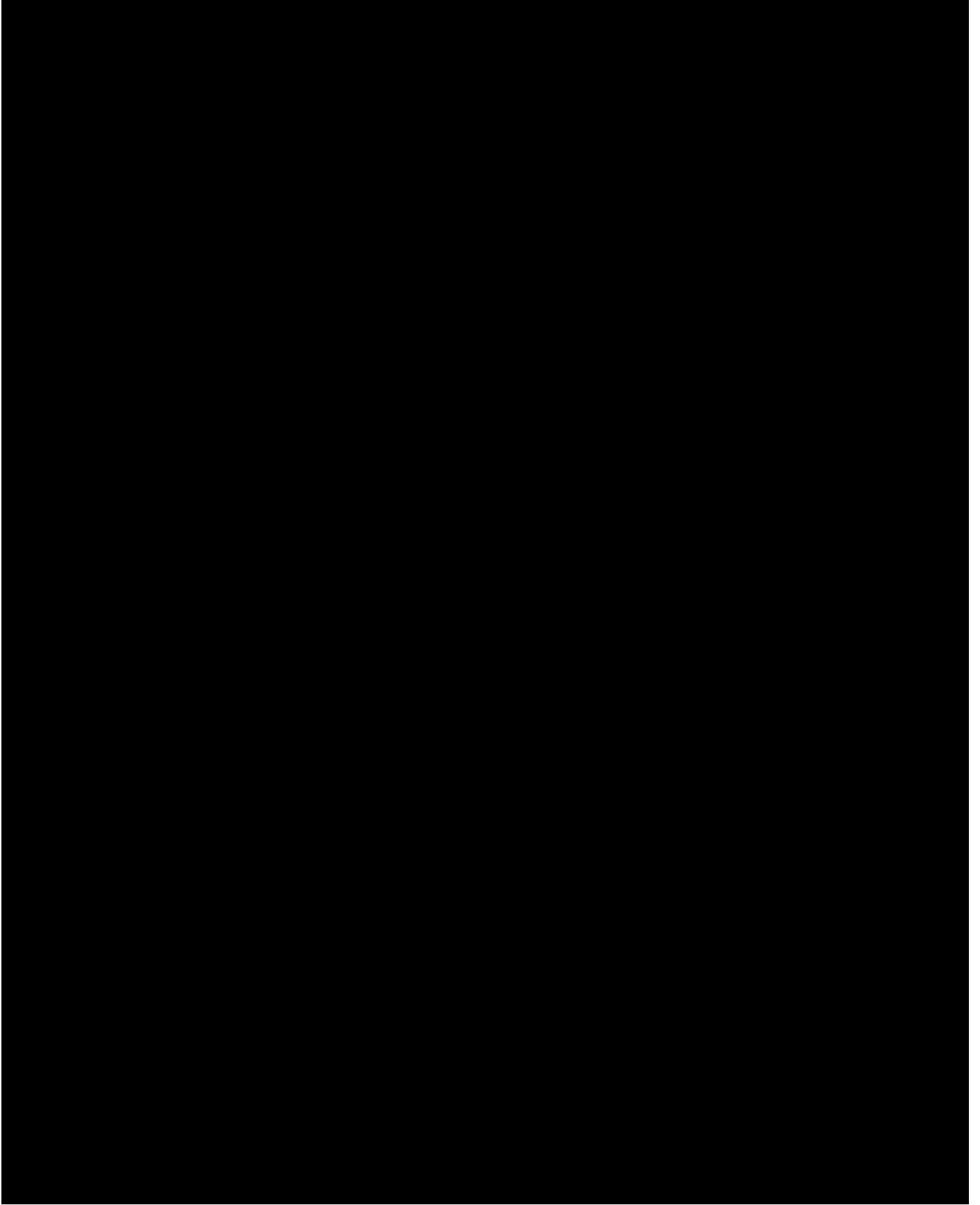
- Must possess required license to operate the vehicle assigned.
- Must be 21 years of age.
- Must have at least three years of total driving experience.
- Drivers must maintain an acceptable motor vehicle driving record (MVR).
- Free of drug- or alcohol-related violations, such as driving under the influence (DUI) or driving while intoxicated (DWI).
- Secure transport drivers and secure transport passengers shall not have received a criminal conviction within the last eight years for:

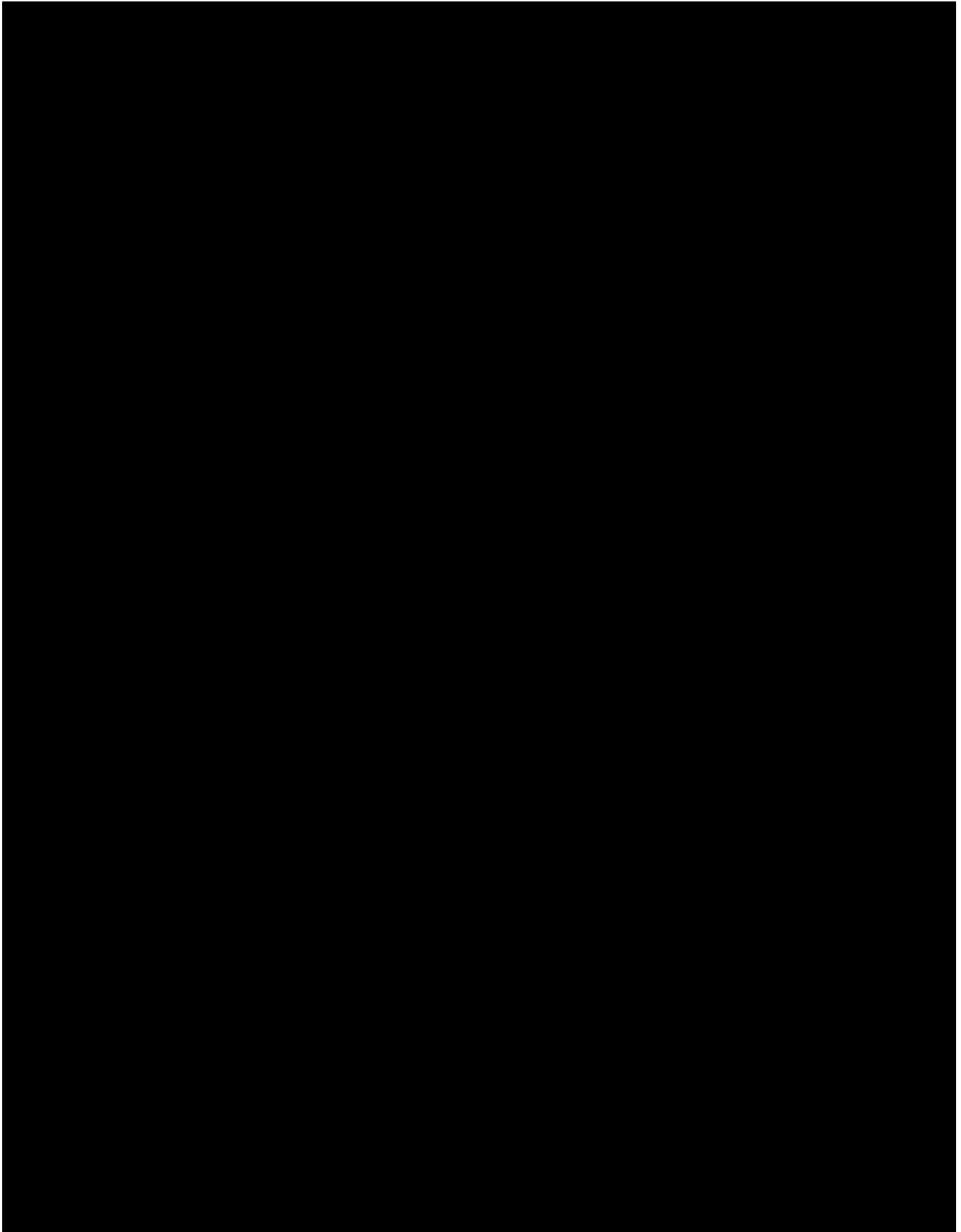
- a. Any indictable offense.
 - b. Any offense involving stolen property or vehicles; fraud relating to any business the driver has owned, in whole or part, or in which the driver has been employed; stolen property; or other offense of similar nature.
 - c. Operation of a motor vehicle while under the influence of a controlled substance, or offense of similar nature.
 - d. Any offense involving possession, distribution or trafficking in, any illegal substance. A license shall not be awarded to any Secure Transporter Applicant not in compliance with this provision.
- DOT-regulated drivers must maintain an acceptable Preemployment Screening Program (PSP) record.
 - Drivers must be physically able to safely operate the vehicle assigned with or without reasonable accommodations.
 - Drivers operating DOT-regulated vehicles must be medically qualified in accordance with the regulations, with medical requalification every two years. DOT-regulated drivers must also meet qualification requirements: intrastate drivers as outlined in state regulations.
 - Drivers must immediately report license suspensions, revocations and other restrictions and cease driving.
 - All new moving violations must be reported by the next business day. DOT roadside inspection reports must be reported upon first return, but no more than 24 hours after each inspection. Management reserves the right to vary qualifications as needed due to unique situations.

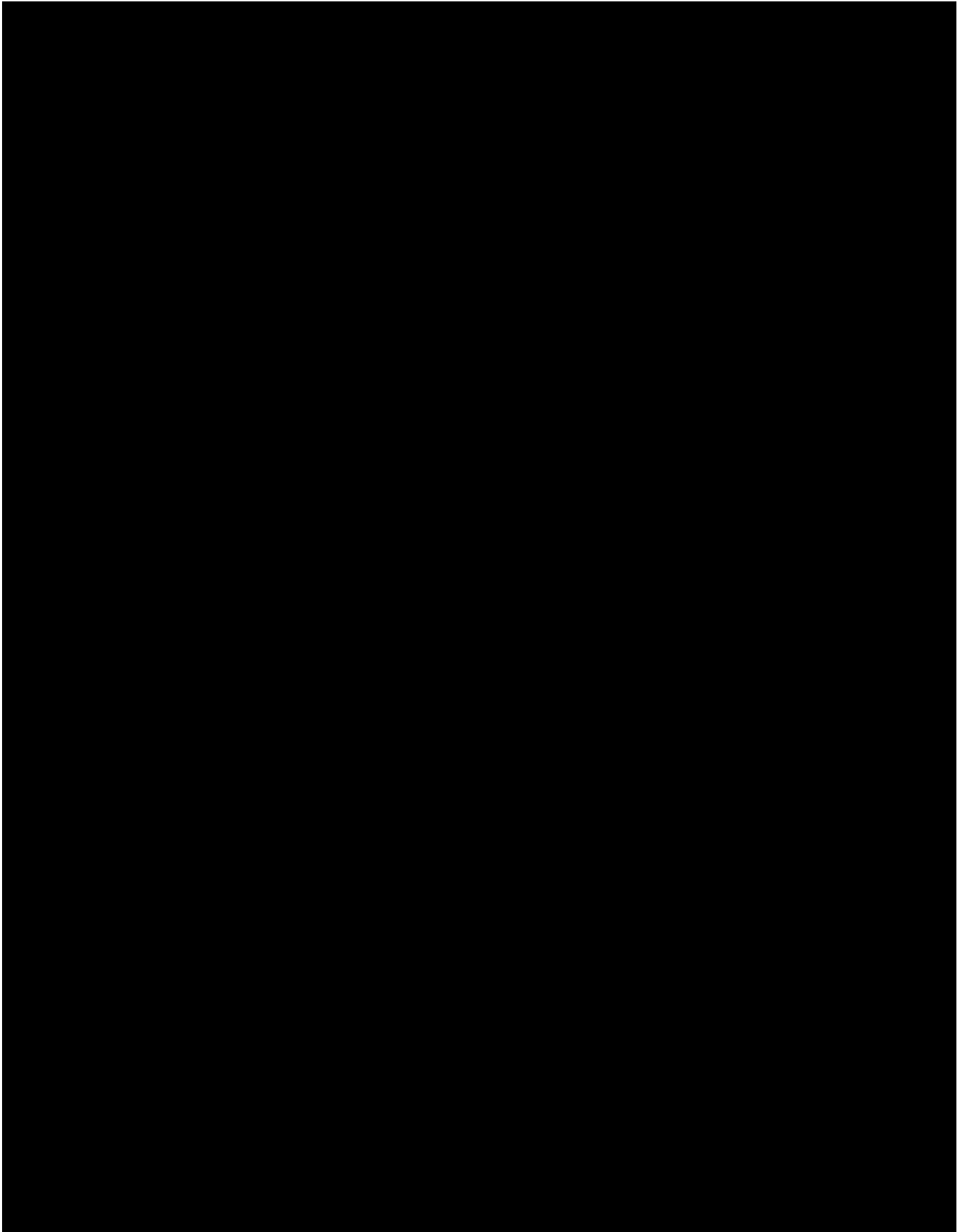
Training

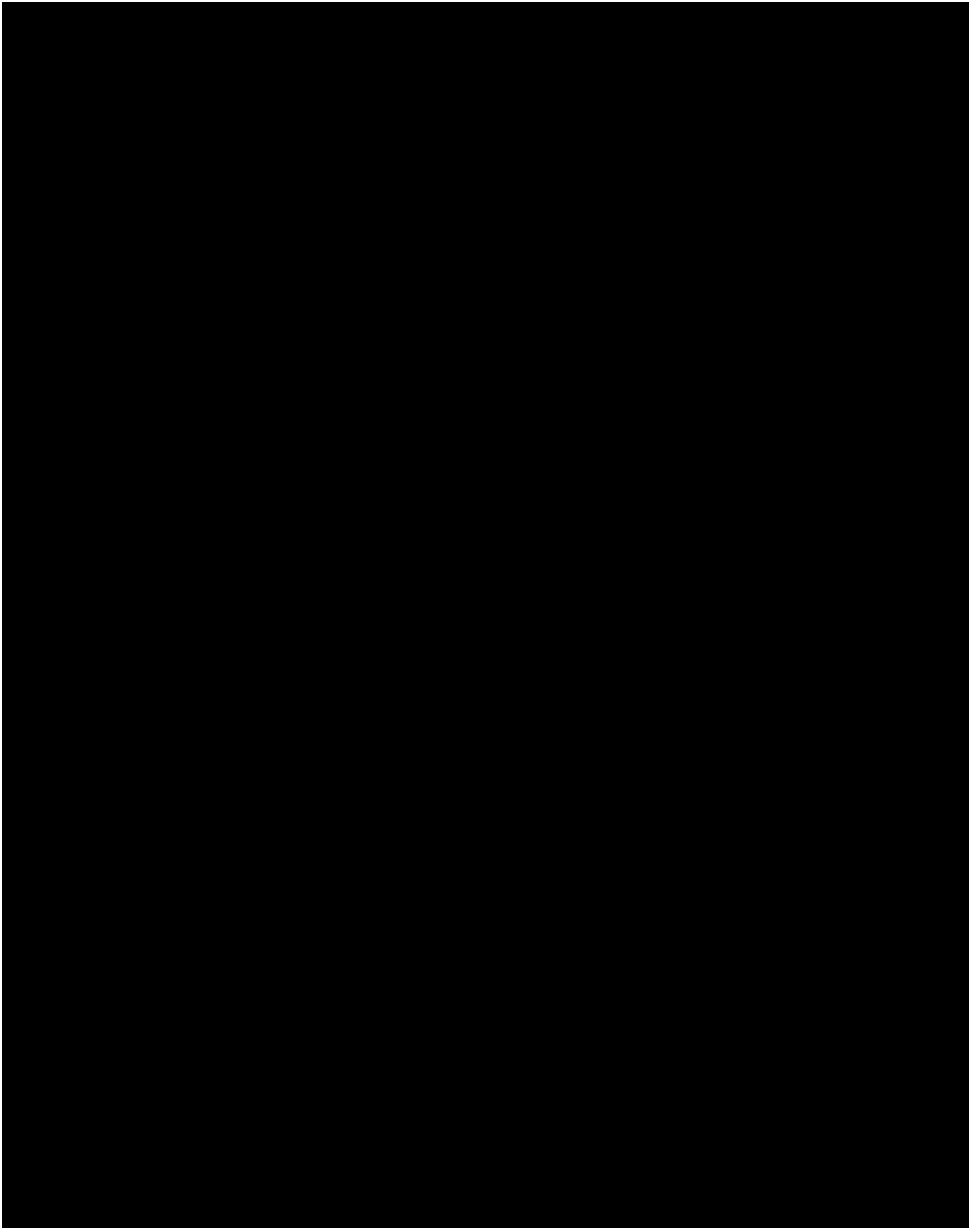
Transport personnel- drivers and any other employees whose job is to accompany drivers shall annual complete and receive certification for no less than 5 hours of training specifically tailored to driver safety and procedures related to proper procedures to be followed when transporting cannabis and medical cannabis.

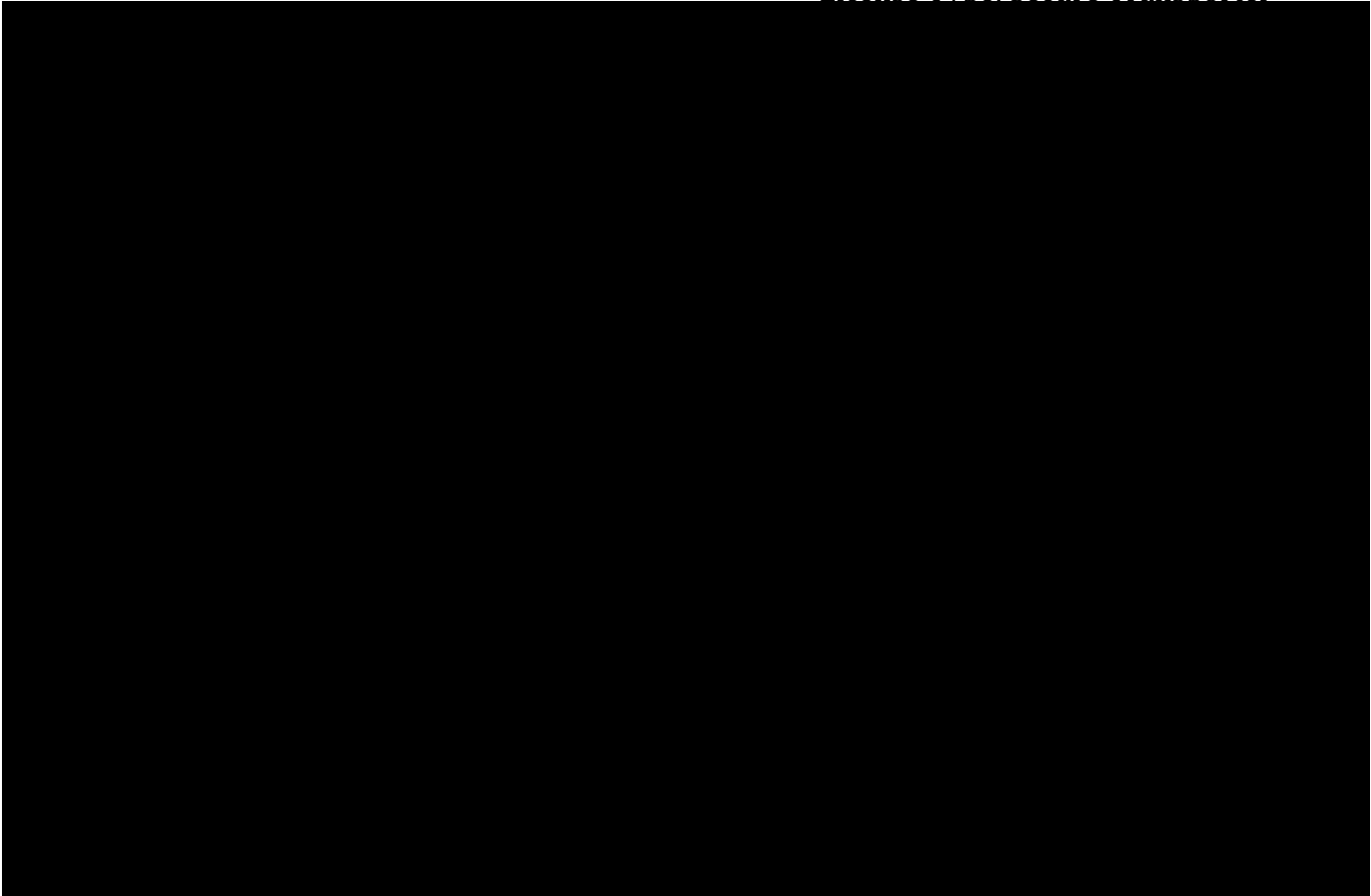












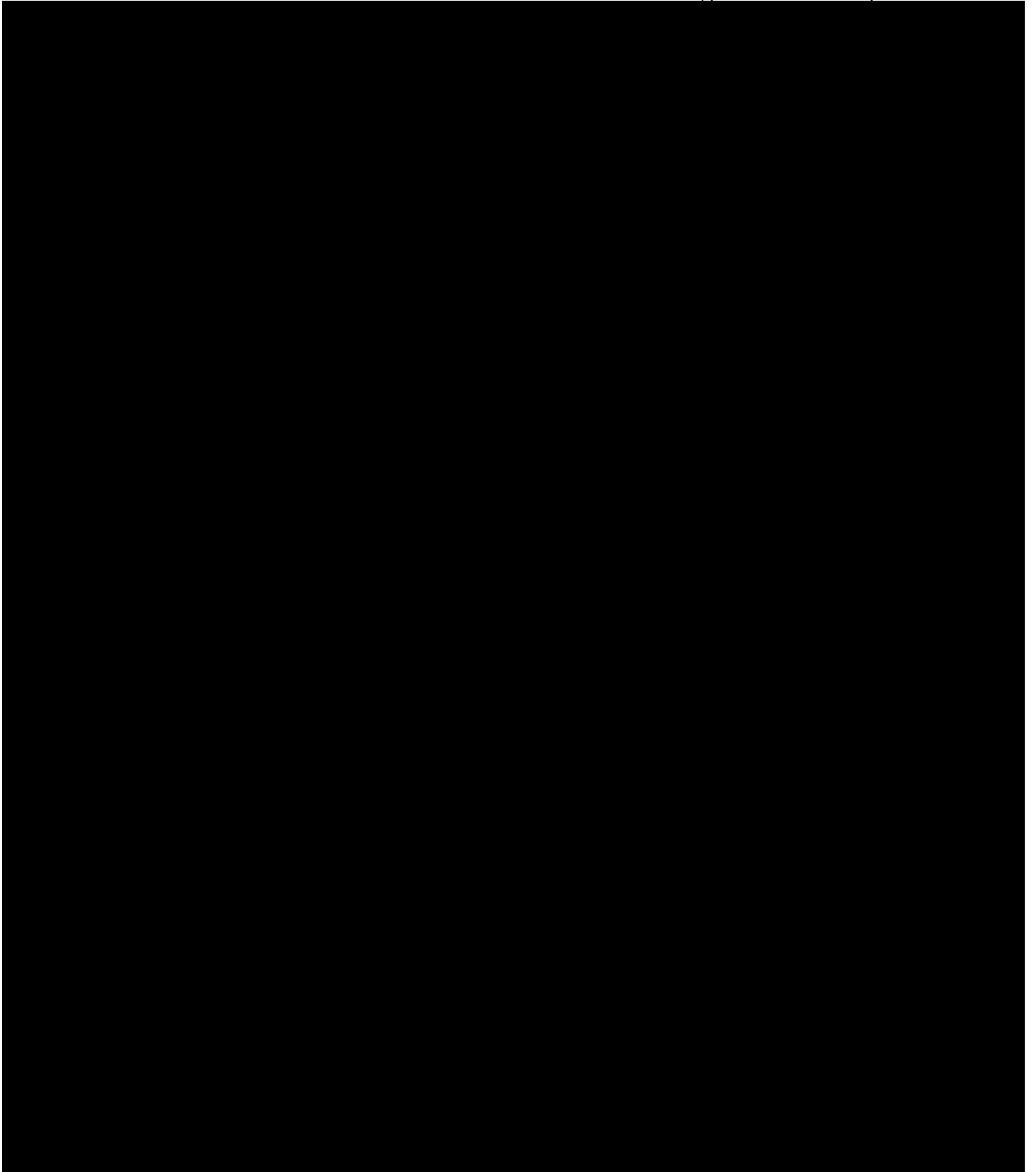


Exhibit 25

REDACTED COPY

The redacted portions of Exhibit 25 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 25 – 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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 25 – Website and Social Media

25.1 – Site Map

At this time Applicant does not own or operate a website in connection with Secure Transport or any medical cannabis activities, nor does it intend to do so.

25.2 – Web Address

At this time Applicant does not own or operate any social media page, or other online site associated with Secure Transport of any medical cannabis activities. It is our goal to mitigate risks and maintain the safety of employees and the public, in all aspects relating to duties of the Secure Transport of medical cannabis; therefore, The Company does not have future plans to own or operate any social media page or other online site for the purpose of advertising.

Additional Notes on Exhibit 25:

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.

Status of Plan or Requirement(s) as of the date of application filing: Completed.

Exhibit 26

REDACTED COPY

The redacted portions of Exhibit 26 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses and unique signatures.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 26 - Ownership Entity Individuals

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

FORM I: OWNERSHIP ENTITY INDIVIDUALS

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

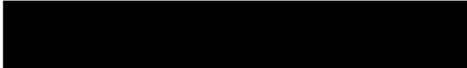
Complete a separate form for each ownership entity, providing information and verification as to each individual having an indirect or direct ownership interest in the ownership entity. Attach additional forms if necessary.

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.

Tyler Van Lines, LLC
Business License Applicant Name

Secure Transporter
License Type

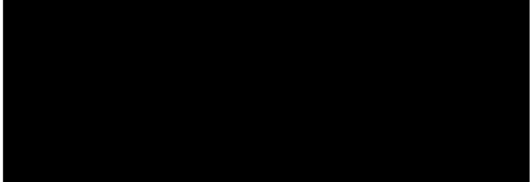
Ownership Entity Information


Ownership Entity Name

100
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): _____

Ownership Entity Owners

 Member 100
Role % Ownership in Entity

Troy AL 36079
City State Zip

Owner Name Role % Ownership in Entity

Street Address

City State Zip

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

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

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

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

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

Street Address

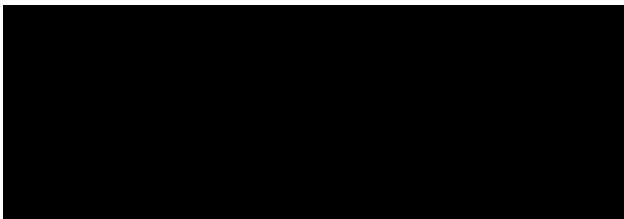
City	State	Zip
------	-------	-----

Owner Name	Role	% Ownership in Entity
------------	------	-----------------------

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 list of all individuals with an applicable ownership interest in an ownership entity with an ownership interest in the Applicant.



Signature of Verifying Individual

Member

Title of Verifying Individual

12/28/2022

Verification Date

Exhibit 27

REDACTED COPY

The redacted portions of Exhibit 27 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses, phone numbers, policy numbers, unique signatures and other unique identifiers of a person or entity.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 27 – Proof of Minimum Liability and Casualty Insurance

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

Responsible Party

Title of Verifying Individual



Signature of Verifying Individual

12/30/2022

Verification Date

Exhibit 27 - Proof of Minimum Liability and Casualty Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURED	TYLETRA-01	INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

COVERAGES

CERTIFICATE NUMBER: [REDACTED]

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLA MS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		[REDACTED]	11/15/2022	11/15/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMB NED SINGLE L MIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCR PTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY L MIT \$

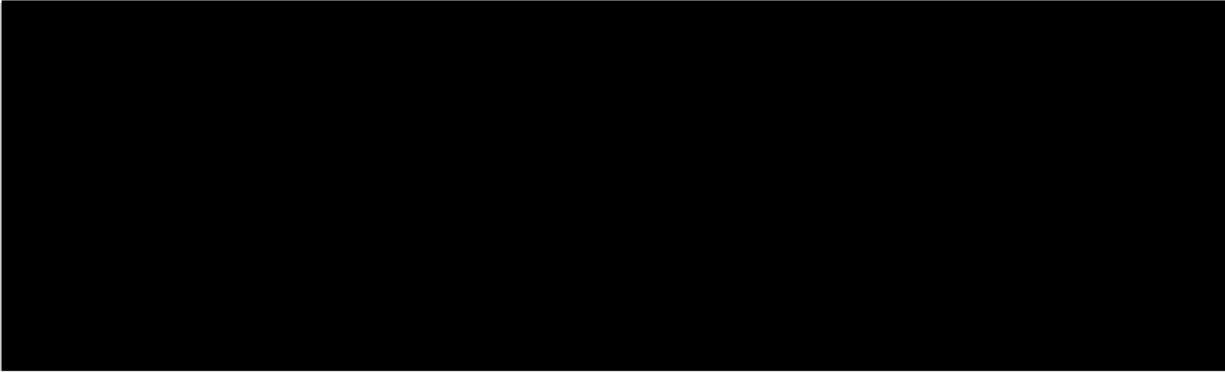
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

AMCC P.O. Box 309585 Montgomery, AL 36130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
---	--

Exhibit 27 - Proof of Minimum Liability and Casualty Insurance



December 14, 2022

Alabama Medical Cannabis Commission
PO Box 309585
Montgomery, AL 36130

Re: Letter of intent for Insurance for Tyler Van Lines, LLC

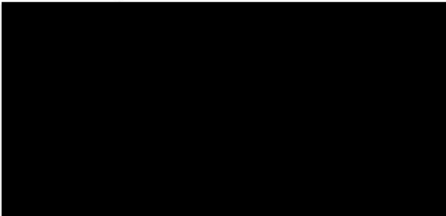
To Whom it May Concern,

Tyler Van Lines, LLC is a valued, longtime client of McGriff Insurance. Enclosed, is a certificate with the current coverages carried by Tyler.

This letter serves to represent that when the time arises, we will be able to alter the coverages to meet and satisfy any requirements of the AMCC and other licensees, as applicable. This will include, but not be limited to, Auto Liability (Fleet vehicle), General Liability, Motor Truck Cargo, Workers Compensation, and Excess Liabilities. This can also include liability limits of \$2,000,000 or more if required. Additionally, any other required coverages can be procured at the appropriate time.

Their current coverages and any additional will be written with "A" rated insurance providers.

Sincerely,



Enclosure

Exhibit 27 - Proof of Minimum Liability and Casualty Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURED
Tyler Van Lines, LLC

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (IND. WORK)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ LIMITED TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			11/15/2022	11/15/2023	COMBINED SINGLE LIMIT (Ea. accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA. EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D		Y N/A		1/4/2022	1/1/2023	
				1/1/2023	1/1/2024	
				1/1/2023	1/1/2024	
B	Motor Truck Cargo			11/15/2022	11/15/2023	\$100,000 Limit \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Proof of Coverage
Tyler Van Lines, LLC

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Exhibit 28

REDACTED COPY

The redacted portions of Exhibit 28 are exempt from inspection and copying under the Alabama Public Records Law, § 36-12-40, et seq., Code of Alabama 1975 (as amended).

Specifically, the redactions include personally identifying information including names, addresses, phone numbers, unique signatures and other unique identifiers of a person or entity.

Any and all redactions fall under some or all of the exceptions to the public records disclosure. The specific reasons are narrowed where appropriate to the scope of the exhibit; however, Applicant asserts that any redactions shall be supported by any and all exceptions under Alabama Law. The Applicant hereby reserve the right and opportunity to assert, any and all arguments, legal basis, additional legal authority and any other persuasive writings, to further support its position in support of any exceptions and/or exclusions.

Exhibit 28 – Affidavit

Entity Applicant

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

Responsible Party

Title of Verifying Individual



Individual

12/30/2022

Verification Date

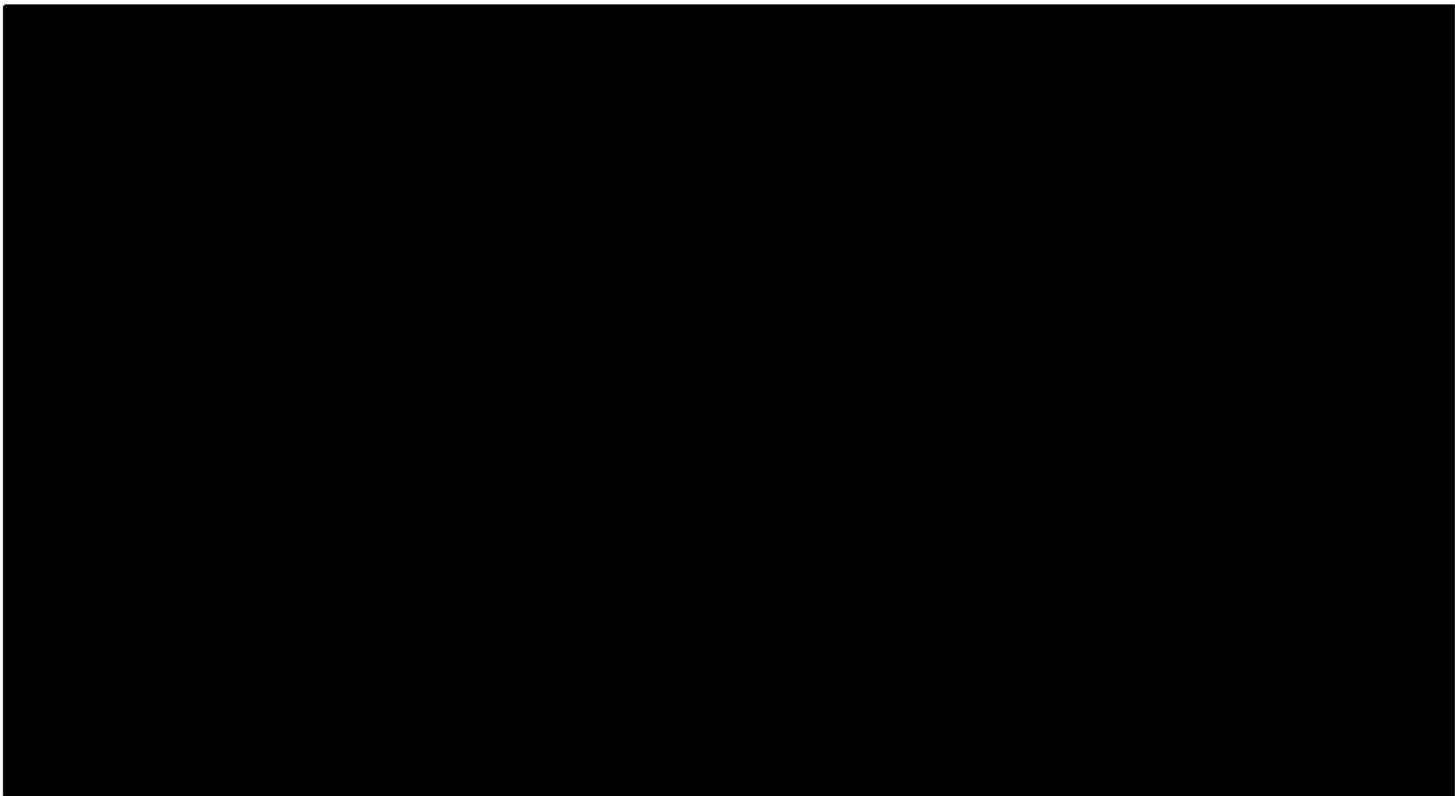


ENTITY SIGNATURE AUTHORIZATION

For Purposes of Certification and Due Diligence, Tyler Van Lines, LLC (Applicant) does hereby attest, authorize and appoint the following individuals to act, verify, certify and sign, for and on its behalf, any documents, statements, affidavits, verifications, exhibits, reports, or otherwise that may be required in the submission of an application request to the Alabama Medical Cannabis Commission and to maintain compliance with The Darren Wesley "Ato" Hall Compassion Act.



This Applicant voluntarily submits to Alabama Act 2021-450, the Alabama Medical Cannabis Rules and Regulations, and the jurisdiction, authority and discretion of the



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

STATE OF Alabama)
)
Pike 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: Tyler Van Lines, LLC

2. NAME OF AFFIANT: [REDACTED]

3. AFFIANT'S POSITION WITH APPLICANT: Leader/Board Member

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 and competent to provide this Affidavit.
[REDACTED] TIAL HERE

In my position stated in paragraph 3 above, I have been duly authorized by the Applicant in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.
[REDACTED] of the entity applicant's written authorization to this Affidavit.)
[REDACTED] TIAL HERE

I do hereby 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 [REDACTED] or any other entity.
[REDACTED] TIAL HERE

The 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

Form K: Affidavit of Entity Applicant for Alabama Medical Cannabis License
Page 2

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

under the AMCC Rules and Alabama law.

INITIAL HERE

e. 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 does not convey to, or otherwise entitle unto, the Applicant any rights to a

INITIAL HERE

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

INITIAL HERE

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

INITIAL HERE

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 of Alabama 1975.

INITIAL HERE

applicant will at all times, to the best of our ability, comply with the AMCC Rules, and operate and maintain transparency with the AMCC, its staff and other agents.

INITIAL HERE

1. 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.

INITIAL HERE

Sworn to and subscribed before me on th

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

STATE OF Alabama)
)
Pike 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: Tyler Van Lines, LLC

2. NAME OF AFFIANT: 

3. AFFIANT'S POSITION WITH APPLICANT: Leader/Board Member

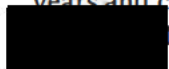
4. AFFIANT IS THE APPLICANT'S (Check One): Responsible Party Contact Person
(The affidavit of BOTH individuals is required)


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.

 INITIAL HERE

b.  ion stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.

 **copy of the entity applicant's written authorization to this Affidavit.)**

 INITIAL HERE

c.  nd 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  individual or any other entity.

 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

Form K: Affidavit of Entity Applicant for Alabama Medical Cannabis License
Page 2

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

[REDACTED] under the AMCC Rules and Alabama law.
[REDACTED] 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

[REDACTED] INITIAL HERE

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

[REDACTED] INITIAL HERE

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

[REDACTED] 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

[REDACTED] of Alabama 1975.
[REDACTED] INITIAL HERE

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

[REDACTED] INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true [REDACTED] as of the date of the Applica

[REDACTED] INITIAL HERE

Sworn to and subscribed before me on this

