

REDACTED COPY AMCC APPLICATION

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
1-13	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
4-13	Ownership information	Disclosure may cause undue harm and is detrimental to the best interests of the public. Disclosure of this information may have a detrimental impact including without limitation on the applicant's existing social and business relationships. Furthermore, without limitation, this information could be used for identity theft.	Ala. Code 36-12-40
3-4, 13	Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
2-3	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40



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DISMISS

Review

Selected Account: Fleur De Vie Wellness Inc.

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

Your reference code is [REDACTED].

File Date : 03/24/2023 8:51 AM

Your transaction ID is : [REDACTED]

Transaction Token: [REDACTED]

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: [REDACTED]

General Applicant Information

✓ Applicant Name: Fleur De Vie Wellness Inc.

✓ Applying as: Business Entity

Trade Name (DBAs) :

✓ Identification Number Type : FEIN

✓ Federal Tax Identification Number : [REDACTED]

✓ Business Entity Name : Fleur De Vie Wellness Inc.

✓ Business Entity Type : Corporation

✓ Secretary of State Entity ID Number : 001044788

✓ Federal Business Code No : 453998

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

Applicant Street Address

✓ Street: 1059 DAUPHIN ST

Unit No / Apt No:

✓ City: MOBILE

✓ County: 49-Mobile

✓ State: Alabama

✓ Zip Code: 36604

✓ Address Verified?: Yes

Applicant Mailing Address

✓ Street: 1059 DAUPHIN ST

Unit No / Apt No:

✓ City: MOBILE

✓ State: Alabama

✓ Zip Code: 36604

✓ Address Verified?: Yes

Applicant Website:

✓ Applicant Email Address : zach@fleurdeviewellness.com

✓ Applicant Phone Number : 2512704820

✓ Do you have a management service agreement in place?: No

✓ Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group? :No

Primary Contact Person

✓ First Name: Zach ✓ Last Name: Huey ✓ Title: Secretary

✓ Phone Number: 2512704820 ✓ Email: [REDACTED]

✓ Street: [REDACTED] Unit No / Apt No: ✓ City: [REDACTED]

✓ State: Alabama ✓ Zip Code: [REDACTED]

✓ Address Verified?: Yes

License Information

✓ License Type: Dispensary

Facility Information

Facility Information

✓ Facility Type: Dispensing Site (Retail Facility) ✓ Dispensing Site : Multi-use Structure Premises

Physical Address

✓ Street: [REDACTED] ✓ Unit No / Apt No: [REDACTED] ✓ City: MOBILE

✓ County: 49-Mobile ✓ State: Alabama ✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

Facility Information Questions

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

✓ Is this facility under construction? : No

- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will commence operations at this facility : [REDACTED]
- ✓ The number of days, if awarded a license, within which the Applicant reasonably projects it will reach full capacity at this facility : [REDACTED]
- ✓ Does the applicant verify that this proposed facility will be in a permissible location, if applicable, and will maintain compliance with all State and local laws, resolutions and ordinances? : Yes

- ✓ Facility Type: Dispensing Site (Retail Facility) : [REDACTED]
- ✓ Dispensing Site : Strip Mall Premises

Physical Address

- ✓ Street: [REDACTED] Unit No / Apt No: [REDACTED] ✓ City: TROY
- ✓ County: 54-Pike ✓ State: Alabama ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

Facility Information Questions

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

- ✓ Facility Type: Dispensing Site (Retail Facility) : [REDACTED]
- ✓ Dispensing Site : Strip Mall Premises

Physical Address

- ✓ Street: [REDACTED] Unit No / Apt No: [REDACTED] ✓ City: FOLEY
- ✓ County: 02-Baldwin ✓ State: Alabama ✓ Zip Code: [REDACTED]
- ✓ Address Verified? : Yes

Facility Information Questions

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

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

Ownership of Applicant

- ✓ Select type of record: Individual
- ✓ Does the individual have an ownership interest in the applicant? : Yes

Individual

- ✓ Legal First Name: Zachary
- Legal Middle Name : [REDACTED]
- ✓ Legal Last Name: Huey
- Suffix: [REDACTED]
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Date of Birth: [REDACTED]
- ✓ Social Security Number : [REDACTED]
- ✓ Race/Ethnicity: [REDACTED]
- ✓ Ownership Percentage of the Applicant : [REDACTED]
- ✓ Role: [REDACTED]

Residence Address

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

-
- ✓ Select type of record: Individual
 - ✓ Does the individual have an ownership interest in the applicant? : Yes

Individual

- ✓ Legal First Name: Michael
- Legal Middle Name : [REDACTED]
- ✓ Legal Last Name: Hayes
- Suffix: [REDACTED]
- ✓ Phone Number: [REDACTED]
- ✓ Email Address: [REDACTED]
- ✓ Date of Birth: [REDACTED]
- ✓ Social Security Number : [REDACTED]
- ✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

✓ Unit No / Apt No: [REDACTED]

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: Caucasian

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

✓ Unit No / Apt No: [REDACTED]

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

✓ Unit No / Apt No: [REDACTED]

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

✓ Legal Middle Name : [REDACTED]

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

✓ Legal Middle Name : [REDACTED]

✓ Legal Last Name: [REDACTED]

✓ Suffix: [REDACTED]

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ Address Verified? : Yes

✓ Select type of record: Individual

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

Individual

✓ Legal First Name: [REDACTED]

Legal Middle Name :

✓ Legal Last Name: [REDACTED]

Suffix:

✓ Phone Number: [REDACTED]

✓ Email Address: [REDACTED]

✓ Date of Birth: [REDACTED]

✓ Social Security Number : [REDACTED]

✓ Race/Ethnicity: [REDACTED]

✓ Ownership Percentage of the Applicant : [REDACTED]

✓ Role: [REDACTED]

Residence Address

✓ Street: [REDACTED]

Unit No / Apt No:

✓ City: [REDACTED]

✓ State: [REDACTED]

✓ Zip Code: [REDACTED]

✓ 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? : Yes
(1) an individual with an ownership interest in the applicant;
(2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or
(3) an entity with an ownership interest in the applicant.

✓ Select Individual or Entity : Individual

Individual

✓ Legal First Name: Zachary

✓ Legal Last Name: Huey

Suffix:

✓ Cannabis Entity Name : Bay Holdings, LLC

✓ Entity Type: Limited Liability Company

✓ Connection to Cannabis Entity : [REDACTED]

✓ Role in Cannabis Entity : [REDACTED]

✓ Percentage of ownership in cannabis entity : [REDACTED]

Cannabis Entity's Physical Address

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

Cannabis Entity's Primary Contact/Responsible Person

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

Questions and Attestations

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction? : NO
-
- ✓ Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed?: NO
-
- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction? : NO
-
- ✓ During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of the applicant or any entity affiliated with the applicant? : NO
-
- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, within the last ten (10) years, filed or been served with a complaint or other notice by any governmental body, regarding a delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law? : NO
-
- ✓ Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?: NO
-
- ✓ Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?: NO
-
- ✓ Is any public official of any unit of government: : NO
- (1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;
- (2) a creditor of the applicant;
- (3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationship with the applicant?
-

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

✓ Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any felony or controlled substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise? : YES

✓ Individual Name: [REDACTED] ✓ Role: [REDACTED] ✓ Date of Offense: [REDACTED]

✓ Name of Court: [REDACTED] ✓ Location of Court (City, State) : [REDACTED] ✓ Arresting Agency : [REDACTED]

✓ Prosecuting Agency : [REDACTED] ✓ Case Caption: [REDACTED] ✓ Docket Number: [REDACTED]

✓ Offense: [REDACTED] ✓ Disposition: [REDACTED] ✓ Location of Incarceration : N/A

✓ Length of Incarceration : N/A ✓ Facts and circumstances concerning offense : [REDACTED]

✓ Individual Name: [REDACTED] ✓ Role: [REDACTED] ✓ Date of Offense: [REDACTED]

✓ Name of Court: [REDACTED] ✓ Location of Court (City, State) : [REDACTED] ✓ Arresting Agency : [REDACTED]

✓ Prosecuting Agency : [REDACTED] ✓ Case Caption: [REDACTED] ✓ Docket Number: [REDACTED]

✓ Offense: [REDACTED]

✓ Disposition: [REDACTED]

✓ Location of Incarceration : N/A

✓ Length of Incarceration : N/A

✓ Facts and circumstances concerning offense : [REDACTED]

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 of : [REDACTED]
Operation

✓ Year One: [REDACTED]

✓ Year Two: [REDACTED]

✓ Year Three: [REDACTED]

✓ Year Four: [REDACTED]

✓ Year Five: [REDACTED]

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

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

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

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

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

✓ Signature: Zachary Huey

✓ Signature Date: 12/30/2022

Documents

✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: AMENDMENT 1678_Exhibit 1_Resume or Curriculum Vitae of Individuals with Owner...

✓ Residency of Owners: 1678_Exhibit 2_Residency of Owners.pdf (/api/documents/kUNKC6b41/download)

✓ Criminal Background Check: Exhibit 3 Criminal Background Check.pdf (/api/documents/BYGOo_Joa/download)

✓ Demonstration of Sufficient Capital: 1678_Exhibit 4_Demonstration of Sufficient Capital - signed.pdf (/api/documents/C...

✓ Financial Statements: Exhibit 5 Financial Statements.pdf (/api/documents/OgMR92lwd/download)

✓ Tax Plan: Exhibit 6 Tax Plan.pdf (/api/documents/GcNuKSm1m/download)

✓ Business Formation Documents: 1678_Exhibit 7_Business Formation Documents - signed.pdf (/api/documents/of3...

✓ Business License and Authorization of Local Jurisdictions: 1678_Exhibit 8_Business License and Authorization of Local Authorities.pdf (/api/d...

✓ Business Plan:	AMENDMENT 1678_Exhibit 9 _Business Plan.pdf (/api/documents/1Y8X61urJ/dow...
✓ Evidence of Business Relationship with other Licensees and Prospective Licensees:	1678_Exhibit 10_Evidence of Business Relationship with Other Licensees and Prosp...
✓ Coordination of Information from Registered Certifying Physicians:	1678_Exhibit 11_Coordination of Information from Registered Certifying Physicians...
✓ Point-of-Sale Responsibilities:	Exhibit 12 Point-of-Sale Responsibilities.pdf (/api/documents/VeWjhrFbm/downlo...
✓ Confidentiality of Patient Information:	Exhibit 13 Confidentiality of Patient Information.pdf (/api/documents/gfXdf l4Q/do...
✓ Money Handling and Taxes:	Exhibit 14 Money Handling _ Taxes.pdf (/api/documents/paU8wRC0Z/download)
✓ Standard Operating Plan and Procedures:	Exhibit 15 Standard Operating Plans and Procedures.pdf (/api/documents/YrSSzN1...
✓ Policies and Procedures Manual:	Exhibit 16 Policies and Procedures Manual.pdf (/api/documents/Nx3JIBI7f/downlo...
✓ Receiving and Shipping Plan:	Exhibit 17 Receiving and Shipping Plan.pdf (/api/documents/WtpHPKTPm/downlo...
✓ Facilities:	1678_Exhibit 18_Facilities.pdf (/api/documents/uci_goZrd/download)
✓ Security Plan:	Exhibit 19 Security Plan.pdf (/api/documents/JT-y1qjPQ/download)
✓ Personnel:	1678_Exhibit 20_Personnel.pdf (/api/documents/o8d3luPHw/download)
✓ Business Leadership Credentials:	Exhibit 21 Business Leadership Credentials.pdf (/api/documents/BcdwFVf87/down...
✓ Employee Handbook:	Exhibit 22 Employee Handbook.pdf (/api/documents/J6Qw7Mubr/download)
✓ Quality Control and Quality Assurance Plan:	1678_Exhibit 23_Quality Control and Quality Assurance Plan.pdf (/api/documents/Z...
✓ Contamination and Recall Plan:	Exhibit 24 Contamination and Recall Plan.pdf (/api/documents/ai_tRsZ_e/download)
✓ Marketing and Advertising Plan:	1678_Exhibit 25_Marketing and Advertising Plan.pdf (/api/documents/zeYQpLjxY/d...
✓ Website and Social Media:	Exhibit 26 Website and Social Media.pdf (/api/documents/ci66fcFqY/download)
Ownership Entity Individuals (if applicable):	No Document Present
✓ Proof of Minimum Liability and Casualty Insurance:	Proof of Minimum Liability and Casualty Insurance.pdf (/api/documents/9Qph7BF...
✓ Affidavit - Entity Applicant:	Correct Affidavit of Entity Applicant.pdf (/api/documents/nem1BZ27K/download)

Payments

- ✓ **Payment Options:** Credit Card

REDACTED COPY**EXHIBIT 1 - Resume or Curriculum Vitae of Individuals with Ownership Interest in Applicant**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
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Cover Page, 1-45	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-45	Owner Information	Disclosure may cause undue harm and is detrimental to the best interests of the public. Disclosure of this information may have a detrimental impact including without limitation on the applicant's existing social and business relationships. Furthermore, without limitation, this information could be used for identity theft.	Ala. Code 36-12-40

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

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.

Zachary Huey

Printed Name of Verifying Official

Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 22, 2023

Verification Date

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

<u>FLEUR DE VIE WELLNESS, INC.</u>	<u>Dispensary</u>
Business License Applicant Name	License Type
<u>Michael Hayes</u>	<u>[REDACTED]</u>
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.

[REDACTED]

[REDACTED]
_ Residential Street Address

[REDACTED]
City State Zip

[REDACTED]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]

[REDACTED]
Residential Street Address

[REDACTED]
City State Zip

[REDACTED]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

[REDACTED]

[REDACTED]
Residential Street Address

[REDACTED]
City State Zip

[REDACTED]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]

[REDACTED]
Residential Street Address

[REDACTED]
City State Zip

[REDACTED]
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City State Zip

[Redacted]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City State Zip

[Redacted]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City State Zip

[Redacted]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City State Zip

[Redacted]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

City State Zip

[Redacted]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]		
Residential Street Address		
[REDACTED]		
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
[REDACTED]	[REDACTED]	
Residential Street Address		
[REDACTED]		
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
[REDACTED]	[REDACTED]	
Residential Street Address		
[REDACTED]		
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
[REDACTED]	[REDACTED]	
Residential Street Address		
[REDACTED]		
City	State	Zip
[REDACTED]	[REDACTED]	[REDACTED]
Date Resided From (MM/YYYY)	Date Resided To (MM/YYYY)	
[REDACTED]	[REDACTED]	

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)

Education

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

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

Employment History

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

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

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

[Redacted]

Employer Contact Person Telephone

[Redacted]

Business Address

[Redacted]

City State Zip

[Redacted]

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

[Redacted]

Employer Contact Person Telephone

[Redacted]

Business Address

[Redacted]

City State Zip

[Redacted]

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

[Redacted]

Employer Contact Person Telephone

[Redacted]

Business Address

[Redacted]

City State Zip

[Redacted]

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

Employer Contact Person Telephone

Business Address

City State Zip

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.	Dispensary
Business License Applicant Name	License Type
Zachary Huey	██████████
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.

████████████████████

Residential Street Address

██████████

City

██████████

Date Resided From (MM/YYYY)

State

██████████

Zip

██████████

Date Resided To (MM/YYYY)

Residential Street Address

██████████

City

██████████

Date Resided From (MM/YYYY)

State

██████████

Zip

██████████

Date Resided To (MM/YYYY).

Residential Street Address

████████████████████

City

██████████

Date Resided From (MM/YYYY)

State

██████████

Zip

██████████

Date Resided To (MM/YYYY)

Residential Street Address

████████████████████

City

██████████

Date Resided From (MM/YYYY)

State

██████████

Zip

██████████

Date Resided To (MM/YYYY)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address

City

Date Resided From (MM/YYYY)

State

Zip

Date Resided To (MM/YYYY)

Residential Street Address
City
State
Zip
Date Resided From (MM/YYYY)
Date Resided To (MM/YYYY)

Residential Street Address
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)

Education

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

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

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

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

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

Employment History

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

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

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

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

No earlier employment

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE WELLNESS, INC.	Dispensary
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.

██████████
Residential Street Address

██████ State ██████ Zip

City

██████ Date Resided From (MM/YYYY) ██████ Date Resided To (MM/YYYY)

██████████
Residential Street Address

██████ State ██████ Zip

City

██████ Date Resided From (MM/YYYY) ██████ Date Resided To (MM/YYYY).

██████████
Residential Street Address

██████ State ██████ Zip

City

██████ Date Resided From (MM/YYYY) ██████ Date Resided To (MM/YYYY)

██████████
Residential Street Address

██████ State ██████ Zip

City

██████ 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)

[REDACTED]

Residential Street Address

[REDACTED]

City State Zip

[REDACTED]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

[REDACTED]

City State Zip

[REDACTED]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

[REDACTED]

City State Zip

[REDACTED]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

[REDACTED]

City State Zip

[REDACTED]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

[REDACTED]

City State Zip

[REDACTED]

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Education

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

Institution

City

State

Date Attended From (MM/YYYY)

Date Attended To (MM/YYYY)

Degree Received

Institution

City

State

Date Attended From (MM/YYYY)

Date Attended To (MM/YYYY)

Degree Received

Institution

City

State

Date Attended From (MM/YYYY)

Date Attended To (MM/YYYY)

Degree Received

Institution

City

State

Date Attended From (MM/YYYY)

Date Attended To (MM/YYYY)

Degree Received

Employment History

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

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

[Redacted]

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

[Redacted]

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

[Redacted]

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

[Redacted]

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



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

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

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

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.

██

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)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)







[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)







[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)







[REDACTED]
Residential Street Address
[REDACTED] _____
City State Zip
[REDACTED] _____
Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

Education

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

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









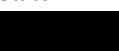
		
Institution	City	State
		
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

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


<hr/>	<hr/>	<hr/>
Institution	City	State
<hr/>	<hr/>	<hr/>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received


Employment History


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


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


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


 _____
Employer


 _____
Contact Person


 _____
Telephone


 _____
Business Address


 _____
City


 _____
State


 _____
Zip


 _____
Date Employed From (MM/YYYY)


 _____
Date Employed To (MM/YYYY)


 _____
Employer


 _____
Contact Person


 _____
Telephone


 _____
Business Address


 _____
City


 _____
State


 _____
Zip


 _____
Date Employed From (MM/YYYY)


 _____
Date Employed To (MM/YYYY)


 _____
Employer


 _____
Contact Person


 _____
Telephone


 _____
Business Address

 _____
City

 _____
State

 _____
Zip

 _____
Date Employed From (MM/YYYY)

 _____
Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

[REDACTED]

[REDACTED]

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.

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

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)

Education

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

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

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

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

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

Employment History

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

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

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

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

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

[Redacted]

[Redacted]

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.

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[Redacted]

Residential Street Address

[Redacted]

[Redacted]

[Redacted]

City

State

Zip

[Redacted]

[Redacted]

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.

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

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

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

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

Employment History

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

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.

████████████████████

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

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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)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

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

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

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

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

Employment History

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

_____	_____	_____
Employer	Contact Person	Telephone

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

[REDACTED]

[REDACTED]

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.

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

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)

Education

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

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

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

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

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

Employment History

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

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

[REDACTED]

[REDACTED]

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.

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

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)

Education

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

 Institution City State

 Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

 Institution City State

 Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

 Institution City State

 Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

 Institution City State

 Date Attended From (MM/YYYY) Date Attended To (MM/YYYY) Degree Received

Employment History

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

 Employer Contact Person Telephone

 Business Address

 City State Zip

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

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

[REDACTED]

[REDACTED]

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.

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

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

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

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

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

Employment History

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

_____	_____	_____
Employer	Contact Person	Telephone
_____	_____	_____

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

[REDACTED]

[REDACTED]

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.

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

[REDACTED]

Residential Street Address

[REDACTED]

[REDACTED]

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY).

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Residential Street Address

City

State

Zip

Date Resided From (MM/YYYY)

Date Resided To (MM/YYYY)

Education

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

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

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

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

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

Employment History

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

_____	_____	_____
Employer	Contact Person	Telephone
_____	_____	_____

Business Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Employer	Contact Person	Telephone
Business Address		
City	State	Zip
03/2010	08/2018	
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)	

REDACTED COPY**EXHIBIT 2 - Residency of Owners**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, 4, 6-7, 9, 11, 13	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
2	Ownership Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant. Disclosure may also create liability under the Securities Act of 1933.	Ala. Code 20-2a-55; Securities Act of 1933
3-13	Owner Information	Disclosure may cause undue harm and is detrimental to the best interests of the public. Disclosure of this information may have a detrimental impact including without limitation on the applicant's existing social and business relationships. Furthermore, without limitation, this information could be used for identity theft.	Ala. Code 36-12-40

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.

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 3, 2023

Verification Date

TABLE OF CONTENTS

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2.1 Summary

54.46% of the Applicant is owned by individuals who have been residents of Alabama for at least 15 years (December 29, 2007 – December 30, 2022). A cap table of the current ownership at the time of application is attached to this Exhibit 2 - Residency of Owners (identified as “FDV Cap Table – attachment to Exhibit 2”).

The Applicant has supplied voting records to demonstrate residency in Alabama.

Section 2.2 details the supporting information demonstrating residency of the owners in Alabama. This information includes: owner, ownership percentage in Applicant, demonstrated residency record time period, and evidence of residency.

FDV Cap Table – attachment to Exhibit 2

CAP TABLE	
Shareholder	Investment Issue Price Shares Percent of Ownership
TOTAL COMMON SHARES	Alabama Residency*
[REDACTED]	[REDACTED]

2.2 Owner Residency Supporting Evidence

Owner 1:

[REDACTED]

Ownership Percent in Applicant (rounded to two decimal places):

[REDACTED]

Residency Record Time Period:

[REDACTED]

Evidence of Residency:

[REDACTED]

Remainder of page intentionally blank



Owner 2:

[REDACTED]

Ownership Percent in Applicant (rounded to two decimal places):

[REDACTED]

Residency Record Time Period:

[REDACTED]

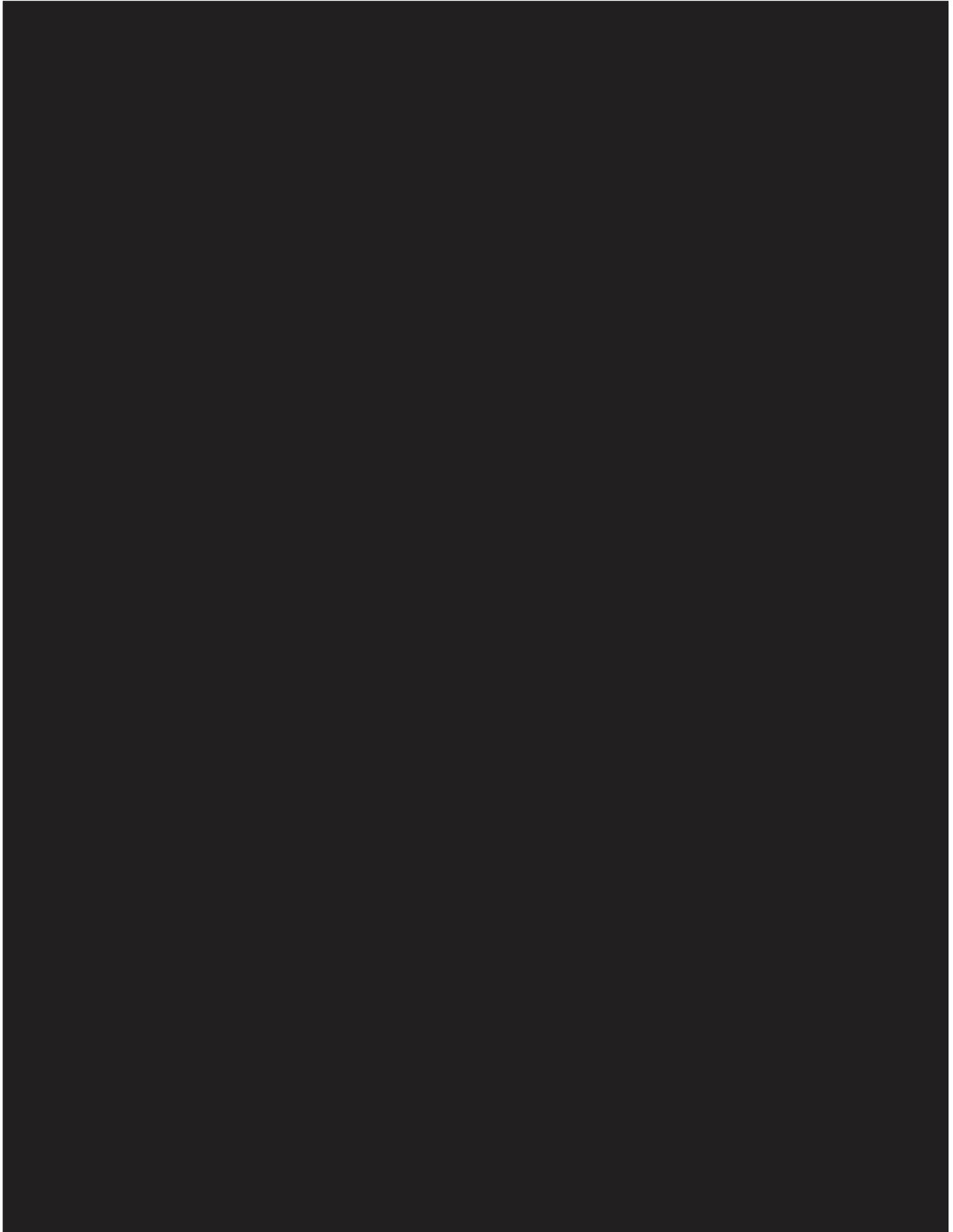
Evidence of Residency:

[REDACTED]

Remainder of page intentionally blank

B.Isbell Voting Records – attachment to Exhibit 2





Owner 3:

[REDACTED]

Ownership Percent in Applicant (rounded to two decimal places):

[REDACTED]

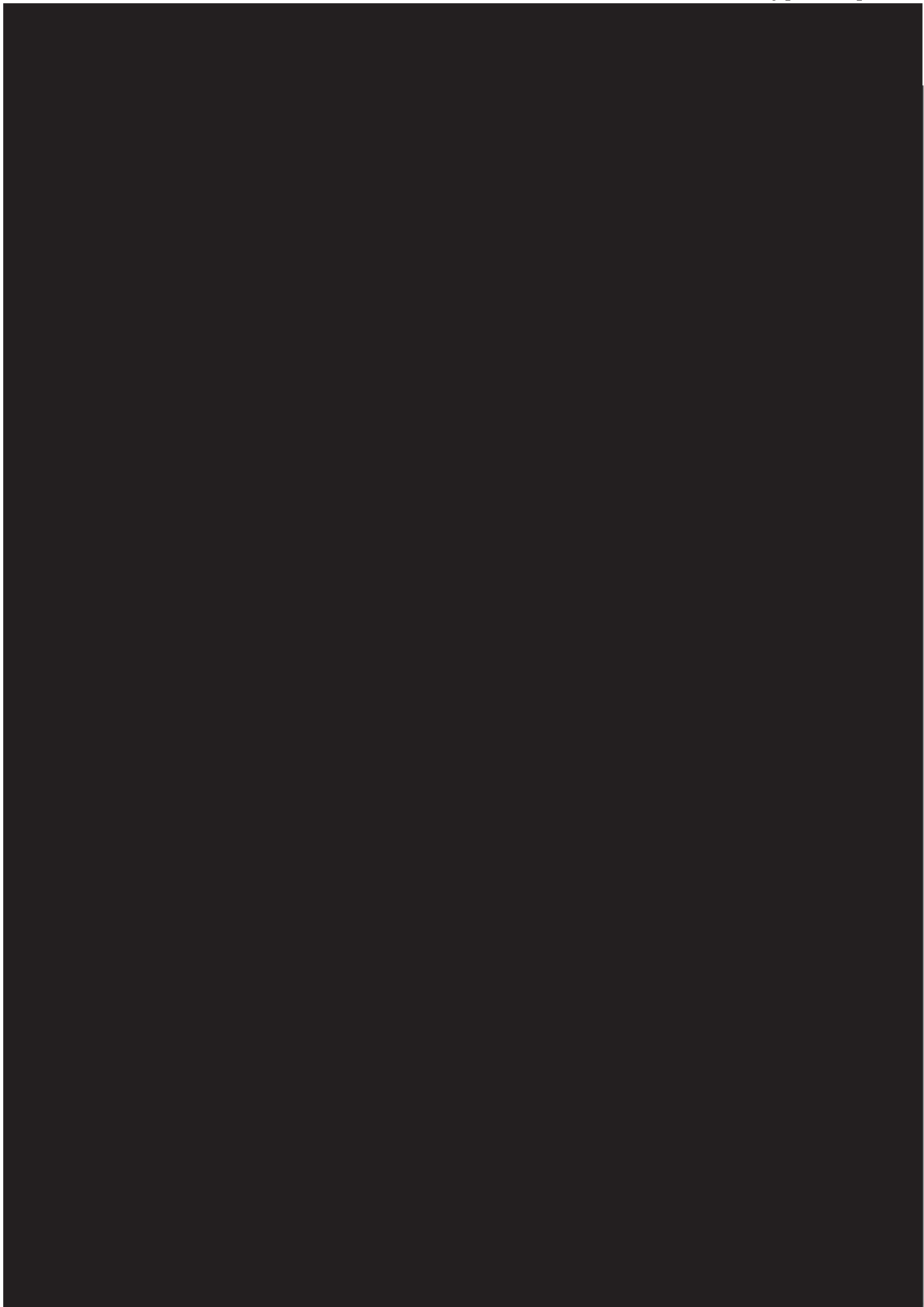
Residency Record Time Period:

[REDACTED]

Evidence of Residency:

[REDACTED]

Remainder of page intentionally blank



Owner 4:

[REDACTED]

Ownership Percent in Applicant (rounded to two decimal places):

[REDACTED]

Residency Record Time Period:

[REDACTED]

Evidence of Residency:

[REDACTED]

Remainder of page intentionally blank



Owner 5:

[REDACTED]

Ownership Percent in Applicant (rounded to two decimal places):

[REDACTED]

Residency Record Time Period:

[REDACTED]

Evidence of Residency:

[REDACTED]

Remainder of page intentionally blank



REDACTED COPY**EXHIBIT 3 - Criminal Background Check**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page (1)-14	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
2-3, 7-14	Owner Information	Disclosure may cause undue harm and is detrimental to the best interests of the public. Disclosure of this information may have a detrimental impact including without limitation on the applicant's existing social and business relationships. Furthermore, without limitation, this information could be used for identity theft.	Ala. Code 36-12-40

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.

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

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

NAME	ROLE (select all that apply)
Michael Hayes	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Zachary Huey	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Kathleen Huey	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
Amy Hayes	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
[REDACTED]	<input type="checkbox"/> Owner <input checked="" 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.

Kathleen Huey

Director

Printed Name of Verifying Individual

Title of Verifying Individual

[REDACTED]

12/12/2022

Signature of Verifying Individual

Verification Date

FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

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

NAME	ROLE (select all that apply)
[REDACTED]	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<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.

Kathleen Huey

Director

Printed Name of Verifying Individual

Title of Verifying Individual

[REDACTED]

12/12/2022

Signature of Verifying Individual

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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

FLEUR DE VIE WELLNESS, INC.

Business License Applicant Name

Michael Hayes

Individual's Name

Dispensary

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

12/13/2022
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.

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

Zachary Huey

Individual's Name

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.
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12/1/22

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

Kathleen Huey

Individual's Name

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.
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Signature of Verifying Individual

12/1/22
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

Individual's Name

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.
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- 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

12/5/22
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.

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name
Amy Hayes

License Type

Individual's Name

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.
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Signature of Verifying Individual

12/2/22
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.
Business License Applicant Name

DISPENSARY
License Type

[Redacted]
Individual's Name

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).
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- 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 of verifying individual

11.12.2022
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

Individual's Name

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:

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Signature of Verifying Individual

12-13-2022
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.
Business License Applicant Name

Dispensary
License Type


Individual's Name

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:

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Signature of Verifying Individual

December 02, 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.

FLEUR DE VIE WELLNESS, INC.
Business License Applicant Name

Dispensary
License Type

[Redacted]
Individual's Name

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

Verification

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[Redacted]
Signature of Verifying Individual

December 02, 2022
Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

Individual's Name

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

Verification

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Signature of verifying individual

12/7/2022

Verification Date

FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION

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FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

Individual's Name

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:

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12/7/2022

Verification Date

REDACTED COPY**EXHIBIT 4 - Demonstration of Sufficient Capital**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, 3, 5, Signature Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1	Assumptions	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
1-3	Projections	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant. Disclosure may also create liability under the Securities Act of 1933.	Ala. Code 20-2a-55; Securities Act of 1933
1-2	Financial Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
4-5	Accountant Verification	This information is confidential or proprietary. Disclosure of this information may cause undue harm to the applicant by creating breach of contract liability to a third party.	Ala. Code 20-2a-55

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.

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official



Signature of Verifying Official

March 3, 2023

Verification Date

4.1 The Applicant’s Capital Needs

The Applicant must demonstrate and verify sufficient capital as well as the source of the capital. “Sufficient capital” means the total of the Applicant’s projected annual budget for the first three full years after the license is issued. Ala. Code r. 538-x-3-.02-17. Pursuant to Appendix A to Chapter 3 of the Rules, the expected issuance date is July 10, 2023. Thus, the first three full years after issuance are calendar year 2024, 2025, and 2026.

To calculate the projected annual budget needs, the Applicant has taken into account the following factors: [REDACTED]

[REDACTED]

[REDACTED] The Applicant added the total cumulative capital requirement for the first three full years minus the total projected revenue for the first three full years. Then, the Applicant made additional adjustments to account for unanticipated costs and expenses, or slower market growth than projected.

Based on conservative revenue projections, and accounting for anticipated and unanticipated costs, the Applicant has determined the cumulative annual budget capital requirement for the first three full years is [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4.2 The Applicant Has Access to Sufficient Capital

The Applicant has access to over [REDACTED] in capital from our shareholders. The shareholders have committed to providing these funds to meet the sufficient capital requirements of the Applicant. The Applicant plans to meet our capital requirements by issuing stock to the shareholders or receiving loans from the shareholders. If awarded a license, the first follow-on investment will be a “Series A” investment round.

The “Series A” investment round will allow the business to maintain positive cash flow until the company begins consistently earning profits. [REDACTED]

[REDACTED] The cap table for the Series A round is included below. We will conduct the Series A round in compliance with the Act and the Rules (including notification of a material change pursuant to Chapter 4 Section .08 of the Rules), State and Federal securities laws, and all other applicable laws and rules.

[REDACTED]

To satisfy the Act's 15-year residency requirement in the Series A round, the Applicant shall sell [REDACTED]

[REDACTED]

The Applicant may, [REDACTED] and consistent with all securities laws and any requirements of the AMCC, allow [REDACTED]

[REDACTED]

then the Applicant will notify the AMCC of this material change. Ala. Admin. Code r. 538-x-4-.08. [REDACTED]

[REDACTED]. These requirements include all requirements set forth in the Act, Rules, or decision of the AMCC. [REDACTED] not turn over more than 35% of our stock to an outside person or entity. Ala. Admin. Code r. 538-x-4-.16.

[REDACTED]
[REDACTED] shareholders meeting the residency requirement always hold at least 51% of the ownership in the Applicant.

If additional funds are required over the course of the next three years, [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

4.3 Independent Certified Public Accountant Verification of Sufficient Capital

Hill Barth and King, LLC., an independent accounting firm (“Accountant”), was engaged by the Applicant to verify the Applicant has access to sufficient capital to cover the annual budget of the first three full years. The Accountant both determined the amount of the sufficient capital requirement, and verified the funds available to the Applicant. After completing their verification, the Accountant provided the attached, signed letter as of the date provided thereon as their verification of sufficient capital (identified as “Independent Accountant Verification - attachment to Exhibit 4”).

4.4 Verification by Responsible Party and Contact Party

By signing and dating below, the responsible person designated by the Applicant and the Applicant’s contact party verify and affirm the Applicant has access to sufficient capital and the source of the capital are the shareholders of the Applicant. This capital is sufficient to meet the Applicant’s annual budget for each of the first three full years after the license is issued

Responsible person [REDACTED]
Michael Hayes, CEO and President
Date: March 3, 2023

Contact party: [REDACTED]
Zachary Huey, CLO and Secretary
Date: March 3, 2023

Independent Accountant Verification - attachment to Exhibit 4

December 27, 2022

Alabama Medical Cannabis Commission

RSA Dexter Avenue Building

445 Dexter Avenue, Suite 8040

Montgomery, AL 36104

Dear Commissioners:



Independent Accountant Verification - attachment to Exhibit 4



...the first of these is the fact that the ...

...the second of these is the fact that the ...

...the third of these is the fact that the ...

...the fourth of these is the fact that the ...

...the fifth of these is the fact that the ...

...the sixth of these is the fact that the ...

...the seventh of these is the fact that the ...

...the eighth of these is the fact that the ...

...the ninth of these is the fact that the ...

REDACTED COPY
EXHIBIT 5 - Financial Statements

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
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1	Projections	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant. Disclosure may also create liability under the Securities Act of 1933.	Ala. Code 20-2a-55; Securities Act of 1933
3-6	Financial Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

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.

Zachary Huey

Printed Name of Verifying Official

CLO and Secretary

Title of Verifying Official

_____
Signature of Verifying Official

Dec 30, 2022

Verification Date

Background and Assumptions

This Exhibit provides financial statements for the year of commencement, and the first three full calendar years thereafter. For the Applicant, “commencement” begins when the license is issued. Pursuant to Appendix A to Chapter 3 of the Rules, the expected issuance date is July 10, 2023. Therefore, the commencement year is 2023, and the next three full years are calendar years 2024, 2025, and 2026.

Cost Projections

When the license is issued, the Applicant will commence operations. This includes remodeling each dispensing site, hiring personnel, paying contractors, and acquiring goods and/or entering contracts for their acquisition. Our projections are based on [REDACTED]

[REDACTED]

The estimated build out costs are [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

For the projected salaries and payroll expenses, [REDACTED]

[REDACTED]

[REDACTED]

The remaining costs are based on quotes from contractors, estimates based on the experience of our personnel and advisors, review of similar costs in other markets, and accounting for unanticipated costs and expenses.

Revenue Projections

To create the revenue projections, the Applicant had to make assumptions about the Alabama market, share of market available to the Applicant, the population growth of Alabama, and the number of patients served by the Applicant. These assumptions are derived from the Applicant's own extensive analysis of data from comparable medical cannabis states combined with [REDACTED]

[REDACTED]

We independently took into account the unique demographics of each area where our dispensing sites are located. First [REDACTED]

[REDACTED]

Next, we reviewed [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

5.1 Balance Sheet Report

The balance sheet provides a detailed summary of the Applicant’s assets and liabilities from “pre-opening” through 2026, as of December 31 for each full year. In each year of operation, the Applicant anticipates [REDACTED]

[REDACTED]
[REDACTED]

Balance sheet report attached on the next page.



5.2 Profit and Loss Report

The profit and loss report provides greater detail into the Applicant's expectation of income, expenses, and net profit (or net income), to include when the business will reach profitability. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5.3 Statement of Cash Flow

The statement of cash flow is the best indicator of projected annual budget requirements.

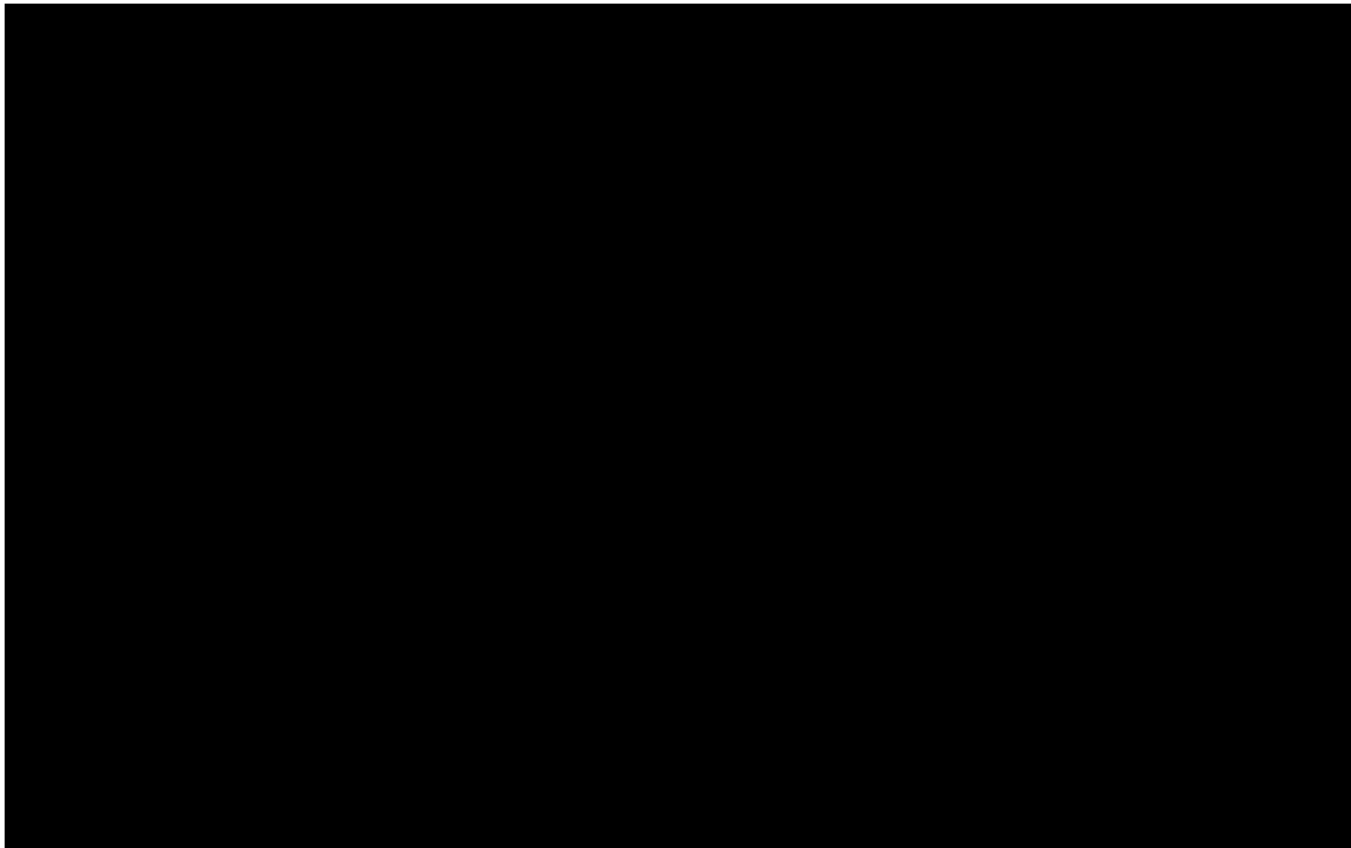
To operate year over year, the Applicant must meet its cumulative annual cash flow requirement. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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.

REDACTED COPY
EXHIBIT 6 - Tax Plan

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1	Personnel Information	This information is confidential or proprietary. This information is sensitive personnel records. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55; Ala. Code 36-12-40
2, 4-5	Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55
5	Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

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.

Zachary Huey

Printed Name of Verifying Official

CLO and Secretary

Title of Verifying Official

_____
Signature of Verifying Official

Dec 30, 2022

Verification Date

6.1 Tax Plan

Consistent with the Applicant’s (“we,” “us,” “our”) goal to be a compliant, model example of a medical cannabis facility for Alabama, we will comply with all federal, state, and local tax requirements, including, but not limited to, providing all information required for purposes of the taxes levied by Chapter 2A of Title 20, Code of Alabama 1975 (as amended), and payment of the same. This tax plan (“Plan”) has been designed to operate as a basis and guidance for the Applicant’s managerial and accounting staff with regards to tax procedures. It is not the Applicant’s intention to evade taxes, make delinquent payments, or to not cooperate with any relevant tax agencies. We will work closely with an independent accounting or tax firm to update this tax plan and ensure we are in complete adherence to any and all tax laws.

6.2 Federal and Alabama Income Tax Reporting Procedures

[REDACTED] is our Chief Financial Officer (“CFO”). He has over 25 years of experience and has served clients in the cannabis industry since its inception in Colorado. He will be responsible for ensuring compliance with federal and Alabama income tax laws and regulations. [REDACTED]

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

The CFO will be specifically responsible for maintaining compliance with Title 26 of the United States Code (the Internal Revenue Code). Alabama’s income tax laws generally conform to the federal income tax laws and regulations. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Internal Revenue Service U.S. Code §280E (§280E) states:

[REDACTED]

Our CFO and relevant accounting staff will be trained on 280E, and [REDACTED]

[REDACTED]

[REDACTED]

The three main categories in the detailed chart of accounts will be [REDACTED]

Typically, cannabis businesses have been allowed to offset gross sales with a reduction for Cost of Goods Sold (“COGS”) for income tax purposes. Direct and indirect costs can be categorized as COGS only if they are necessary for the acquisition of products, less trade or other discounts, plus transport and other necessary charges, incurred in acquiring possession. These amounts will remain in inventory listed as an asset until the product is

moved or sold. Direct and indirect costs will be categorized as COGS only if the costs are inventoriable costs using the applicable inventory-costing regulations under §471 as they existed when 280E was enacted.

[REDACTED]

[REDACTED] It is not the intention of the Applicant to improperly report tax information.

6.3 State and Local Tax Reporting Procedures

In accordance with Article 5, Section 20-2A-80 of the Alabama Code, the Applicant will collect and remit taxes on retail sales of medical cannabis and the annual medical cannabis privilege tax; in addition to all other taxes of every kind imposed by law.

Our CFO will be responsible for ensuring compliance with state and local tax reporting. Notwithstanding future regulations promulgated by the AMCC, the Department, or any other authoritative agencies, the following state taxes apply to our business:

[REDACTED]

[REDACTED]

Our medical cannabis products will be displayed to customers [REDACTED] We will work with our accounting staff to ensure our point of sale (“POS”) system will calculate a 9% tax amount on the total amount of each sale of medical cannabis or other items subject to state cannabis sales tax. [REDACTED]

[REDACTED]

[REDACTED]

The CFO will be responsible for compliance with all sales and use tax imposed at the state and local level. This includes filing the state and local sales tax returns and scheduling payments to the applicable authorities. As of the application, the current anticipated sales and use taxes, including cannabis sales tax, is [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

6.4 Payroll Tax Reporting Procedures

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

6.5 Other Reporting Procedures

31 U.S.C. §5331 states that any single entity which receives more than \$10,000 in cash during a transaction is required to file a report located on Form 8300 from the IRS. Whenever the \$10,000 threshold is met, it will be the duty of the CFO to file IRS Form 8300 within 15 days of the transaction date. CFO will work with the Applicant’s accounting firm to ensure we are properly filling out Form 8300 and are in full compliance with §5331.

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.

REDACTED COPY**EXHIBIT 7 - Business Formation Documents**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, 2, 7, 9 41, Signature Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1	Ownership Information	This information is a confidential trade secret. Disclosure of this information may cause undue harm.	Ala. Code 20-2a 55
9-22	Entity Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20 2a 55
23-30	Ownership Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant. Disclosure may also create liability under the Securities Act of 1933.	Ala. Code 20-2a-55; Securities Act of 1933

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.

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official



March 3, 2023

Signature of Verifying Official

Verification Date

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7.1 Summary

The Applicant is Fleur De Vie Wellness, Inc. an Alabama corporation. In an effort to be transparent and allow for a clear picture of the ultimate beneficial owners, [REDACTED]

The Applicant is a corporation. The business formation documents for a corporation are the certificate of incorporation and “the other documents or agreements, including bylaws, ...or similar documents, adopted by the entity pursuant to this title to govern the formation or the internal affairs of the entity...” Ala. Code 10A-1-1.03. The Applicant has filed and received a certificate of incorporation. A certified copy of the certificate of incorporation is attached to this Exhibit (identified as “FDV COI – attachment to Exhibit 7”).

The incorporator and initial directors of the Applicant completed the corporate organization of the Applicant by a written consent with the same effect as an organizational meeting. Ala. Code 10A-2A-2.04. The Applicant adopted bylaws, and approved a subscription agreement for each shareholder, along with taking other necessary and reasonable corporate actions. Each shareholder has executed a subscription agreement with the Applicant which adds terms and conditions on their shares in the Applicant.

The Applicant's CLO and Secretary certified the current bylaws, written consent, and the subscription agreement and each signature page from the shareholders for this exhibit. This secretary's certificate is attached to this Exhibit (identified as "FDV Secretary Certificate – attachment to Exhibit 7").

7.2 Business Formation Document Certification

By signing and dating below, a responsible person for the Applicant verifies and affirms the attached business formation documents are true, complete, and accurate copies. The responsible party verifies and affirms the foregoing as of the date set forth below.

Responsible person:

 _____

Michael Hayes, CEO and President

03/03/2023

Date

FDV COI – attachment to Exhibit 7

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a
true, accurate, and literal copy of the Articles of Formation filed on behalf of
Fleur De Vie Wellness Inc., as received and filed in the Office of the Secretary of
State on 10/17/2022.



20221211000001814

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

12/11/2022

Date

John H. Merrill

Secretary of State

FDV COI – attachment to Exhibit 7

STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF INCORPORATION

PURPOSE: In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the Code of Alabama 1975, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

- 1. The name of the corporation (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Section 10A-1-5.04):

Fleur De Vie Wellness Inc

- 2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

- 3. Street (No PO Boxes) address of principal office of the corporation: _____

1059 Dauphin St. Mobile, AL 36604

Mailing address of principal office (if different from street address): _____

- 4. The name of the registered agent (only one agent): Zachary Huey

Street (No PO Boxes) address of registered office (must be located in Alabama): _____

1059 Dauphin St. Mobile, AL 36604

*COUNTY of above address: MOBILE

Mailing address in Alabama of registered office (if different from street address): _____

(For SOS Office Use Only)	
Alabama	
Sec. Of State	
001-044-788	D/C
Date	10/17/2022
Time	08:33:00
File	\$100.00
County	\$100.00
Total	\$200.00

FDV COI – attachment to Exhibit 7

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION

5. Purpose for which corporation is formed: _____

The transaction of any lawful business for which corporations may be incorporated _____;
the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue: 1000000 Par Value 0.0001
(optional)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): See attached

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

FDV COI – attachment to Exhibit 7

The name(s) of the Incorporator(s): _____

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

The name(s) of the Incorporator(s): _____

Street (No PO Boxes) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

- 9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its stockholders.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.


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

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

Zachary Huey
Signature as required by 10A-2A-1.20
Manager
Title

FDV COI – attachment to Exhibit 7

Additional Details

Incorporators		
Incorporator	Street Address	Mailing Address
Bay Holdings, LLC		

FDV COI – attachment to Exhibit 7

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Fleur De Vie Wellness Inc.

This name reservation is for the exclusive use of Bay Holdings, LLC, 516 Polo Trace, Daphne, AL 36526 for a period of one year beginning October 17, 2022 and expiring October 17, 2023



RES051736

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

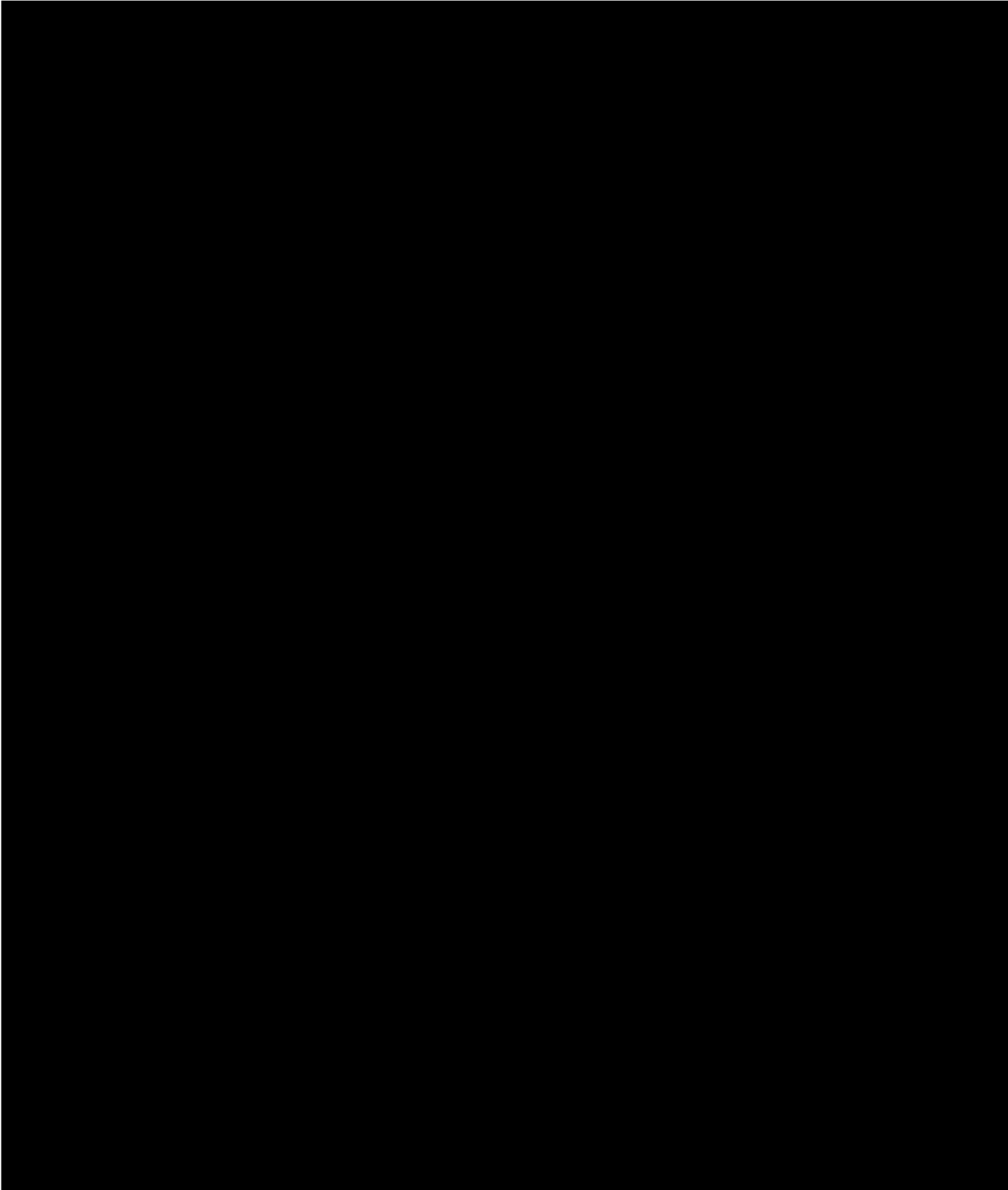
October 17, 2022

Date

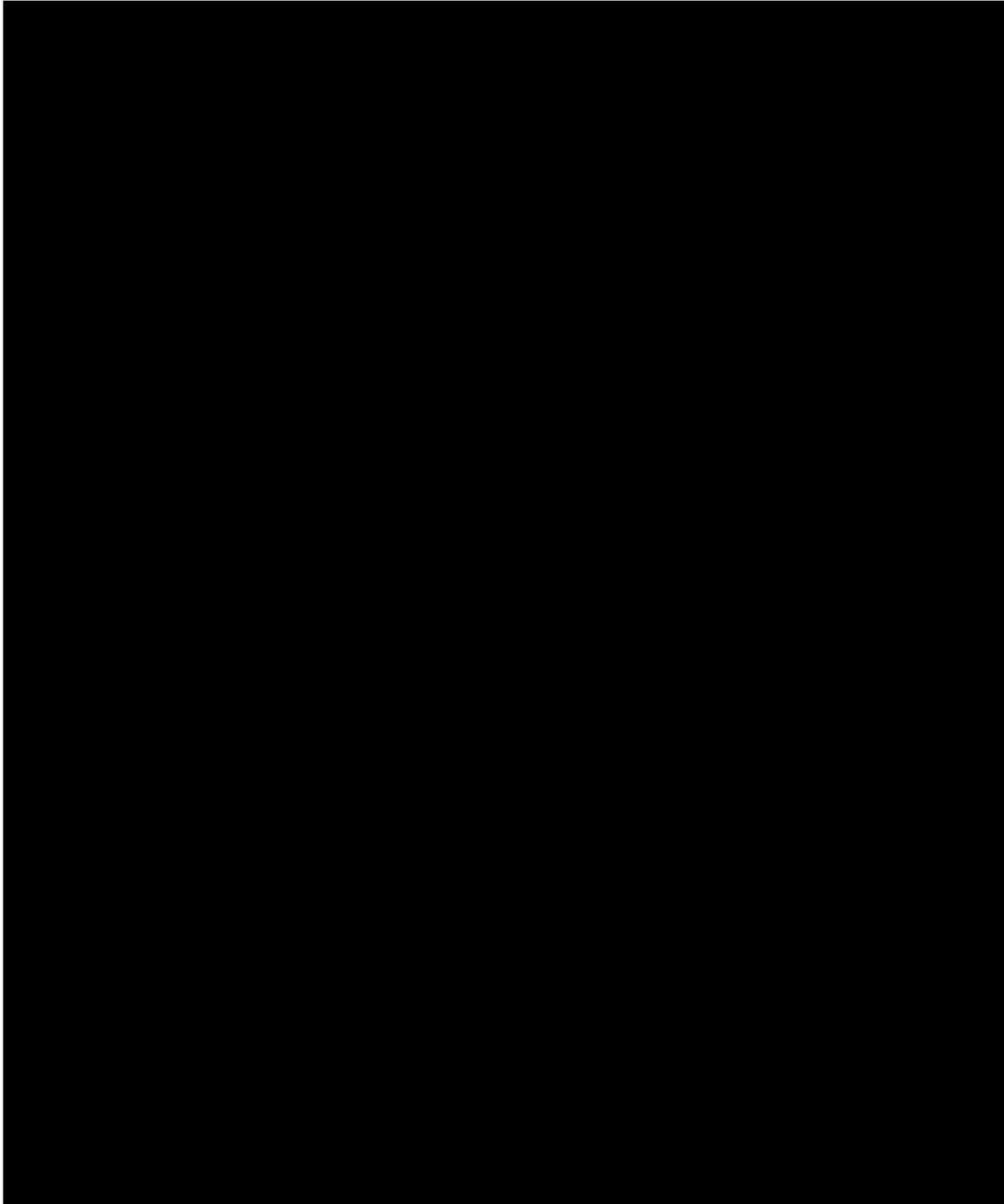
John H. Merrill

Secretary of State

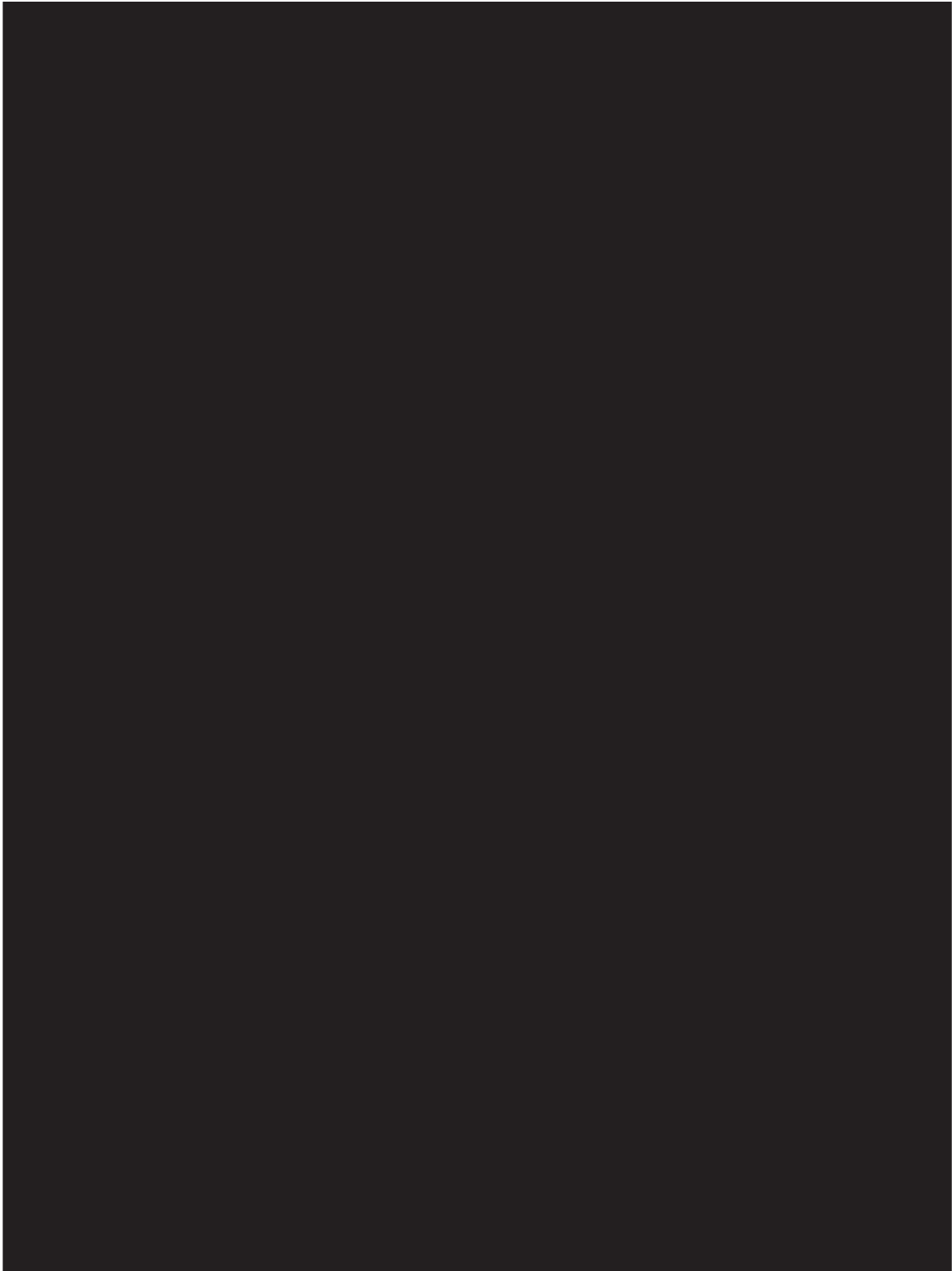
FDV Secretary Certificate – attachment to Exhibit 7



FDV Secretary Certificate – attachment to Exhibit 7



By-laws



By-laws



By-laws



By-laws



By-laws



By-laws



By-laws



By-laws



By-laws



Written Consent



Written Consent



Written Consent



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement



Subscription Agreement





The first part of the document discusses the importance of maintaining accurate records in a business setting. It highlights how proper record-keeping can help in decision-making, legal compliance, and financial management. The text emphasizes that records should be organized, up-to-date, and easily accessible.

Next, the document addresses the challenges of data management in the digital age. It notes that while digital storage offers convenience, it also introduces risks such as data loss, security breaches, and information overload. Solutions like cloud storage, encryption, and regular backups are suggested to mitigate these risks.

The third section focuses on the role of technology in record management. It explores how software solutions can streamline the process of creating, storing, and retrieving records. The text mentions various tools and platforms that offer automated workflows and integration with other business systems.

Finally, the document concludes by stressing the importance of training and awareness. Employees should be educated on the correct procedures for handling records and the potential consequences of poor record management. Regular audits and reviews are also recommended to ensure the ongoing accuracy and integrity of the organization's records.

REDACTED COPY**EXHIBIT 8 - Business License and Authorization of Local Jurisdictions**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
2	Assumptions	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55
2,4,9-11	Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant, including without limitation disclosing privileged attorney communications.	Ala. Code 20-2a-55
3-8, 10-18, 21-23, 27, 34-36	Third Party Confidentiality	This information is confidential or proprietary. Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55
28-30, 32-33	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

Exhibit 8 – Business License and Authorization of Local Jurisdictions

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.

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 3, 2023

Verification Date

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Summary

The following Exhibit 8 sets forth the applicable business license and applicable authorization of local authorities. The Exhibit is broken down into a discussion of applicable business licenses and associated attachments in Section 8.1, and the applicable ordinances, zoning approvals, and setback requirements in Section 8.2.

Based on our conversations with each locality, as well as independent analysis of applicable law, the Applicant verifies that we are in current compliance with requirements in each jurisdiction.

Consistent with the Application Guide for Dispensary Applicants at page 20, section 15, this is an Exhibit that requires a plan for satisfaction of the requirements herein. Based on our current status, this Exhibit 8 is in Progress with completion expected [REDACTED]

[REDACTED]

8.1 Business License

State and County Business License Requirements

The Applicant has created a My Alabama Taxes (MAT) online account with the Alabama Department of Revenue. [REDACTED]

[REDACTED]

County Business License Requirements

[REDACTED]

prior to receiving a license from the AMCC.

[Redacted text block]

[Redacted text block]

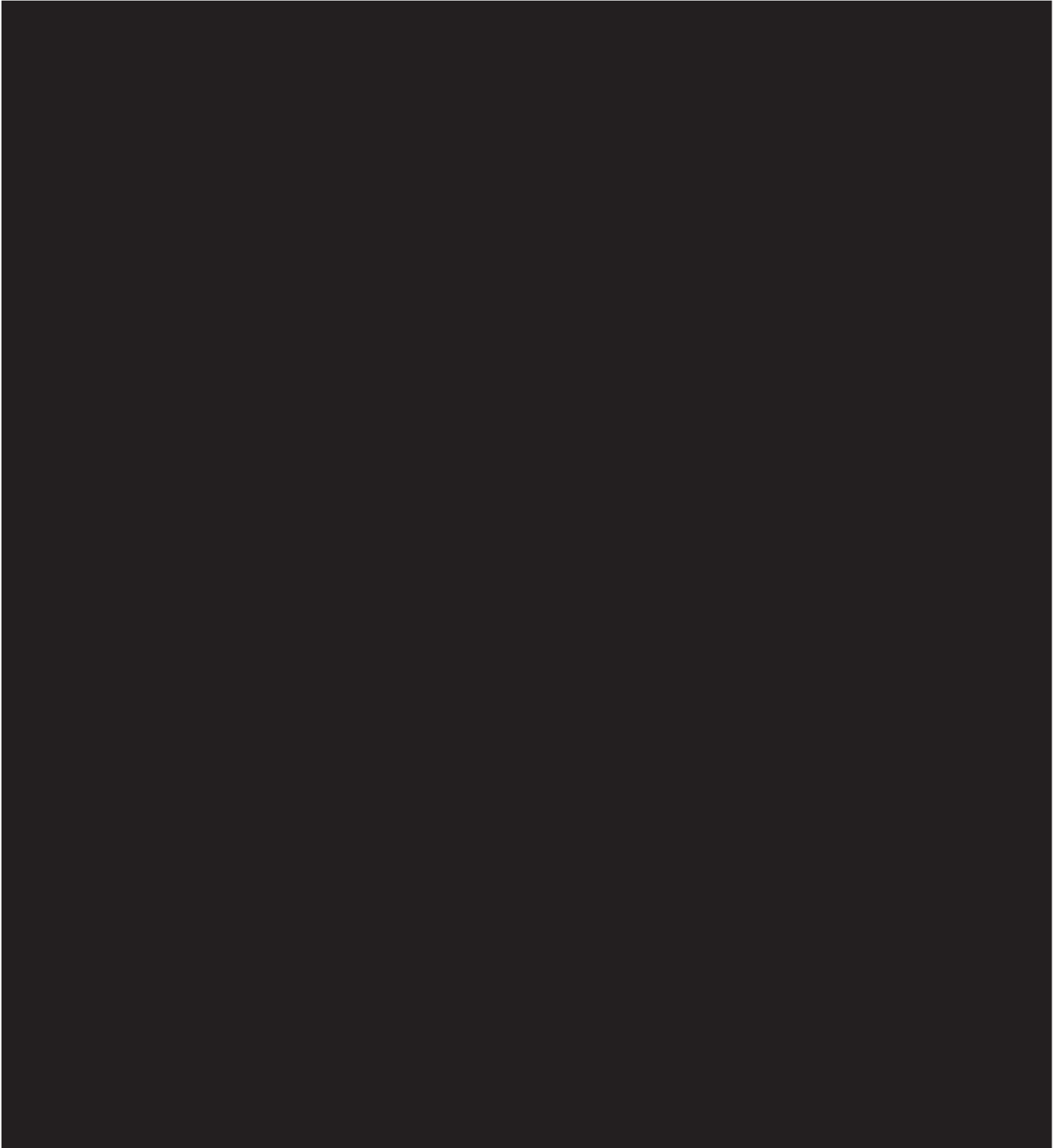
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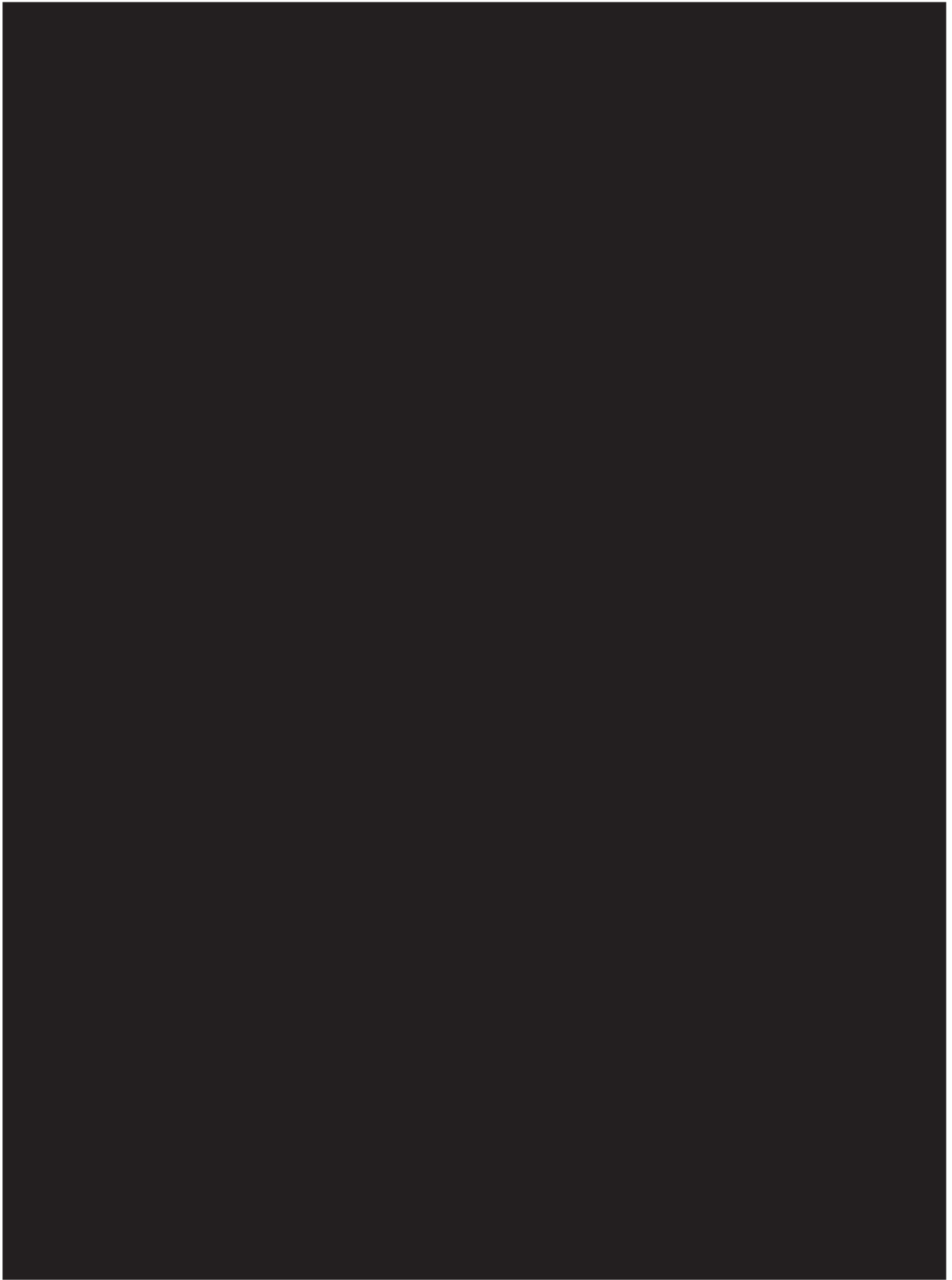
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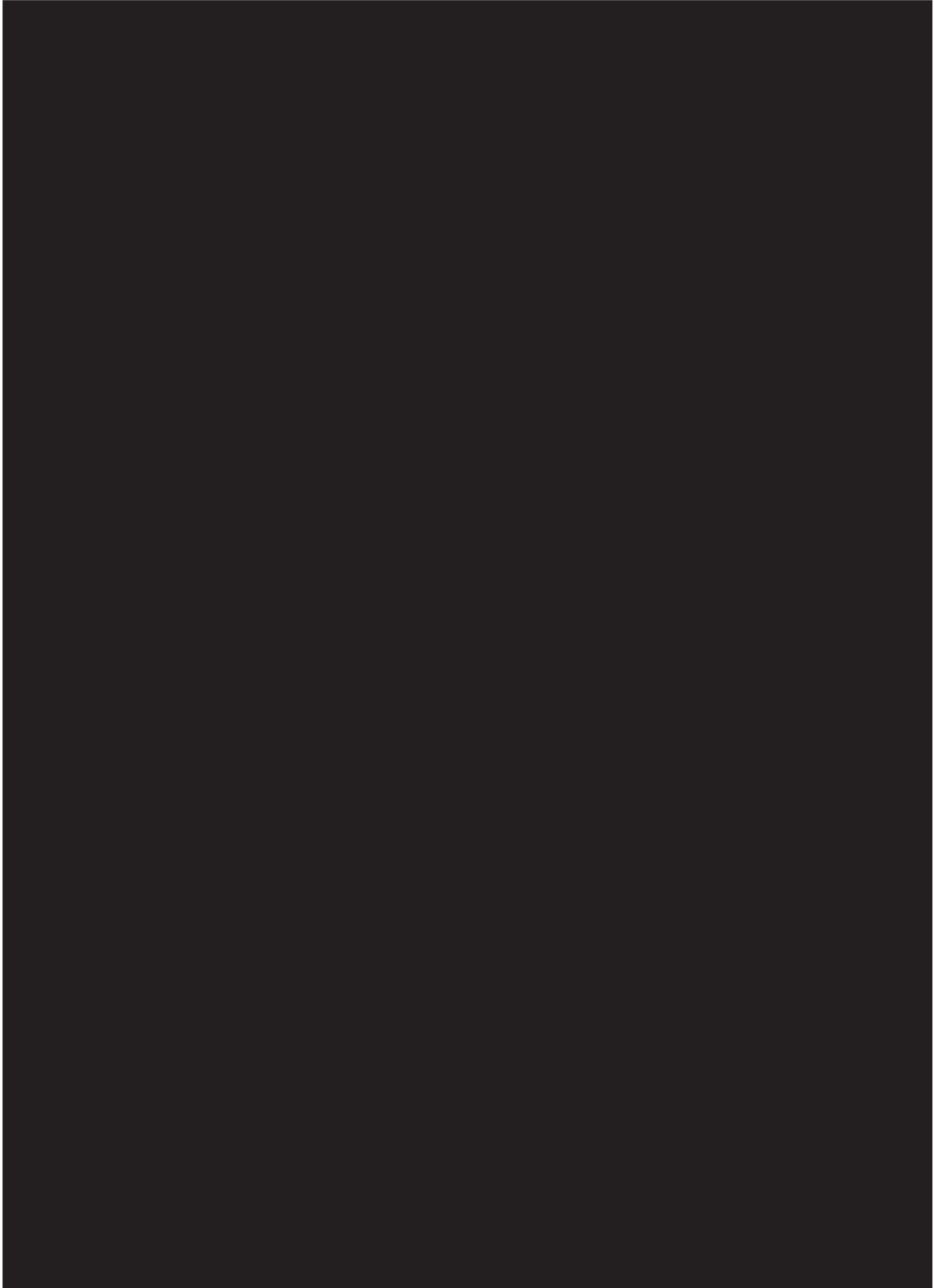
[REDACTED]

[REDACTED]

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Municipal Business License Requirements

The Applicant verifies it is in compliance with all applicable business license requirements in each municipality at the time of application.

Based on review of applicable law, and feedback from the municipalities, municipal business licenses are not applicable to the Applicant until we are licensed by the AMCC.

[Redacted]

[Redacted]

[Redacted]

The three jurisdictions are: the City of Foley, the City of Mobile, and the City of Troy. Each jurisdiction where the Applicant intends to operate has a slightly different approach.

Foley

[REDACTED]

[REDACTED]

Per the Application Guide 13.1-15, this plan is in Progress with completion expected [REDACTED]

Mobile

The City of Mobile will not issue a business license to the Applicant until after licensure.

[REDACTED]

Per the Application Guide 13.1-15, this plan is in Progress with completion expected [REDACTED]

Troy

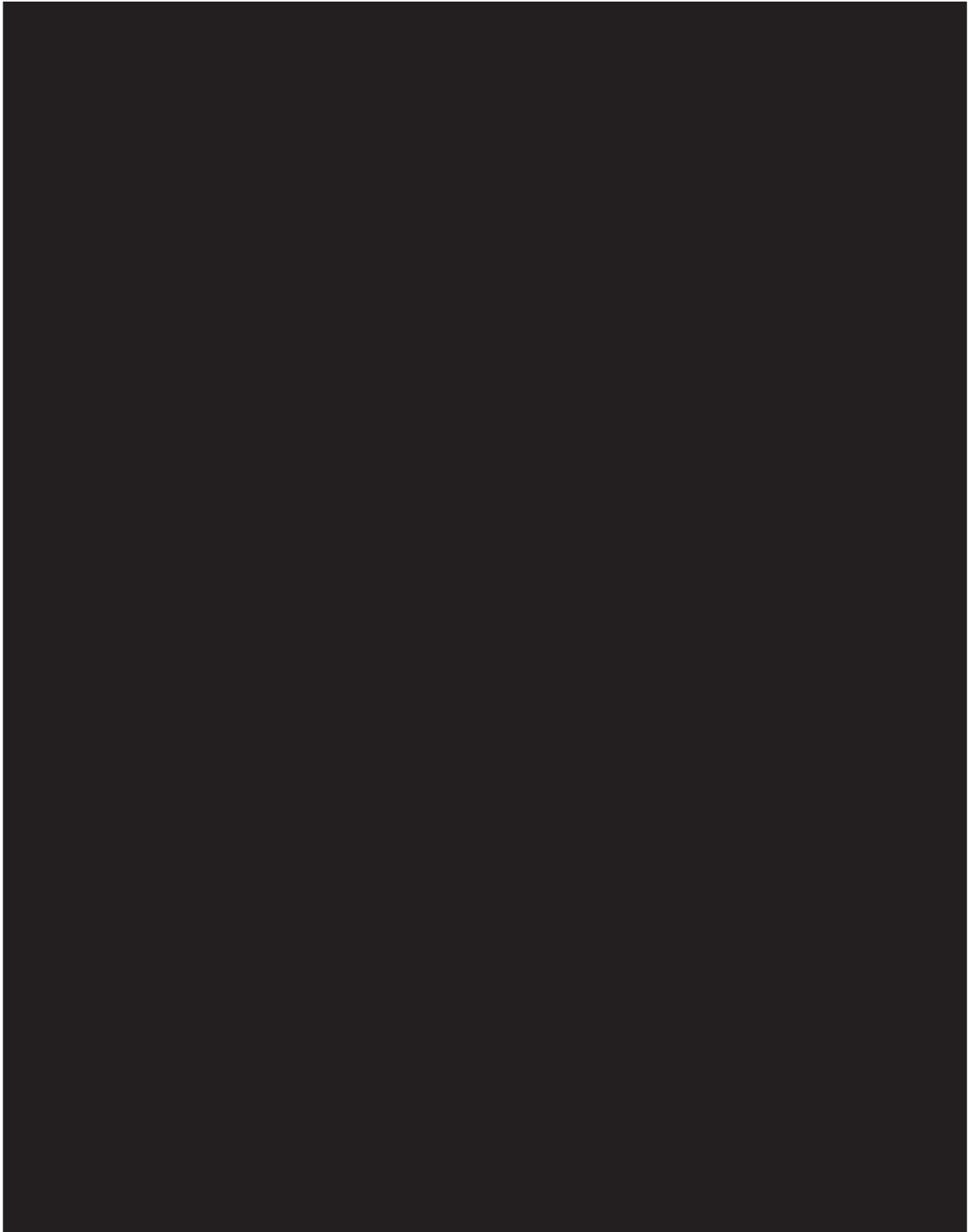
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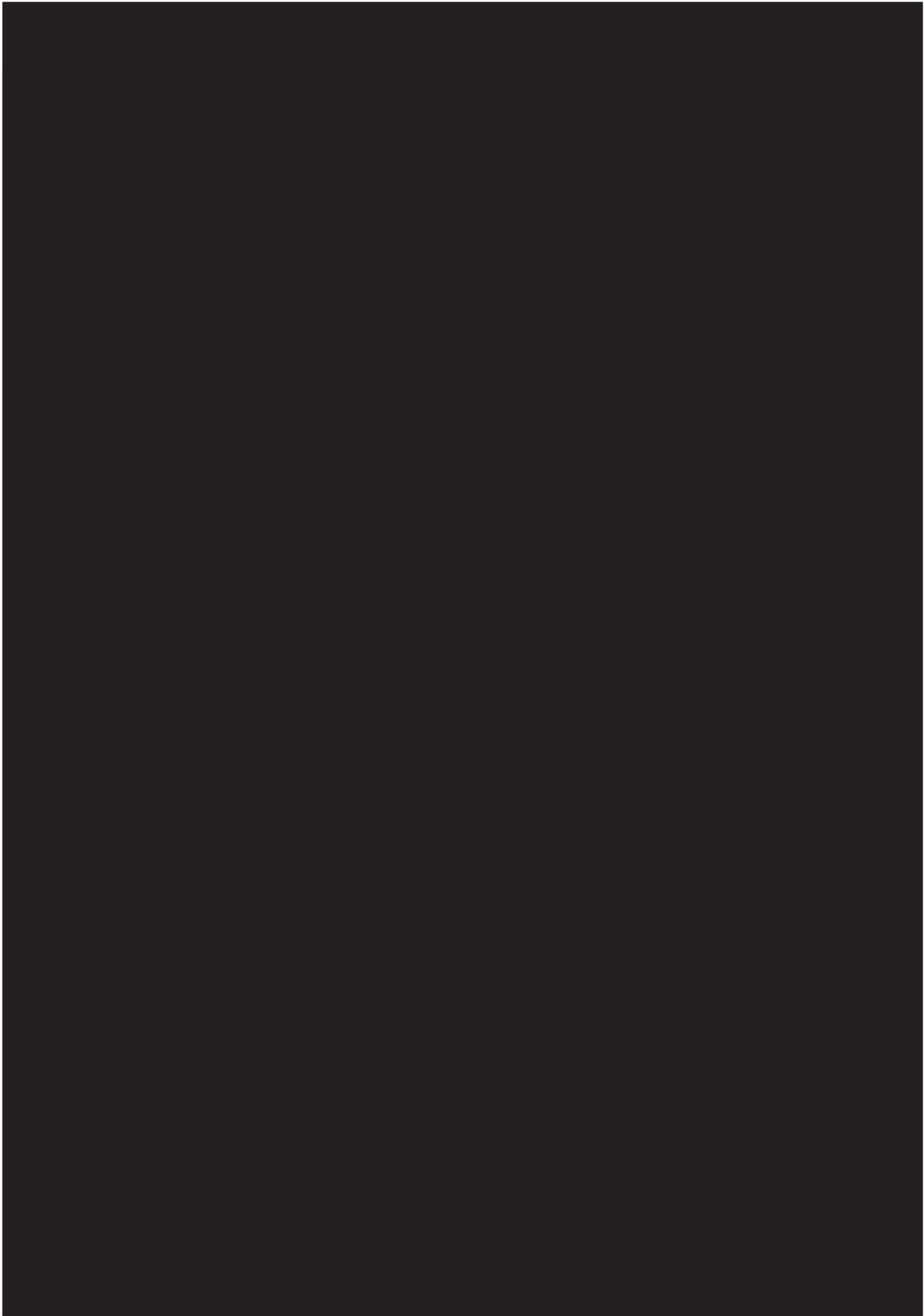
Per the Application Guide 13.1-15, this plan is in Progress with completion expected [REDACTED]

[REDACTED]

Remainder of page intentionally blank









8.2 Ordinances Approving Dispensing Sites in Each Applicable Local Jurisdiction and Other Approvals

The Applicant may not operate a dispensing site in any jurisdiction unless and until the jurisdiction adopts a resolution or ordinance, as applicable, allowing dispensing sites in the jurisdiction. Ala. Code 20-2a-51. Each jurisdiction where the Applicant proposes to open a dispensing site has passed an ordinance allowing medical cannabis dispensing sites.

Furthermore, the Applicant has sought, and received, confirmation of zoning requirements in each municipality. The zoning letters [REDACTED] demonstrate compliance with the proposed zoning code amendments.

Lastly, the Applicant has [REDACTED] confirmation it is at least 1,000 ft. from any school or daycare in Troy and Foley. Mobile [REDACTED] the Applicant undertook independent investigation to ensure it is at least 1,000 ft. from any school or daycare in Mobile. Ala. Code 20-2a-64(d)(1).

Foley

The City Council of Foley, Alabama adopted an ordinance approving the operation of medical cannabis dispensing sites in said municipality. See attached copy of ordinance (identified as “Foley Ordinance – attachment to Exhibit 8, Section 8.2”).

[REDACTED]

[REDACTED]

[REDACTED]

Mobile

The City Council of Mobile, Alabama adopted an ordinance approving the operation of medical cannabis dispensing sites in said municipality. See attached copy of ordinance (identified as “Mobile Ordinance – attachment to Exhibit 8, Section 8.2”).

[REDACTED]

Using GIS software from the City of Mobile and a search of public records, the Applicant has determined our location in Mobile is at least 1,000 ft. from any school or daycare. A map of the dispensing site identifying all properties within a 1,000 ft. in green, and a list of all businesses identified within the 1,000 ft. buffer is attached (identified as “Mobile 1,000 ft.-attachment to Exhibit 8, Section 8.2”). There are no schools or daycares within the 1,000 ft. buffer.

Troy

The City Council of Troy, Alabama adopted an ordinance approving the operation of medical cannabis dispensing sites in said municipality. See attached copy of ordinance (identified as “Troy Ordinance – attachment to Exhibit 8, Section 8.2”).

The City of Troy Planning and Community Development Department issued a letter to the Applicant confirming the proposed medical cannabis dispensing site is anticipated to be allowed in the proposed zone, once the appropriate amendments to the Troy zoning ordinances are adopted. The Troy zoning letter is attached (identified as “Troy Zoning Letter - attachment to Exhibit 8, Section 8.2”).



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.

Foley Ordinance – attachment to Exhibit 8, Section 8.2

This Instrument Prepared By:

City of Foley, AL



Signature Copy

Ordinance: 22-2039 ORD

407 E. Laurel Avenue
Foley, AL 36536

File Number: 22-0515

Enactment Number: 22-2039 ORD

AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS
DISPENSING SITES WITHIN THE CITY OF FOLEY

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

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

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

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

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

WHEREAS, the Act provides for the medical use of medical grade products that contain a derivative of cannabis by a registered qualified patient; and

WHEREAS, this Act requires that the governing body of a municipality must first adopt an ordinance to authorize the operation of dispensing sites within the corporate limits of the municipality before any such business can operate in the municipality; and

WHEREAS, the Act has become law and codified as Code of Alabama, §§ 20-2A-1, et seq.; and

WHEREAS, the City of Foley wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Foley subject to zoning, business license, and other revenue and police power requirements.

Foley Ordinance – attachment to Exhibit 8, Section 8.2

File Number: 22-0515

Enactment Number: 22-2039 ORD

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF FOLEY, ALABAMA that, in accordance with Alabama Code, Section 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Foley, subject to the provisions of Act 21-450 and state law, and further subject to any relevant provisions of the Code of the City of Foley, including applicable zoning restrictions, business license requirements, and similar matters.

PASSED, APPROVED AND ADOPTED this 19th day of September 2022.



President's Signature J.W. Trammell

Date 9-19-22

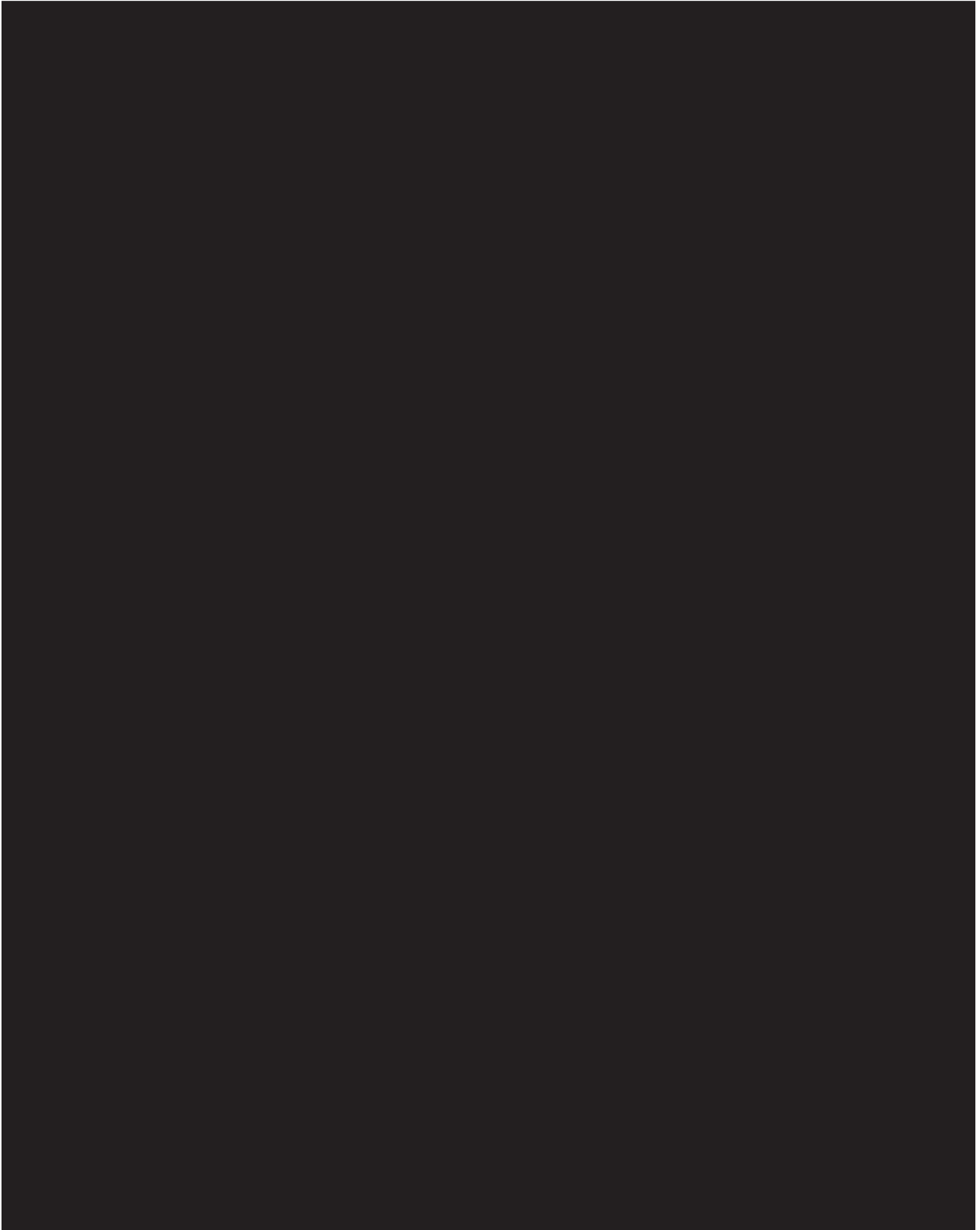
Attest by Clerk Kathryn Taylor

Date 9-19-22

Mayor's Signature D. DeLoach

Date 9/19/22







Mobile Ordinance – attachment to Exhibit 8, Section 8.2

01-062

2022

**AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS
DISPENSING SITES WITHIN THE CITY LIMITS OF THE CITY OF MOBILE,
ALABAMA**

Sponsored by: Councilmembers Penn, Carroll, Small, Daves and Gregory

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF MOBILE, ALABAMA as follows:

Section 1. Definitions of Capitalized Terms.

(a) For purposes of this Ordinance, the following terms have the following meanings:

(i) **Act** means Chapter 2A of Title 20 of the Code of Alabama 1975.

(ii) **City** means the City of Mobile, Alabama.

(iii) **Commission** means the Alabama Medical Cannabis Commission created pursuant to the Act.

(iv) **State** means the State of Alabama.

(b) For purposes of this Ordinance, the following terms have the meanings assigned thereto in the Act:

(i) **Dispensary**;

(ii) **Dispensing Site**;

(iii) **Integrated Facility**;

(iv) **Medical Cannabis**.

Section 2. Findings and Determinations

The City has heretofore, upon evidence duly presented to and considered by it, found and determined, and does hereby find, determine and declare that:

(a) The Act authorizes the:

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Mobile Ordinance – attachment to Exhibit 8, Section 8.2

(1) use of Medical Cannabis in the State by certain patients with qualifying medical conditions meeting the requirements of the Act;

(2) regulation by the Commission of all aspects of the use, cultivation, processing, dispensing and transportation of Medical Cannabis from seed to sale in the State; and

(3) Commission to grant licenses to Medical Cannabis Licensees in the manner prescribed in the Act.

(b) Section 20-2A-51(c) of the Act provides that:

(1) the Commission shall not permit the operation of a Dispensing Site in any municipality in the State unless the governing body of said municipality, by ordinance, has authorized the operating of Dispensing Sites within its corporate limits;

(2) any municipality that adopts an ordinance authorizing the operation of Dispensing Sites within its corporate limits shall notify the Commission not more than seven calendar days after adopting said ordinance; and

(3) the Act does not prohibit a municipality from adopting zoning ordinances restricting the operation of Dispensing Sites within its corporate limits.

(c) The location and operation of Dispensing Sites within the City will generate employment opportunities in and local revenues for the City and is therefore desirable and in the best interests of the taxpayers and citizens of the City.

Section 3. Authorization of Medical Cannabis Licensees and Dispensing Sites

In accordance with Section 20-2A-51(c)(1) of the Act, the City hereby authorizes the location and operation of Dispensing Sites for state-licensed Dispensaries and Integrated Facilities in the corporate limits of the City, subject to the provisions of the Act, the rules and regulations promulgated thereunder, and applicable city tax ordinances, zoning ordinances and all laws, resolutions and ordinances, as may be amended at any time and from time to time.

Section 4. Notification of the Commission

In accordance with Section 20-2A-51(c)(2) of the Act, the City Clerk is hereby authorized and directed to forward a copy of this Ordinance to the Commission within seven calendar days following its adoption.

Section 5. General.

(a) All ordinances, resolutions, orders, or parts thereof in conflict or inconsistent with any provision herein hereby are, to the extent of such conflict or inconsistency, repealed.

(b) Each and every provision of this Ordinance is hereby declared to be severable so that if a provision is declared unconstitutional or invalid by a valid judgment of a court of


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Mobile Ordinance – attachment to Exhibit 8, Section 8.2

competent jurisdiction, such judgment shall not affect the validity of any other provision, for the City Council declares that it is its intent that it would have enacted this Ordinance without such invalid or unconstitutional provision(s).

(c) This Ordinance shall take effect upon publication as provided by law.

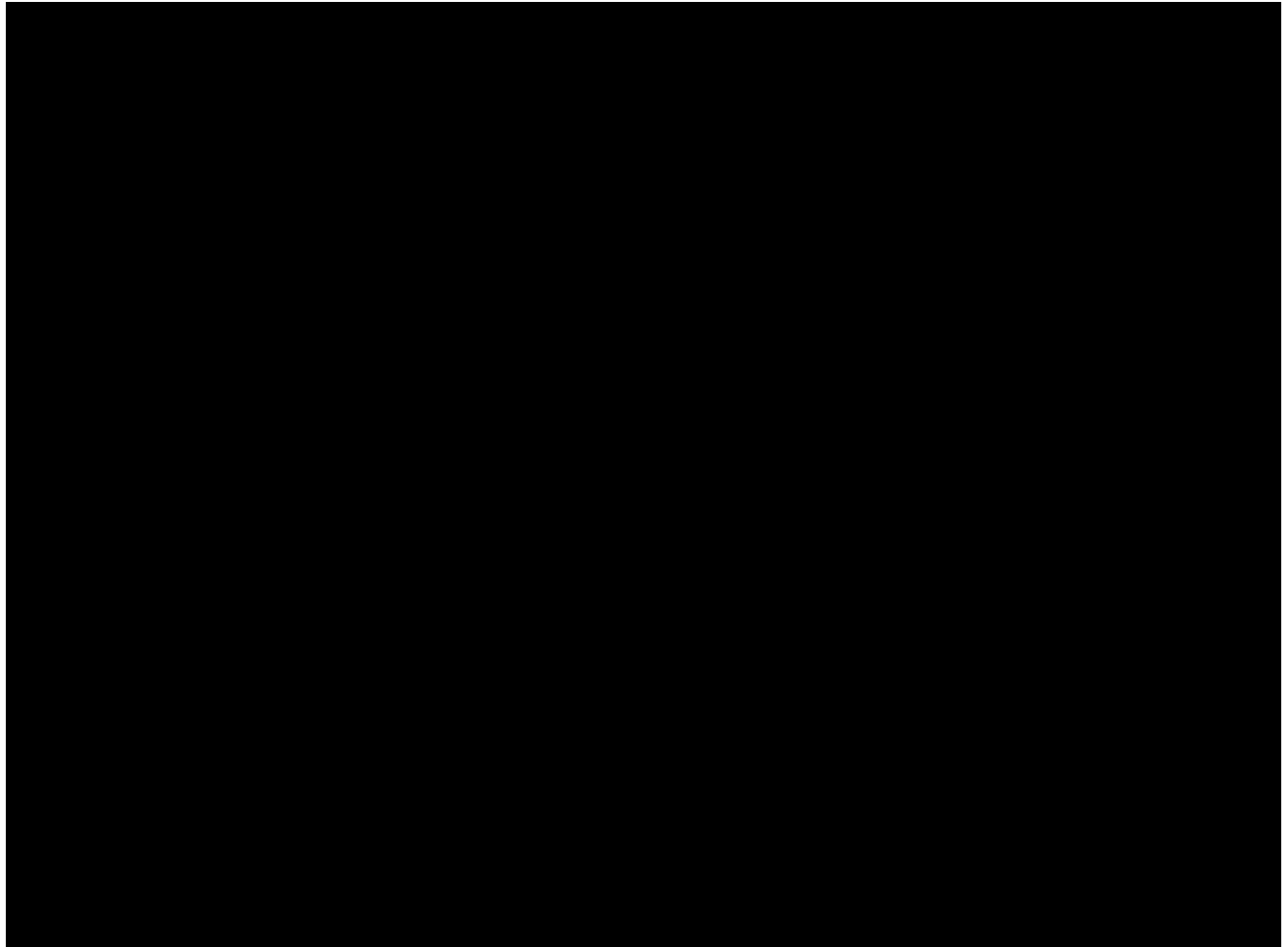
Approved: **DEC 13 2022**

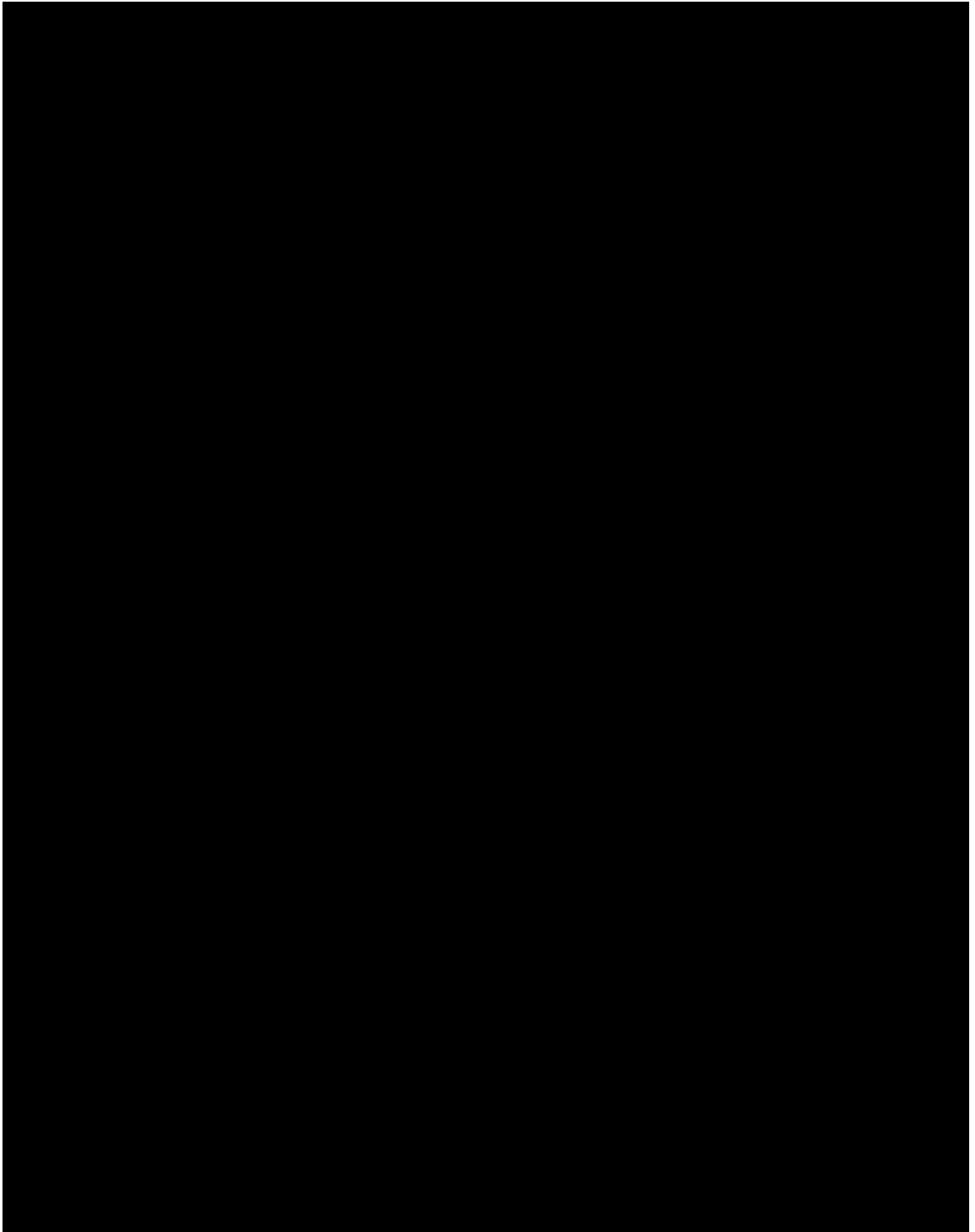


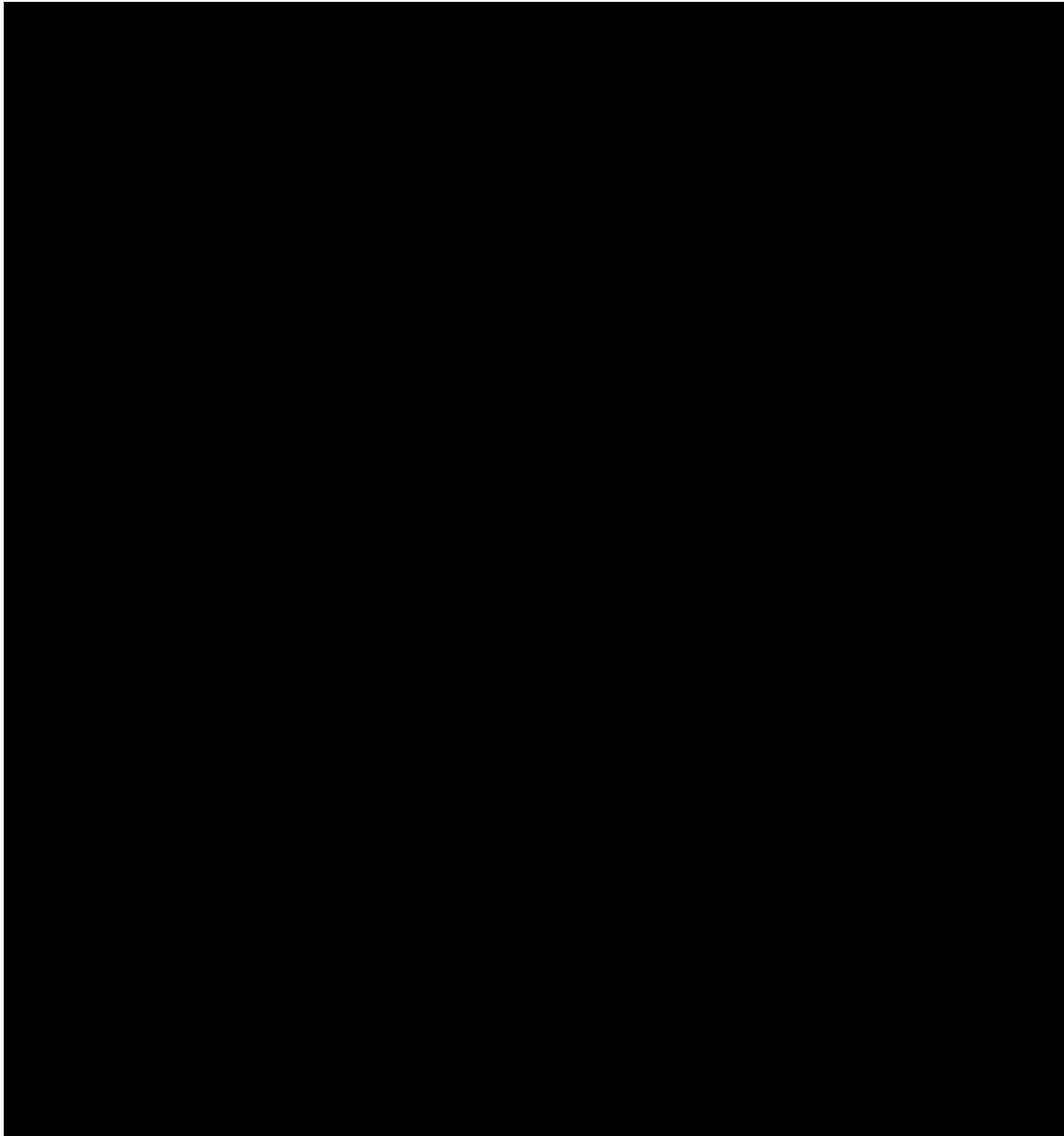
City Clerk

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Troy Ordinance – attachment to Exhibit 8, Section 8.2

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, (Sec. §§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

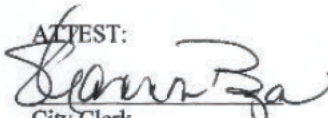
WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Troy, thus increasing revenue.

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

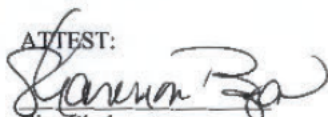
ATTEST:


City Clerk

APPROVED this the 13th day of December, 2022.



Jason A. Reeves, Mayor

ATTEST:


City Clerk

Troy Zoning Letter - attachment to Exhibit 8, Section 8.2

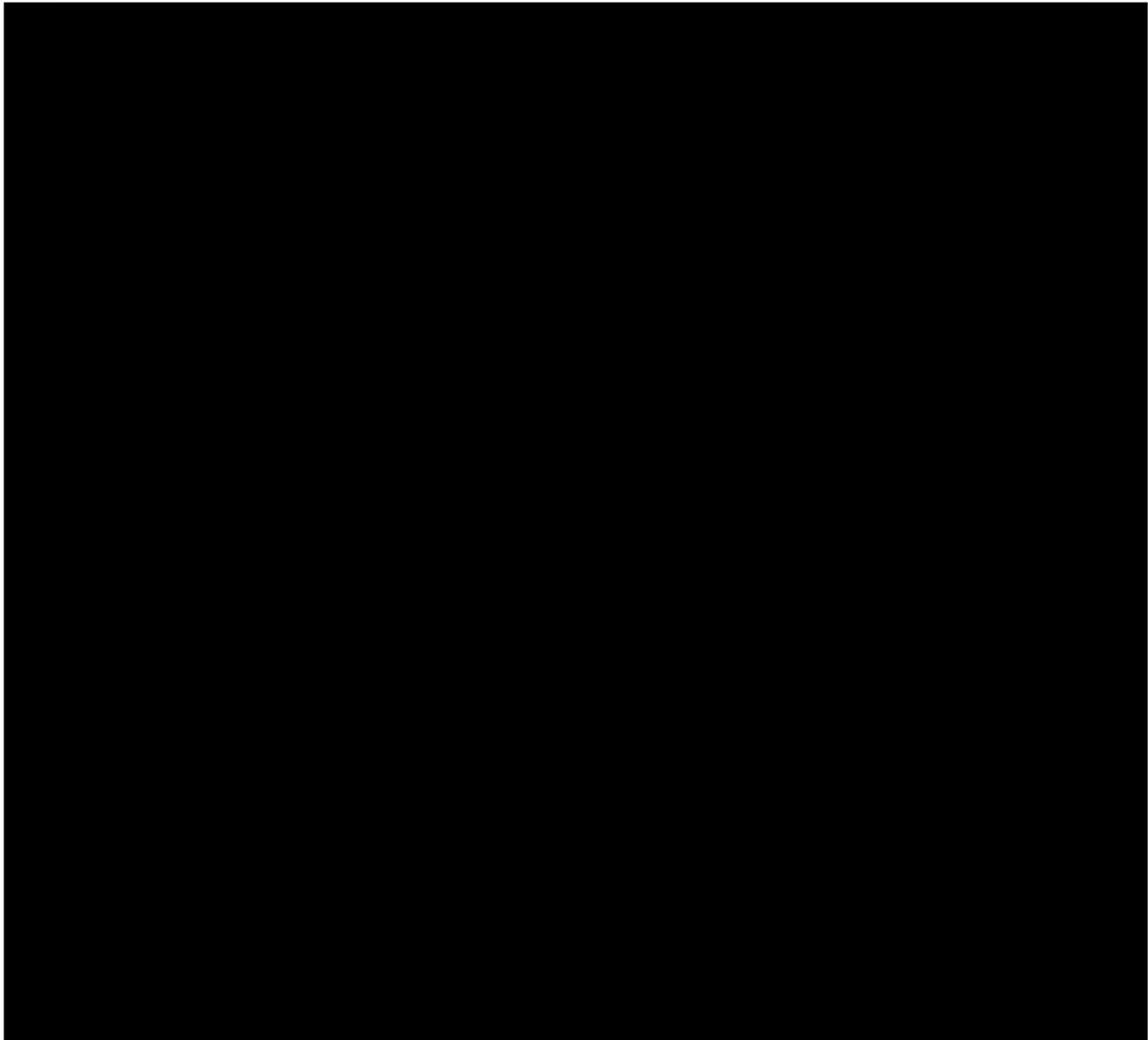
CITY OF TROY



PLANNING AND ZONING

December 20, 2022

Fleur De Vie Wellness, Inc.
c/o Mr. Zach Huey, CLO (via email to Zach@hueylawfirm.com)
1059 Dauphin St.
Mobile, AL 36604

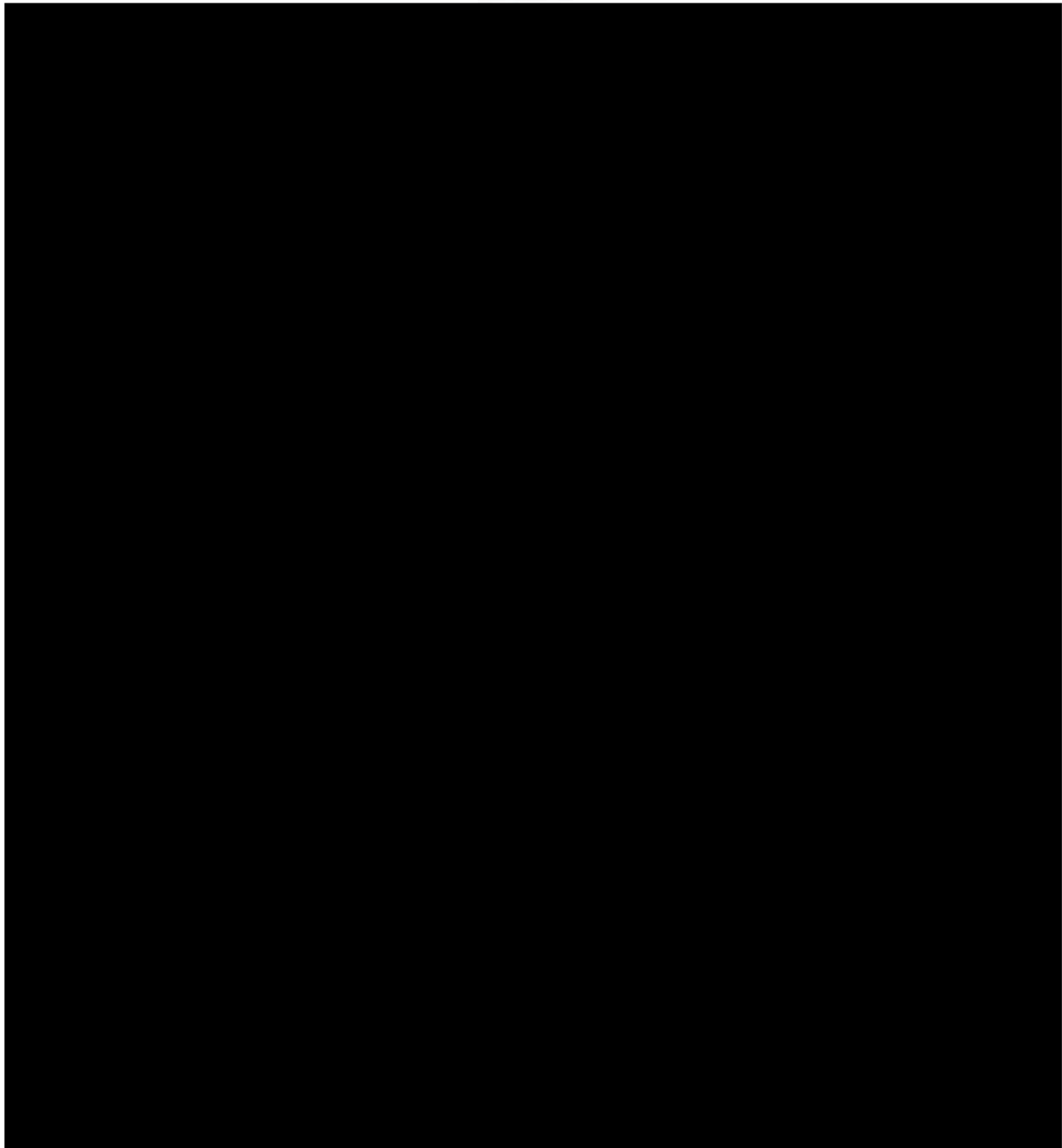


Troy Zoning Letter - attachment to Exhibit 8, Section 8.2

CITY OF TROY



PLANNING AND ZONING



Troy Zoning Letter - attachment to Exhibit 8, Section 8.2

CITY OF TROY



PLANNING AND ZONING

EXHIBIT B
City of Troy Zoning Ordinance
(Section regarding C-4 Zoning District)

- 5.31 C-4: Highway Commercial:**
- 5.311 **Statement of Intent:** It is the intent of this district to provide for an opportunity for the location of retail sales and businesses along the main federal highways within the City. The placement of such businesses will be conducive to the tourist trade.
- 5.312 **Uses Permitted:** Any retail or business as permitted or permitted on appeal in the C-2 District, Sections 5.292 and 5.293.
- Stores intended primarily for the tourist trade.
Motels, hotels.
Filling stations or indoor repair of automobiles.
Mobile home sales and service.
Places of amusement and assembly.
Signs as regulated in Section 6.21.
- 5.313 **Uses Permitted on Appeal:** Large dry cleaners and laundries, manufacturing incidental to a retail trade business where articles are sold on the premises. Any use permitted or permitted on appeal in the R-3 District and subject to the requirements thereof.
- Animal clinics, hospitals, or kennels.
- 5.314 **Uses Prohibited:** Uses prohibited in the C-2 District.
- 5.315 **Standards for Uses Permitted on Appeal in the C-4 District:**
1. All uses permitted on appeal in the C-4 District shall be in compliance with the intent of the district regulations as expressed in Section 5.311.
 2. All uses permitted on appeal shall comply with those standards specified for uses permitted on appeal in the C-1 District.
 3. Uses permitted on appeal shall conform to standards set forth in Section 8.512.
- 5.316 **Required Lot Area, Lot Width, Yards and Setbacks:** Buildings hereafter constructed for uses permitted in this subsection shall be so located as to comply with the following requirements:
- Minimum Lot Area: It is the intent of this subsection that lots of sufficient size be used for the business or service permitted, provided, however, that such lots shall have adequate space for operations plus required off-street parking, loading

Troy Zoning Letter - attachment to Exhibit 8, Section 8.2

CITY OF TROY



PLANNING AND ZONING

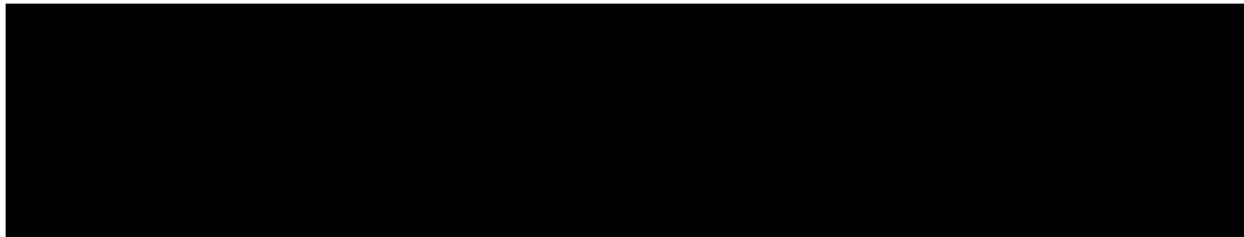
Minimum required front yard	35 feet
Minimum required rear yard	20 feet
Minimum required side yard.....	10 feet
Maximum building area	30%

Off-street parking requirements: as regulated in Section 6.22.

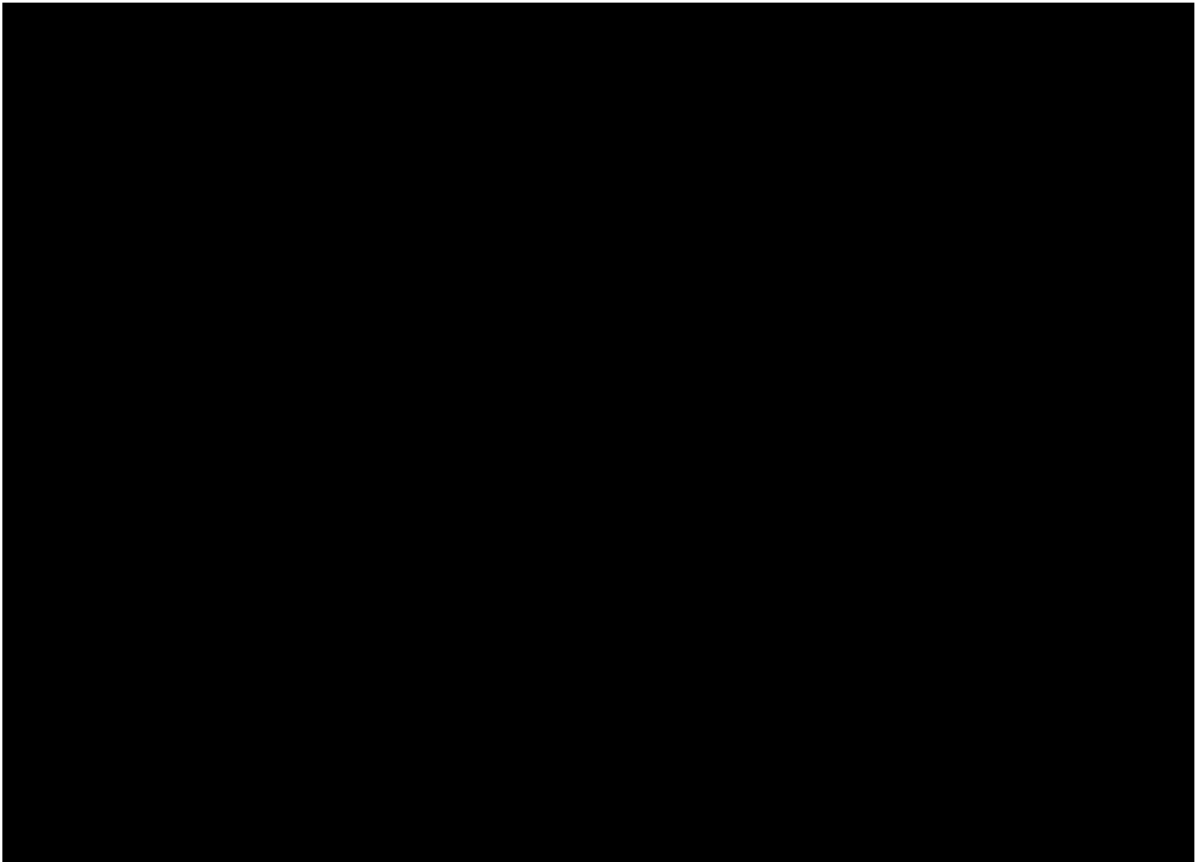
- 5.317 Height of Buildings: No building shall exceed two and one-half (2 ½) stories or 35 feet, except that public and semi-public buildings may have a height not to exceed three (3) stories or 45 feet. All other heights permitted in and regulated by the provisions for the C-1 District.

(Sections in the C-2 Zoning District referred to by Section 5.312 in the C-4 District)

- 5.292 Uses Permitted: Retail convenience, personal service and business establishments, motels, theatres, offices and banks, restaurants, filling stations, new and used automobile sales and service, funeral homes, parks and public recreational facilities, parking lots, package stores, and signs as regulated in Section 6.21.
- 5.293 Uses Permitted on Appeal:
1. Light warehousing or storage related to retail trades and services.
 2. Manufacturing incidental to a retail trade business where articles are sold on the premises.
 3. Animal clinics.
 4. Hospitals.
 5. Kennels.
 6. Any use permitted or permitted on appeal in the R-3 District and subject to the requirements thereof.



Troy 1,000 ft. – attachment to Exhibit 8 Section 8.2



REDACTED COPY
EXHIBIT 9 - Business Plan

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-2	Entity Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
2-4	Projections	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55
5-11, 24-25	Personnel Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
11-15	Personnel Information	This information is confidential or proprietary. This information is sensitive personnel information. Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55
16-40	Strategy and Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55
15, 30	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

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.

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official

March 22, 2023

Signature of Verifying Official

Verification Date

The Applicant's Business Plan (this "Plan") has been composed in accordance with Ala. Admin Code r. 538-x-3-.05-3.m(15).

9.1 Business Structure and Plan for Adherence to Applicable Corporate Conventions

Business Structure. The Applicant ("we", "us", "our") is an Alabama corporation in which ownership is represented by shares of common stock. Each owner receives one vote per each share of common stock. Common stock votes are required to elect Directors to the Board of Directors, create new classes of stock with rights equal, or superior to the common stock; unwind the business and/or declare bankruptcy; issue stock to a third-party that is not already an owner; or issue stock that will modify the equity distribution of the Alabama resident owners, among other voting rights customary for shareholders. [REDACTED]

[REDACTED] The Board is responsible for general business and corporate governance decisions, including issuance of shares, major investment decisions, and long term strategic planning. Officers elected by the Board (the "Officers") will direct and manage the day-to-day operations of the Applicant's business. Officer authority includes signing authority, short-term planning, operational decisions, and personnel hiring and oversight.

Corporate Conventions. The Applicant understands the rules do not provide a definition for "corporate conventions." The Applicant thus defines corporate conventions as the processes by which the Applicant will ensure the business structure is compliant with the requirements of Ala. Code 20-2a-1 the Darren Wesley 'Ato' Hall Compassion Act (the "Act") and all other applicable State and municipal laws, rules, ordinances, and resolutions. The Applicant will adhere to the following corporate conventions:

- [REDACTED]
- [REDACTED]

9.2 Business Goals

This Plan details the Applicant’s business goals, including 3-year and 5-year plans as per the requirements of Ala. Admin Code r. 538-x-3-.05-3.m(15)(b). This Plan is crafted in accordance with the AMCC rules and all local, state, and federal regulations regarding the safe and secure operation of a medical cannabis dispensing site.

The Applicant endeavors to establish and operate successful dispensing sites in the municipalities of Foley, Mobile, and Troy, Alabama. This Plan has been designed to serve as the Applicant’s guidebook in its mission of becoming an exemplary model for not only the compliant operation and management of medical cannabis dispensing sites in Alabama, but also in becoming a compassionate organization that makes a positive impact on the health and wellbeing of our patients and on the prosperity of the communities we serve.

Three-Year Plan. The primary objective of our three-year plan is to lay the groundwork for our future growth and success, not only as a profitable business venture, but also as an impactful contributor to our local communities. [REDACTED]

Based on market research and analysis of data from comparable jurisdictions, [REDACTED]

[REDACTED] Please refer to our financial statements in Exhibit 5 - Financial Statements for additional details regarding our financial projections.

Our community impact initiatives within the first three years comprise a combination of [REDACTED]

[REDACTED]

[REDACTED] Additional information regarding our Community Engagement Plan can be found in Section 9.9 of this Plan.

Our three-year plan also includes the development and implementation of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Five-Year Plan. The primary objective of our five-year plan is to build upon the successful foundation we have established during our first three years of operations and [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

By the end of year five, we project our three dispensing sites to have a total patient base of

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We anticipate that sometime during the second to fourth year of operation, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Both our three- and five-year plans include [REDACTED]

[REDACTED]

9.3 Organizational Chart

The Applicant has clearly defined roles for each member of the organization, in addition to comprehensive accountability and standardization processes in place. Cumulatively, our team has over 300 years of diverse, relevant experience in a wide variety of fields, including pharmaceutical and medical sales, specialty pharmacy operations, business development, cannabis regulations and compliance, cannabis risk management, cannabis law, insurance, tax planning, corporate and business law, medical data analysis, community outreach program development, retail operations, inventory and quality assurance, and marketing. Please see our organizational chart attached (identified as “Organizational Chart – attachment to Exhibit 9, Section 9.3”). Ala. Admin Code r. 538-x-3-.05-3.m(15)(c).

9.4 Job Descriptions of Managerial Positions

Our three dispensing sites will serve registered qualified patients and registered caregivers by providing high-quality medical cannabis and a superior patient experience. In furtherance of this purpose, we will [REDACTED]

[REDACTED] In accordance with Ala. Admin Code r. 538-x-3-.05-3.m(15)(d), our objective is to establish and follow a clear delineation of authority, qualifications, and duties in order for our

management team to operate in an efficient and effective manner.

Chief Executive Officer (CEO) – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chief Operating Officer (COO) – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chief Legal Officer (CLO) – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chief Financial Officer (CFO) – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Chief Development Officer (CDO) – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[Redacted]

Director of Compliance (DC) – [Redacted]

[Redacted]

Security Director (SD) – [Redacted]

[Redacted]

Quality Control/Quality Assurance Director (QC/QA Director) – [Redacted]

[Redacted]

[REDACTED]

General Manager - Certified Dispenser - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Assistant Manager - Certified Dispenser - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Inventory Control Manager - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Medical Director – [REDACTED]

Medical Advisory Council – [REDACTED]

9.5 Job Descriptions of All Non-Managerial Employee Positions

The following job descriptions define all non-managerial employee positions, showing a clear delineation of qualifications and duties, in accordance with Ala. Admin Code r. 538-x-3-.05-3.m(15)(e). All roles are required to adhere to applicable AMCC regulations and OSHA standards. [REDACTED]

[REDACTED] Each new employee will receive initial training on all relevant compliance regulations, proper cash handling procedures, and inventory control practices. In addition, continuing education regarding products, updates in state and/or federal regulations, and customer service will be provided. Ala. Admin. Code r. 538-x-4-.04-2.

[REDACTED]

Business Services

Director of Risk Management - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Accountant - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Director of Marketing - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Director of Community Outreach - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9.6 Executive Summary

Mission Statement

As a patient-forward organization centered around holistic wellness, we place a heavy emphasis on product transparency, clarity surrounding prescription recommendations and

guidelines, and developing a welcoming environment to ensure every patient receives high-quality medical cannabis and individualized support from our personnel. Our core philosophy is that care for our patients reaches beyond our dispensing sites and into the communities we are proud to be a part of. As a modern, compassionate company, we care for our employees, neighbors, and communities alike. Ala. Admin. Code r. Ala. Admin Code r. 538-x-3-.05-3.m(15)(f).

In light of the foregoing, this Plan serves as a roadmap to not only be financially successful and fully compliant, but also to help those within and around our organization thrive. Our company is owned and operated by long-standing members of local Alabama communities who are personally invested in the betterment and well-being of our cities and local businesses, and the future of Alabama as a whole. As such, we hire, invest, and volunteer locally to protect Alabama’s values and our patients’ integrity in an emerging industry.

Leadership

Michael Hayes - Chief Executive Officer – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - **Chief Operations Officer** – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - **Chief Financial Officer** – [REDACTED]
[REDACTED]

[REDACTED]

Zach Huey - Chief Legal Officer - [REDACTED]

[REDACTED]

[REDACTED] - Chief Development Officer - [REDACTED]

[REDACTED]

[REDACTED] - Director of Marketing - [REDACTED]

[REDACTED]

[REDACTED] - Director of Community Outreach - [REDACTED]

[REDACTED]

[REDACTED]
[REDACTED] - Security Director - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - Director of Compliance - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - Director of Risk Management - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - QC/QA Director - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] - Medical Director/Medical Advisory Council - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] - Medical Advisory Council - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] - Medical Advisory Council - [REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] - Medical Advisory Council - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] - Medical Advisory Council - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Our Values

Each member of our leadership team has had someone they are close to impacted by their access, or lack thereof, to medical cannabis – from cancer to Parkinson’s, chronic and intractable pain to degenerative brain disease. As a result, our entire leadership team feels a personal calling and responsibility to alleviate the suffering of our loved ones and fellow community members and neighbors by providing access to medical cannabis through our dispensing sites. We are a heart-centered team rooted in understanding and compassion for the patient journey of finding safe and effective treatments. Everything we do, from our policies and procedures to our employee benefits and community initiatives, is rooted in the desire to elevate the quality of life of those around us. Our mission is to impact our community in a profoundly positive way, always leaving it better than how we found it.

Our leadership team believes that in order to do good business, you must first *be* a good business, surrounded by and filled with good people. To ground our commitment to quality in our dispensing sites, we hired a Medical Advisory Council composed of highly qualified professionals with a diverse range of backgrounds, varying direct-patient care experience, and exceptional leadership credentials. Their role is to keep us honest, ask us the hard questions we may not be asking ourselves, improve our communications with certifying physicians, and to shed light on our blind spots with the goal of always improving the patient experience with medical cannabis obtained at our dispensing sites.

Facility Locations and Functions

- [REDACTED] - Dispensing Site
- [REDACTED] - Dispensing Site
- [REDACTED] - Dispensing Site

9.7 Description of Products and Services

The Applicant will operate three licensed medical cannabis dispensing sites pursuant to Ala. Admin Code r. 538-x-8-.01 *et. seq.* Our dispensing sites are located at [REDACTED]

[REDACTED] The Applicant intends to provide a variety of products that align with the needs of our registered qualified patients and caregivers and uphold the quality standards established by the Commission and any other municipal, state, or federal agencies.

[REDACTED] Ala. Admin Code r. 538-x-3-.05-3.m(15)(g).

As a dispensary, we are able to purchase medical cannabis from Cultivators, Processors, and Integrated Facilities, and sell it to registered qualified patients and registered caregivers. Ala. Code 20-2a-64. We do not process or produce medical cannabis; we purchase the finished product for resale to patients and caregivers. We can sell the following products from our dispensing sites: 1) Oral tablet, capsule, or tincture; 2) nonsugarcoated gelatinous cube, gelatinous rectangular cuboid, or lozenge in a cube or rectangular cuboid shape; 3) Gel, oil, cream, or other topical preparation; 4) Suppository; 5) Transdermal patch; 6) Nebulizer; and 7) Liquid or oil for administration using an inhaler.

We cannot sell, and will not handle in any way: a) Raw plant material; b) Any product administered by smoking, combustion, or vaping, or c) A food product that has medical cannabis baked, mixed, or otherwise infused into the product, such as cookies or candies. Ala. Code 20-2a-3(14). In addition to the sale of medical cannabis, we will also sell administration aids, so patients are able to use their medical cannabis. Ala. Admin. Code r. 538-x-6-.02-6.c.

[REDACTED]

[REDACTED]

[REDACTED] Fortunately, based on research from similar medical cannabis markets, product prices do tend to drop year over year. Bill Brown, Yoko McCarthy, Report on Medical Cannabis Price Study, MN. Dept of Health (August 11, 2021).

The Applicant acknowledges its duty to sell only regulated, tested medical cannabis products as enumerated in Ala. Code r. 538-x-8-.02-6.a. As such products become available, the Applicant intends to provide the following to qualified patients and caregivers:

Tablets

Pricing: [REDACTED]

Lifespan: Approximately 2 years

Administering: Oral, sublingual

Advantages: Long shelf life.

Capsules

Pricing: [REDACTED]

Lifespan: Approximately 2 years

Administering: Oral, sublingual

Advantages: Can be absorbed quicker than tablets.

Tinctures

Pricing: [REDACTED]

Lifespan: Approximately 2 years

Administering: Oral, sublingual

Advantages: Drop-by-drop dosing allows maximum dosage control; long shelf life; potential increased bioavailability.

Gels, oils, and creams for topical use

Pricing: [REDACTED]

Lifespan: Approximately 1 year

Administering: Topical

Advantages: Does not require ingestion.

Suppositories

Pricing: [REDACTED]

Lifespan: Approximately 1 year

Administering: Rectal or vaginal

Advantages: Rapid absorption; easier ingestion for patients experiencing nausea or who are otherwise unable to swallow medicine; potential increased bioavailability.

Transdermal patches

Pricing: [REDACTED]

Lifespan: Approximately 1 year

Administering: Topical

Advantages: Does not require ingestion.

Nebulizers and liquids or oils for use in an inhaler

Pricing: [REDACTED]

Lifespan: Approximately 1 year

Administering: Inhalation

Advantages: Absorbed prior to entering the GI tract; rapid (under 10-minute) onset. *The above information regarding pricing and product lifespan reflects estimates based on available data from comparable medical cannabis markets. We will work with our network of cultivators, processors, and integrated facilities to develop pricing models that provide our patients maximum access to the products they need at an affordable price.

Dispensing Service

[REDACTED], in addition to the training and continuing education requirements outlined in Ala. Code r. 538-x-4-.04, we will provide ongoing training and educational resources to our workforce. [REDACTED]

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

From a patient information perspective, our personnel will be able to provide instructions on the proper administration of medical cannabis and information regarding potential side effects, potential drug interactions, and other aspects of medical cannabis. However, our personnel will not at any time offer advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or the type of medical cannabis, except that our personnel may direct the patient or caregiver back to the registered certifying physician to address questions or provide advice in accordance with Ala. Code r. 538-x-8-.03-7.

Dispensing Service Flow

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

marketing materials are approved by the AMCC. *Id.* at 4.

Website

The primary function of the Applicant's website is [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

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

[REDACTED]

[REDACTED]

Social Media

The Applicant's social media presence will be [REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Loyalty Program

[Redacted text block]

[Redacted]

Marketing Roles and Responsibilities

Chief Development Officer - [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Director of Marketing - [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Director of Community Outreach - [Redacted]
[Redacted]
[Redacted]

[REDACTED]

Third Party Social Media Management Team – [REDACTED]

[REDACTED]

9.9 Community Engagement Plan

The Applicant places a heavy emphasis on engaging with the Foley, Troy, and Mobile communities as a core value in our company culture. Ala. Admin. Code r. 538-x-3-.053.m(15)(i). To this end, we have developed a multi-faceted community impact initiative that addresses numerous aspects of community wellness on both the individual and community level. The heart of our company is focused on our impact, not only on our patients, but also on our employees, our neighbors, and our communities as a whole.

[REDACTED]

Community Impact Initiatives

The Applicant's goal is to increase community health, wellness, and vibrancy. We break this down into three specific initiatives:

[Redacted text block containing three paragraphs of information, each consisting of multiple lines of blacked-out text.]

Donation Pledges

[Redacted text block containing a list of donation pledges, each consisting of multiple lines of blacked-out text.]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Corporate Volunteerism

The Applicant intends to infuse our company culture with the spirit of volunteerism. To this end, and to incentivize employees to spend time serving their communities, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Employee Benefits

The Applicant acknowledges and respects that the success of our company is due, in large part, to the hard work and dedication of our employees. We wholeheartedly believe that a happy and well-cared-for employee will extend those values to the patients they serve. We

therefore intentionally crafted the following comprehensive benefits package to reward our full-time employees for their expertise, dedication, and loyalty:

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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

[REDACTED]

Ongoing Training Programs for Employees

[REDACTED]

Location-Specific Initiatives: Foley

[REDACTED]

[REDACTED]

Location-Specific Initiative: Mobile

[REDACTED]

Location Specific Initiative: Troy

[REDACTED]

9.10 Environmental Impact Statement

Although the Applicant projects minimal impact on the local environment from our dispensing sites, comparable to that of a standard retail operation, we are dedicated to green initiatives to enhance the health and well-being of our communities. The environmental impact plans described herein will apply to each of our three dispensing sites, [REDACTED]

[REDACTED]

State and Federal Regulatory Compliance

The Applicant will operate in full compliance with all applicable rules and regulations enacted and enforced by the following agencies, in addition to those found in Title 22 of the Code of Alabama 1975:

- Alabama Department of Environmental Management (ADEM);
- U.S. Environmental Protection Agency (U.S. EPA);
- Alabama Department of Conservation and Natural Resources;
- Alabama Department of Public Health; and
- Alabama Department of Economic and Community Affairs - Office of Water Resources.

Environmental Impact Initiatives

The Applicant has identified the primary sources of potential environmental impact from our dispensing sites below. We have developed a comprehensive set of policies and procedures, aimed at minimizing our carbon footprint and maintaining a positive environmental profile in each of our communities.

Waste Reduction

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Energy Consumption

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Water Consumption

[REDACTED]

[REDACTED]

[REDACTED]

Potentially Odorous Products

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Emissions

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9.11 Insurance Plan

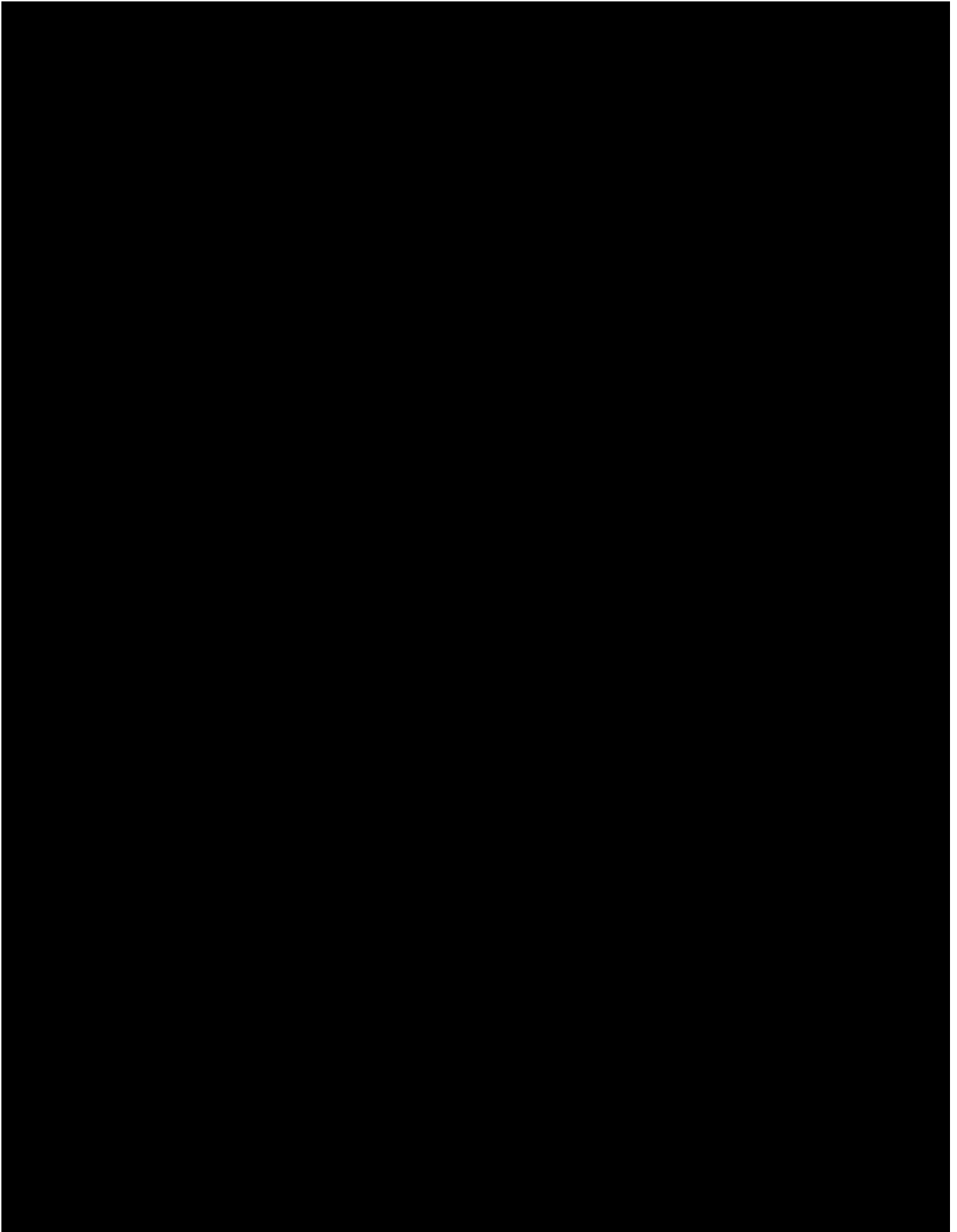
The Applicant has an insurance plan for commercial general liability (“CGL”), workers compensation, and property. The CGL policy is \$2 million aggregate from an A rated insurance company, [REDACTED] Ala. Code 20-2A-53(a)(2), [REDACTED]

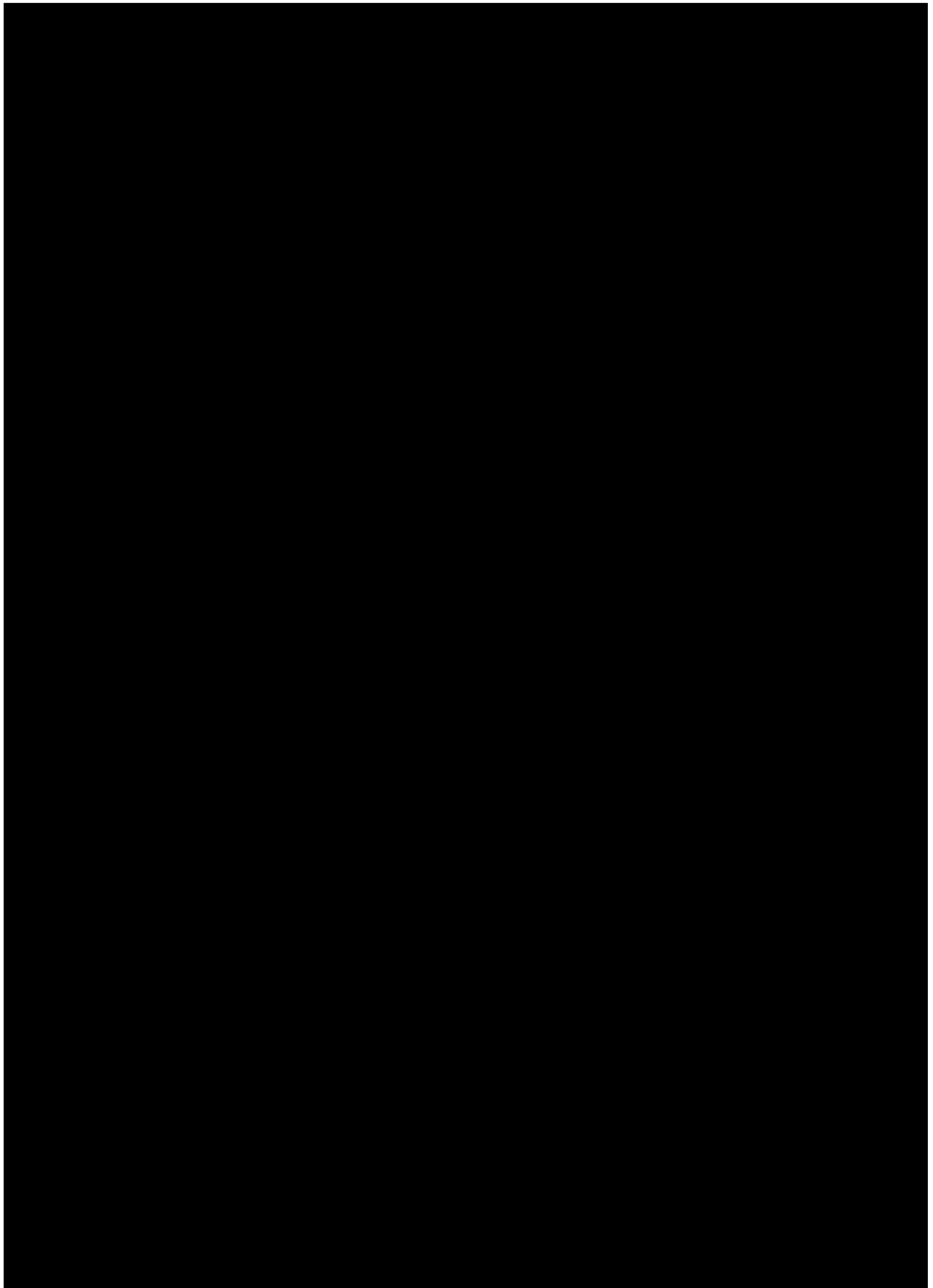
[REDACTED] The workers compensation policy is from an -A rated insurance company, [REDACTED]. Ala. Code r. 538-x-3-.05-3.m(15)(k). The personal property and products policy is [REDACTED]

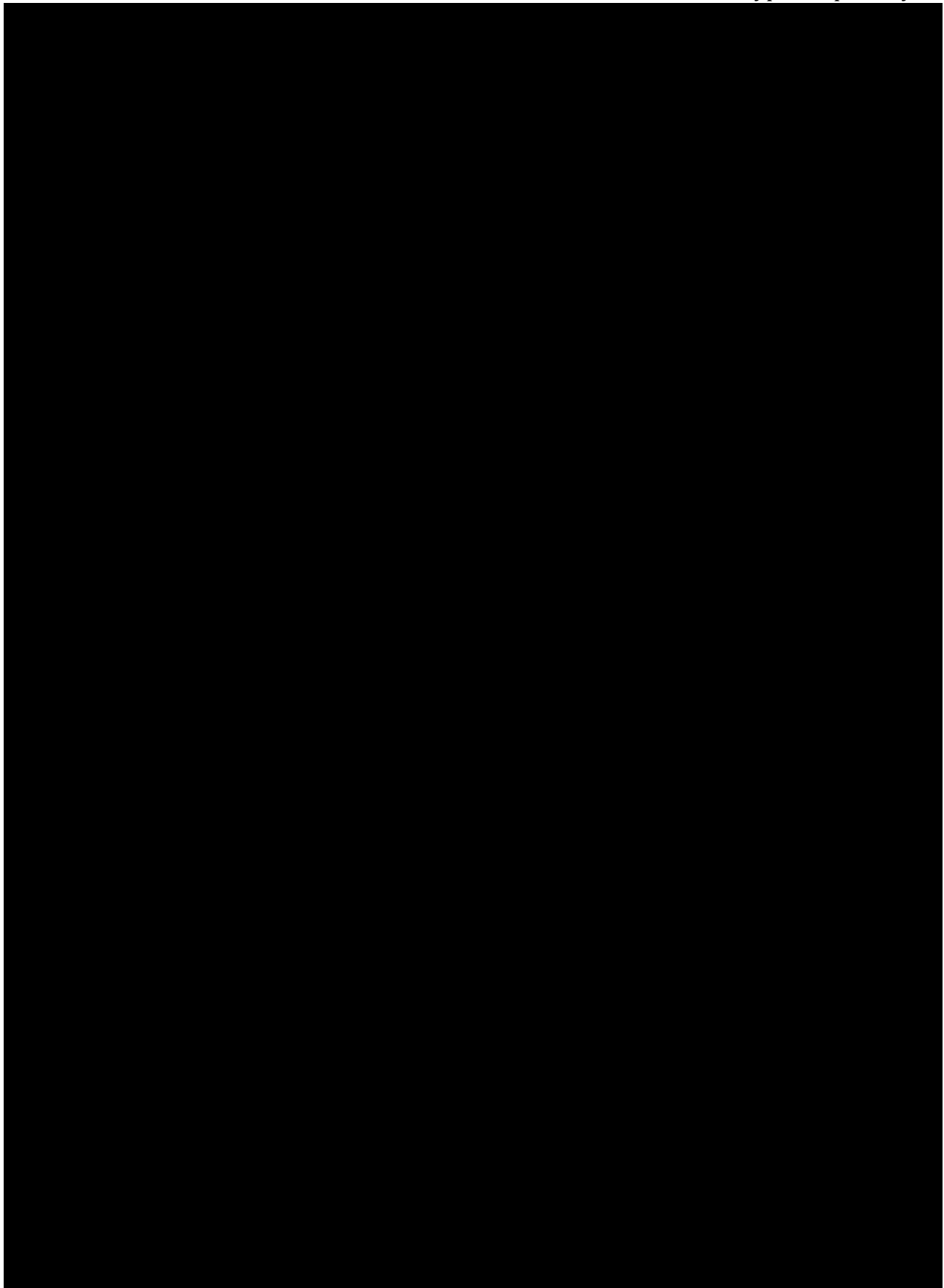
[REDACTED] The policies cover each of the Applicant’s three dispensing site locations. Please see a Certificate of Property Insurance and a Certificate of Liability Insurance detailing the policies are attached to this Exhibit 9 (identified as “Insurance Policies – attachment to Exhibit 9, Section 9.11”).

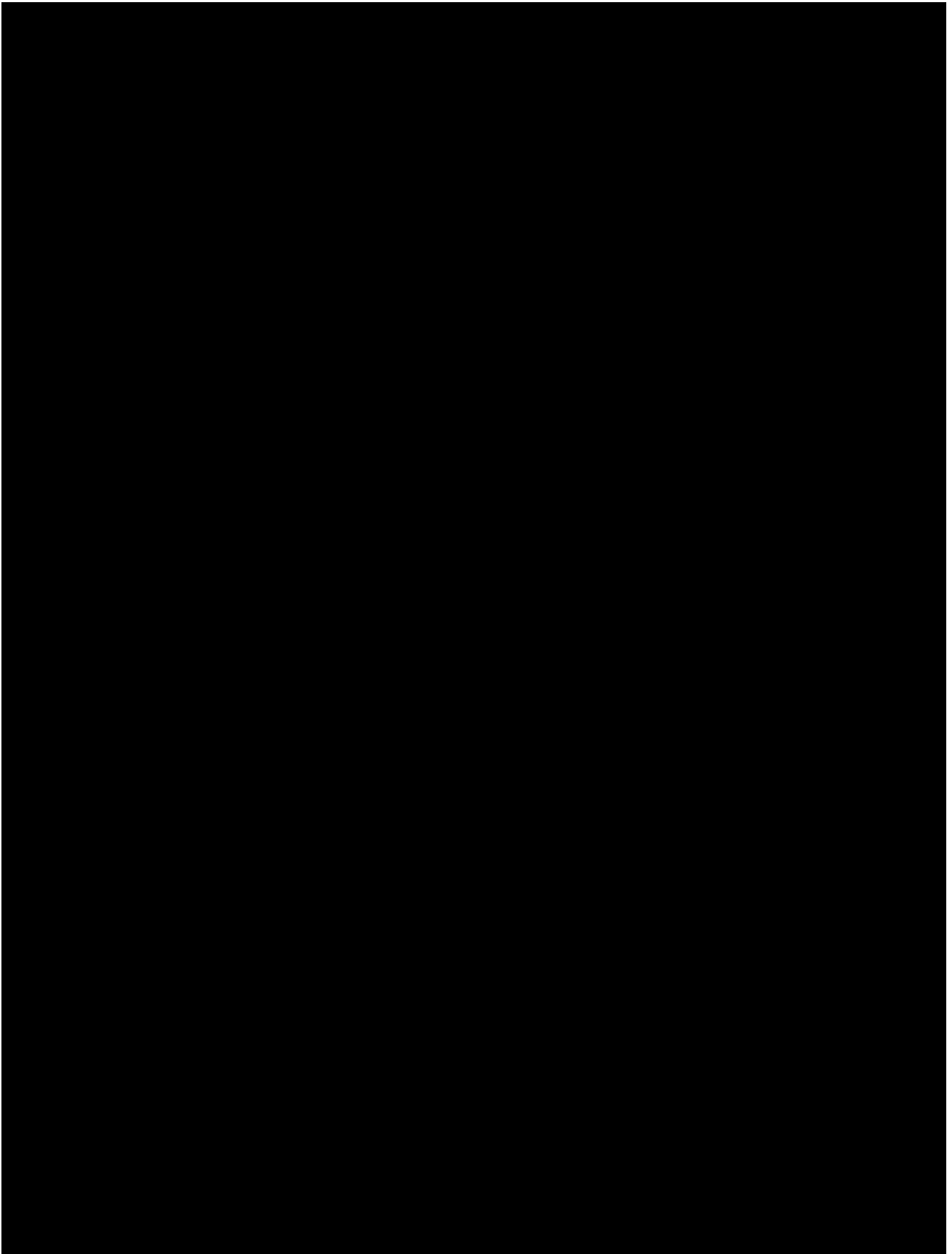
Additional Notes on Exhibit 9:

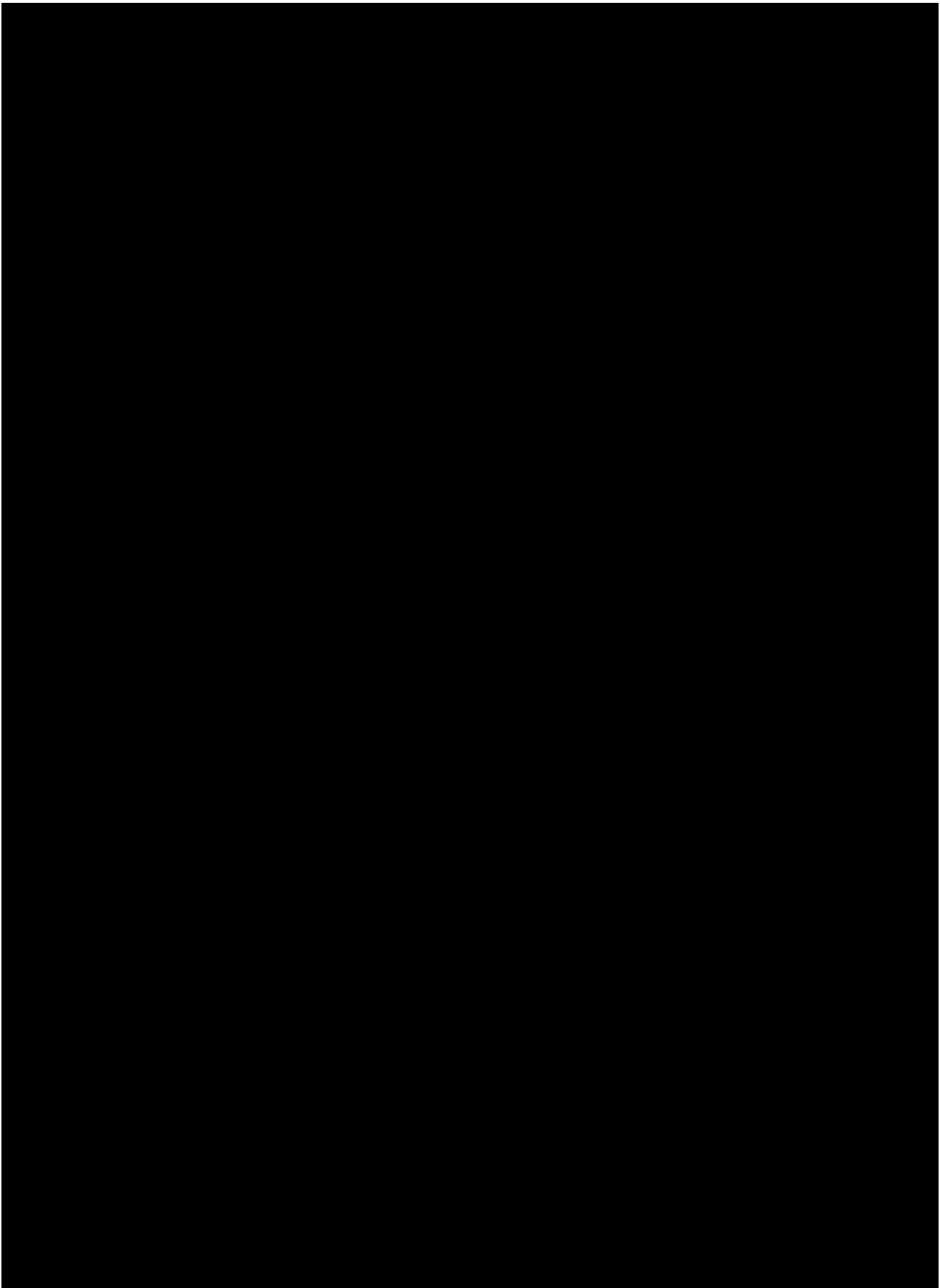
The information contained in this Exhibit is based on the best available knowledge to the Applicant at the time of submission. The Applicant will update or amend any information in this Exhibit that may change. The Applicant does not propose any additional facilities.

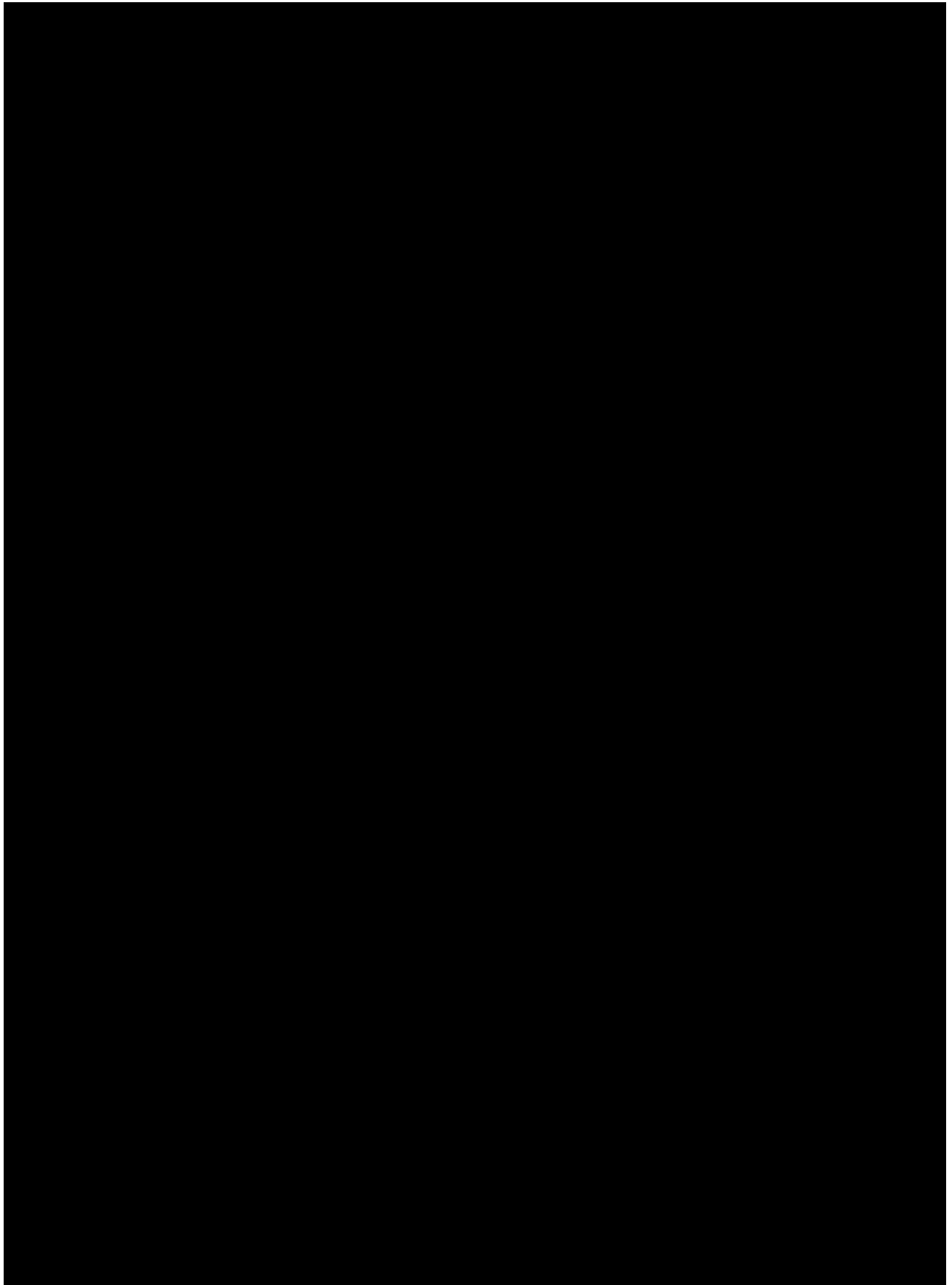


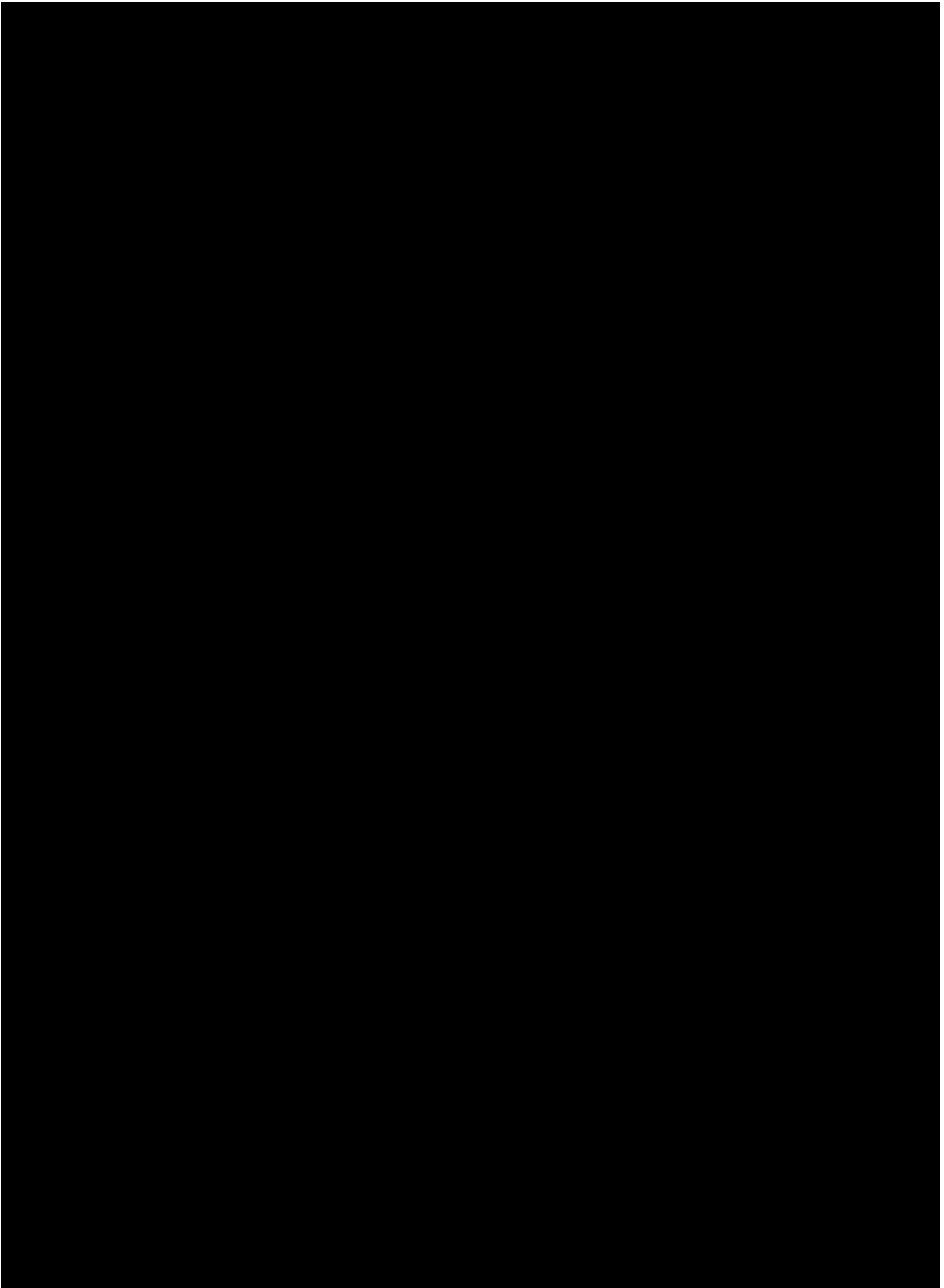












REDACTED COPY**EXHIBIT 10 - Evidence of Business Relationship with Other Licensees and Prospective Licensees**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-23	Third Party Information	This information is confidential or proprietary. Disclosure of this information may cause undue harm to the applicant by creating breach of contract liability to a third party.	Ala. Code 20-2a-55
1-2, 24-25	Strategy and Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55

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

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 3, 2023

Verification Date

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10.2 – Any Processor or prospective Processor..... 5

 [REDACTED] 5

10.3 – Any Secure Transporter or prospective Secure Transporter 7

 [REDACTED] 7

10.4 – Any Integrated Facility or prospective Integrated Facility..... 8

 [REDACTED] 8

 [REDACTED] 11

 [REDACTED] 16

 [REDACTED] 18

 [REDACTED] 21

10.5 – Any State Testing Laboratory or prospective State Testing Laboratory.....24

 [REDACTED]24

Summary

The Applicant (“we”, “us”, “our”) must have relationships with other licensees to ensure we will have access to wholesale supply, as well as medical cannabis transportation between dispensing sites. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

At the time of application, the Applicant has executed eight (8) MOUs or agreements: [REDACTED]
[REDACTED]

[REDACTED] The Applicant has not been able to locate one of the seven (7) State Testing Laboratory applicants, but has prepared an exemplar agreement for this relationship. The Applicant does not have an agreement with a dispensary applicant because they are the same license category as us.

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

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

In addition to the terms of the exemplar agreement with the State Testing Laboratory, [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] as well as meet the other

requirements at Ala. Admin. Code r. 538-x-10-.04, and the standards at 538-x-10-.05. These terms will be set forth in exhibits to the agreement.

Pursuant to Ala. Admin. Code r. 538-x-8-.05-3.i, attached to this Exhibit 10 is each executed agreement as well as the exemplar agreement for a State Testing Laboratory. The agreements are identified as follows:

- [REDACTED] - attachment to Exhibit 10;
- [REDACTED] - attachment to Exhibit 10;
- [REDACTED] - Secure - attachment to Exhibit 10;
- [REDACTED] - attachment to Exhibit 10;
- [REDACTED] - attachment to Exhibit 10;
- [REDACTED] - attachment to Exhibit 10;
- [REDACTED] - attachment to Exhibit 10;
- [REDACTED] - attachment to Exhibit 10;
- Exemplar State Testing Laboratory - attachment to Exhibit 10.

10.1 - Any Cultivator or prospective Cultivator



10.2 - Any Processor or prospective Processor



Processor: Organic Harvest Lab, LLC - attachment to Exhibit 10



10.3 – Any Secure Transporter or prospective Secure Transporter



10.4 – Any Integrated Facility or prospective Integrated Facility

















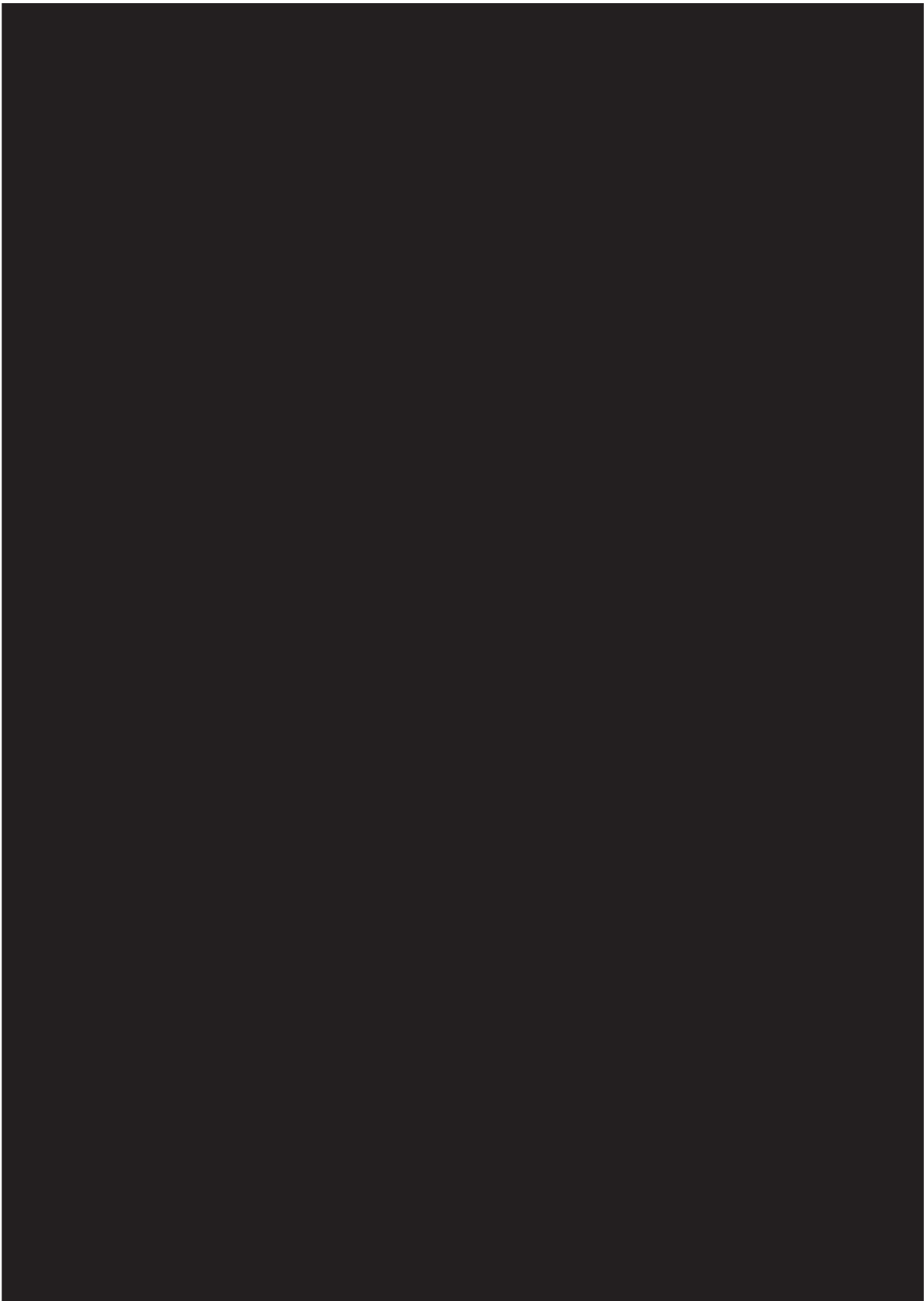


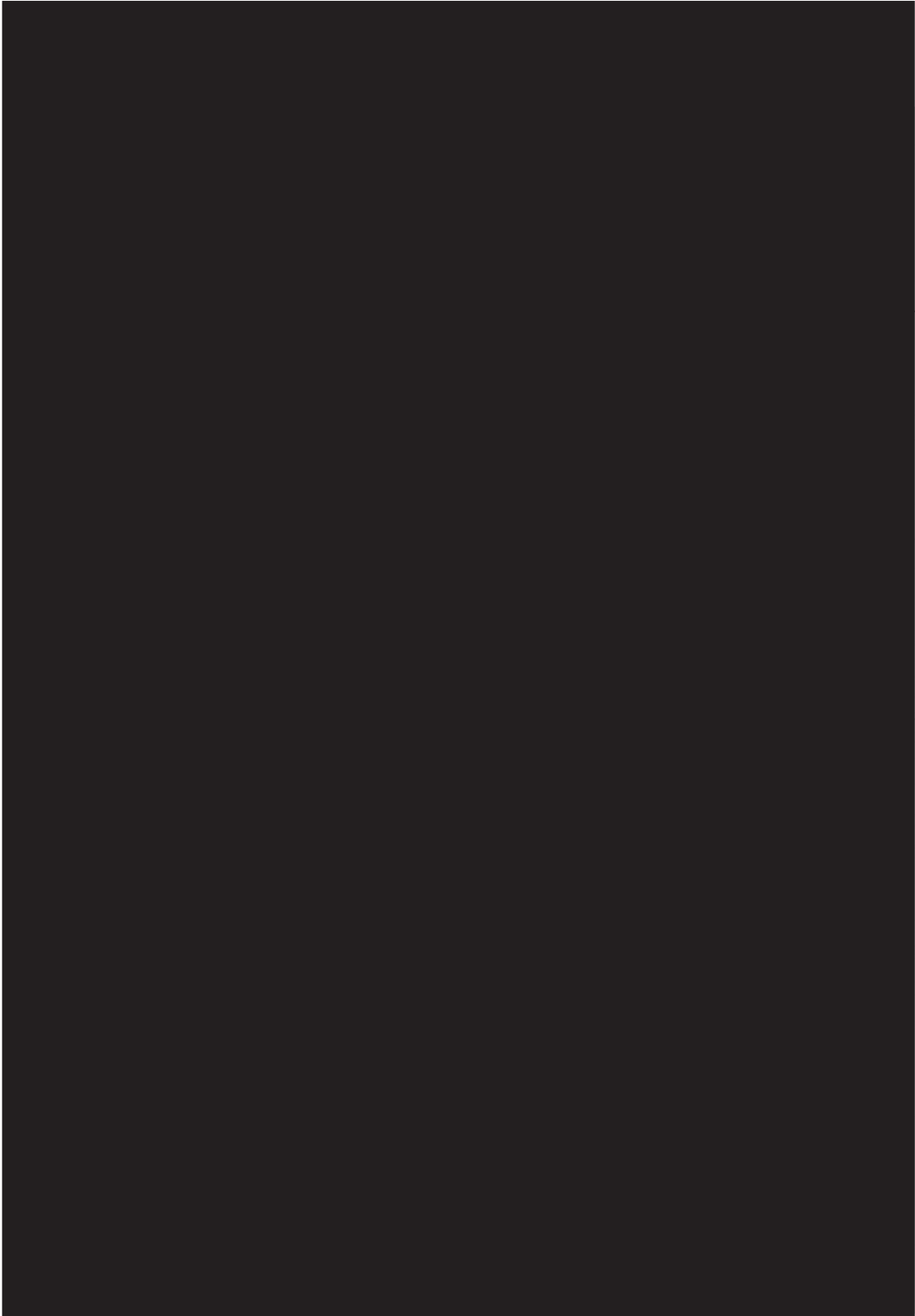


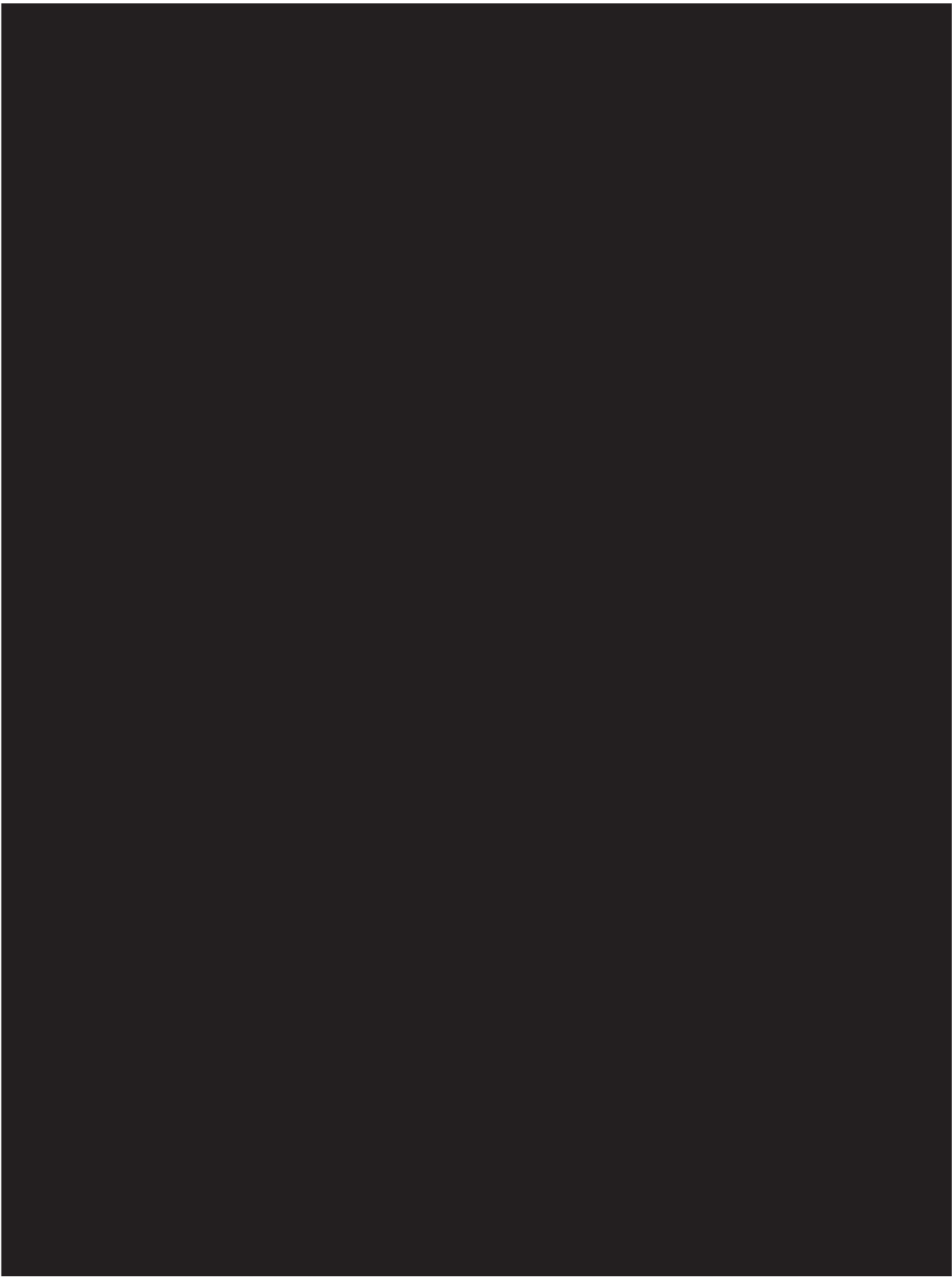












10.5 – Any State Testing Laboratory or prospective State Testing Laboratory





REDACTED COPY**EXHIBIT 11 - Coordination of Information from Registered Certifying Physicians**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

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2-5	Strategy and Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55

Exhibit 11 – Coordination of Information from Registered Certifying Physicians

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 3, 2023

Verification Date

This Exhibit outlines the Applicant’s plan for receiving and coordinating information and certifications from registered certifying physicians recommending medical cannabis to patients and caregivers. Ala. Admin. Code r. 538-x-8-.05-3.c.

11.1 Patient and Caregiver Qualifications

The Alabama Medical Cannabis Commission (“AMCC”) has outlined the qualifications for both registered qualified patients (“patients”) and registered caregivers (“caregivers”) to participate in the Alabama medical cannabis program. This program has been broken into three categories: (a) patients 19 years of age or older, (b) patients under the age of 19, and (c) caregivers. Patients who are 19 years of age or older must meet the qualifications in Ala. Admin Code r. 538-x-2-.03-3. Patients under the age of 19 must meet the qualifications in Ala. Admin Code r. 538-x-2-.03-4. Registered caregivers must meet the qualifications in Ala. Admin Code r. 538-x-2-.04.

11.2 Qualifying Conditions, Patient/Physician Registries, and Physician Recommendations

The AMCC has identified qualifying conditions for which a patient may obtain a recommendation for medical cannabis from a registered certifying physician per Ala. Code 20-2A-3. In order to recommend medical cannabis and certify patients in the Alabama Medical Cannabis Patient Registry (“Patient Registry System”, Ala. Code 20-2a-35), the physician must attest that the patient has one of the allowed qualifying medical conditions. Ala. Code 20-2A-33.

11.3 Medical Cannabis Availability

The AMCC has outlined the specific type of medical cannabis product forms of intake which are allowed to be sold to patients and caregivers. Ala. Admin. Code r. 538-x-2-.07. The products that are allowed to be sold within the medical cannabis program include the following: (1) Tablets; (2) Capsules; (3) Tinctures; (4) Gels, oils, and creams for topical use; (5) Suppositories; (6) Transdermal patches; (7) Nebulizers; (8) Liquids or oils for use in an inhaler The products that are prohibited to be sold within the medical cannabis program

include: (a) Raw plant material; (b) Products that could be smoked or vaped; (c) Food products such as cookies or candies. Ala. Code 20-2a-3.

The Applicant plans to utilize information provided by the Statewide Seed-to-Sale Tracking System (“Metrc”) and the Patient Registry System to consistently meet patients' needs, as recommended by their certifying physician. The certified dispenser will verify the specific form of intake and that the dose being dispensed has been recommended by the certifying physician. [REDACTED]

[REDACTED]

11.4 Interfacing with Registered Certifying Physicians

The primary method of interface with certifying physicians will be indirectly through the Patient Registry System and Metrc. Certifying physicians will enter the certifying information for each patient into the Patient Registry System. When the patient or caregiver comes to us, [REDACTED]

[REDACTED]

Ala. Code 20-2a-60.

[REDACTED]

[REDACTED] When a patient arrives at a dispensing site a certified dispenser, shall confirm that the patient or caregiver holds a valid, current, unexpired, and unrevoked medical cannabis card and confirm the patient is

within their 60-day daily dosage limit and has an active physician certification. Ala. Admin Code r. 583-x-8-.03-5.

[REDACTED]

At the time of dispensing medical cannabis, the certified dispenser shall ensure the following information is entered properly into the Patient Registry System and Metrc, and shall attach to the package containing the medical cannabis the following patient-specific information as per Ala. Admin. Code r. 583-x-8-.03-6:

- Name and medical cannabis card number of the patient;
- Name and medical cannabis card number of the caregiver, if applicable;
- Name and contact information of the registered certifying physician;
- Amount and type of medical cannabis being dispensed;
- Physician’s dosing comments and maximum daily dosage recommendation; and
- Date and time the medical cannabis was dispensed.

11.5 HIPAA Considerations

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] As per Ala.

Admin Code r. 538-x-4-.07-12.o(9), a Confidential Information and Cybersecurity Plan will be maintained at all times and be reviewed on an annual basis. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

As per Ala. Admin Code r. 538-x-4-.05, the installed network security shall, at a minimum, comply with cybersecurity standards set by the International Society of Automation (ISA) and the International Electrotechnical Commission (IEC) standard ISA/IEC 62443 applicable to facilities operated by pharmaceutical businesses.

11.6 Direct Communication with Physicians

In addition to the handling of information through the applicable databases discussed above, the Applicant intends to communicate with certifying physicians directly. [REDACTED]

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

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

[REDACTED]

Ala. Admin. Code 540-x-25-.10-(4)(a).

[REDACTED]

Ala. Admin. Code r.

540-x-25-.09.

[REDACTED]

Ala. Admin. Code r. 540-x-25-.03.

Additional Notes on Exhibit 11:

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.

REDACTED COPY**EXHIBIT 12 - Point-of-Sale Responsibilities**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

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1-4	Strategy and Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55

Exhibit 12 – Point-of-Sale Responsibilities

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

The following plan is an overview of the certified dispenser's ("CD") point-of-sale responsibilities at each dispensing site. The Applicant plans on having General Managers, Assistant Managers, [REDACTED] meet the CD qualifications.

The CD's duties include, and are not limited to, those discussed herein. A CD will be on duty at all times while the dispensing site is open for business; a CD must oversee and sign off on all sales of medical cannabis as the dispensing site. Ala. Admin. Code r. 538-x-8-.03-2. The CD is ultimately responsible for each transaction they complete. The Applicant's Certified Dispensers must have, at a minimum, two (2) years of education or experience in the fields of biology, biochemistry, chemistry, physiology, pharmacology, medicine, medical cannabis, nursing, pharmaceuticals, or a similar field, [REDACTED] [REDACTED] as per Ala. Admin Code r. 583-x-8-.03-3.

Prior to the dispensing site's commencing operations, or prior to beginning work if operations have already commenced, each CD must take and pass a medical cannabis foundations training course as required by the Alabama Medical Cannabis Commission ("AMCC"). Ala. Admin. Code r. 538-x-8-.03-4. In addition to the AMCC's continuing education requirement for all employees, a CD must undergo not fewer than ten (10) hours of continuing education, and five (5) hours of safety training, each year approved by the AMCC to address proper dispensing procedures, including the requirements of the Act and AMCC rules, prevention of abuse and diversion of medical cannabis, and other topics related to public health, safety and good business practices relating to medical cannabis and the dispensing thereof. *Id.*; Ala. Admin Code r. 538-x-4-.04-2. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ala.

Admin. Code r. 538-x-4-.04-2.b.

Point-of-Sale Education

The Point-of-Sale (“POS”) system is the backbone of dispensing operations, thus its proper use is critical to maintain accurate inventory control and compliance with AMCC regulations. The Applicant’s team will provide initial and on-going education and training to all dispensary personnel. Ala. Admin Code r. 538-x-4-.04. [REDACTED]

[REDACTED]

[REDACTED] All training will receive the IT certification required by Ala. Admin Code r. 538-x-4-.05-5 for each database they interact with, including without limitation the POS system.

Consultation

Before our CDs dispense medical cannabis to a registered qualified patient and/or registered caregiver (“patient”and “caregivers”), the patients and caregivers will have access to appropriate patient education and supporting materials on request. Ala. Admin Code r. 538-x-8-.03-7. This information may include:

- instructions on the proper administration of medical cannabis
- education regarding potential side effects, potential drug interactions, or other aspects of medical cannabis

[REDACTED]

Notwithstanding the foregoing, a CD will not offer advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis recommended by the registered certifying physician, except that the CD may direct the patient or caregiver back to the registered certifying physician to address questions or provide advice that the CD cannot. *Id.*

[REDACTED]

[REDACTED]

The information required by Ala. Admin Code r. 538-x-8-.03-6 for all patient and caregiver transactions will be updated electronically within the POS, Patient Registry System, and Statewide Seed-to-Sale Tracking Software (“Metrc”).

[REDACTED]

[REDACTED] Ala. Admin. Code r. 538-8-.05-3.e.

Provision of Information

Through our POS platform [REDACTED] and the Patient Registry System, patient and/or caregiver information will be made available to any CD making sales transactions. [REDACTED]

[REDACTED]

By becoming a licensed dispensary, the Applicant understands it will handle protected health information (PHI). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin. Code r. 538-x-3-.05-3.m(16). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] The four (4) rules which will be adhered to within the HIPAA guidelines are as follows:

- HIPAA Privacy Rule
- HIPAA Security Rule
- HIPAA Enforcement Rule
- HIPAA Breach Notification Rule

Responses to Patient and Caregiver Questions

The CDs shall be trained to respond to patient and caregiver questions [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Instructions for Use - All Medical Cannabis Products

The CD will consult with the patient and/or caregiver on the types of medical cannabis and administration methods available. Each type of medical cannabis will be explained in detail [REDACTED] will be provided.

The CD may at the request of the patient and/or caregiver provide instructions and information on the proper administration of medical cannabis. Ala. Admin Code r. 583-x-8-.03-7. Educating patients and/or caregivers on the various approved routes of administration will ensure they have a good basis of understanding before consuming any medical cannabis products.

Additional Notes on Exhibit 12:

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





Exhibit 12 Point-of-Sale Responsibilities

Final Audit Report

2022-12-30

Created:	2022-12-30
By:	[REDACTED]
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"Exhibit 12 Point-of-Sale Responsibilities" History

-  Document created by Katie Huey [REDACTED]
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-  Agreement completed.
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REDACTED COPY**EXHIBIT 13 - Confidentiality of Patient Information**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, Signaure Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-5	Strategy and Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55

Exhibit 13 – Confidentiality of Patient Information

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

This Exhibit 13 overviews the Applicant's plan for maintaining confidential records, providing cybersecurity for sensitive information, and enacting protocols for maintaining the confidentiality of patient information, arising from or related to access to the patient registry and/or from any other source. Policies and protocols are enacted and enforced in accordance with HIPAA and will comply with Ala. Admin. Code r. 538-x-3-.05-3.m(16)(i) and 538-x-4-.07-12.o(9). [REDACTED]

Ala. Admin. Code r. 538-x-08-.05-3.e. [REDACTED]

[REDACTED] To further protect information our installed network security shall, at a minimum, comply with cybersecurity standards set by the International Society of Automation (ISA) and the International Electrotechnical Commission (IEC) standard ISA/IEC 62443 applicable to facilities operated by pharmaceutical businesses. Ala. Admin. Code r. 538-x-4-.05-2. The Applicant's Confidential Information and Cybersecurity Plan will be maintained at all times and be reviewed on an annual basis. [REDACTED]

13.1 HIPAA Security Rule

The HIPAA Security Rule requires appropriate safeguards to ensure the confidentiality, integrity, and security of Protected Health Information (PHI). The HIPAA Security Rule consists of the following three components: (a) technical safeguards; (b) physical safeguards; and (c) administrative safeguards. All three parts include implementation specifications, some of which are required and others of which are addressable. [REDACTED]

13.2 HIPAA Security Rule - Technical Safeguards

The Technical safeguards for HIPAA compliance focus on the technology that protects and controls access to PHI. Since these standards are technology-neutral, [REDACTED]

[REDACTED]

The five (5) standards listed under the technical safeguards section are Access Control, Audit Controls, Integrity, Authentication, and Transmission Security.

When broken down further, there are nine (9) items that may be implemented, some are required, and some are addressable. They are:

[REDACTED]

The Department of Health & Human Services (HHS) provides further guidance and insight into the HIPAA Security Rule and assistance with the implementation of security standards.

[REDACTED]

13.3 HIPAA Security Rule - Physical Safeguards

The Physical safeguards for HIPAA compliance focus on the physical access to PHI and who has access to it. [REDACTED]

[REDACTED]

The four (4) standards listed under the technical safeguards section are as follows: (a) Facility Access Controls, (b) Workstation Use, (c) Workstation Security, and (d) Device and

Media Controls. When broken down further, there are ten (10) items that may be implemented, some are required, and some are addressable as previously mentioned. They are as follows:

[REDACTED]

HHS provides further guidance and insight into the HIPAA Security Rule and assistance with the implementation of physical safeguards. [REDACTED]

[REDACTED]

13.4 HIPAA Security Rule - Administrative Safeguards

The Administrative safeguards for HIPAA compliance are a collection of policies and procedures that govern the conduct of the workforce, and the security measures put in place to protect electronic PHI. These components have been carefully considered as part of the HIPAA-compliant program. [REDACTED]

[REDACTED]

[REDACTED] The nine (9) standards listed under the Technical safeguards section are as follows:

[REDACTED]

[REDACTED]

[REDACTED]

Compliance with the Administrative Safeguards standards [REDACTED]

[REDACTED]

[REDACTED] When broken down further, there are eighteen (18) items that may be implemented, some are required and some are addressable as previously mentioned.

[REDACTED]

13.5 HIPAA Privacy Rule

The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other PHI. [REDACTED]

[REDACTED]. The Privacy Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient or caregiver authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records and to request corrections. Business Associates are directly liable for uses and disclosures of PHI that are not covered under their BAA or the HIPAA Privacy Rule itself.

[REDACTED]

13.6 HIPAA Enforcement Rule

Understanding that medical cannabis organizations are not governed by the Federal Government, but rather the State of Alabama, the Applicant will make every effort to comply with the requirements set forth by the State while following all Federal laws, rules, and guidelines.

13.7 HIPAA Breach Notification Rule

The Breach Notification Rule requires healthcare providers to notify patients and caregivers when there is a breach of unsecured PHI. The Applicant will follow this protocol in the event of any breach.

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.







Exhibit 13 Confidentiality of Patient Information

Final Audit Report

2022-12-30

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By:	[REDACTED]
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"Exhibit 13 Confidentiality of Patient Information" History

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-  Agreement completed.
2022-12-30 - 6:24:04 PM GMT

REDACTED COPY**EXHIBIT 14 - Money Handling & Taxes**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

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1-5	Strategy and Operations	This information is a confidential trade secret. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 8-25-2; Ala. Code 20-2a-55
1-4	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

Exhibit 14 – Money Handling & Taxes

Verification

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

Zachary Huey

Printed Name of Verifying Official

CLO and Secretary

Title of Verifying Official



Signature of Verifying Official

Dec 30, 2022

Verification Date

Per Ala. Admin. Code r. 538-x-8-.05-3.h, the Applicant will implement and adhere to strict money handling plans and procedures, and comply with all federal, state, and local tax requirements for allocating and remitting taxes. This Exhibit 14 - Money Handling and Taxes (the “plan”) has been designed to operate as a basis and guidance for the Applicant’s managerial and accounting staff with regards to money handling and tax procedures. It is not the Applicant’s intention to evade taxes, make delinquent payments, or to be uncooperative with any relevant tax agencies. We will work closely with Stacey Udell, from HBK CPA, an independent certified public accounting firm (the “Firm”) to update this plan and ensure we can account for all money into, and out of, our dispensing sites, and that we are in complete compliance with any and all tax laws. More information on our tax plan is available in Exhibit 10 - Tax Plan.

[REDACTED]

[REDACTED]

Video cameras [REDACTED] will produce a clear, still image whether live or recorded. Ala. Admin. Code r. 538-x-3-.05-3.m(16)(k).

14.1. Cash Management Equipment

The Applicant will use the following equipment for cash management: [REDACTED]

[REDACTED] All equipment will be purchased in consultation with our Security Director and Director of

Risk Management to ensure conformance with our security plan and applicable industry and regulatory standards. [REDACTED]

[REDACTED]

[REDACTED]

14.2 Payment Processing

The Applicant will comply with the current banking guidance and regulations at both the State and federal level. This means the Applicant will only accept cash. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14.3 Daily Money Handling

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin. Code r. 538-x-4-.08-3 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14.4 Accounting for and Allocating Taxes

[REDACTED]

14.5 Cash Transportation

[REDACTED] 15 U.S.C. §5902 (a)

et. seq.; Ala. Code 34-27C-1 *et. seq.*.

[REDACTED]

[REDACTED] Ala. Admin. Code r.
538-x-8-.05-3.m(14).

[REDACTED]

14.6 Records

[REDACTED]
[REDACTED] All such records will be available to
the AMCC upon request and in a timely manner. Ala. Code 20-2a-52(3).

[REDACTED]

14.7 Responsible Parties

[REDACTED]

[REDACTED]

[REDACTED]

14.8 Tax Policy and Procedure

The Applicant shall maintain all current and future tax reports, filings, and financial obligations with respect to local, state, and federal tax liabilities, including Internal Revenue Code Section 280E. [REDACTED]

[REDACTED]

[REDACTED] The Applicant shall maintain complete business records, including both manual and digital records of the following items: [REDACTED]

[REDACTED]

[REDACTED]

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.







Exhibit 14 Money Handling & Taxes

Final Audit Report

2022-12-30

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-  Agreement completed.
2022-12-30 - 7:45:50 PM GMT

REDACTED COPY**EXHIBIT 15 - Standard Operating Plans and Procedures**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

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1-7, 9-10, 12, 15- 28	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
5, 7-15, 25-26, 28- 30	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

Exhibit 15 – Standard Operating Plans 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.

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official



Dec 30, 2022

Signature of Verifying Official

Verification Date

The purpose of this document is to record and provide the Applicant’s (“we”, “us”, “our”) Standard Operating Plans and Procedures as per our Duty to Meet and Maintain Standards enumerated in Ala. Admin Code r. 538-x-8-.11. A copy of this plan will be on-site at all three dispensing sites at all times for inspection by the AMCC (“Commission”) and investigators, agents, or auditors pursuant to Ala. Code 20-2a-52(a)(3).

15.1 IT Plan

The Applicant will comply with all of the AMCC’s provisions under Ala. Code Sections 20-2a-35, 20-2a-54, and 20-2a-60, as well as Ala. Admin Code r. Sections 538-x-8-.09 and 538-x-4-.05. The Applicant will procure and maintain technology to use the Statewide Seed-to-Sale Tracking System (“Metrc”), and as appropriate the Alabama Medical Cannabis Patient Registry System (“Patient registry”)

[REDACTED]

We will hire an independent IT company to install a security network capable of ensuring the confidentiality of the information received, maintained, and uploaded to Metrc, the Patient Registry, the Technology, and [REDACTED] (“Cloud Storage”).

Recordkeeping

[REDACTED]

[REDACTED]

The AMCC may, at any time, examine the books and records of any of our dispensing sites. The AMCC may appoint auditors, investigators, and other agents or employees that the AMCC considers necessary to enforce its powers and its duties. We agree to comply with all audits and investigations, cover the associated costs, and communicate with the AMCC throughout the process. Pursuant to rules and regulations promulgated by the AMCC and the state of Alabama, the following records will be kept, maintained, and made available upon request to the Commission, law enforcement personnel, or any court having jurisdiction of a matter arising out of or relating to the information:

- A minimum of two (2) years: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ala. Admin Code r. 538-x-3-.05-3.m(16)(k).x.; 3) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ala. Admin Code r. 538-x-3-.05-3.m(16)(k).ix.
- A minimum of three (3) years: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ala. Admin Code r. 538-x-4-.04-3.

- A minimum of six (6) years: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Ala. Admin Code r. 538-x-4-.05-1.
- Indefinitely: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Compliance with Inventory Protocols

IT Certification Policy: All individuals who as part of their duties to licensees must interact with the patient registry, the AMCC website, or the Statewide Seed-to-Sale Tracking System, will undergo pre-commencement, and once operational, pre-employment IT certification for each database with which they must interact, demonstrating their proficiency in respect to those databases. IT certification will be administered by the third-party IT provider as the AMCC may designate. Ala. Admin. Code r. 538-x-4-.05-5.

We understand that the AMCC will not pay for licensees' systems or upgrades, RFIDs, barcodes, and/or hardware. The responsibility to maintain or procure these systems and items remains upon the Applicant to procure the necessary technology as outlined in Ala. Admin Code r. 538-x-4-.05-3.

As per Ala. Admin Codes r 538-x-08-.05, batches and containers being shipped by the Applicant to or from another licensee's facility, or to or from another of the Applicant's own facilities will be QR coded or otherwise digitally coded to identify, at a minimum, the Cultivator, Processor, or Integrated Facility from which the medical cannabis was sourced,

the facility or facilities of origin, product type, date of processing and packaging, expiration date, date of the Processor's State Laboratory testing approval, and the Alabama Poison Control contact information as provided on the AMCC website.

[REDACTED]

Coordination of Information and Systems

Pursuant to Ala. Code 20-2a-60, the Applicant will utilize a third-party inventory and control tracking system which integrates with the Statewide Seed-to-Sale Tracking System required by Ala. Code 20-2a-54. [REDACTED]

[REDACTED]

Ala. Code 20-2a-35.

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-4-.05, including compliance with International Society of Automation (ISA) and the International Electrotechnical Commission (IEC) standard ISA/IEC 62443 applicable to industrial facilities operated by manufacturers of medical or pharmaceutical businesses. [REDACTED]

[REDACTED] The Applicant accepts full

responsibility for all costs of onboarding, use, and maintenance of such third-party inventory control tracking systems. Ala. Code 20-2a-60.

Seed-to-Sale Tracking Liaison

[REDACTED]

[REDACTED] Ala. Admin. Code r. 538-x-4-.05-6.

Pursuant to Ala. Admin Code r. 538-x-4-.05-4, all uploads to the Statewide Seed-to-Sale Tracking System will be sufficient to allow access to said system by the Commission, and, to the extent necessary and appropriate, patients and caregivers, qualified certifying physicians, other state agencies, other licensees, and law enforcement personnel.

15.2 Plan for Maintenance and Storage of Medical Cannabis Products

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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

Burglary Safes

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

Display Cases

[REDACTED]

Cash Storage

[REDACTED]

[REDACTED] t. Additional details regarding money handling are addressed in Exhibit 14: Money Handling & Taxes.

Limited Access to Medical Cannabis Products

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15.3 Quality Control and Quality Assurance Plan

The Applicant's QC/QA Plan outlines the internal protocols and processes that ensure product safety and quality control. [REDACTED]

[REDACTED]

■ Exhibit 23: Quality Control and Quality Assurance Plan.

Detecting Criminal Activity

[REDACTED]

Reporting Criminal Activity

[REDACTED]

Creating a Culture of Honesty

[REDACTED]

[Redacted text block]

Crime Prevention Strategies

[Redacted text block]

Preservation of Medical Cannabis

[Redacted text block]

Maintaining Access to Medical Cannabis

[Redacted text block]

[REDACTED]

15.6 Emergency Procedures & Disaster Plan

The Applicant will create a safe work environment through thorough emergency procedures and disaster planning, the delegation of responsibility prior to emergencies, and a clear premises design that allows for safe navigation and evacuation in the event of emergencies such as severe weather, fire, or active threats. [REDACTED]

[REDACTED]

Evacuation Procedures

[REDACTED]

[REDACTED]

[Redacted]

Workplace Violence

[Redacted]

Severe Weather Shelter Protocol and Power Outage

[Redacted]

Active Shooter Protocols

[Redacted]

Hurricane and Civil Unrest Response Procedures

[Redacted]

Preservation of Medical Cannabis

[REDACTED]

[REDACTED]

Maintaining Access to Medical Cannabis

[REDACTED]

15.7 Alcohol, Smoke, and Drug-Free Workplace Policy

The following is a summary of the Applicant's Alcohol, Smoke and Drug Free Workplace Policy. [REDACTED]

[REDACTED]

[REDACTED] To the extent not addressed herein, this policy is intended to comply with Ala. Code 25-5-330 *et. seq.*

Employee Assistance

[Redacted text block]

Drug and Alcohol Screening and Testing

[Redacted text block]

Employer's Right to Test

[Redacted text block]

Collection and Testing Procedures

[Redacted text block]

Employees Right to Test Results

[Redacted text block]

[REDACTED]

Consequences

[REDACTED]

Confidentiality Requirements

[REDACTED]

Inspections

[REDACTED]

Crimes Involving Drugs

[REDACTED]

[REDACTED]

Staff Training and Education

[REDACTED]

Supervisor Training and Education

[REDACTED] Ala. Code 25-5-330 *et. seq.*

No Smoking Policy

Smoking is prohibited on any Applicant premises, both inside and outside the buildings. All forms of tobacco use including cigarettes, cigars, e-cigarettes, and smokeless tobacco are prohibited.

The Applicant's full Alcohol, Smoke and Drug Free Workplace Policy is provided in Exhibit 22: Employee Handbook.

15.8 Employee Safety Plan

The Applicant's mission is to dispense medical cannabis while ensuring the highest standards for quality of product, service, and public safety. The Applicant expects to

minimize risk through plans for employee safety, injury reporting, hazardous material storage and disposal, and physical safety. Preparedness will aid in prevention and allow employees and management to handle any potential safety risks efficiently. Training materials will be distributed through the Applicant's employee handbook, which is provided as Exhibit 22: Employee Handbook in this application.

Employee Safety and Injury Response

[Redacted]

Worker's Compensation

[Redacted]

Premises Safety

[Redacted text block]

Safety Risk Assessments

[Redacted text block]

Hazardous Materials

[Redacted text block]

[Redacted]

Sanitation

[Redacted]

Waste Receptacles

[Redacted]

Health Precautions

[Redacted]

15.9 Confidential Information & Cybersecurity Plan

As per Ala. Admin Code r. 538-x-4-.05 the installed network security shall, at a minimum, comply with cybersecurity standards set by the International Society of Automation (ISA)

and the International Electrotechnical Commission (IEC) standard ISA/IEC 62443 applicable to facilities operated by pharmaceutical businesses.

A Confidential Information and Cybersecurity Plan will be maintained at all times and be reviewed on an annual basis. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-4-.07012.o(9)

Records, whether electronic or manual, will be kept of all persons on the premises at the dispensing site at all times, including employees, vendors, transporters or other licensees, and all others, recording each individual's name, the date and time of ingress and egress and, as to non-employees, the reason for their presence. [REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-08-.05-3.m(11)

Recordkeeping and Cybersecurity

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

Incident Log Use and Maintenance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Website Tech & Online Security Tools

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

HIPAA Security Rule

HIPAA Security Rule establishes standards for safeguarding information when transmitted or stored electronically. So, while privacy defines procedures for keeping the data confidential, the security rule is about the technical methods to make it inaccessible for unauthorized individuals.

As per Ala. Admin Code r. 538-x-08-.05, the Applicant will create and maintain at all times a plan pursuant to Per Ala. Admin Code r. 538-x-3-.05-3.m.(16)(i) and 538-x-4-.07-12.o.(9) for maintaining confidential information and providing cybersecurity for sensitive information with respect to patients and caregivers. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The Applicant will adhere to the HIPAA Security Rule that covers all areas, including physical safeguards, used technologies, administration, and everything else relating to the act of securing the Protected Health Information (PHI) storage devices. The plan will include, but not be limited to:

- Administrative – covers policies and procedures of PHI handling.
- Physical – covers premise management of locations storing PHI where PHI.
- Technical – covers the technology behind what’s done to PHI to keep its electronic version secure.

15.10 Plan for Tracking and Disposal

[REDACTED]

[REDACTED]

[REDACTED] The Medical Cannabis Waste and Disposal Plan must, at a minimum, leave no part

of the disposed or waste medical cannabis either usable or recognizable as such as per Ala. Admin Code r. 538-x-4-.07-10.

Types of Waste

[Redacted text block]

[Redacted text block]

Secure Storage of Waste

[Redacted text block]

Tracking of Waste

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED] in accordance with Ala. Code 20-2a-60(a)(4). All waste will be recorded in the waste disposal log.

Rendering of Medical Cannabis

[REDACTED]

Returns

[REDACTED]

[Redacted]

Quarantine of Waste

[Redacted]

Disposal of Waste

[Redacted]

[REDACTED]

15.11 Security Plan

The Applicant seeks to dispense medical cannabis and products with the highest standards for public safety and security. All aspects of Applicant operations will have a strong emphasis on security and preventing the theft, unauthorized sale, or diversion of medical cannabis products and other types of criminal activity. The Applicant will have robust security protocols in place to ensure employee and patient safety, along with the proper safekeeping of medical cannabis.

[REDACTED]

[REDACTED]

[REDACTED] Ala. Code 538-x-8-
.05-3.m(18):

“WARNING: This facility is monitored at all times using audio and video surveillance. Entry to this business and purchases within are strictly prohibited except as to registered patients and caregivers presenting valid identification as required by law”

[REDACTED]

[REDACTED]

[REDACTED] Employees will wear identifying badges at all times while on the premises. Visitors will be required to obtain a pass. Visitors will provide valid government-issued identification and sign a visitor’s log before entering. All visitors will be escorted by an Applicant employee to ensure they do not touch anything they are not authorized to. Visitors will sign out of the logs and return the badge upon exiting.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Exhibit 19: Security Plan.

Additional Notes on Exhibit 15: The information contained in this Exhibit is based on the best available knowledge to the Applicant at the time of submission. The Applicant will update or amend any information in this Exhibit that may change.







Exhibit 15 Standard Operating Plans and Procedures

Final Audit Report

2022-12-30

Created:	2022-12-30
By:	[REDACTED]
Status:	Signed
Transaction ID:	[REDACTED]

"Exhibit 15 Standard Operating Plans and Procedures" History

-  Document created by Katie Huey [REDACTED]
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-  Document e-signed by Zachary Huey [REDACTED]
Signature Date: 2022-12-30 - 8:12:44 PM GMT - Time Source: server
-  Agreement completed.
2022-12-30 - 8:12:44 PM GMT

REDACTED COPY**EXHIBIT 16 - Policies and Procedures Manual**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
7, 10-106	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
32-34, 68-84, 94-95, 100-101, 104-105	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

Exhibit 16 – Policies and Procedures Manual

Verification

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

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official


Signature of verifying Official

12/30/22

Verification Date

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Summary

This Policies and Procedures Manual (this “Manual”) establishes Company expectations and best practices and provides detailed direction to our personnel on day-to-day operational standards. This Manual serves as a guidebook to which Company personnel can refer for thorough instructions pertaining to a wide array of common workplace functions, as well as various specific industry-related issues.

This Manual begins by outlining the general policies of the Company, including crucial information pertaining to legal compliance and confidentiality and privacy of patient information, which is of particular importance given the sensitive health-related information that is received and stored by the Company in the routine operation of its business. As such, this Manual clearly states the HIPAA guidelines which must be adhered to by all Company personnel, and sets forth employee guidelines pertaining to the maintenance, handling, and disclosure of confidential patient information.

Employee safety is another primary focus of this Manual, which describes the Company’s establishing of a Safety Committee responsible for identifying and recommending improvements to the Company workplace safety program. Next, this Manual outlines the Company’s preventative maintenance and workplace safety protocols, which are aimed at minimizing incidents of workplace injury. The Manual lays out the specific procedures for personnel to follow in the event an on-site injury occurs, including application of first aid and injury reporting protocols. Further, this Manual gives an overview of potential physical and chemical hazards at the workplace, and provides best practices regarding workplace sanitation and hygiene.

Next, this Manual clearly outlines the Company’s Alcohol, Smoke, and Drug-Free Workplace Policy, which has been enacted to ensure a healthy workplace within our organization. Included in this section is information regarding Company assistance to employees who are dealing with drug or alcohol dependence. This Manual spells out the rules associated with drug and alcohol use or possession in the workplace, as well as the Company drug testing

policy and procedures and the consequences associated with violations of the Company drug and alcohol policy.

This Manual continues by outlining the Company's various operations policies as they relate to inventory, patient service, sales, and recordkeeping. Next, the Company's policies pertaining to the maintenance and storage of medical cannabis are defined, as well as the procedures and standards for securing medical cannabis within each dispensing site, including storage within a commercial grade safe or vault. Cash storage and handling procedures and inventory management procedures are also discussed in detail.

This Manual then provides extensive information on Company recordkeeping and reporting protocols, including defining the required timelines for record retention with respect to a variety of specific documents. The Company's Information Technology ("IT") policies are subsequently summarized, particularly as they relate to the coordination of information with the Statewide Seed-to-Sale Tracking System ("Metrc").

The Company's Quality Assurance and Quality Control protocols are outlined next, which serve to ensure the quality and safety of the medical cannabis products dispensed at the Company's facilities. Similarly, the Company's contamination and recall plan is described in order to establish a clear, step-by-step procedure for personnel to follow in the event of a recall or a reported adverse event. This plan also describes the methods by which a patient or caregiver can report an adverse event to the Company so we may investigate the issue and determine the appropriate action to be taken.

This plan further establishes the criteria for initiating a recall, and clearly delineates the internal duties and responsibilities as they relate to recall procedures, including the quarantine of affected medical cannabis products and procedures for contacting other licensees within the supply chain. In connection with the recall plan, this Manual prescribes the required procedures for the collection, destruction, and removal of waste cannabis, as well as the process for initiating corrective and preventative actions.

Health and safety are of our utmost concern. This Manual therefore outlines the daily, weekly, and quarterly cleaning procedures designed to ensure our facilities are always maintained and cared for. Special cleaning procedures are prescribed for surfaces and items that have come in contact with medical cannabis products. This Manual continues to describe our policies pertaining to the tracking of waste and disposal, including secure storage, tracking, and disposal protocols for medical cannabis and medical cannabis waste.

This Manual then discusses our Company marketing policies and protocols by detailing our brand guidelines and providing extensive detail in regards to our brand voice, values, and mission, as well as information regarding our partnership and content guidelines. Our marketing personnel can refer to this comprehensive branding and marketing policy directory to guide them in ensuring all Company marketing activities are in compliance with AMCC rules and regulations.

[REDACTED]

[REDACTED] Information is also provided on Company strategies to engage with prospective physicians, as well as policies related to database monitoring and dispensing site data. [REDACTED]

[REDACTED]

The Company's comprehensive security procedures are next explained in full detail. Topics covered in this critical section include access control and visitor management, internal communication, video and audio surveillance, facility security, including alarm systems and on-site security guards. This section also covers the procedures in place for detecting, handling, and reporting criminal activity and other security threats, as well as the associated recordkeeping requirements. Cybersecurity protocols are also defined.

This Manual continues to explain the policies and procedures in place for various types of emergencies, including severe weather and natural disasters, fires, workplace violence, active shooter protocols, and general medical emergencies. A detailed evacuation plan is also provided.

This Manual then establishes the opening procedures to give personnel clear direction regarding setting up the dispensing floor, verifying inventory and restocking, and checking security and alarms. Sales procedures, including point-of-sale responsibilities are then established, as well as initial and ongoing training requirements, patient and caregiver check-in procedures, product information and recommendation policies, transaction processing, and cash handling and transportation protocols.

Procedures relating to important accounting issues are then provided, including transaction records and tax policy and procedure. Various inventory management and reconciliation policies are then outlined, such as establishing procedures for establishing par levels, order placement, inventory KPIs, and protocols for addressing inventory shrinkage.

This Manual concludes by establishing the closing procedures for our dispensing sites, including inventory checks and reconciliation, counting and securing cash, cash collection protocols, and required cleaning procedures. This section can also be referred to for information about closing the dispensing floor and locking up the dispensing site, as well as conducting a security check and setting the alarm system after the close of business.

As has been demonstrated, this Manual serves as a comprehensive and authoritative source of information for Company personnel regarding Company policies and procedures relating to a wide array of topics. Our goal in creating this Manual is to provide guidance and clarity to assist our personnel in the performance of their respective roles within our organization.

I. Introduction

Purpose of the Policies and Procedures Manual

This Manual is a document outlining the rules and protocols of the Company's ("we", "us", "our") Dispensing Sites (hereinafter defined). This Manual also includes information about our employees, their responsibilities, and how they should conduct themselves while on duty with regards to a variety of different topics and situations..

The purpose of this Manual is to provide clear direction for the Company's personnel to follow in order to maintain a safe environment for our patients and employees.

Scope of the Manual

This Manual applies to all employees of the Company's Dispensing Sites. Employees must strictly adhere to all policies and procedures outlined in this Manual and be aware that any breach of policy could result in disciplinary action, up to and including termination.

Definitions

Authorized Visitor - Representatives of other licensees, Commission members or personnel or inspectors, third parties visiting the Dispensing Site at the request of the Commission or the licensee, or individuals who are entering the facility for the purpose of performing repairs or maintenance at the Dispensing Site.

Certified Dispenser - A Certified Dispenser is an individual who has been trained and certified to dispense medical cannabis to registered qualified patients. Certified Dispensers are responsible for providing medical cannabis to patients in a safe and secure manner, and for ensuring that patients receive the correct dosage and form of medical cannabis based on their individual needs and medical conditions. To become a Certified Dispenser in Alabama, an individual must satisfy each of the requirements set forth in Ala. Admin. Code r. 538-x-8-.03. These requirements include completing a training program approved by the AMCC and passing a certification exam. The training program must cover topics such as the

safe handling and administration of medical cannabis, the laws and regulations governing the program, and the appropriate protocols for interacting with patients and providing them with the medical cannabis they need. Certified Dispensers are required to maintain their certification by participating in ongoing training and continuing education programs, and may be subject to additional requirements or restrictions depending on the specific provisions of the Alabama medical cannabis program. Ala. Admin. Code r. 538-x-8-.03-4.b.

Dispensing Site - A licensed facility authorized to dispense medical cannabis to registered qualified patients and registered caregivers. Dispensing Sites have trained and certified personnel on hand to assist patients with the selection and use of medical cannabis products, and may offer a variety of different types of medical cannabis products, including oils, tinctures, capsules, and other AMCC-approved forms. Dispensing Sites may also provide patients with information about the safe and effective use of medical cannabis, and may be required to maintain records and documentation related to the sale and distribution of medical cannabis.

Restricted Access Area - A Restricted Access Area is a part of a licensed medical cannabis facility that is restricted to authorized personnel only. Restricted Access Areas may include areas where medical cannabis is stored and/or prepared for sale.

Implementation and Enforcement of Policies and Procedures

[Redacted content]

[REDACTED]

[REDACTED]

Evolving Compliance

[REDACTED]

II. General Policies

Legal Compliance

The AMCC requires Dispensing Site operators to abide by its rules and regulations in order to maintain a valid and compliant Dispensary License. Compliance with AMCC regulations includes, but is not limited to establishing and maintaining appropriate OSHA-adjacent safety protocols, financial activities reporting, location requirements, Dispensing Site security features, proper storage and handling of medical cannabis products, recordkeeping procedures, and ensuring adherence to other applicable laws. The Company's marketing team must also be aware of any applicable advertising restrictions. Ala. Admin. Code r. 538-x-4-.17. In addition, the Company must adhere to all local zoning laws related to the operation of a Dispensing Site. Ala. Admin Code r. 538-x-4-.07-12-k(4). The Company is further responsible for the coordination of information and systems with vendors, patients, and other external stakeholders through the Alabama Medical Cannabis

Patient Registry System (The “Patient Registry”, Ala. Code 20-2a-35), the Statewide Seed-to-Sale Tracking System (“Metrc”, Ala. Code 20-2A-54), and access to and coordination of a third-party inventory control and tracking system (Ala. Code 20-2A-60).

Compliance with all applicable laws, rules, and regulations requires the understanding of and adherence to the same by all Company personnel and contractors. Failure to comply with any applicable law, rule, or regulation could result in the suspension or revocation of a Dispensary License by the AMCC.

Confidentiality and Privacy

Provision of Information

[REDACTED]

By becoming a licensed medical cannabis organization, the Company understands it will receive and handle protected health information (PHI). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The following four (4) rules within the HIPAA guidelines must be strictly adhered to at all times by all Company personnel:

- HIPAA Privacy Rule
- HIPAA Security Rule
- HIPAA Enforcement Rule
- HIPAA Breach Notification Rule

Employee Guidelines

Employees must adhere to the following guidelines pursuant to Ala. Admin Code r. 538-x-3-.05-3.m.(16)(i) and Ala. Admin Code r. 538-x-4-.07-12.o.(9), for maintaining the confidential information of patients and caregivers in accordance with HIPAA standards:

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Employee Safety

Safety Committee

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted text block]

Preventative Maintenance

[Redacted text block]

Personnel

[Redacted text block]

First Aid

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Alcohol, Smoke and Drug-Free Workplace Policy

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Definitions

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Employee Assistance

[Redacted text block]

[REDACTED]

[REDACTED]

Work Rules

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Required Drug Testing

[REDACTED]

[Redacted text block]

Drug & Alcohol Testing Procedures

[Redacted text block]

[Redacted text block]

[Redacted text block]

Consequences

[Redacted text block]

[Redacted text block]

[Redacted text block]

Confidentiality

[Redacted text block]

[Redacted text block]

Inspections

[Redacted text block]

Crimes Involving Drugs

[Redacted text block]

[Redacted text block]

Staff Training and Education

[Redacted text block]

[REDACTED]

Supervisor Training and Education

[REDACTED]

Incorporation

[REDACTED]

No Smoking Policy

Smoking is strictly prohibited inside and outside the Company premises. Similarly, all forms of tobacco use, including cigarettes, cigars, e-cigarettes, and smokeless tobacco are prohibited inside and outside of the Company premises.

III. Operations Policies

Refilling Product Inventory

[REDACTED]

[REDACTED]

[REDACTED]

Sales and Patient Service

The Company has developed and implemented the following policies and procedures to adhere to applicable AMCC requirements regarding the standards of conduct pertaining to sales and patient service at Dispensing Sites:

Sales Policies

[REDACTED]

[REDACTED] All patients and caregivers must possess and present a valid identification and a valid, unexpired, and unrevoked medical cannabis card.

Ala. Admin Code r. 583-x-8-.03-5. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

■ Ala. Admin Code r. 583-x-8-.03-6:

1. The name and medical cannabis card number of the patient;
2. The name and medical cannabis card number of the caregiver, if applicable;
3. The name and contact information of the registered certifying physician;

[REDACTED]

[REDACTED]

[REDACTED] Per Ala. Admin Code r. 583-x-8-.03-5, at the time of dispensing medical cannabis, the Certified Dispenser shall attach to the package containing the medical cannabis the following patient-specific information:

1. The name and medical cannabis card number of the patient;
2. The name and medical cannabis card number of the caregiver, if applicable;
3. The name and contact information of the registered certifying physician;
4. The amount and type of medical cannabis being dispensed;
5. The physician's dosing comments and maximum daily dosage recommendation; and
6. The date and time the medical cannabis was dispensed.

[REDACTED]

[REDACTED]

Patient Service Policies

[REDACTED]

[REDACTED]

A Certified Dispenser may, at the request of the patient or caregiver, provide instructions on the proper administration of medical cannabis, information regarding potential side effects or drug interactions, or other aspects of medical cannabis. Notwithstanding the foregoing, a Certified Dispenser may not offer advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or the type of medical cannabis recommended by the registered certifying physician, except that a Certified Dispenser may direct the patient or caregiver back to the registered certifying physician to address questions or provide advice that the Certified Dispenser cannot. Ala. Admin Code r. 583-x-8-03-7. [REDACTED]

[REDACTED]

Maintenance and Storage of Medical Cannabis Products

[REDACTED]

The Vault

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Safes

[Redacted text block]

[Redacted text block]

Display Cases

[Redacted text block]

Cash Storage

[Redacted text block]

[Redacted text block]

Limited Access to Medical Cannabis Products

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Vault Log

[Redacted text block]

Vault Storage Conditions

[Redacted text block]

S [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Medical Cannabis Product Backstock Rotation and Labeling

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

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

Physical Inventory Audits

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

[REDACTED]

[REDACTED]

Recordkeeping and Reporting

All sales of medical cannabis products shall be tracked using Metrc and reported to the AMCC on a daily basis. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

Business Documents

[REDACTED]

Information Technology (IT)

IT Certification Policy

All individuals who as part of their duties to licensees must interact with the patient registry, the AMCC website, or the Statewide Seed-to-Sale Tracking System, shall undergo pre-commencement, and once operational, pre-employment IT certification for each database with which they must interact, demonstrating their proficiency in respect to those databases. IT certification will be administered by the third-party IT provider as the AMCC may designate. Ala. Admin Code r. 538-x-4-.05-5.

Product Batch Identification Policy

[Redacted text block]

[Redacted text block]

Coordination of Information and Systems

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

Seed-to-Sale Tracking Liaison

[REDACTED]

Quality Control and Quality Assurance

Required testing shall be conducted by a State Testing Laboratory prior to being accepted by the Dispensing Site in accordance with Ala. Admin Code r. 538x-10-.01 for tolerance limits for the following, in accordance with the minimum standards established by the AMCC and Ala. Admin Code r. 538-x-10-.04-e.:

- Cannabinoid content and potency,
- Percent of THC relative to original plant material (w/w),
- Terpene profiles,
- Heavy metals,
- Chemical contamination,
- Microbial, including pathogenic microbials,

- Mycotoxins, and
- Residual pesticides; (insecticides, fungicides, herbicides, and growth inhibitors/regulators) used during cultivation.

[Redacted text block]

[Redacted text block]

Contamination and Recall

[Redacted text block]

Company Contact

[Redacted]

- [Redacted]

- [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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- [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

 - [Redacted]

[REDACTED]

Recall Committee

[REDACTED]

Recall Criteria

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]

[REDACTED]

Adverse Events

[REDACTED]

[REDACTED]

Adverse Events Log

[REDACTED]

[Redacted text block]

Quarantine

[Redacted text block]

Supply Chain Contact

[Redacted text block]

[REDACTED]

Return and Remediation or Destruction

[REDACTED]

[Redacted text block]

Weekly Cleaning and Inspections

[Redacted text block]

Quarterly Cleaning and Inspections

[Redacted text block]

Cleaning Frequency of Items in Contact with Medical Cannabis Products

[Redacted text block]

[REDACTED]

Tracking of Medical Cannabis Waste and Disposal

A Medical Cannabis Waste and Disposal Plan must be maintained at all times and reviewed annually for compliance, changes in the regulations, and any material changes and/or operational updates. The Cannabis Waste and Disposal Plan must, at a minimum, leave no part of the disposed or waste cannabis or medical cannabis either usable or recognizable as such as per Ala. Admin Code r. 538-x-4-.07-12.o(10).

Types of Medical Cannabis Waste

[REDACTED]

[REDACTED]

Secure Storage of Medical Cannabis and Medical Cannabis Waste

[REDACTED]

[Redacted text block]

[Redacted text block]

Tracking of Medical Cannabis and Medical Cannabis Waste

[Redacted text block]

[Redacted text block]

Rendering Medical Cannabis Waste

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Medical Cannabis Product Returns

[Redacted text block]

Quarantine of Medical Cannabis Waste

[Redacted text block]

[Redacted text block]

[Redacted]

Disposal of Medical Cannabis Waste

[Redacted]

[Redacted]

IV. Brand Guidelines

Brand Voice

[Redacted]

[Redacted text block]

Brand Values

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Brand Mission

[Redacted text block]

[Redacted text block]

Partnership Guidelines

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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Content Guidelines

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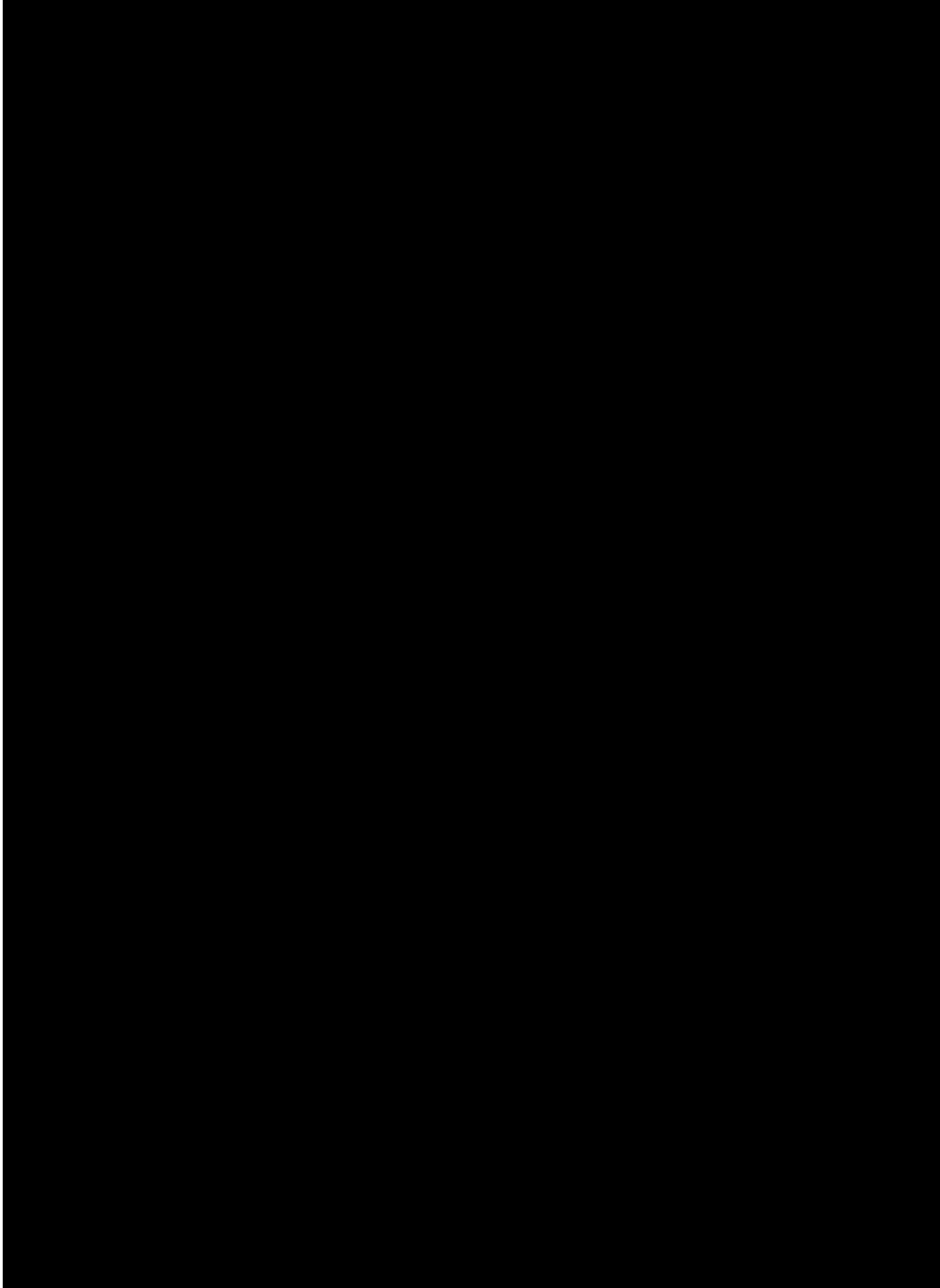


Image and Graphic Guidelines



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Font Use Guidelines

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[Redacted text block]

Personal Outreach

[Redacted text block]

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[Redacted text block]

[Redacted]

[Redacted]

Database Monitoring

[Redacted]

Dispensing Site Data

[Redacted]

[Redacted text block]

The Application Process

[Redacted text block]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

V. Security Policies

The Company shall maintain, review, and update policies to report theft, diversion, or other loss of medical cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery, in compliance with Ala. Admin Code r. 538-x-08-.05-3.m(15).

Access Control and Visitor Management

[Redacted]

[Redacted]

Employees

[Redacted]

[Redacted]

[Redacted text block]

Visitors

[Redacted text block]

[Redacted text block]

- [Redacted list item]
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- [Redacted list item]
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- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]
- [Redacted list item]

General Public

[REDACTED]

Communication Amongst Personnel

The Company shall utilize a two-way radio system throughout Dispensing Sites. Pursuant to Ala. Admin Code r. 538-x-08-.05-3.m(3)(a-c), broadcast communication devices (cell phones, intercom equipment, or the like) at the facility shall be:

- Carried by each employee or installed in all areas of each facility designed for regular access by humans;
- Accessible for communication by all personnel at all times, (particularly at perimeter ingress/egress stations, facility reception areas, and the security office), and;
- Capable of providing information with sufficient clarity to be heard and understood by all personnel and visitors in close proximity of the employee receiving the communication.

Video and Audio Surveillance

[REDACTED]

Surveillance video shall record continuously twenty-four (24) hours a day, seven (7) days a week, pursuant to Ala. Admin Code r. 538-x-08-.05-3.m(4).

The Company shall maintain an audio surveillance system that will be in continuous operation twenty-four (24) hours per day, seven (7) days per week, in accordance with Ala. Admin Code r. 538-x-08-.05-3.m(4).

The Company shall make recordings available to the law enforcement, the Commission, or other authorized representative upon request, without a warrant or subpoena.

Video Surveillance

[REDACTED]

[REDACTED]

[REDACTED]

Audio Surveillance

E [REDACTED]

[Redacted text block]

[Redacted text block]

Facility Security

[Redacted text block]

Physical Barriers

[Redacted text block]

Lighting

[Redacted text block]

[Redacted text block]

Security Guards

[Redacted text block]

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]

Security Leadership

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Alarms

[Redacted]

[Redacted]

Sensors

[Redacted]

[Redacted]

[Redacted]

Duress/Hold Up Alarms

[Redacted text block]

[Redacted text block]

[Redacted text block]

System Outage

[Redacted text block]

Criminal Activity

[Redacted text block]

[REDACTED]

[REDACTED]

Detecting Criminal Activity

[REDACTED]

[REDACTED]

Reporting Criminal Activity

[REDACTED]

[Redacted text block]

Creating a Culture of Honesty

[Redacted text block]

[Redacted text block]

Maintaining Access to Medical Cannabis

[Redacted text block]

Handling Security Threats

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted text block]

Reporting

[Redacted text block]

[Redacted text block]

[Redacted text block]

Recordkeeping

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Incident Log Use and Maintenance

[REDACTED]

Cybersecurity

As per Ala. Admin Code r. 538-x-4-.05 the installed network security shall, at a minimum, comply with cybersecurity standards set by the International Society of Automation (ISA) and the International Electrotechnical Commission (IEC) standard ISA/IEC 62443 applicable to facilities operated by pharmaceutical businesses.

[REDACTED]

VI. Emergency Procedures

Personnel & Board Contact Information

[Redacted]

Safety Coordinator

[Redacted]

Planning Team

[Redacted]

[Redacted]

Tornado

[Redacted]

[Redacted text block]

Flash Flood

[Redacted text block]

Hurricane and Civil Unrest Response

[Redacted text block]

Workplace Violence

[Redacted text block]

Severe Weather Shelter Protocol and Power Outage

[Redacted text block]

Active Shooter Protocols

[Redacted]

Medical Emergencies

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Fire Evacuation

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Clean-Up and Salvage Procedures

[Redacted text block]

VII. Opening Procedures

Opening Check-in

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Setting up the Dispensing Floor

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Verifying Inventory and Restocking

[Redacted text block]

Product Audits

[Redacted]

Checking Security Cameras and Alarms

[Redacted]

VIII. Sales Procedures

Point of Sale Responsibilities

[Redacted]

[REDACTED]

Certified Dispenser Qualifications

[REDACTED]

Training

[REDACTED]

Medical Cannabis Education and Safety Training Requirements for Licensees' Employees

Licensees' hourly or non-salaried employees must complete the following:

- A medical cannabis foundations training program as shall be provided by the Commission on the AMCC website at or before the issuance of licenses, to be completed prior to the licensee's commencing operations (or at the time of hiring, if after the commencement of operations); and
- No less than ten (10) hours of continuing education of medical cannabis education and no less than five (5) hours of safety training, both of which may be conducted by the licensee or a third party, shall be completed during every full calendar year after receiving the foundations training; appropriate courses must be as provided by or

preapproved by the Commission, including any specific courses that are required by the Commission.

- Certificates of Completion. Certificates of completion from all training and continuing education courses must be signed by the individual who has completed the course and a Human Resources Director or other person tasked with oversight of the licensee’s continuing education compliance, and the same shall be kept on file for review at the time of inspection.
- Copies of all certificates must be maintained for at least three (3) years and must be provided electronically at any time upon the Commission’s request.

Prior to the Dispensing Site’s commencing operations or prior to beginning work, each Certified Dispenser must take and pass a medical cannabis foundations training course as required by the Commission. As per Ala. Admin. Code r. 583-x-8-.03 Certified Dispensers - Training and Continuing Education of Certified Dispensers:

- Prior to the dispensary commencing operations or prior to beginning work, a certified dispenser must take and pass a medical cannabis foundations training course as required by the Commission.
- Annually, in addition to the Commission’s continuing education requirement for all employees a certified dispenser must undergo not fewer than ten (10) hours of continuing education approved by the Commission, to address proper dispensing procedures, including the requirements of the Act and this Chapter, prevention of abuse and diversion of medical cannabis, and other topics related to public health, safety and good business practices relating to cannabis, medical cannabis and the dispensing thereof.

Once trained, the Certified Dispenser’s duties include but are not limited to those discussed herein.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Patient and Caregiver Check-In

[Redacted text block]

[Redacted text block]

[Redacted text block]

Providing Product Information and Recommendations

[Redacted text block]

[Redacted]

[Redacted]

Consultations

[Redacted]

[Redacted]

Processing Transactions and Handling Cash

[Redacted]

[Redacted]

[Redacted text block]

Accounting for and Allocating Taxes

[Redacted text block]

Cash Transportation

[Redacted text block]

Records

[REDACTED]

Tax Policy and Procedure

[REDACTED]

[Redacted text block]

Inventory Management & Reconciliation

[Redacted text block]

Par Level

[Redacted text block]

Reorder Point (ROP)

[Redacted text block]

Inventory Key Performance Indicators (KPIs)

[Redacted text block]

[Redacted text block]

Inventory Shrinkage

[Redacted text block]

[Redacted text block]

IX. Closing Procedures

Checking Inventory and Reconciling Sales Records

[Redacted]

Inventory Control Manager

[Redacted]

Counting and Securing Cash

[Redacted]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Cash Collection Frequency

[REDACTED]

Cleaning Procedures

The following procedures shall be used to ensure the cleanliness of the surfaces, flooring, and restrooms within the Company's facilities:

Cleaning Non-Food Work Surfaces

[REDACTED]

Cleaning Food Related Work Surfaces

[REDACTED]

Cleaning Hard Flooring

[Redacted text block for Cleaning Hard Flooring]

Cleaning of Common Area

[Redacted text block for Cleaning of Common Area]

Cleaning of Restrooms

[Redacted text block for Cleaning of Restrooms]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Closing the Dispensing Floor and Locking up the Dispensing Site

[Redacted text block]

[Redacted text block]

Conducting a Security Check

[Redacted text block containing multiple lines of blacked-out content under the heading 'Conducting a Security Check']

Activating Alarms

[Redacted text block containing three lines of blacked-out content under the heading 'Activating Alarms']

X. Conclusion

Importance of Adherence to the Policies and Procedures

The policies and procedures described in this Manual have been thoughtfully designed and implemented to enhance the safety and well-being of all those involved in our organization. Adherence to this Manual by all Company personnel is therefore paramount to our ability to provide the prosperous and healthy working environment we strive to achieve.

Contact Information for Questions and Concerns Regarding the Manual

[Redacted contact information]

REDACTED COPY**EXHIBIT 17 - Receiving and Shipping Plan**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, Signaure Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-8	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

Exhibit 17 – Receiving and Shipping Plan

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

The goal of this plan is to lay out the Applicant’s (“we”, “us”, “our”) receiving and shipping plan. The Applicant intends to purchase medical cannabis for resale and will confirm the use of a reliable, reputable company with a Secure Transporter license to handle all transportation procedures. In certain instances, the Applicant also intends to send and receive items to and from a State Testing Laboratory. The Applicant’s management team will contact the AMCC, or otherwise use any verification resources provided by the AMCC, to ensure that each Secure Transporter we use to fulfill our shipping needs is properly licensed, active, and in good standing.

[REDACTED]

17.1 Approved Packaging & Coding of Incoming Batches

[REDACTED]

[REDACTED] All authorized personnel shall adhere to the following guidelines, in accordance with Ala. Code 20-2A-63(e):

- All medical cannabis products must be packaged in child-resistant, tamper-evident containers.
- Labeling contains at a minimum at minimum:
 - lot and batch numbers;

- a license identification number for the cultivator;
 - a license identification number for the processor;
 - cannabinoids content and potency; and
 - the universal state symbol printed in color at least one-half inch by one-half inch in size.
- Package or label will not contain any false statement or any statement that advertises health benefits or therapeutic benefits of medical cannabis.
 - Labels include the phrase “keep out of reach of children” and are not attractive to children. Ala. Admin. Code r. 538-x-6-.05-2.
 - There is a QR code or digital image to allow tracking in Metrc.
 - On each label, if space permits, or as an insert within the package, the following statement will be included: "WARNING: This product may make you drowsy or dizzy. Do not drink alcohol with this product. Use care when operating a vehicle or other machinery. Taking this product with medication may lead to harmful side effects or complications. Consult your physician before taking this product with any medication. Women who are breastfeeding, pregnant, or plan to become pregnant should discuss medical cannabis use with their physicians." Ala. Code 20-2a-63(g).

As per Ala. Admin Code r. 538-x-08-.05-3.j(1) all products will be QR coded, or otherwise digitally coded, to identify, at a minimum:

- the Processor or Integrated Facility;
- the facility of origin;
- the date of processing, packaging, and labeling; and
- the date of the Processor or Integrated Facility’s State Laboratory testing approval.

17.2 Approval of the Secure Transporter’s Manifest



17.3 Tracking Incoming Medical Cannabis through the Statewide Seed-to-Sale Tracking System

In accordance with Ala. Admin Code r. 538-x-08-.05-3.j(3), all information from the QR code relating to the incoming medical cannabis, as well as the date and time of arrival, must be promptly logged into Metrc. As such, after scanning each QR code (or applicable digital image) and verifying that all information is accurate, our personnel must promptly access Metrc to log the following information:

- the Processor or Integrated Facility;
- the facility of origin;
- the date of processing;
- the date of packaging and labeling;
- the size or weights of each item;
- the date and time of testing/approval;
- the date and times indicating when the product arrived or left the State Laboratory;
- the date and time of any shipping;
- the date and time of any receiving; and
- other required information from the manifest. Ala. Admin. Code r. 538-x-7-.07-6.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Each private landing page must contain the following information:

- the Processor or Integrated Facility;
- the facility of origin;
- the size and weights of product;
- the date of processing;
- the date of packaging and labeling;
- the date of the testing approval; and

- the Alabama Poison Control contact information as provided on the AMCC website.
Ala. Admin. Code r. 538-x-08-.05-3.j(5).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17.4 Verification of Proper Packaging, Labeling, and Containers

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin. Code r. 538-x-08-.05-3.j(4). [REDACTED]

[REDACTED] Ala. Admin

Code r. 538-x-7-.07-5.a.

Containers must be:

- sealed and tamper-evident;

- inaccessible to transport personnel during transit;
- equipped with tracking devices that can be monitored remotely by the Secure Transporter at all times during transit; Ala. Admin Code r. 538-x-7-.03-2.c(8)(e)(v)
- QR coded or otherwise digitally coded, identifying, at a minimum, the licensee and facility of origin, the licensee and facility of destination, and the date of the State Testing Laboratory's last testing and approval.

[REDACTED]

17.5 Accompanying Manifests for Outgoing Batches

[REDACTED]

[REDACTED] Transportation Manifest must contain all information required in Ala. Admin Code r. 538-x-7-.07-3, cited in Section 17.2. At a minimum any shipments by the Applicant must be QR coded or otherwise digitally coded to identify, at a minimum;

- the name of the Cultivation Facility;
- the name of the Processing Facility;
- the name of the Integrated Facility;
- the facility of origin;
- the type of product;
- the date of processing and packaging;

- the expiration date (or, if no expiration date, a notation that the expiration date does not apply);
 - the date of any State Laboratory testing approval; and
 - the Alabama Poison Control contact information as provided on the AMCC website.
- Ala. Admin. Code r. 538-x-8-.05-3.j(5).

17.6 Outgoing Batches for Testing

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin. Code r.
538-x-.08-.05-3.j(6). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17.7 Coding and Logging Outgoing Batches

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-08-.05-3.j(5). [REDACTED]

[REDACTED] Ala. Admin.
Code r. 538-x-08-.05-3.j(7).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Pursuant to Ala. Admin Code r. 538-x-08-.05-3.j(7), all information from the QR code relating to the outgoing medical cannabis must be promptly logged into Metrc. [REDACTED]

[REDACTED]

[REDACTED] access the Metrc to log the following information:

- the facility of origin;
- the date of processing;
- the date of packaging and labeling;
- the size or weights of each item;
- the date and time of testing/approval;
- the date and times indicating when the product arrived or left the State Laboratory
- the date and time of any shipping; and
- the date and time of any receiving.rc

[REDACTED]

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.






Exhibit 17 Receiving and Shipping Plan

Final Audit Report

2022-12-30

Created:	2022-12-30
By:	[REDACTED]
Status:	Signed
Transaction ID:	[REDACTED]

"Exhibit 17 Receiving and Shipping Plan" History

-  Document created by Katie Huey [REDACTED]
2022-12-30 - 4:51:30 PM GMT
-  Document emailed to Zach Huey [REDACTED] for signature
2022-12-30 - 4:52:00 PM GMT
-  Email viewed by Zach Huey [REDACTED]
2022-12-30 - 6:23:19 PM GMT
-  Signer Zach Huey [REDACTED] entered name at signing as Zachary Huey
2022-12-30 - 6:23:30 PM GMT
-  Document e-signed by Zachary Huey [REDACTED]
Signature Date: 2022-12-30 - 6:23:32 PM GMT - Time Source: server
-  Agreement completed.
2022-12-30 - 6:23:32 PM GMT

REDACTED COPY
EXHIBIT 18 - Facilities

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, 8, 32, 61	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
2-4, 6-7, 27, 29-32, 56-57, 59-60	Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant, including without limitation disclosing privileged attorney communications.	Ala. Code 20-2a-55
4-5, 9-21, 24-26, 28, 33-48, 52, 57, 62-73, 79	Third Party Confidentiality	This information is confidential or proprietary. Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55
3, 5-6, 8, 27, 29-30, 32, 52-54, 56, 58-59, 61, 76-78	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

Exhibit 18 – Facilities

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 3, 2023

Verification Date

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Troy 1,000 ft. – attachment to Exhibit 18 Section 18.5..... 79

Organization Notes

This Exhibit contains information about our three dispensing sites. The dispensing sites are arranged in alphabetical order. The page count for each facility is set forth under the heading for each dispensing site section. The attachments for each section that are disregarded for page count purposes are set forth at the end of each dispensing site section. To assist with review of this Exhibit, the subsection headings mirror the numbering from the Application Guide for Dispensary Applicants; the numbers reappear in each section (e.g. Foley 18.1 - 18.9, Mobile 18.1-18.9, Troy, 18.1-18.9).

FOLEY (5 pages)

18.1 Foley Facility Name and Type

Facility Name: Foley Dispensing Site Facility Type: Dispensing Site

18.2 Foley Physical Address & GPS Coordinates of Facility

Foley Dispensing Site:

Address: [REDACTED]

GPS Coordinates: [REDACTED]

18.3 Foley Aerial Photograph of Facility

The below image indicates the property boundary as well as an outline of the dispensing site structure within the property. [REDACTED]

[REDACTED]

[REDACTED]



18.4 Foley Proof of Authorization to Occupy Property

The Applicant (“we”, “us”, “our”) leases the property identified in 18.1 above. See attached lease agreement (identified as “Foley Lease Agreement – attachment to Exhibit 18, Section 18.4”). The Applicant does have designated parking under the terms of the Foley Lease Agreement. [REDACTED]

18.5 Foley Local Jurisdiction Approvals

[REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The City Council of Foley, Alabama adopted an ordinance approving the operation of medical cannabis dispensing sites in said municipality. See attached copy of ordinance (identified as “Foley Ordinance – attachment to Exhibit 18, Section 18.5”).

[REDACTED]

[REDACTED]

[REDACTED]

Per the Application Guide 13.1-15, this plan is in Progress with completion expected [REDACTED]

[REDACTED]

18.6 Foley Floor Plan of Facility



[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

18.7 Foley Facility Timetable

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

18.8 Foley Public Access to Facility

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18.9 Foley Facility Hours of Operation / After Hours Contact

[REDACTED]

[REDACTED]

[REDACTED]

After Hours Management Contact

Zachary Huey, Chief Legal Officer

1059 Dauphin St

Mobile, AL 36604

Work phone: (251) 270-4820

Cell phone: [REDACTED]



























Foley Ordinance – attachment to Exhibit 18, Section 18.5

This Instrument Prepared By:

City of Foley, AL



Signature Copy

Ordinance: 22-2039 ORD

407 E. Laurel Avenue
Foley, AL 36535

File Number: 22-0515

Enactment Number: 22-2039 ORD

AN ORDINANCE AUTHORIZING THE OPERATION OF MEDICAL CANNABIS
DISPENSING SITES WITHIN THE CITY OF FOLEY

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

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

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

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

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

WHEREAS, the Act provides for the medical use of medical grade products that contain a derivative of cannabis by a registered qualified patient; and

WHEREAS, this Act requires that the governing body of a municipality must first adopt an ordinance to authorize the operation of dispensing sites within the corporate limits of the municipality before any such business can operate in the municipality; and

WHEREAS, the Act has become law and codified as Code of Alabama, §§ 20-2A-1, et seq.; and

WHEREAS, the City of Foley wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Foley subject to zoning, business license, and other revenue and police power requirements.

Foley Ordinance – attachment to Exhibit 18, Section 18.5

File Number: 22-0515

Enactment Number: 22-2039 ORD

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF FOLEY, ALABAMA that, in accordance with Alabama Code, Section 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Foley, subject to the provisions of Act 21-450 and state law, and further subject to any relevant provisions of the Code of the City of Foley, including applicable zoning restrictions, business license requirements, and similar matters.

PASSED, APPROVED AND ADOPTED this 19th day of September 2022.



President's Signature

J.W. Trammell

Date

9-19-22

Attest by Clerk

Kathryn Taylor

Date

9-19-22

Mayor's Signature

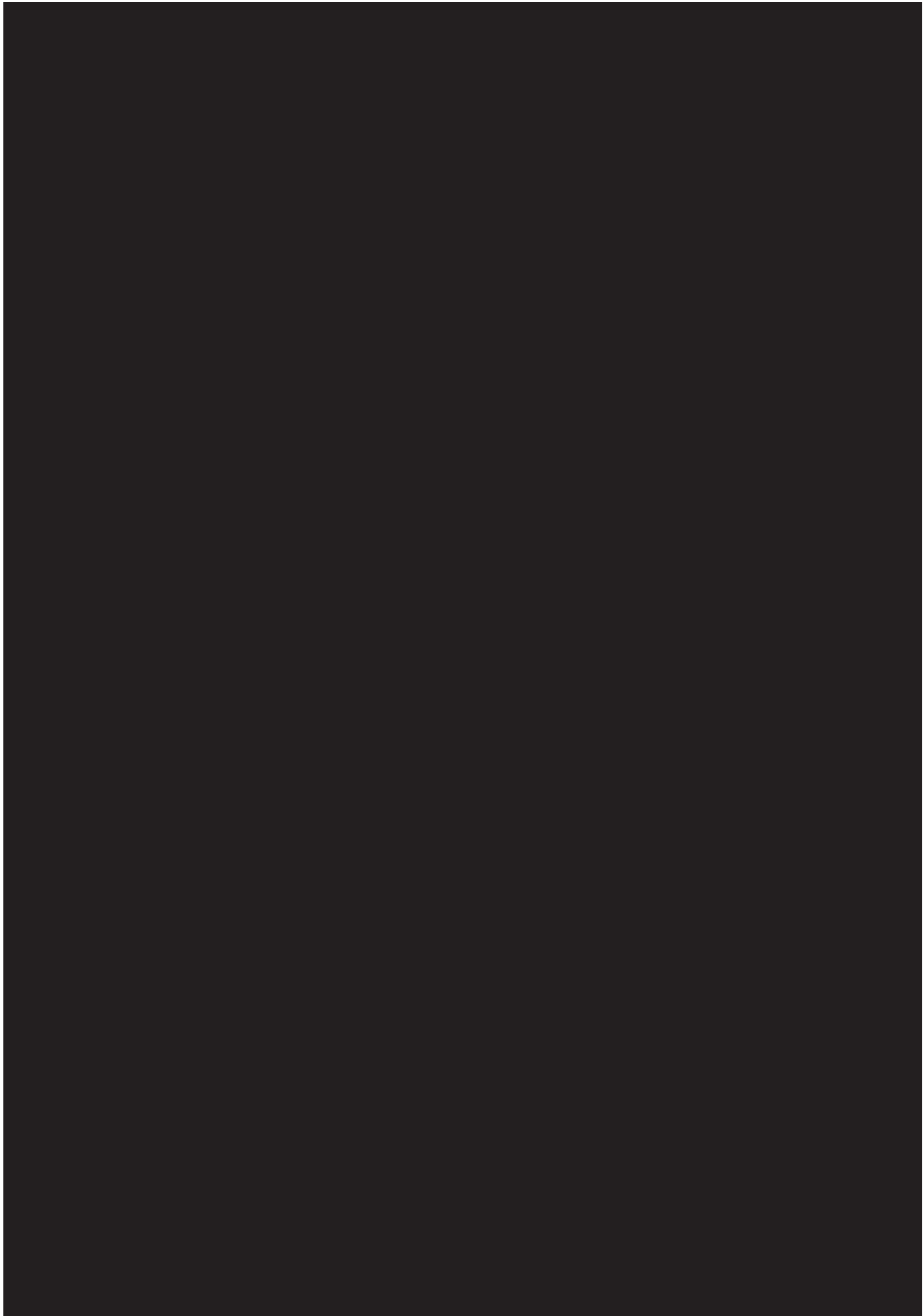
D. DeLoach

Date

9/19/22







MOBILE (5 pages)

18.1 Mobile Facility Name and Type

Facility Name: Mobile Dispensing Site Facility Type: Dispensing Site

18.2 Mobile Physical Address & GPS Coordinates of Facility

Mobile Dispensing Site:

Address: [REDACTED]

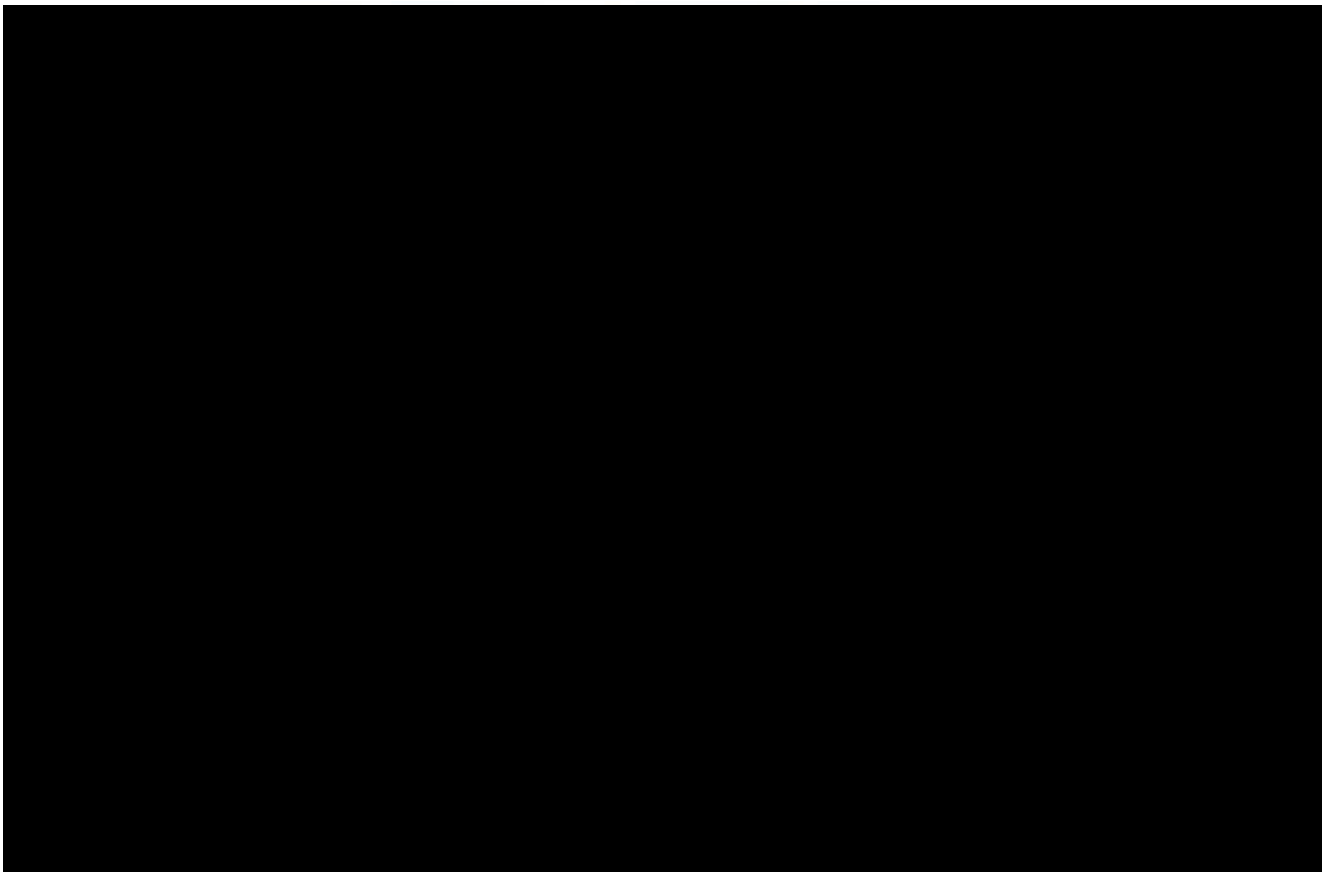
GPS Coordinates: [REDACTED]

18.3 Mobile Aerial Photograph of Facility

The below image indicates the property boundary as well as an outline of the dispensing site structure within the property. [REDACTED]

[REDACTED]

[REDACTED]



18.4 Mobile Proof of Authorization to Occupy Property

The Applicant (“we”, “us”, “our”) leases the property identified in 18.1 above. See attached lease agreement (identified as “Mobile Lease Agreement – attachment to Exhibit 18, Section 18.4”). The designated parking spaces are highlighted in yellow as an attachment to the Mobile Lease Agreement. Ala. Admin. Code r. 538-x-8-.04-2.

18.5 Mobile Local Jurisdiction Approvals

[REDACTED]

The City Council of Mobile, Alabama adopted an ordinance approving the operation of medical cannabis dispensing sites in said municipality. See attached copy of ordinance (identified as “Mobile Ordinance – attachment to Exhibit 18, Section 18.5”).

[REDACTED]

Using GIS software from the City of Mobile and a search of public records, the Applicant has determined our location in Mobile is at least 1,000 ft. from any school or daycare. A map of the dispensing site identifying all properties within a 1,000 ft. in green, and a list of all businesses identified within the 1,000 ft. buffer is attached (identified as “Mobile 1,000 ft. -attachment to Exhibit 18, Section 18.5”). There are no schools or daycares within the 1,000 ft. buffer.

Per the Application Guide 13.1-15, this plan is in Progress with completion expected 190 days after award of license (after meeting all building inspection and permitting requirements).

18.6 Mobile Floor Plan of Facility

The floor plan for the Mobile Dispensing Site located at the address in 18.2 Mobile Physical Address & GPS Coordinates of Facility:



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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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- [REDACTED]

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[REDACTED]

[REDACTED]

- [REDACTED]

18.7 Mobile Facility Timetable

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

18.8 Mobile Public Access to Facility

[Redacted text block]

[Redacted text block]

[REDACTED]

[REDACTED]

18.9 Mobile Facility Hours of Operation / After Hours Contact

[REDACTED]

After Hours Management Contact

Zachary Huey, Chief Legal Officer

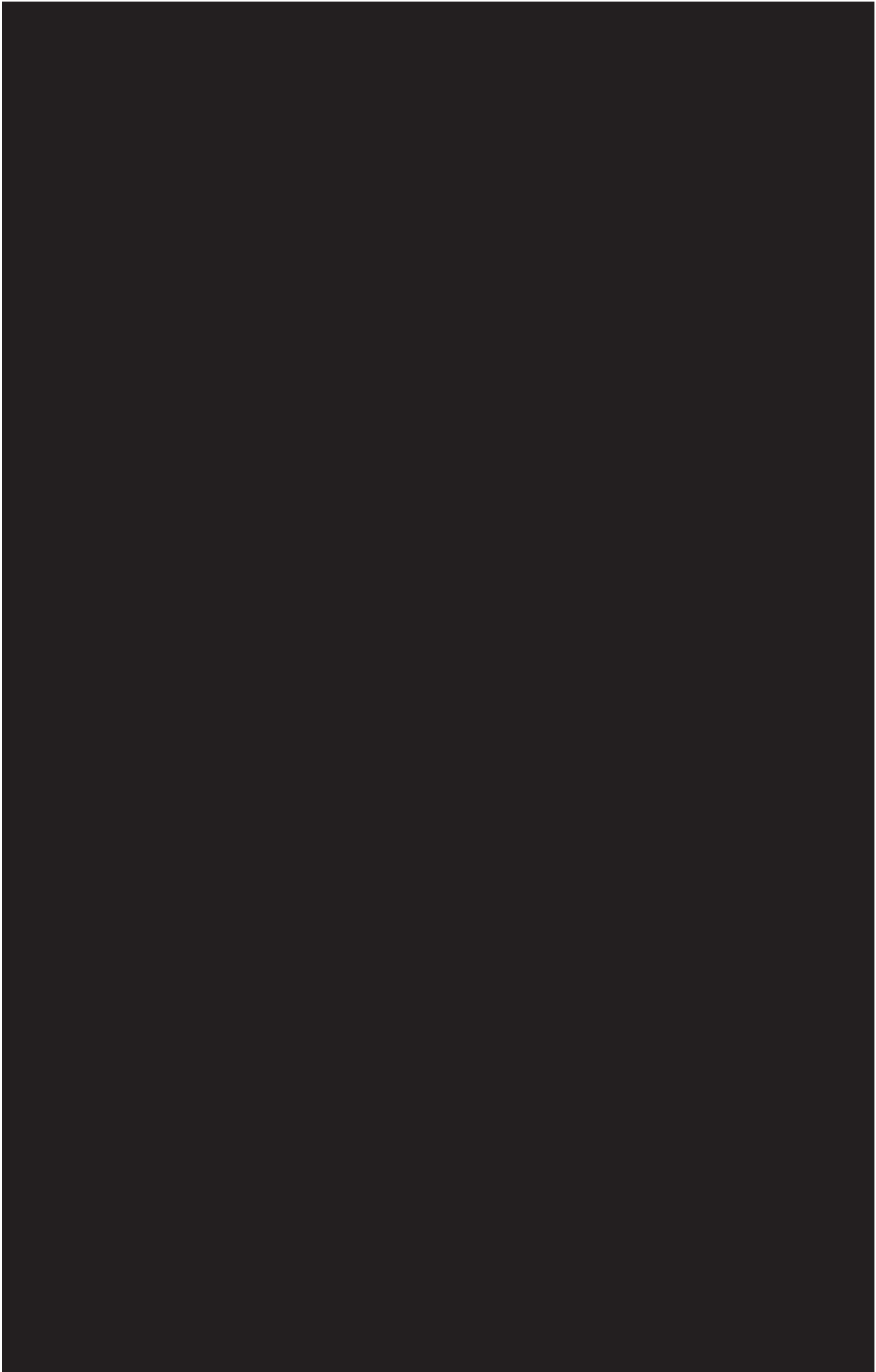
1059 Dauphin St

Mobile, AL 36604

Work phone: (251) 270-4820

Cell phone: [REDACTED]















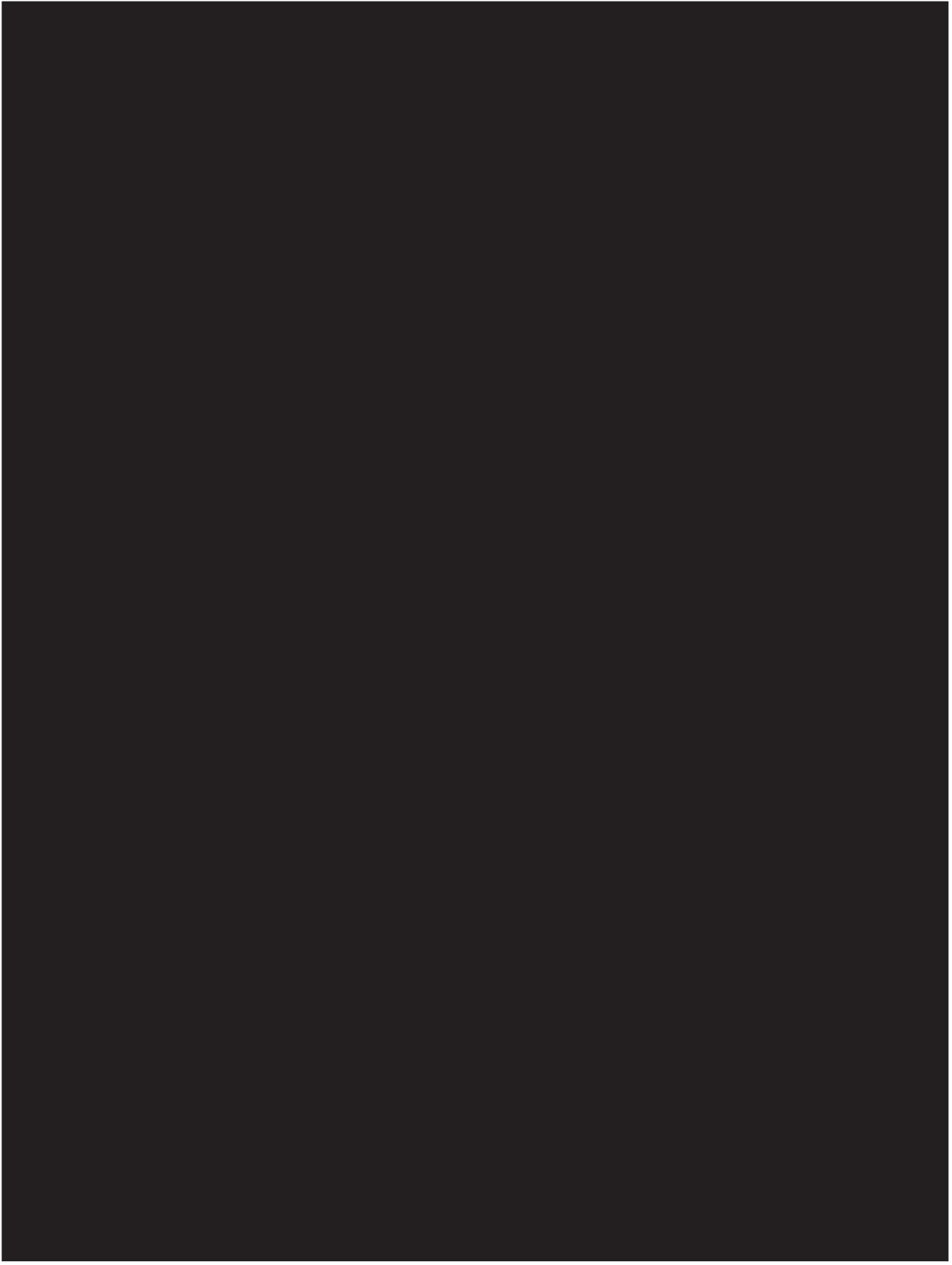


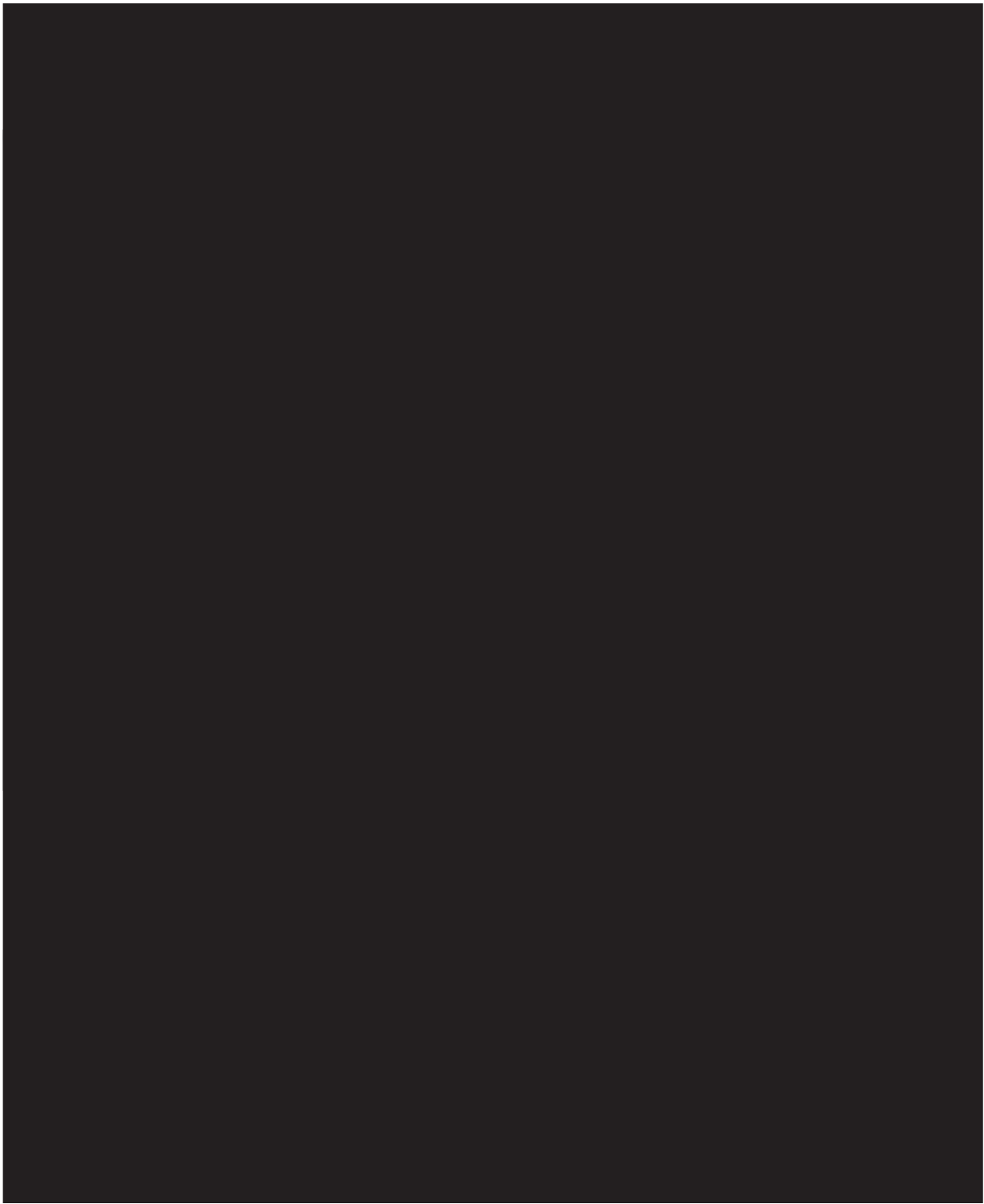


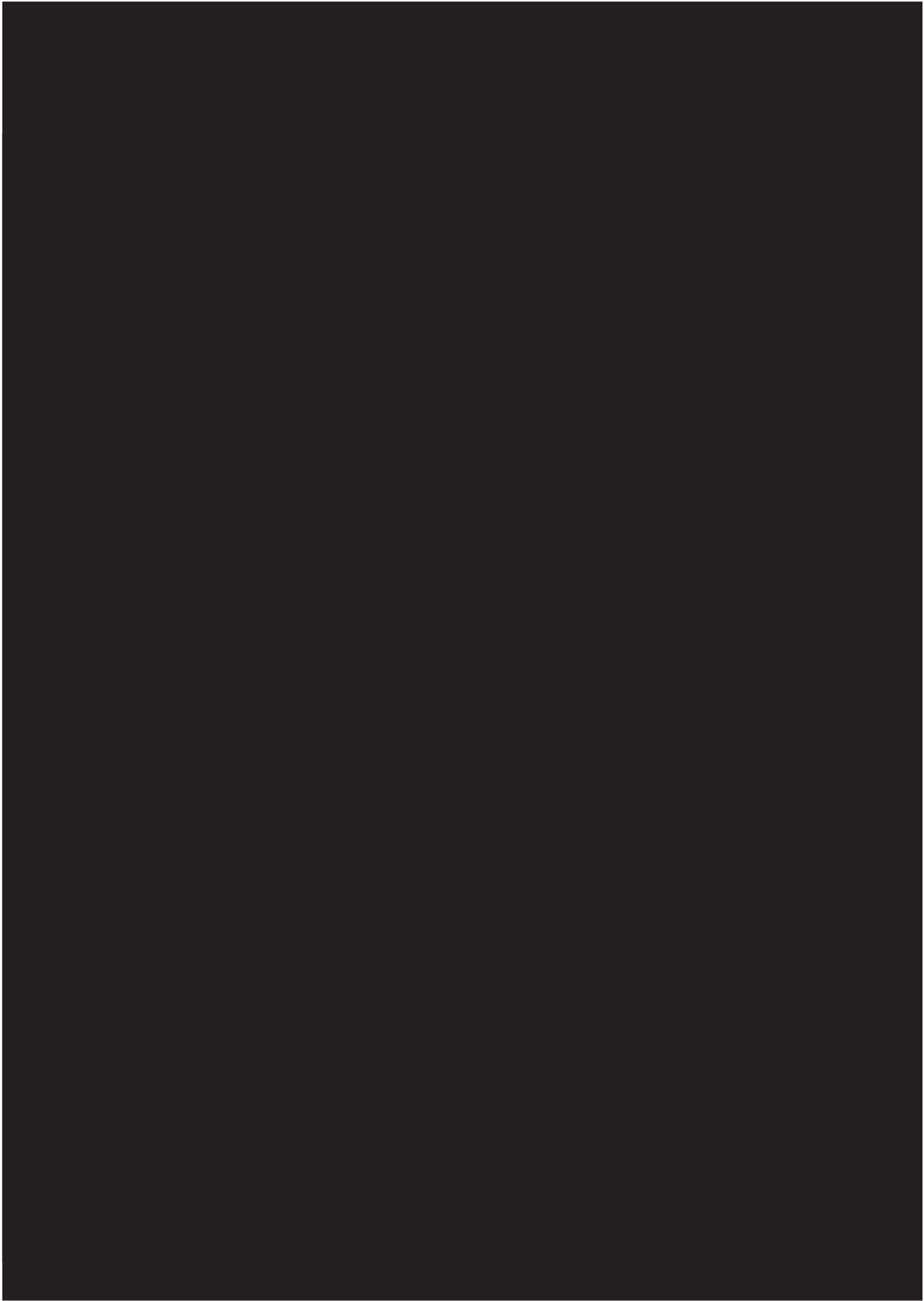


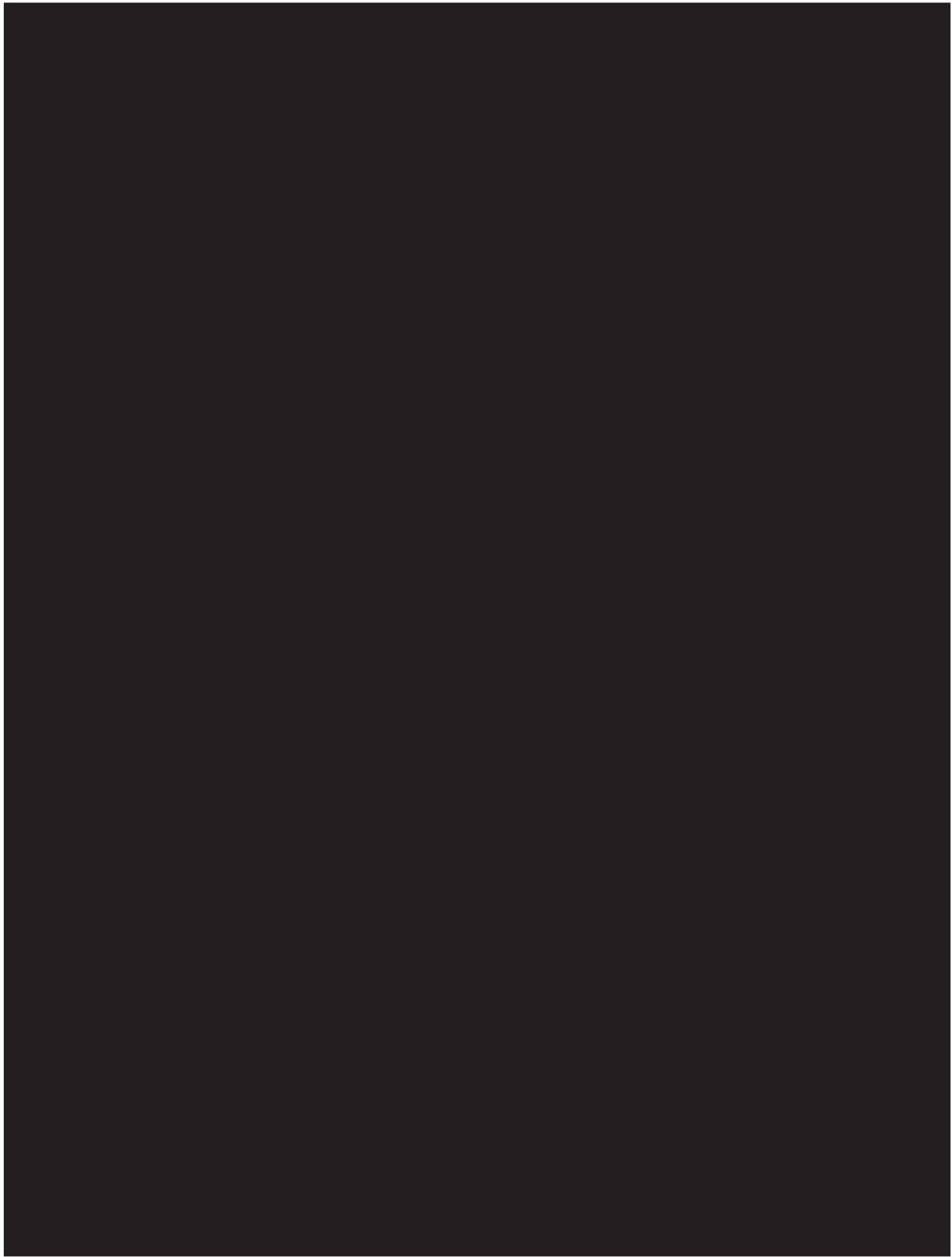












Mobile Ordinance – attachment to Exhibit 18, Section 18.5

01-062

2022

**AN ORDINANCE TO AUTHORIZE THE OPERATION OF MEDICAL CANNABIS
DISPENSING SITES WITHIN THE CITY LIMITS OF THE CITY OF MOBILE,
ALABAMA**

Sponsored by: Councilmembers Penn, Carroll, Small, Daves and Gregory

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF MOBILE, ALABAMA as follows:

Section 1. Definitions of Capitalized Terms.

(a) For purposes of this Ordinance, the following terms have the following meanings:

(i) **Act** means Chapter 2A of Title 20 of the Code of Alabama 1975.

(ii) **City** means the City of Mobile, Alabama.

(iii) **Commission** means the Alabama Medical Cannabis Commission created pursuant to the Act.

(iv) **State** means the State of Alabama.

(b) For purposes of this Ordinance, the following terms have the meanings assigned thereto in the Act:

(i) Dispensary;

(ii) Dispensing Site;

(iii) Integrated Facility;

(iv) Medical Cannabis.

Section 2. Findings and Determinations

The City has heretofore, upon evidence duly presented to and considered by it, found and determined, and does hereby find, determine and declare that:

(a) The Act authorizes the:

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Mobile Ordinance – attachment to Exhibit 18, Section 18.5

(1) use of Medical Cannabis in the State by certain patients with qualifying medical conditions meeting the requirements of the Act;

(2) regulation by the Commission of all aspects of the use, cultivation, processing, dispensing and transportation of Medical Cannabis from seed to sale in the State; and

(3) Commission to grant licenses to Medical Cannabis Licensees in the manner prescribed in the Act.

(b) Section 20-2A-51(c) of the Act provides that:

(1) the Commission shall not permit the operation of a Dispensing Site in any municipality in the State unless the governing body of said municipality, by ordinance, has authorized the operating of Dispensing Sites within its corporate limits;

(2) any municipality that adopts an ordinance authorizing the operation of Dispensing Sites within its corporate limits shall notify the Commission not more than seven calendar days after adopting said ordinance; and

(3) the Act does not prohibit a municipality from adopting zoning ordinances restricting the operation of Dispensing Sites within its corporate limits.

(c) The location and operation of Dispensing Sites within the City will generate employment opportunities in and local revenues for the City and is therefore desirable and in the best interests of the taxpayers and citizens of the City.

Section 3. Authorization of Medical Cannabis Licensees and Dispensing Sites

In accordance with Section 20-2A-51(c)(1) of the Act, the City hereby authorizes the location and operation of Dispensing Sites for state-licensed Dispensaries and Integrated Facilities in the corporate limits of the City, subject to the provisions of the Act, the rules and regulations promulgated thereunder, and applicable city tax ordinances, zoning ordinances and all laws, resolutions and ordinances, as may be amended at any time and from time to time.

Section 4. Notification of the Commission

In accordance with Section 20-2A-51(c)(2) of the Act, the City Clerk is hereby authorized and directed to forward a copy of this Ordinance to the Commission within seven calendar days following its adoption.

Section 5. General.

(a) All ordinances, resolutions, orders, or parts thereof in conflict or inconsistent with any provision herein hereby are, to the extent of such conflict or inconsistency, repealed.

(b) Each and every provision of this Ordinance is hereby declared to be severable so that if a provision is declared unconstitutional or invalid by a valid judgment of a court of

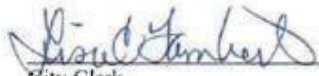
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Mobile Ordinance – attachment to Exhibit 18, Section 18.5

competent jurisdiction, such judgment shall not affect the validity of any other provision, for the City Council declares that it is its intent that it would have enacted this Ordinance without such invalid or unconstitutional provision(s).

(c) This Ordinance shall take effect upon publication as provided by law.

Approved: DEC 13 2022

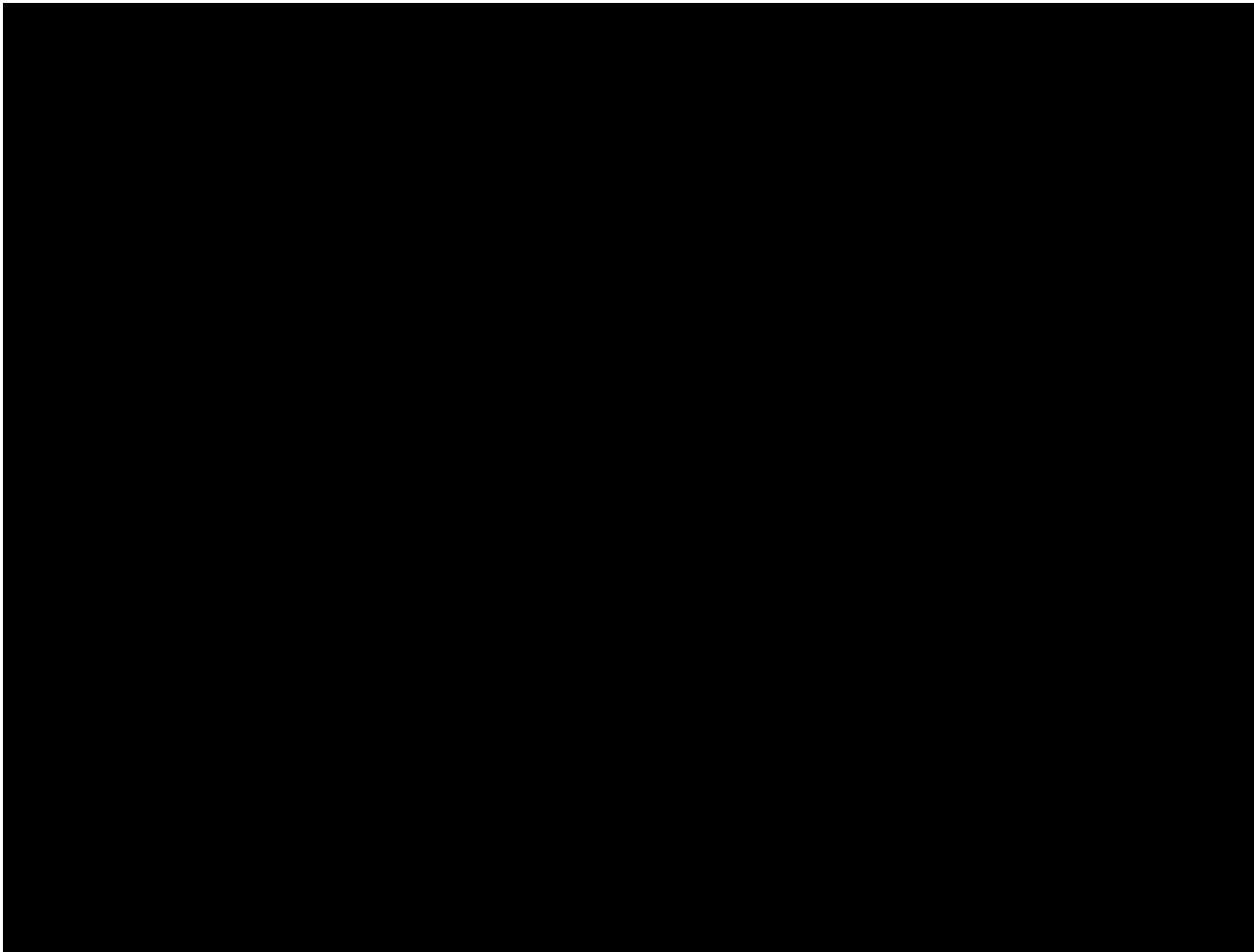


City Clerk

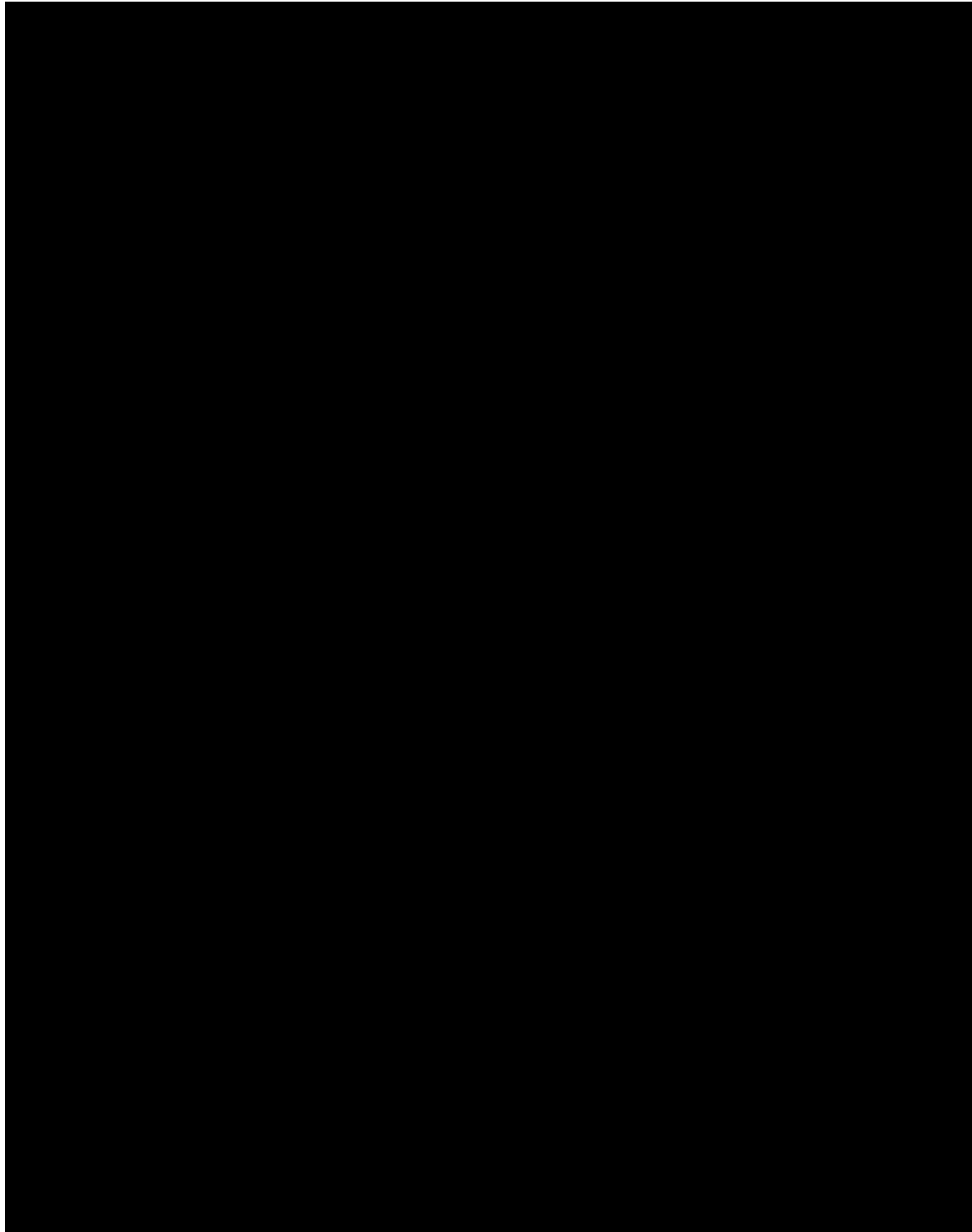
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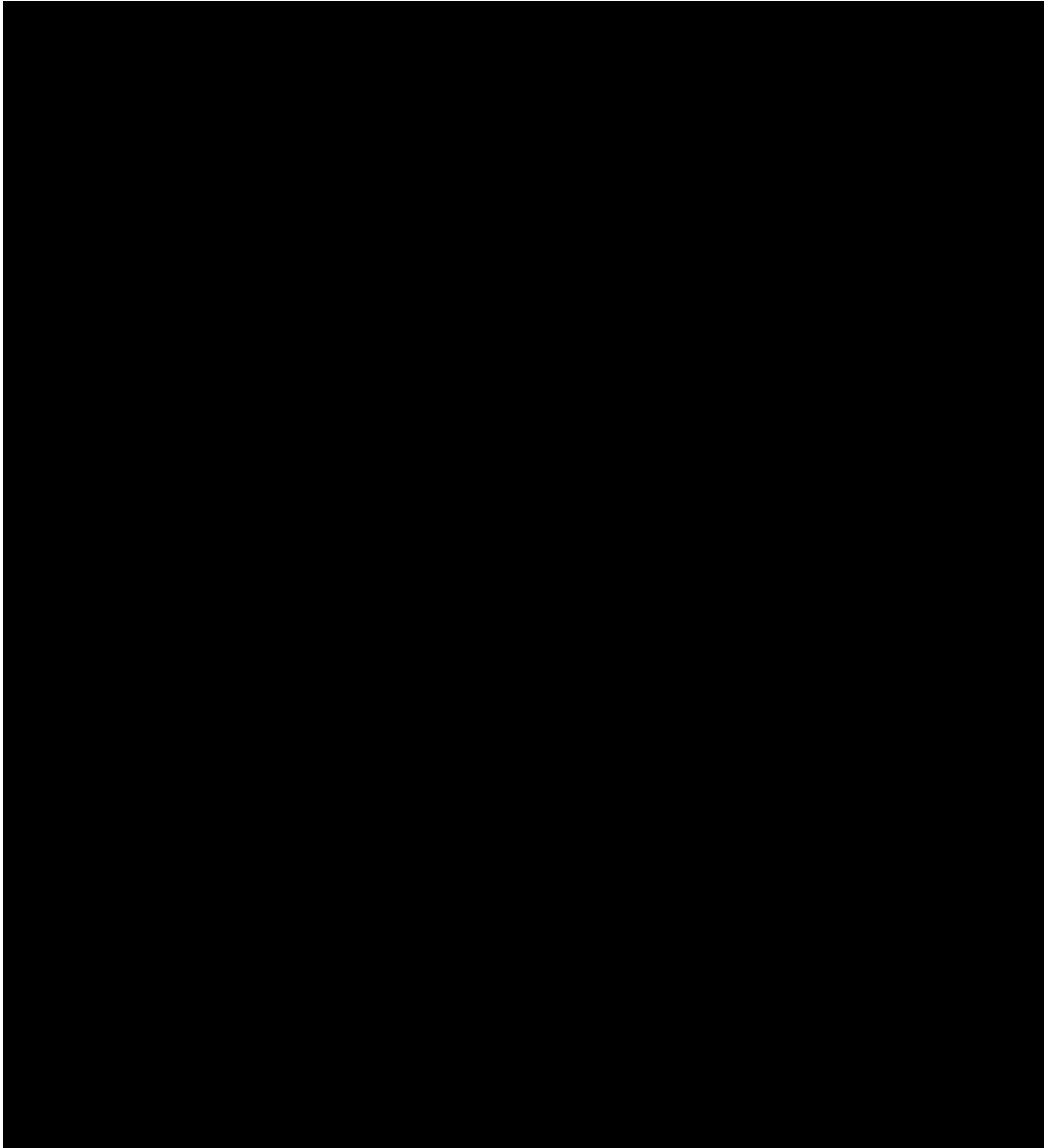
Mobile 1,000 ft. -attachment to Exhibit 18, Section 18.5



Mobile 1,000 ft. -attachment to Exhibit 18, Section 18.5



Mobile 1,000 ft. -attachment to Exhibit 18, Section 18.5



TROY (5 pages)

18.1 Troy Facility Name and Type

Facility Name: Troy Dispensing Site Facility Type: Dispensing Site

18.2 Troy Physical Address & GPS Coordinates of Facility

Troy Dispensing Site:

Address: [REDACTED]

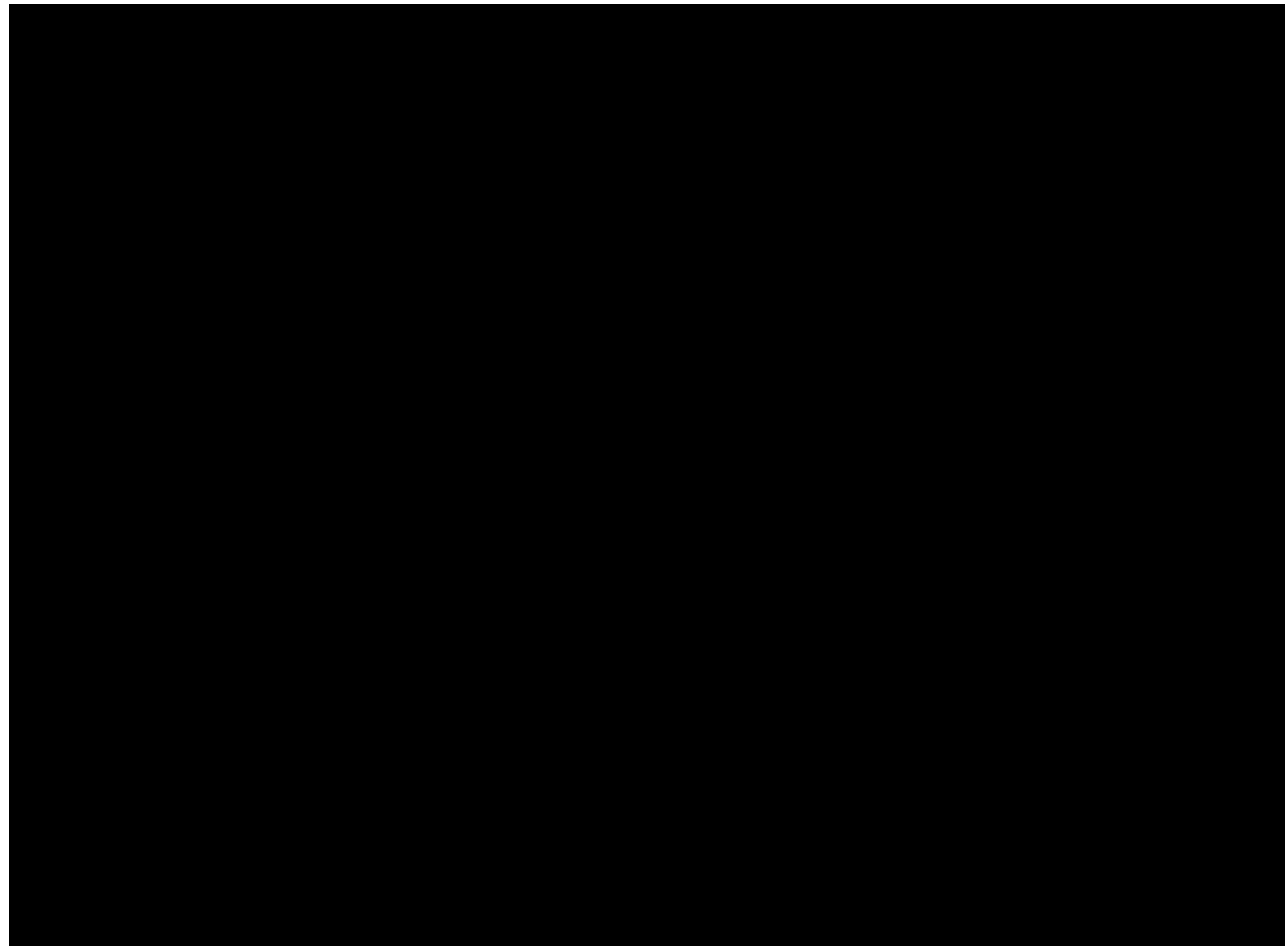
GPS Coordinates: [REDACTED]

18.3 Troy Aerial Photograph of Facility

The below image indicates the property boundary as well as an outline of the dispensing site structure within the property. [REDACTED]

[REDACTED]

[REDACTED]



18.4 Troy Proof of Authorization to Occupy Property

The Applicant (“we”, “us”, “our”) leases the property identified in 18.1 above. See attached lease agreement (identified as “Troy Lease Agreement – attachment to Exhibit 18, Section 18.4”). [REDACTED]

18.5 Troy Local Jurisdiction Approvals

[REDACTED]

The City Council of Troy, Alabama adopted an ordinance approving the operation of medical cannabis dispensing sites in said municipality. See attached copy of ordinance (identified as “Troy Ordinance – attachment to Exhibit 18, Section 18.5”).

The City of Troy Planning and Community Development Department issued a letter to the Applicant confirming the proposed medical cannabis dispensing site is anticipated to be allowed in the proposed zone, once the appropriate amendments to the Troy zoning ordinances are adopted. The Troy zoning letter is attached (identified as “Troy Zoning Letter - attachment to Exhibit 18, Section 18.5”).

[REDACTED]

Per the Application Guide 13.1-15, this plan is in Progress with completion expected [REDACTED]

[REDACTED]

18.6 Troy Floor Plan of Facility

The floor plan for the Troy Dispensing Site located at the address in 18.2 Troy Physical

Address & GPS Coordinates of Facility:



[Redacted text block containing multiple lines of obscured information, likely a list or detailed notes related to the facility.]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

18.7 Troy Facility Timetable

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



18.8 Troy Public Access to Facility

All dispensing sites will be open to registered qualified patients and registered caregivers in the state of Alabama. The general public will not have access to our dispensing sites unless they are a patient, caregiver, employee, vendor, transporter, or other licensee. Ala. Admin. Code r. 538-x-2-.07, 538-x-8-.05-3.m(11).

[Redacted text block]

[Redacted text block]

[Redacted text block]

18.9 Troy Facility Hours of Operation / After Hours Contact

[REDACTED]

After Hours Management Contact

Zachary Huey, Chief Legal Officer

1059 Dauphin St

Mobile, AL 36604

Work phone: (251) 270-4820

Cell phone: [REDACTED]

Additional Notes on Exhibit 18:

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

























Troy Ordinance – attachment to Exhibit 18, Section 18.5

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

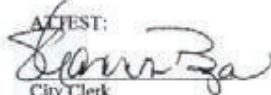
WHEREAS, a dispensary would be required to purchase a business license and pay sales tax to the City of Troy, thus increasing revenue.

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(e)(3).

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



Presiding Officer

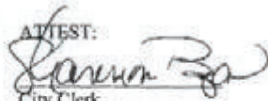
ATTEST:


City Clerk

APPROVED this the 13th day of December, 2022.



Jason A. Reeves, Mayor

ATTEST:


City Clerk

Troy Zoning Letter - attachment to Exhibit 18, Section 18.5

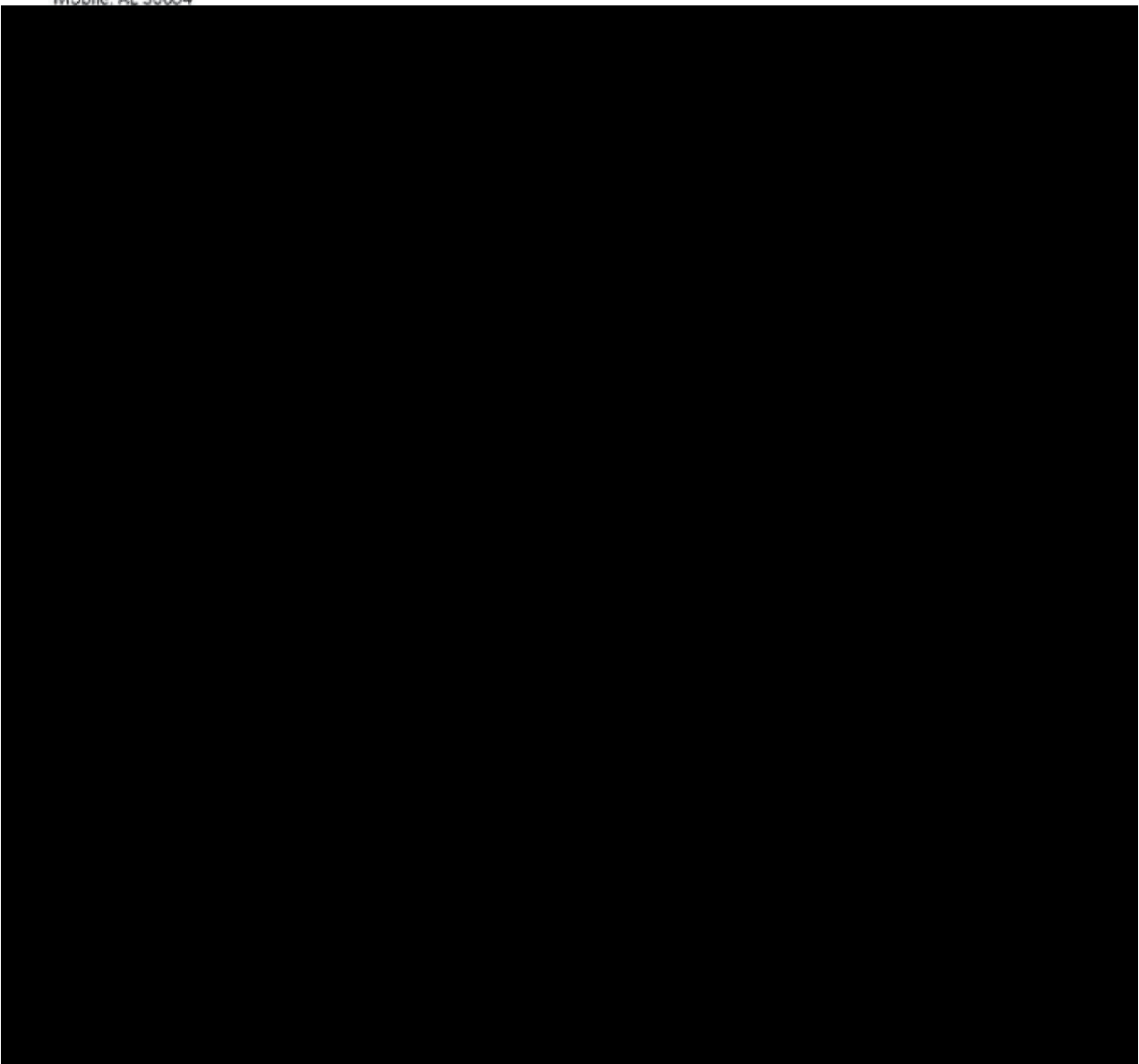
CITY OF TROY



PLANNING AND ZONING

December 20, 2022

Fleur De Vie Wellness, Inc.
c/o Mr. Zach Huey, CLO (via email to Zach@hueylawfirm.com)
1059 Dauphin St.
Mobile, AL 36604

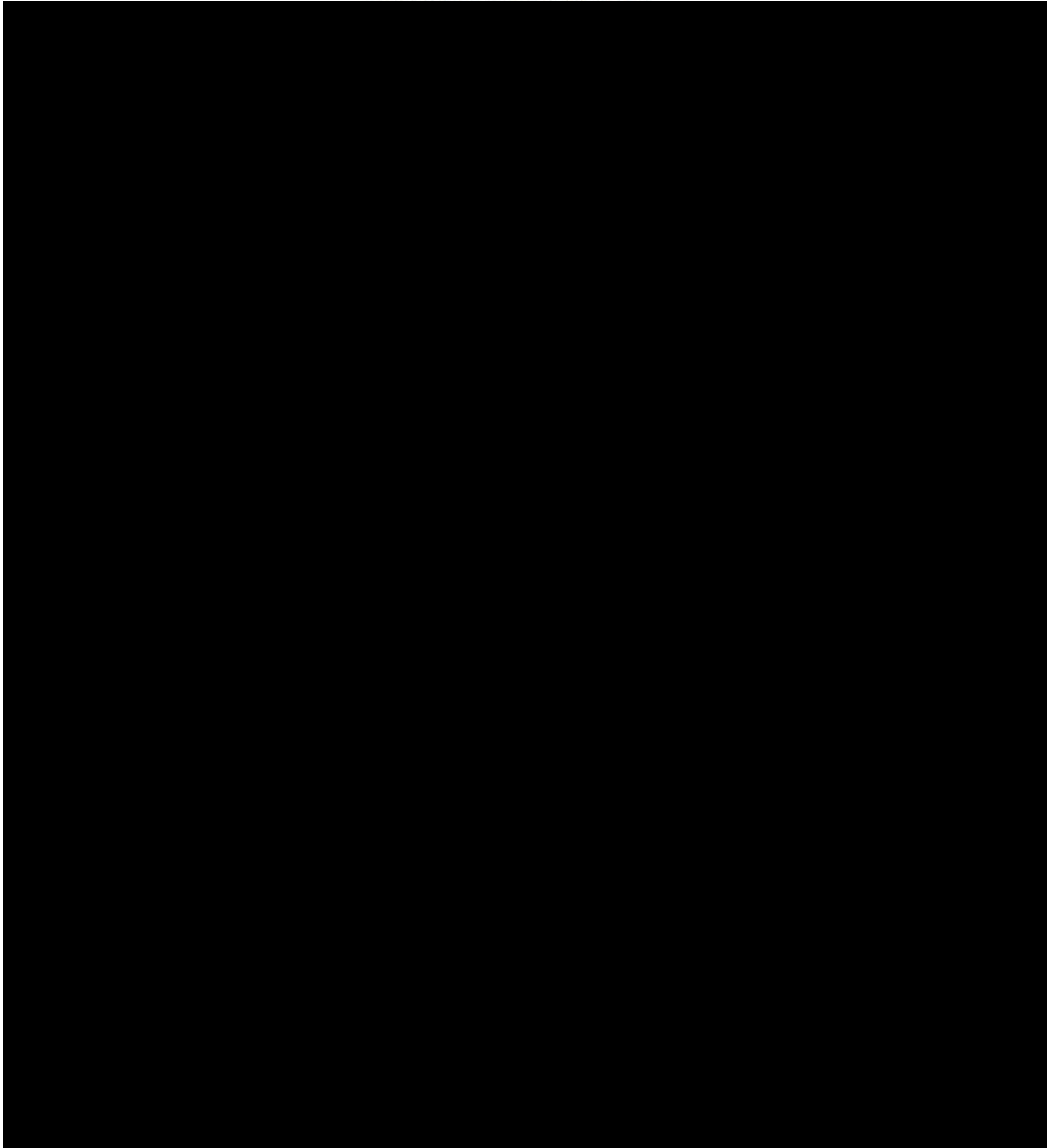


Troy Zoning Letter - attachment to Exhibit 18, Section 18.5

CITY OF TROY



PLANNING AND ZONING



Troy Zoning Letter - attachment to Exhibit 18, Section 18.5

CITY OF TROY



PLANNING AND ZONING

**EXHIBIT B
City of Troy Zoning Ordinance
(Section regarding C-4 Zoning District)**

- 5.31** **C-4:** **Highway Commercial:**
- 5.311 **Statement of Intent:** It is the intent of this district to provide for an opportunity for the location of retail sales and businesses along the main federal highways within the City. The placement of such businesses will be conducive to the tourist trade.
- 5.312 **Uses Permitted:** Any retail or business as permitted or permitted on appeal in the C-2 District, Sections 5.292 and 5.293.
- Stores intended primarily for the tourist trade.
Motels, hotels.
Filling stations or indoor repair of automobiles.
Mobile home sales and service.
Places of amusement and assembly.
Signs as regulated in Section 6.21.
- 5.313 **Uses Permitted on Appeal:** Large dry cleaners and laundries, manufacturing incidental to a retail trade business where articles are sold on the premises. Any use permitted or permitted on appeal in the R-3 District and subject to the requirements thereof.
- Animal clinics, hospitals, or kennels.
- 5.314 **Uses Prohibited:** Uses prohibited in the C-2 District.
- 5.315 **Standards for Uses Permitted on Appeal in the C-4 District:**
1. All uses permitted on appeal in the C-4 District shall be in compliance with the intent of the district regulations as expressed in Section 5.311.
 2. All uses permitted on appeal shall comply with those standards specified for uses permitted on appeal in the C-1 District.
 3. Uses permitted on appeal shall conform to standards set forth in Section 8.512.
- 5.316 **Required Lot Area, Lot Width, Yards and Setbacks:** Buildings hereafter constructed for uses permitted in this subsection shall be so located as to comply with the following requirements:
- Minimum Lot Area: It is the intent of this subsection that lots of sufficient size be used for the business or service permitted, provided, however, that such lots shall have adequate space for operations plus required off-street parking, loading

Troy Zoning Letter - attachment to Exhibit 18, Section 18.5

CITY OF TROY



PLANNING AND ZONING

Minimum required front yard.....	35 feet
Minimum required rear yard	20 feet
Minimum required side yard.....	10 feet
Maximum building area	30%

Off-street parking requirements: as regulated in Section 6.22.

5.317 Height of Buildings: No building shall exceed two and one-half (2 ½) stories or 35 feet, except that public and semi-public buildings may have a height not to exceed three (3) stories or 45 feet.

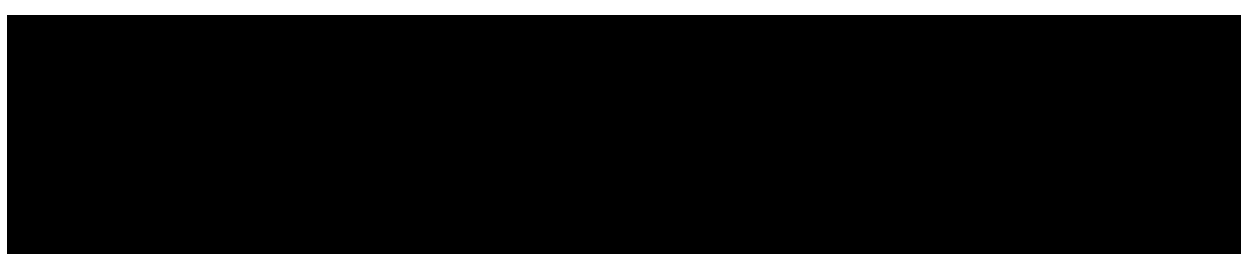
All other heights permitted in and regulated by the provisions for the C-1 District.

(Sections in the C-2 Zoning District referred to by Section 5.312 in the C-4 District)

5.292 Uses Permitted: Retail convenience, personal service and business establishments, motels, theatres, offices and banks, restaurants, filling stations, new and used automobile sales and service, funeral homes, parks and public recreational facilities, parking lots, package stores, and signs as regulated in Section 6.21.

5.293 Uses Permitted on Appeal:

1. Light warehousing or storage related to retail trades and services.
2. Manufacturing incidental to a retail trade business where articles are sold on the premises.
3. Animal clinics.
4. Hospitals.
5. Kennels.
6. Any use permitted or permitted on appeal in the R-3 District and subject to the requirements thereof.



Troy 1,000 ft. – attachment to Exhibit 18 Section 18.5



REDACTED COPY
EXHIBIT 19 - Security Plan

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, Signaure Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-20	Security Information	This information relates to security or safety. Disclosure of this information could reasonably be expected to be detrimental to the public safety or welfare.	Ala. Code 36-12-40

Exhibit 19 – Security Plan

Verification

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

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official



Signature of Verifying Official

Dec 30, 2022

Verification Date

The mission of the Applicant is to dispense medical cannabis with the highest regards to public safety and ensure that the use of medical cannabis is not detrimental to the welfare of the community. Every aspect of the operation will have a strong emphasis on security and preventing theft, unauthorized sales, or diversion of cannabis. The Applicant will meet all the requirements set forth by all federal, state, and local laws, including those of the Alabama Medical Cannabis Commission (“AMCC” or “Commission”), in order to obtain a medical cannabis dispensary license. The Applicant will work in tandem with local law enforcement through collaborative training and exercises, observation patrols, responses to incidents, and proactive meetings to support the security of the business. The Applicant will continually monitor changes in the laws, rules, and regulations to ensure regulatory compliance with the Security Plan, while also seeking to remain current with industry best practices. Included at the end of this exhibit is a security overlay of each dispensing site.

Professional Security Consultant – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Certified Dispenser – The Applicant will have a Certified Dispenser (“CD”) on duty at all times while the dispensing site is open for business, pursuant to Ala. Admin Code r. 583-x-8-.03-2. The CD will undergo training and certification as required by the Commission, in accordance with Ala. Admin Code r. 583-x-8-.03-1. The CD will:

- Oversee the dispensing of medical cannabis to a registered qualified patient or registered caregiver at a dispensing site, per Ala. Admin Code r. 583-x-8-.03-1;
- Sign off on all sales of medical cannabis as the dispensary employee ultimately responsible for each transaction, per Ala. Admin Code r. 583-x-8-.03-2;

- Confirm that the patient or caregiver holds a valid, current, unexpired, and unrevoked medical cannabis card, and that the dispensing of medical cannabis conforms to the type and amount recommended in the physician certification, and that the amount recommended will not exceed the 60-day daily dosage purchasing limit, per Ala. Admin Code r. 583-x-8-.03-5;
- Enter all applicable information into the patient registry and the Statewide Seed-to-Sale Tracking System, per Ala. Admin Code r. 583-x-8-.03-6; and
- Provide instructions on the proper administration of medical cannabis, education regarding potential side effects, potential drug interactions, or other aspects of medical cannabis. Notwithstanding the foregoing, a CD may not offer advice regarding the safety or effectiveness of medical cannabis, the recommended daily dosage, or type of medical cannabis recommended by the registered certifying physician, except that a certified dispenser may direct the patient of caregiver back to the registered certifying physician to address questions or provide advice that the certified dispenser cannot, per Ala. Admin Code r. 583-x-8-.03-7.

Community Support and Security Benefits [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-8-.02-5.e, [REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-8-.02-6.e.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. Upon request,

the Applicant will make available to the Commission or its inspectors all information relating to the Applicant's security plan, per Ala. Admin Code r. 538-x-08-.05-3.m(17).

19.1 Alarms

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-08-.05-3.m(1).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19.2 Duress/Hold Up Alarms

Per Ala. Admin Code r. 538-x-08-.05-3.m(2), [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19.3 Communication Devices/Radio

[REDACTED]

[REDACTED]

[REDACTED] Pursuant to Ala. Admin Code r. 538-x-08-.05-3.m(3)(a-c),

broadcast communication devices (cell phones, intercom equipment, or the like) at the facility will be:

- Carried by each employee or installed in all areas of each facility designed for regular access by humans;
- Accessible for communication by all personnel at all times, (particularly at perimeter ingress/egress stations, facility reception areas, and the security office), and;
- Capable of providing information with sufficient clarity to be heard and understood by all personnel and visitors in close proximity of the employee receiving the communication.

[REDACTED]

19.4 Audio/Video Surveillance System

Video Surveillance – Surveillance video will record continuously twenty-four (24) hours a day, seven (7) days a week, pursuant to Ala. Admin Code r. 538-x-08-.05-3.m(4). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

[Redacted]

Video Analytics – [Redacted]

[REDACTED]

Audio Surveillance – The Applicant will maintain an audio surveillance system that will be in continuous operation twenty-four (24) hours per day, seven (7) days per week, in accordance with Ala. Admin Code r. 538-x-08-.05-3.m(4). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19.5 Perimeter Security

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] AMC §583-x-8-.04-1, -2.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-08-.05-3.m(5). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19.6 Exterior Doors

[REDACTED]

[REDACTED]

19.7 Exterior Walls and Windows

[REDACTED]

[REDACTED] Ala. Admin.

Code r. 538-x-08-.05-3.m(7).

19.8 Guards

Security Personnel – The Applicant will provide, at a minimum, one security guard per facility during each facility’s business/operating hours, in accordance with Ala. Admin Code r. 538-x-08-.05-3.m(8). [REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Security Leadership – [Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted]

[Redacted]

19.9 Access Control and Key Cards

Strict access controls will protect areas where medical cannabis and daily monetary receipts are handled or stored in a secured, locked room or vault, pursuant to Ala. Admin Code r. 538-x-08-.05-3.m(9). [Redacted]

[Redacted]

[Redacted]

19.10 Cash and Medical Cannabis Movement

Protocols for beginning-of-day and end-of-day movement of medical cannabis and cash between secure areas and sales areas, as well as for maintaining security of daily cash on hand at all times, will be vital to preventing diversion, theft, and loss, per Ala. Admin Code r. 538-x-08-.05-3.m(10).

Movement of Cash – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Cash Protocols for Transporting and Depositing – [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Medical Cannabis Inventory Control – [REDACTED]

[REDACTED]

[REDACTED]

19.11 Visitor Security

Members of the public, other than patients and caregivers holding a valid, unexpired, unrevoked medical cannabis card, are not allowed inside a dispensing site, in accordance with Ala. Admin Code r. 538-x-08-.05-3.m(11). The Applicant will restrict access to the premises of dispensing sites to registered qualified patients and registered caregivers,

except for other authorized individuals as provided in Rule 538-x-8-04, pursuant to Ala. Admin Code r. 538-x-8-.02-6.f. [REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r. 538-x-08-.05-3.n.

19.12 Personnel Records

Per Ala. Admin Code r. 538-x-08-.05-3.m(11), records, whether electronic or manual, will be kept of all persons on the premises at a facility at all times, including employees, vendors, transporters or other licensees, and all others, recording each individual's name, the date and time of ingress and egress and, as to non-employees, the reason for their presence.

[REDACTED]

Recordkeeping and Cybersecurity – [REDACTED]

[REDACTED]

[REDACTED] all records will be made available to the Commission upon request. Ala. Admin Code r. 538-x-4-.04-3. [REDACTED]

[REDACTED]

[REDACTED]

Incident Log Use and Maintenance – [REDACTED]

[REDACTED]

19.13 Employee Badges

Per Ala. Admin Code r. 538-x-08-.05-3.m(13), employees, while on duty, will wear identification badges that clearly identify them as employees. [REDACTED]

[REDACTED]

19.14 Visitor and Commission Official Pass

In addition to rules described in 19.11, visitors, including vendors, other licensees, Commission members, inspection personnel, or other representatives will wear a “visitor pass” or “Commission/AMCC Official” pass, as applicable, at all times while on the Applicant’s premises, in compliance with Ala. Admin Code r. 538-x-08-.05-3.m(14). ■

[Redacted]

19.15 Reporting

[Redacted]

Ala. Admin Code r. 538-x-08-.05-3.m(15). [Redacted]

[Redacted]

[Redacted]

[REDACTED]

19.16 Information Availability

Upon request, the Applicant will make available to the Commission or its inspectors all information relating to the Applicant’s security plan, including, but not limited to, security alarm systems, monitoring, alarm activity, maps of camera locations and camera coverage, audio/video footage, surveillance equipment maintenance logs, authorized use lists, operation instructions, and any other security-related information deemed relevant by the Commission or its inspectors, pursuant to Ala. Admin Code r. 538-x-08-.05-3.m(16).

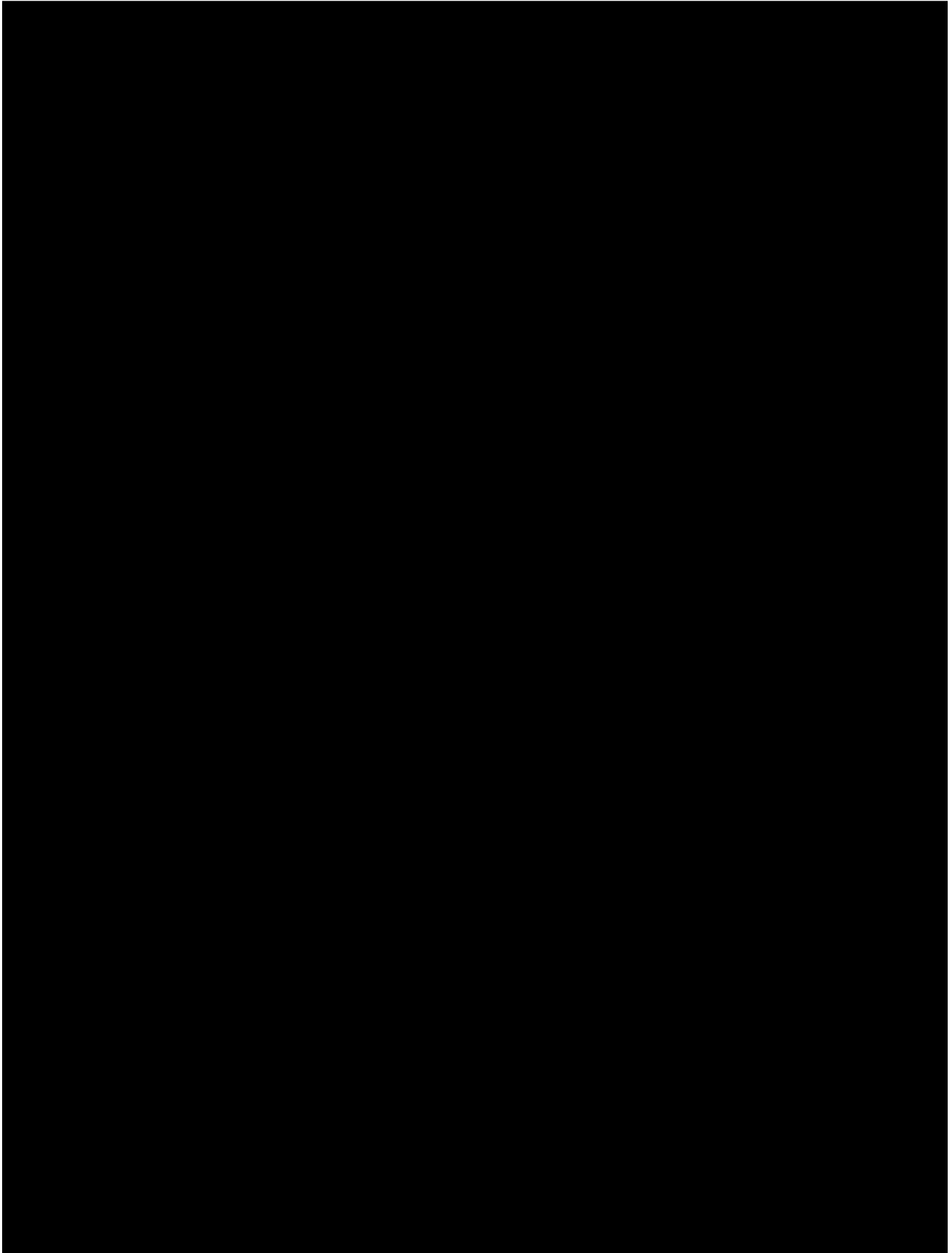
19.17 Signage

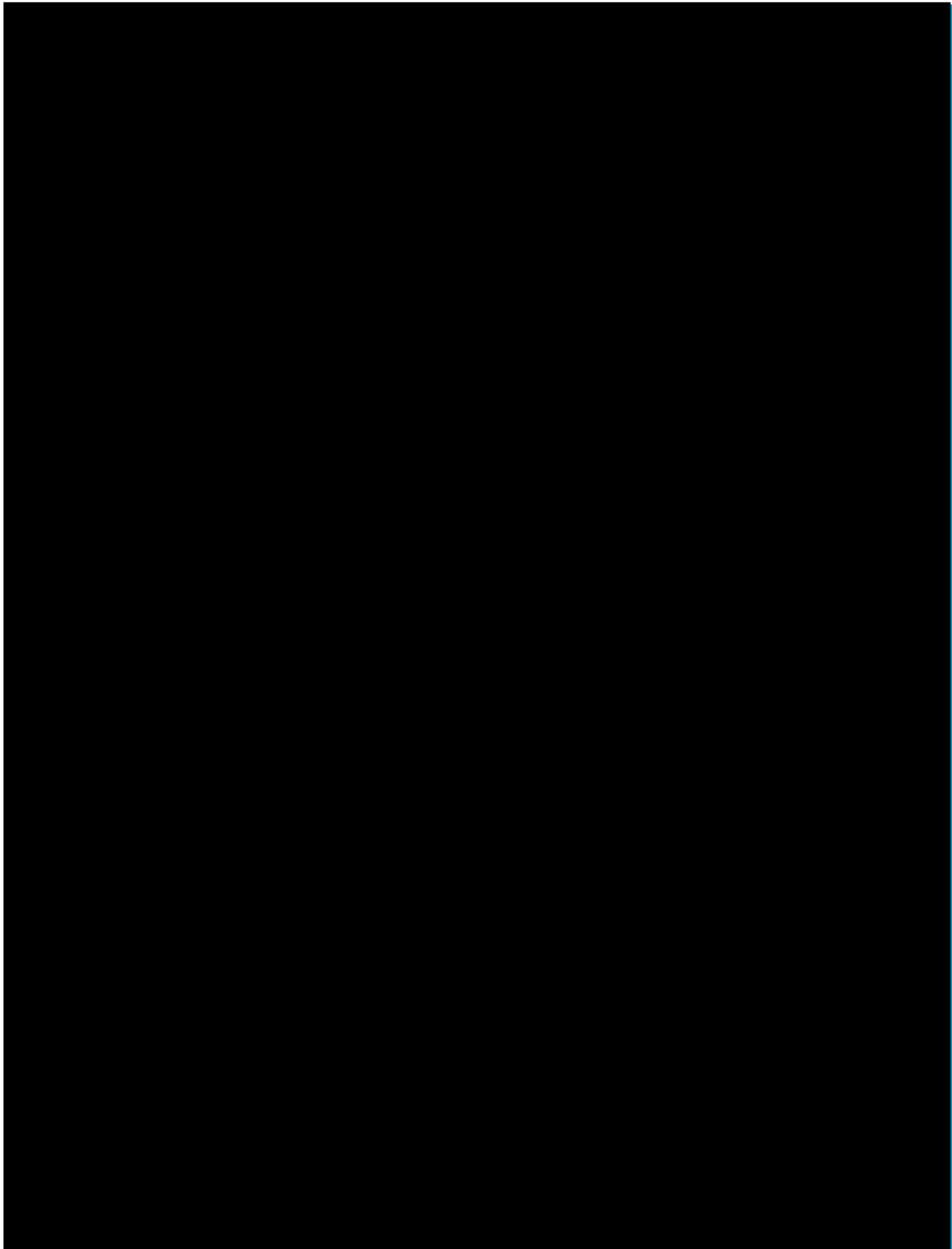
[REDACTED]

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

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.





REDACTED COPY
EXHIBIT 20 - Personnel

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page-9	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-4	Owner Information	Disclosure may cause undue harm and is detrimental to the best interests of the public. Disclosure of this information may have a detrimental impact including without limitation on the applicant's existing social and business relationships. Furthermore, without limitation, this information could be used for identity theft.	Ala. Code 36-12-40
4-9	Personnel Information	This information is confidential or proprietary. This information is sensitive personnel information. Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55

Exhibit 20 – Personnel

Verification

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

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official



March 3, 2023

Signature of Verifying Official

Verification Date

FORM G: PERSONNEL ROSTER & VERIFICATION

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

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

[Redacted]

Leader/Employee Name

Title/Position

[Redacted]

SSN

Telephone

Email

[Redacted]

Street Address

[Redacted]

City

State

Zip

[Redacted]

Leader/Employee Name

Title/Position

[Redacted]

SSN

Telephone

Email

[Redacted]

Street Address

[Redacted]

City

State

Zip

[Redacted]

Leader/Employee Name

Title/Position

[Redacted]

SSN

Telephone

Email

[Redacted]

Street Address

[Redacted]

City

State

Zip

[Redacted]

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

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

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.

Kathleen Huey

Director

Printed Name of Verifying Individual

Title of Verifying Individual

[Redacted Signature]

12/28/2022

Signature of Verifying Individual

Verification Date

FORM G: PERSONNEL ROSTER & VERIFICATION

FLEUR DE VIE WELLNESS, INC. Dispensary
Business License Applicant Name License Type

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

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip
[Redacted]

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip
[Redacted]

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip
[Redacted]

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

City State Zip
[Redacted]

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

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.

Kathleen Huey

Director

Printed Name of Verifying Individual
 [Redacted]

 g Individual

Title of Verifying Individual

 12/28/2022

 Verification Date

FORM G: PERSONNEL ROSTER & VERIFICATION

FLEUR DE VIE WELLNESS, INC.

Dispensary

Business License Applicant Name

License Type

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

[Redacted]

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

[Redacted]

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

[Redacted]

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

[Redacted]

Leader/Employee Name Title/Position
[Redacted]

SSN Telephone Email
[Redacted]

Street Address
[Redacted]

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.

Kathleen Huey

Director

Printed Name of Verifying Individual

Title of Verifying Individual

Signature of Verifying Individual

Verification Date

12/28/2022

REDACTED COPY**EXHIBIT 21 - Business Leadership Credentials**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, Signature Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-4	Personnel Information	This information is confidential or proprietary. This information is sensitive personnel information. Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55
4-8	Personnel Information	This information is confidential or proprietary. This information is sensitive personnel information. Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55
9-10	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

Exhibit 21 – Business Leadership Credentials

Verification

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

Zachary Huey

Printed Name of Verifying Official

CLO and Secretary

Title of Verifying Official

_____
Signature of Verifying Official

Dec 30, 2022

Verification Date

The Applicant's Business Leadership Credentials Exhibit has been composed in adherence with Ala. Admin Code r. 538-x-3-.05-3.m(15).

21.1 Curriculum Vitae, Leadership and Key Personnel

Each member of our leadership team has had someone they are close to impacted by their access or lack thereof to medical cannabis. From cancer to Parkinson's to chronic and intractable pain to degenerative brain disease, our leadership team feels a personal responsibility to reduce the suffering of the ones we love and our community members and neighbors by providing access to medical cannabis through our dispensing sites. We are a heart-centered team rooted in compassion for the patient journey of finding an effective treatment. Everything we do, from our policies and procedures to our employee benefits to our community initiatives, is rooted in elevating the quality of life for everyone around us. It is our mission to impact our community in a profoundly positive way, always leaving it better than we found it.

Leadership

Michael Hayes - Chief Executive Officer - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - Chief Operations Officer - [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] - Chief Financial Officer - [REDACTED]
[REDACTED]
[REDACTED]

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

Zach Huey - Chief Legal Officer - [REDACTED]

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

[REDACTED] - Chief Development Officer - [REDACTED]

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

[REDACTED] - Director of Marketing - [REDACTED]

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

[REDACTED] - Director of Community Outreach - [REDACTED]

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

[REDACTED] - Security Director - [REDACTED]

[REDACTED]

[Redacted]

[Redacted] - Director of Compliance - [Redacted]

[Redacted]

[Redacted] - Director of Risk Management - [Redacted]

[Redacted]

[Redacted] - QC/QA Director - [Redacted]

[Redacted]

[Redacted] - Medical Director/Medical Advisory Council - [Redacted]

[Redacted]

[REDACTED]

[REDACTED], M.D. - Medical Advisory Council - [REDACTED]

[REDACTED]

[REDACTED] - Medical Advisory Council - [REDACTED]

[REDACTED]

[REDACTED] - Medical Advisory Council

[REDACTED]

[REDACTED] - Medical Advisory Council - [REDACTED]

[REDACTED]

21.2 Explanation of Roles

Chief Executive Officer (CEO) - [REDACTED]

[REDACTED]

[Redacted]

Chief Operating Officer (COO)

[Redacted]

Chief Legal Officer (CLO) - [Redacted]

[Redacted]

Chief Financial Officer (CFO) - [Redacted]

[Redacted]

Chief Development Officer (CDO) - [Redacted]

[Redacted]

Director of Compliance (DC) - [Redacted]

[Redacted]

[Redacted]

Security Director (SD) - [Redacted]

[Redacted]

Quality Control/Quality Assurance Director (QC/QA Director) - [Redacted]

[Redacted]

General Manager (GM) - Certified Dispenser - [Redacted]

[Redacted]

Assistant Manager (AM) - Certified Dispenser - [Redacted]

[Redacted]

[Redacted]

Inventory Control Manager (ICM) - [Redacted]

[Redacted]

Medical Director (MD) - [Redacted]

[Redacted]

Medical Advisory Council (MAC) - [Redacted]

[Redacted]

Wellness Associate (WA) - [Redacted]

[Redacted]

[Redacted]

Security Guard (SG) - [Redacted]

Director of Risk Management (DRM) - [Redacted]

Accountant - [Redacted]

Director of Marketing (DM) - [Redacted]

Director of Community Outreach (DCO) - [Redacted]

21.3 5-Year Hiring Plan

Assistant Managers - Certified Dispensers [REDACTED]

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

Wellness Associates - [REDACTED]

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

Medical Directors [REDACTED]

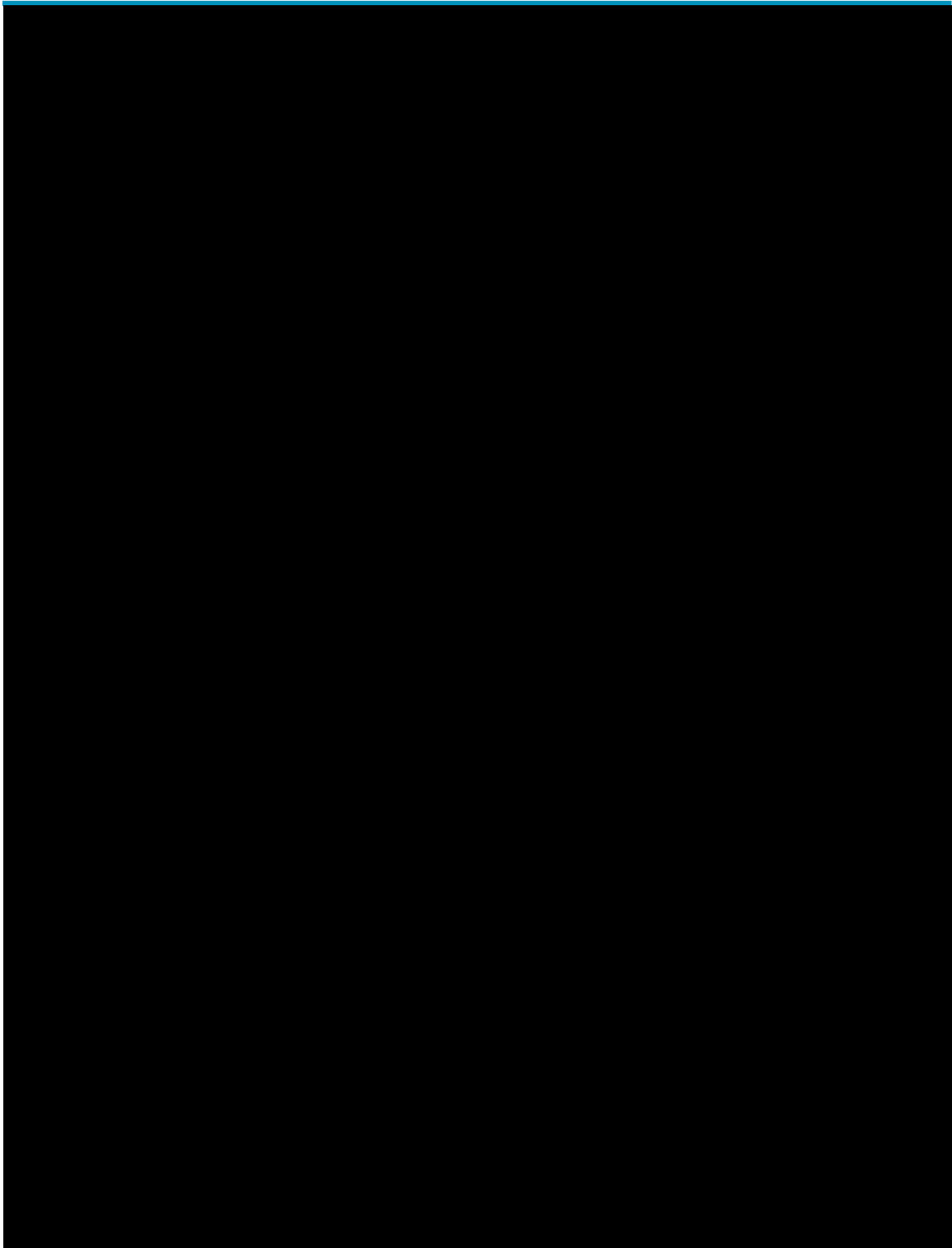
[REDACTED]
[REDACTED]

Human Resources - [REDACTED]

[REDACTED]

Philosophy and Adaptability. [REDACTED]

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



REDACTED COPY**EXHIBIT 22 - Employee Handbook**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page, Signaure Audit	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-2, 8-45	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

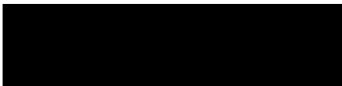
Exhibit 22 – Employee Handbook

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.

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

Summary

The table of contents for the Employee Handbook is found on page 5-6 of this Exhibit. While the page numbers are incorrect because this is numbered for the Exhibit, not the handbook, it does still provide a useful summary of the sections of the employee handbook.

We prepared the attached employee handbook to help employees find the answers to many questions that they may have regarding their employment with Applicant. We do not expect this handbook to answer all questions. Neither this handbook nor any other verbal or written communication by a management representative is an agreement, contract of employment, express or implied, or a promise of treatment in any particular manner in any given situation, nor does it confer any contractual rights whatsoever.

Applicant adheres to the policy of employment at will, which permits Applicant or the employee to end the employment relationship at any time, for any reason, with or without cause or notice. No Applicant representative other than the CEO may modify at-will status and/or provide any special arrangement concerning terms or conditions of employment in an individual case or generally and any such modification must be in a signed writing. Many matters covered by this employee handbook, such as benefit plan descriptions, are also described in separate company documents. These company documents are always controlling over any statement made in the employee handbook or by any member of management. This employee handbook states only general company guidelines. The Applicant may, at any time, in its sole discretion, modify or vary from anything stated in this handbook, with or without notice, except for the rights of the parties to end employment at will, which may only be modified by an express written agreement signed by the employee and the CEO.

The Applicant Drug-Free and Alcohol-Free Workplace policy is found at Section 1-4 of the employee handbook. Ala. Admin. Code r. 538-x-3-.05-3.m(16). [REDACTED]

[REDACTED]

Pursuant to the Application Guide for Dispensary Applicants, this certification of the Drug-Free and Alcohol-Free Workplace policy is not Started, but completion is expected [REDACTED]

[REDACTED]

[REDACTED]

The Applicant terms regarding personnel safety and crime prevention is located at Section 2-15 of the employee handbook. Ala. Admin. Code r. 538-x-.05-3.m(10). These terms are connected to the Security Plan, which is the primary governing document for the Applicant's plans for security and safety.

Please note, the Employee Handbook has been anonymized, with the Applicant name replaced with Company throughout the Employee Handbook. This is solely for the purposes of the application. In practice this Employee Handbook uses the Applicant's name.

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.

Company

Employee Handbook

December 30, 2022

Alabama

ABOUT THIS HANDBOOK/DISCLAIMER

We prepared this handbook to help employee find the answers to many questions that they may have regarding their employment with Company. Please take the necessary time to read it.

We do not expect this handbook to answer all questions. Supervisors and Human Resources also serve as a major source of information.

Neither this handbook nor any other verbal or written communication by a management representative is, nor should it be considered to be, an agreement, contract of employment, express or implied, or a promise of treatment in any particular manner in any given situation, nor does it confer any contractual rights whatsoever. Company adheres to the policy of employment at will, which permits Company or the employee to end the employment relationship at any time, for any reason, with or without cause or notice.

No Company representative other than the CEO may modify at-will status and/or provide any special arrangement concerning terms or conditions of employment in an individual case or generally and any such modification must be in a signed writing.

Many matters covered by this handbook, such as benefit plan descriptions, are also described in separate Company documents. These Company documents are always controlling over any statement made in this handbook or by any member of management.

This handbook states only general Company guidelines. Company may, at any time, in its sole discretion, modify or vary from anything stated in this handbook, with or without notice, except for the rights of the parties to end employment at will, which may only be modified by an express written agreement signed by the employee and the CEO.

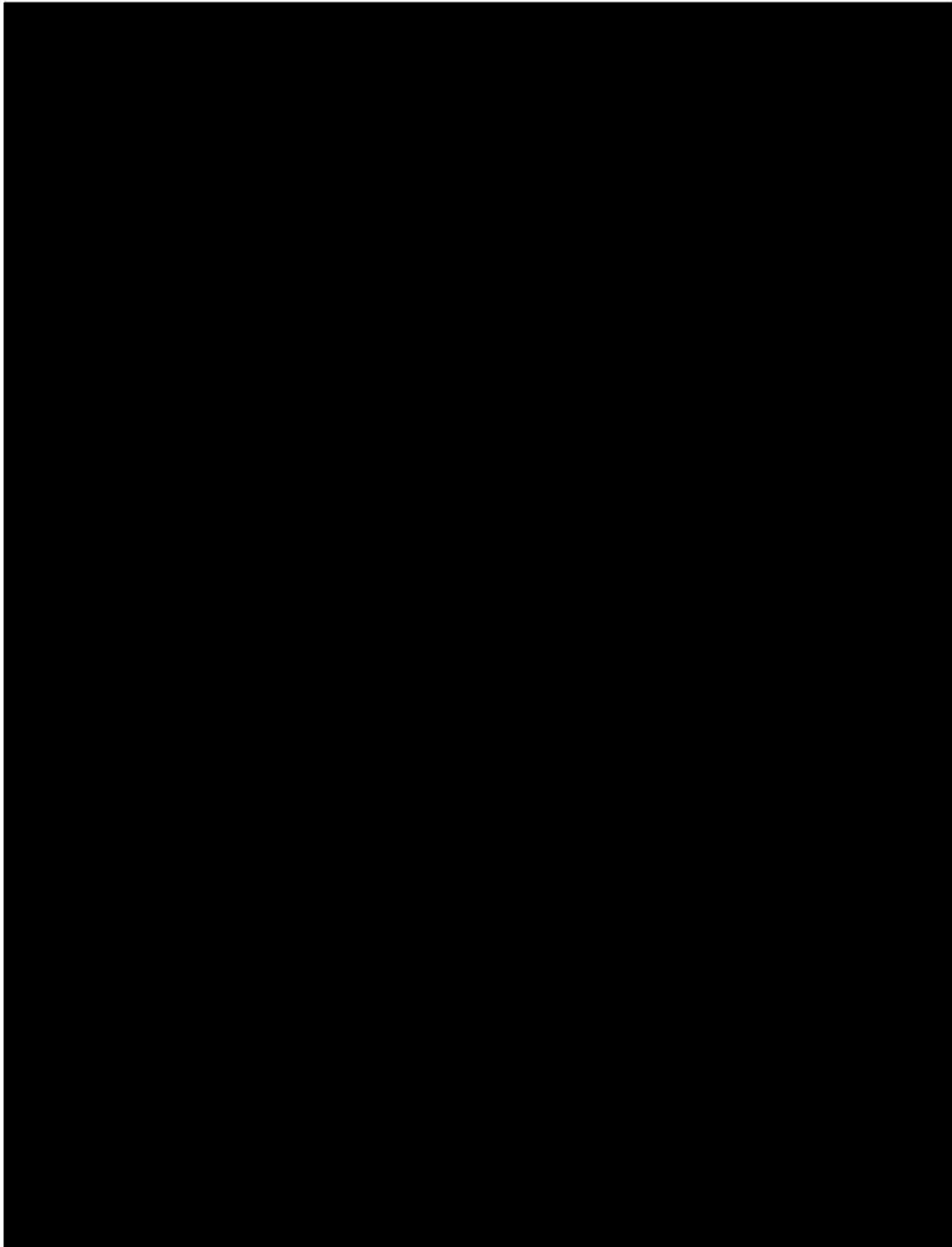
This handbook supersedes all prior handbooks.

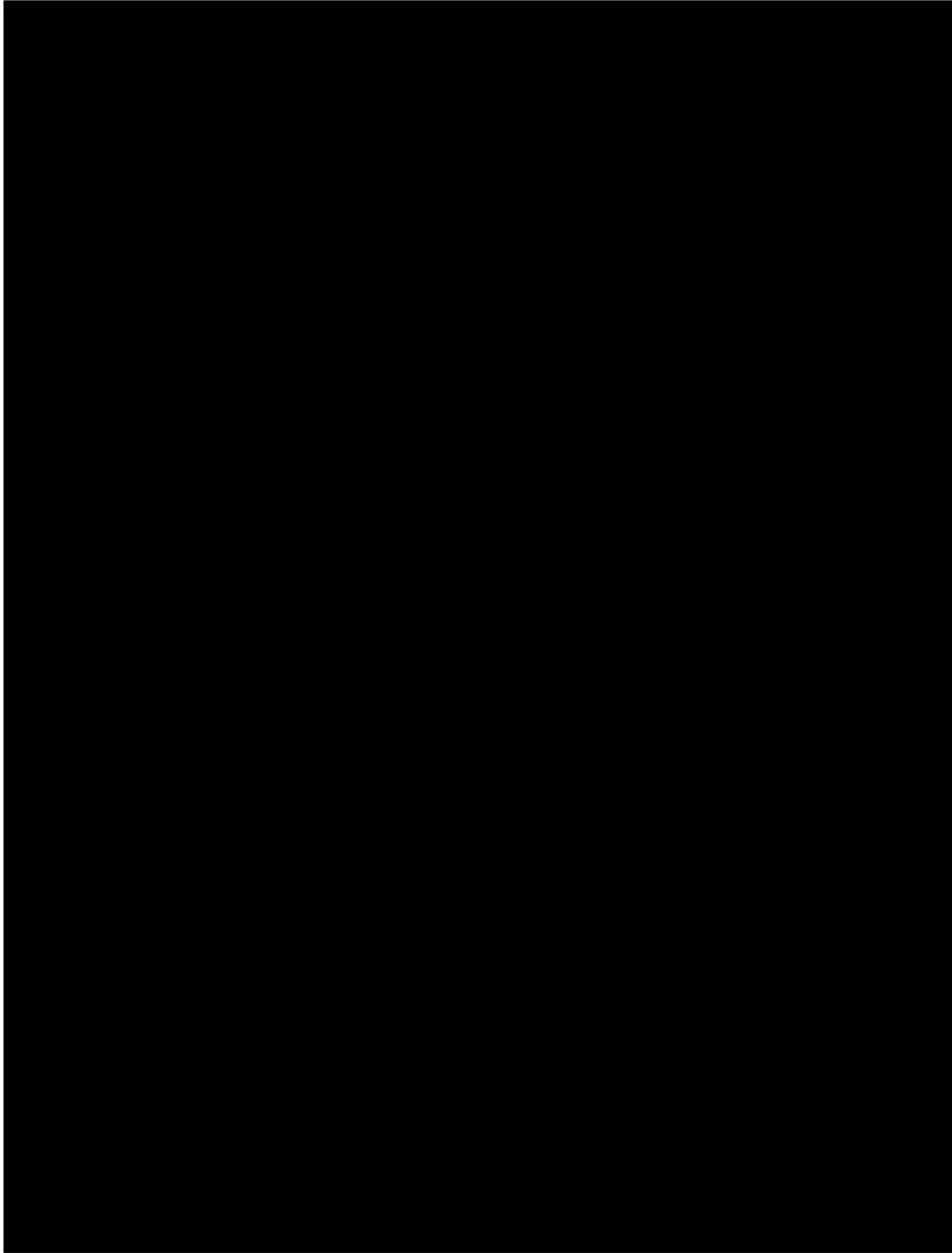
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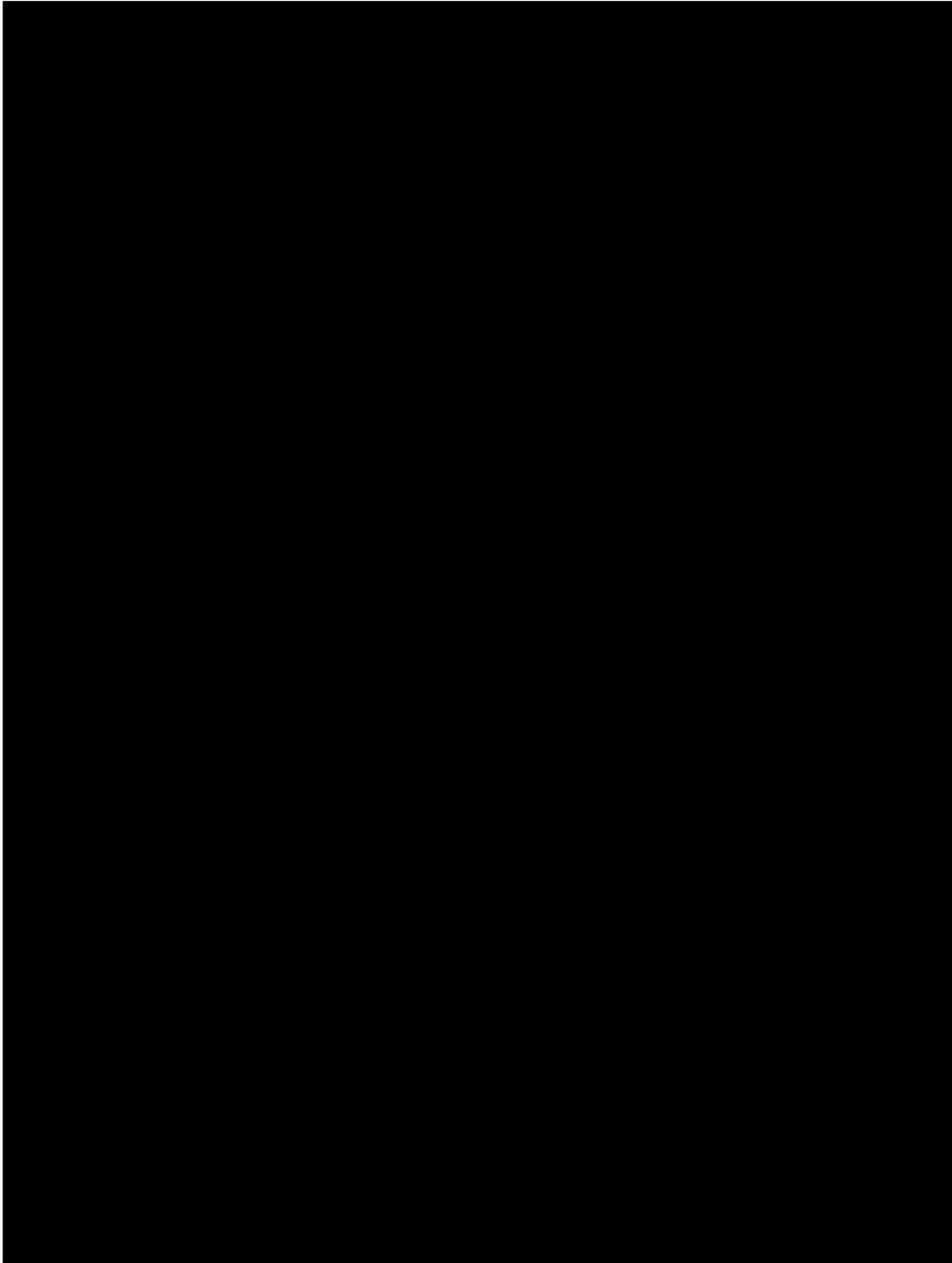
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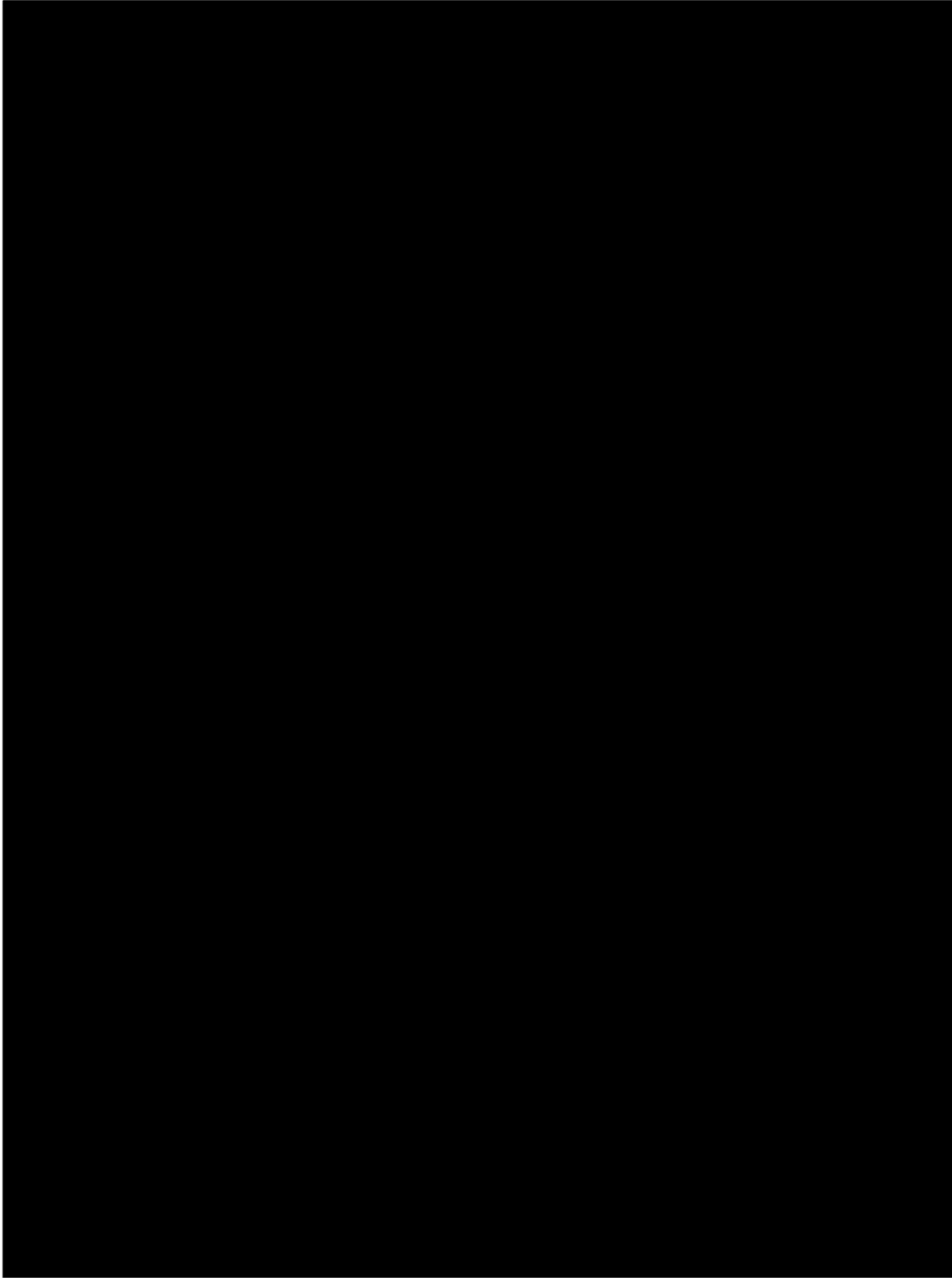
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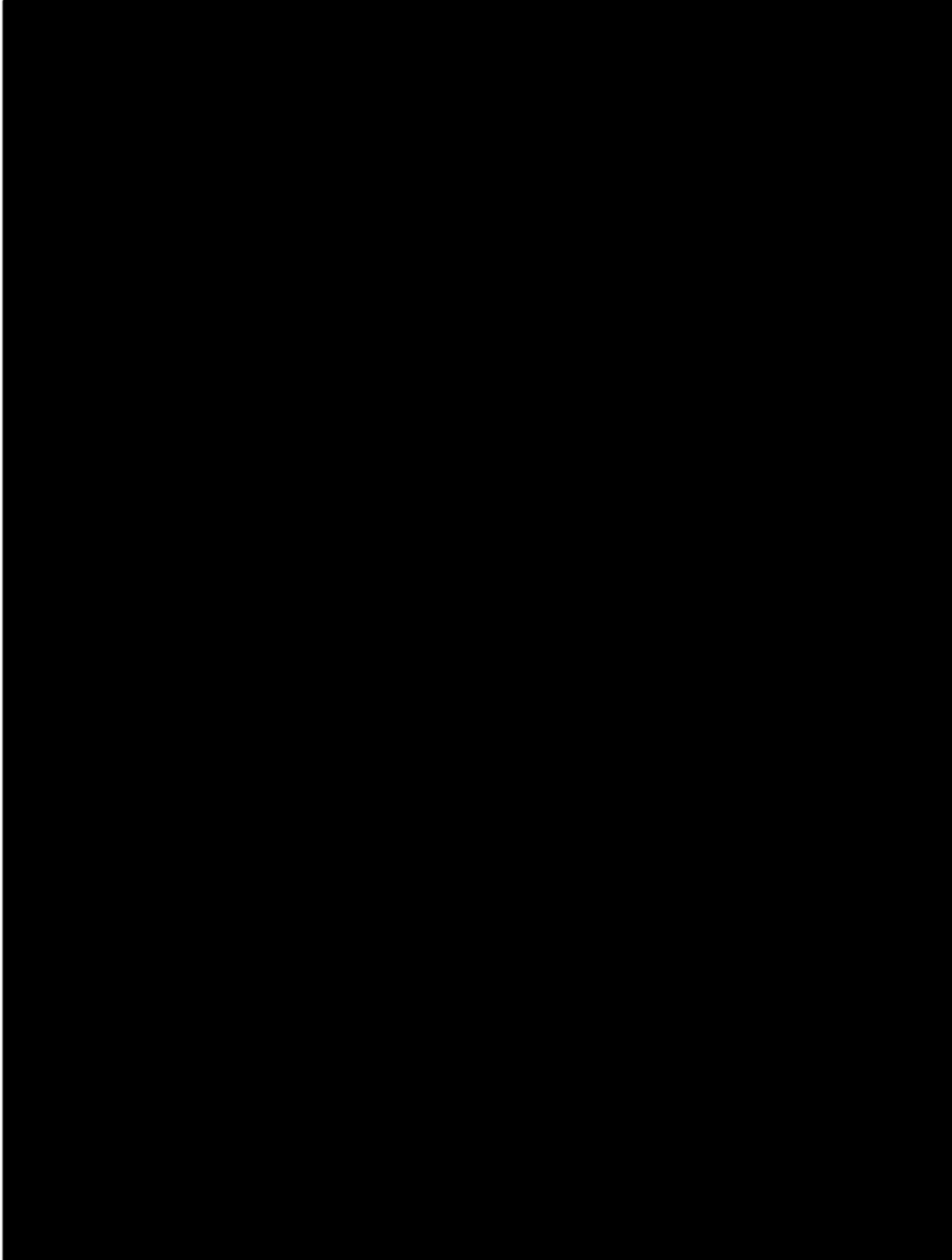
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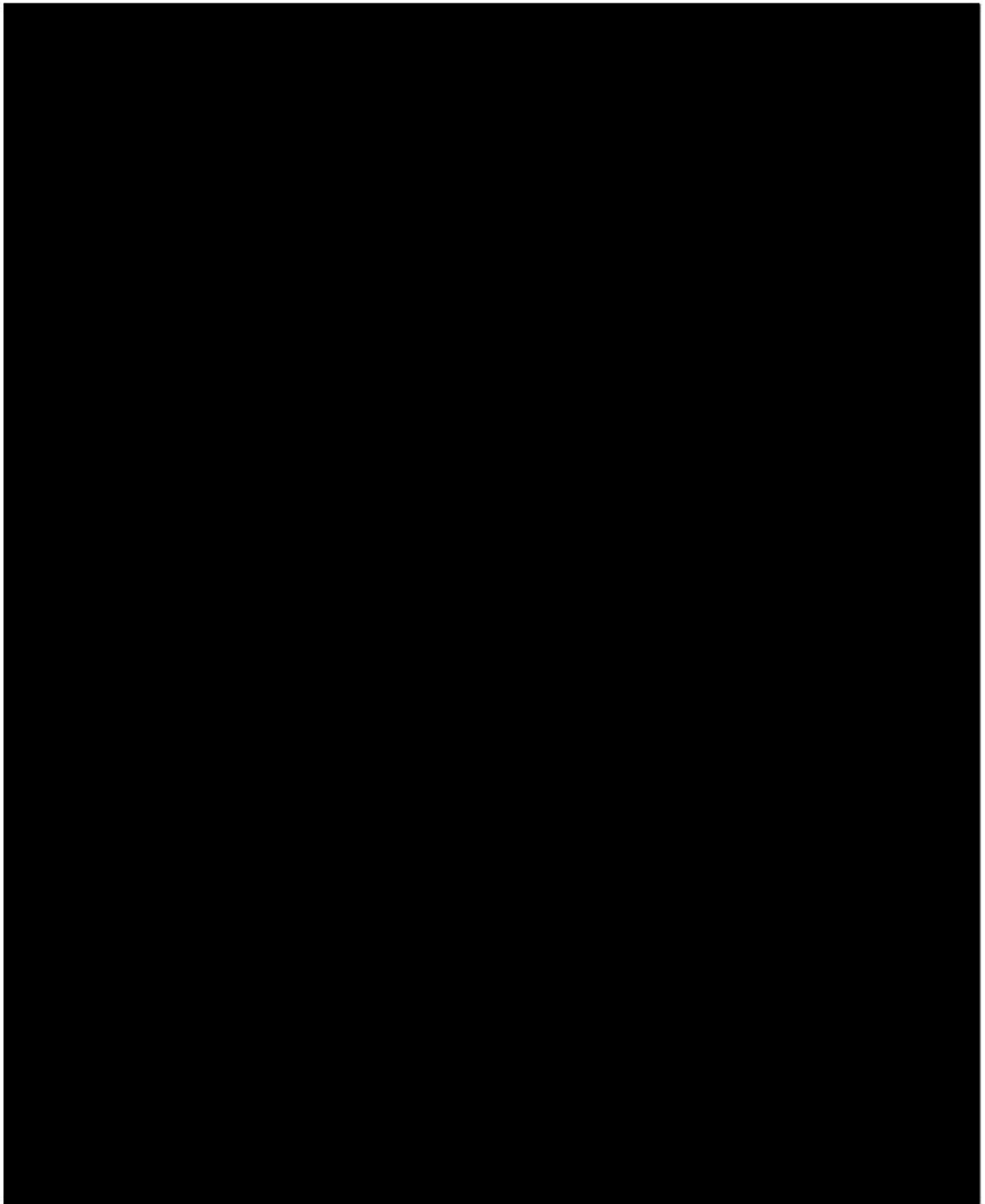


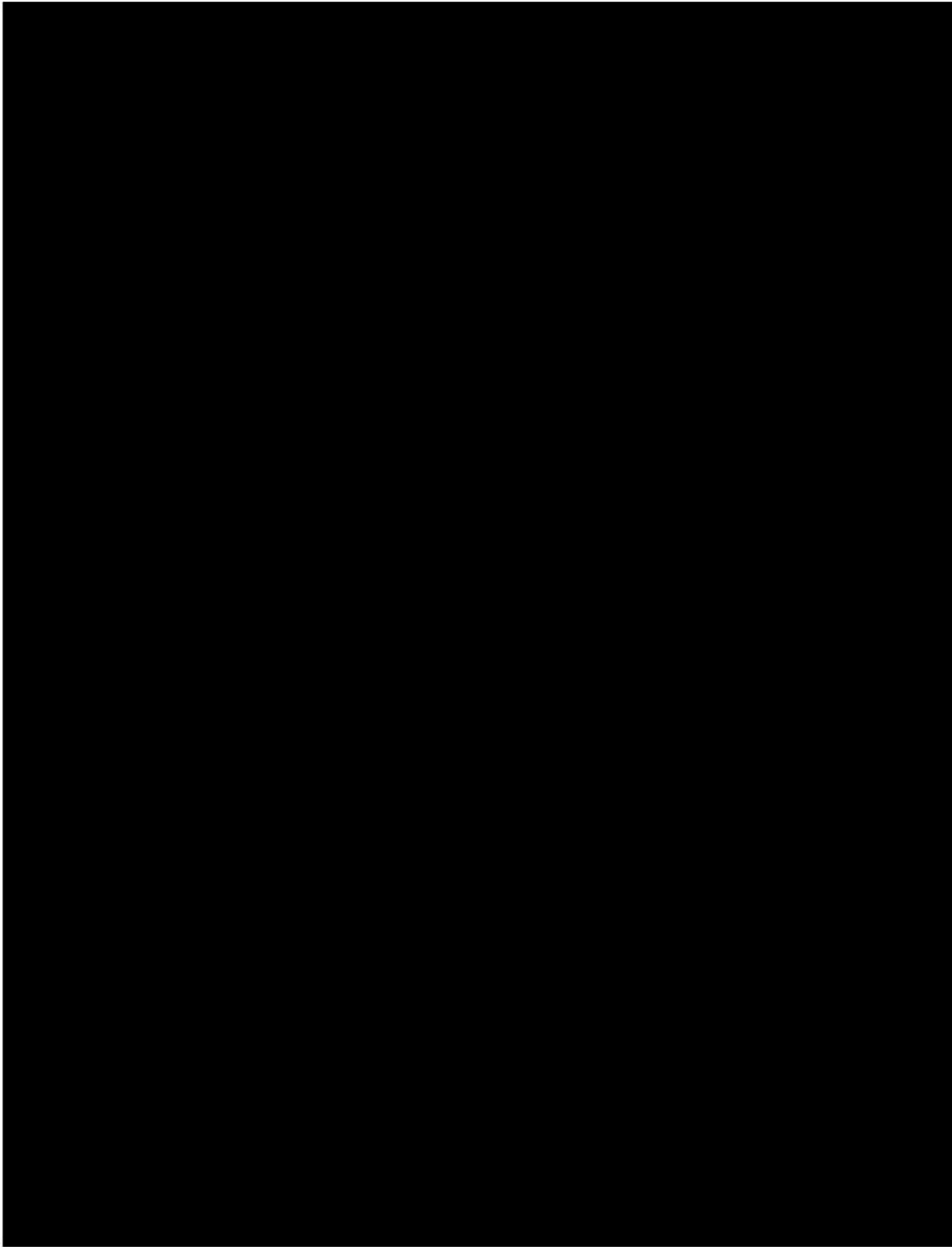


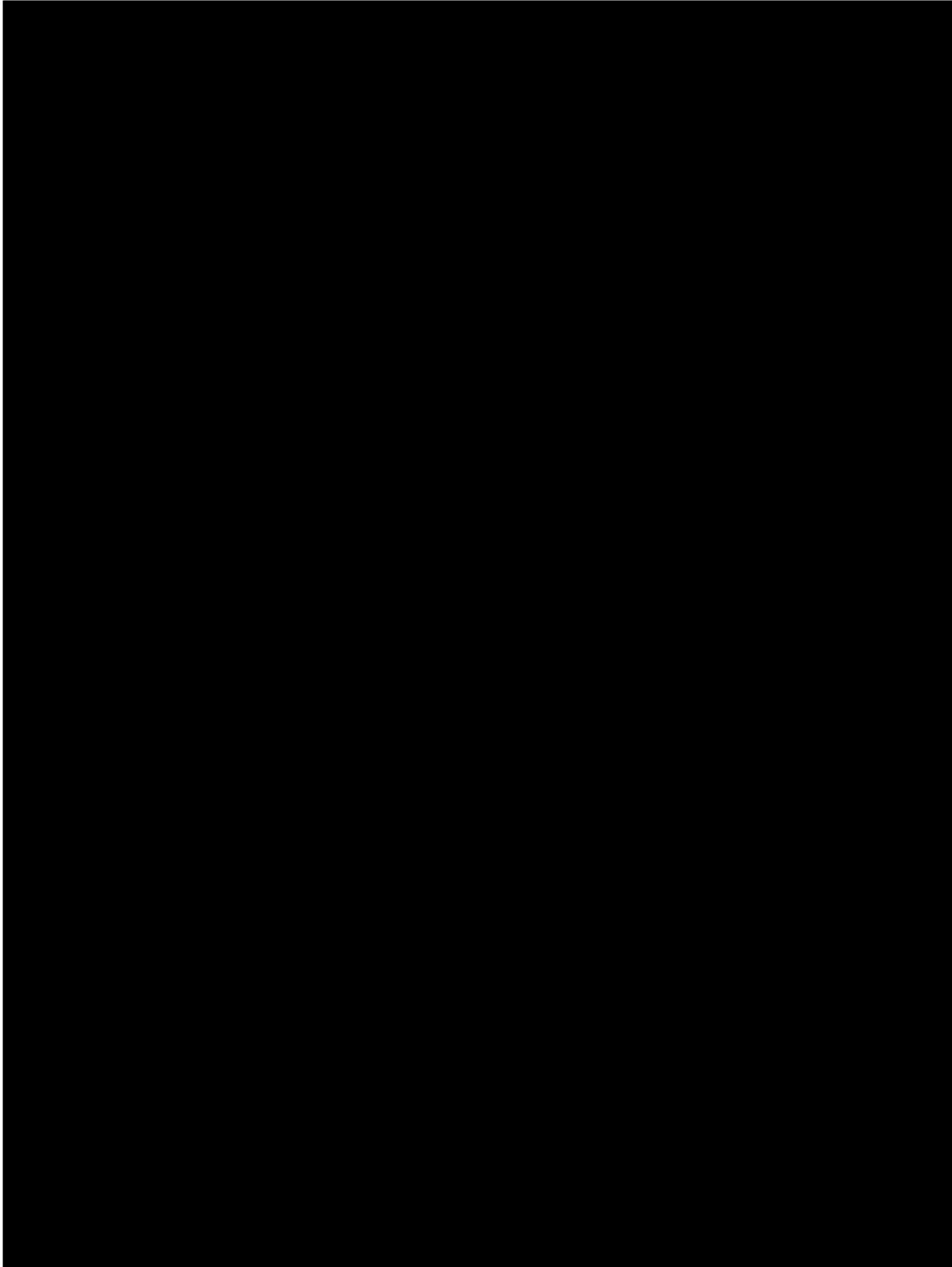


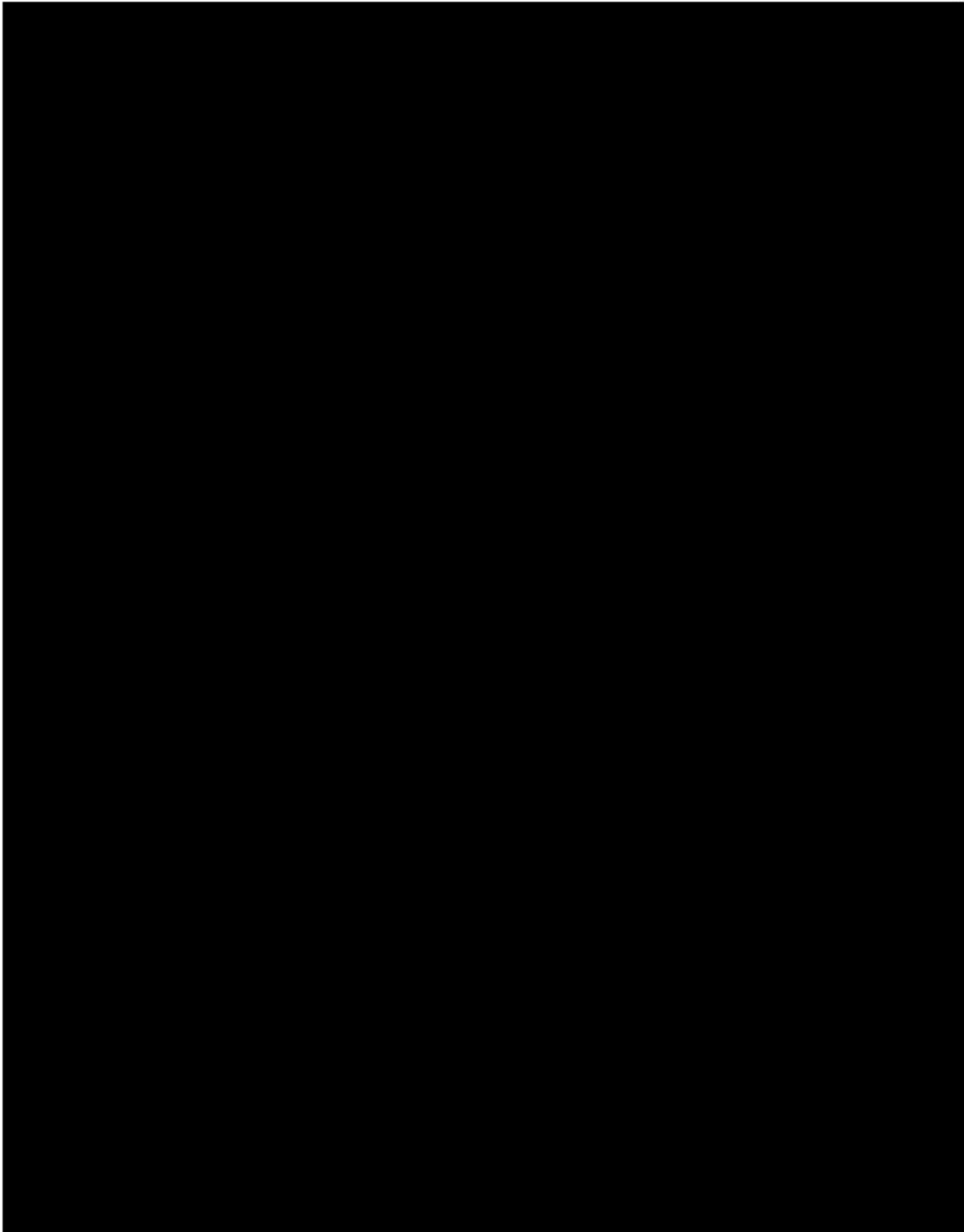


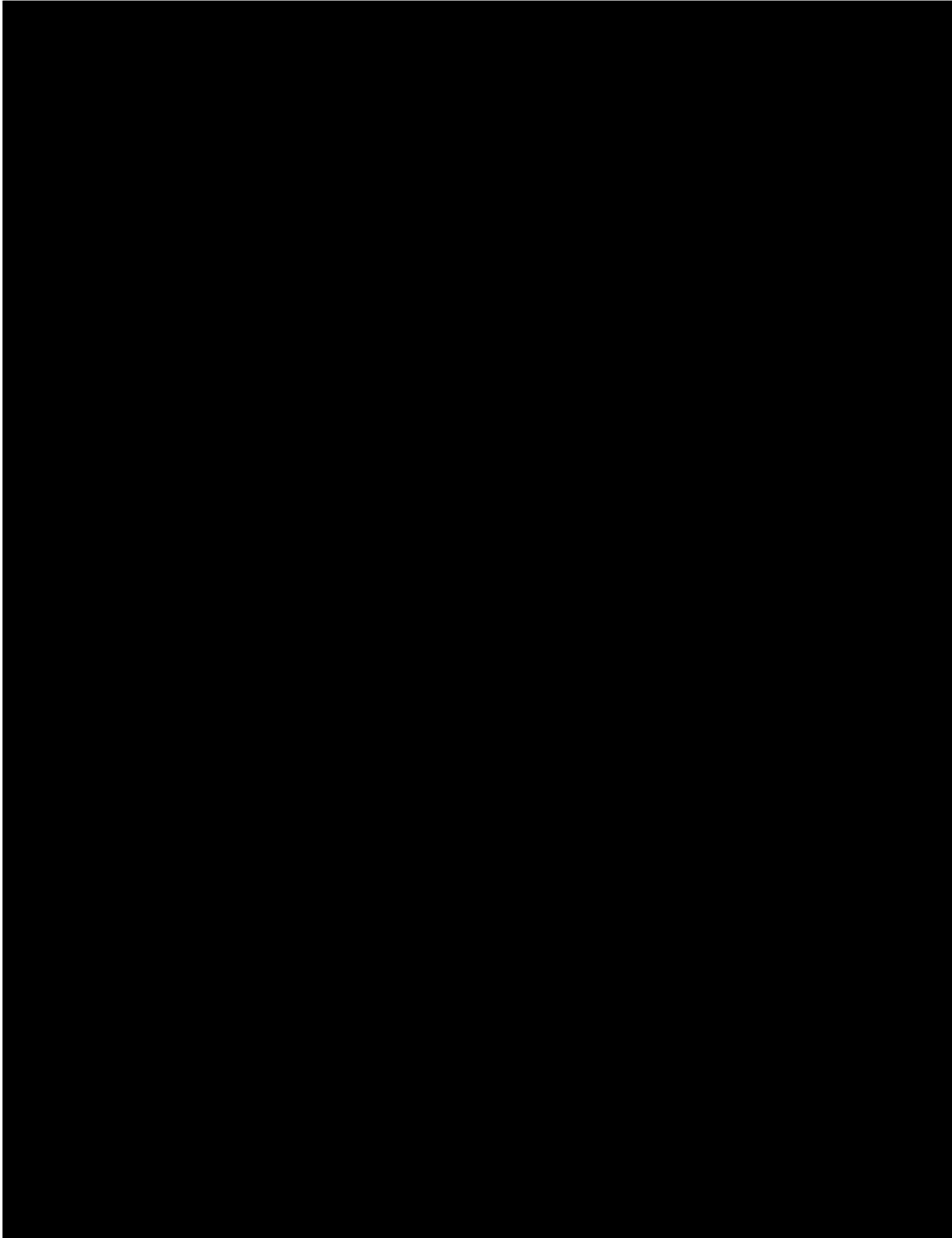


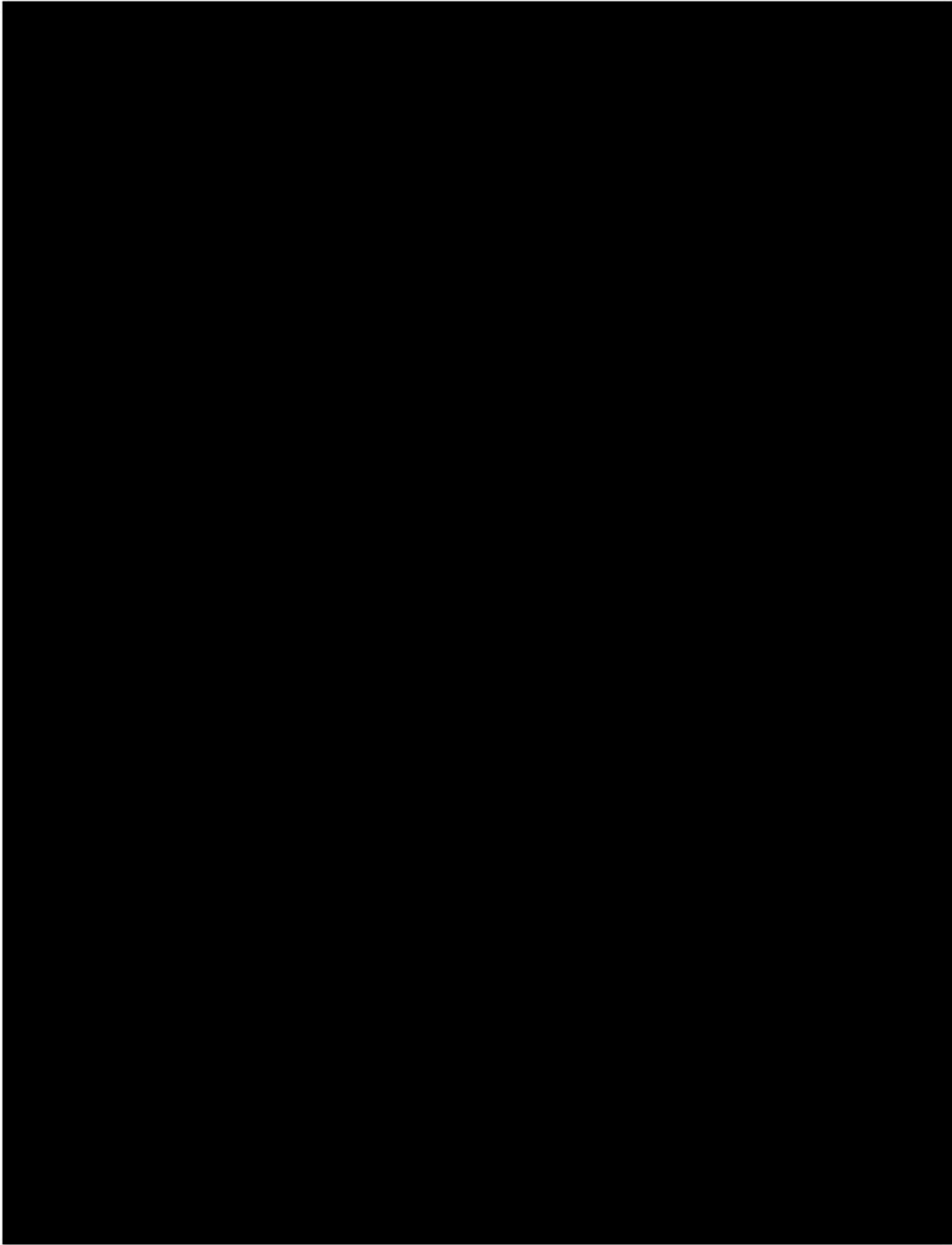




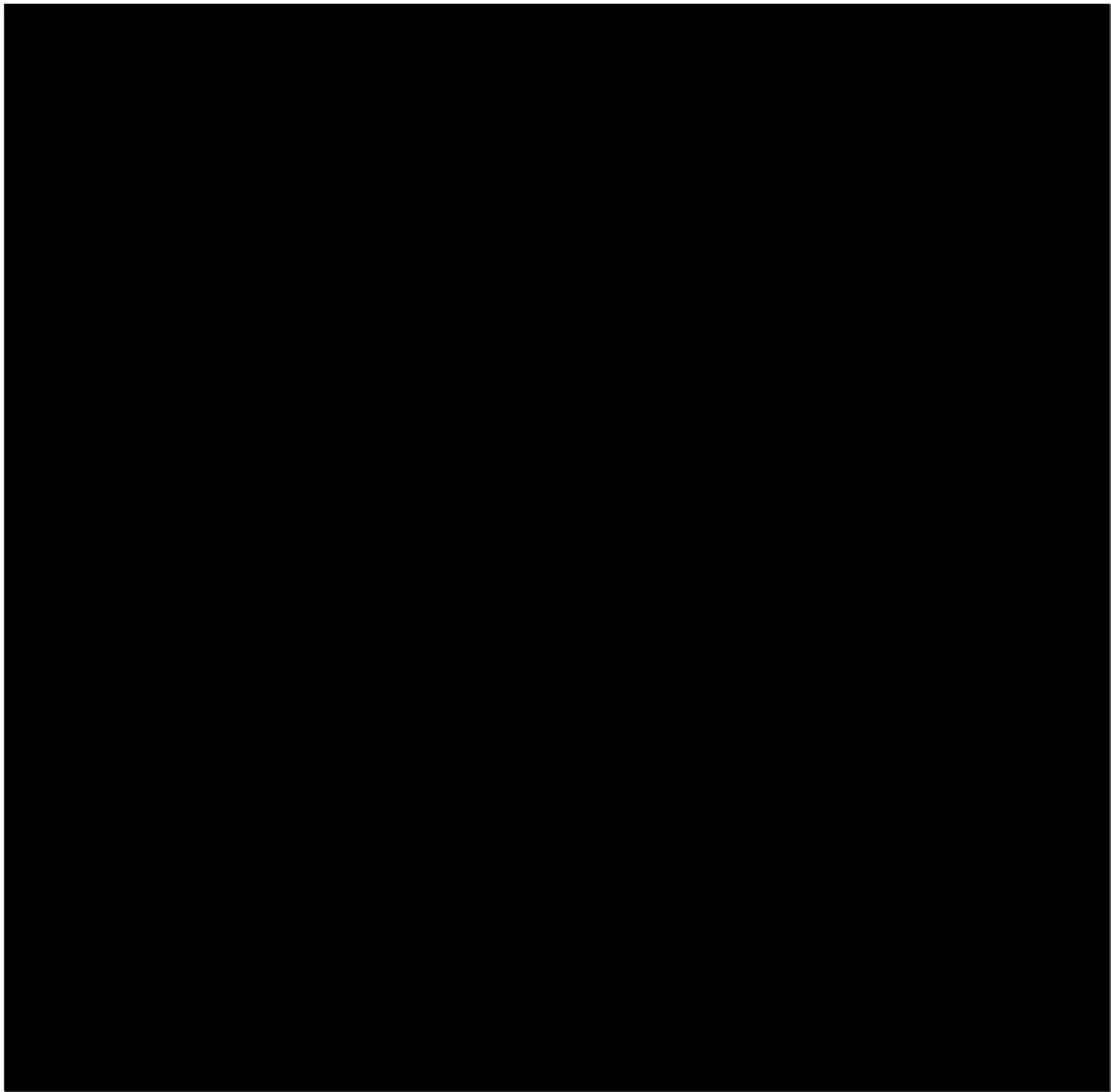


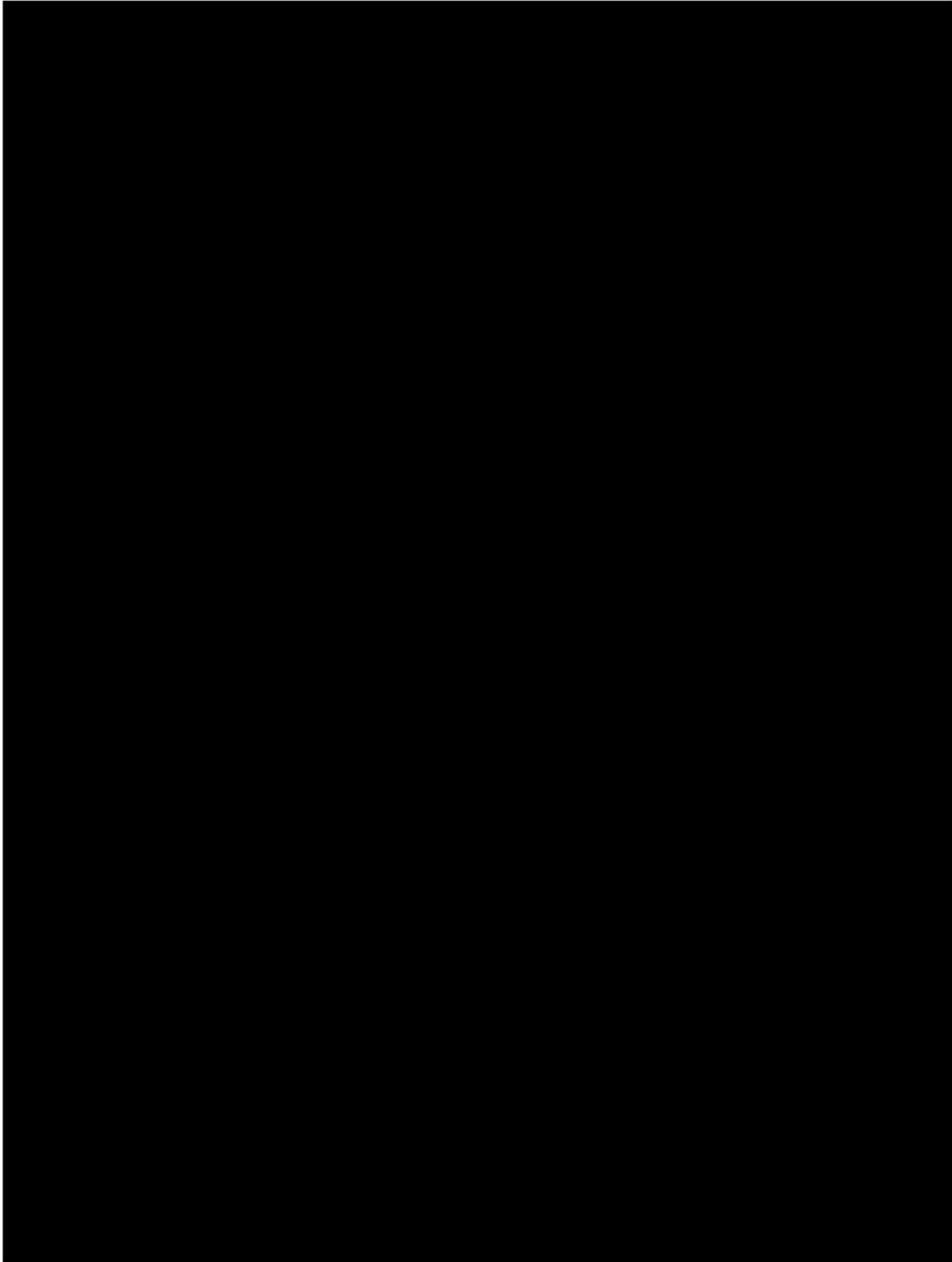


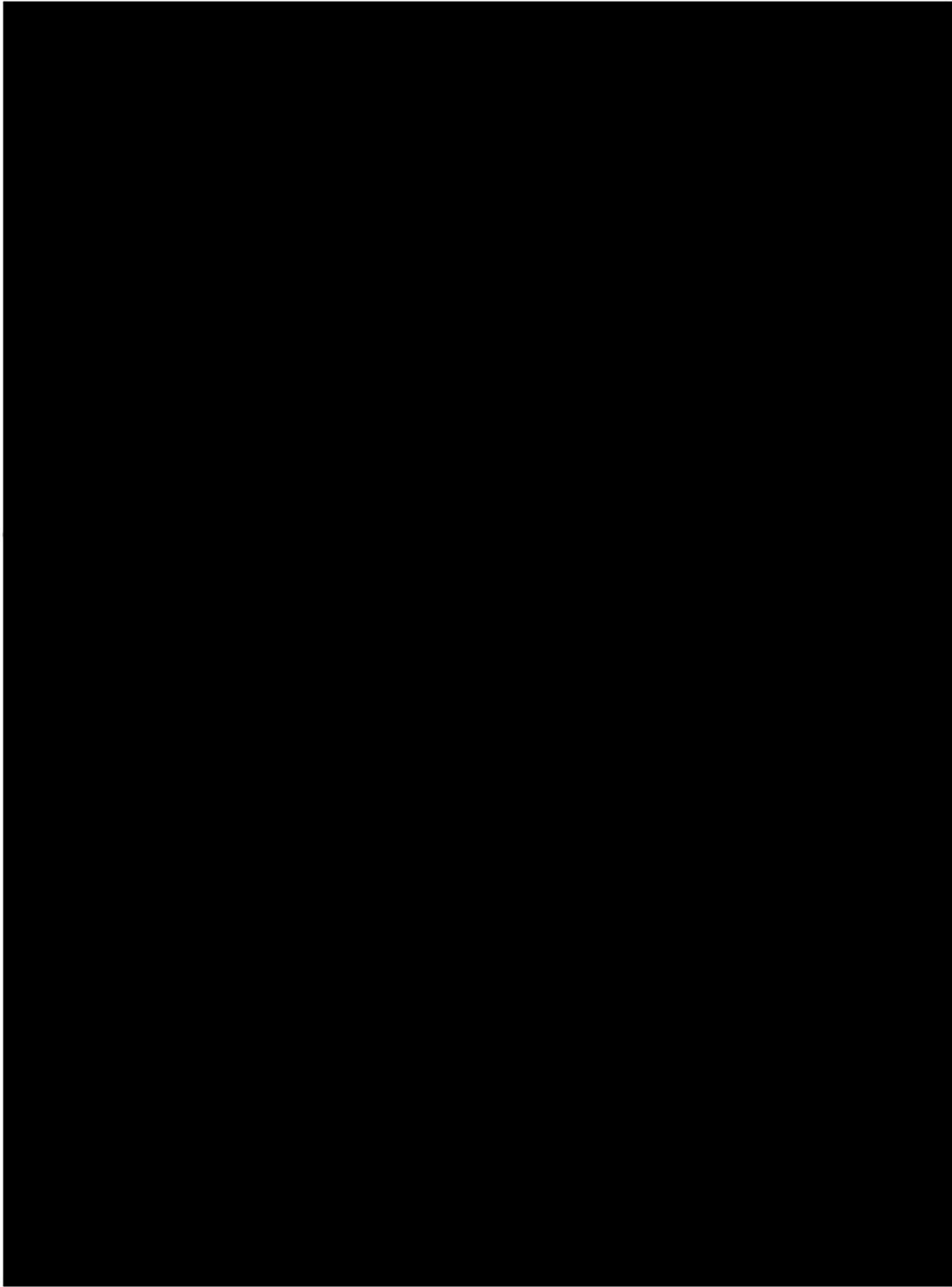


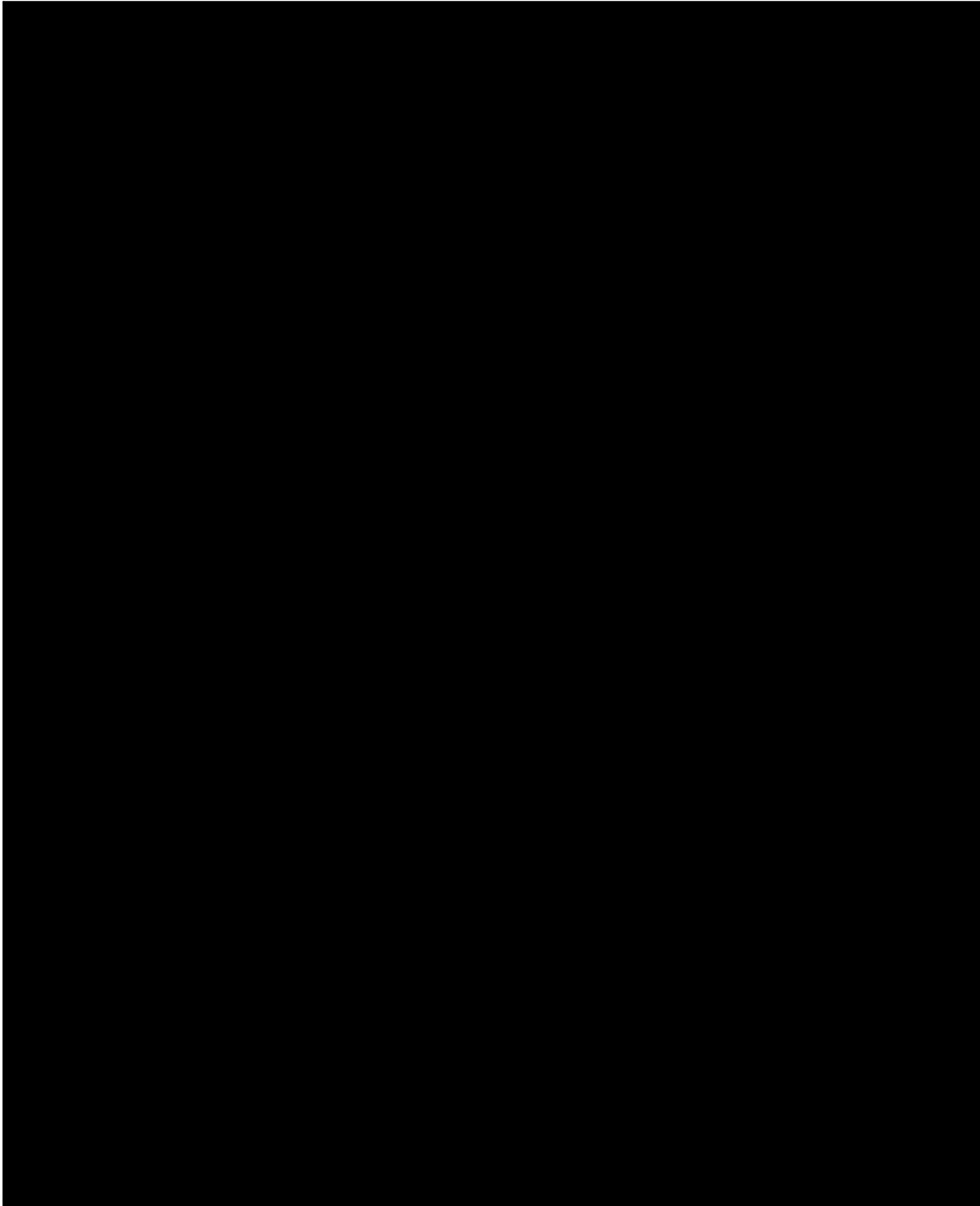


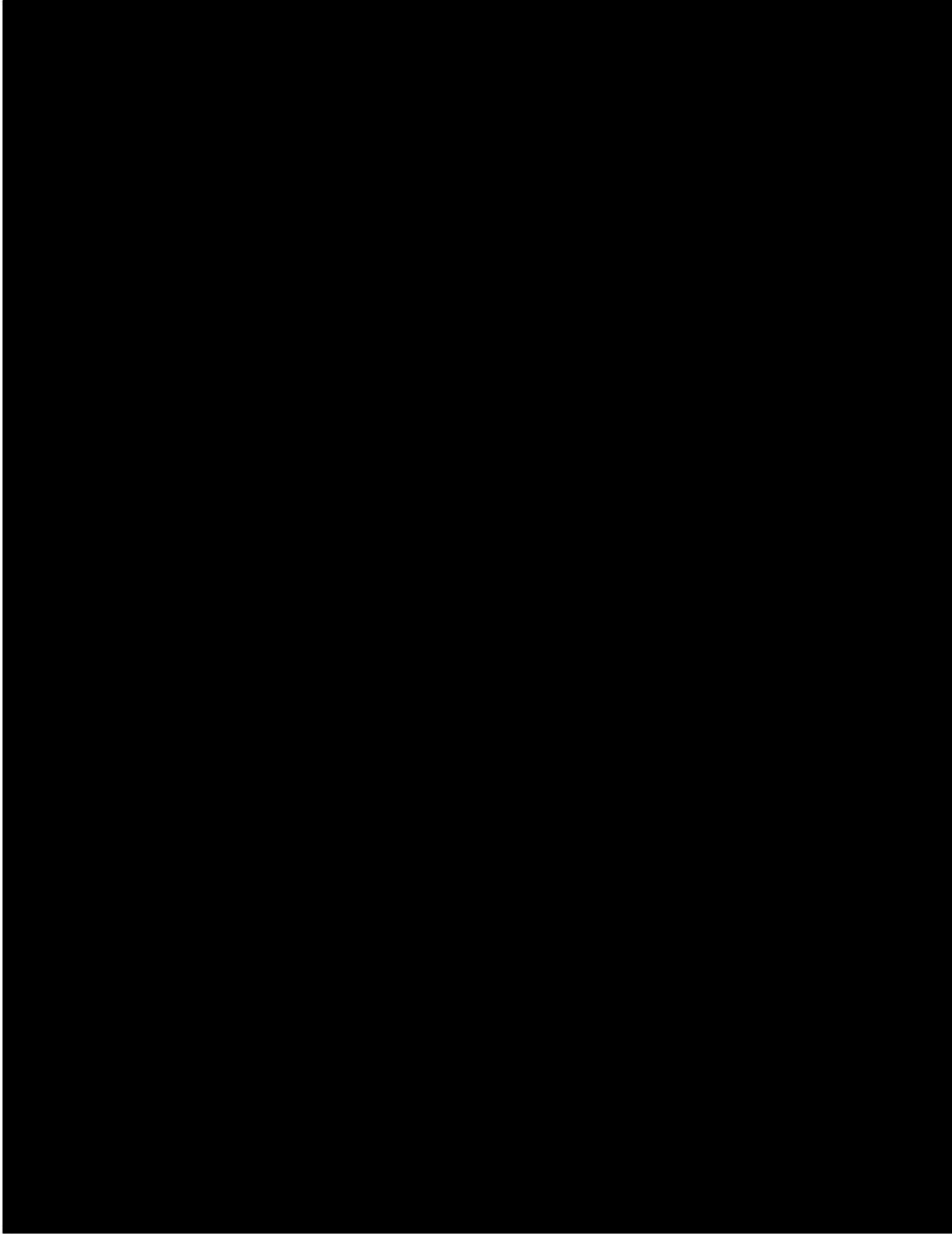


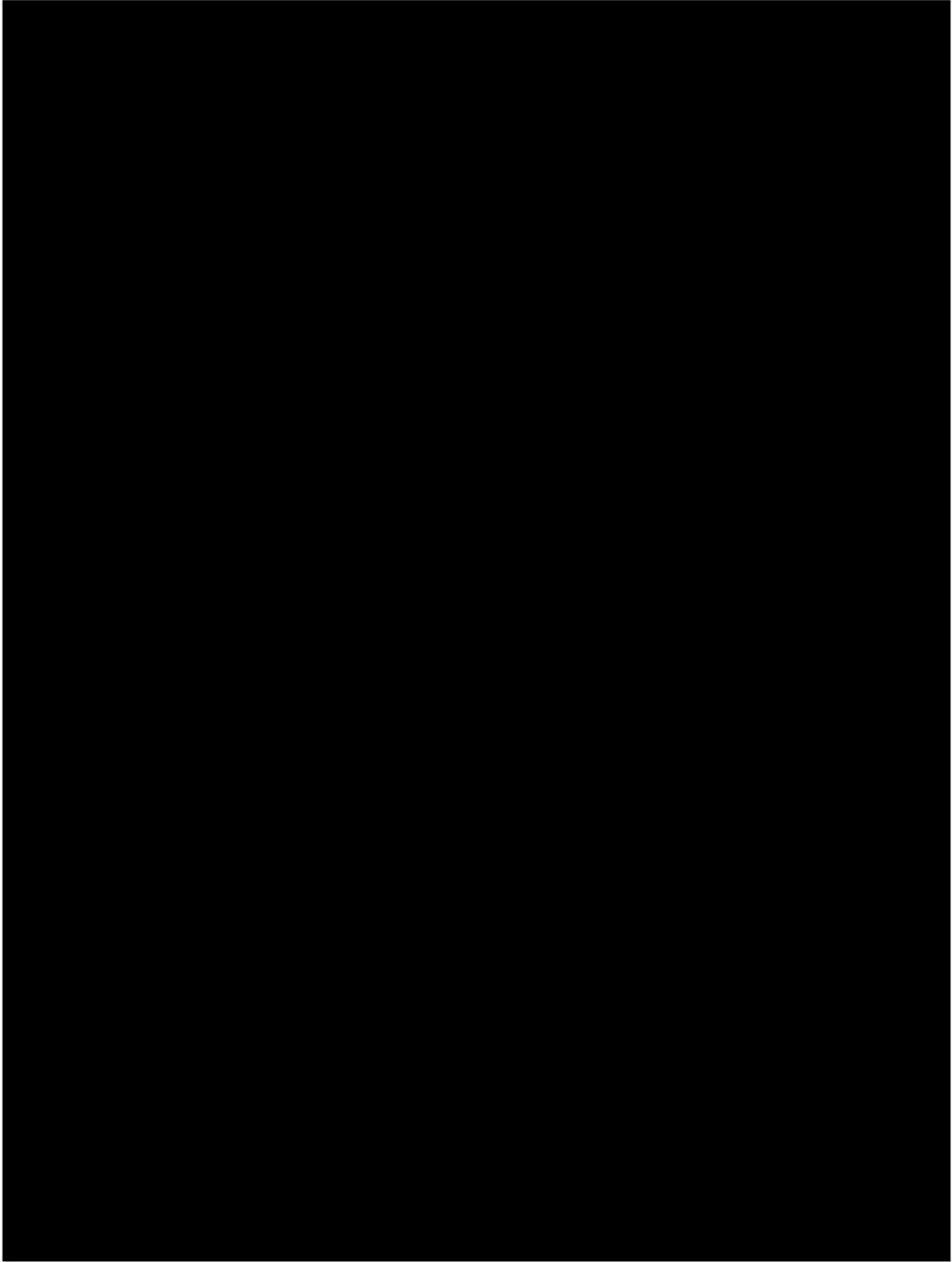


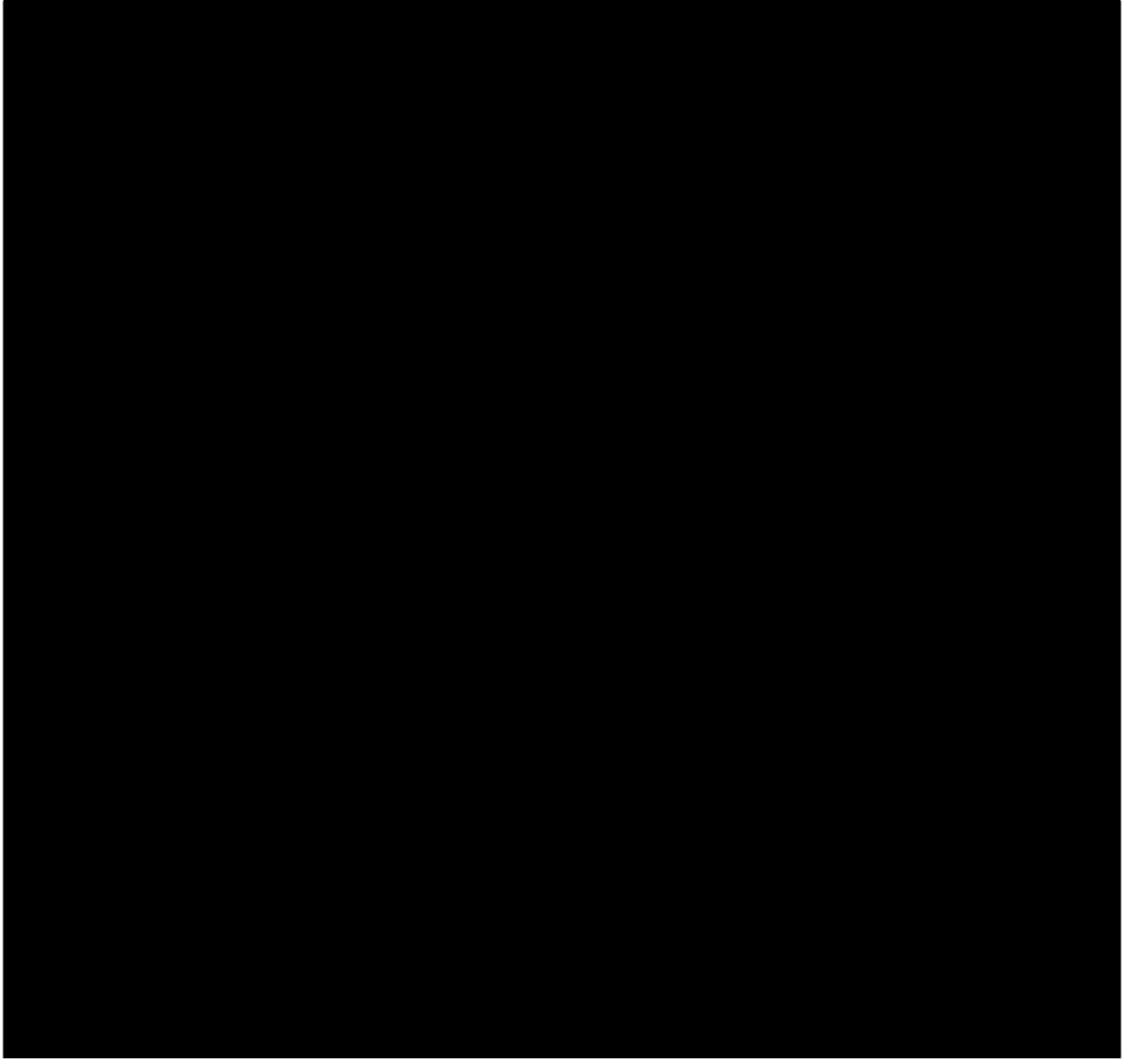


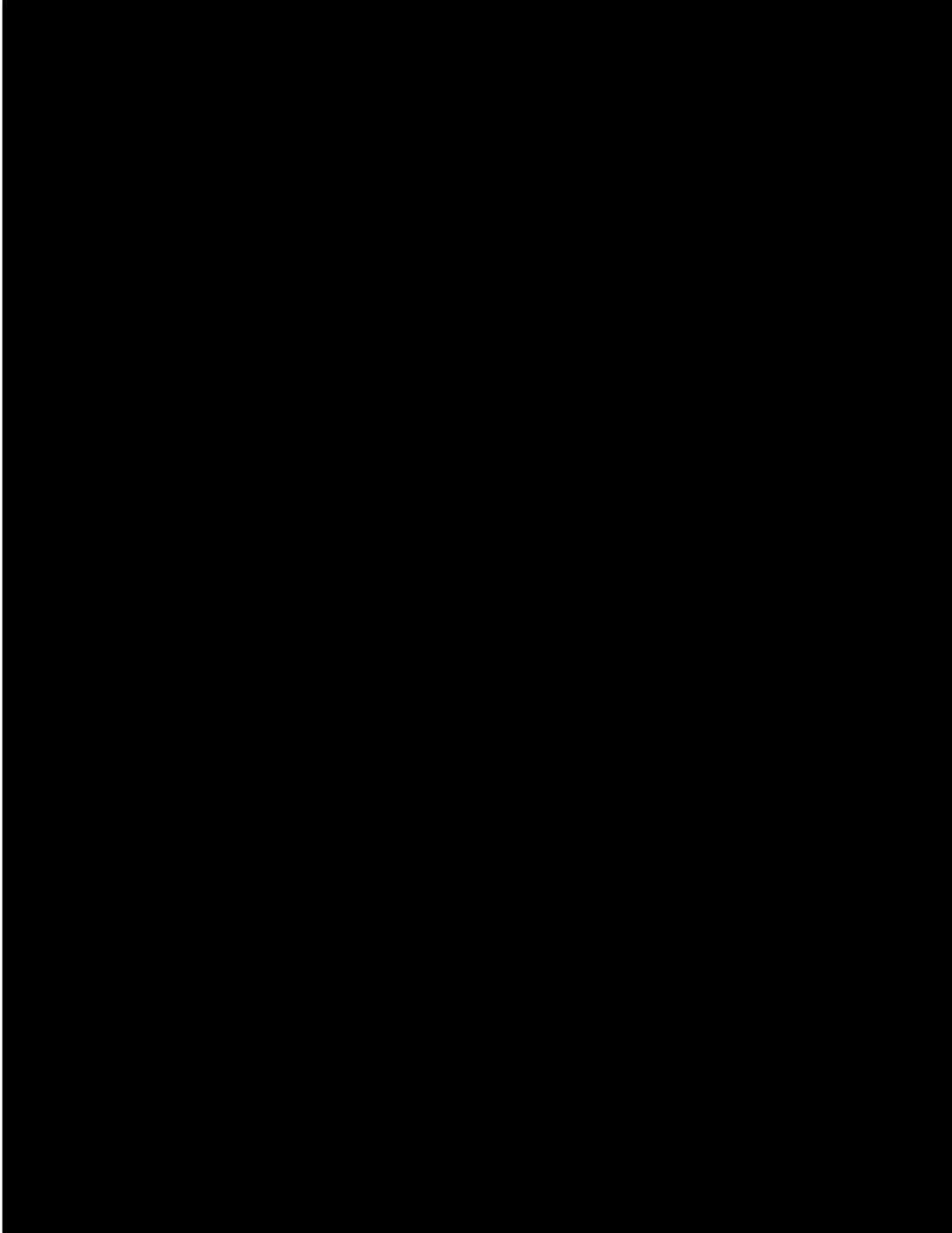


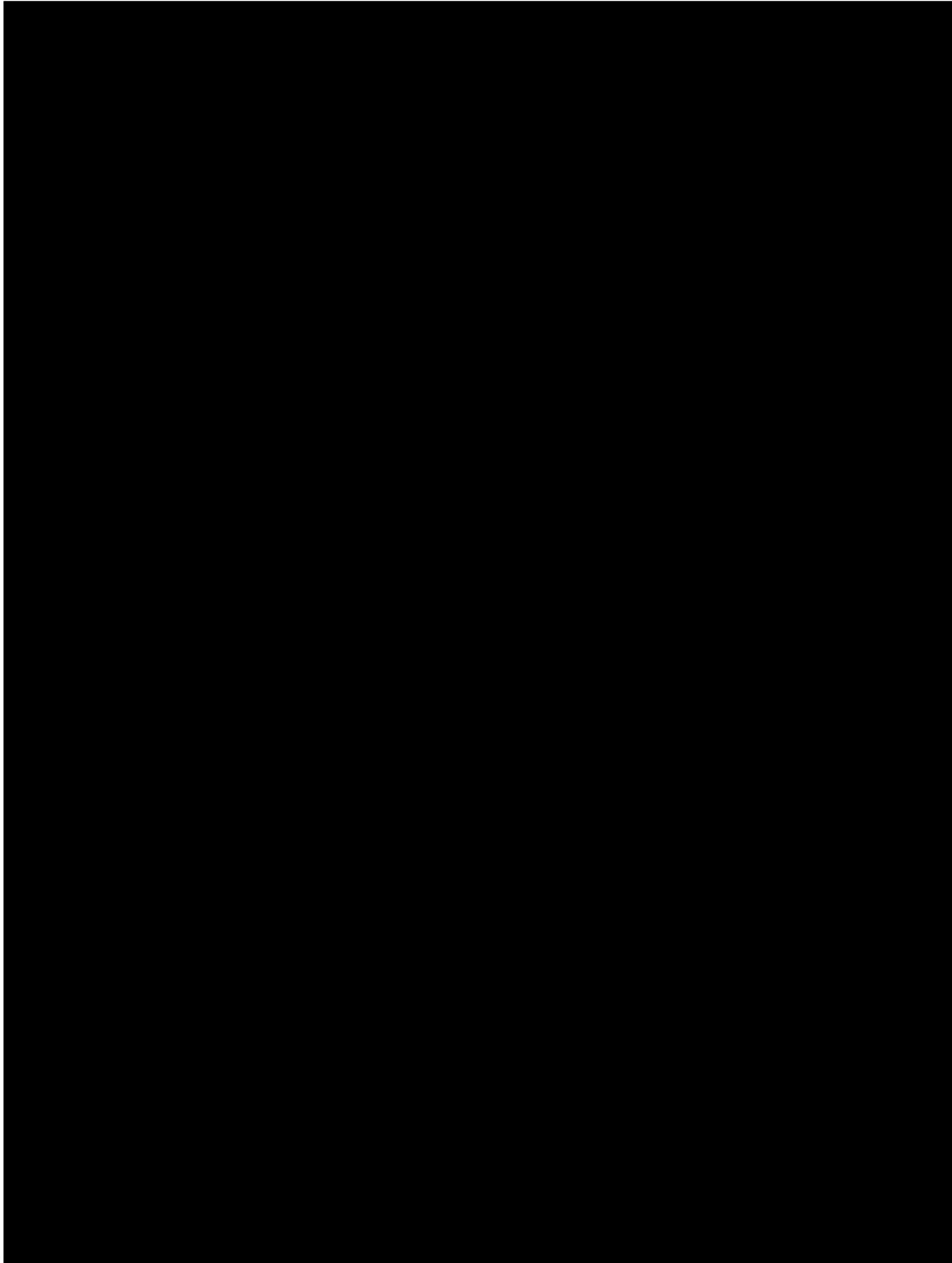


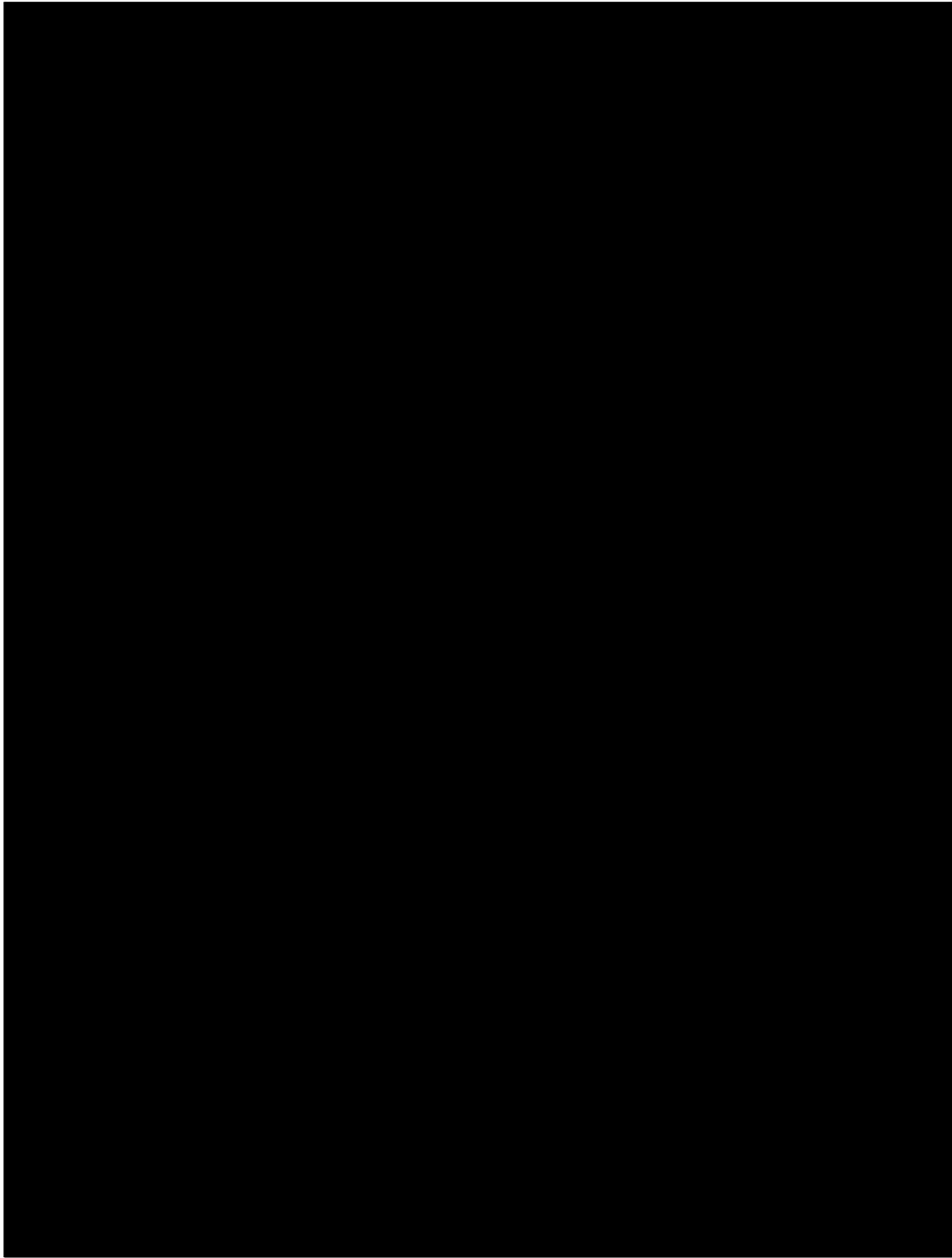


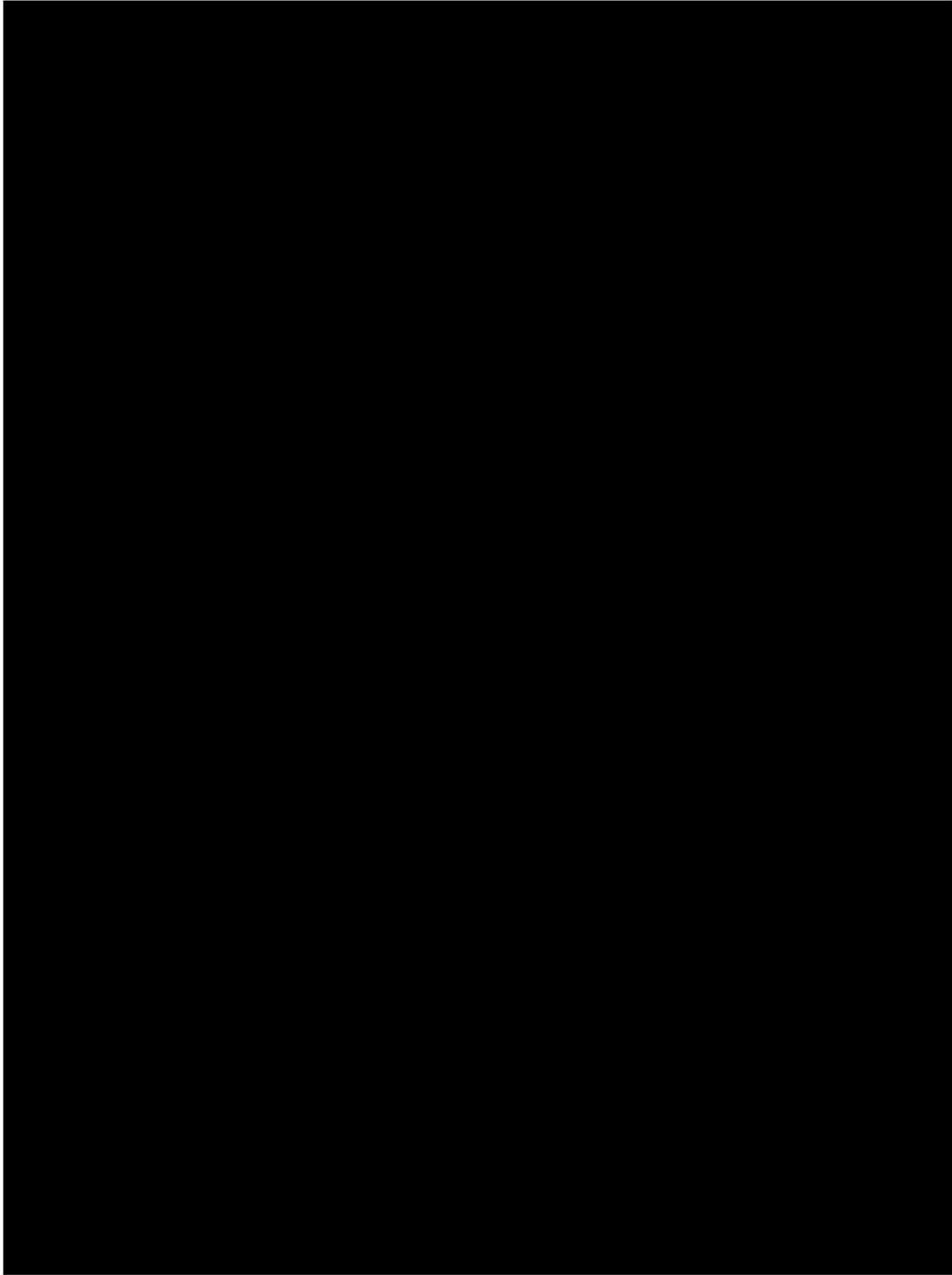


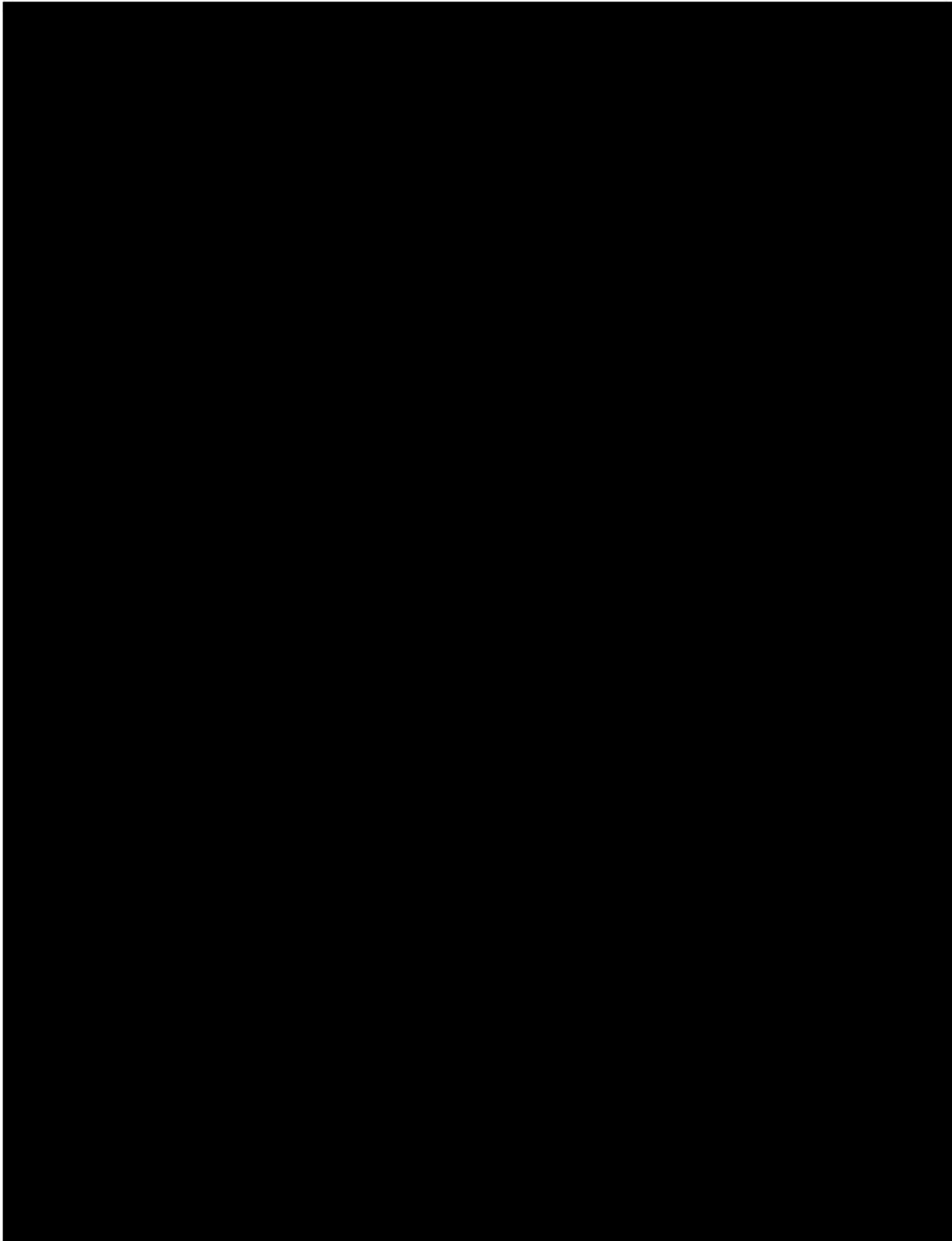


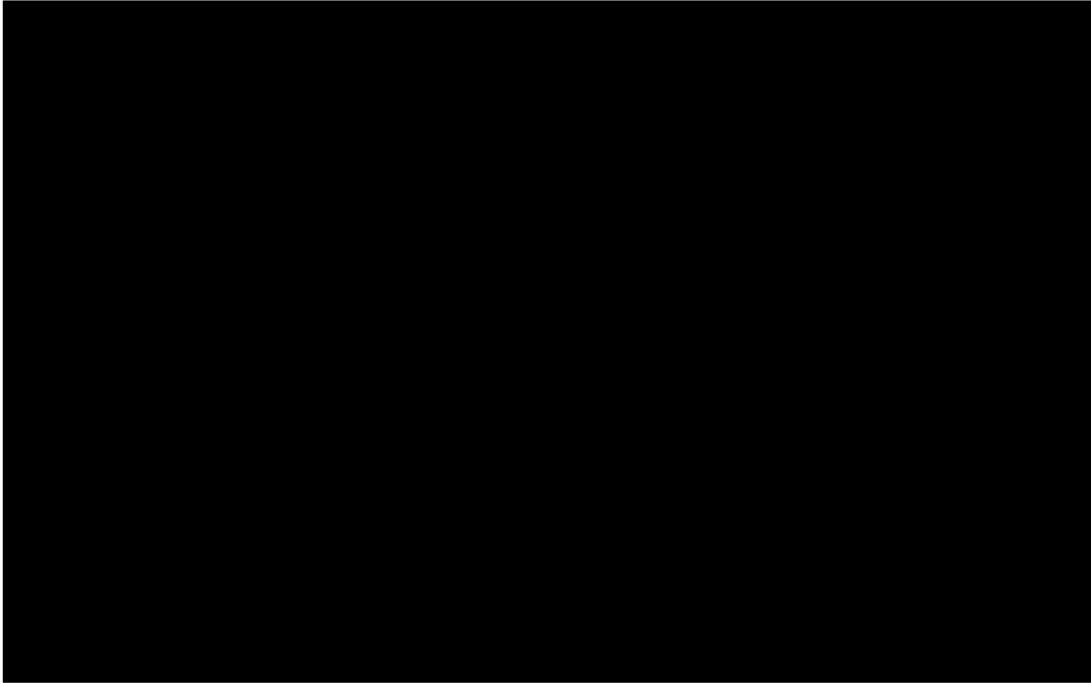


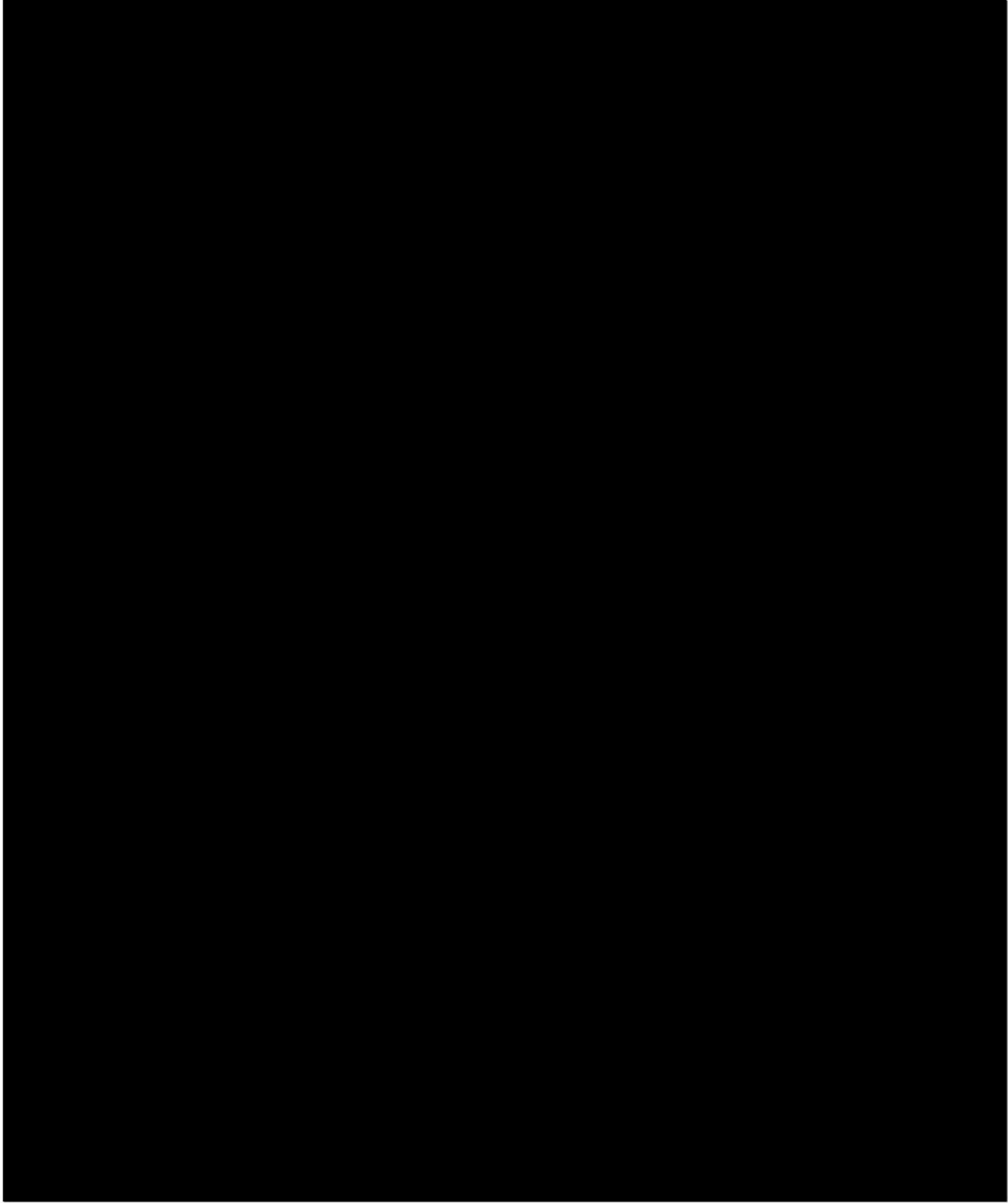


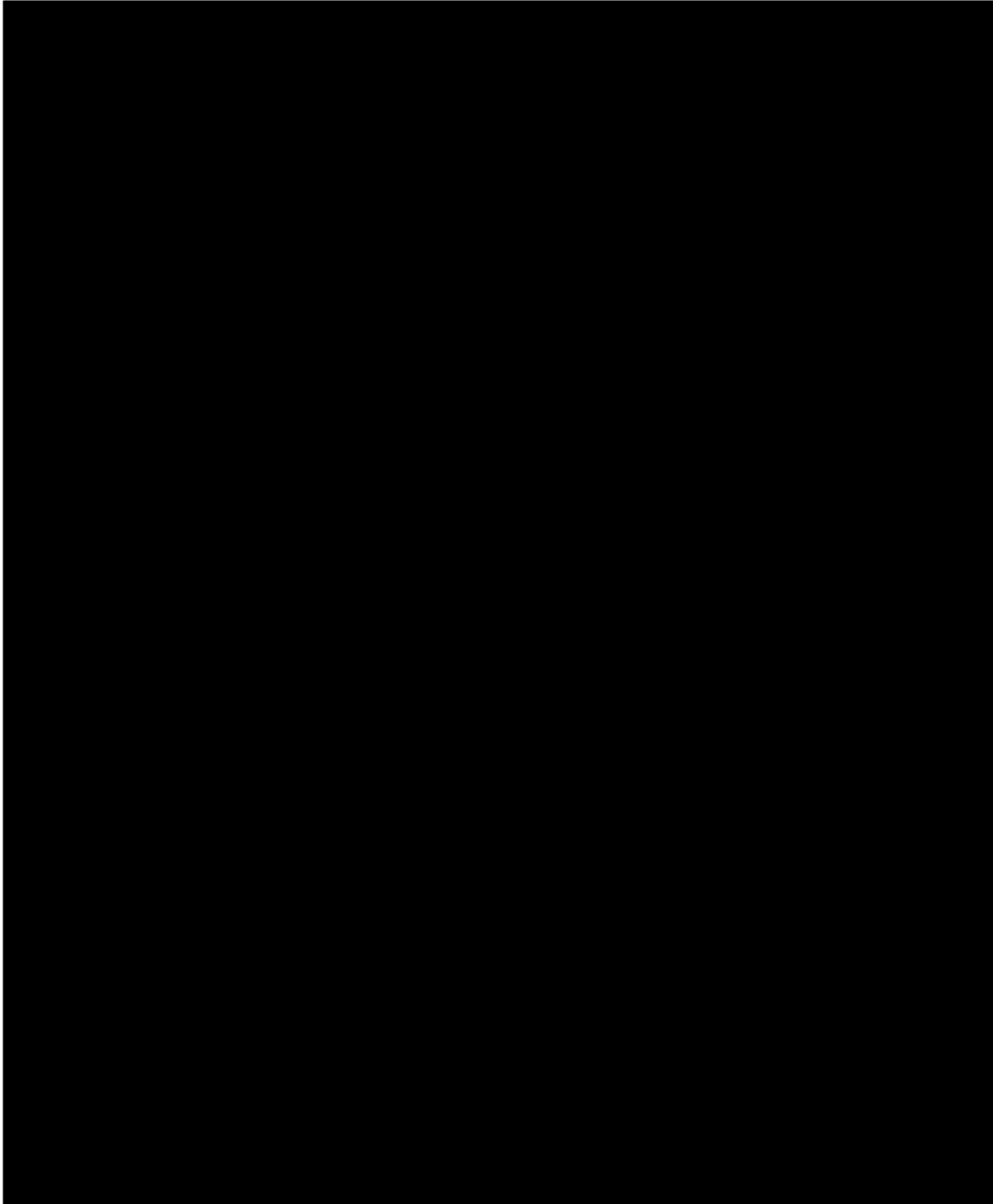


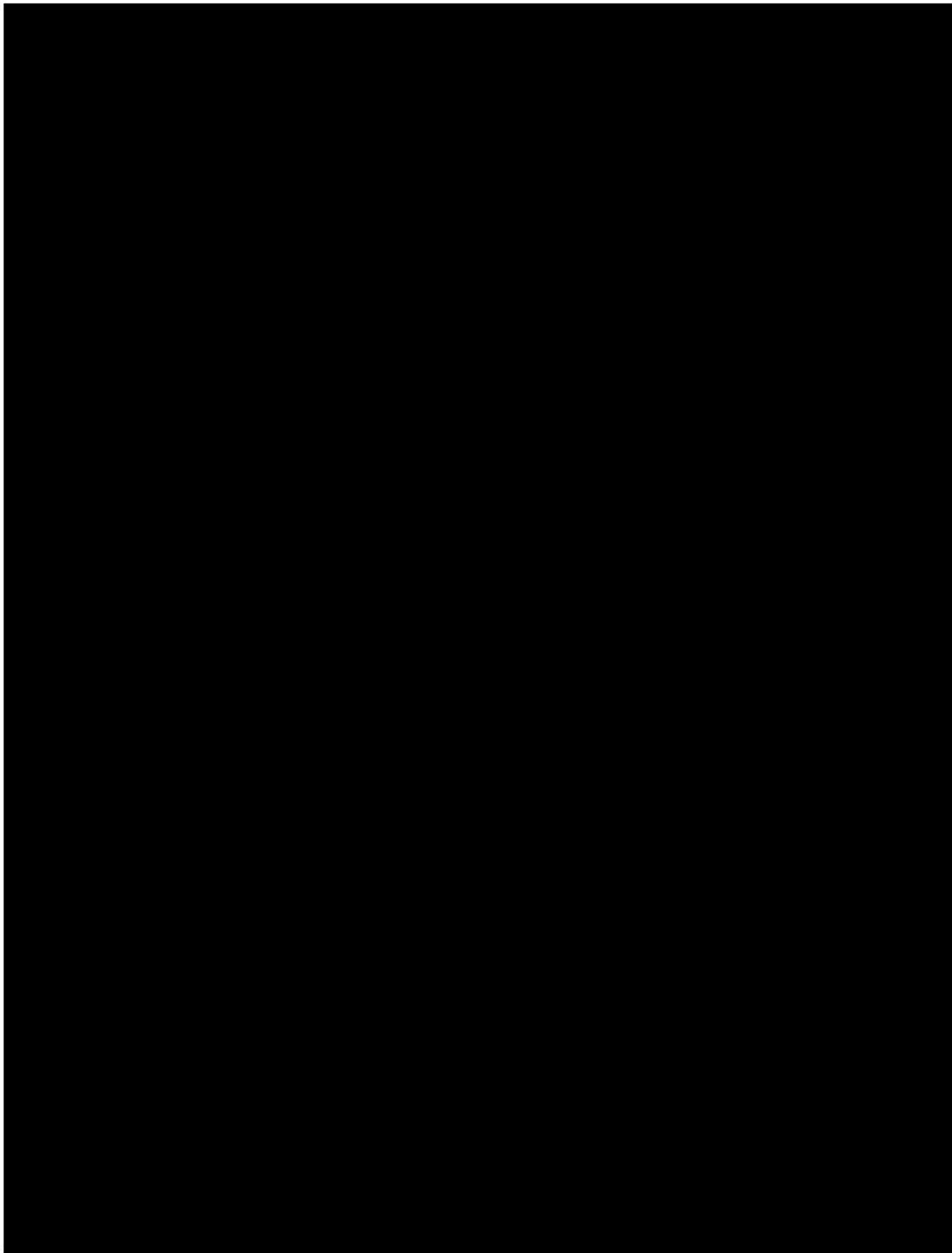


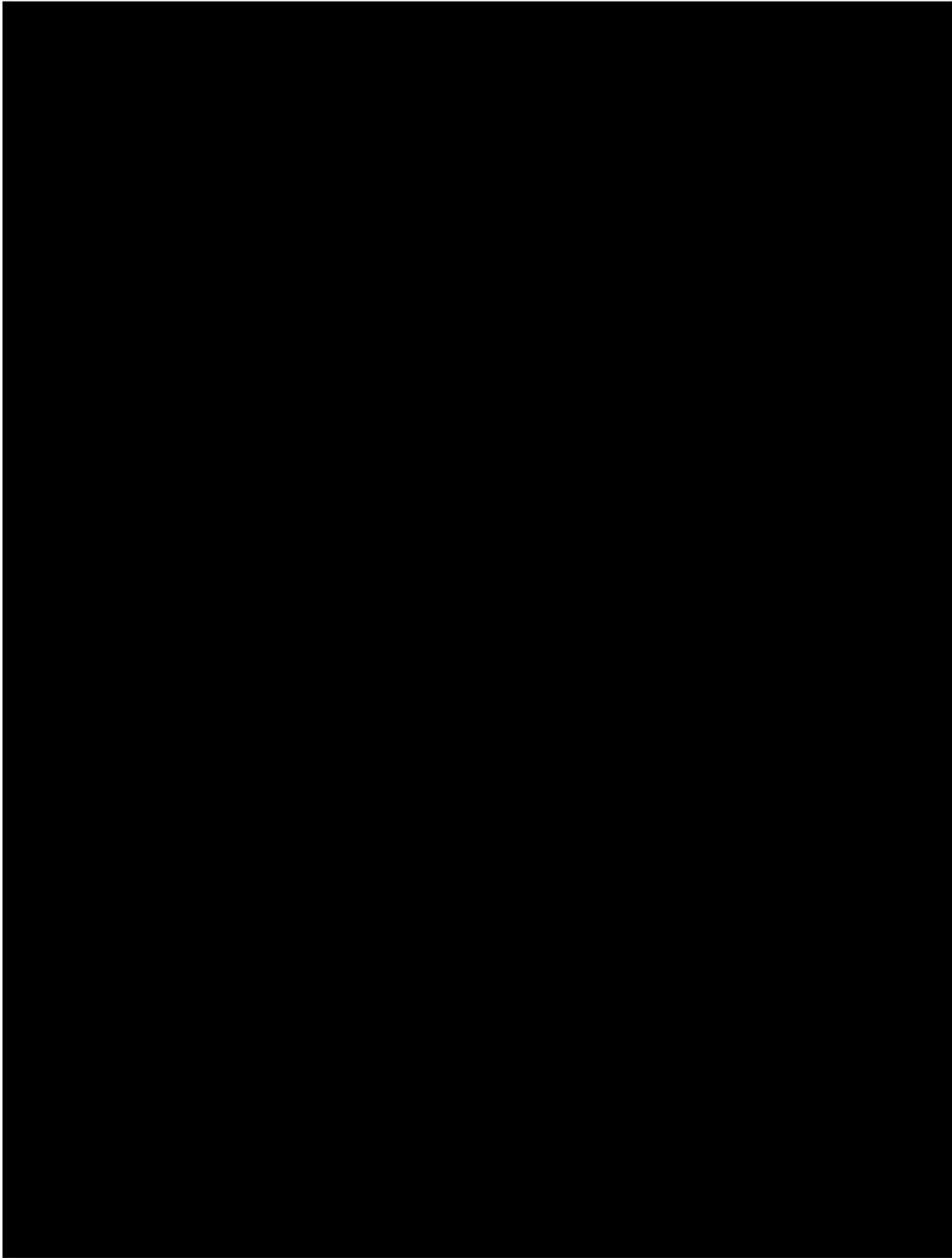


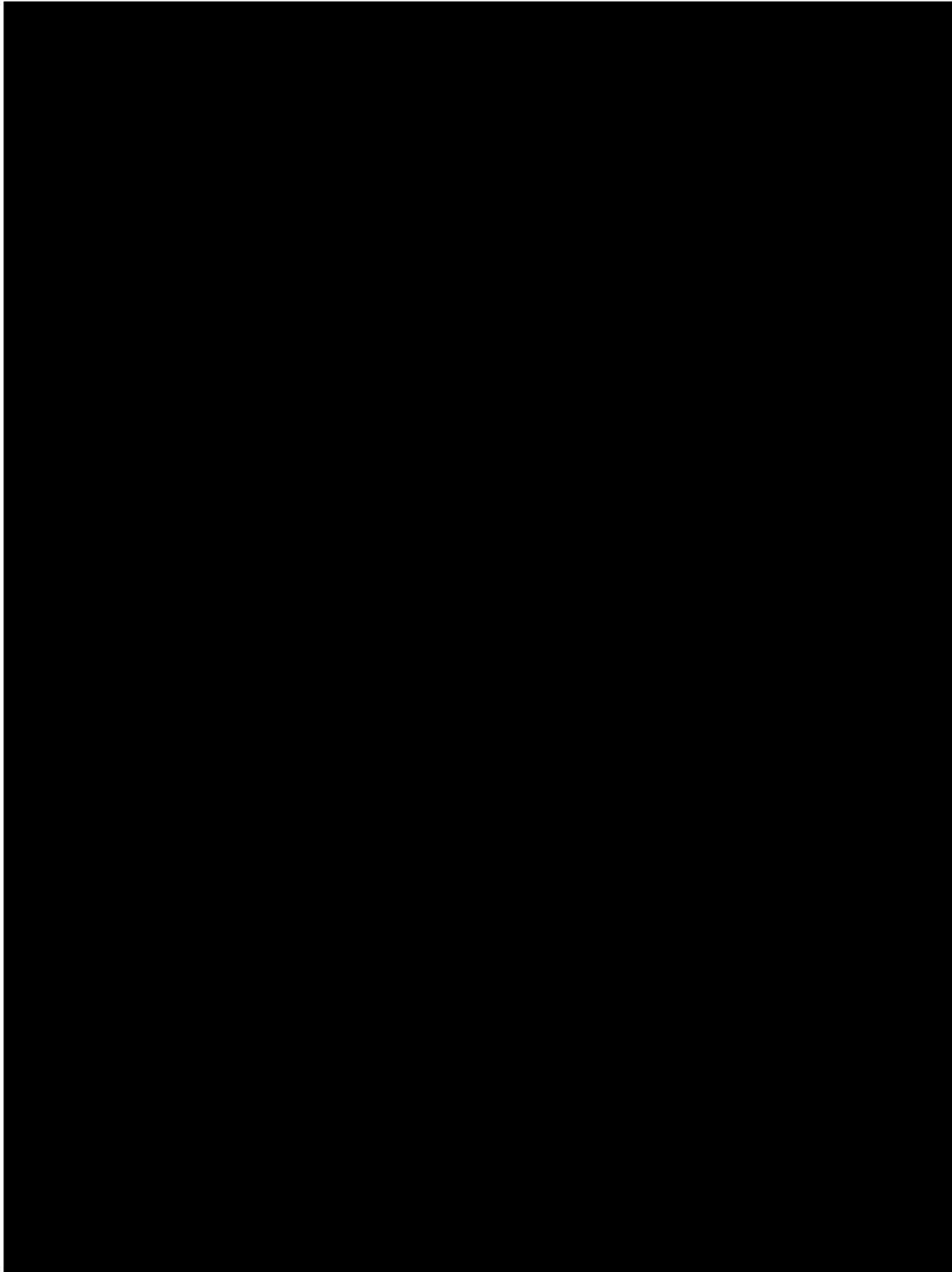


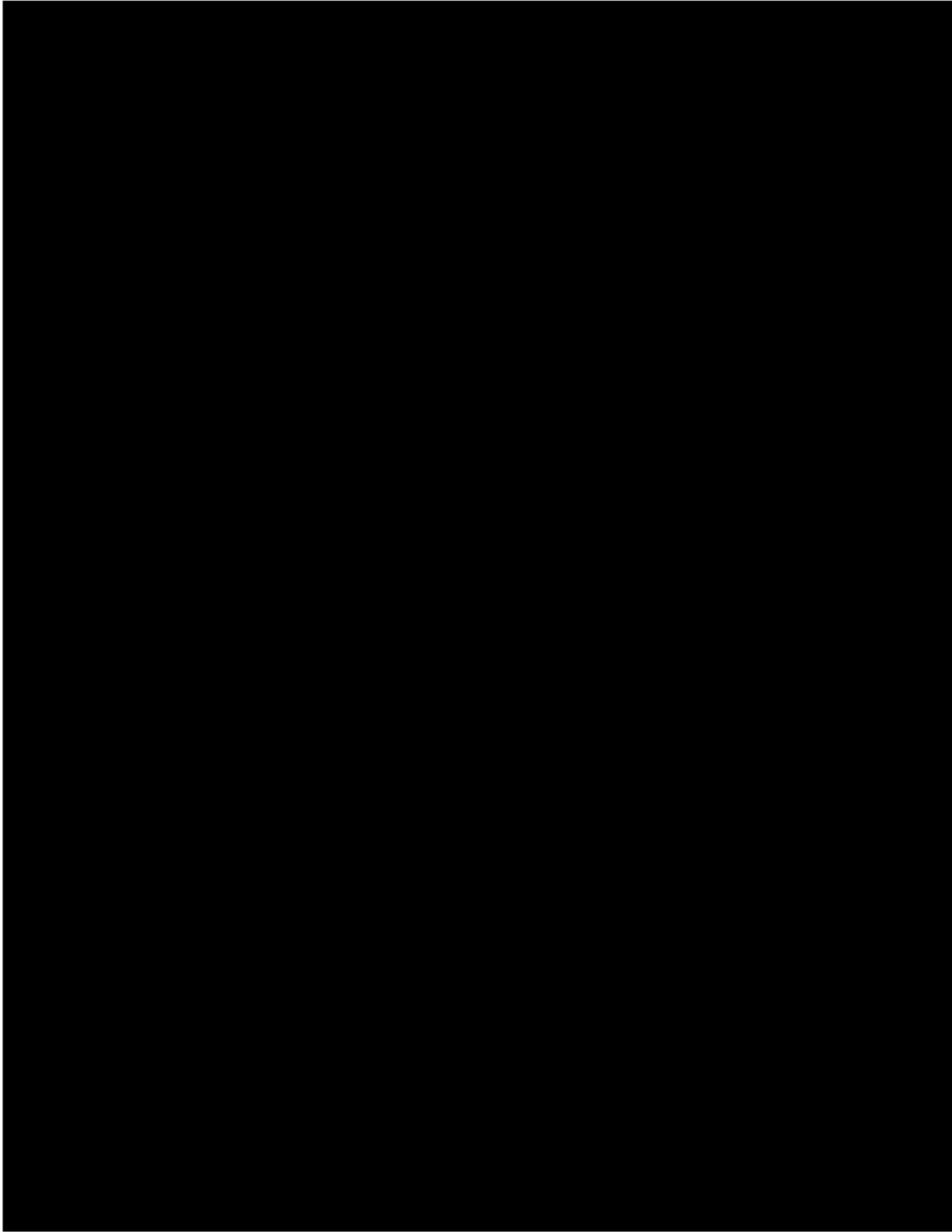


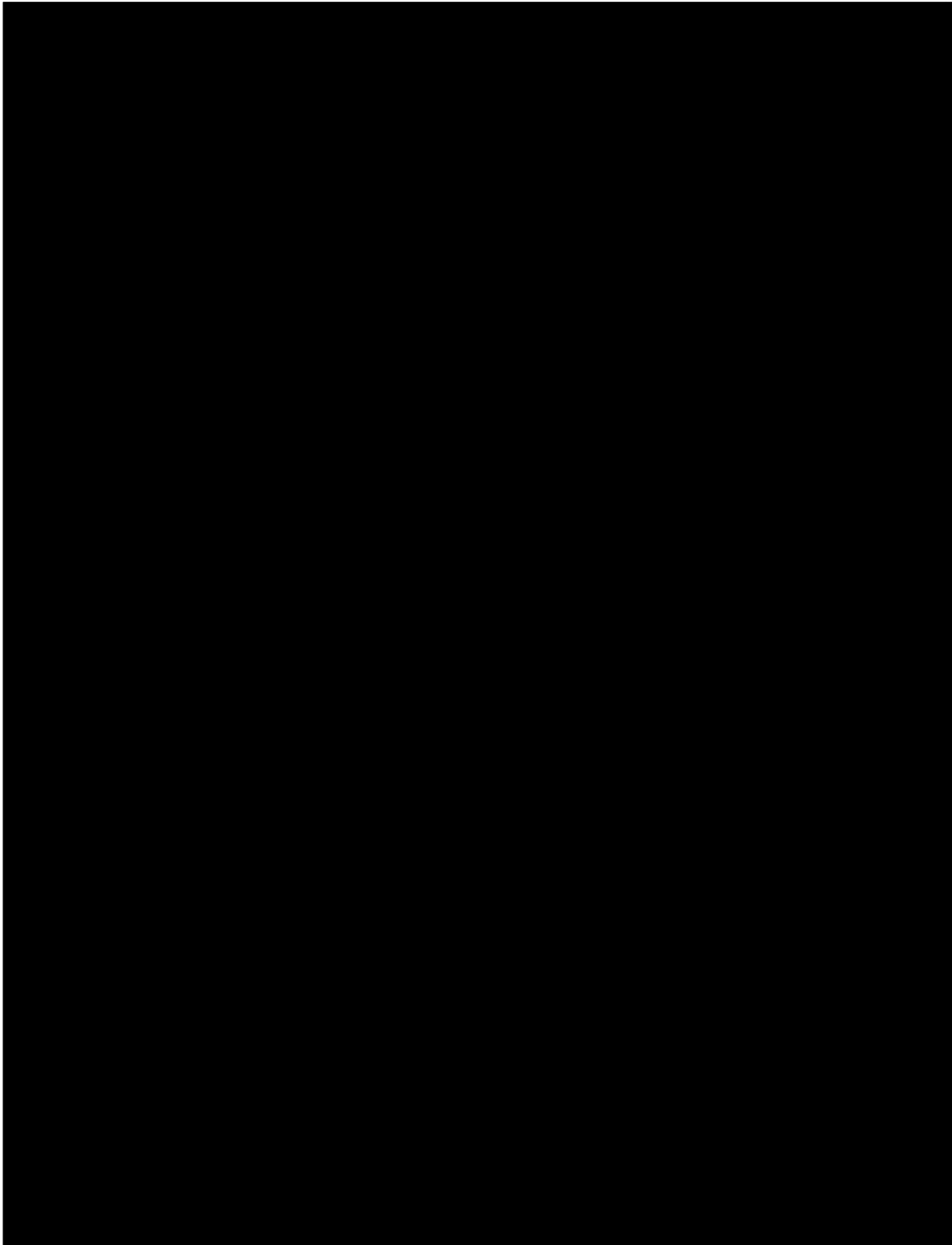


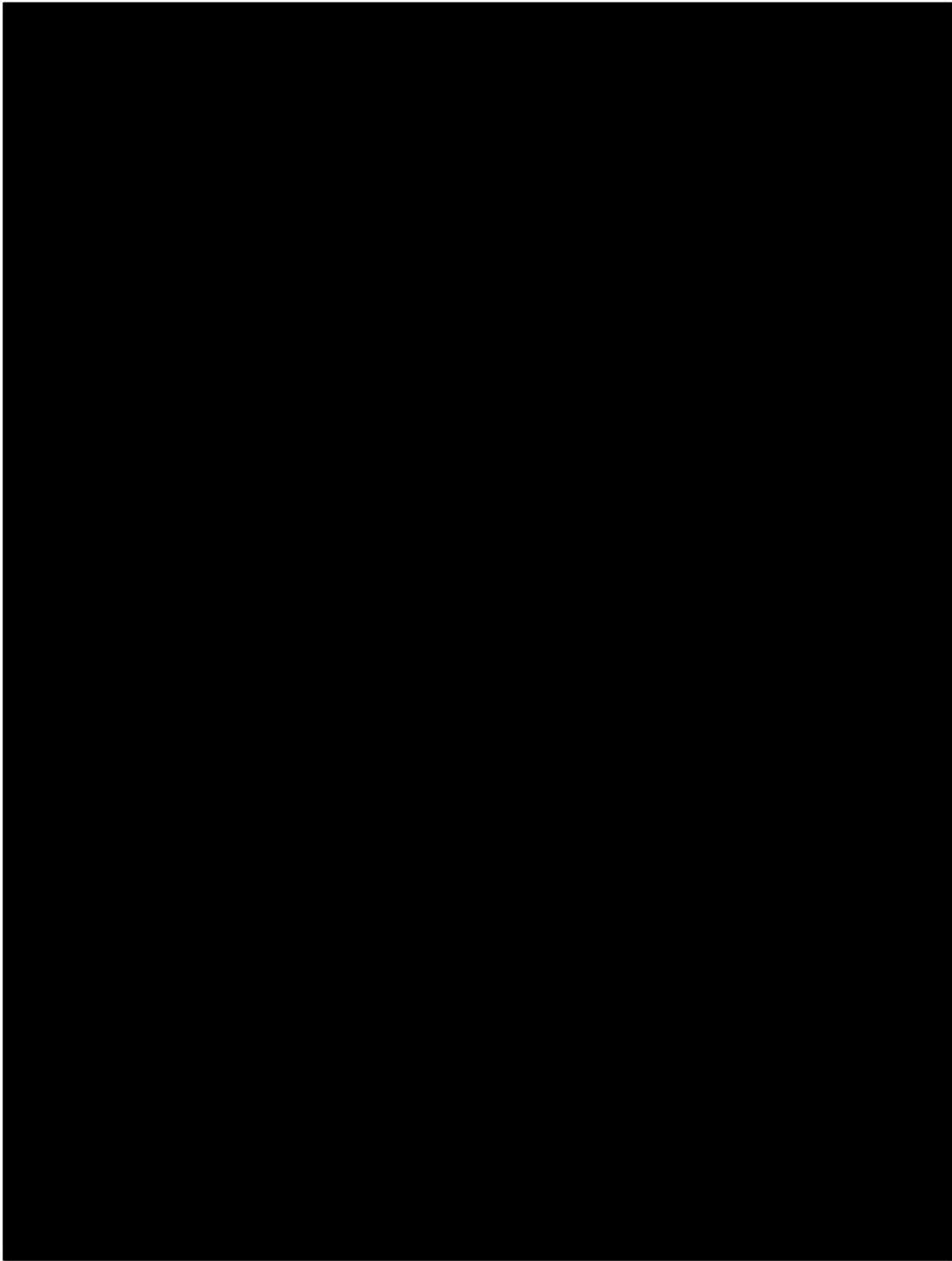


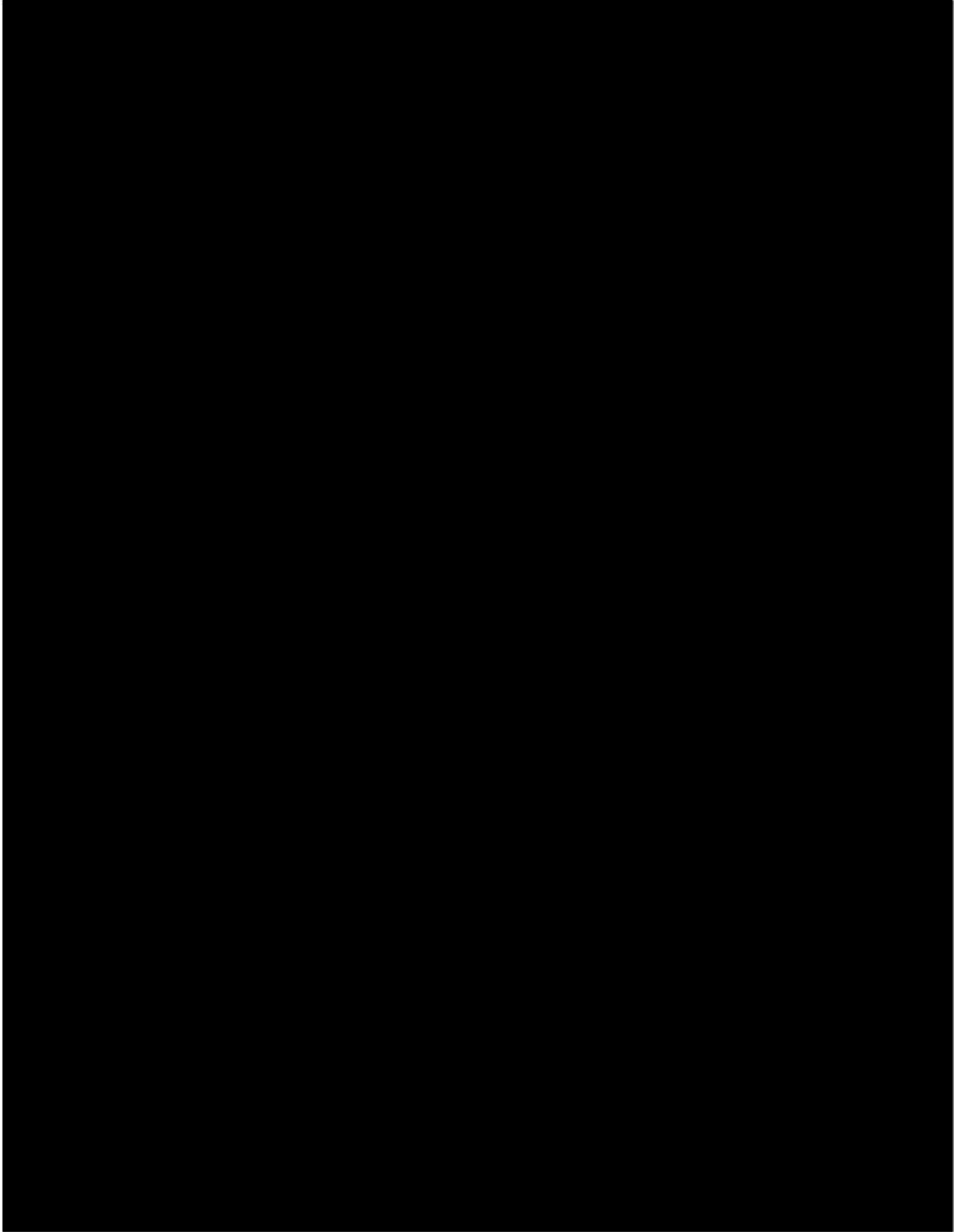


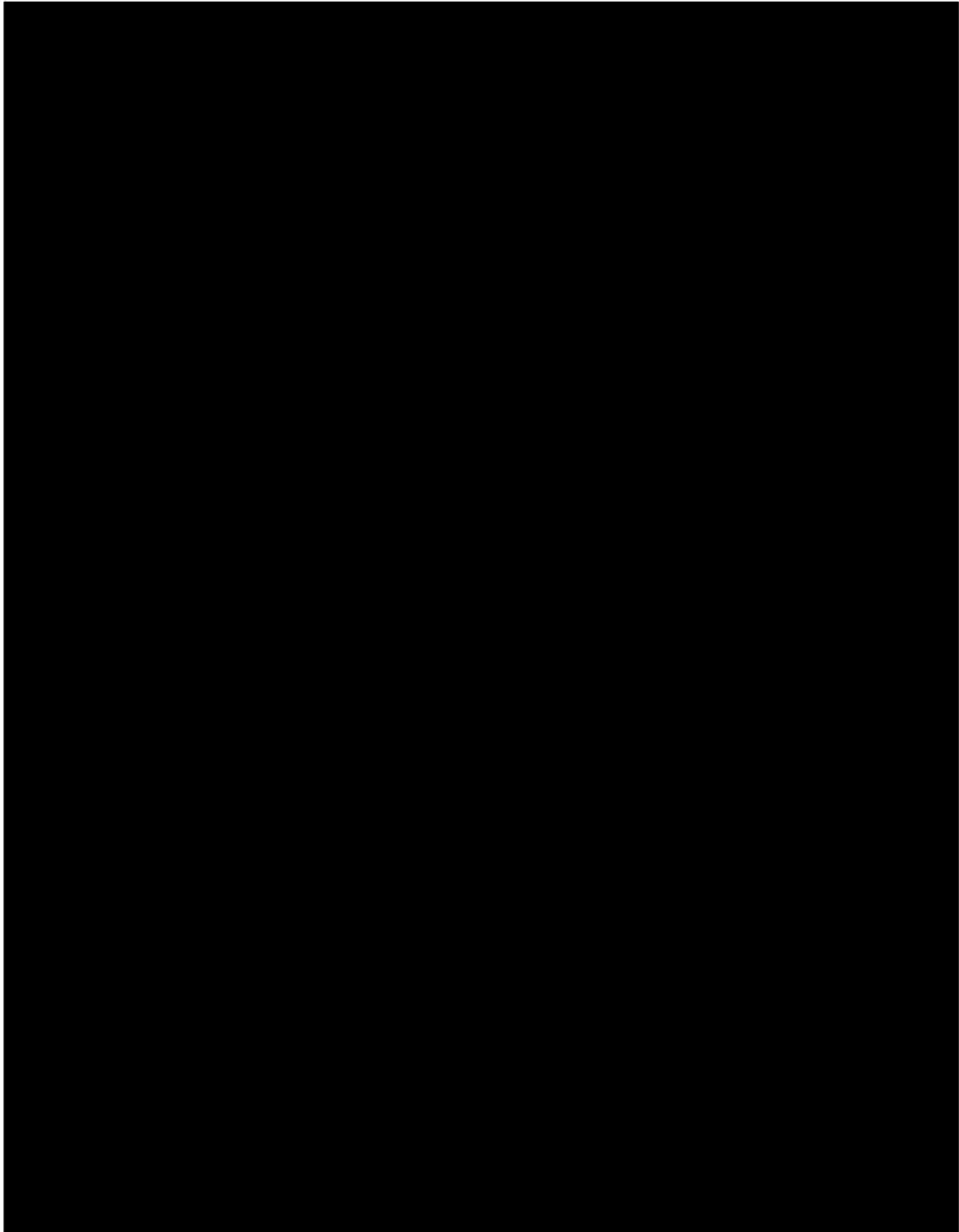




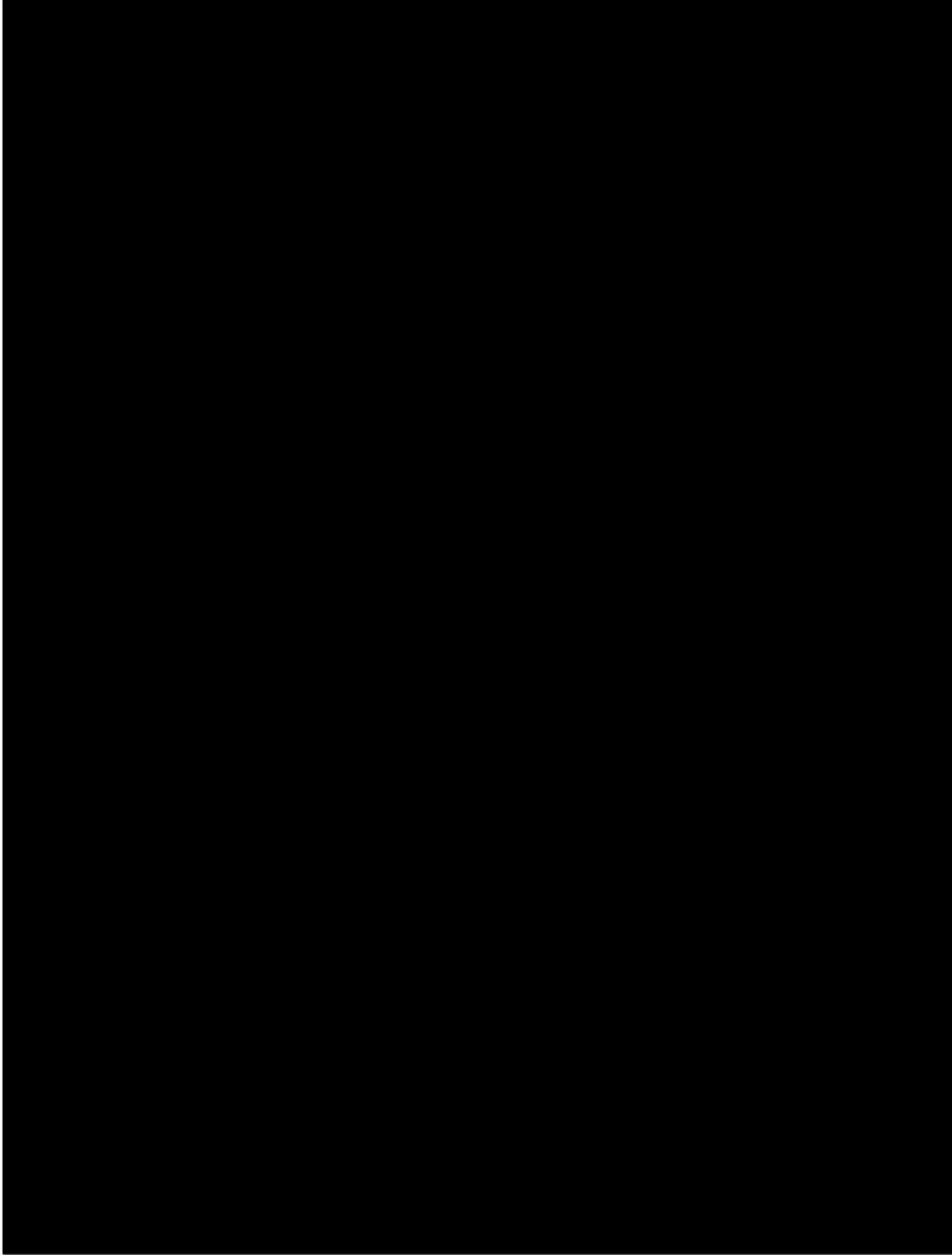












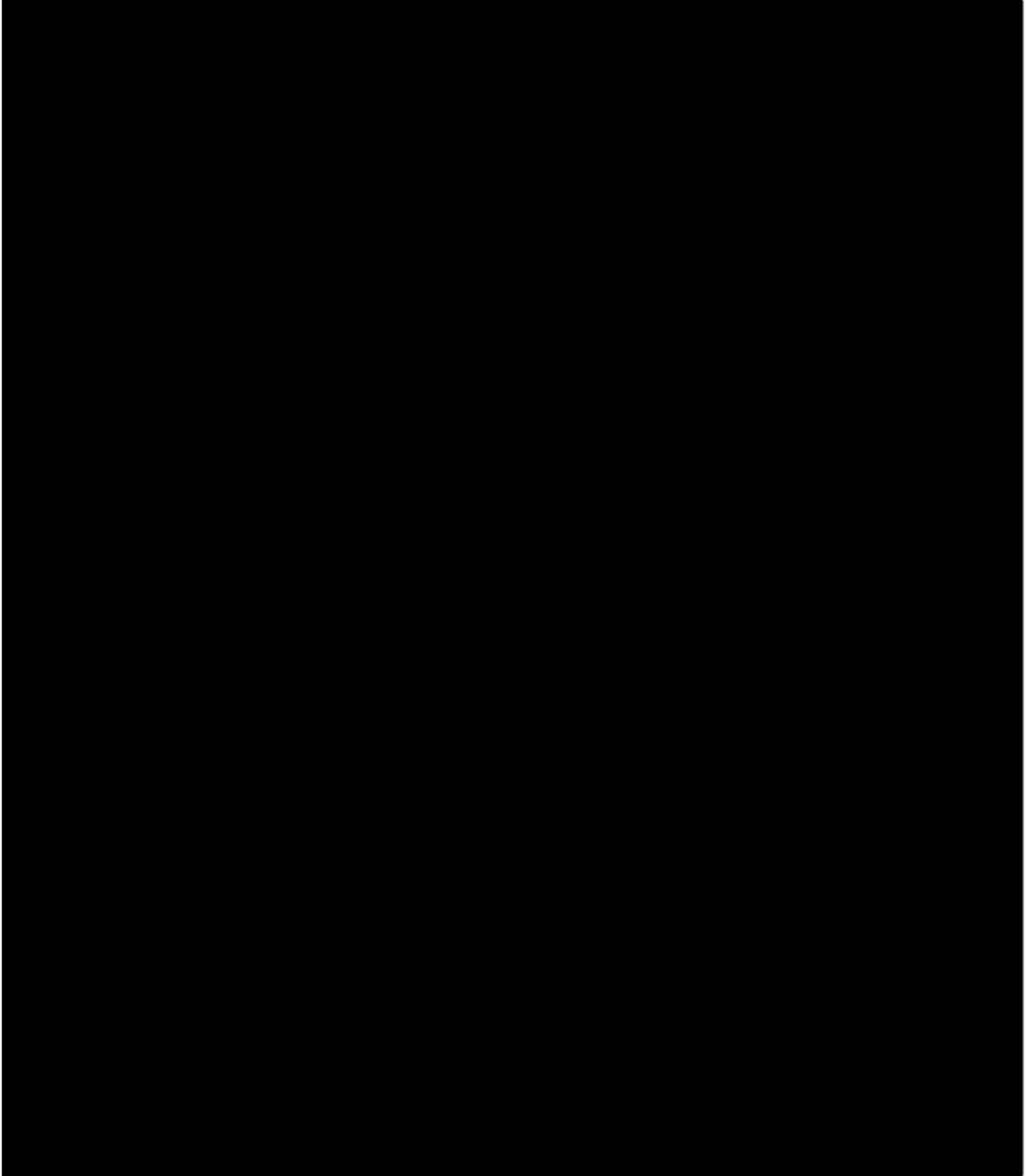








Exhibit 22 Employee Handbook

Final Audit Report

2022-12-30

Created:	2022-12-30
By:	[REDACTED]
Status:	Signed
Transaction ID:	[REDACTED]

"Exhibit 22 Employee Handbook" History

-  Document created by Katie Huey [REDACTED]
2022-12-30 - 8:10:11 PM GMT
-  Document emailed to Zach Huey [REDACTED] for signature
2022-12-30 - 8:10:33 PM GMT
-  Email viewed by Zach Huey [REDACTED]
2022-12-30 - 8:10:45 PM GMT
-  Signer Zach Huey [REDACTED] entered name at signing as Zachary Huey
2022-12-30 - 8:10:54 PM GMT
-  Document e-signed by Zachary Huey [REDACTED]
Signature Date: 2022-12-30 - 8:10:56 PM GMT - Time Source: server
-  Agreement completed.
2022-12-30 - 8:10:56 PM GMT

REDACTED COPY**EXHIBIT 23 - Quality Control and Quality Assurance Plan**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1, 3-20	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
1-3	Personnel Information	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

Exhibit 23– Quality Control and Quality Assurance Plan

Verification

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

Zachary Huey

CLO and Secretary

Printed Name of Verifying Official

Title of Verifying Official

A solid black rectangular box used to redact the signature of the verifying official.

March 3, 2023

Signature of Verifying Official

Verification Date

The purpose of this document is to record and provide the Applicant's ("we", "us", "our") Quality Control and Quality Assurance plan ("QC/QA Plan") as per our Duty to Meet and Maintain Standards enumerated in Ala. Admin Code r. 538-x-8-.11.

[REDACTED]

Ala. Code 20-2a-52(a)(3).

Chief Operations Officer (COO) - corporate

[REDACTED]

Director of Compliance (DC) - corporate

[REDACTED]

[REDACTED]

Quality Control/Quality Assurance Director (QC/QA Director) - [REDACTED]

[REDACTED]

General Manager (GM) - Certified Dispenser - [REDACTED]

[REDACTED]

Inventory Control Manager (ICM) - [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] The Applicant acknowledges its duty to sell only regulated and tested medical cannabis products as enumerated in Ala. Admin Code r. 538-x-8-.02-6.a. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1. Purchasing of medical cannabis:** [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2. **Receiving of medical cannabis:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3. **Sampling Plan for receipt of incoming medical cannabis:** [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4. **Storing and transferring medical cannabis inventory:** [REDACTED]

[REDACTED]

[REDACTED]

5. **Dispensing medical cannabis inventory:** [REDACTED]

[REDACTED]

6. **Retesting/Remediation/Disposal of defective medical cannabis:** [REDACTED]

[REDACTED]

23.1 Dispensing Quality Control

Overview of Steps Ensuring Quality Ala. Admin. Code r. 538-x-08-.05-3.a(1).

[REDACTED]

[REDACTED] A Process Flow Diagram identifying all steps in the dispensing process appears below.

Process Flow



Ensuring Safety, Potency, Stability, Lifespan, and Consistency



[Redacted]

Make Continuous Improvement a Priority

The Applicant is committed to making continuous improvement a priority, to exceed customer expectations in product quality and safety. [Redacted]

[Redacted]

Management Review

[Redacted]

Quality Assurance

[Redacted]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

Fact-Based Decision-Making

Decisions will be made based on real evidence and best practices. [Redacted text]

[Redacted text line]

[Redacted text block]

[Redacted text line]

[Redacted text block]

Use an Integrated ERP System

[Redacted text block]

Embed Quality Control Into the End-to-End Process

[Redacted text block]

[Redacted text block]

Enforce the Plan

[Redacted text block]

Education and Training

[Redacted text block]

Employee Onboarding

In addition to the Medical Cannabis Foundations training (Ala. Admin. Code r. 538-x-4.04),

[Redacted text block]

State Mandated Training

[Redacted text block]

[Redacted text block]

Statewide Seed-To-Sale Tracking System

[Redacted text block]

Security Training

[Redacted text block]

Medical Cannabis Product Training

[Redacted text block]

23.2 Quality Control and Testing a Qualified Sampling of Medical Cannabis

Should the Applicant choose to conduct additional testing in excess of the existing defined

procedures, all such testing shall be performed by a reputable, actively-licensed State Laboratory regulated by the AMCC. Ala. Admin. Code r. 538-x-08-.05-3.a(3). In accordance with Ala. Admin Code r. 538-x-08-.05-3.i, the Applicant will provide the AMCC with any contracts made with State Laboratories once they are formed.

Prior to Transfer

[REDACTED]

[REDACTED]

[REDACTED].

In the event the Applicant needs to submit a sample of a medical cannabis product for testing to a State Testing Laboratory, a sample of medical cannabis for testing will be at least ten grams and no more than thirty grams, and a sample of a production run of medical cannabis must be the lesser of one percent (1%) of the total product weight of the production run or ten units of product. Ala. Admin Code r. 538-x-4-.07-12.o(3)(b). Required testing will be conducted as detailed in Ala. Admin Code r. 538x-10-.01 *et. seq.* for tolerance limits for the following, in accordance with the minimum standards established by the AMCC and Ala. Admin Code r. 538-x-10-.04-6:

- cannabinoid content and potency;
- percent of THC relative to original plant material (w/w);
- terpene profiles;
- heavy metals;
- chemical contamination;
- microbial, including pathogenic microbials;
- mycotoxins; and
- residual pesticides (insecticides, fungicides, herbicides, and growth inhibitors/regulators) used during cultivation.

23.3 Return and Remediation or Destruction of Failed Test Samples

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Ala. Admin. Code r. 538-x-08-.05-3.a(4).

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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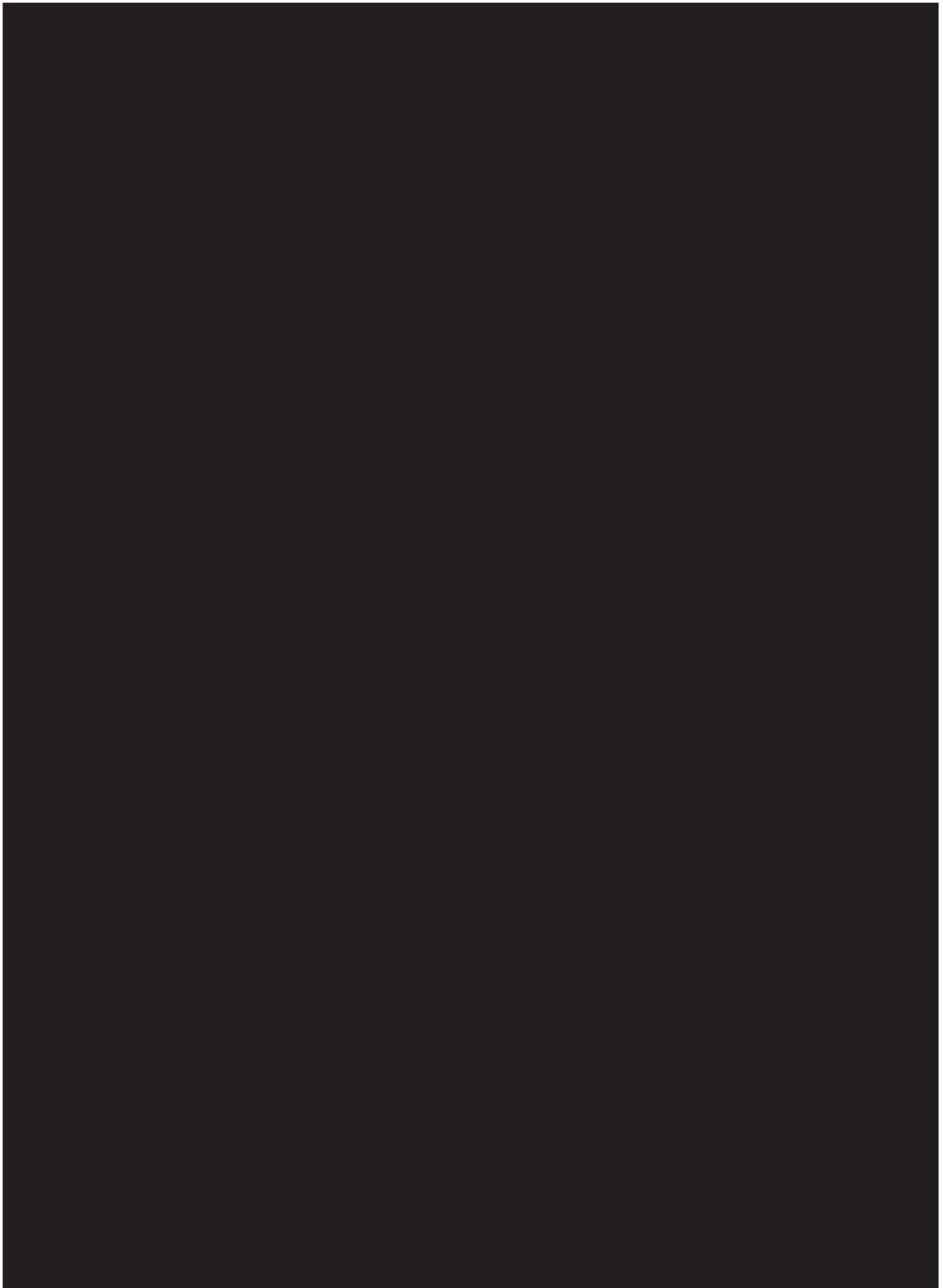
[REDACTED]

Entry into the Statewide Seed-to-Sale Tracking System

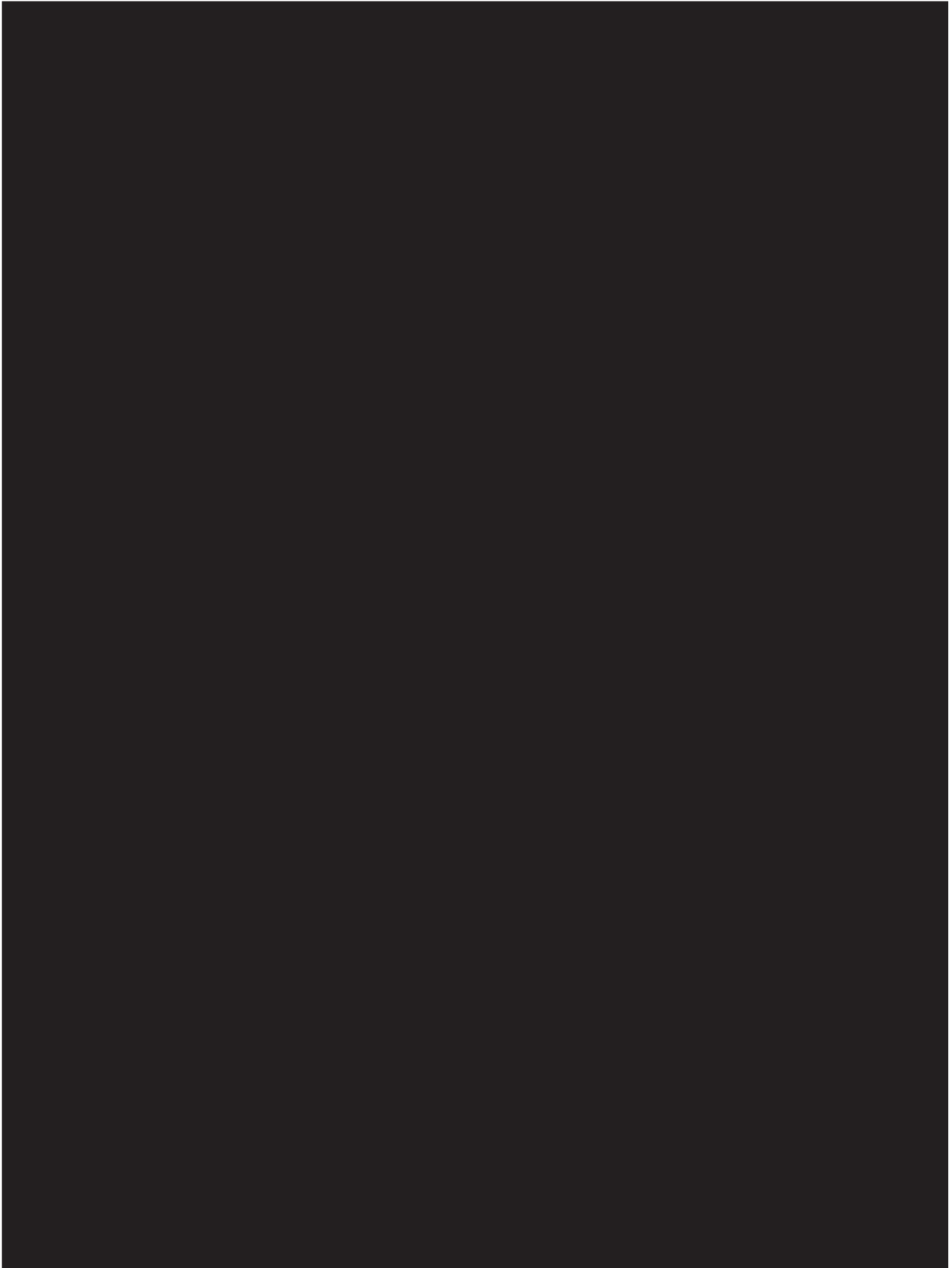
[REDACTED]

Additional Notes on Exhibit 23:

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







REDACTED COPY**EXHIBIT 24 - Contamination and Recall Plan**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
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1-10	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

Exhibit 24 – Contamination and Recall Plan

Verification

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

Zachary Huey

Printed Name of Verifying Official

_____
Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

The primary goals of establishing recall procedures are the protection of patient and employee/personnel health and safety, reasonable steps to preserve access to medical cannabis for those who depend on it, and identification of practices which may have led to a recall. Ala. Admin Code r. 538-x-4-.07-12.o(4.). The following Product Recall Plan is responsive to the prompts in Ala. Admin. Code r. 538-x-8-.04-3.l to identify the key elements of the Recall Plan. The current Recall Procedure is at the end of this Exhibit.

24.1 Provisions for notifying the originating Processor or Integrated Facility and any other licensee in the chain of custody of an adverse event

The Applicant (“we,” “us,” “our”) will notify the originating Processor or Integrated Facility and any other licensee in the chain of custody (collectively and individually, the “Supply Chain”) of an adverse event. Ala. Admin. Code r. 538-x-8-.05-3.l(1). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24.2 Factors about an adverse event that would likely necessitate a recall, and any potential for retesting or remediation

The Applicant will make a determination to initiate a recall, and take appropriate steps to remediate or waste the affected medical cannabis after consideration of the following factors. Ala. Admin. Code r. 538-x-8-.05-3.l(2):

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24.3 Responsible individuals or positions within the Applicant's organization who will oversee the recall process

[REDACTED]

24.4 Notification protocols to other licensees and the Commission through the Statewide Seed-to-Sale Tracking System

[REDACTED]

[REDACTED]

24.5 Processes to ensure that the recalled product is returned, remediated (and ultimately approved as safe), or destroyed

The Applicant's process for ensuring recall [REDACTED]

[REDACTED]

[REDACTED] Ala. Admin. Code r.

538-x-8-.05-3.l(5). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] the Applicant shall destroy/waste the medical cannabis.

Ala. Admin. Code r. 538-x-4-.07-12.o(10).

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

[REDACTED]

[REDACTED]

[REDACTED] Ala. Admin Code r.

538-x-08-.05-3.l(5). [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

[REDACTED]

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

[REDACTED]

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.







Exhibit 24 Contamination and Recall Plan

Final Audit Report

2022-12-30

Created:	2022-12-30
By:	[REDACTED]
Status:	Signed
Transaction ID:	[REDACTED]

"Exhibit 24 Contamination and Recall Plan" History

-  Document created by Katie Huey [REDACTED]
2022-12-30 - 5:06:28 PM GMT
-  Document emailed to Zach Huey [REDACTED] for signature
2022-12-30 - 5:07:02 PM GMT
-  Email viewed by Zach Huey [REDACTED]
2022-12-30 - 6:22:06 PM GMT
-  Signer Zach Huey [REDACTED] entered name at signing as Zachary Huey
2022-12-30 - 6:22:16 PM GMT
-  Document e-signed by Zachary Huey [REDACTED]
Signature Date: 2022-12-30 - 6:22:18 PM GMT - Time Source: server
-  Agreement completed.
2022-12-30 - 6:22:18 PM GMT

REDACTED COPY**EXHIBIT 25 - Marketing and Advertising Plan**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
2-10	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55
11-13	Third Party Information	Disclosure of this information may cause undue harm to the affected third-party and the applicant's business and social relationships.	Ala. Code 20-2a-55

Exhibit 25 – Marketing and Advertising Plan

Verification

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

Zachary Huey

Printed Name of Verifying Official

Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

March 3, 2023

Verification Date

The following Marketing and Advertising plan is written in accordance with Ala. Admin Code r. 538-x-4-.17, for the purpose of disclosing the proposed logos, branding, messaging and advertising on behalf of the Applicant (“we”, “us”, “our”).

25.1 – Proposed Logos, Branding, Messaging, and other Marketing or Advertising Communications

Logo

In accordance with Ala. Admin Code r. 538-x-4-.17-6, the name, logo, sign, advertisement, or other marketing campaign or program of or on behalf of the Applicant **does not and will not:**

- Include reference to, or be accompanied by, any image bearing a resemblance to a cartoon character, fictional character whose target audience is children or youth, or includes the image or likeness of any historical or pop culture personality or icon;
- Market, distribute, offer, sell, license, or cause to be marketed, distributed, offered, sold, or licensed, any apparel or other merchandise related to the sale of medical cannabis;
- Suggest, by direct or indirect reference, a relationship to edibles (including candy, cookies, brownies, cakes, and the like) or beverages;
- Include designs or other presentational effects that are commonly used to target minors;
- Suggest or otherwise indicate that the product or entity in the advertisement has been approved or endorsed by the AMCC, the State of Alabama or any person, entity or agency associated with the State of Alabama;
- Advertise in a manner that is inconsistent with the medicinal and approved use of medical cannabis;
- Encourage the use of medical cannabis for a condition other than a qualifying medical condition; or
- Contain any statement, design, representation, picture, or illustration that communicates:
 - (1) False or misleading statements;
 - (2) Names other than the registered name of the licensee's registered business name

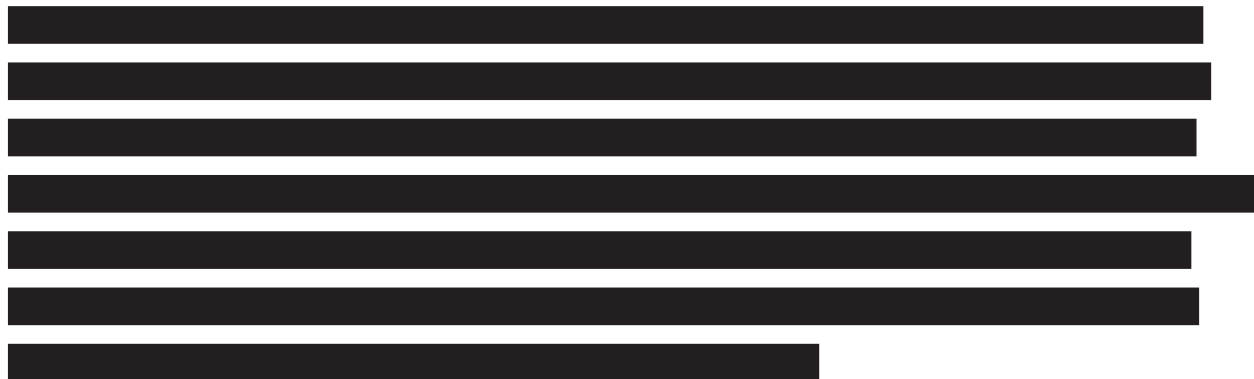
or an approved d/b/a, or the registered name of medical cannabis or related products;

- (3) A depiction of cannabis plants or any part thereof;
- (4) Slang terms and similar references, including words, or depictions, directly or indirectly referring to, unlicensed uses of cannabis;
- (5) Disparagement of a competitor's products;
- (6) Obscene, indecent, or profane statements or depictions; or
- (7) Statements as to the safety or efficacy of medical cannabis, unless supported by substantial evidence or substantial clinical data as per Ala. Admin Code r. 538-x-4-.17.



Proposed Brand Logo, subject to approval from the AMCC

Brands



[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



Messaging

In accordance with Ala. Admin Code r. 538-x-4-.17-1, owners, partners, representatives, and other agents of the Applicant will ensure any advertisement (written or verbal statements, illustrations, or depictions created to induce sales through the use of or a combination of letters, pictures, objects, sounds, lighting effects, illustrations, or other similar means) including but not limited to, brochures, promotional, and other marketing materials will not reach or appeal to minors.

All advertising or marketing campaigns distributed by the Applicant will not encourage, promote, or otherwise create any impression that cannabis is legal, therapeutic, or beneficial, except as specifically authorized by “the Act and these Rules”. Ala. Admin Code r. 538-x-4-.17-2.

The Applicant and its agents will adhere to Ala. Admin Code r. 538-x-4-.17-8 and will refrain from displaying any external signage larger than sixteen inches in height by eighteen inches in width unless it is attached to the Applicant’s permanent structure. The Applicant will not advertise medical cannabis brand names or utilize graphics related to medical marijuana on the exterior of any building or vehicle.

The Applicant shall never under any circumstances illuminate a sign advertising a medical cannabis product or strain, or display medical marijuana, medical marijuana products, or medical marijuana paraphernalia that is visible from the exterior of the facility.

Brand Personality

[Redacted text block containing multiple paragraphs of blacked-out content under the heading 'Brand Personality']

[REDACTED]

Advertising Communications

[REDACTED]

[REDACTED]

25.2 – Media Outlets or Platforms

Pursuant to Ala. Admin Code r. 538-x-4-.17-5, the Applicant will refrain from placing or maintaining an advertisement of medical cannabis or any related product:

- within 500 feet of the perimeter of any business or organization where the AMCC determines the placement of the advertisement targets or is attractive to minors;
- on a billboard;
- on a radio or television broadcast, including a system for transmitting visual images and sound that are reproduced on screens, and includes broadcast, cable, on-demand, satellite, cinema, social media, or another Internet-based platform;
- on any handheld or other portable sign;
- with respect to public places, on a brochure, handbill, pamphlet, leaflet, or flyer directly handed, deposited, fastened, thrown, scattered, cast, or otherwise distributed to any person;
- left upon any private property without the consent of the property owners;
- on or in a vehicle, public transit vehicle, or public transit shelter; or
- on or in a publicly-owned or operated property.

Thus, we plan to utilize the following media outlets and platforms for the purpose of advertising and marketing:

[Redacted]

Web Presence

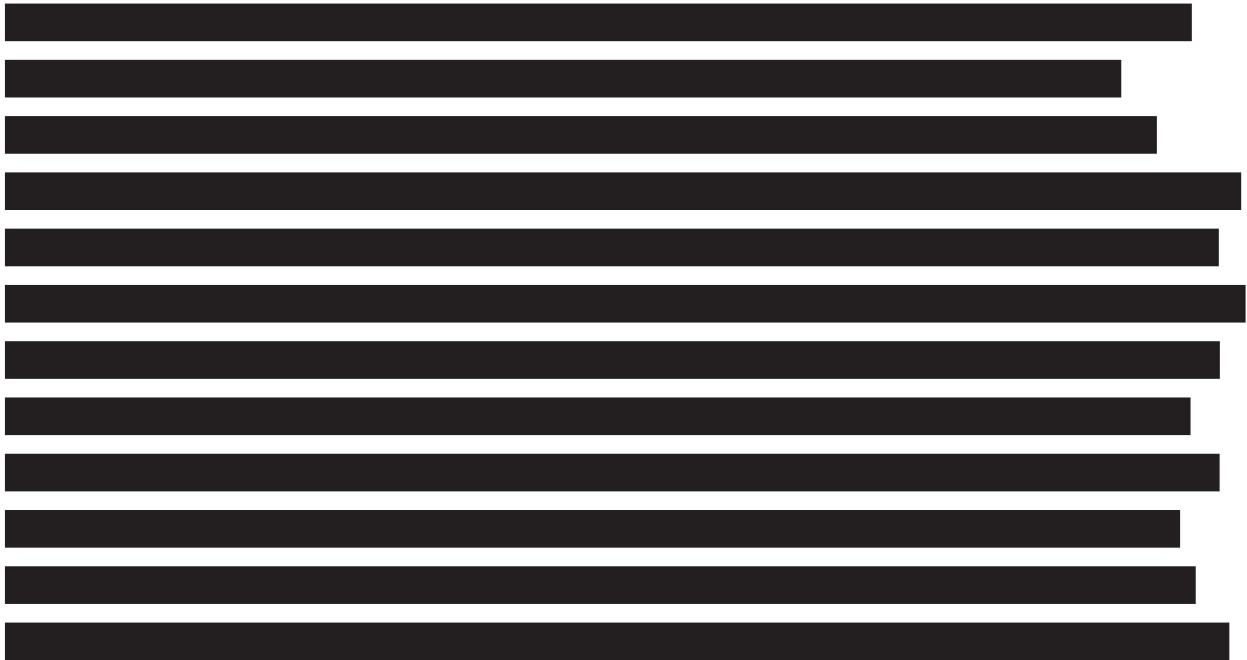
[Redacted]

Exhibit 26 – Website and

Social Media.

The Applicant's website and social media pages will not allow for direct engagement between consumers or user-generated content or reviews, transact business, or otherwise facilitate a sales transaction to consumers or businesses; or otherwise violate the Act or Ala. Admin Code r. 538-x-4-.17.

[REDACTED]



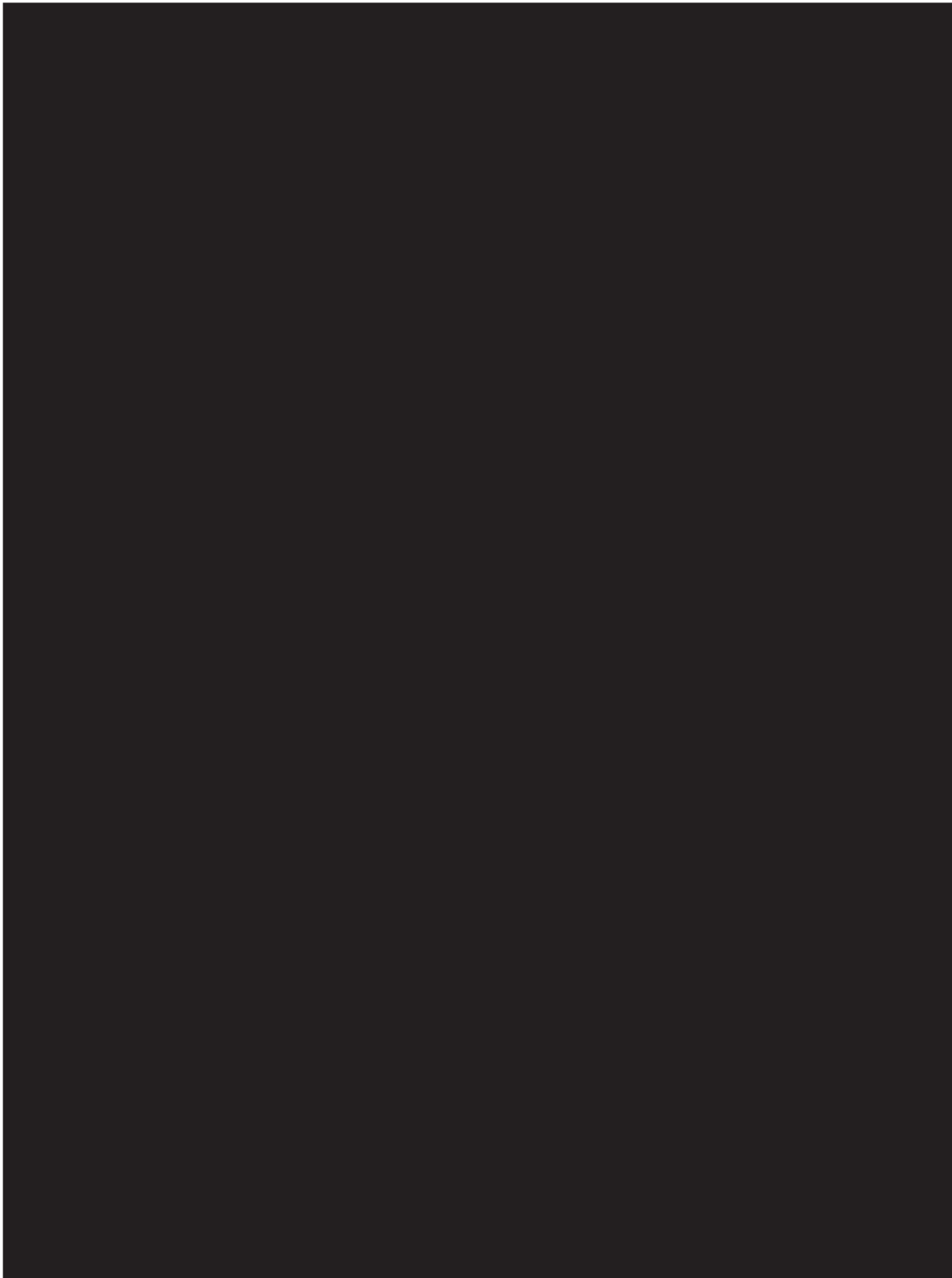


25.3 -Media Entity Identification

[Redacted content]

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. The Applicant will not use a name, logo, sign, advertisement, or other marketing campaign or program unless the same, including all related materials, have been submitted to the Commission and the applicable advertisement fee has been paid. Ala. Admin Code r. 538-x-4-.17(3).





REDACTED COPY**EXHIBIT 26 - Website and Social Media**

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley 'Ato' Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
Cover Page	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
1-5	Strategy and Operations	This information is confidential or proprietary. Disclosure of this information may cause harm to the business operations of the applicant.	Ala. Code 20-2a-55

Exhibit 26– Website and Social Media

Verification

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

Zachary Huey

Printed Name of Verifying Official



Signature of Verifying Official

CLO and Secretary

Title of Verifying Official

Dec 30, 2022

Verification Date

26.1 Complete Site Map of Each Website

The Applicant will be operating one website. The website map is pictured below.



26.2 Web Address of Each Webpage, Social Media Page, or Other Online Site

The following URLs are owned and operated by the Applicant:

[Redacted]
[Redacted]
[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

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Additional Notes on Exhibit 26

[Redacted]

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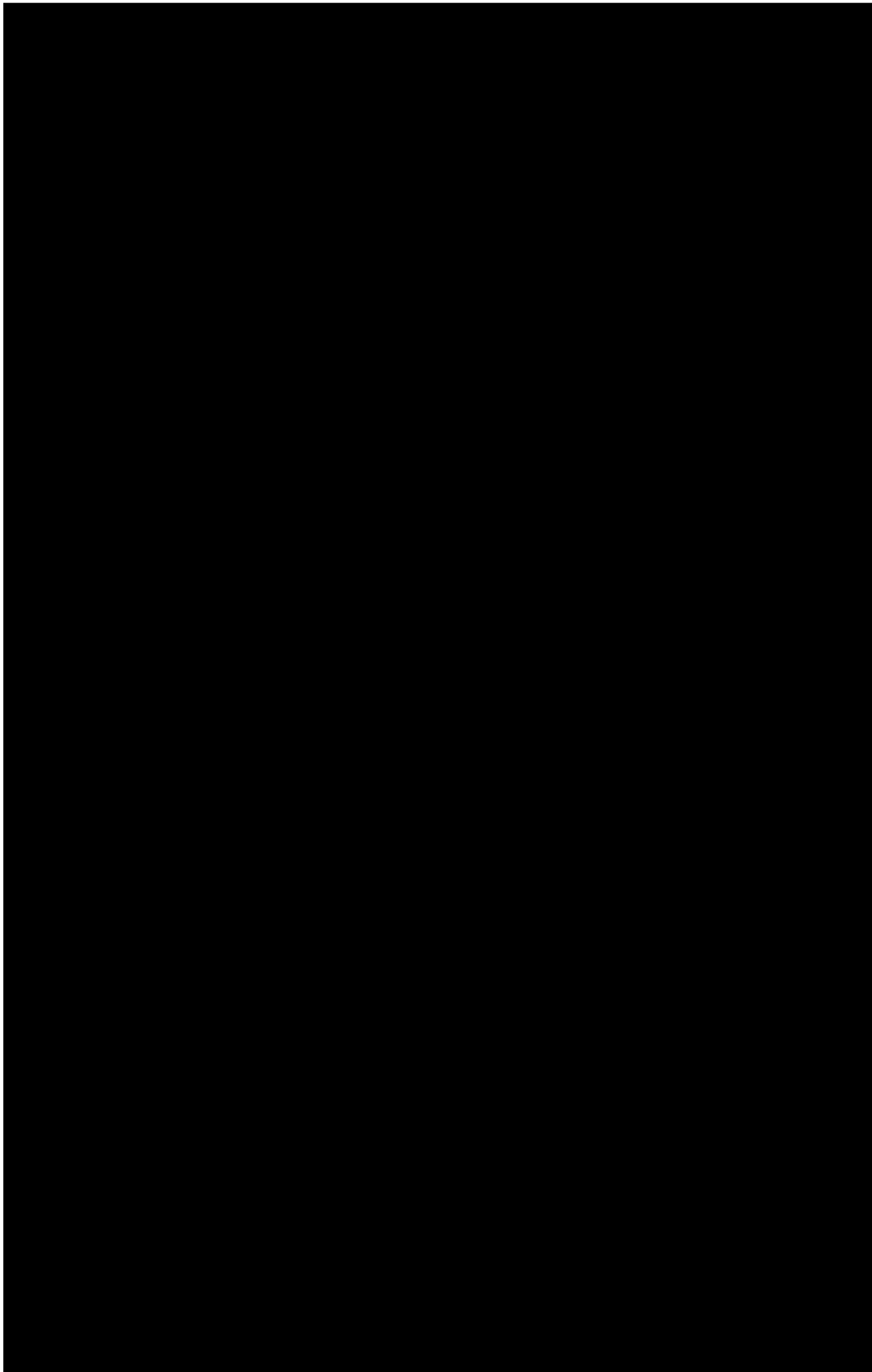
[Redacted]

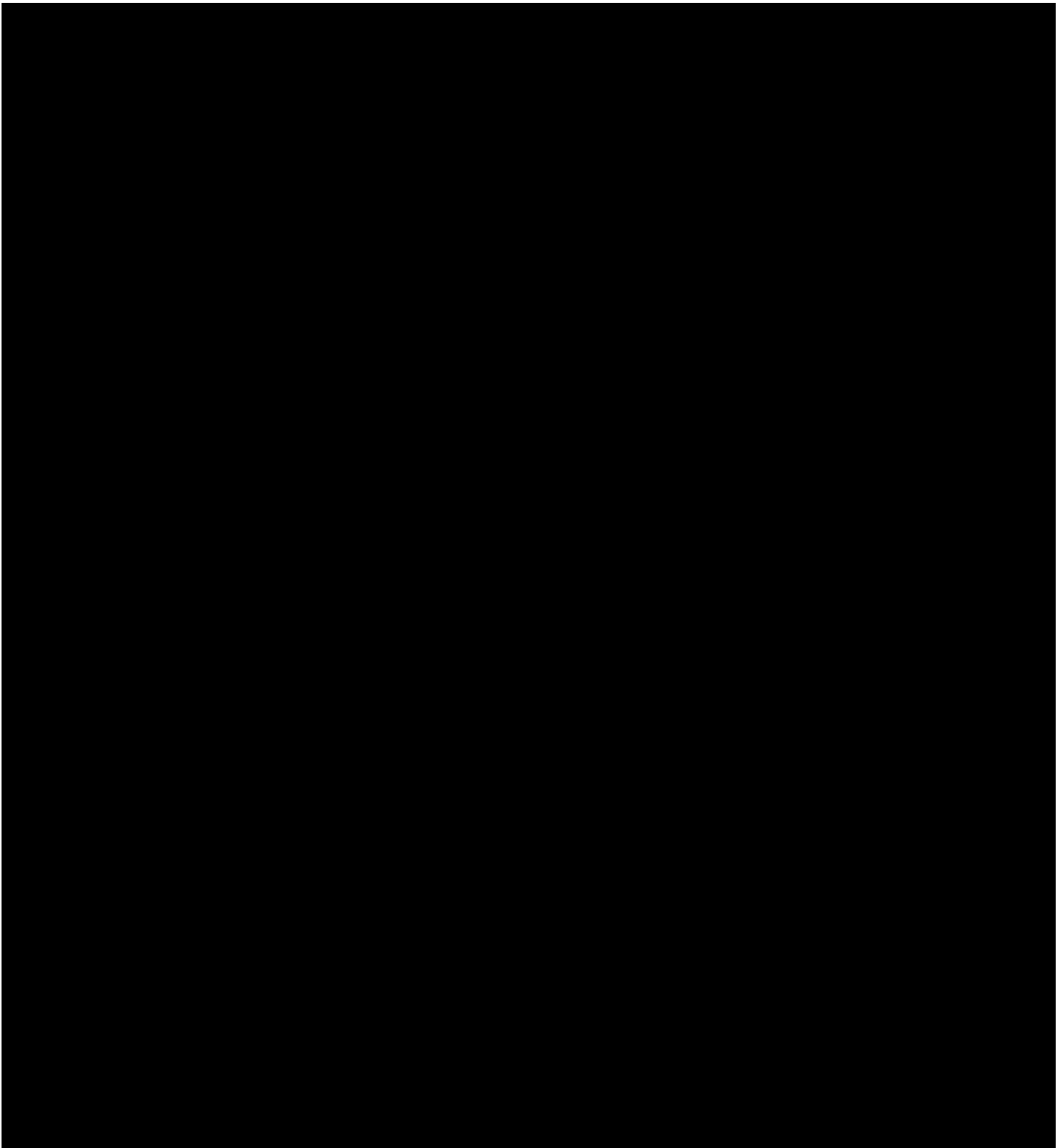
[Redacted]

REDACTED COPY**Proof of Minimum Liability and Casualty Insurance**

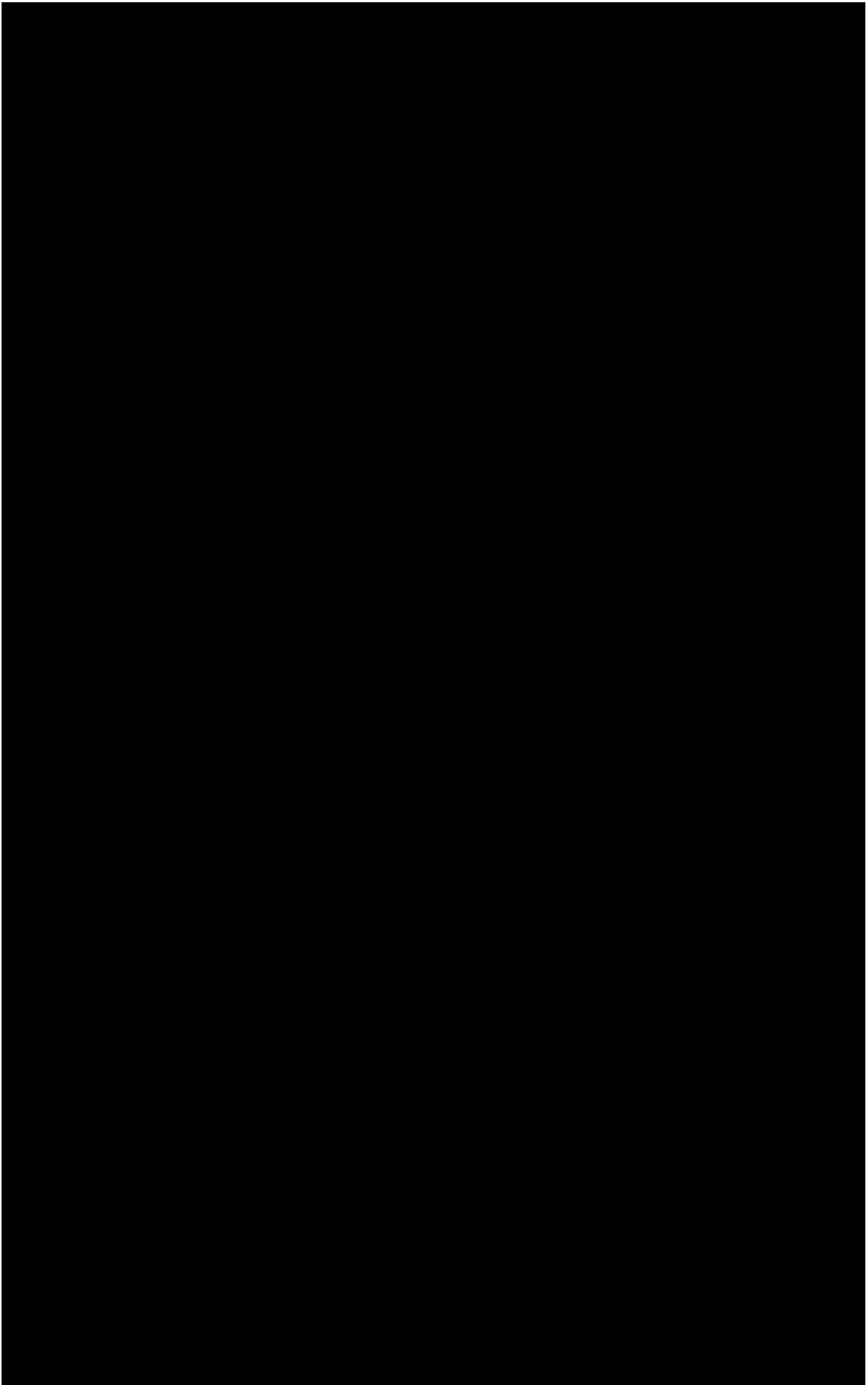
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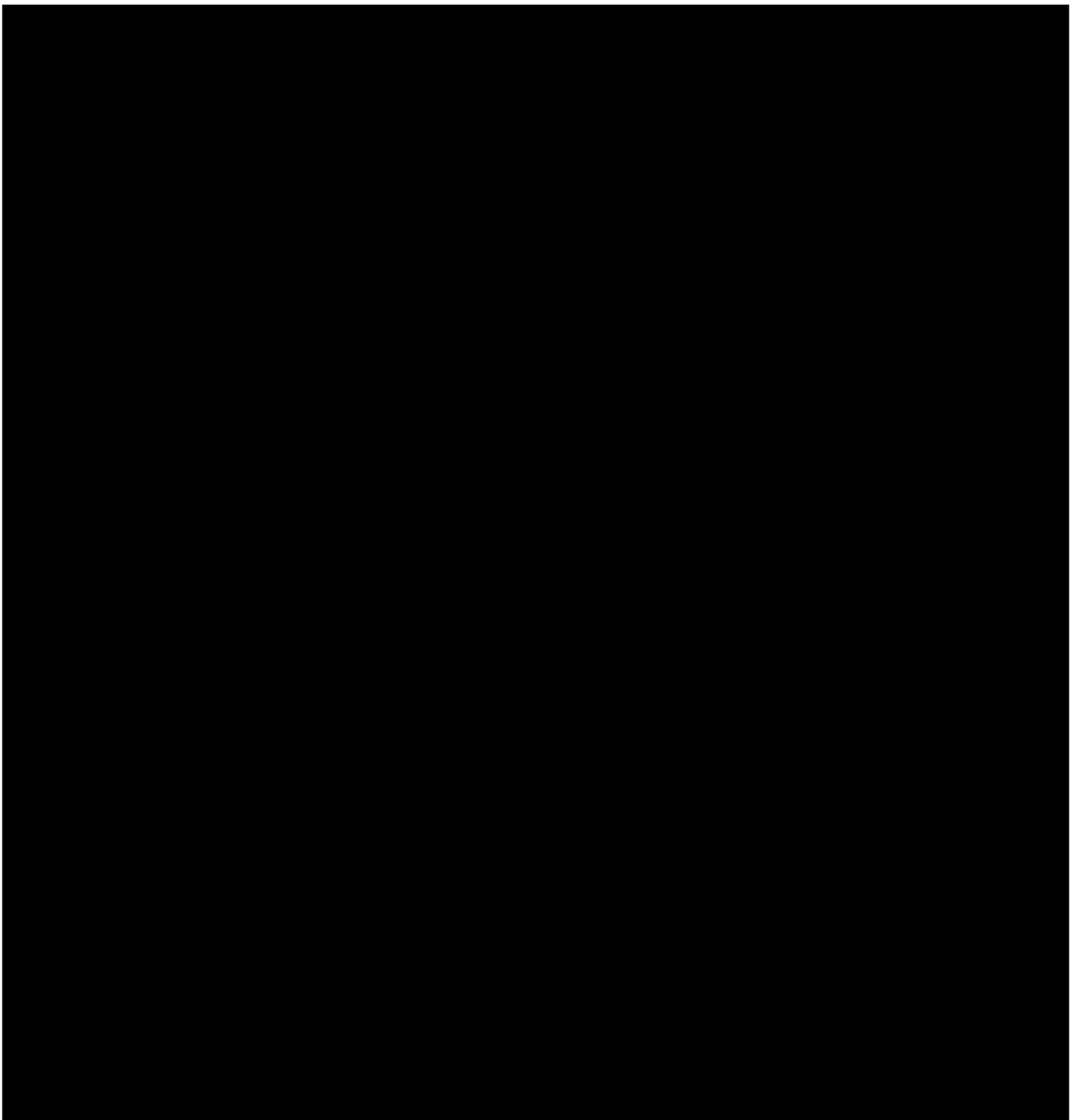
REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
1-95	Third Party Information	This information is confidential or proprietary. Disclosure of this information may cause undue harm to the applicant by creating breach of contract liability to a third party.	Ala. Code 20-2a-55

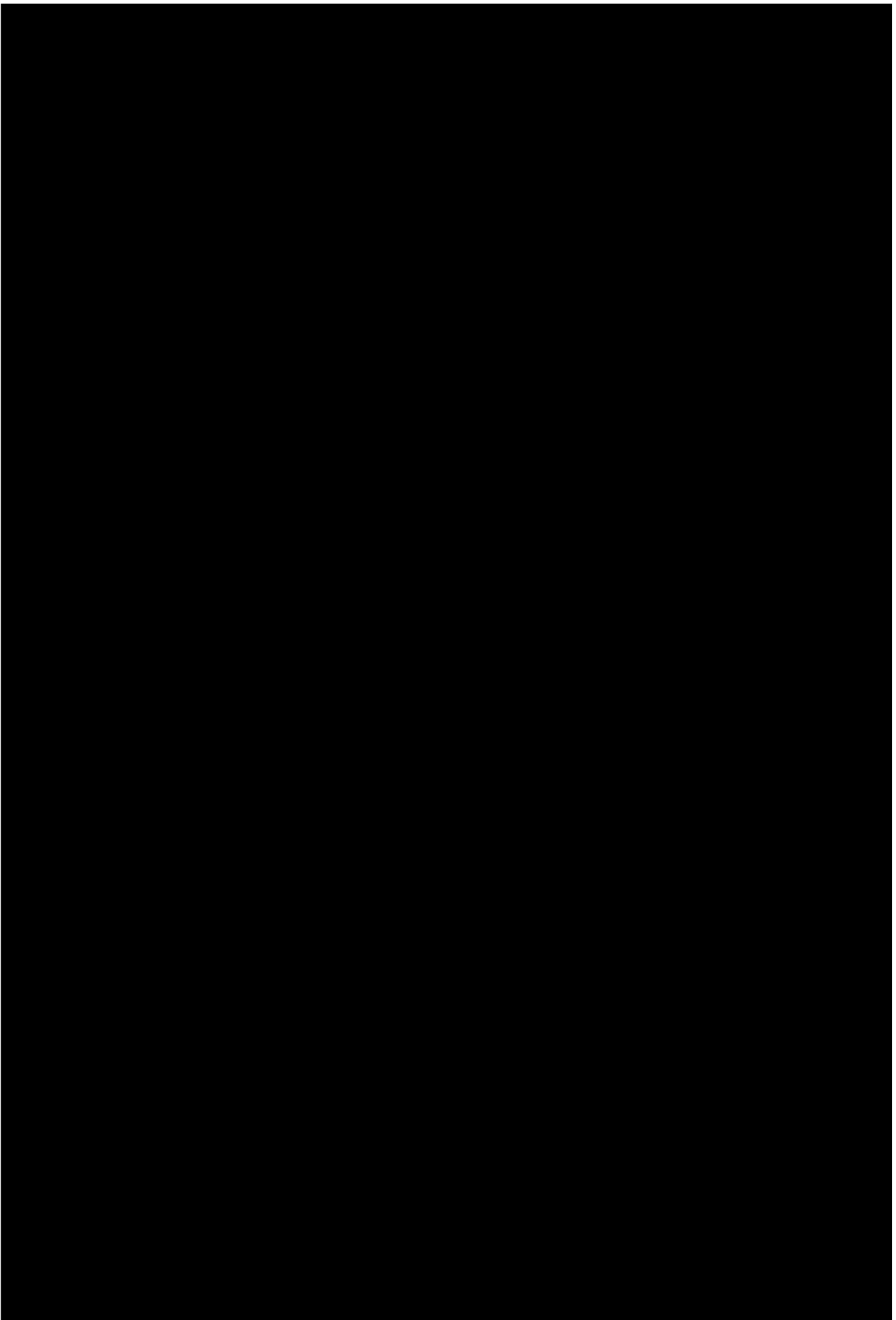


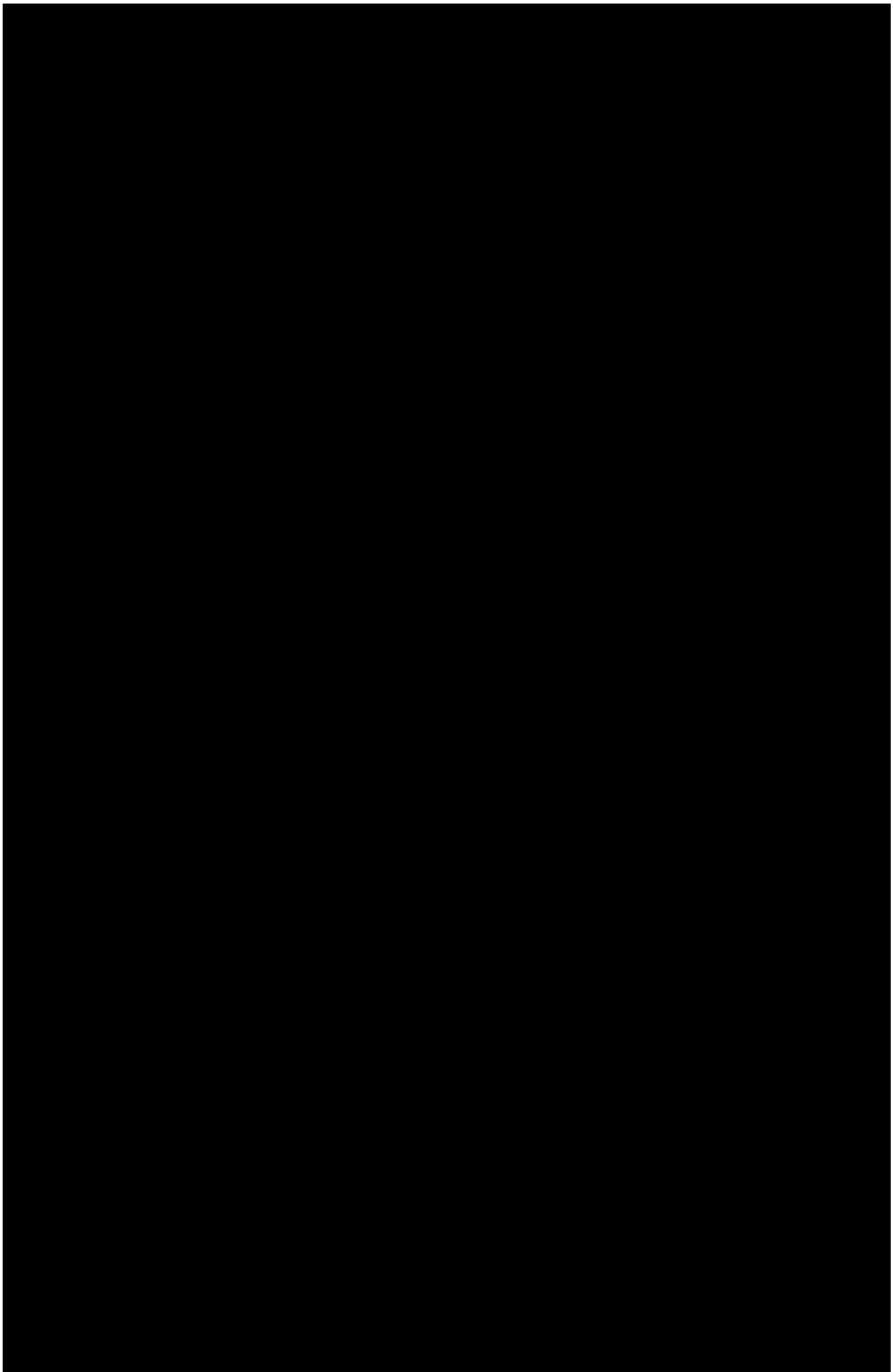


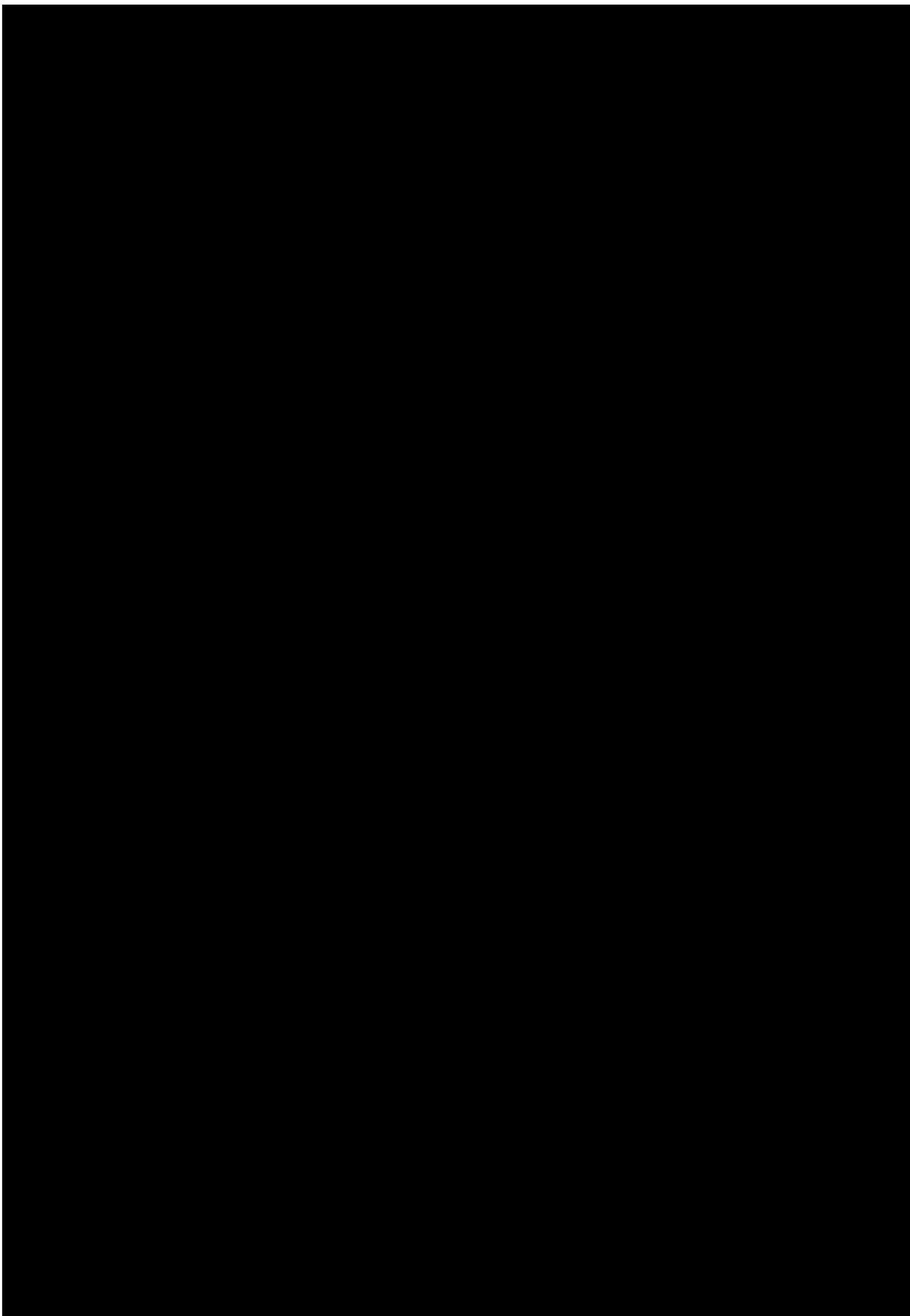


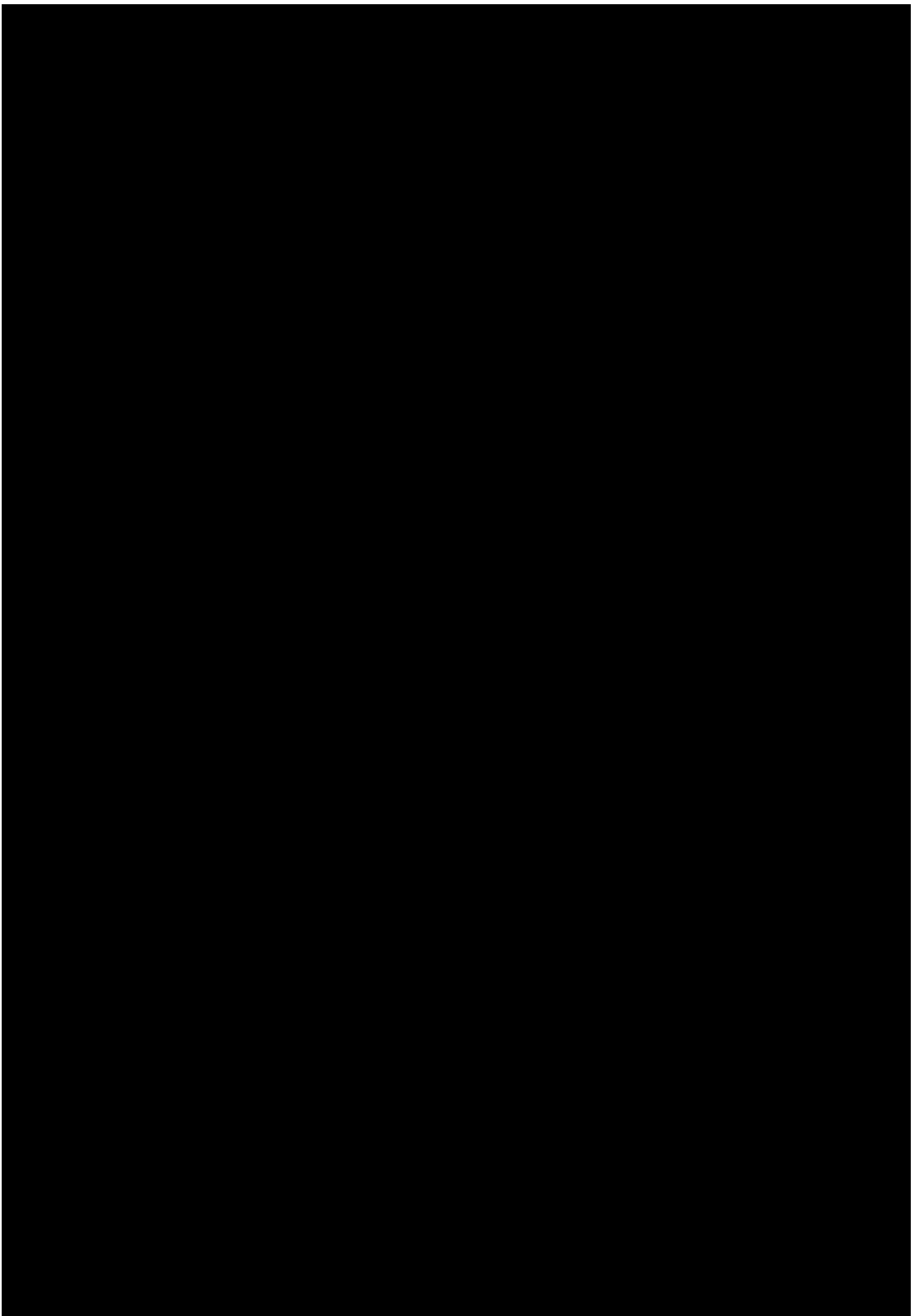


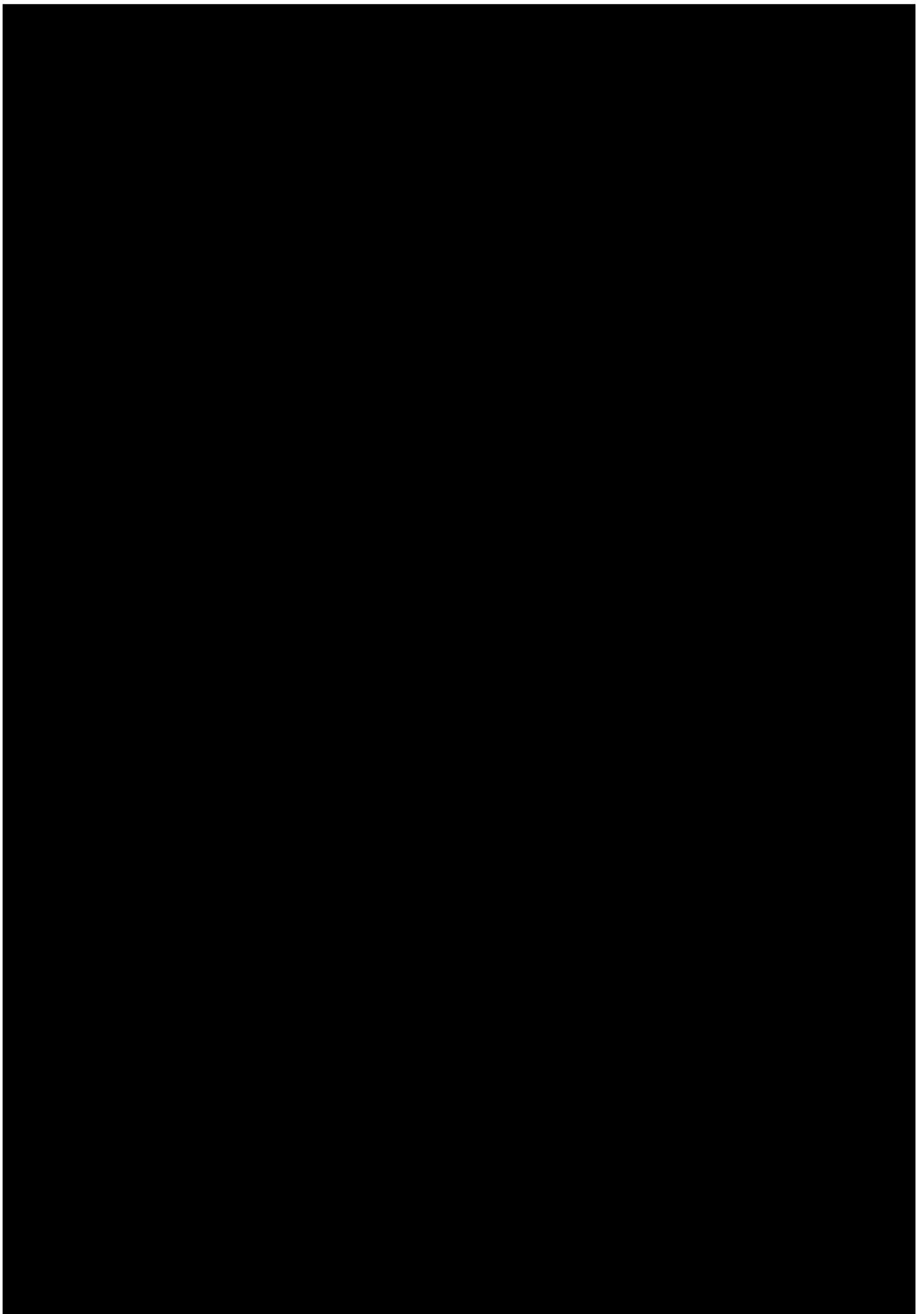


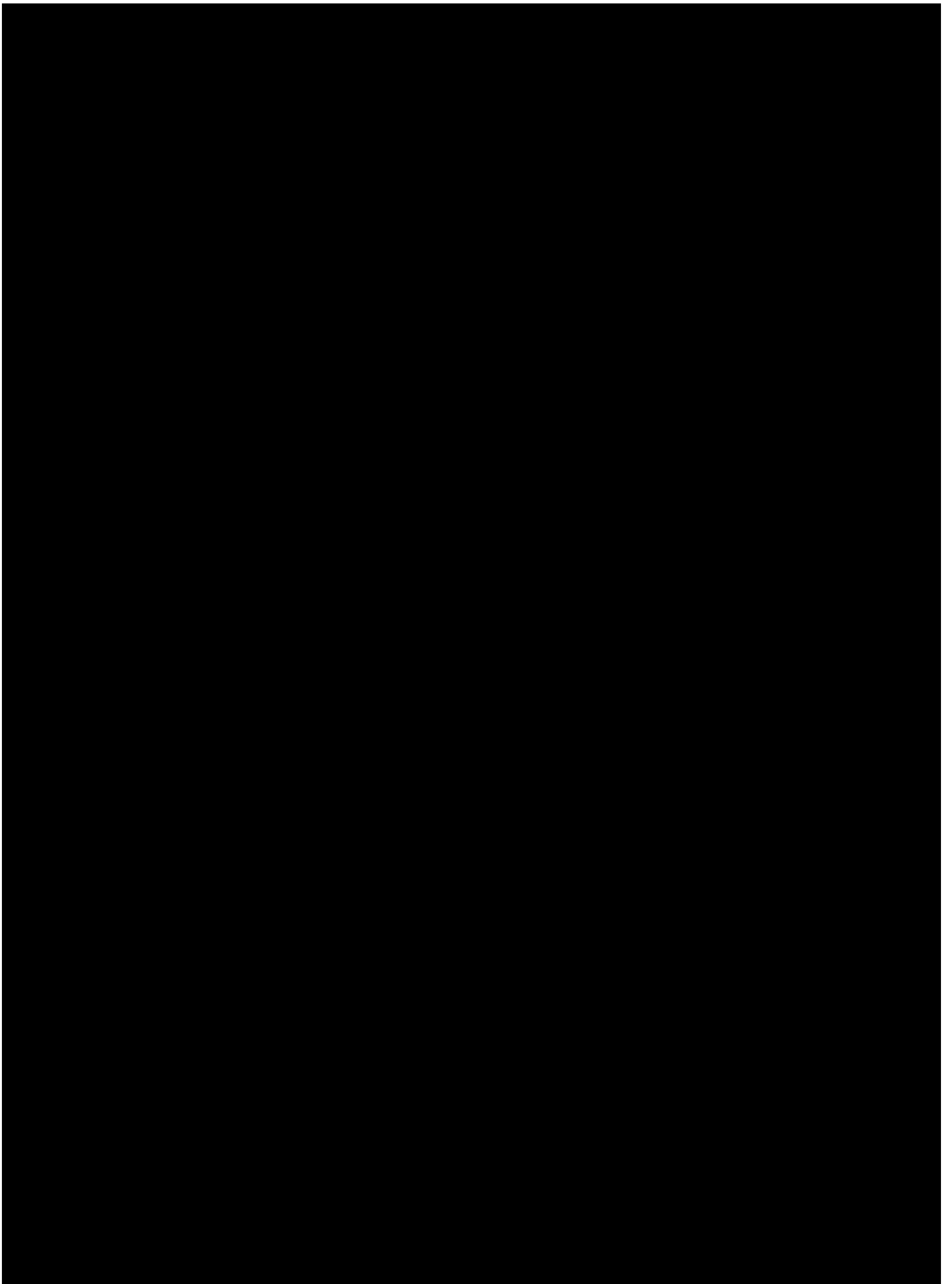


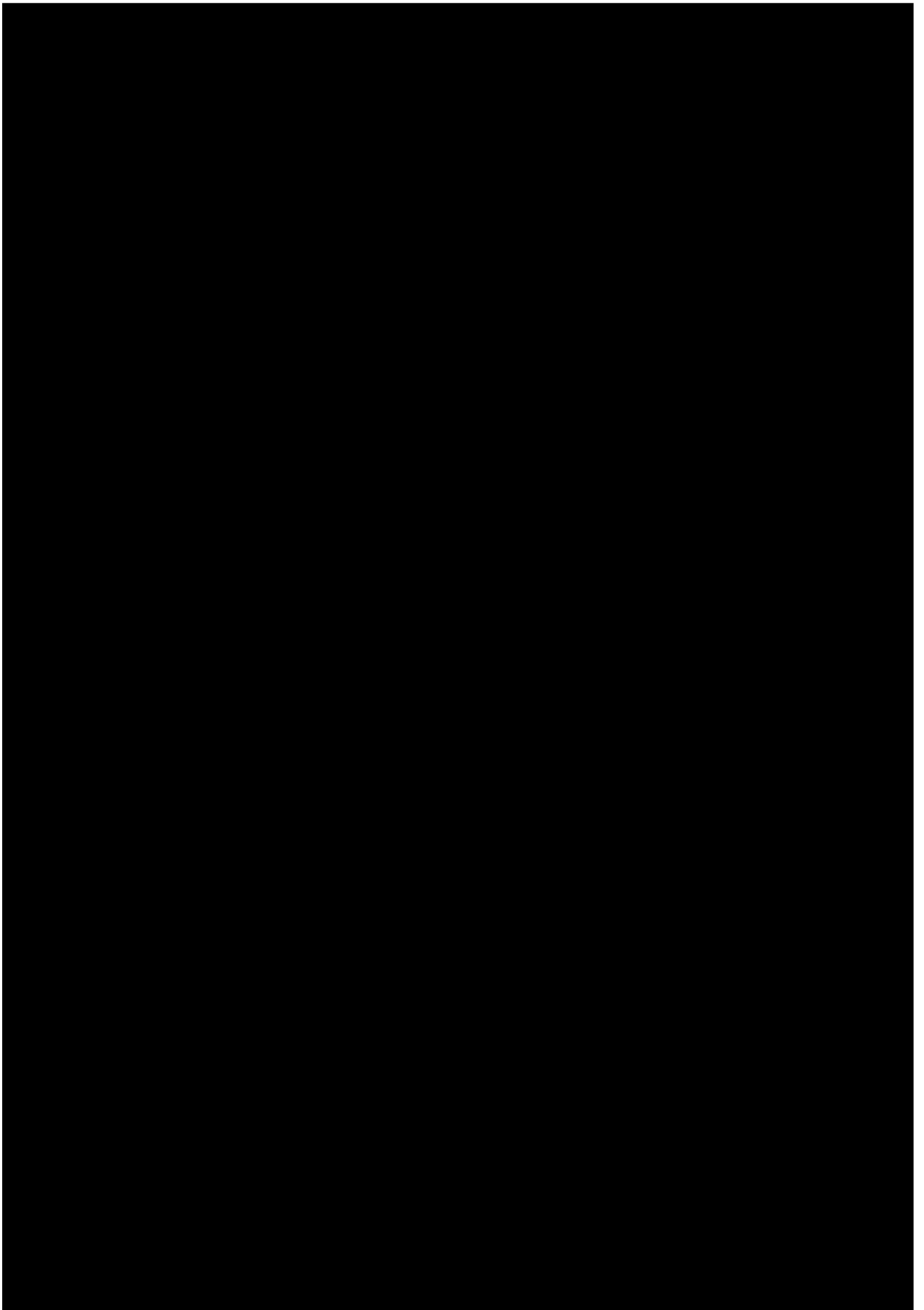


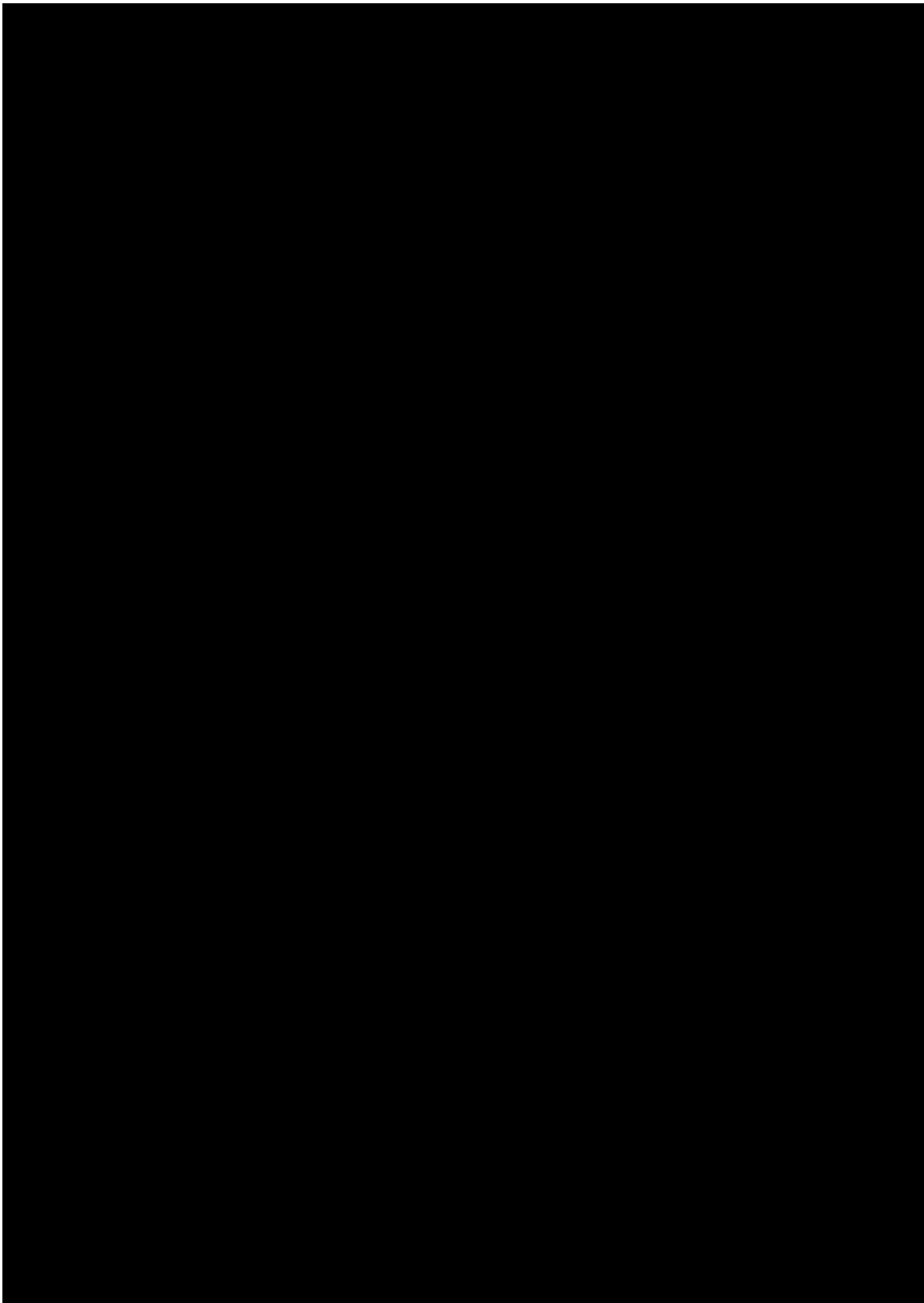


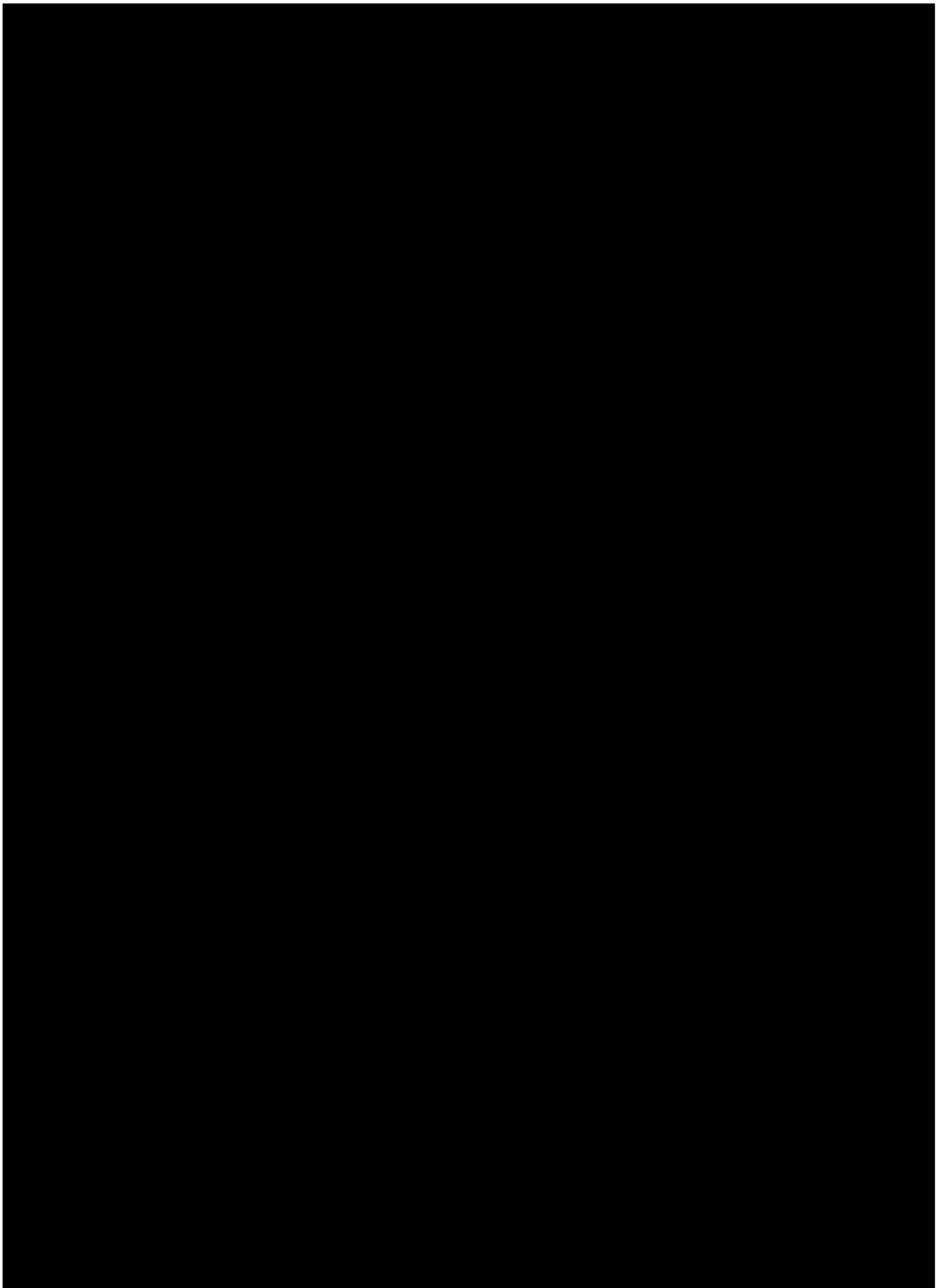


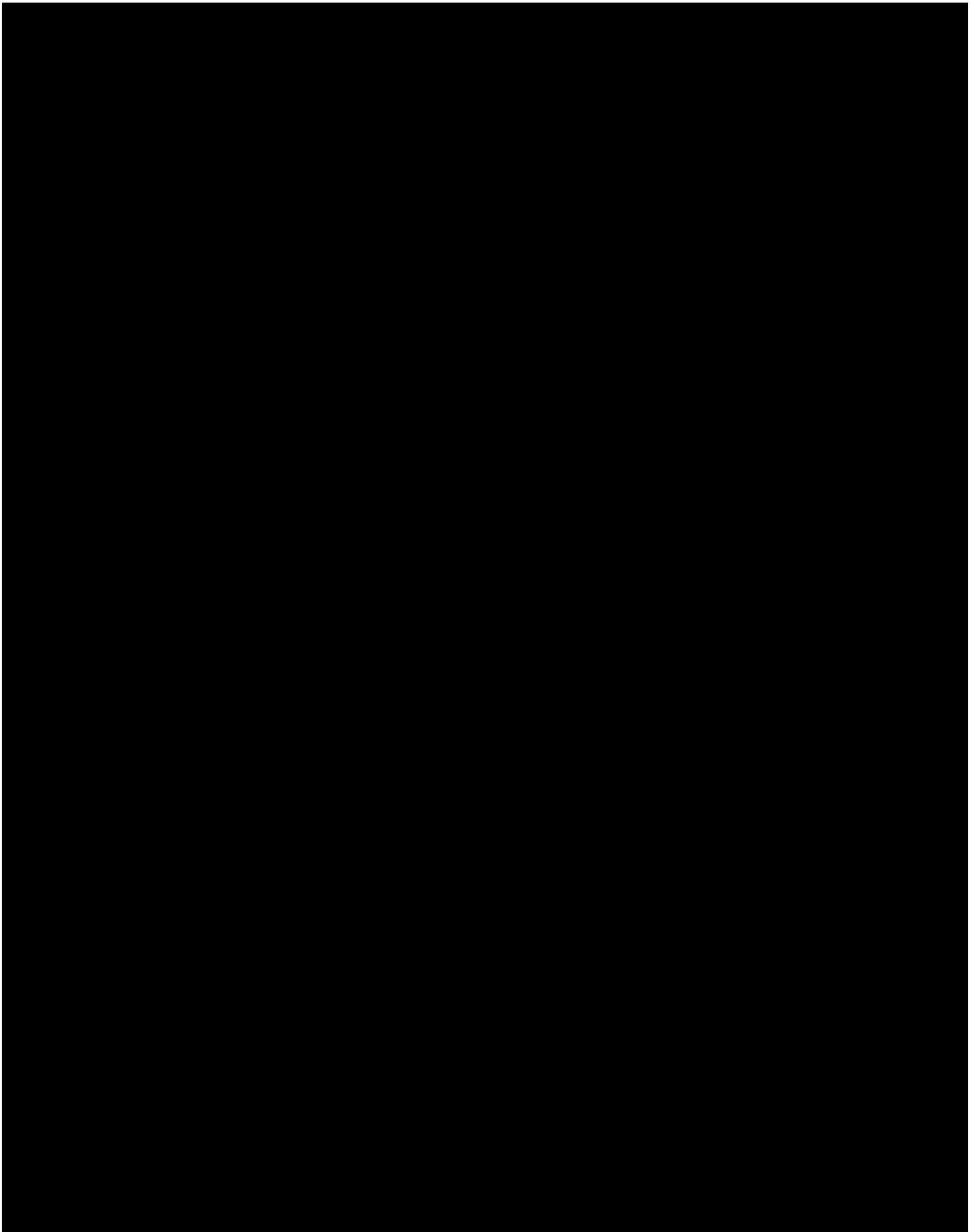


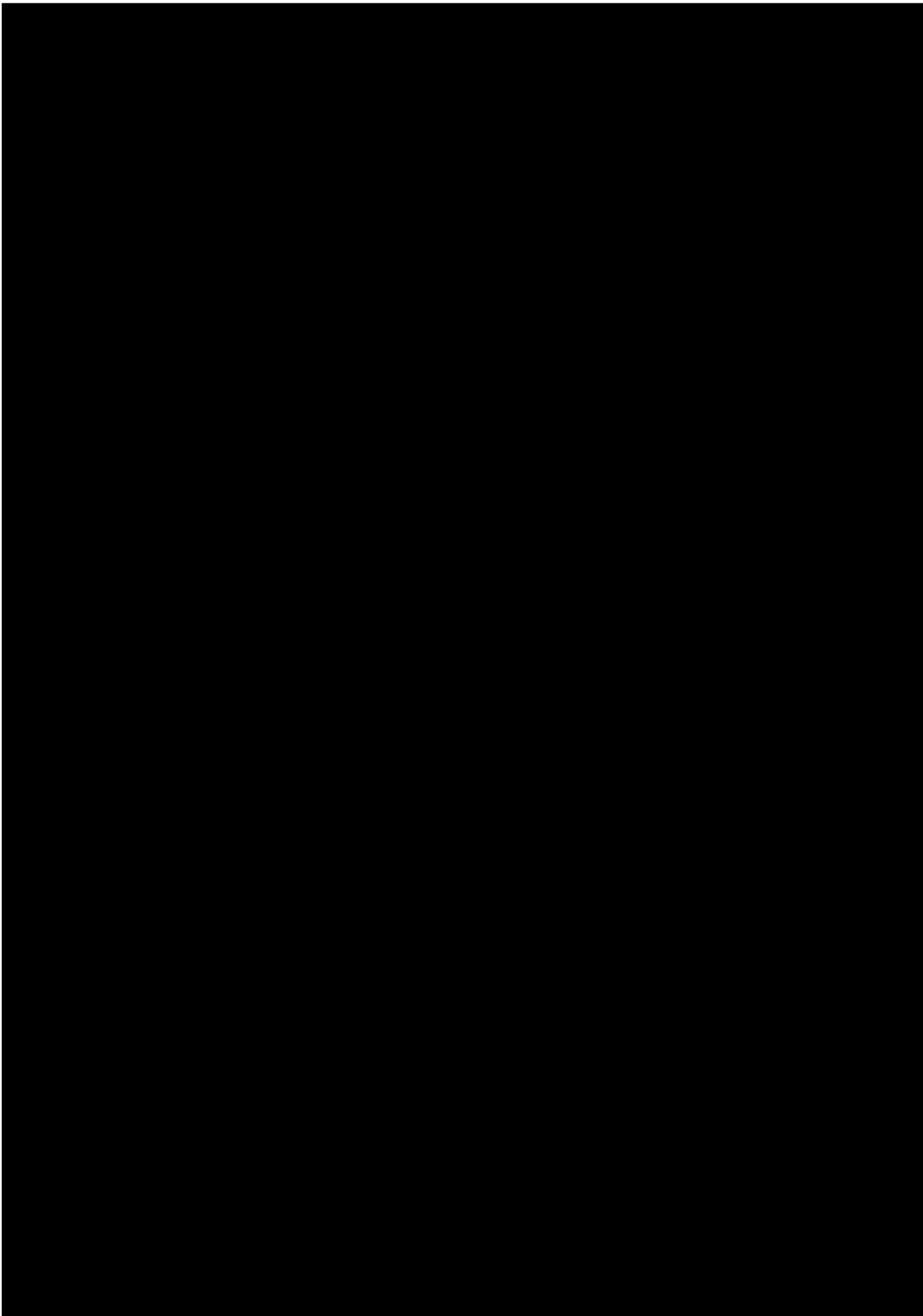


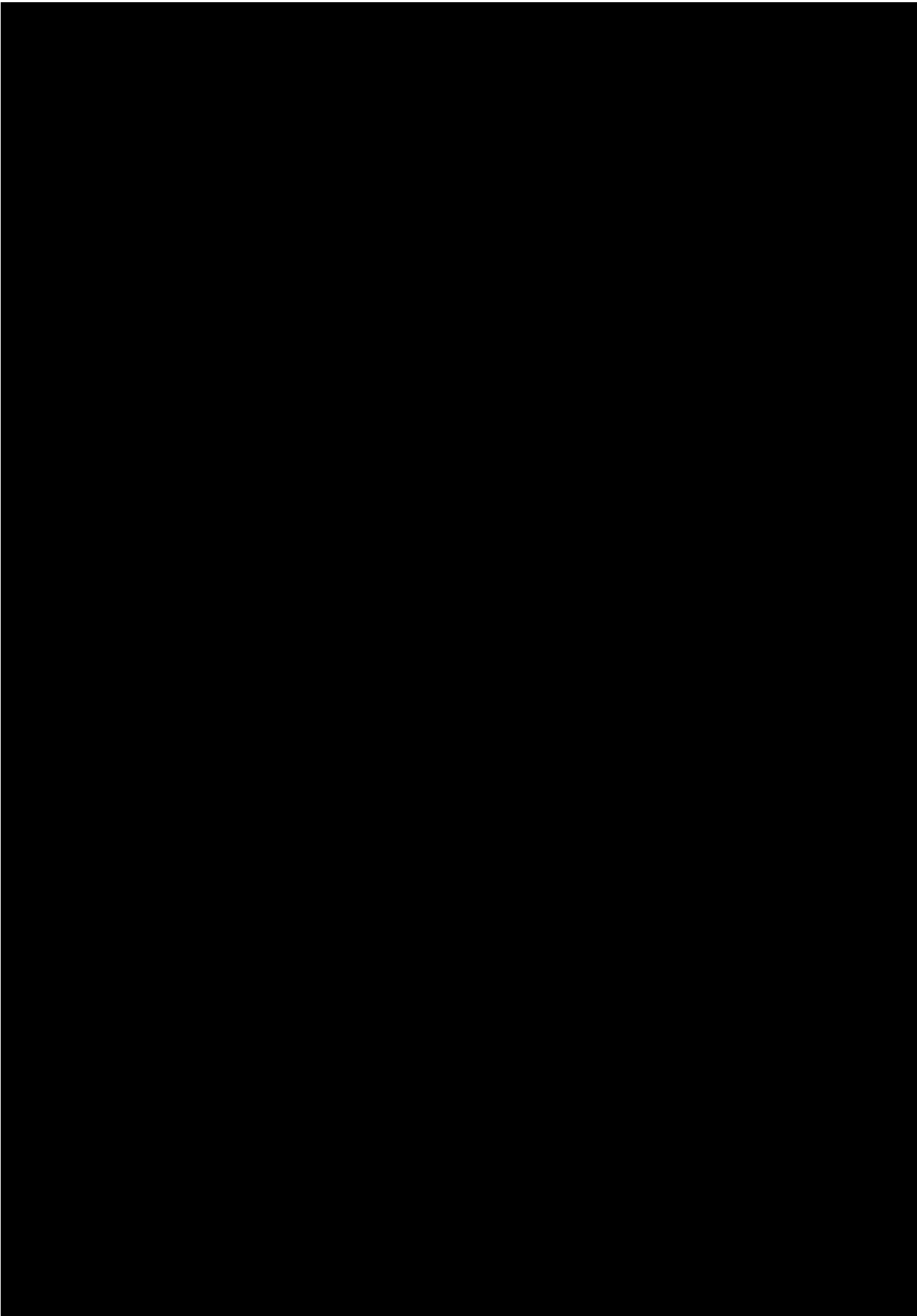


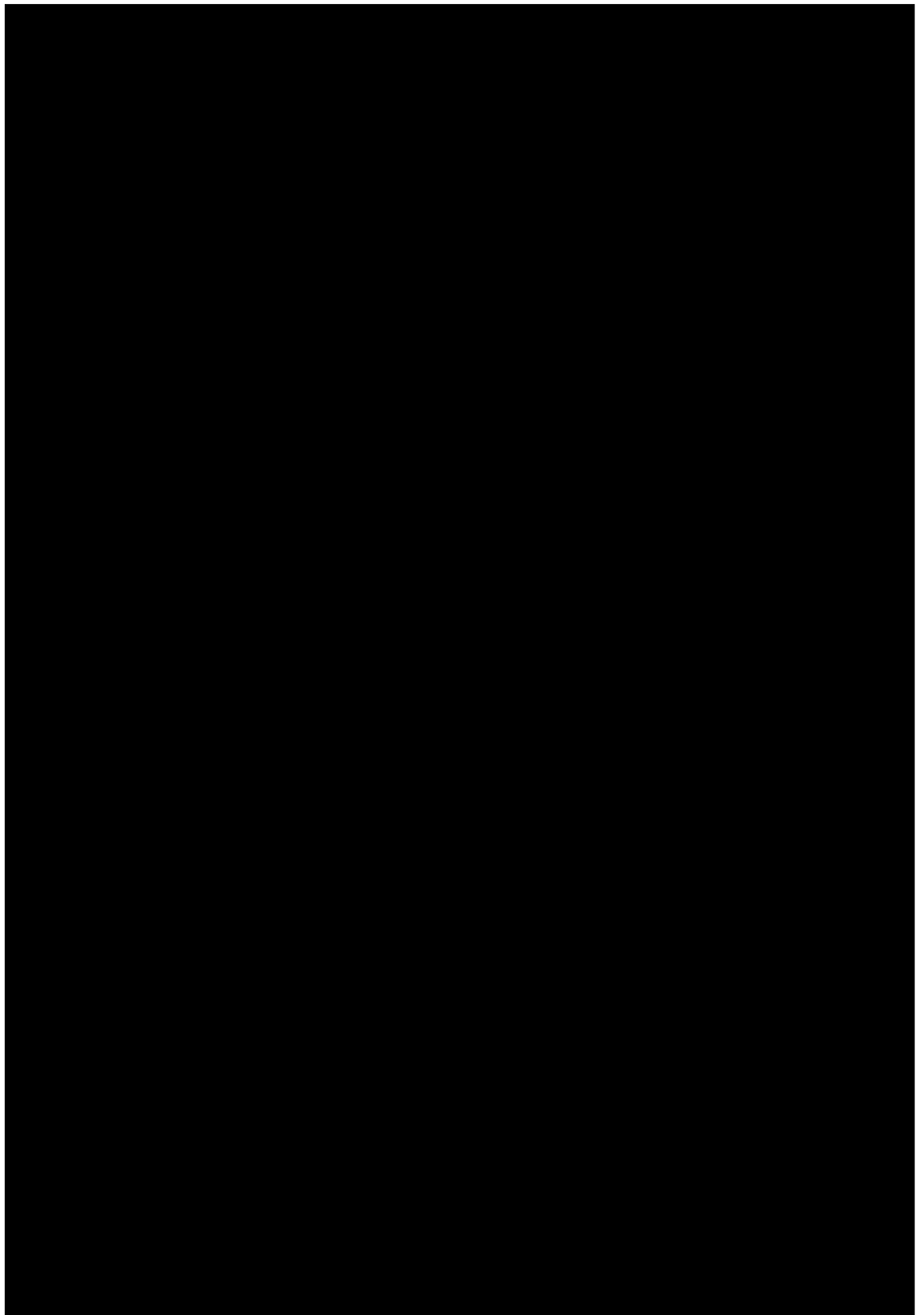


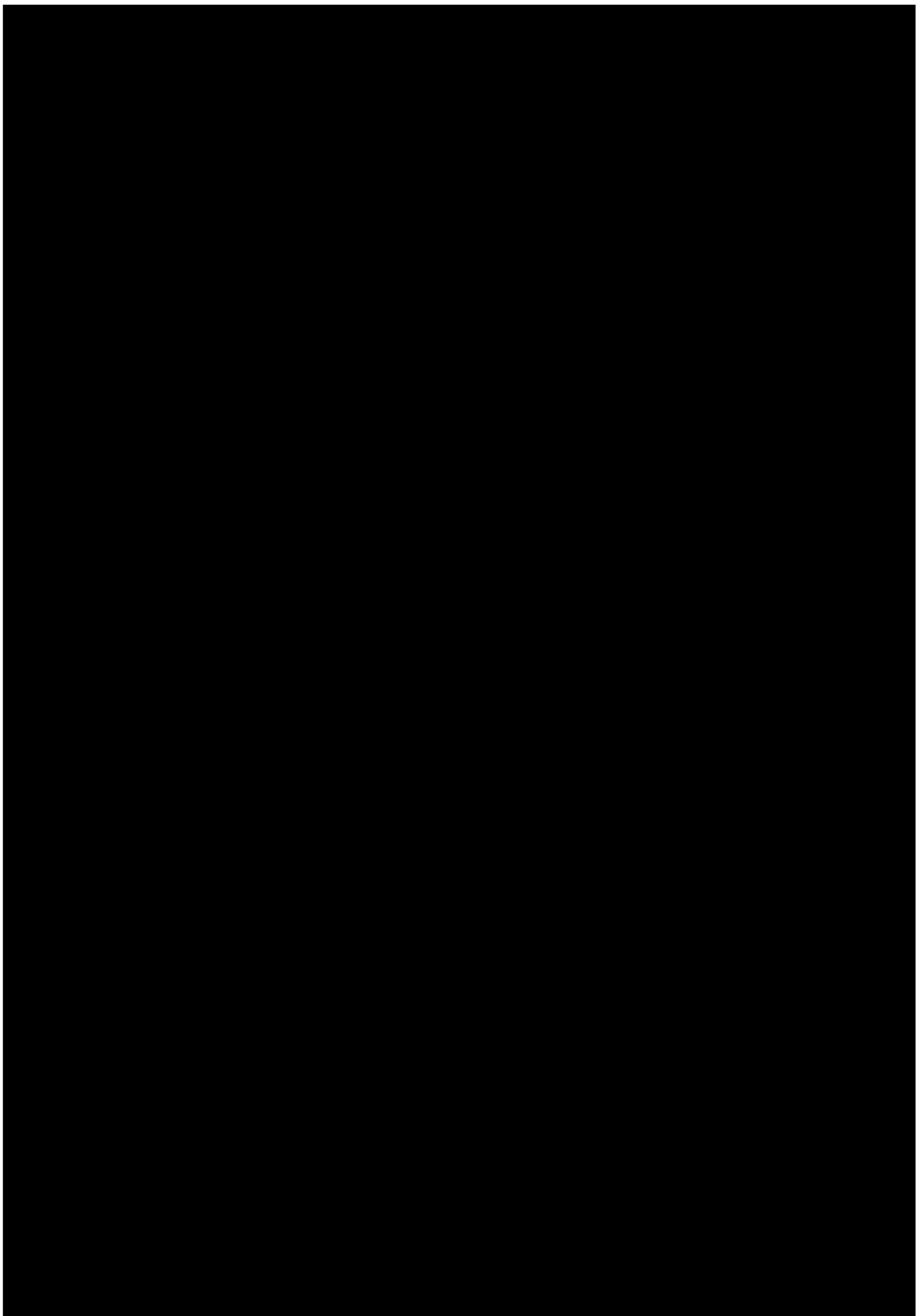


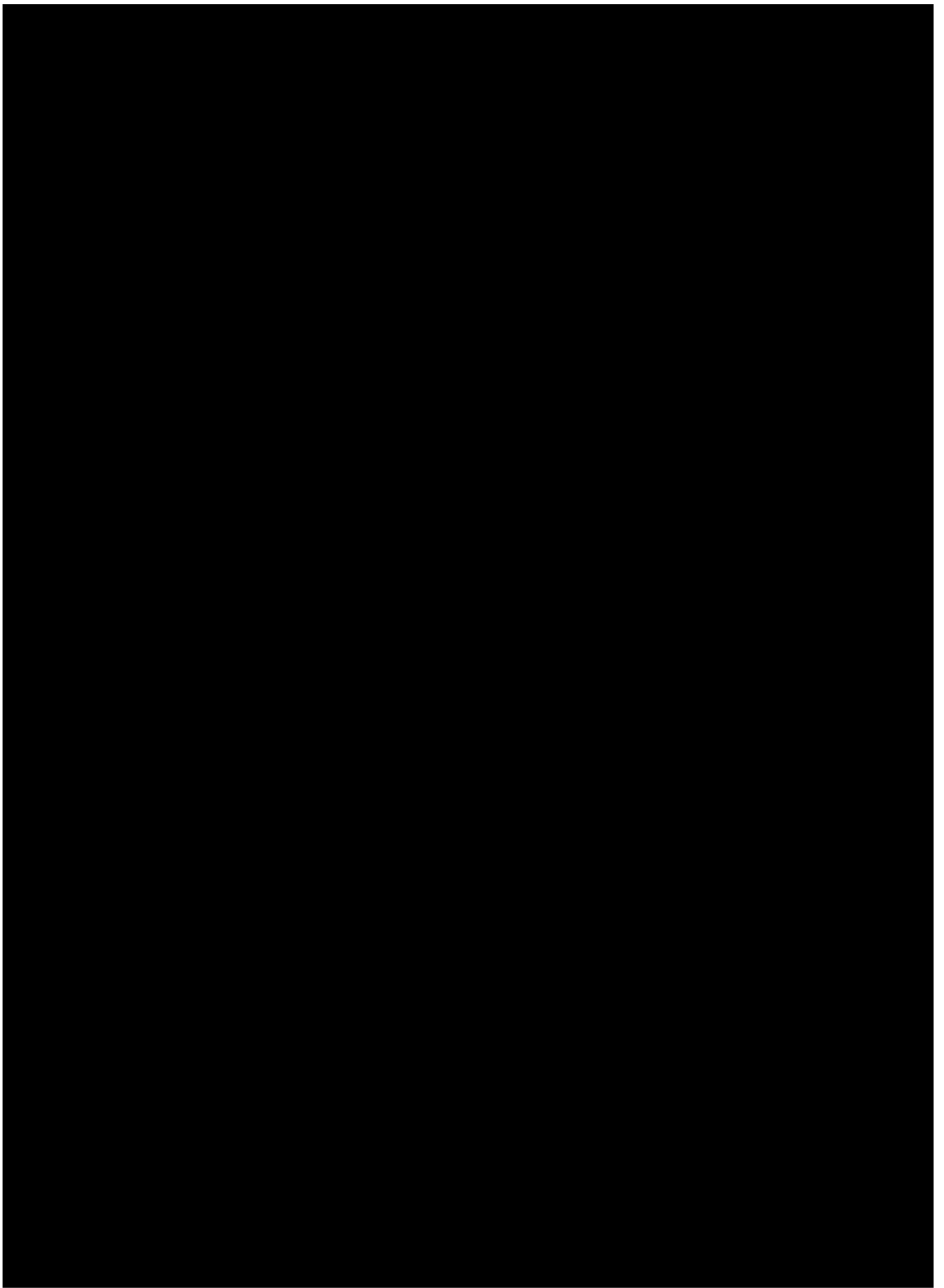


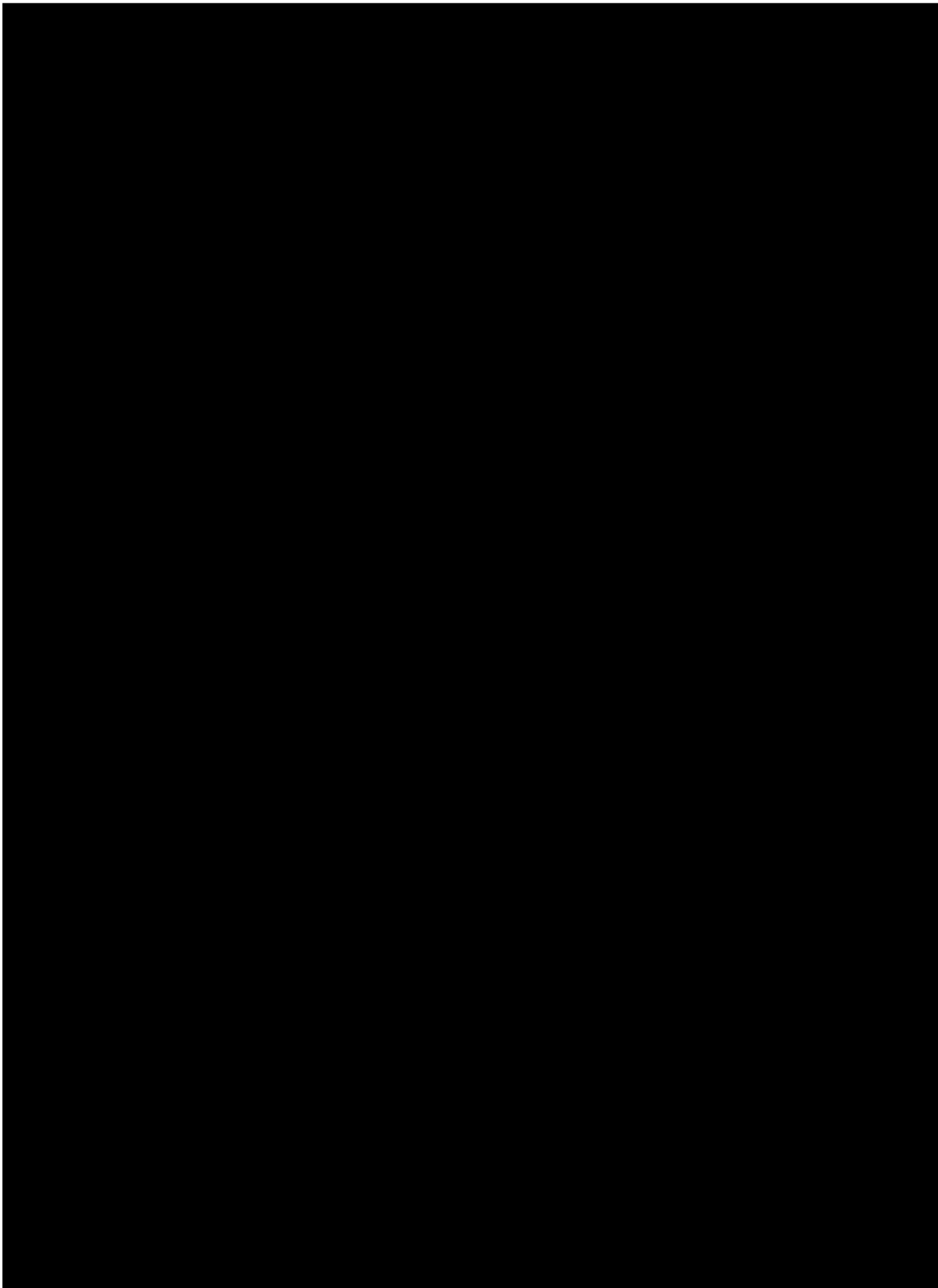


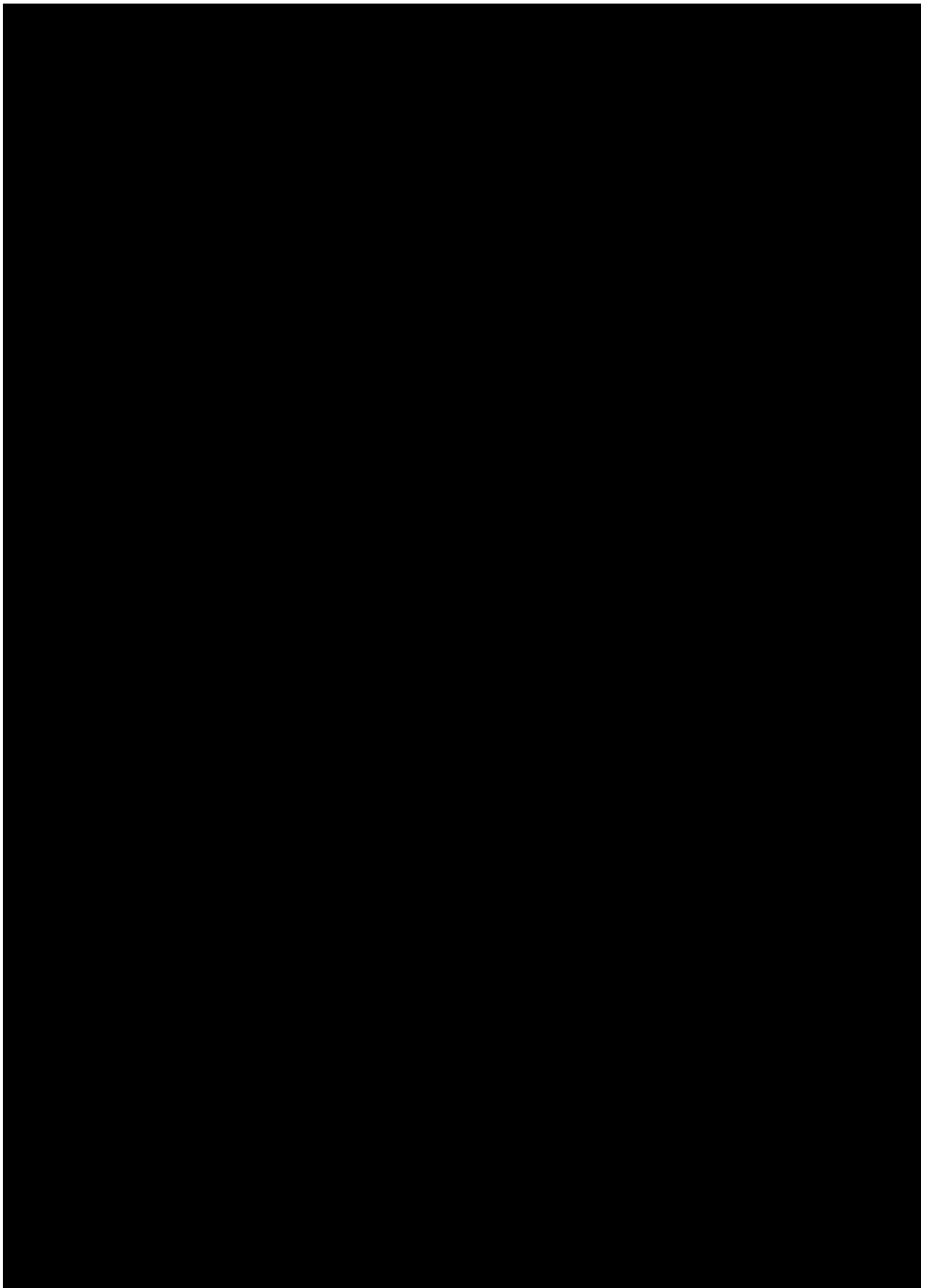


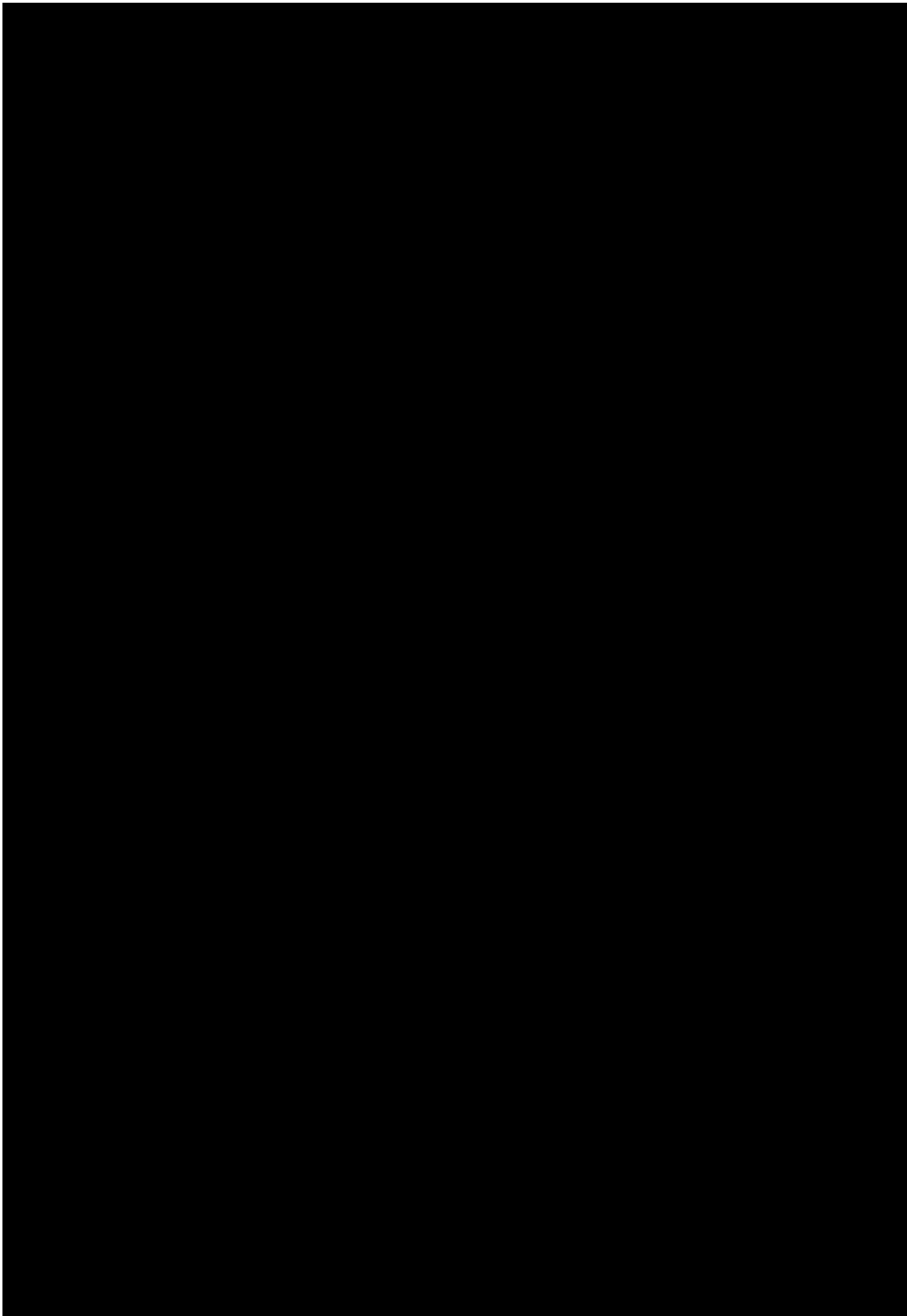


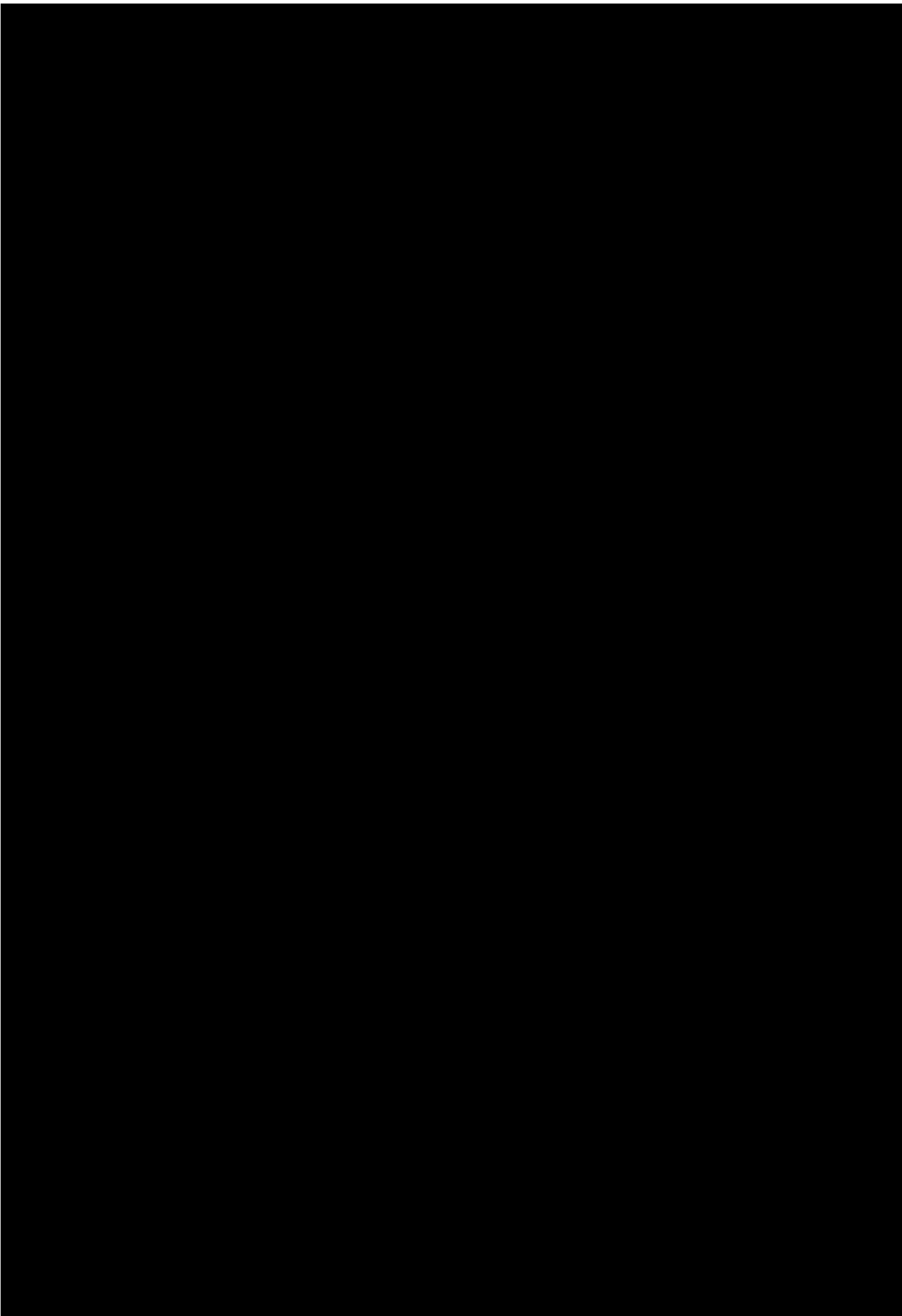


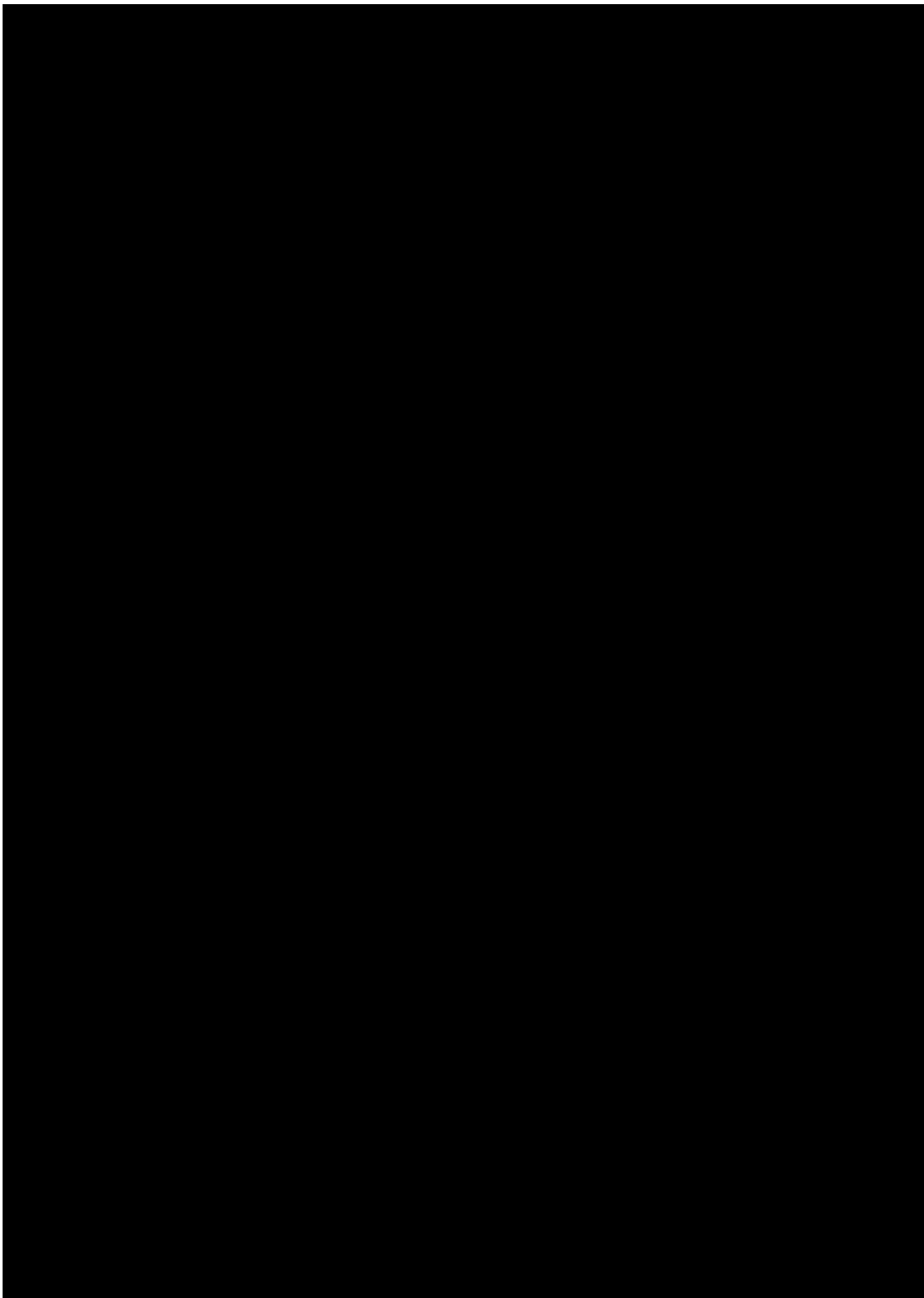


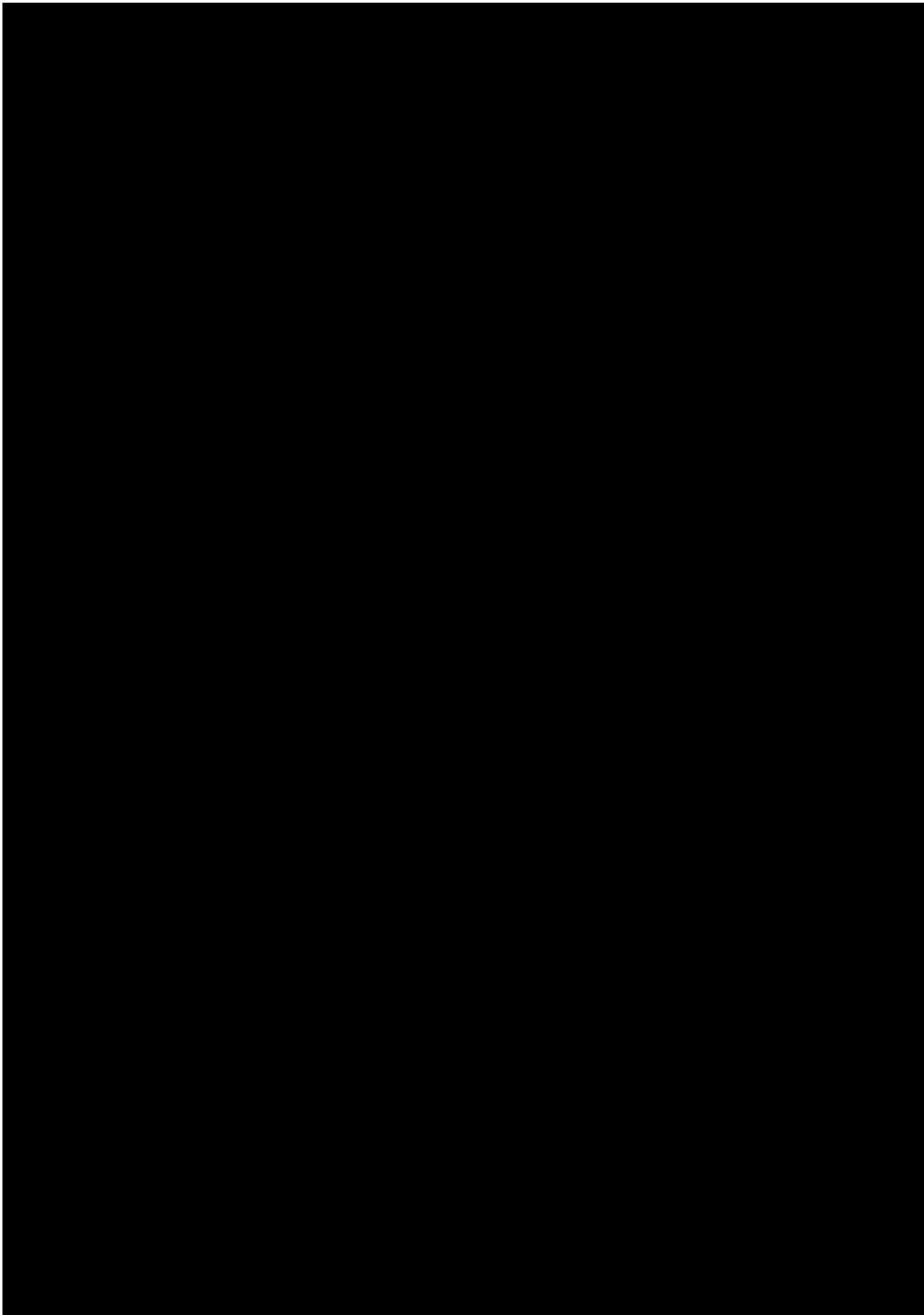


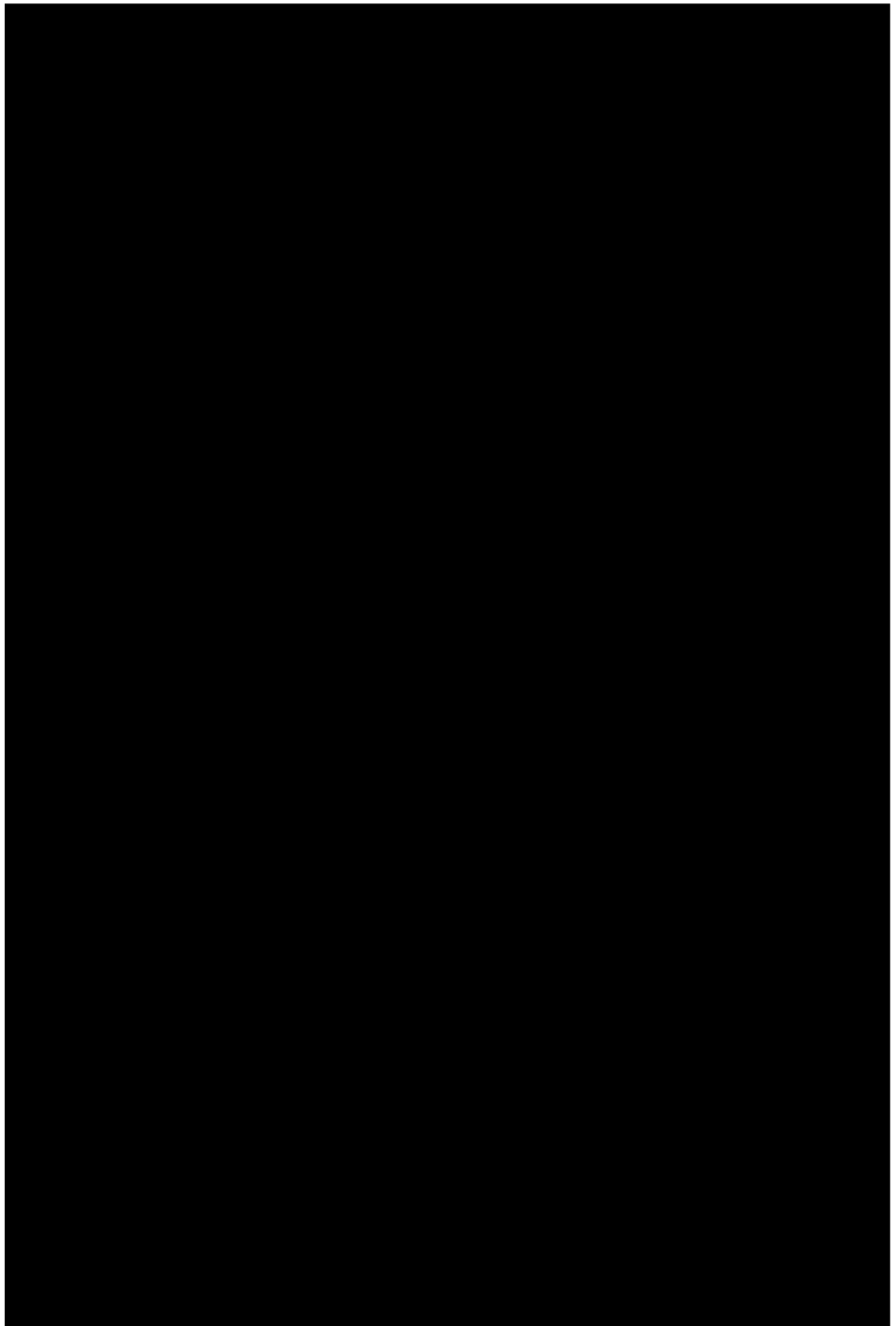


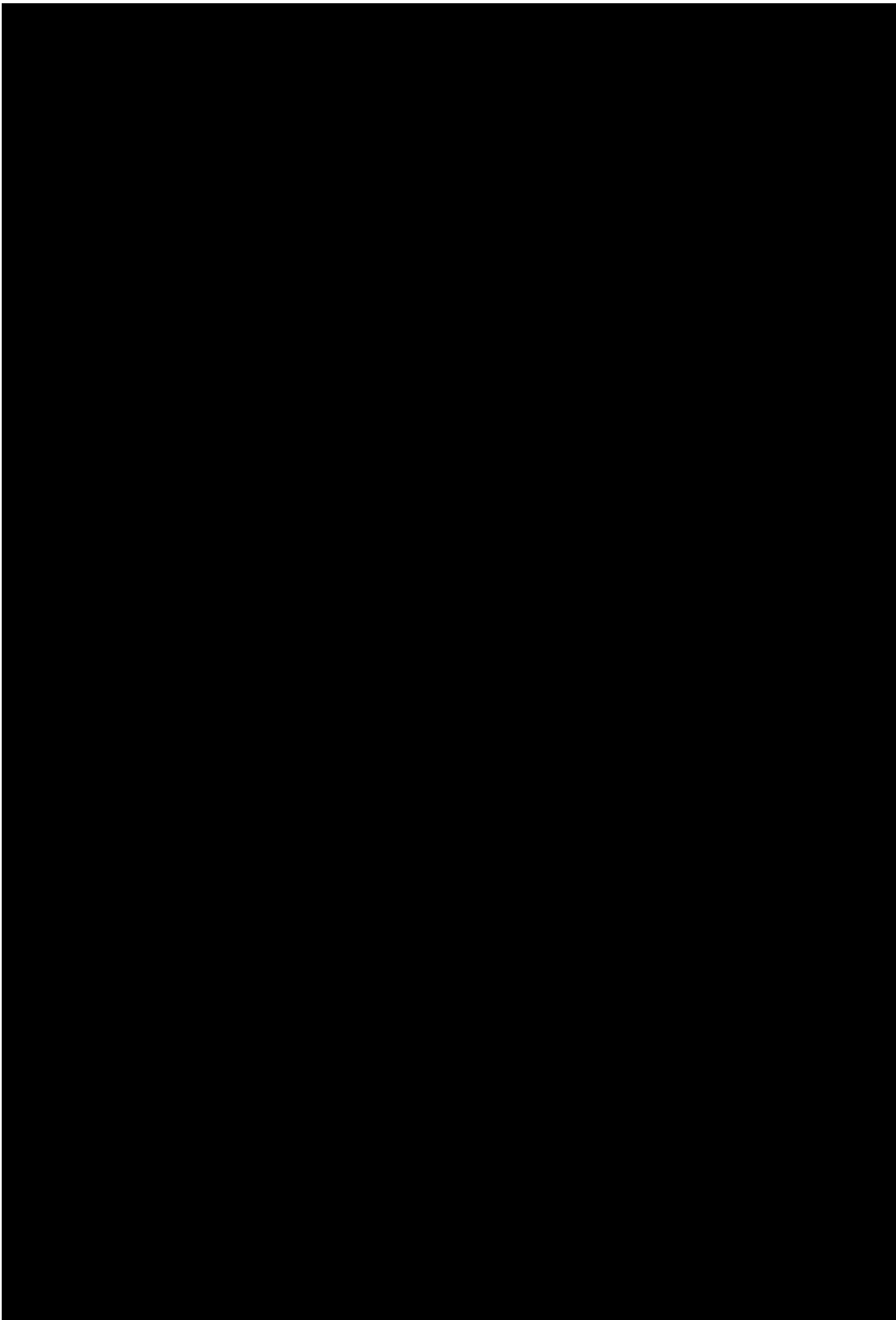


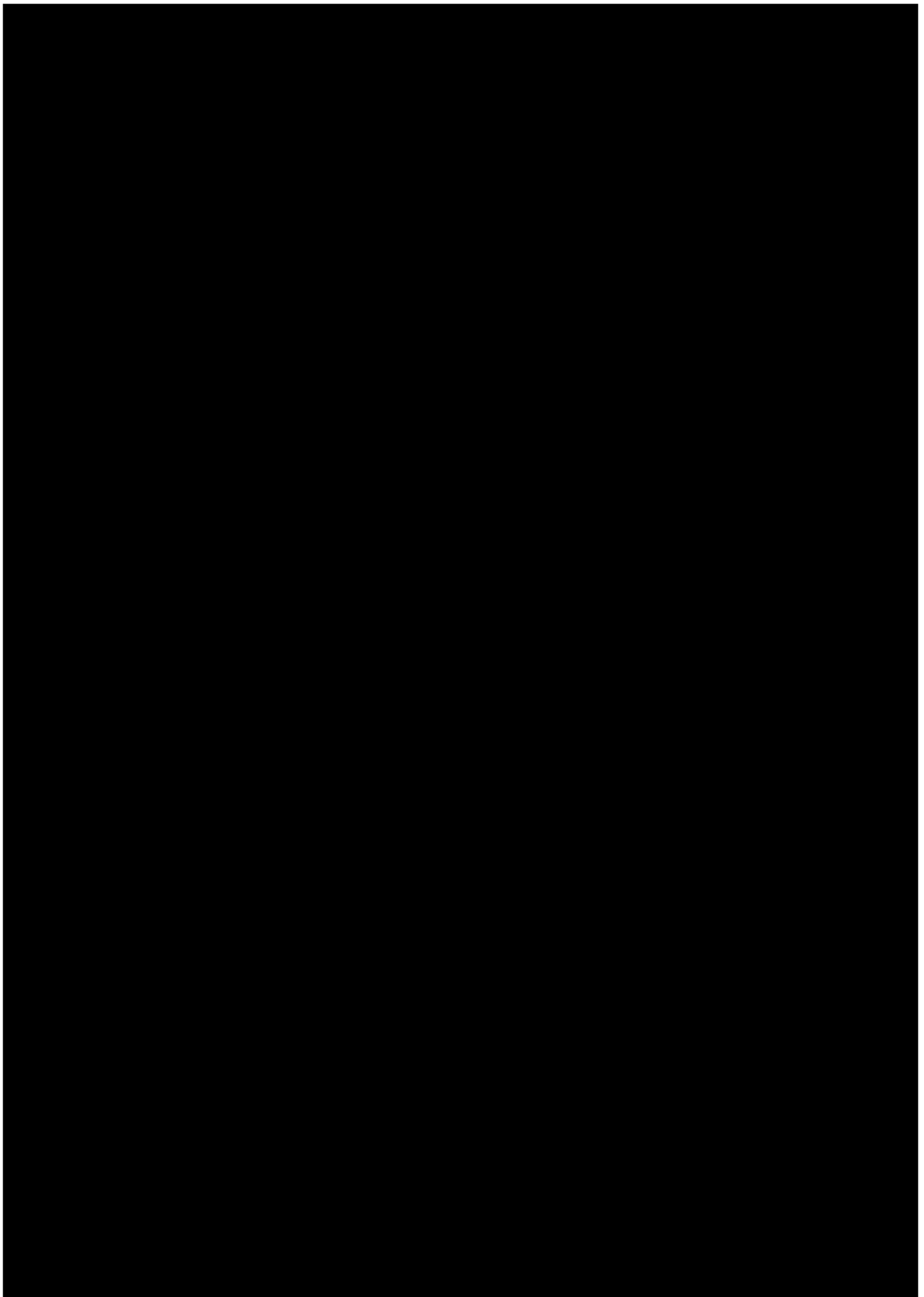


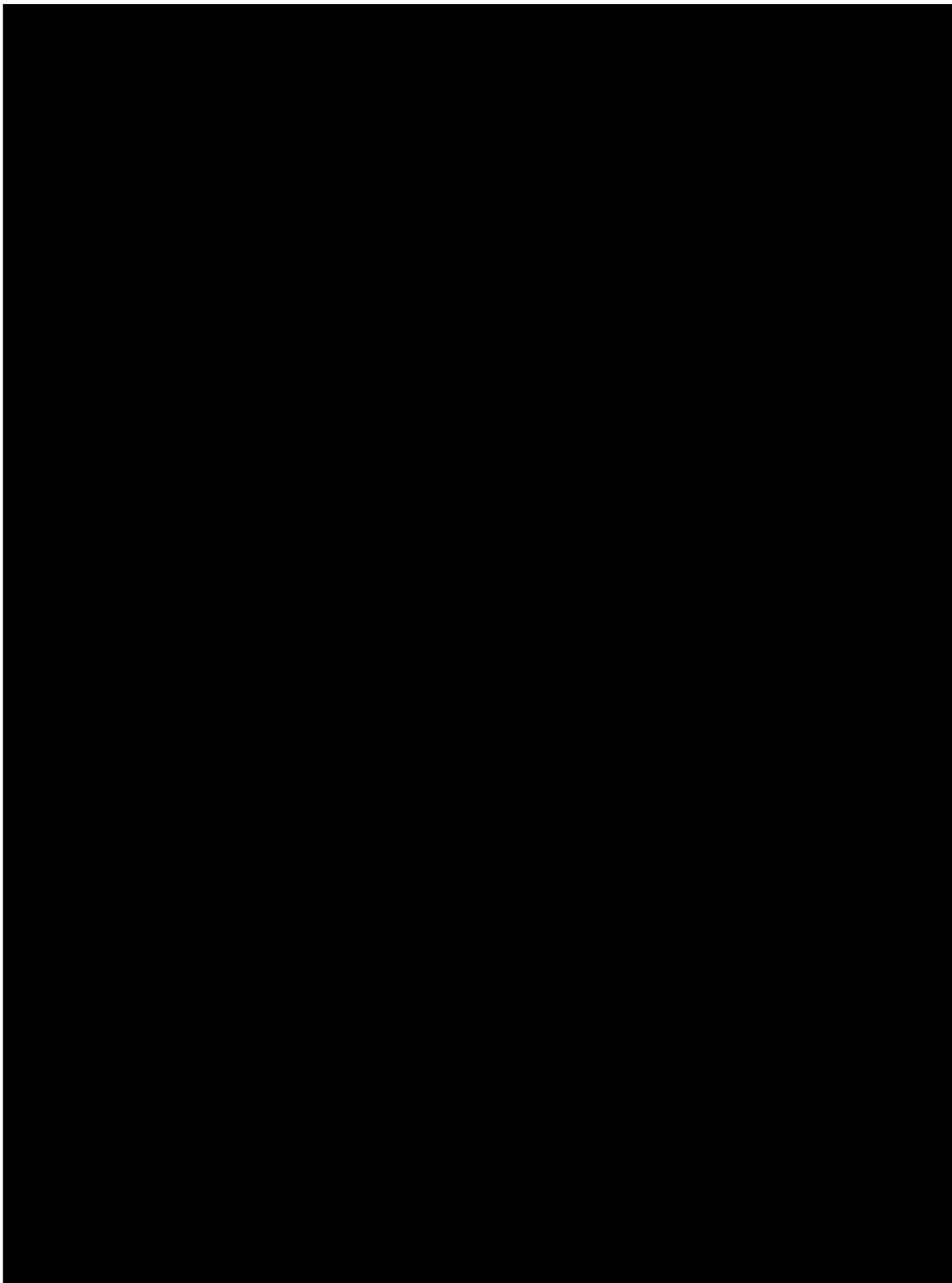


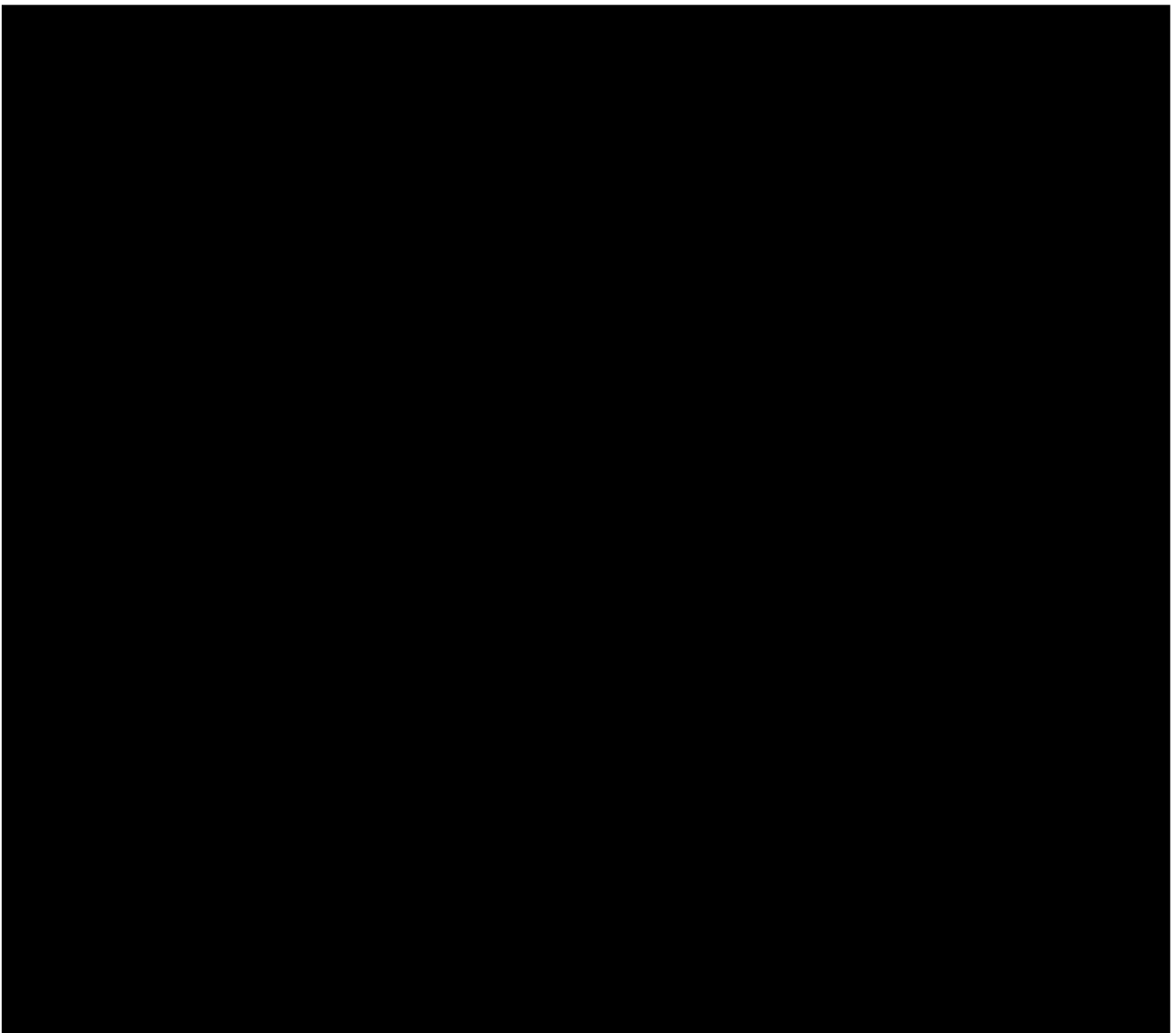


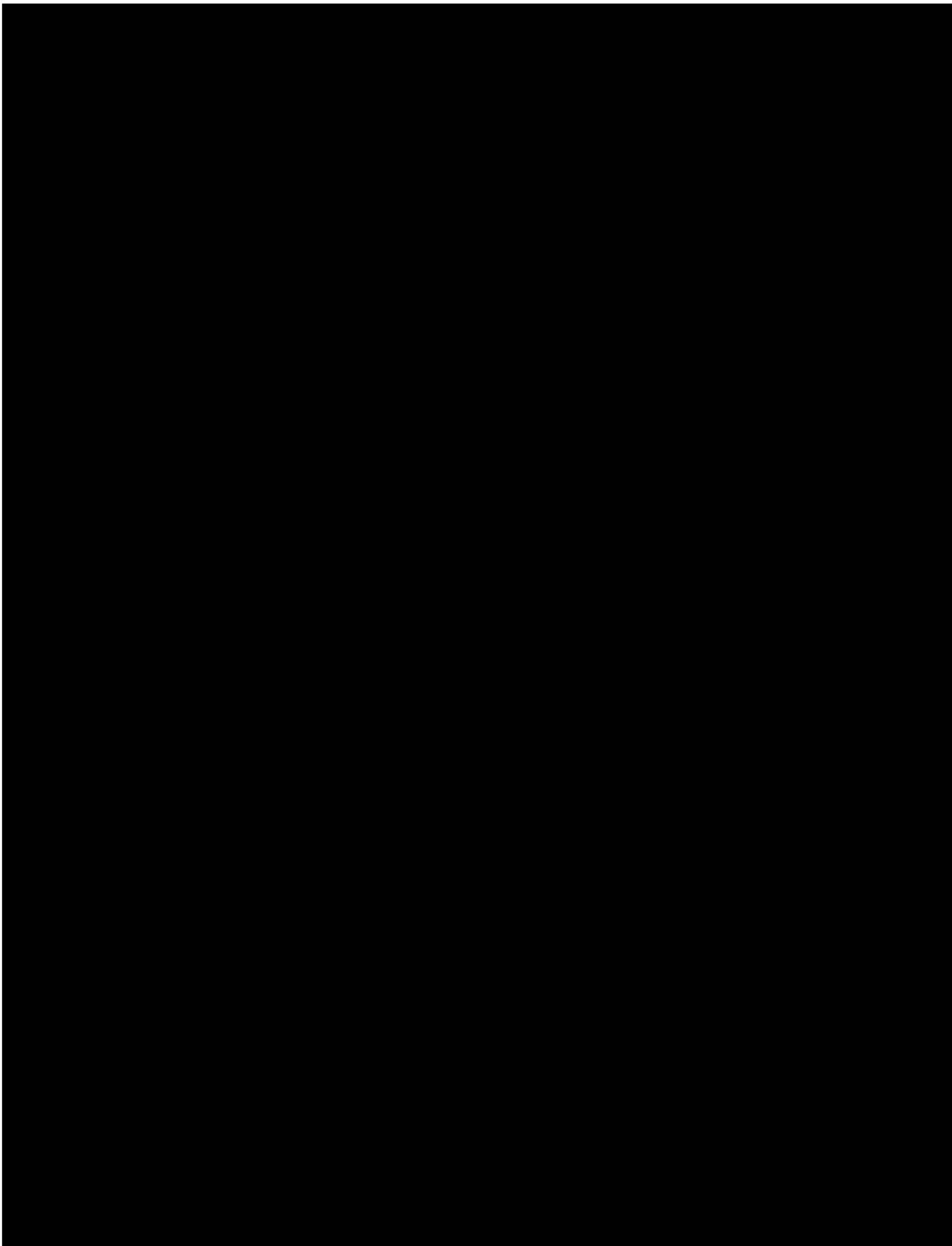


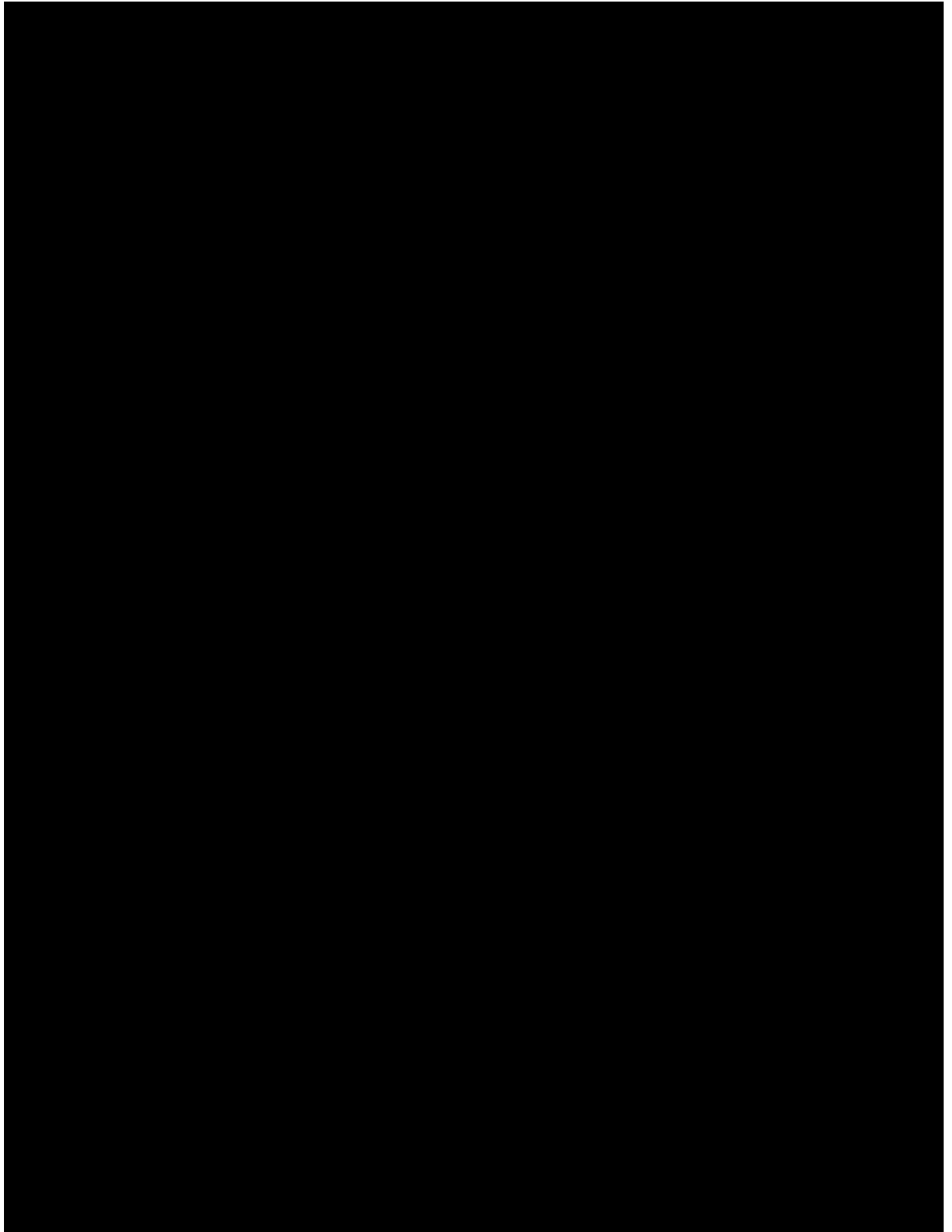


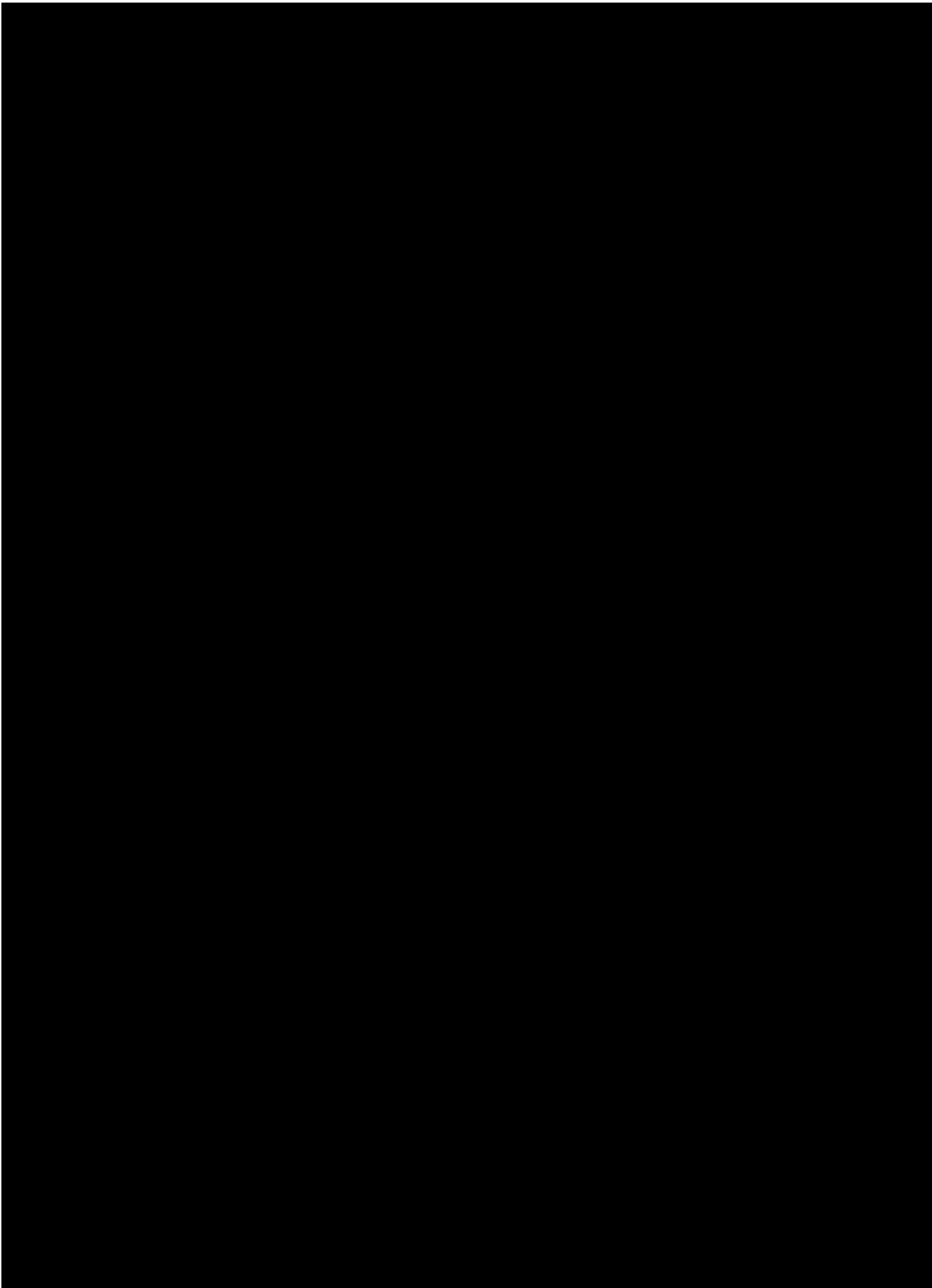


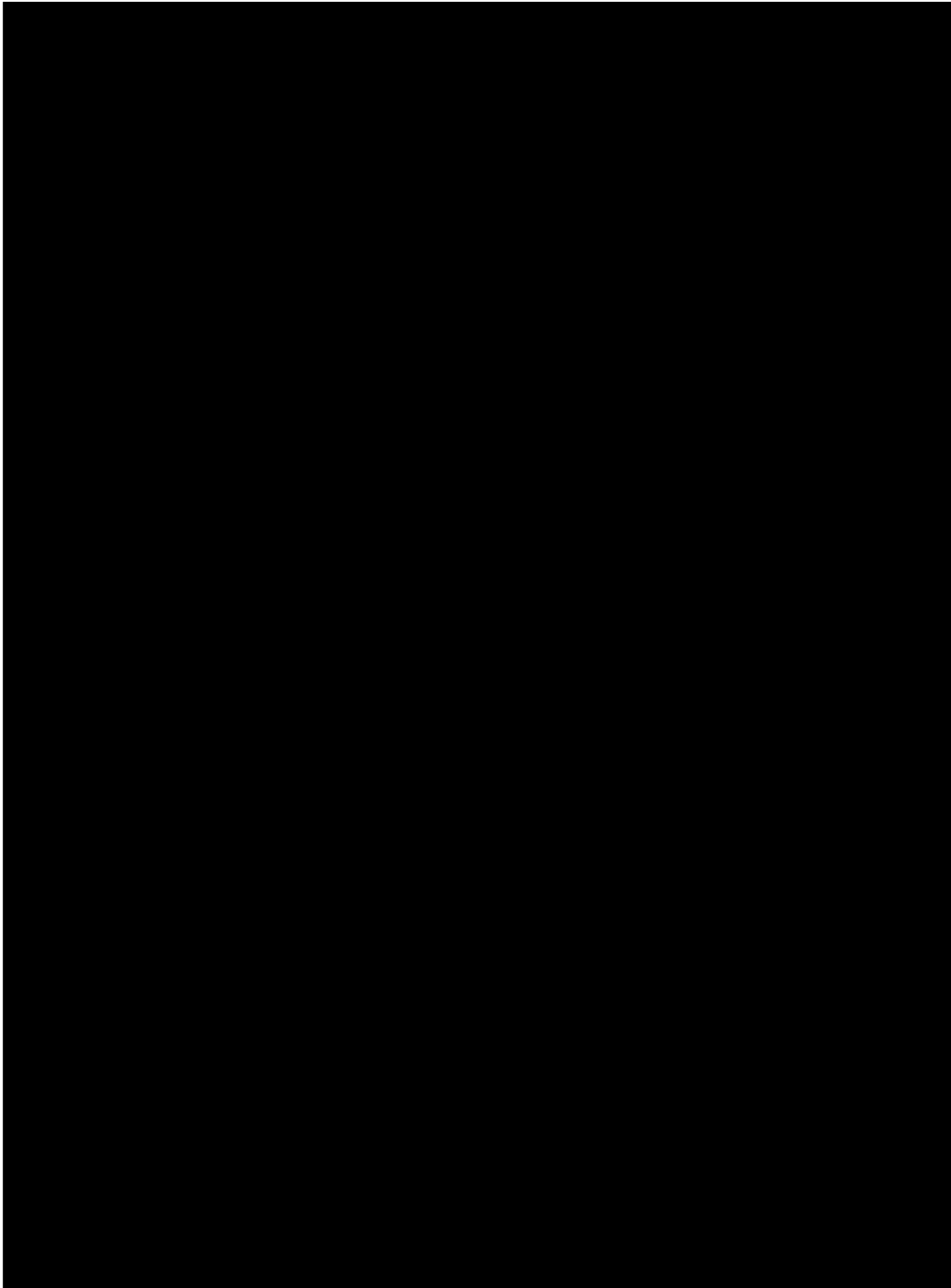


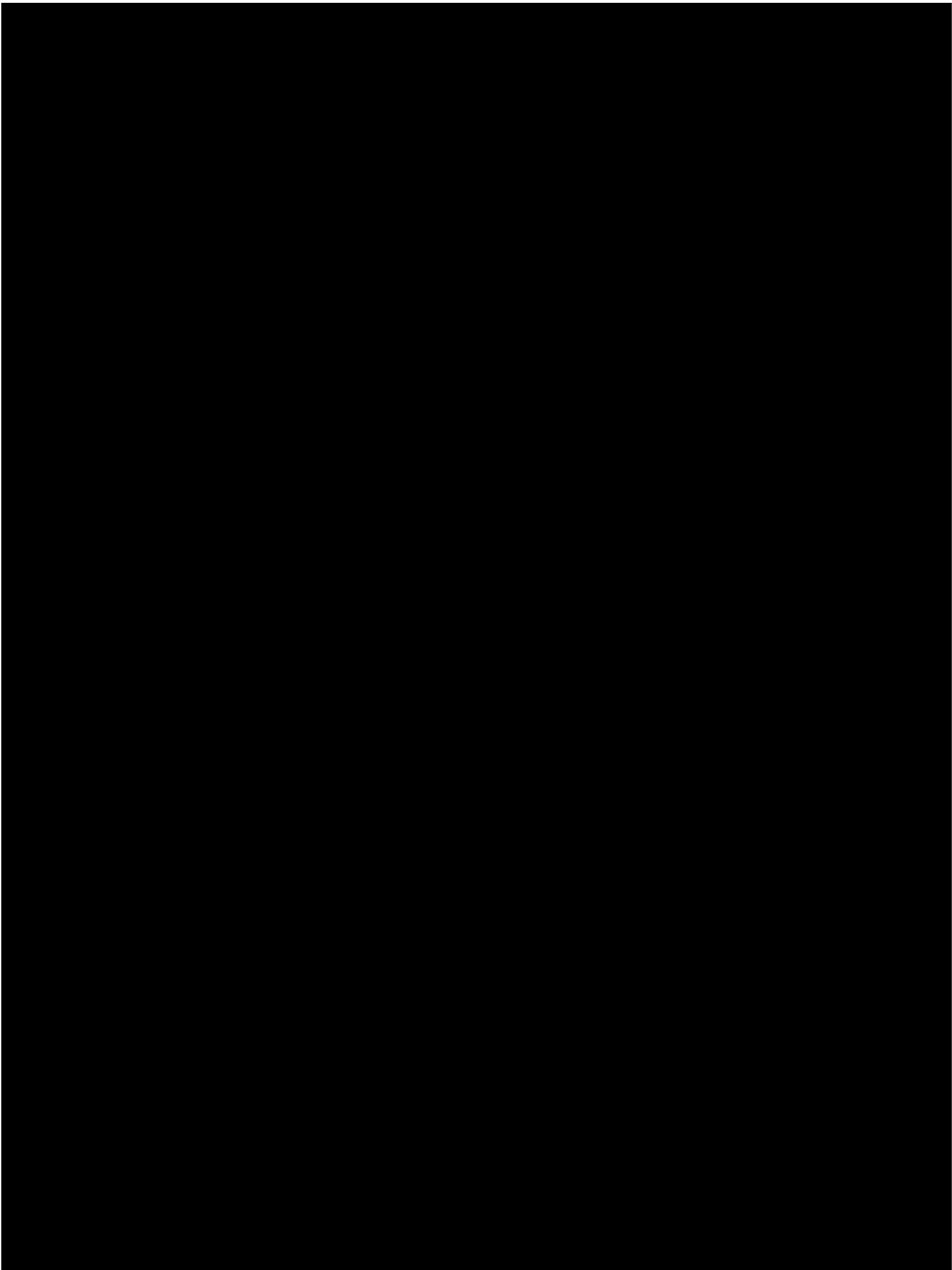


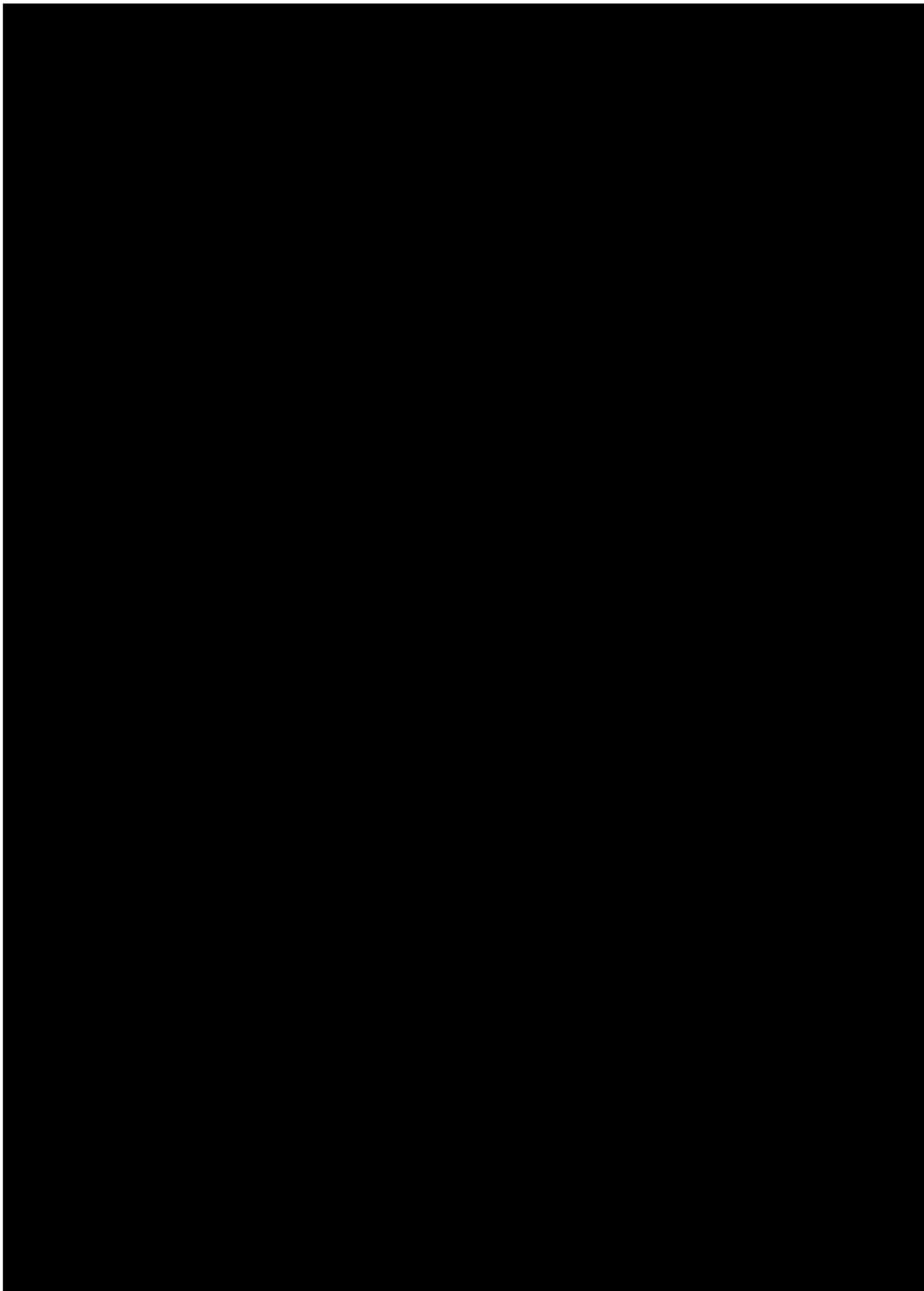


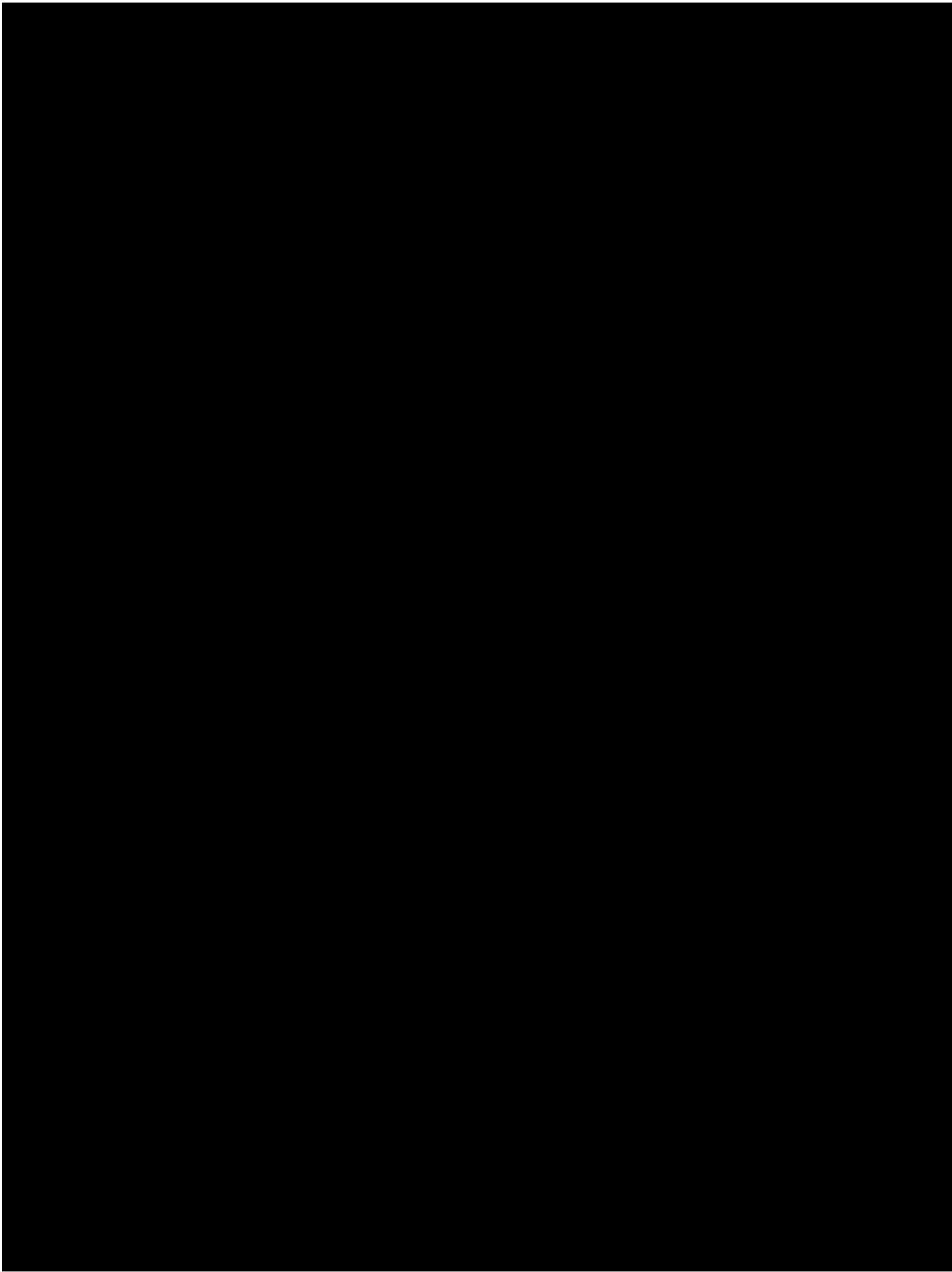


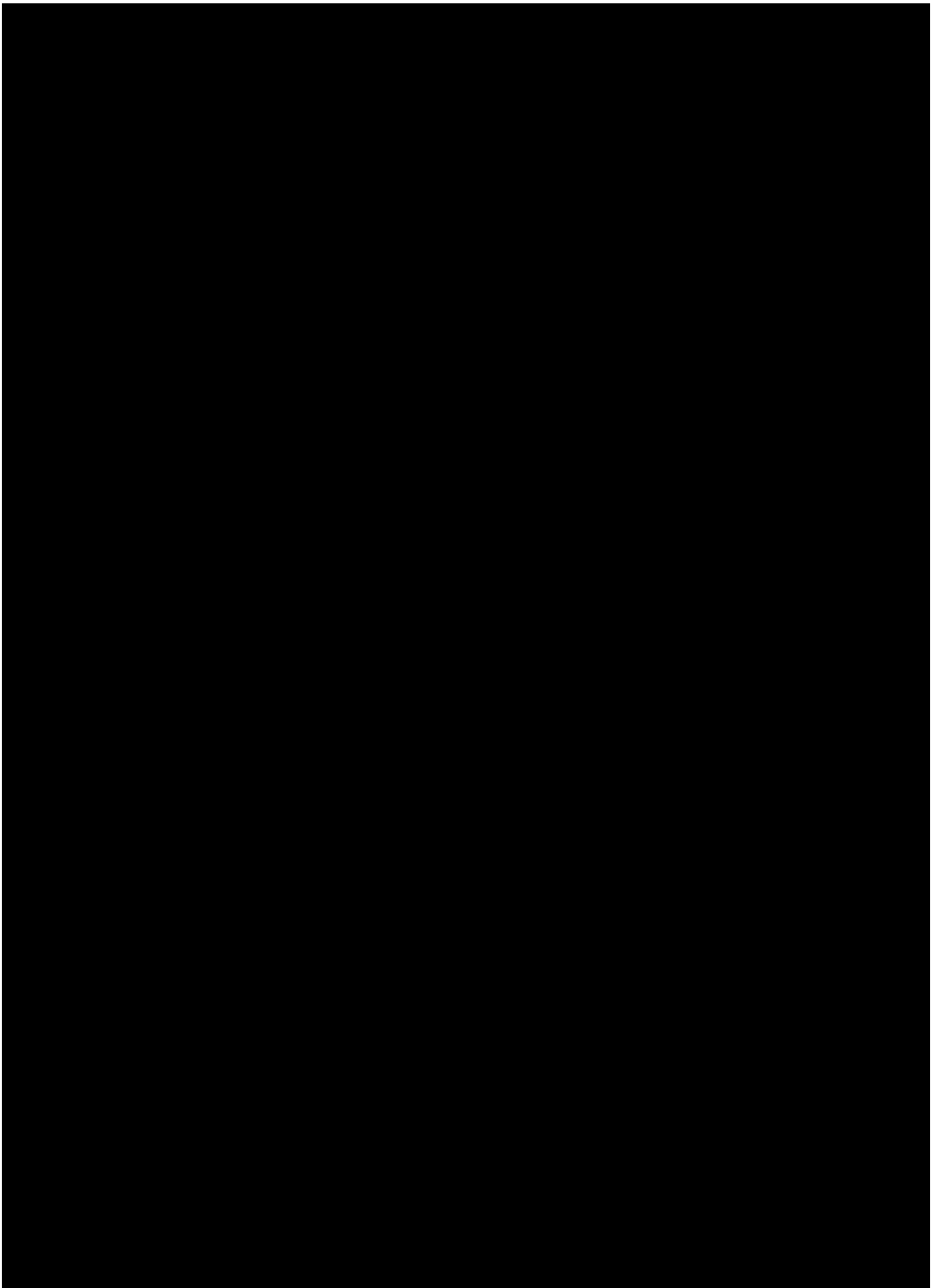


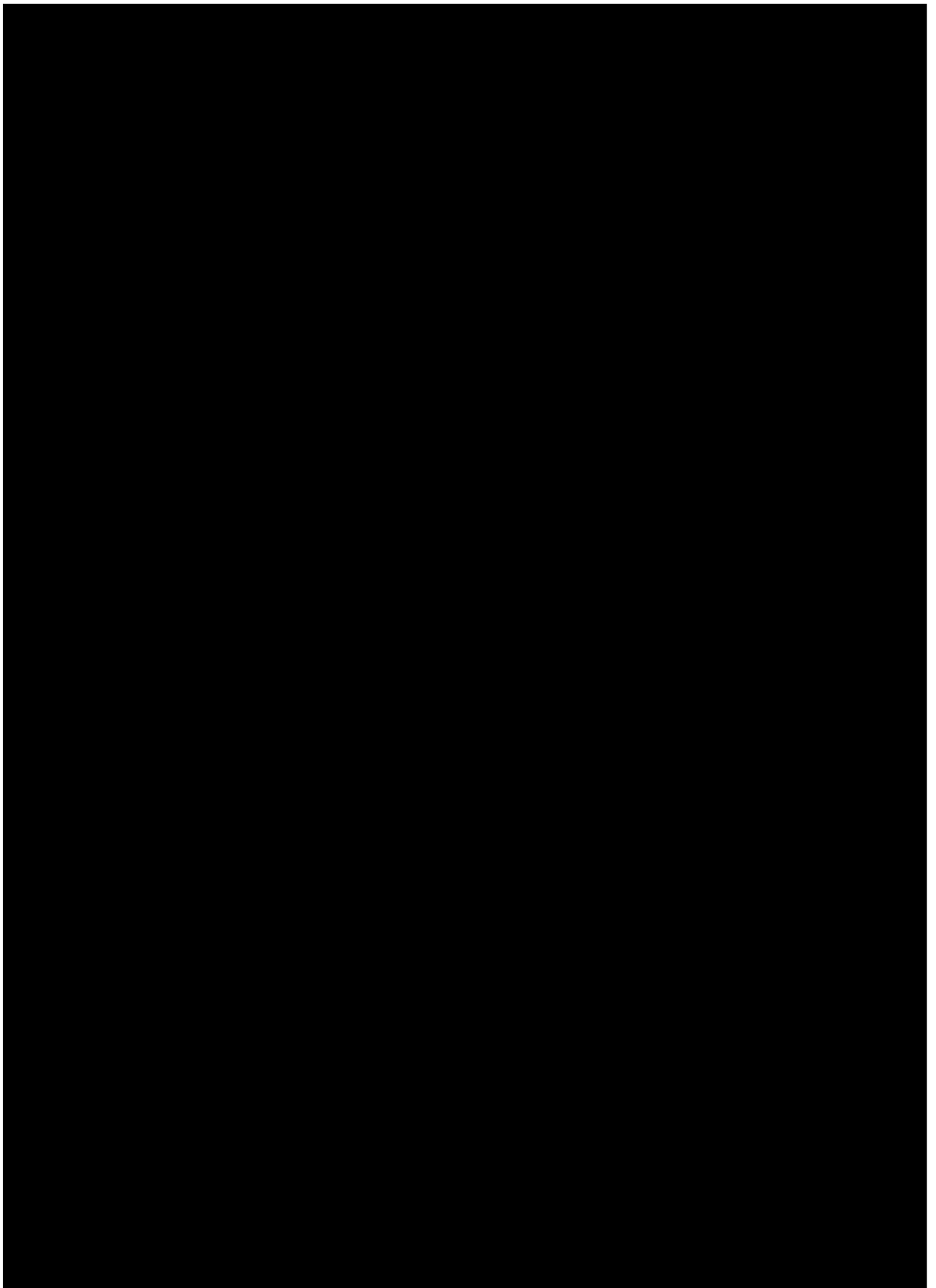












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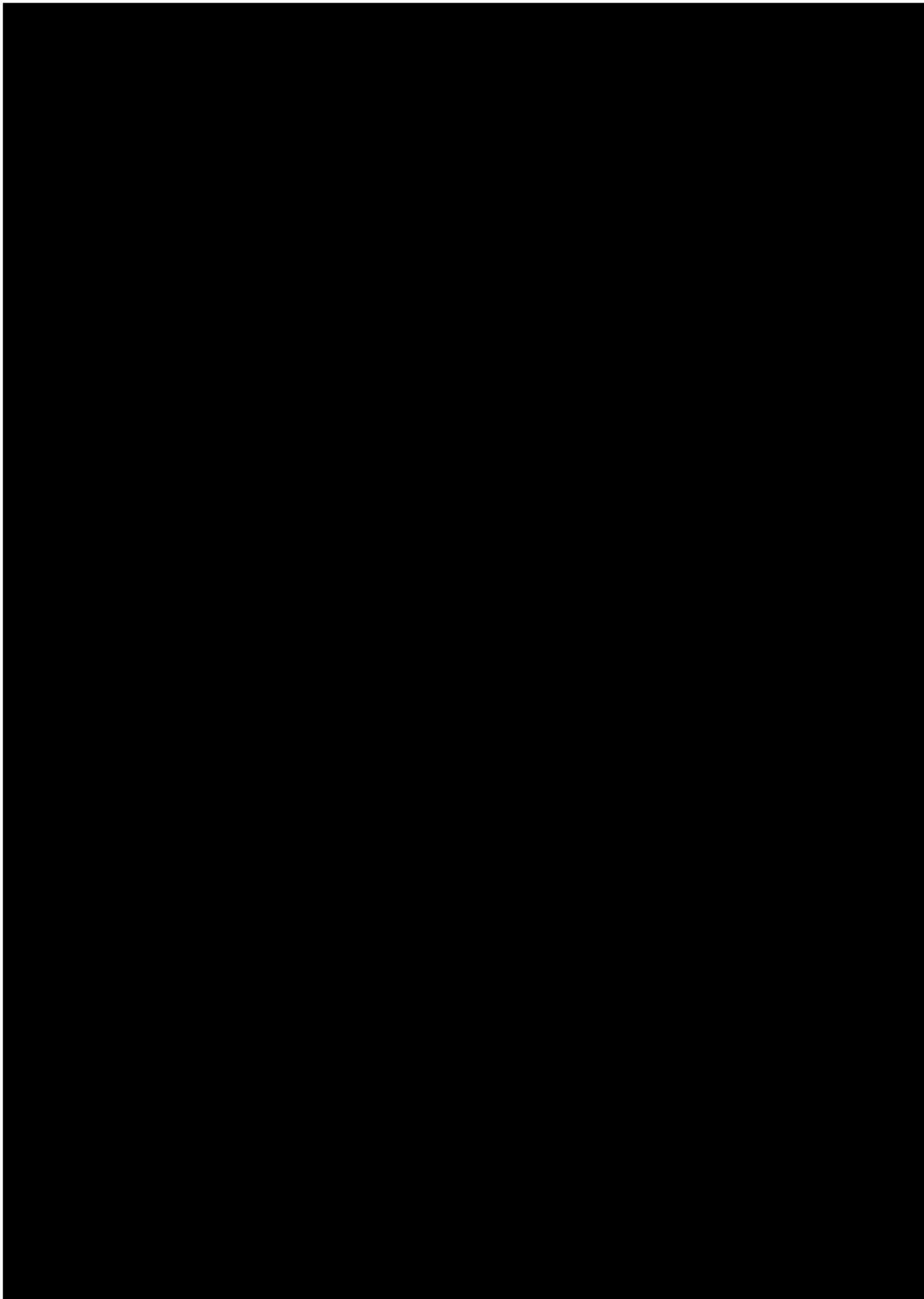
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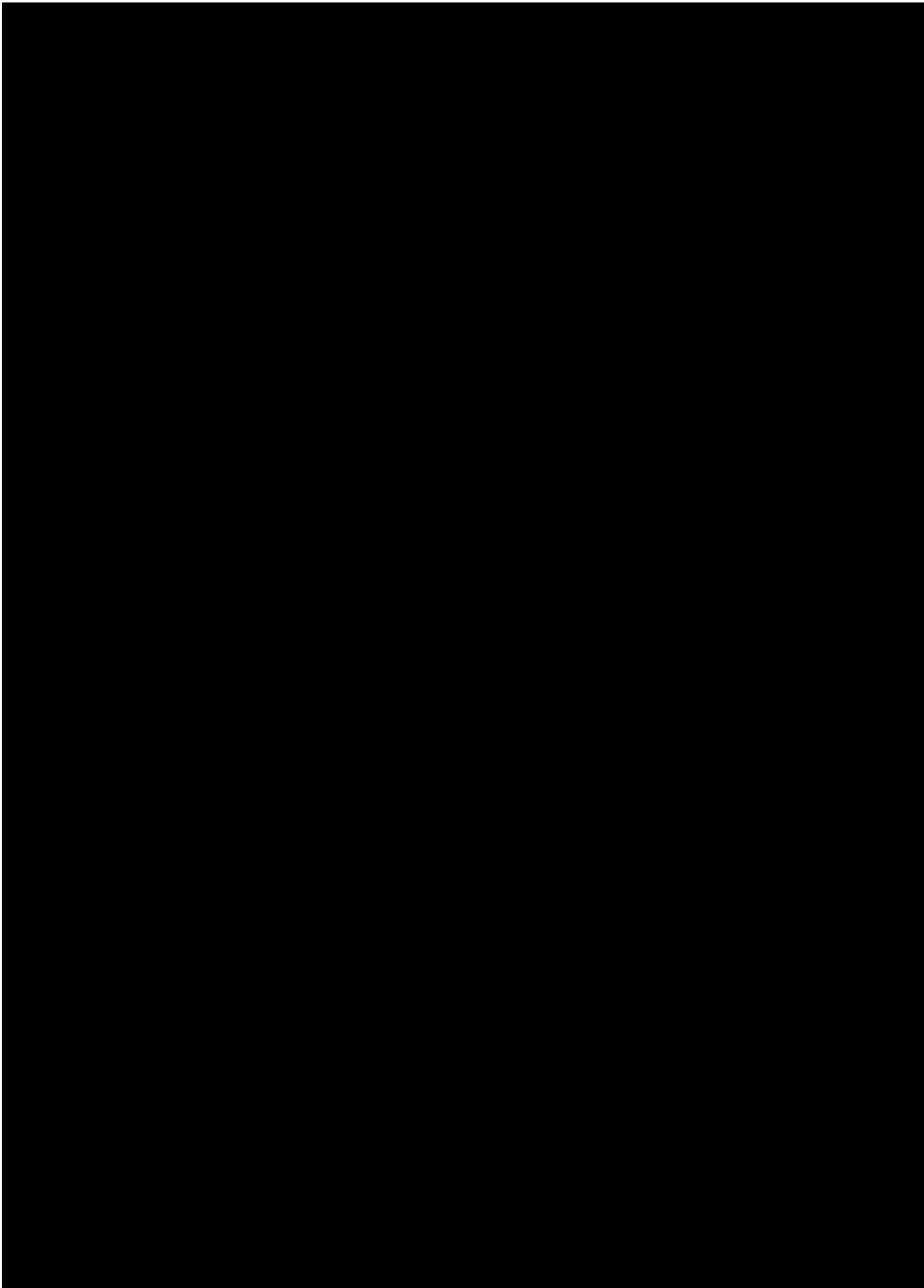
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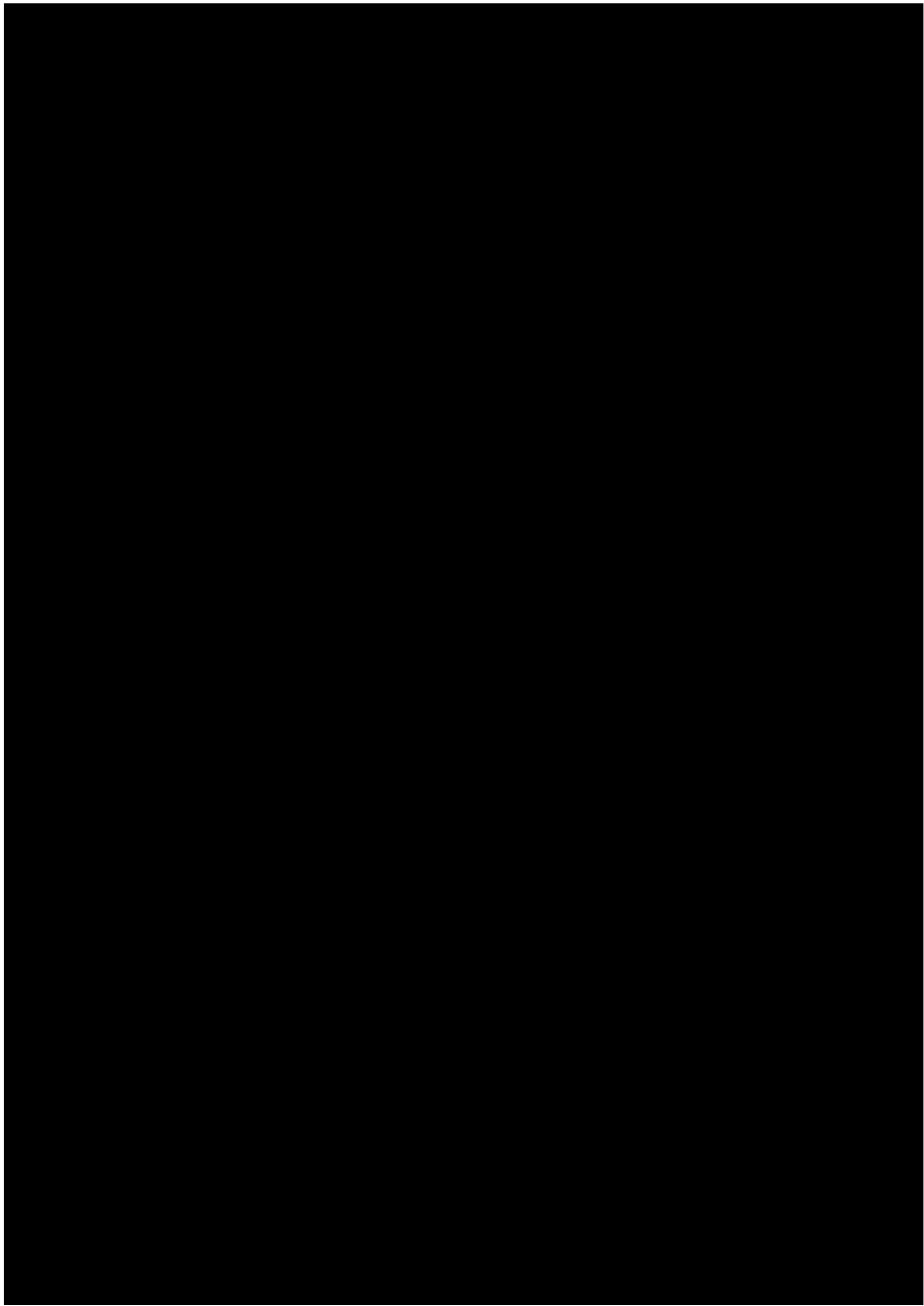
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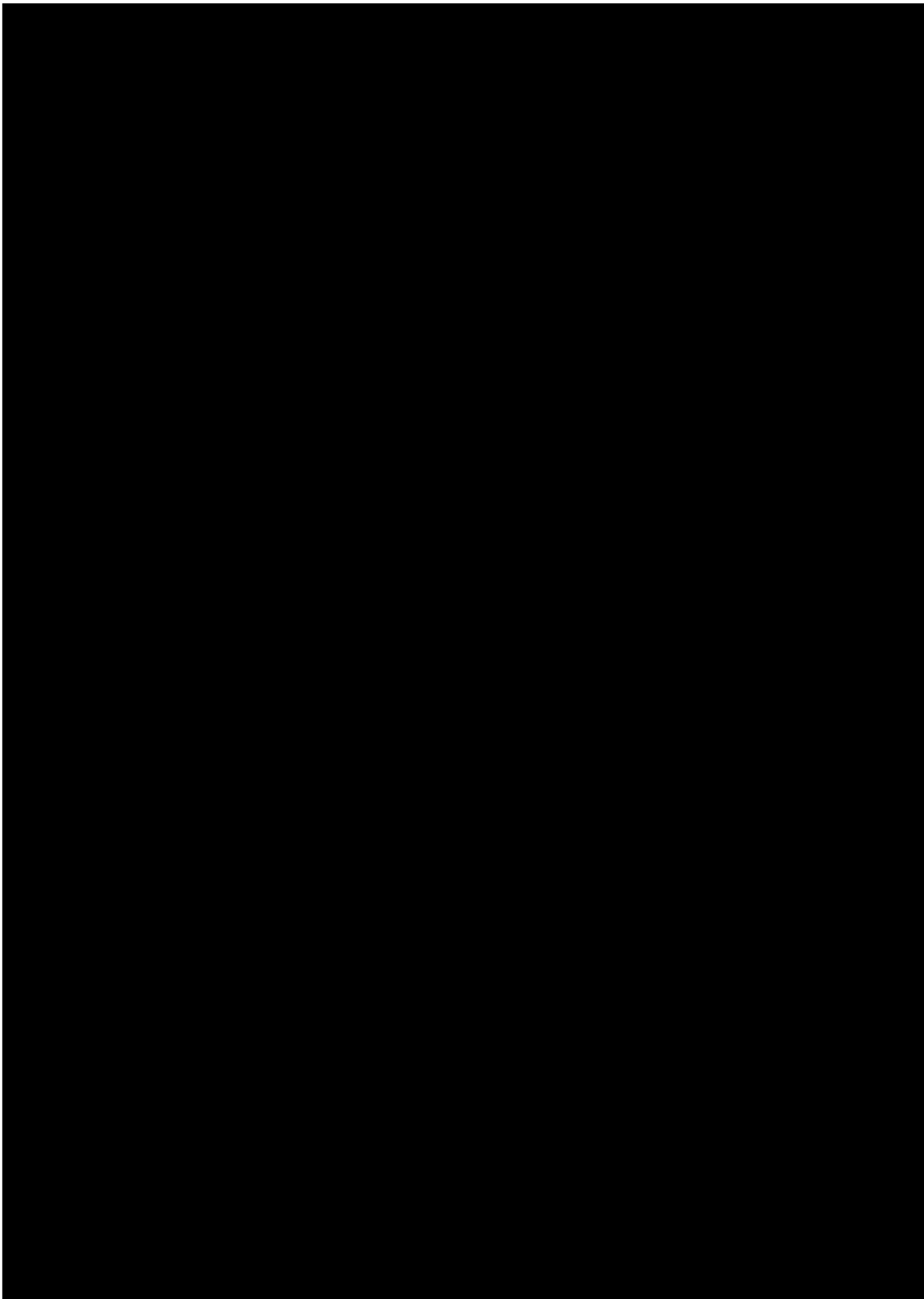
...the ninth of these is the fact that the ...

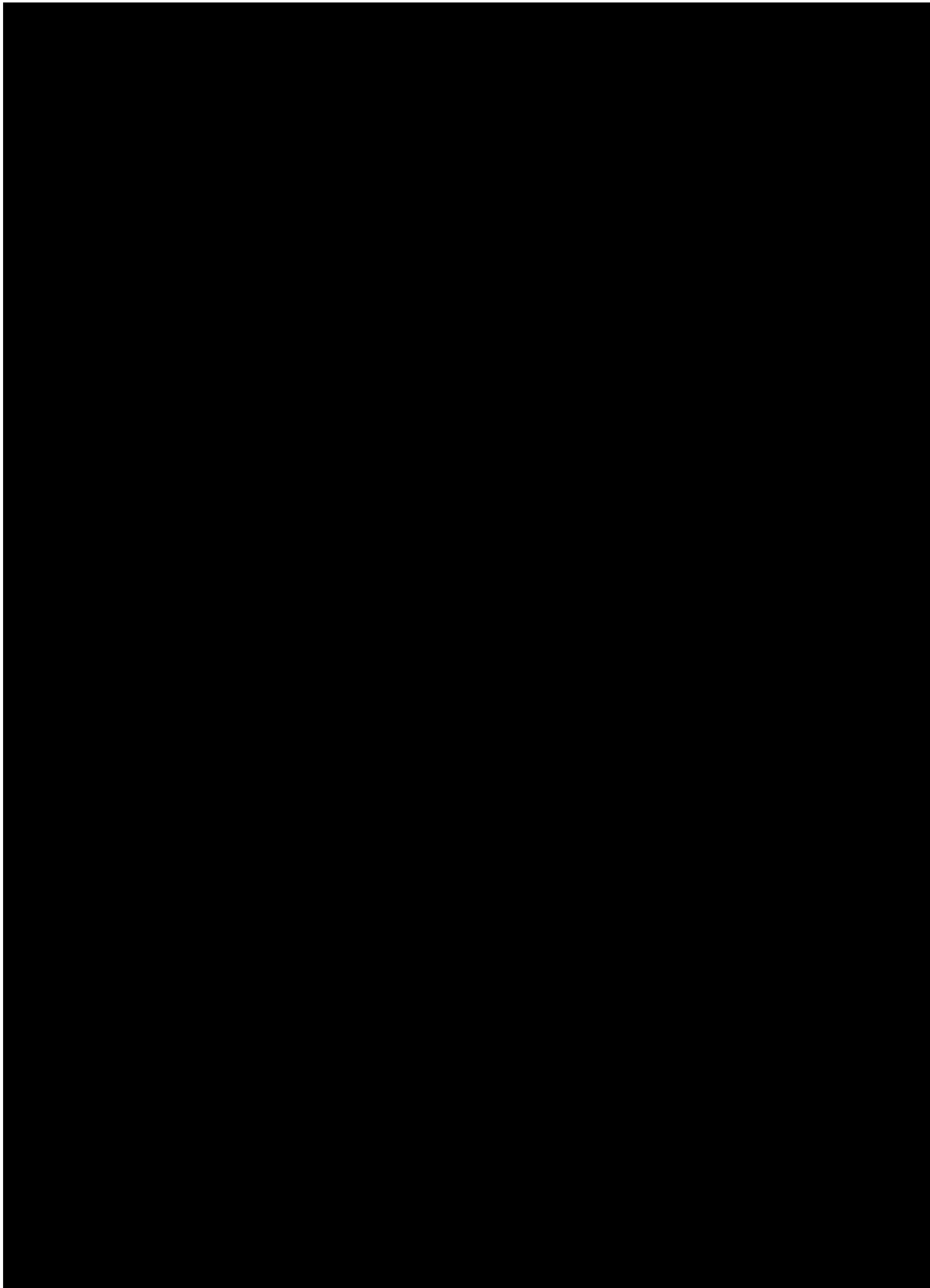
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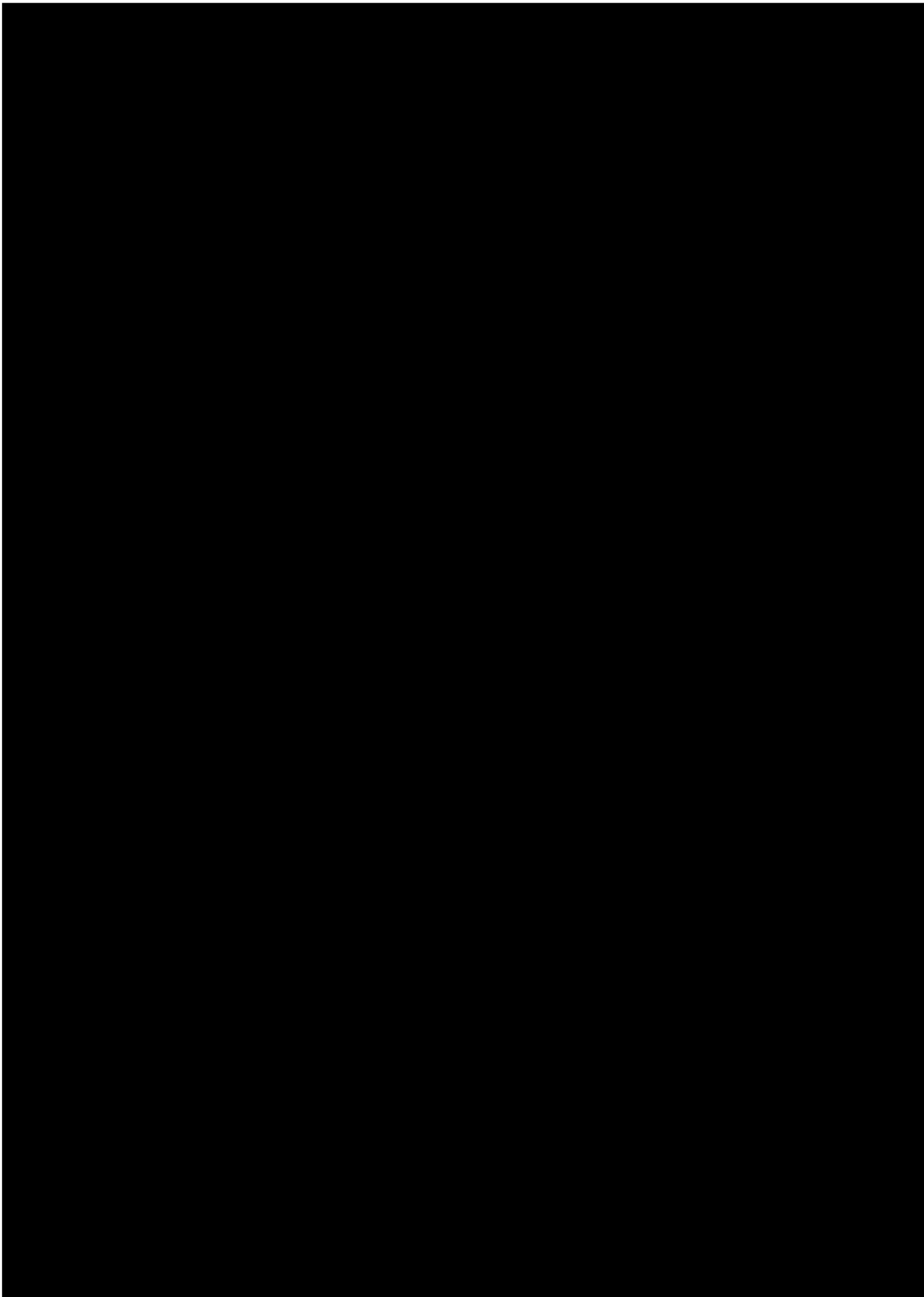


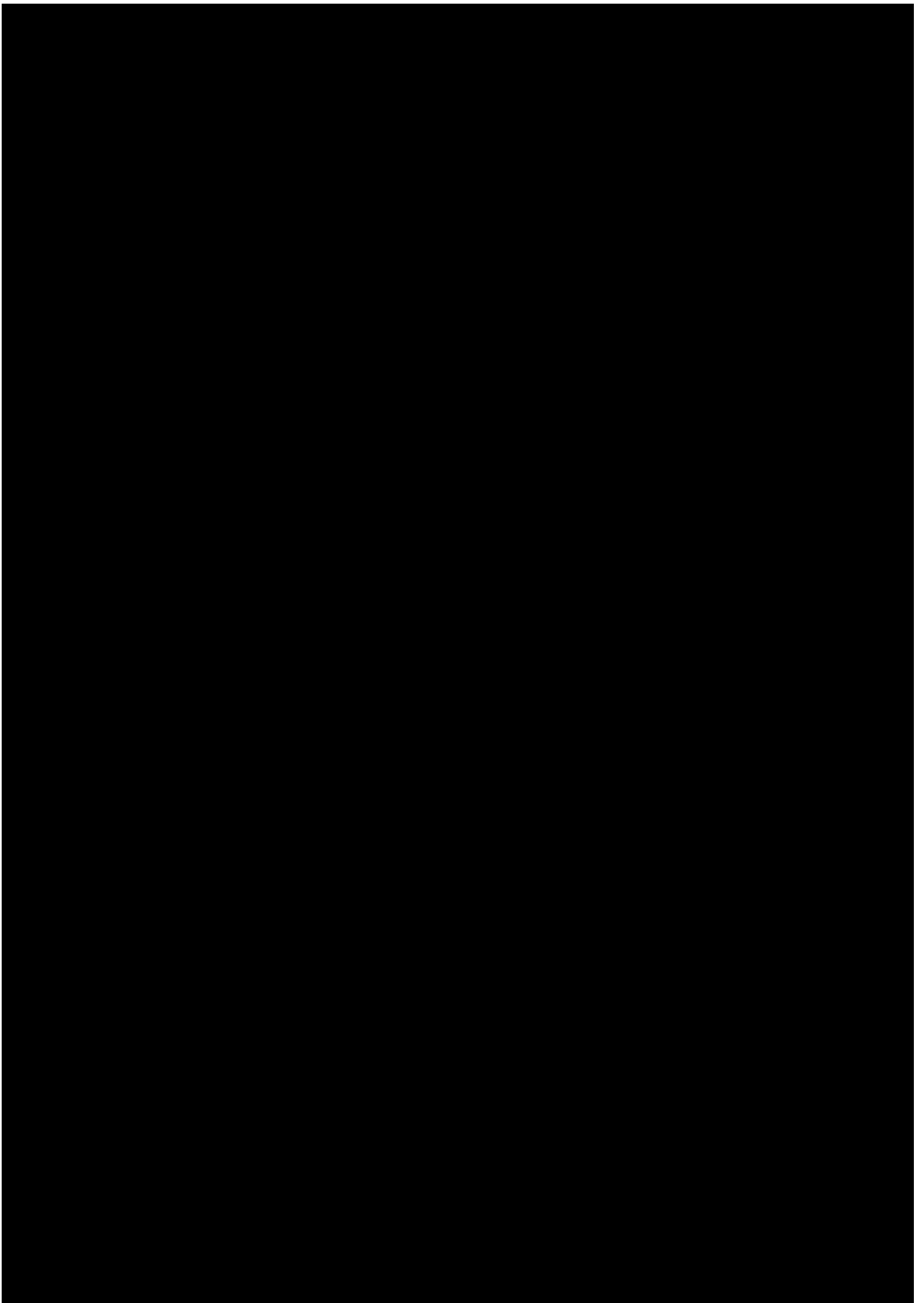


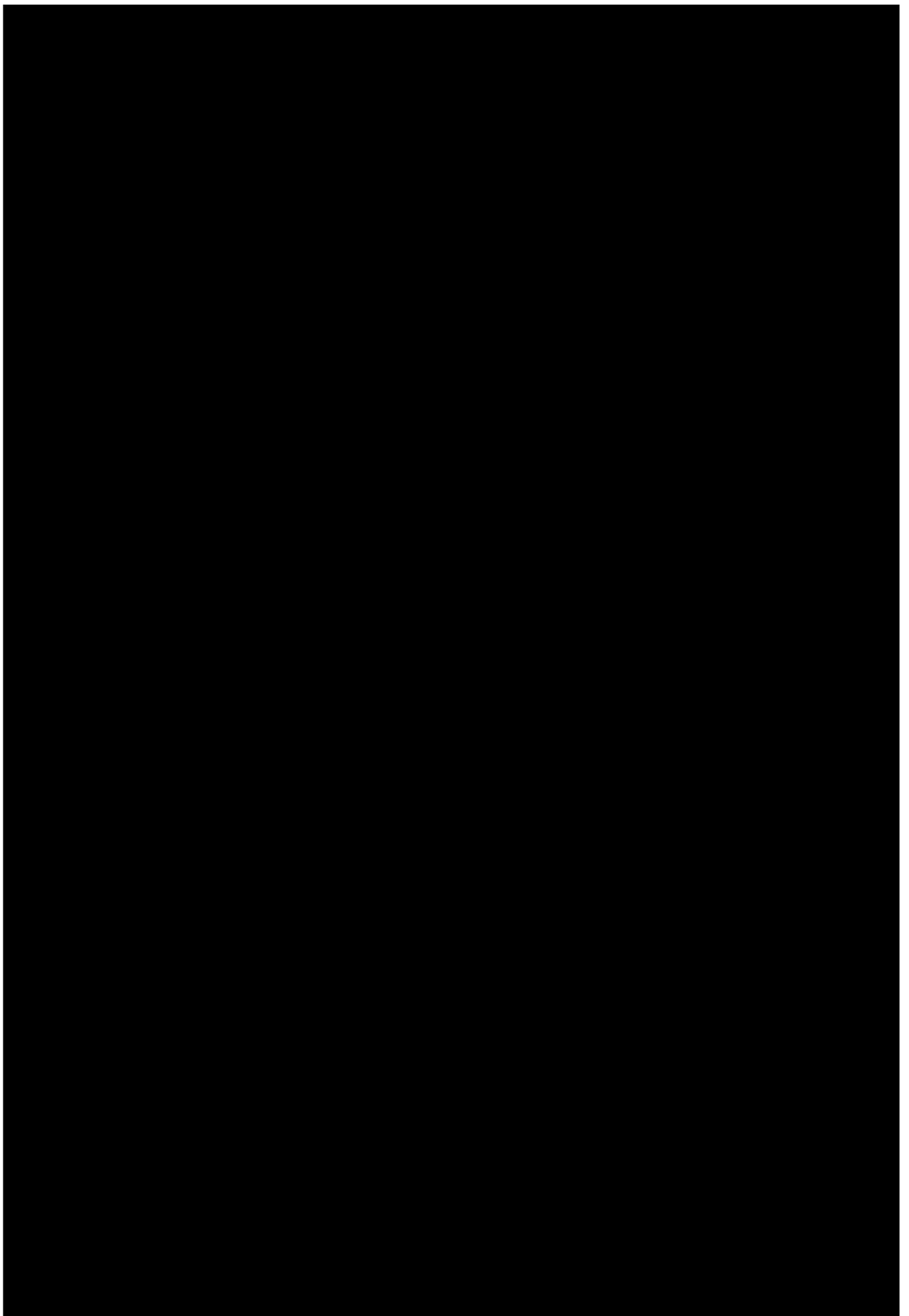


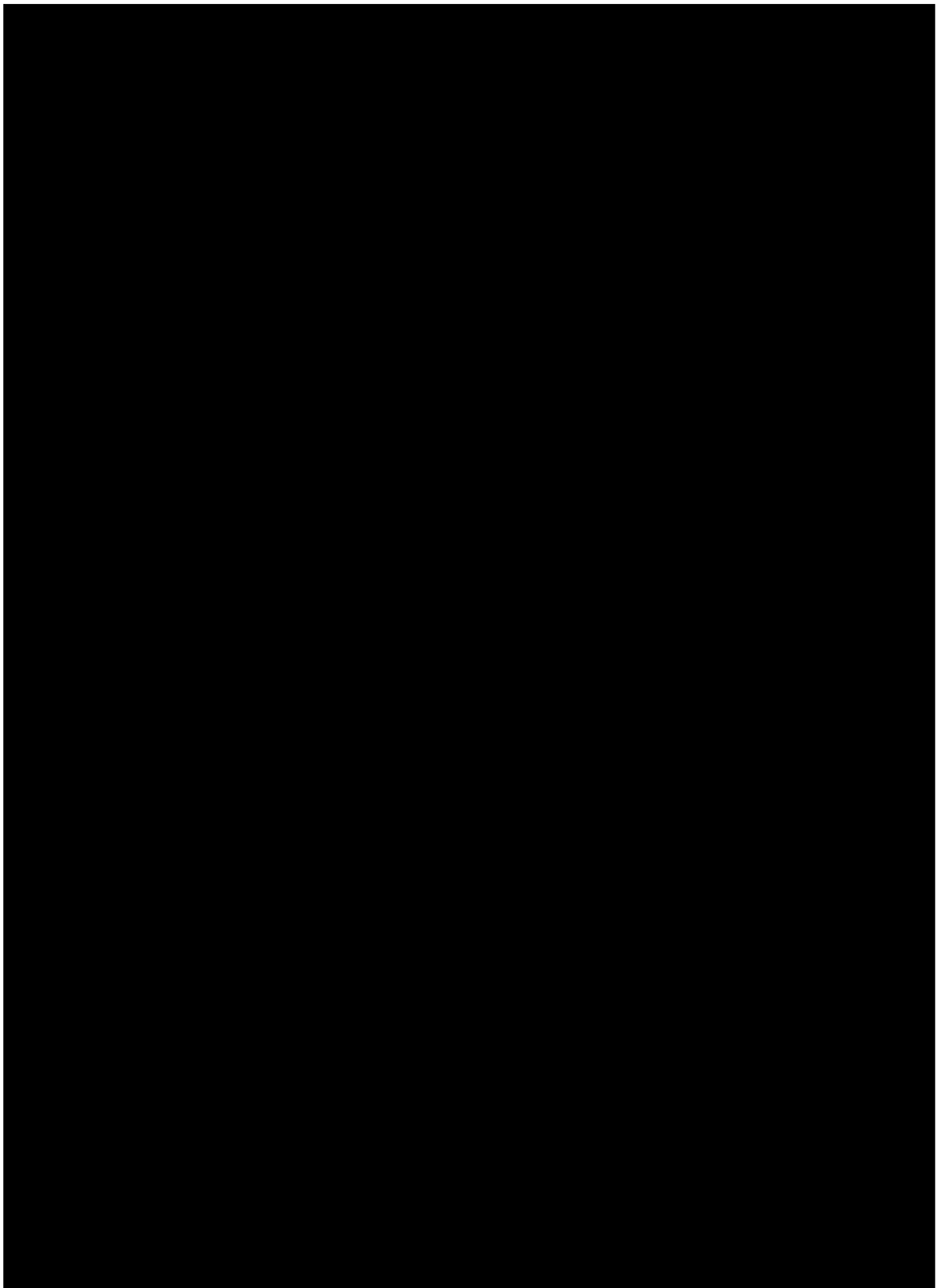


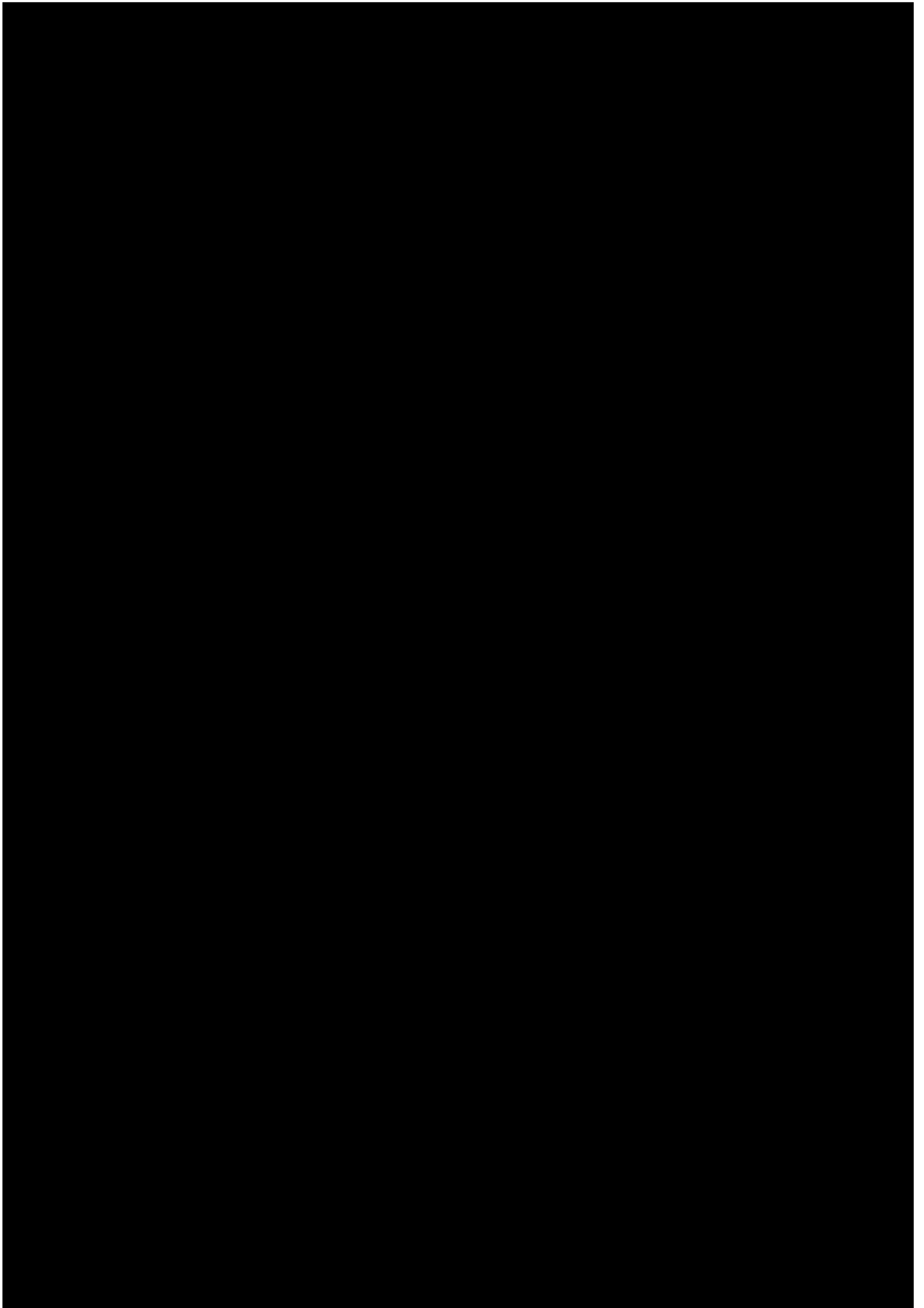


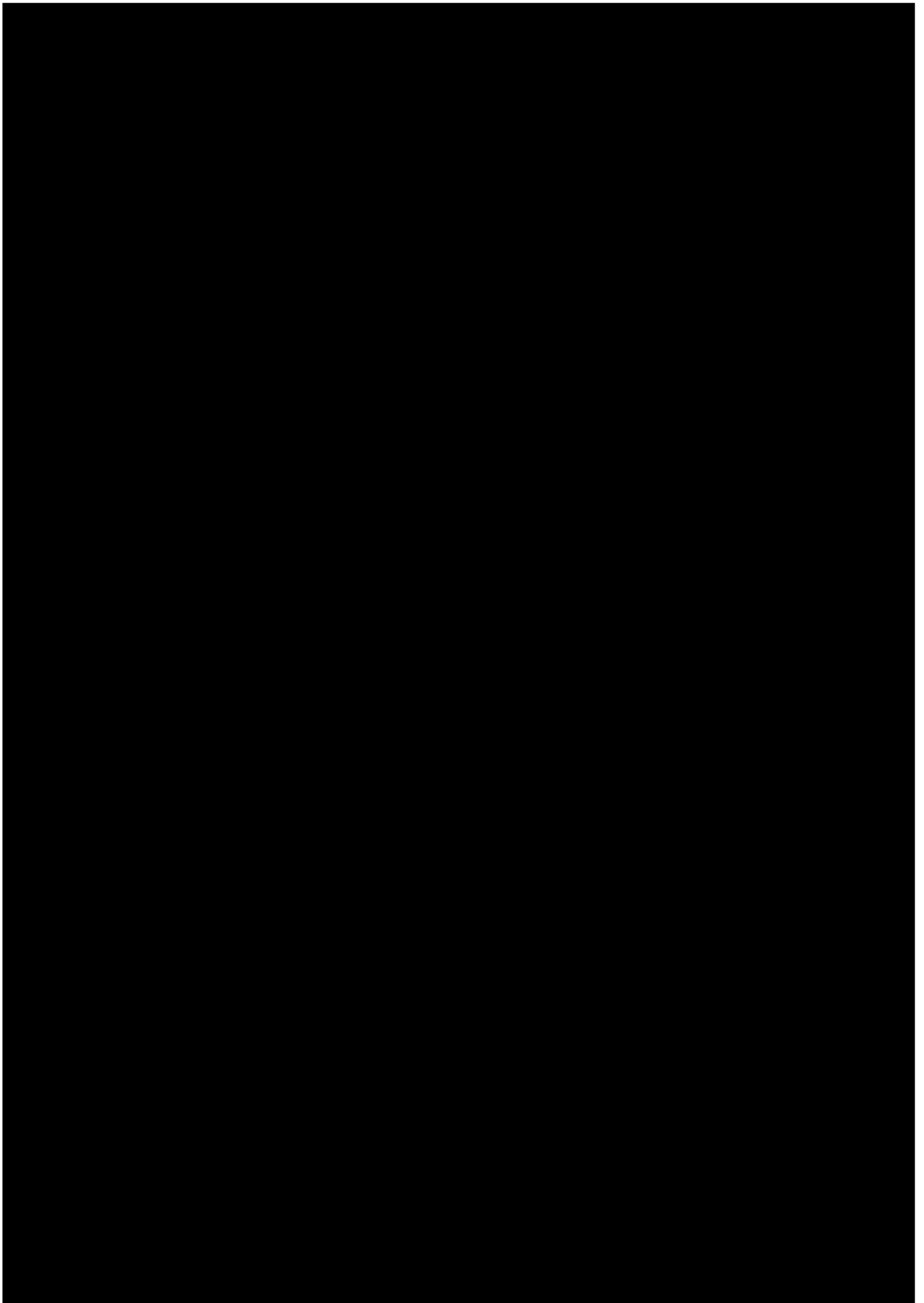


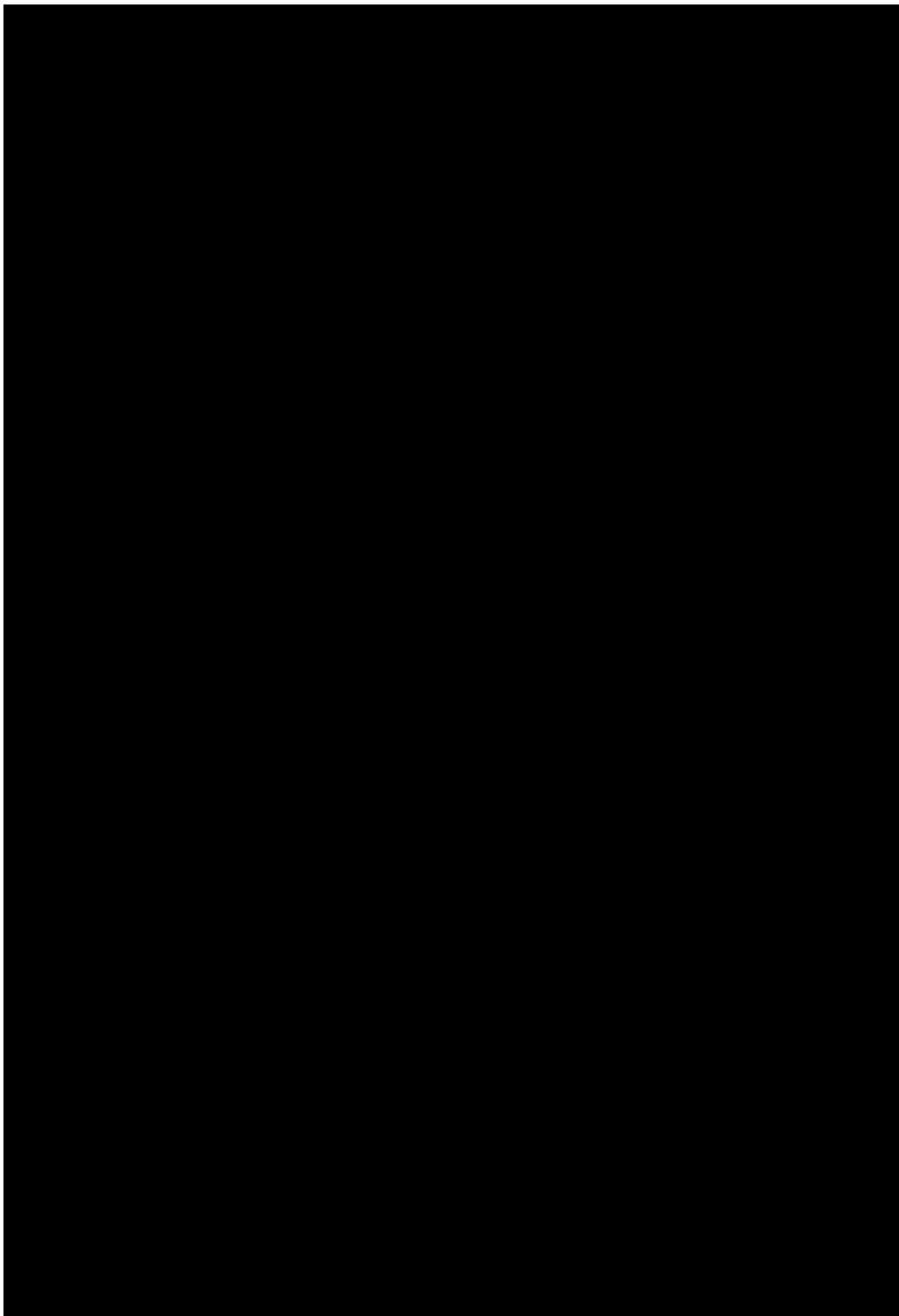


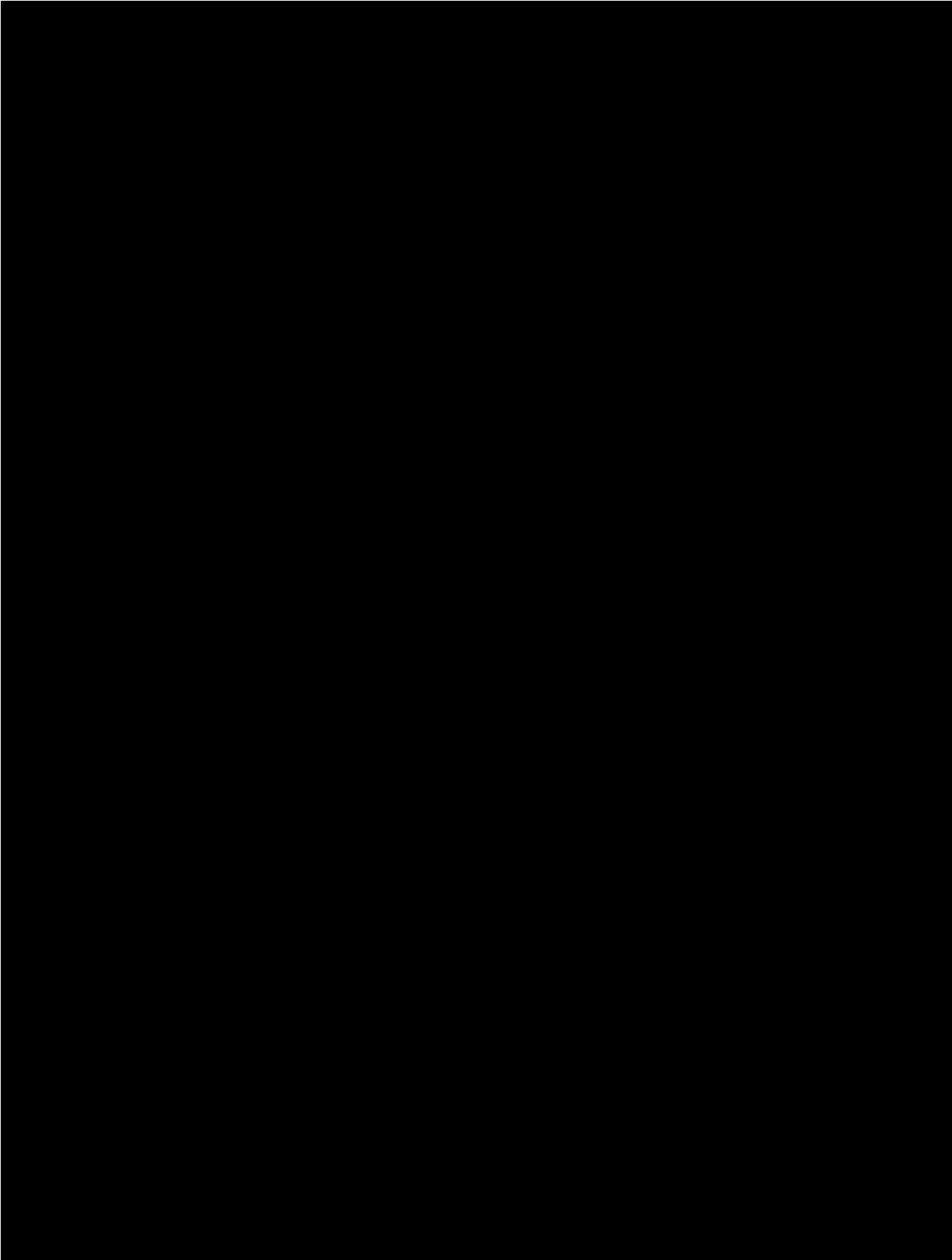


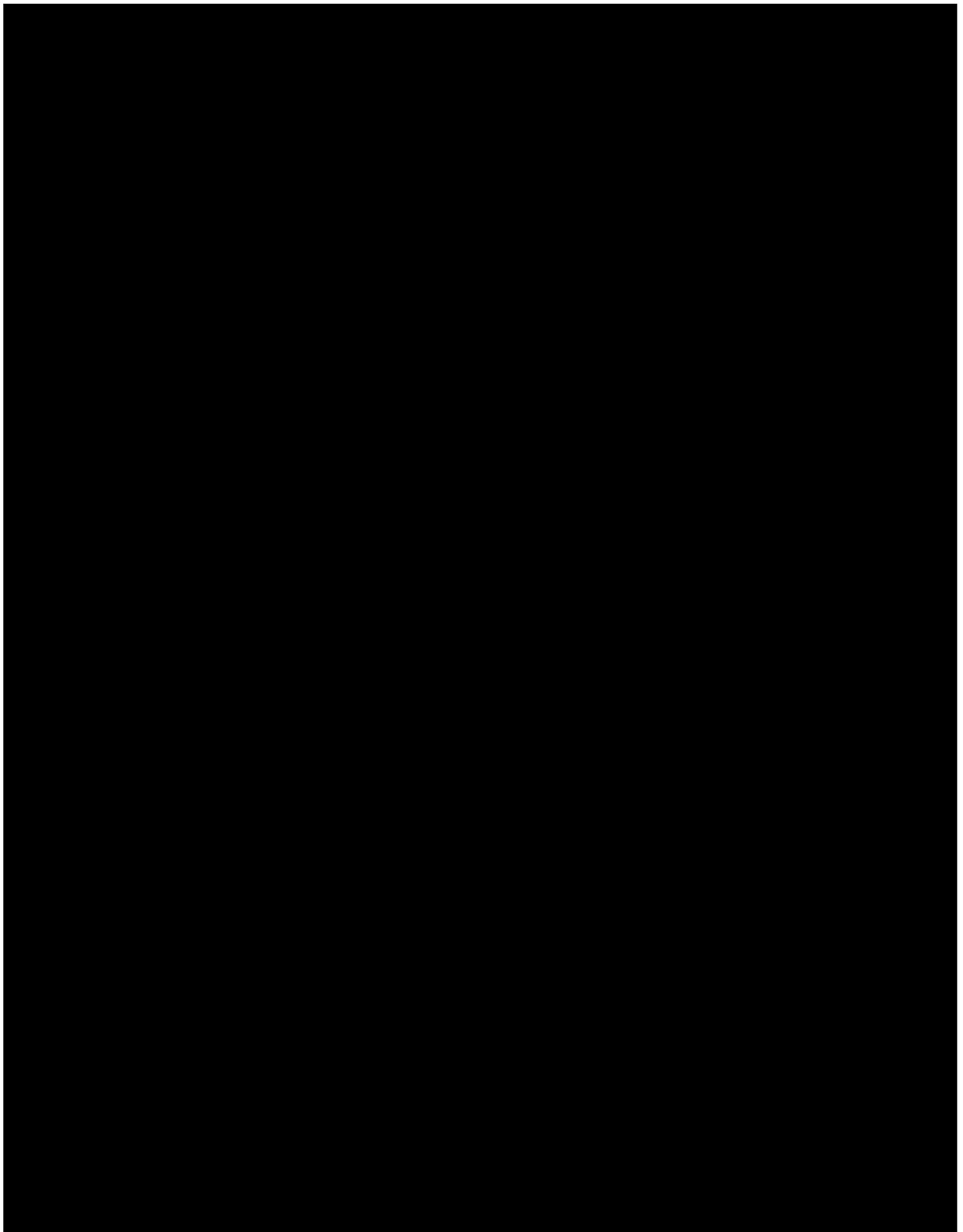


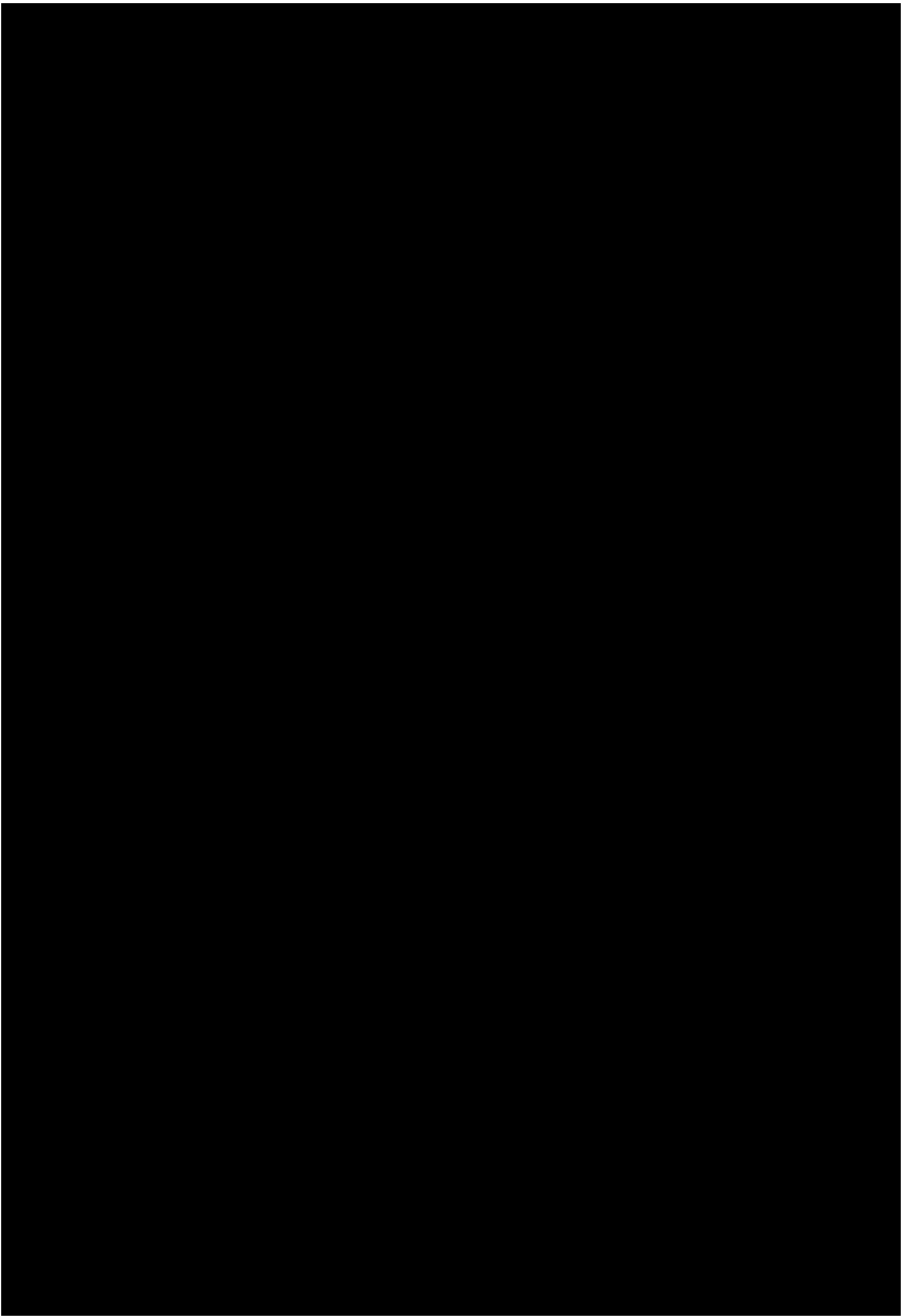


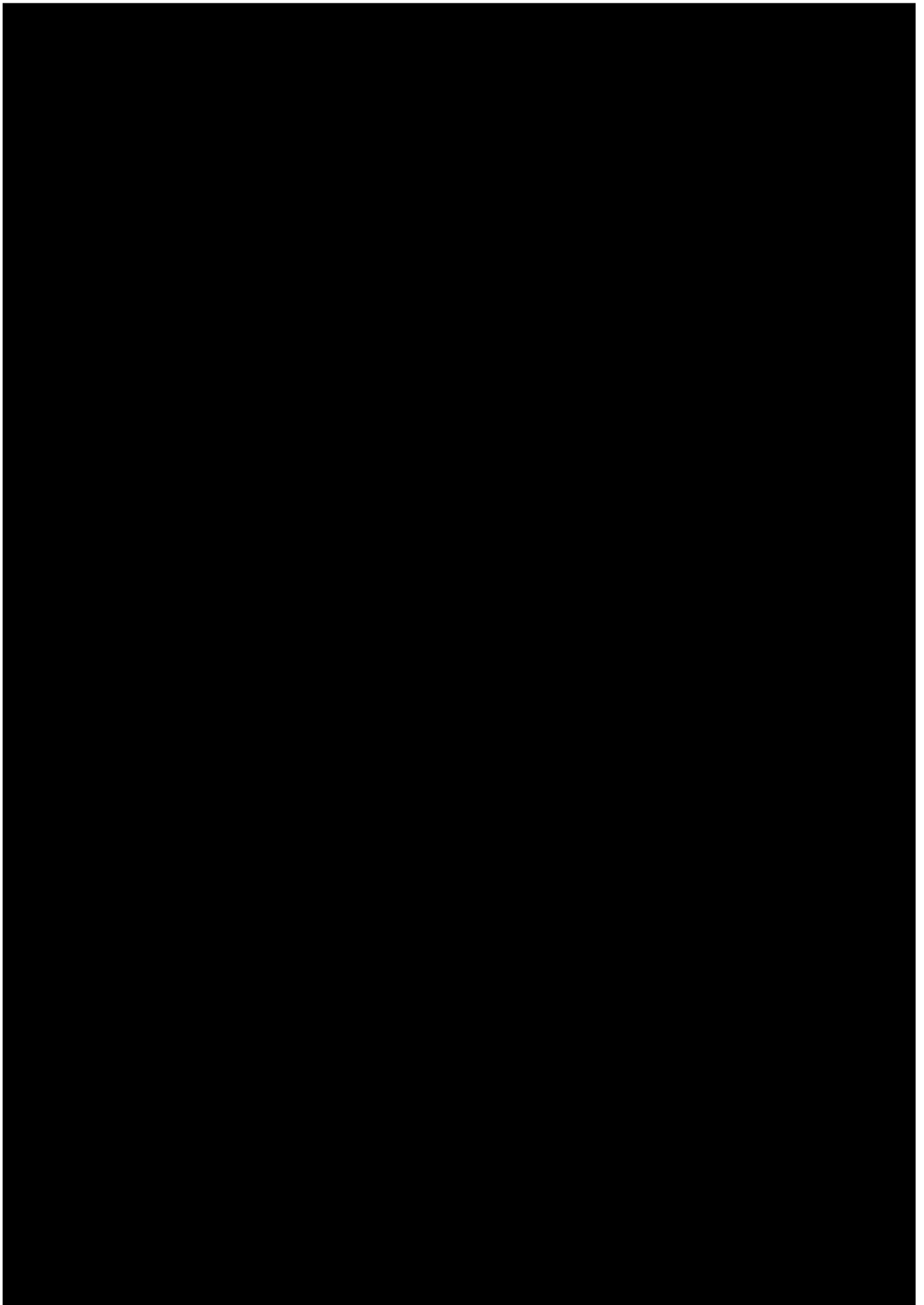


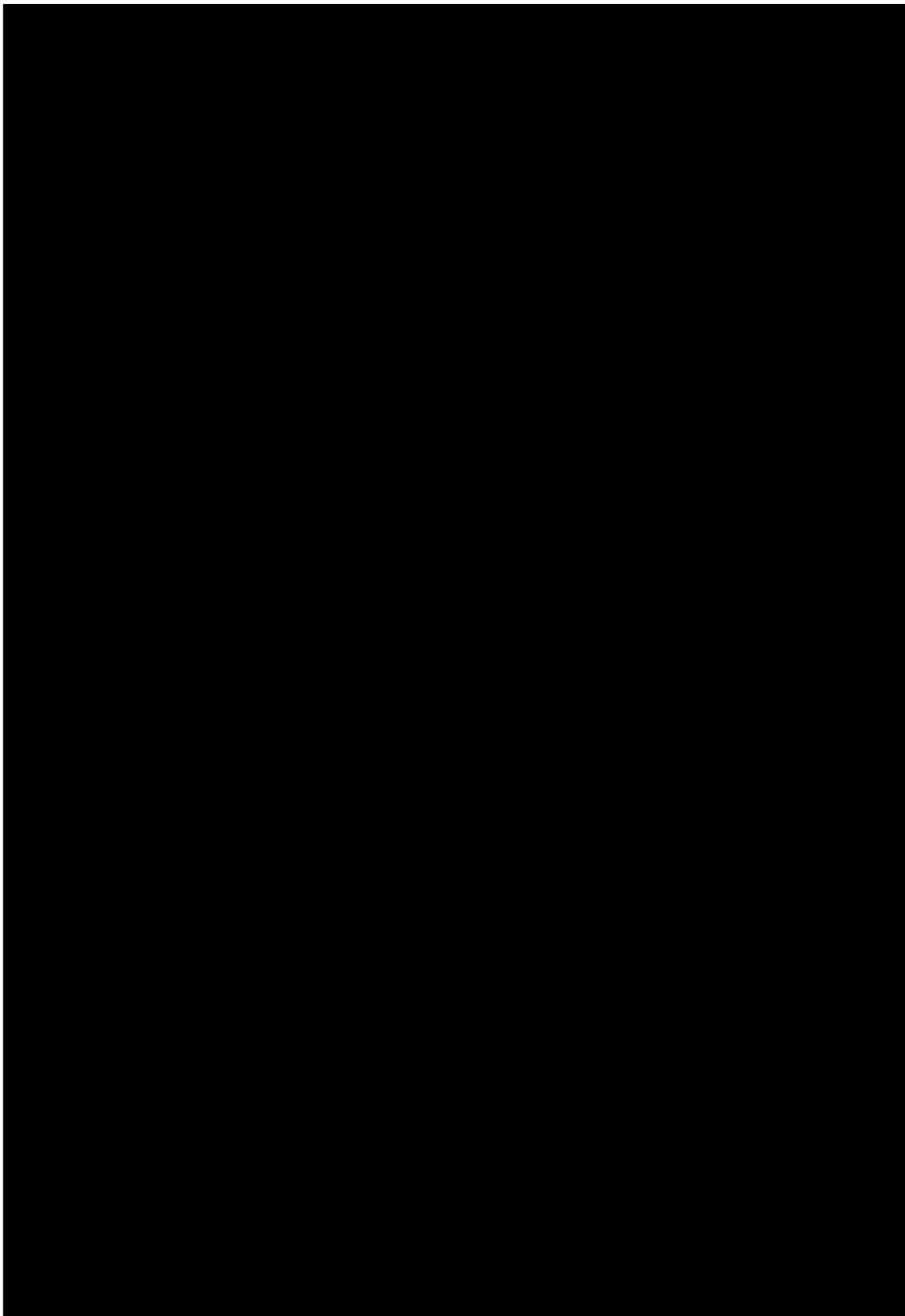


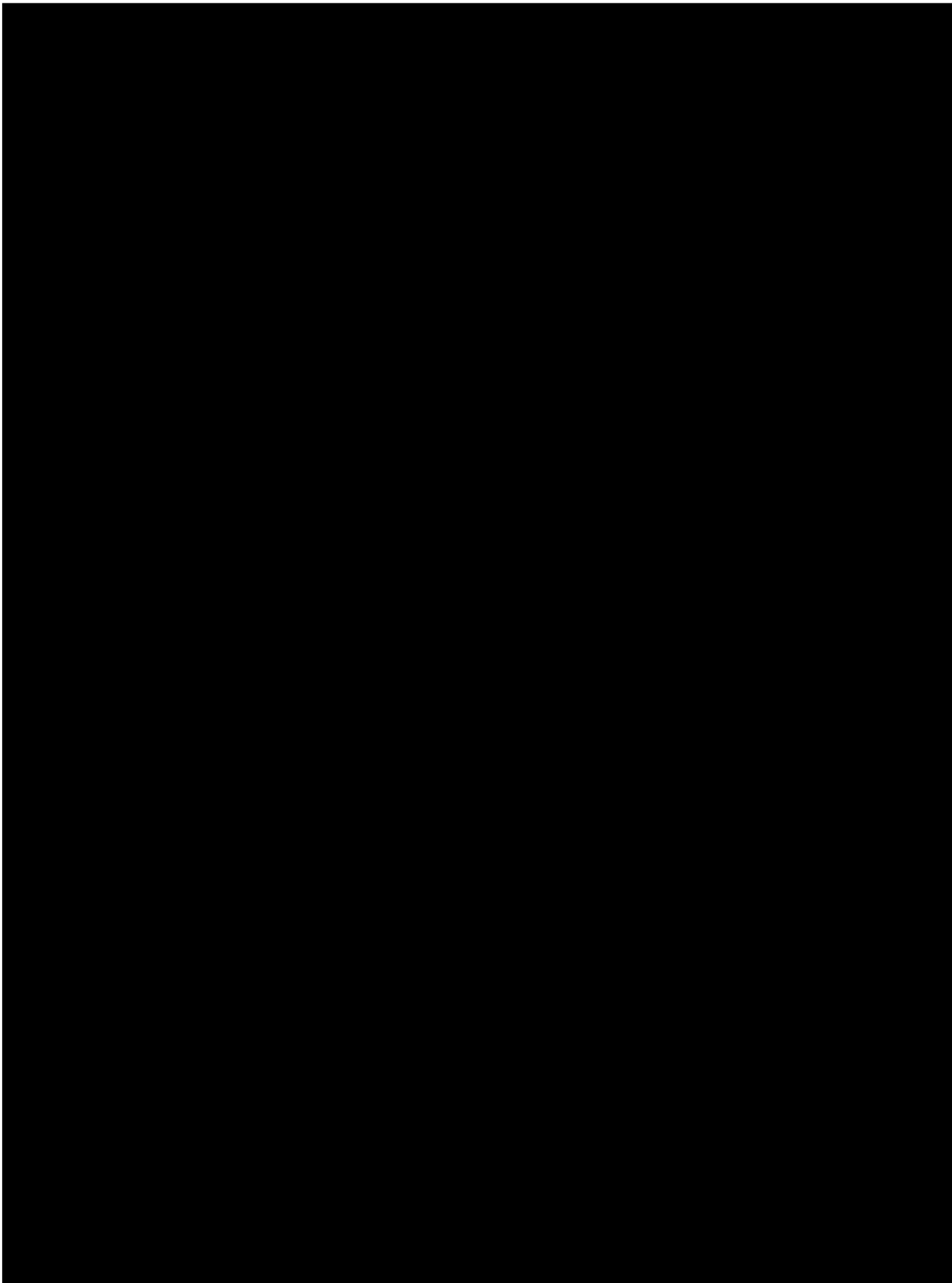


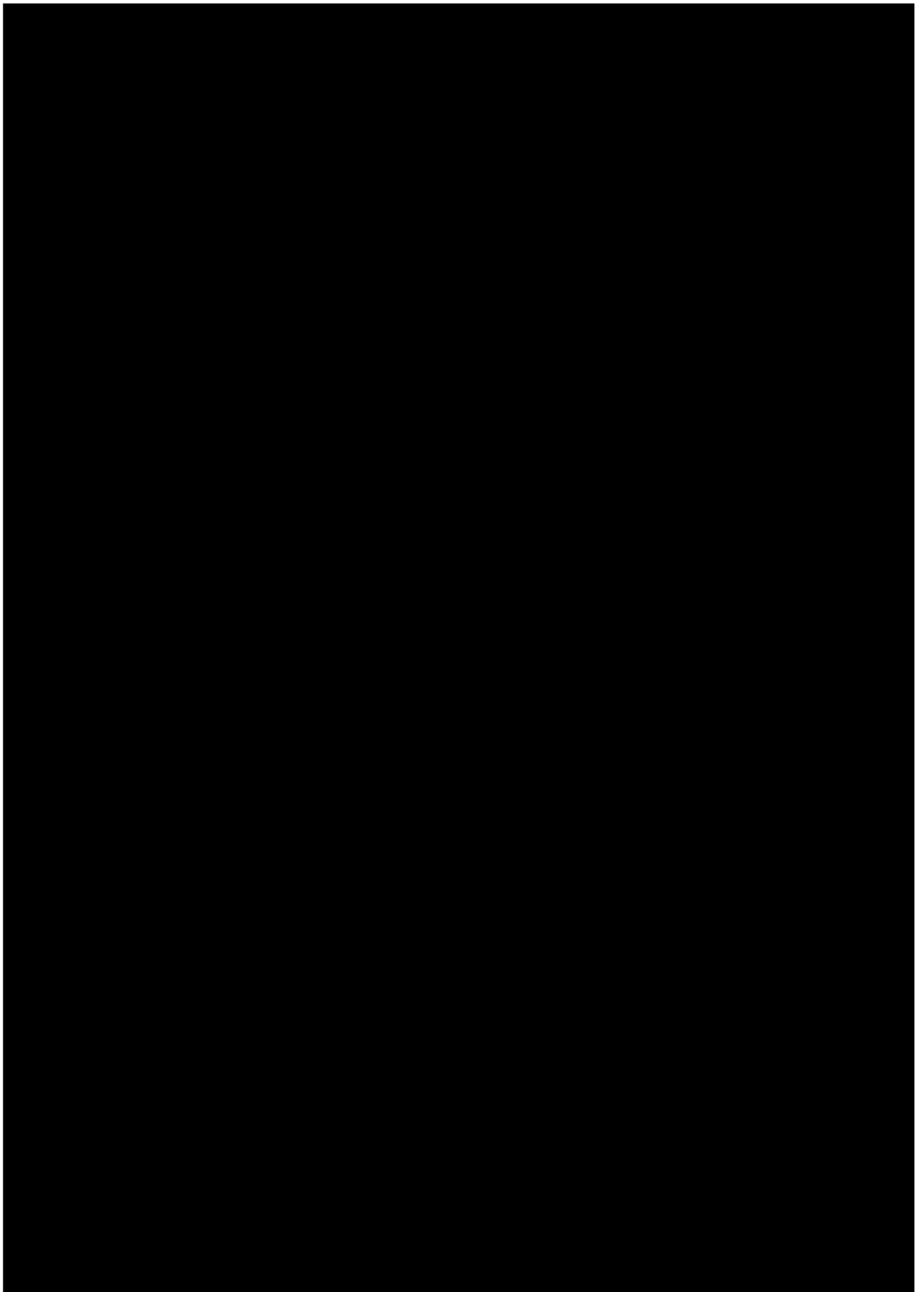


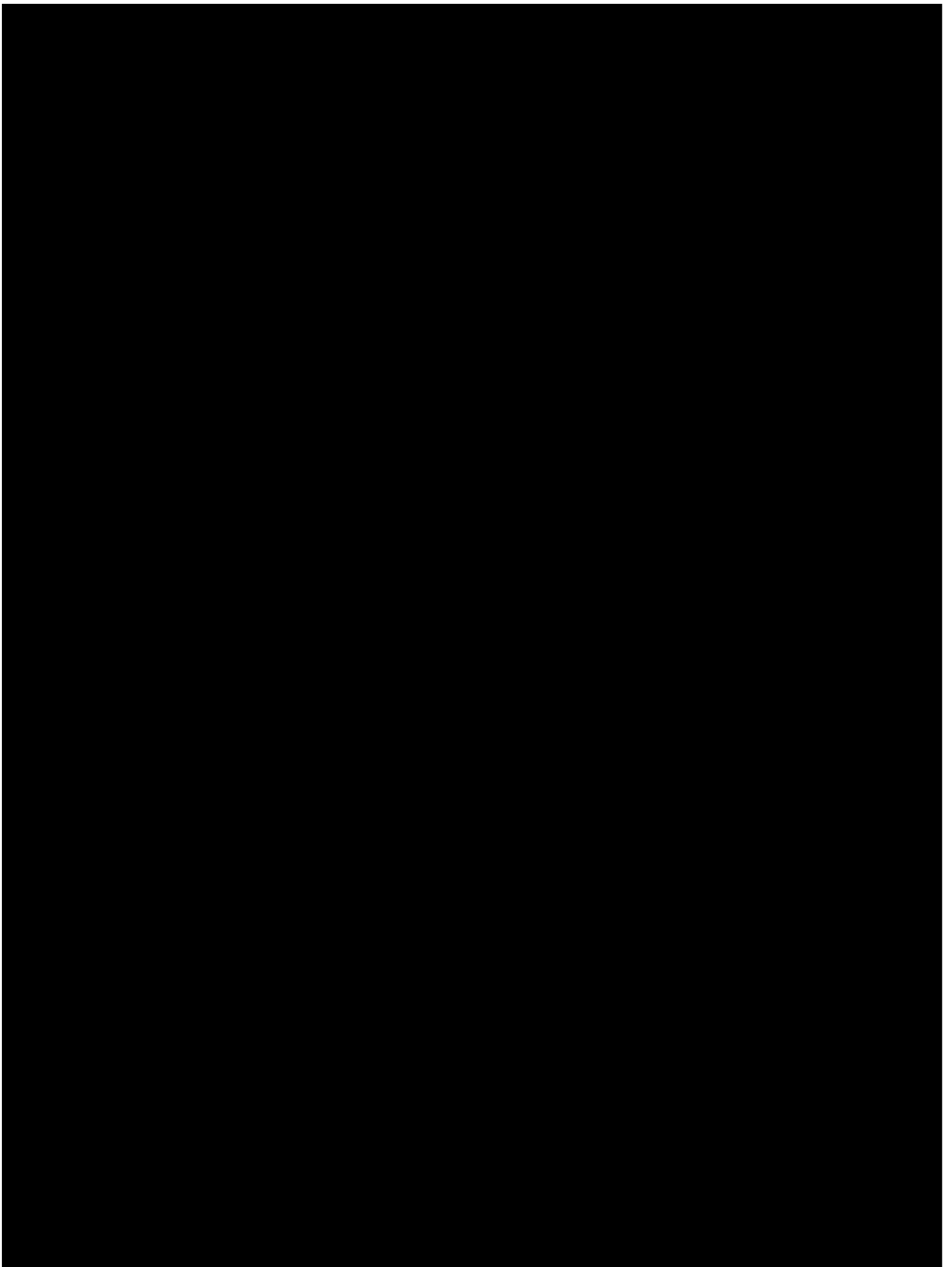


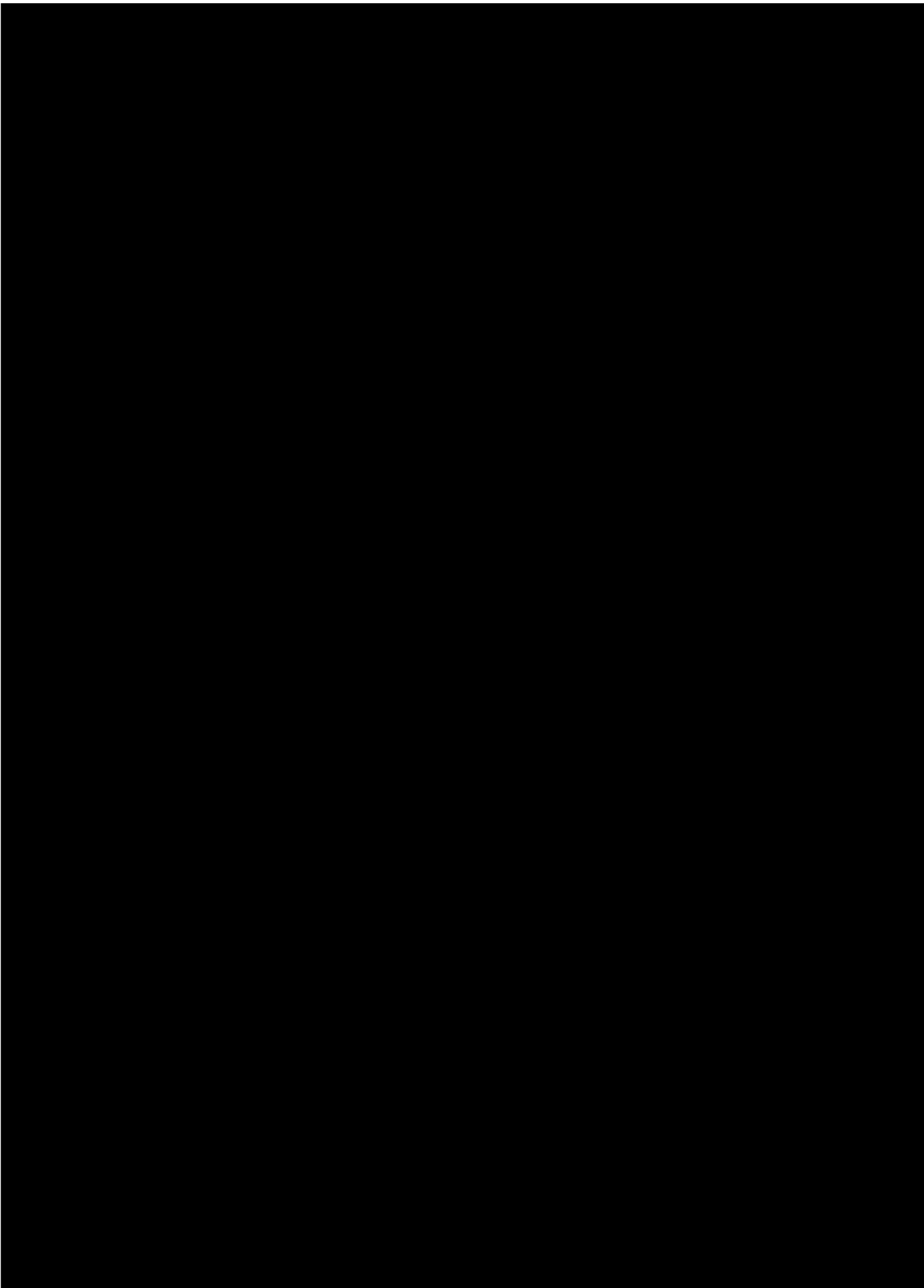


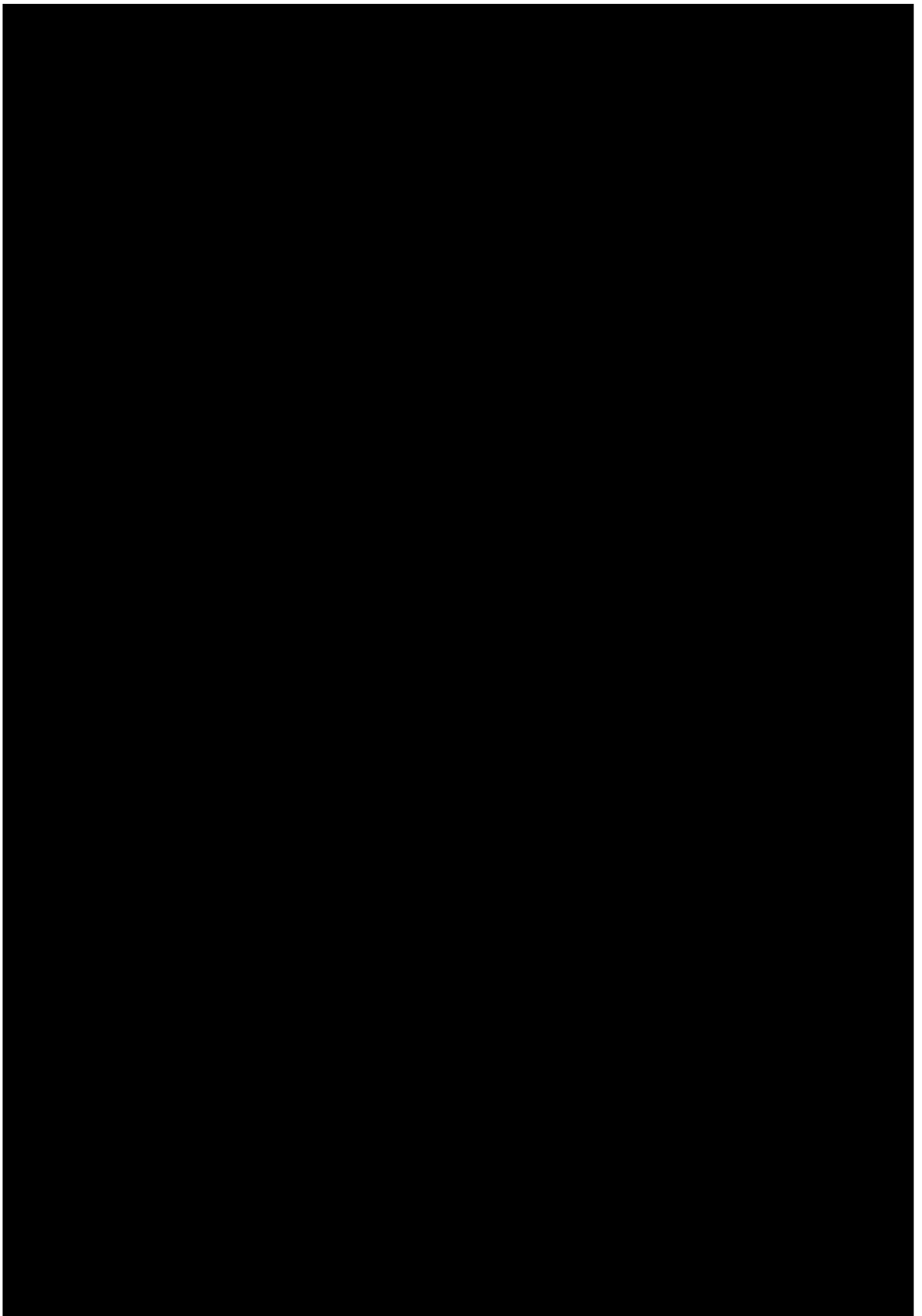


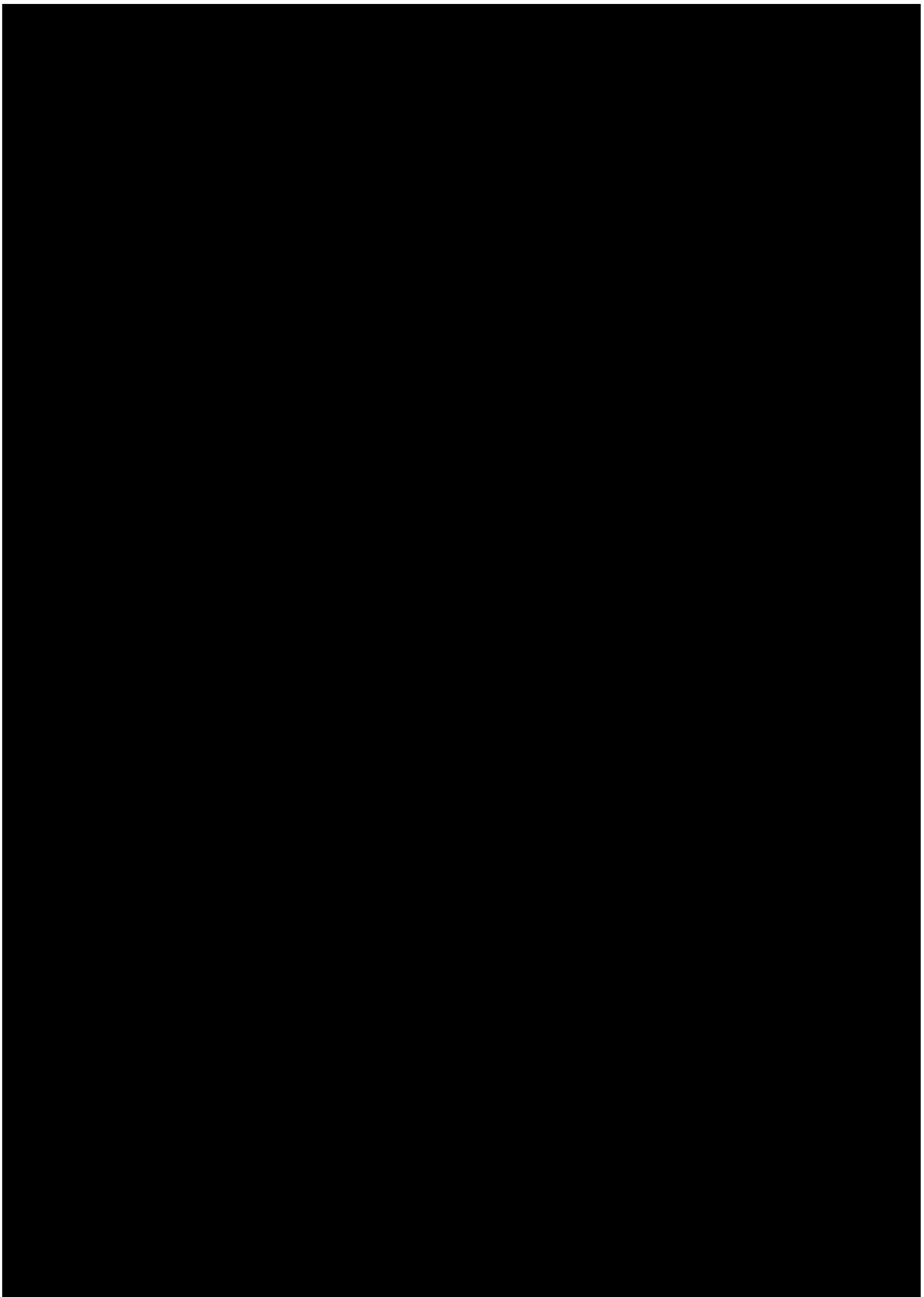


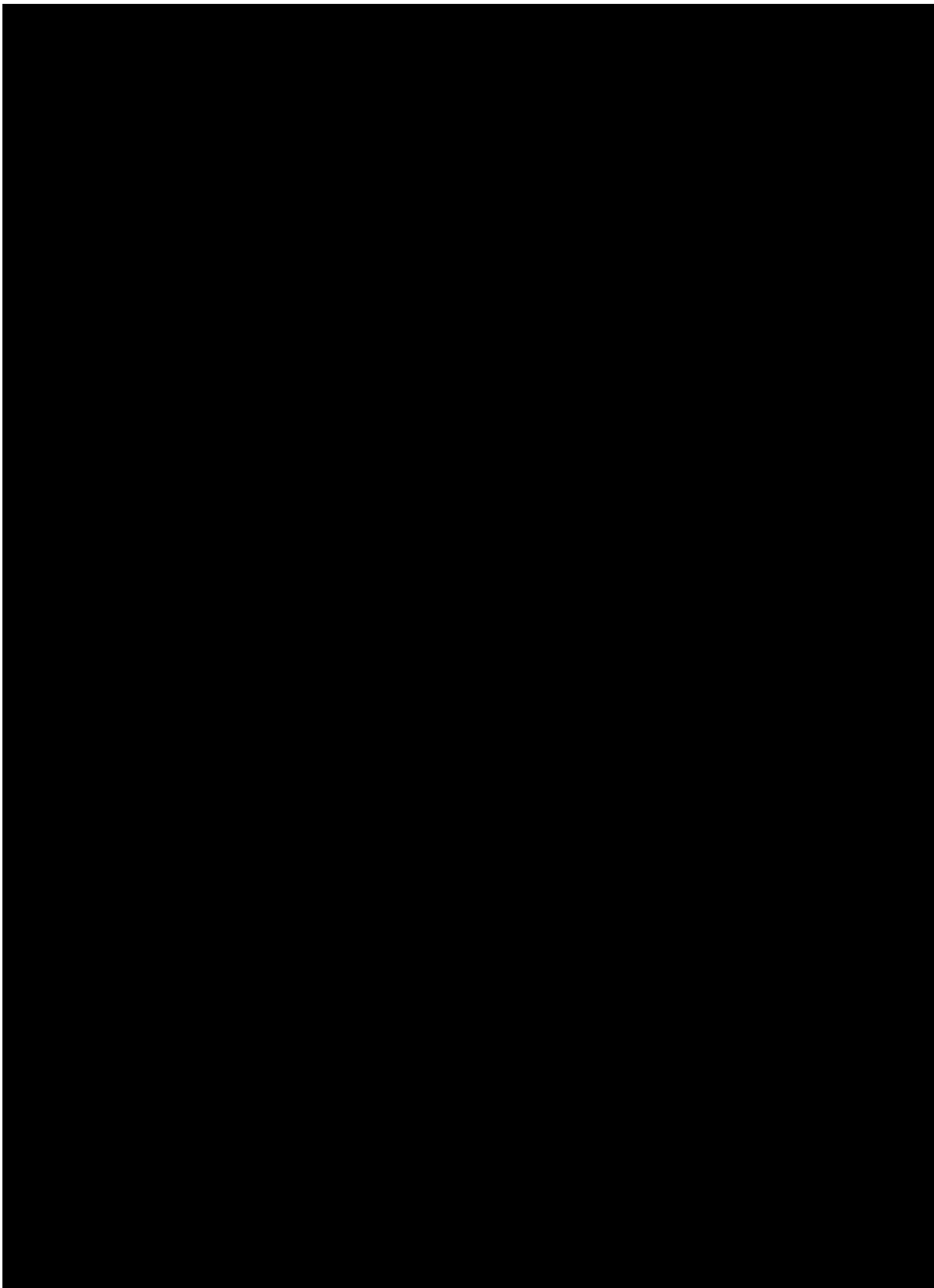


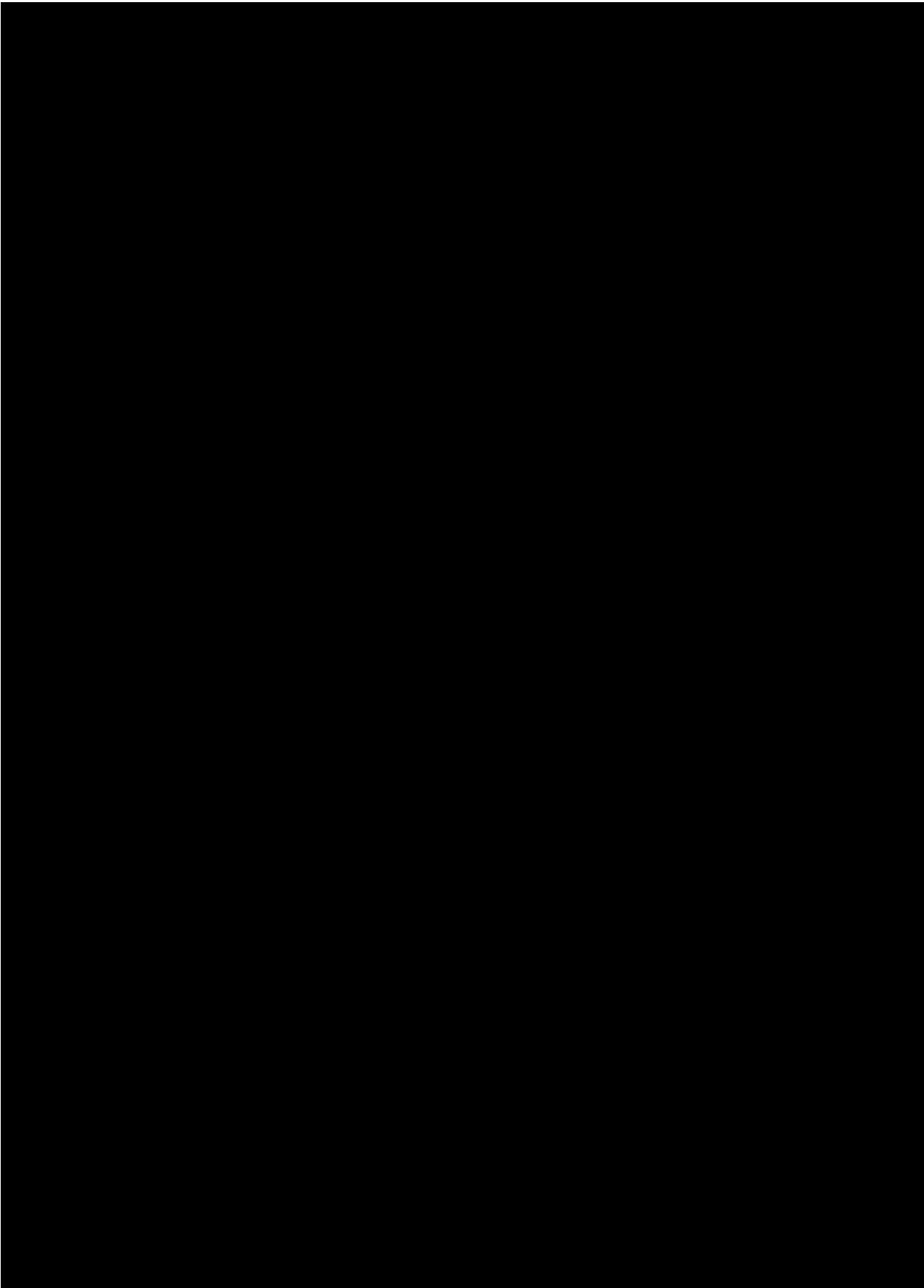


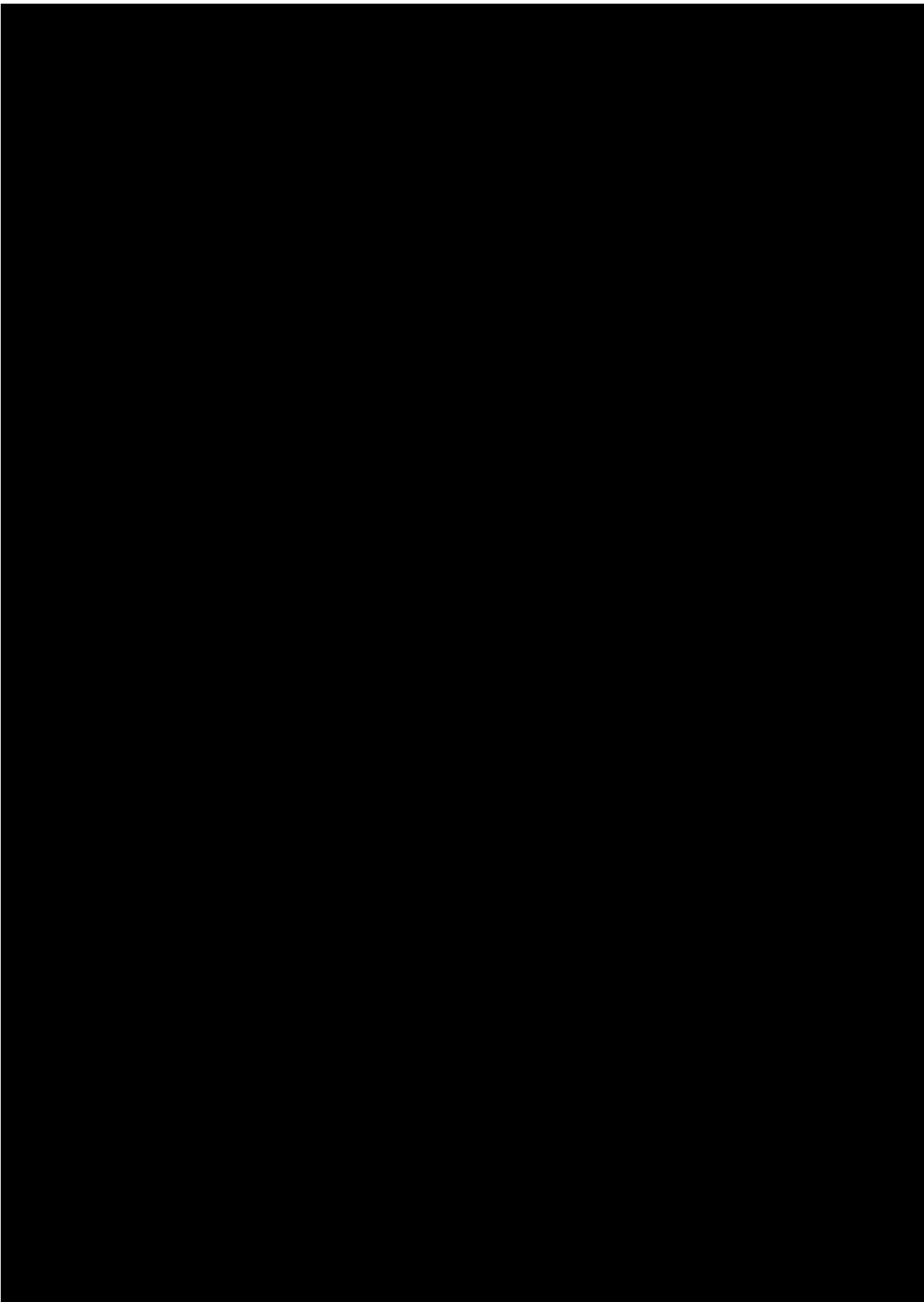


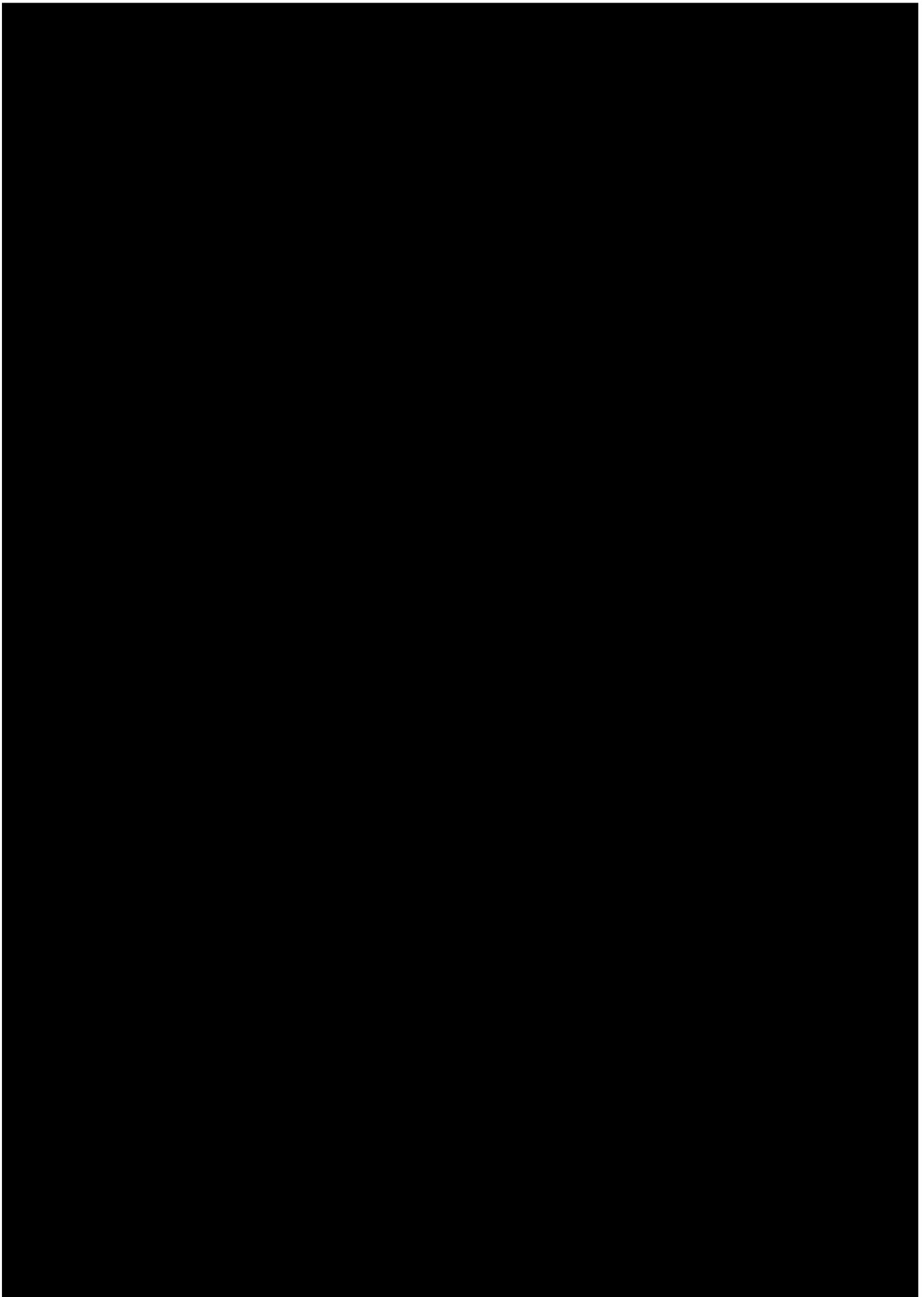


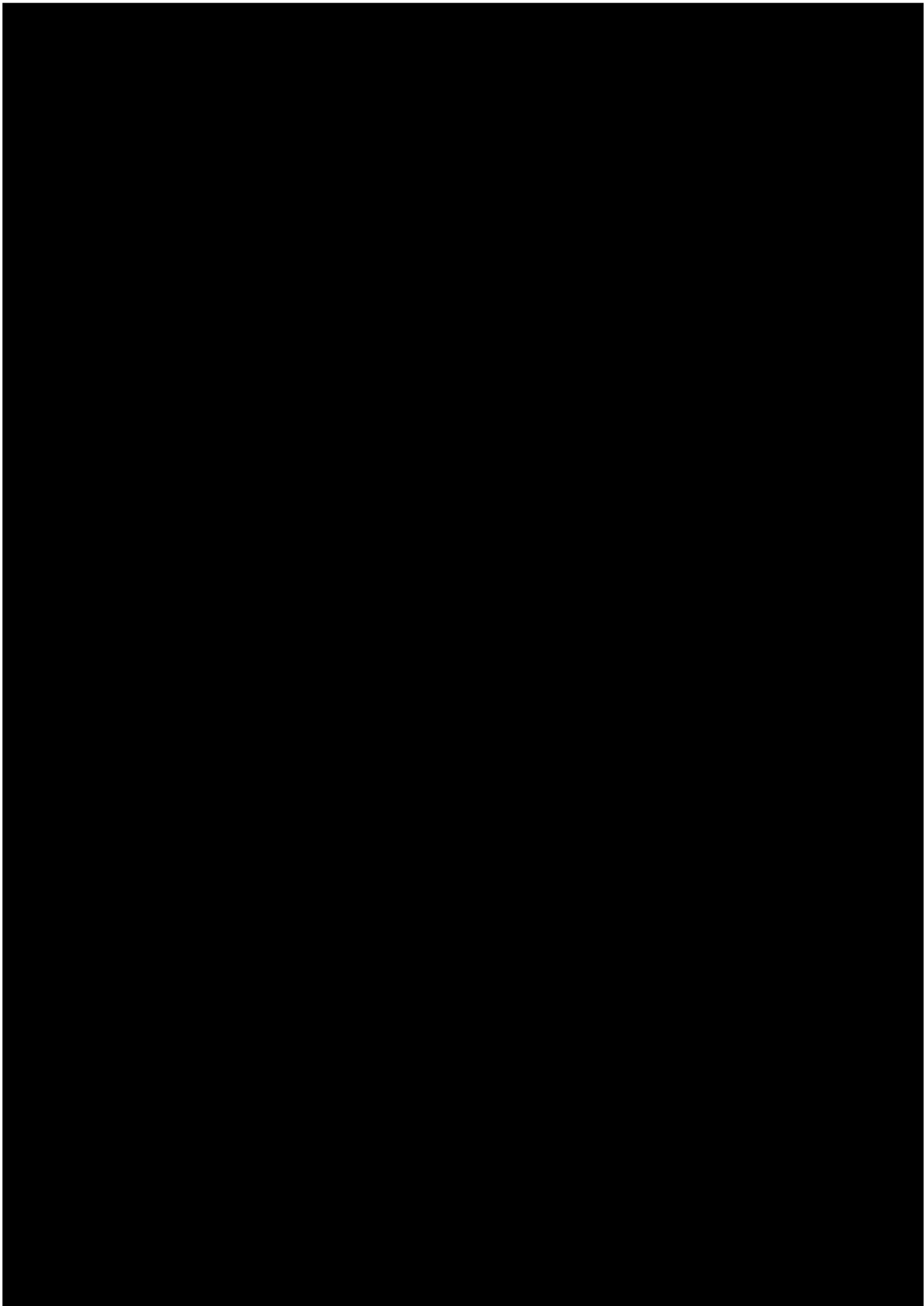


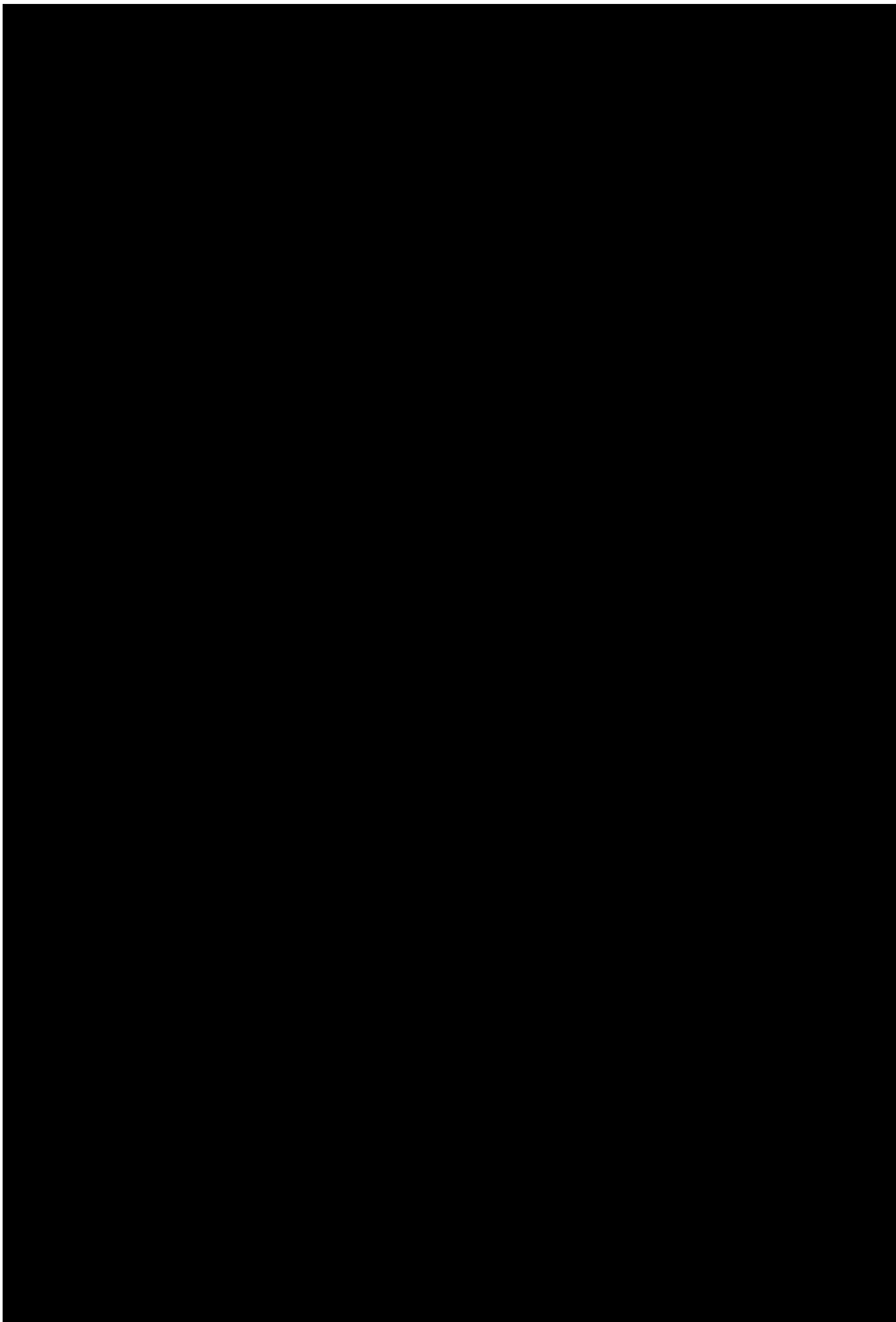


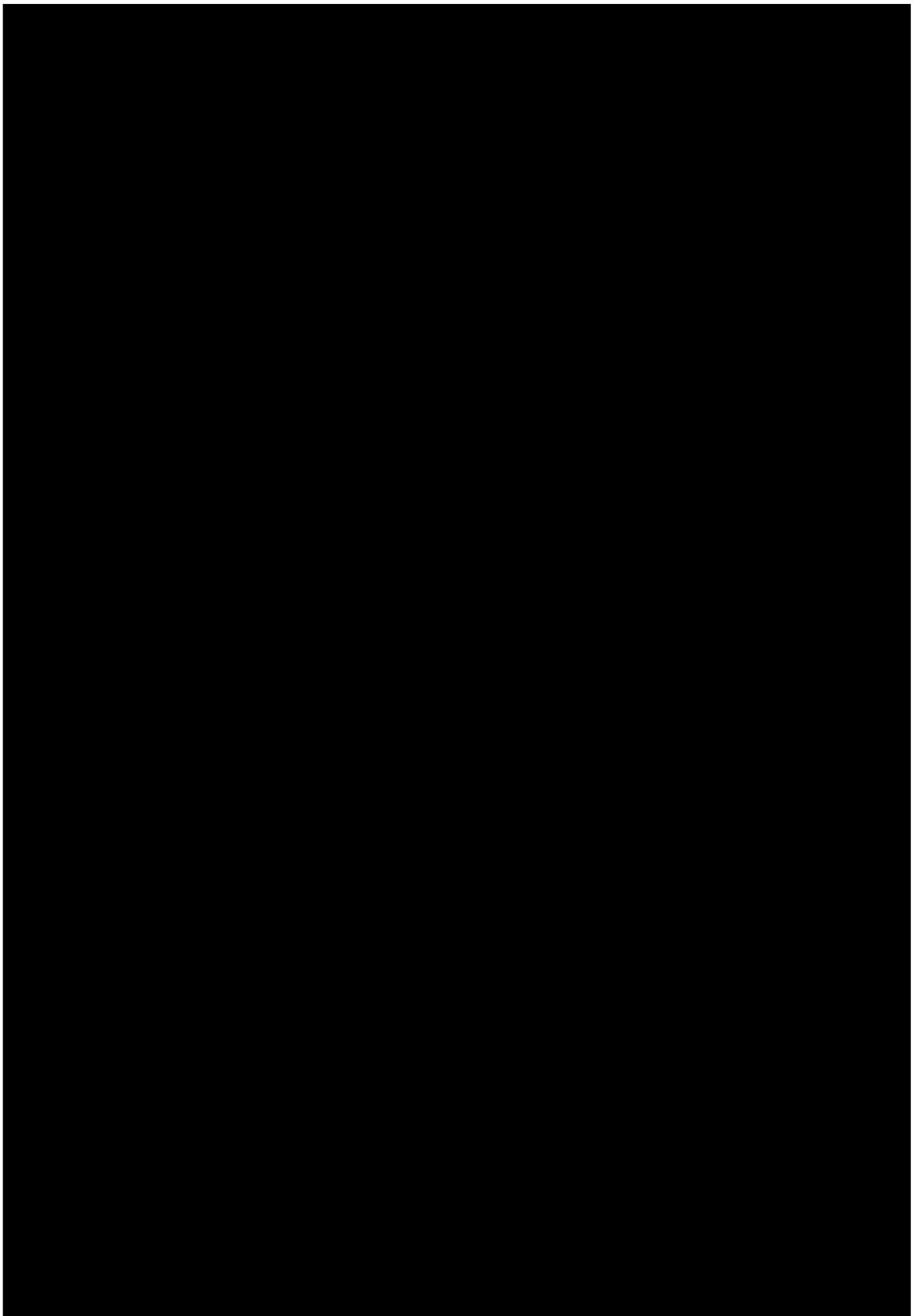


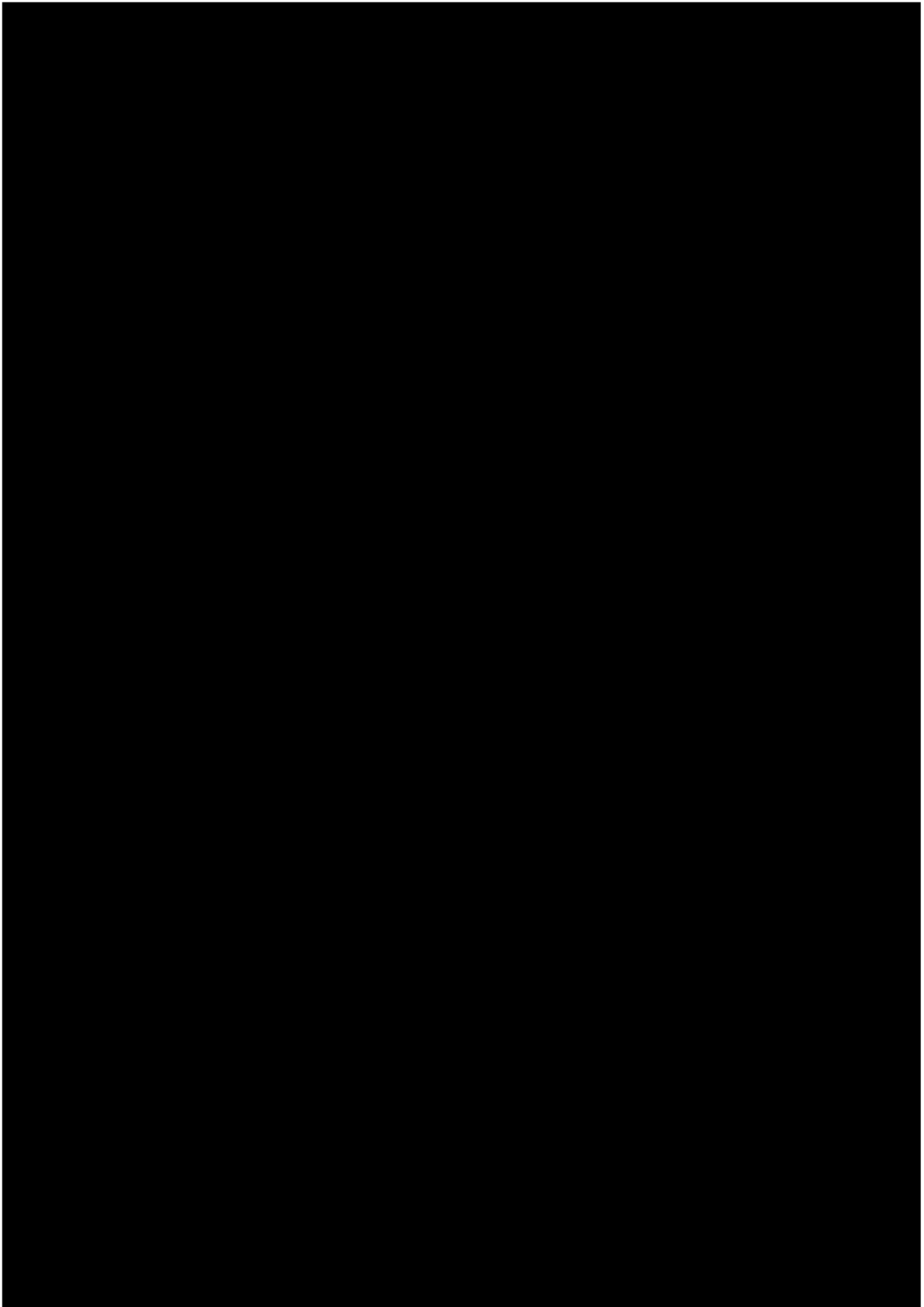


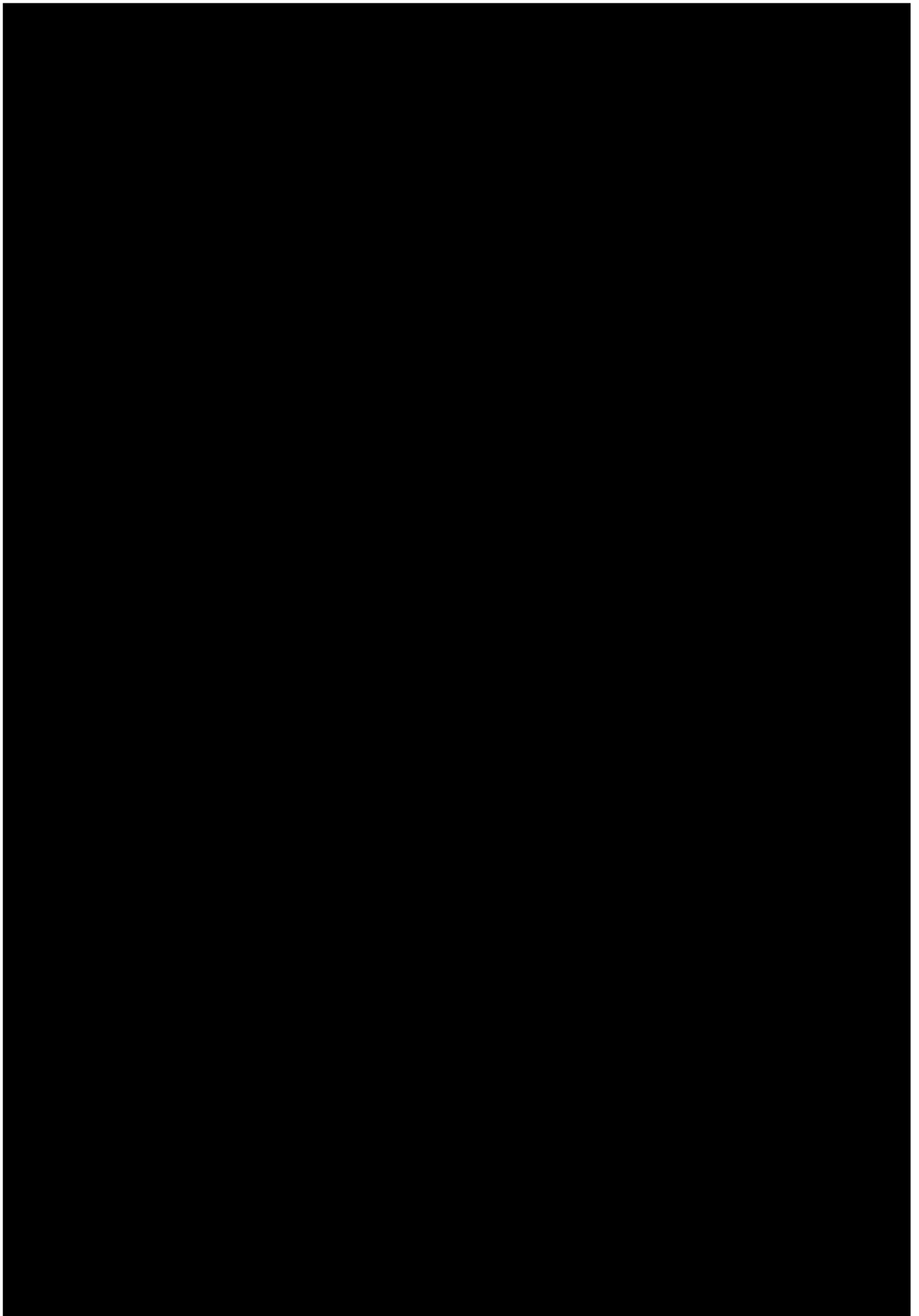


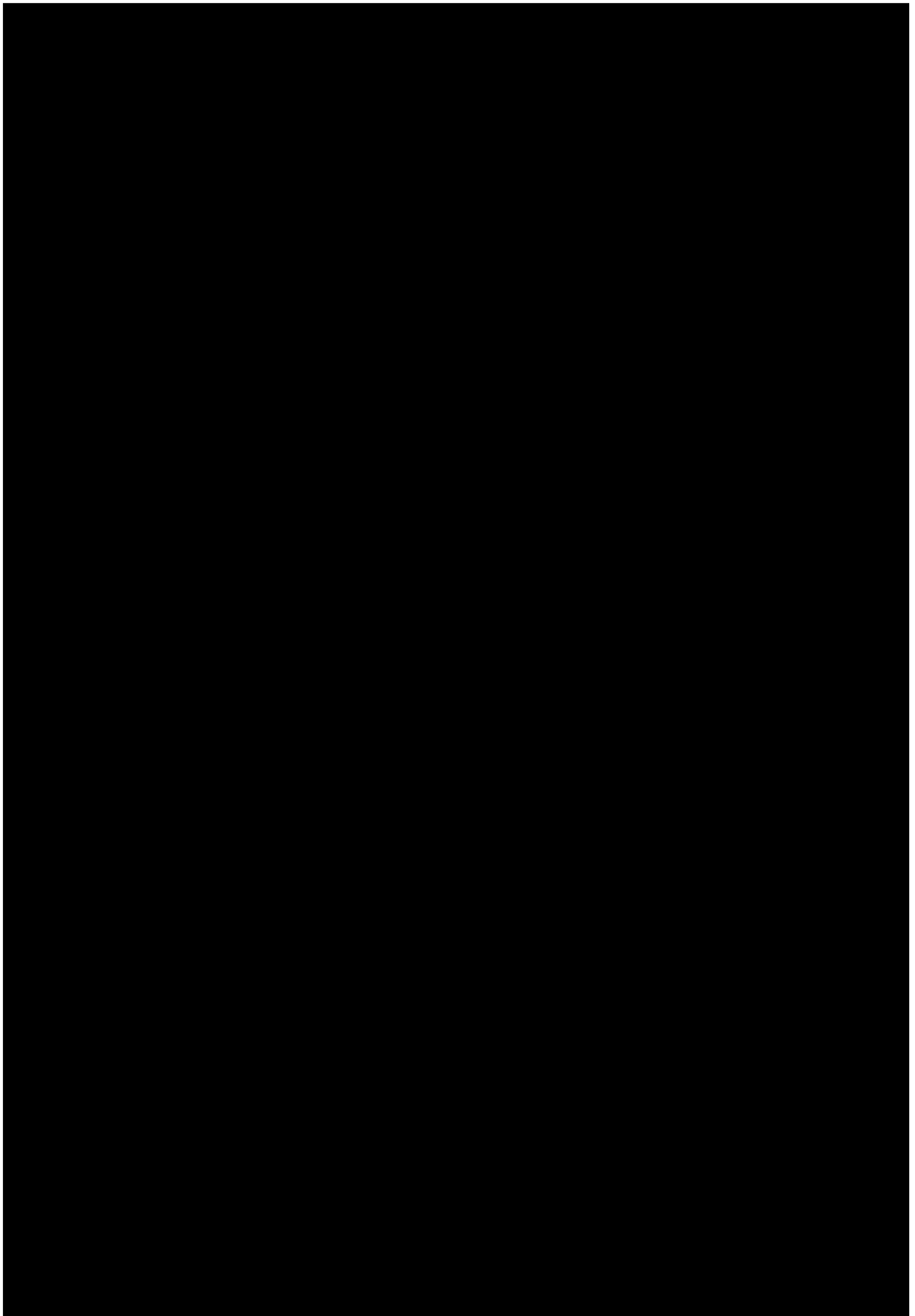


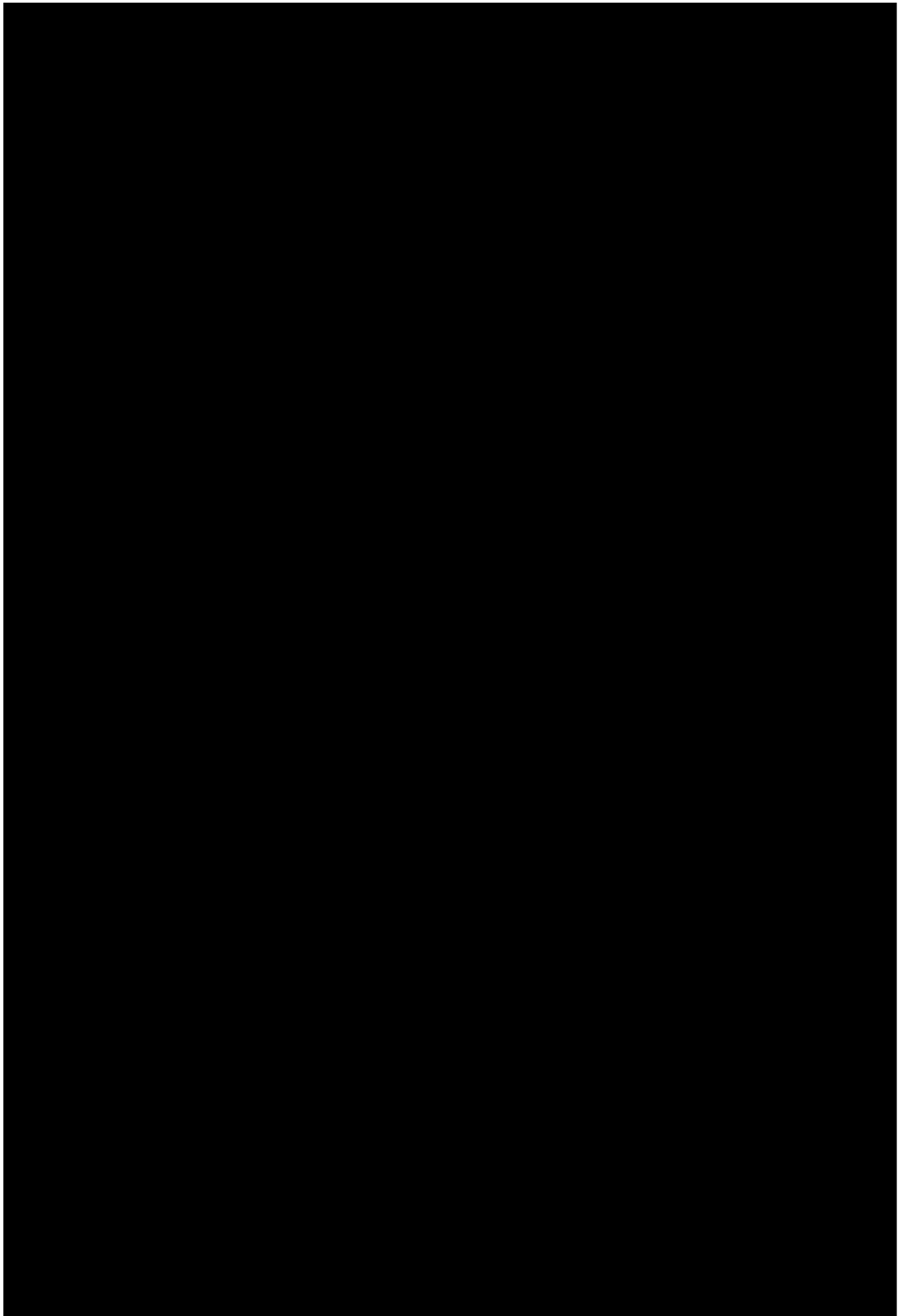


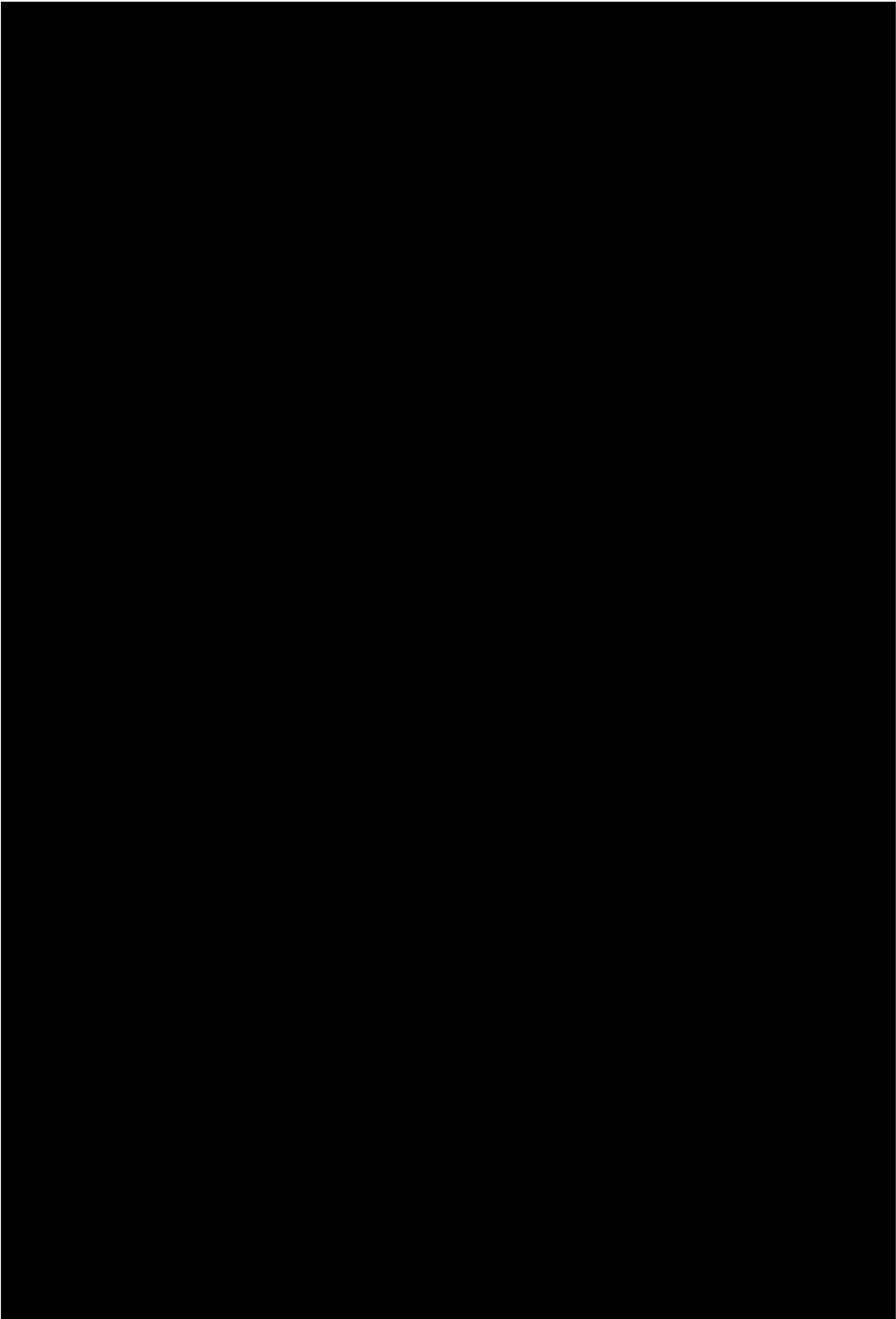


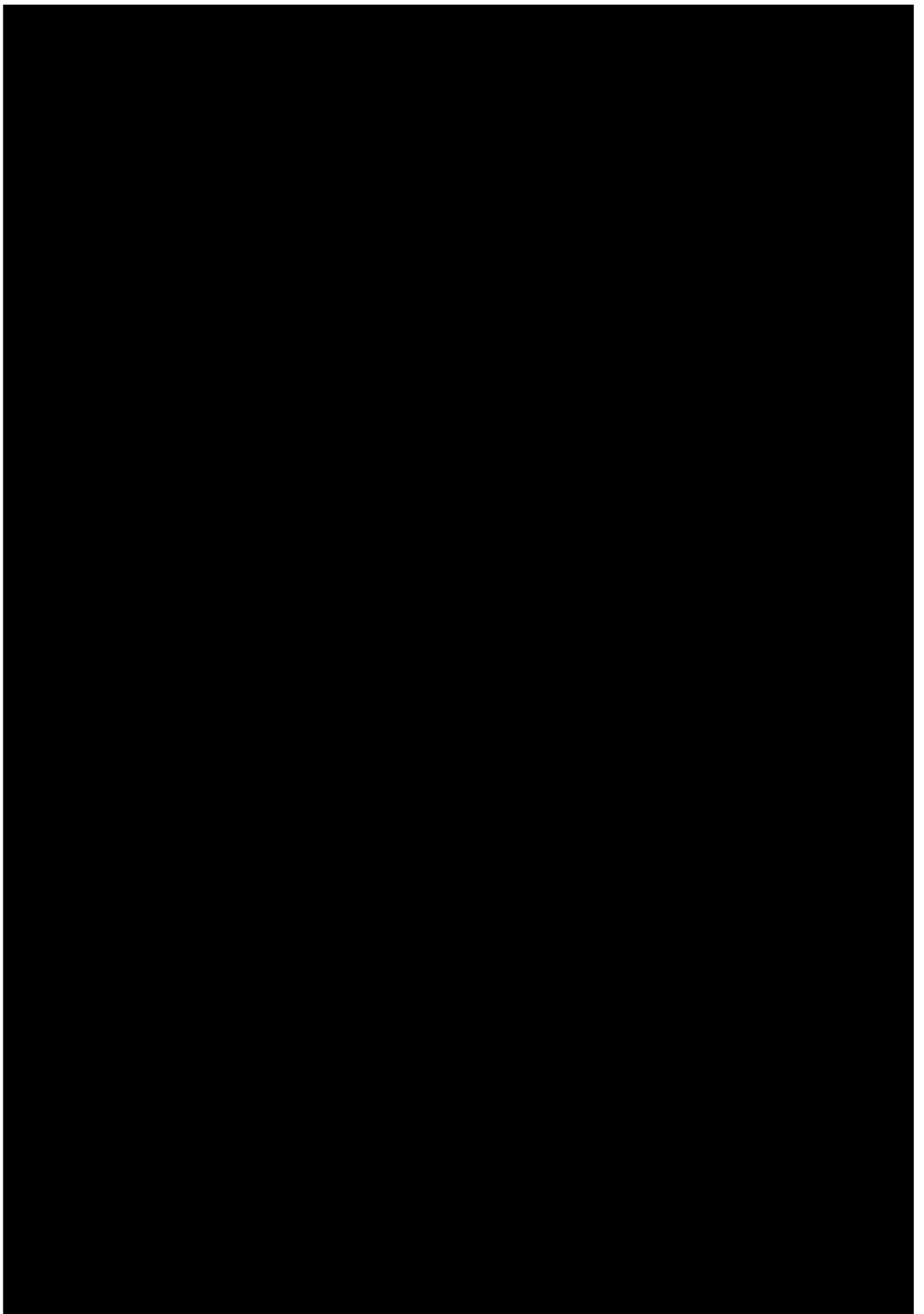


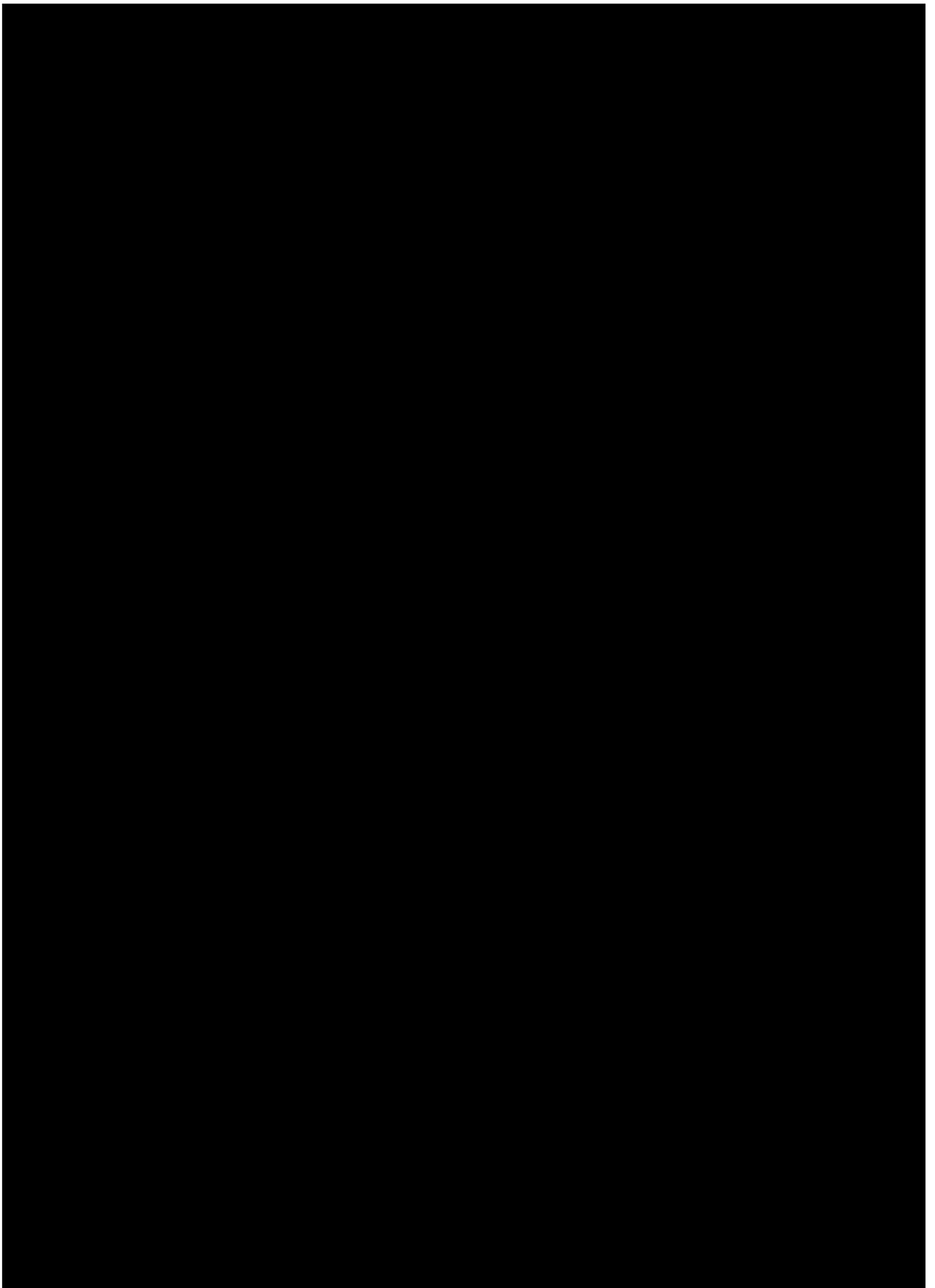


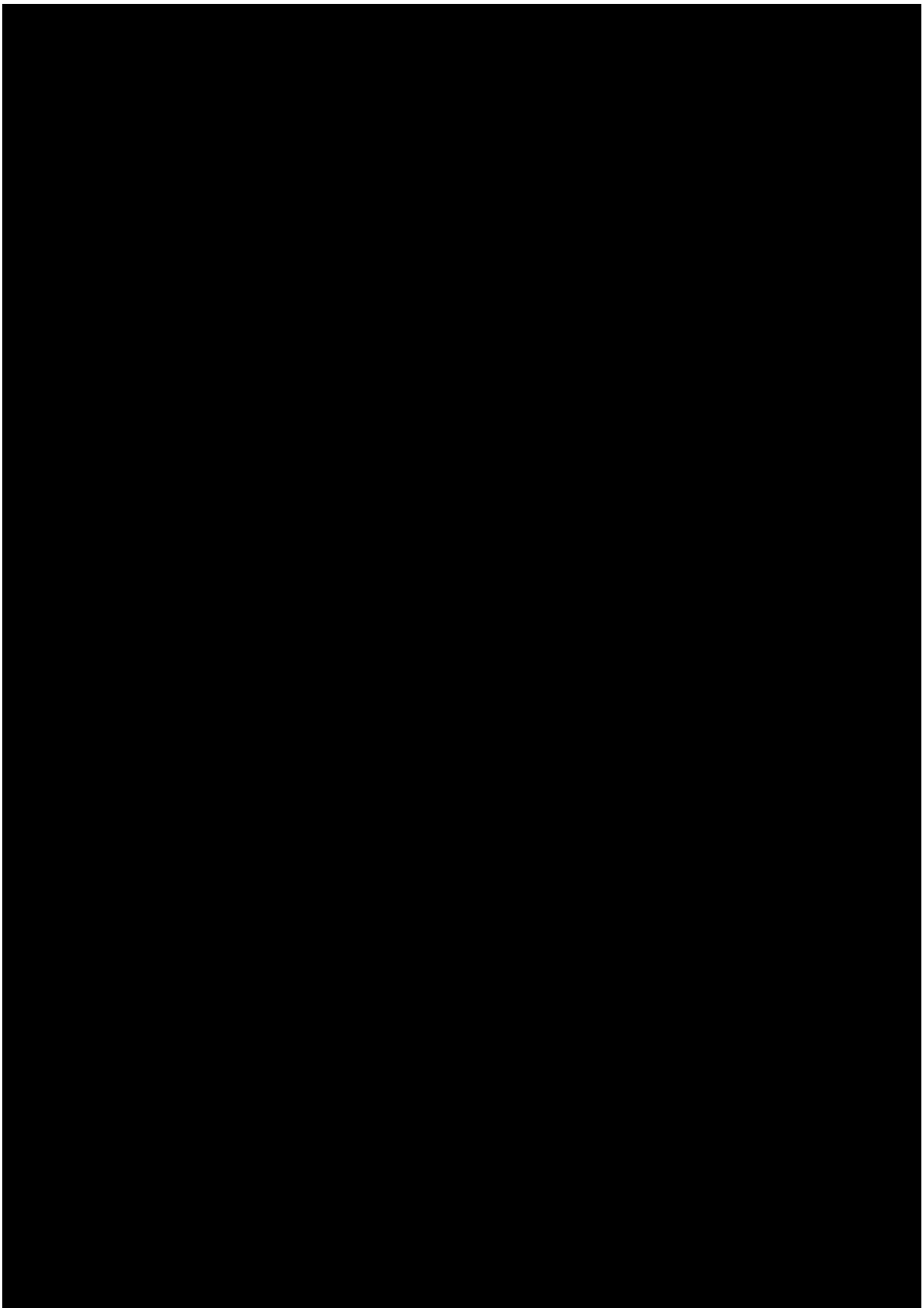


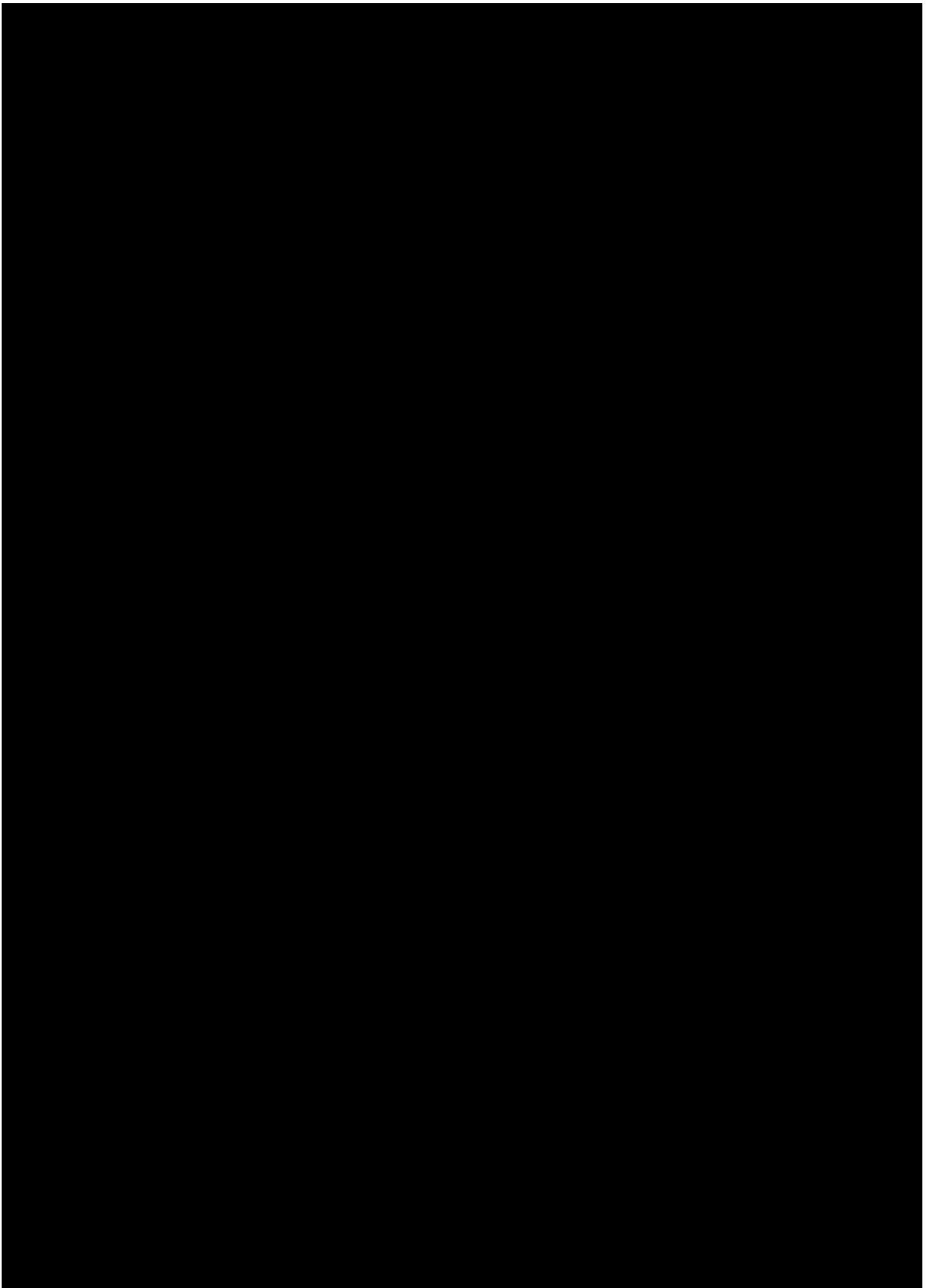


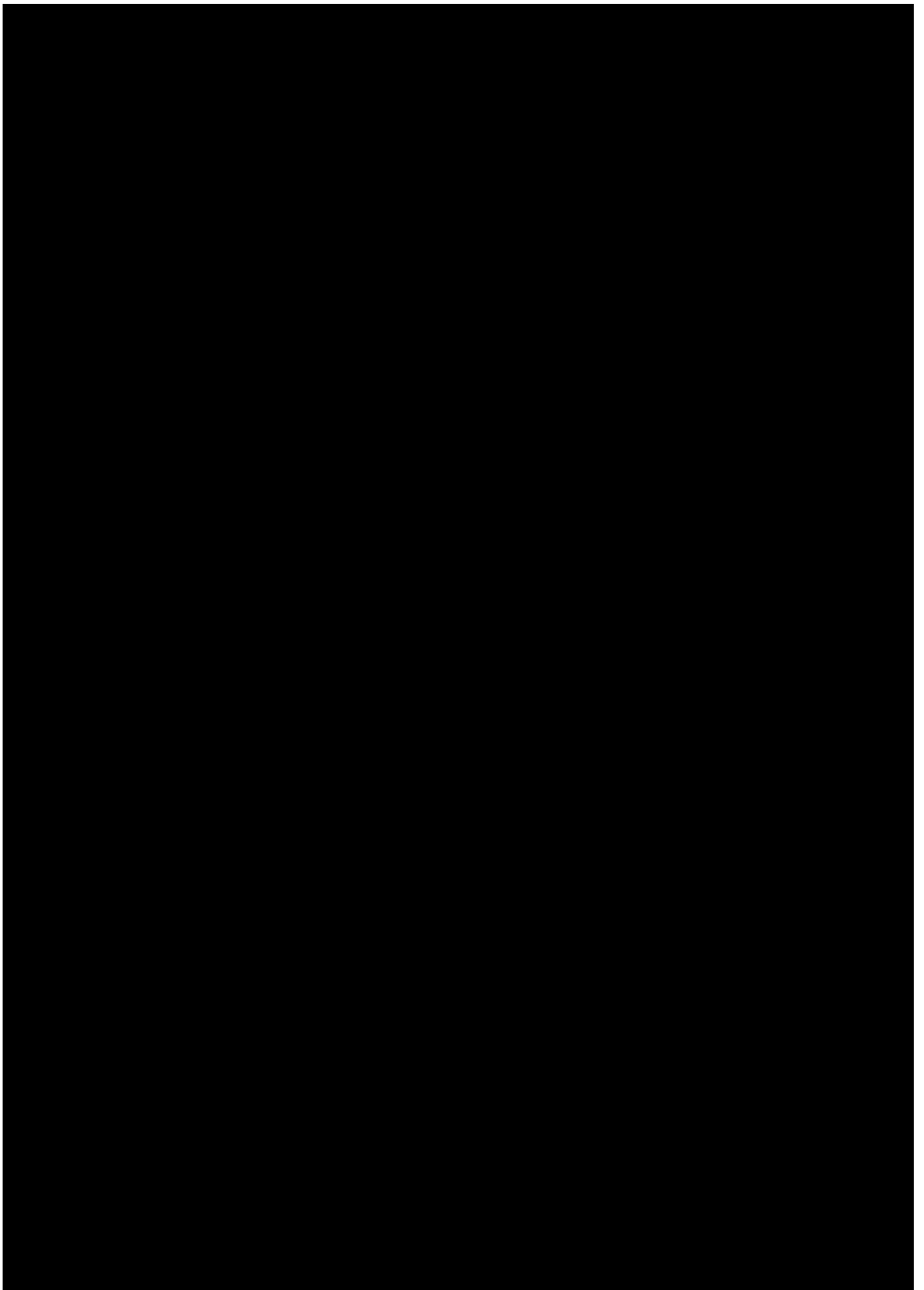


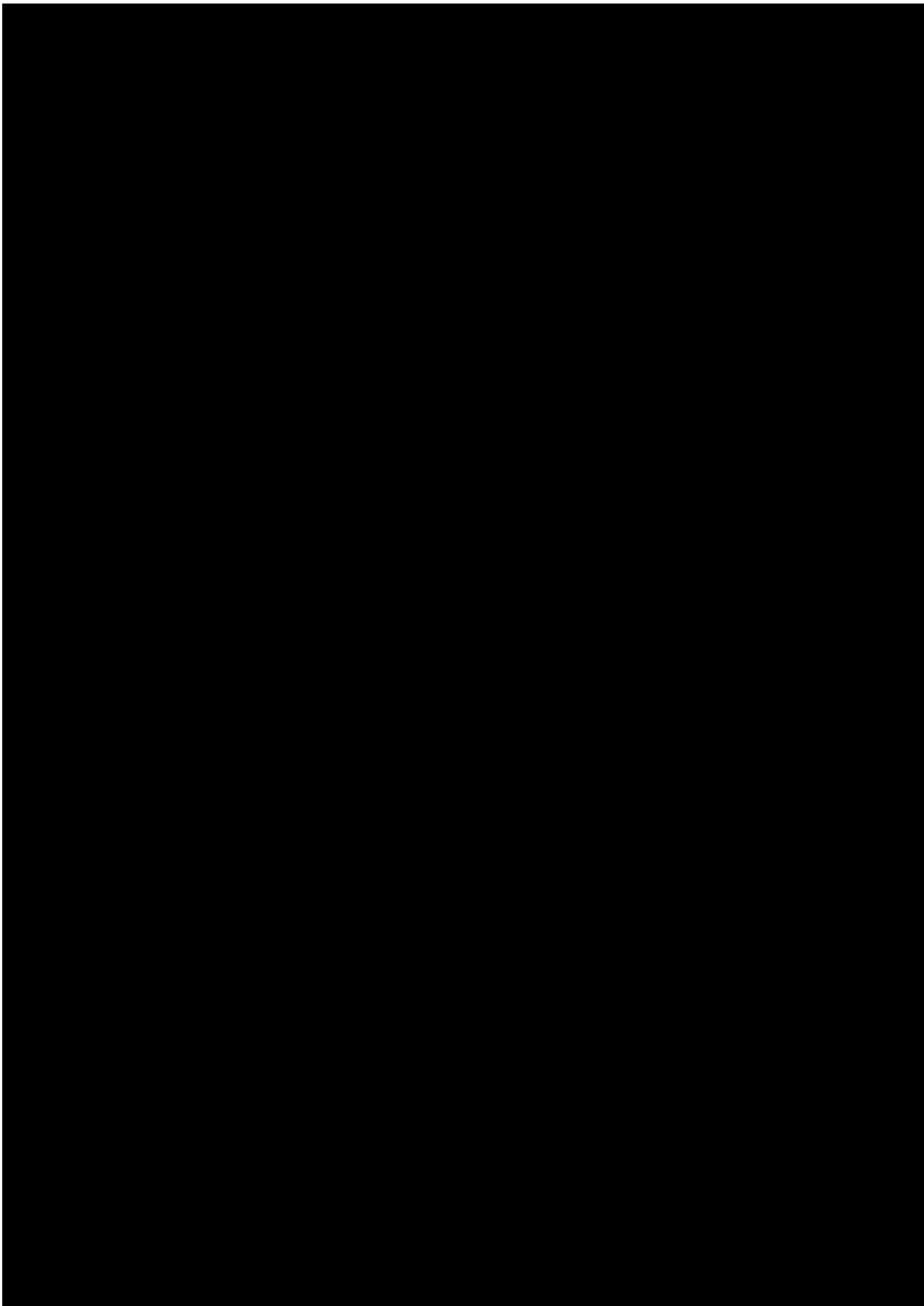


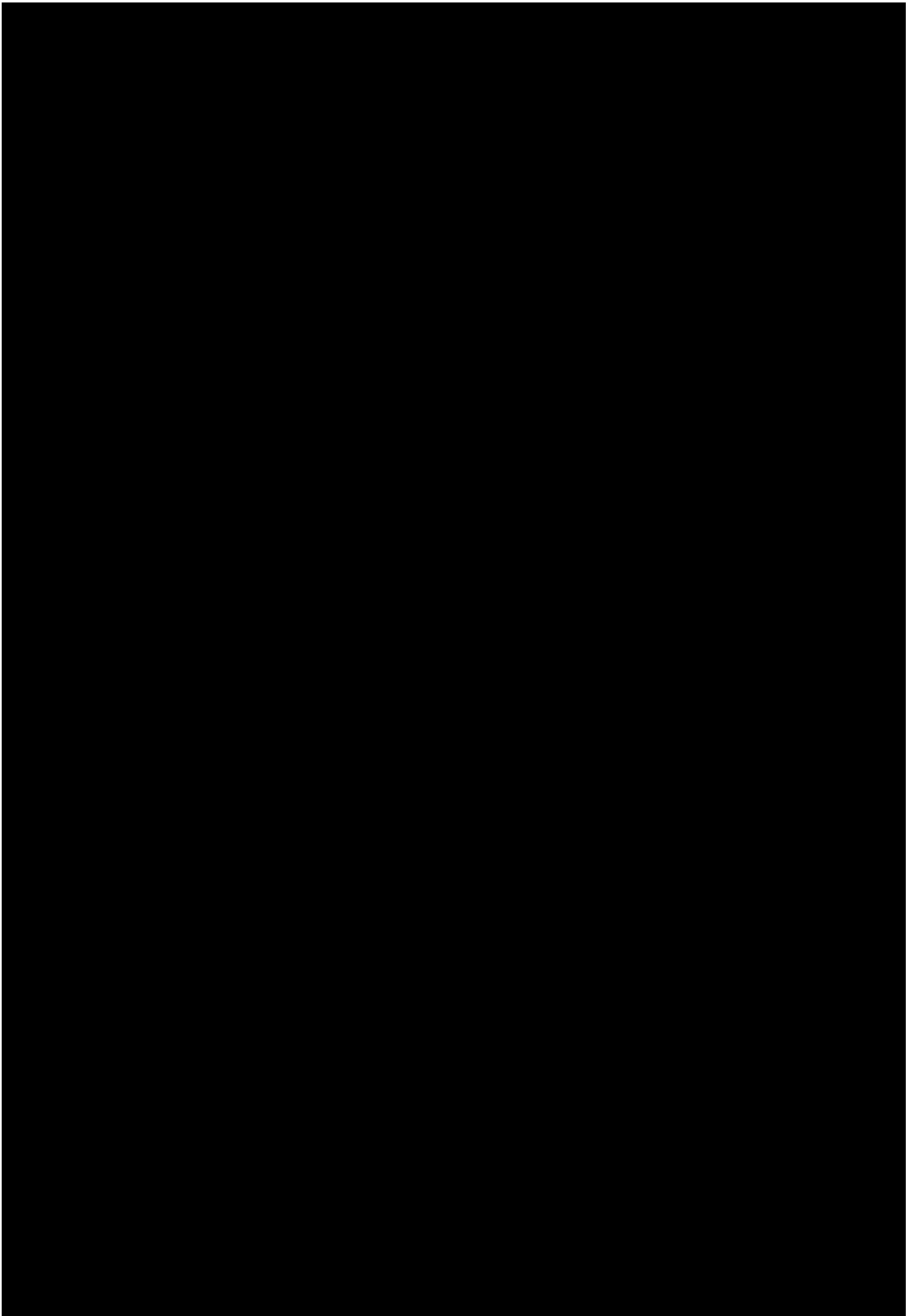


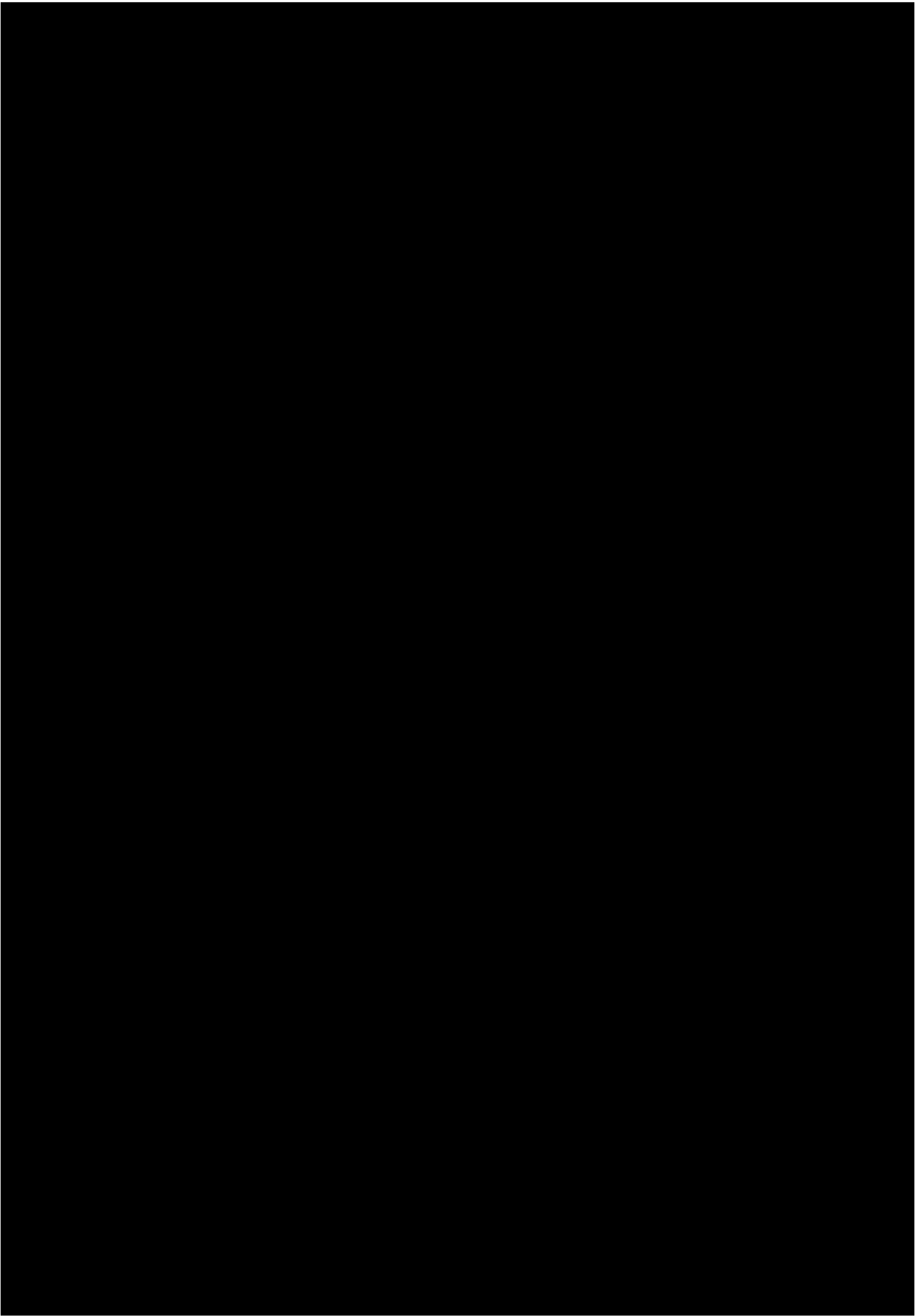


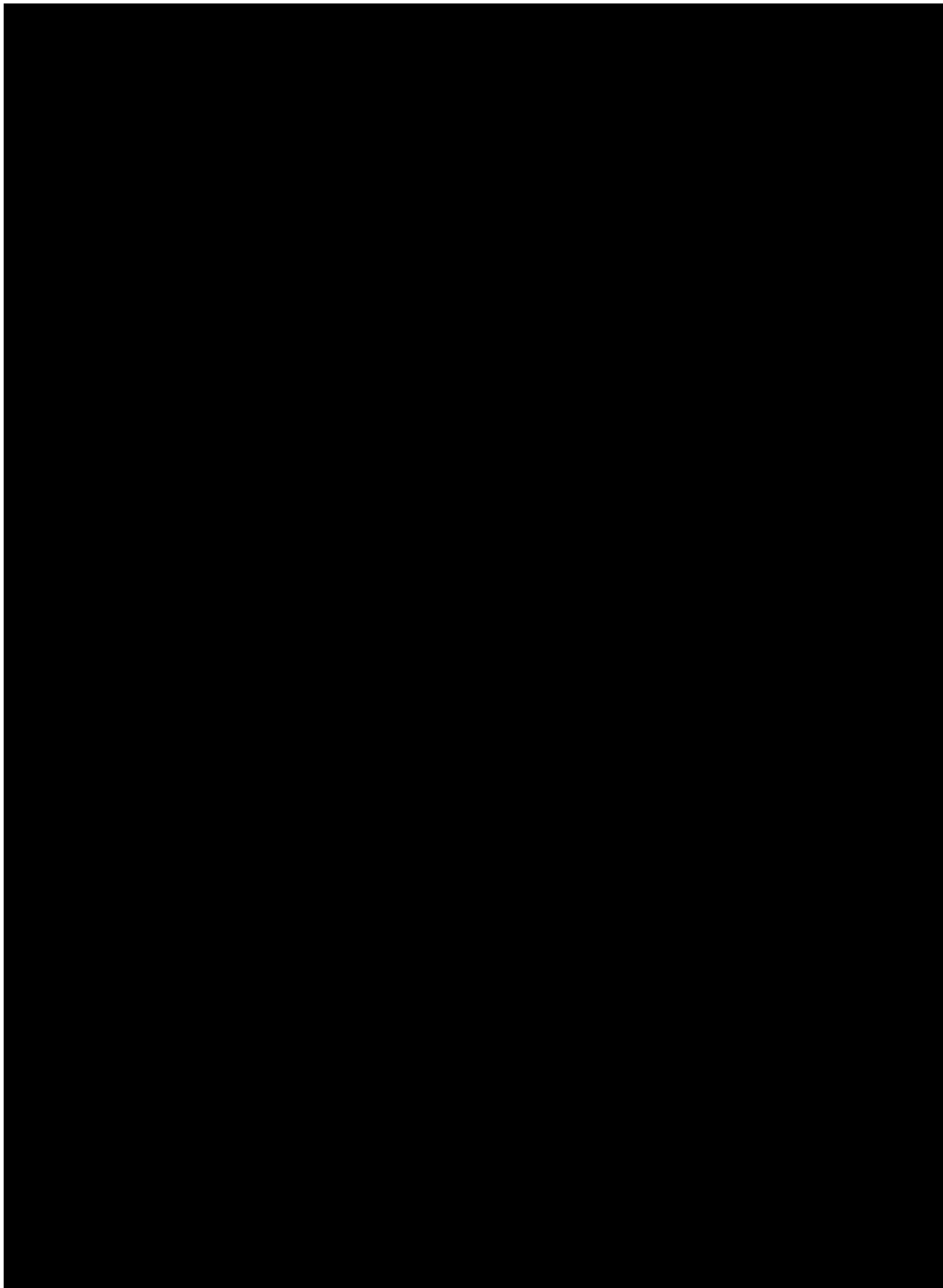


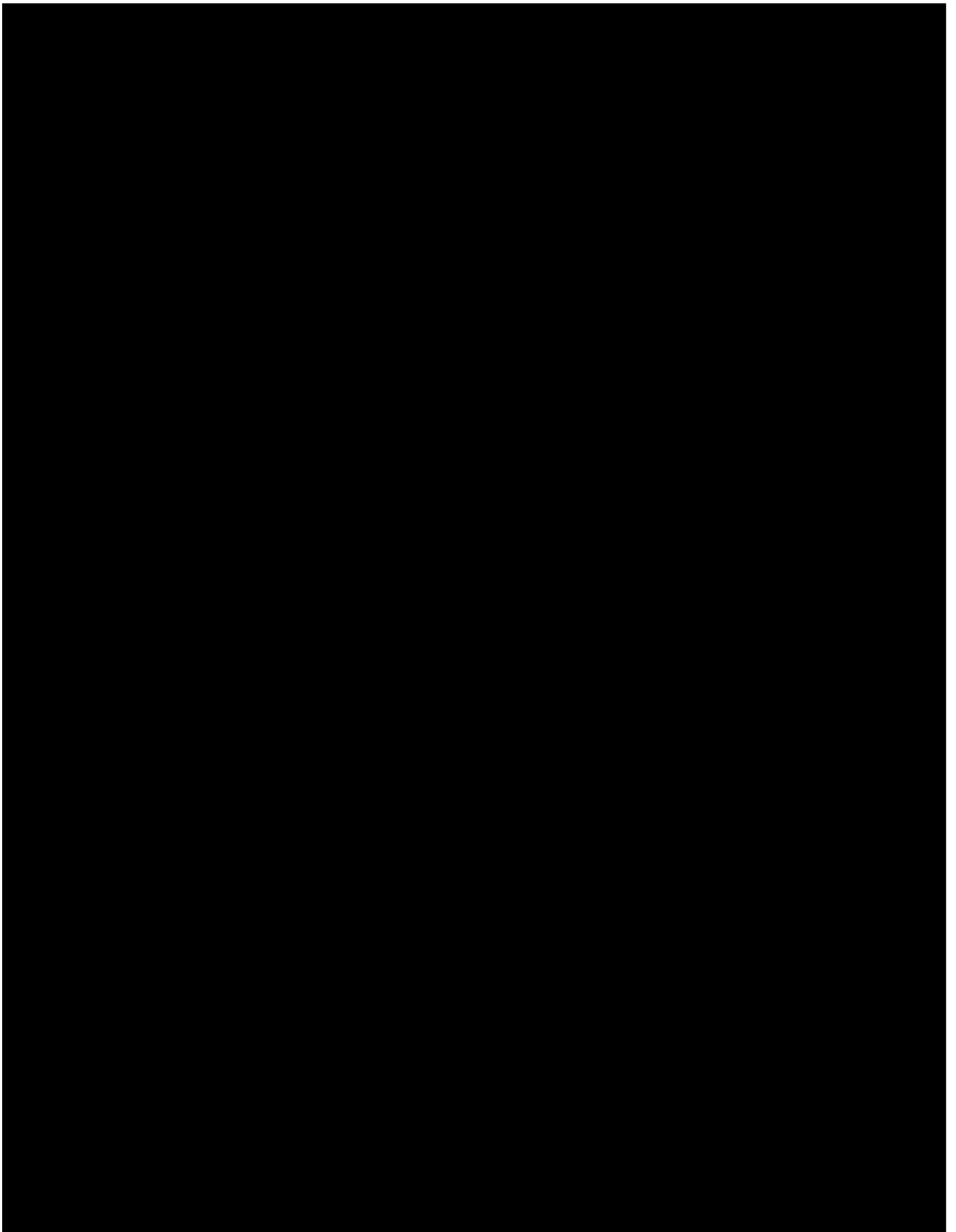


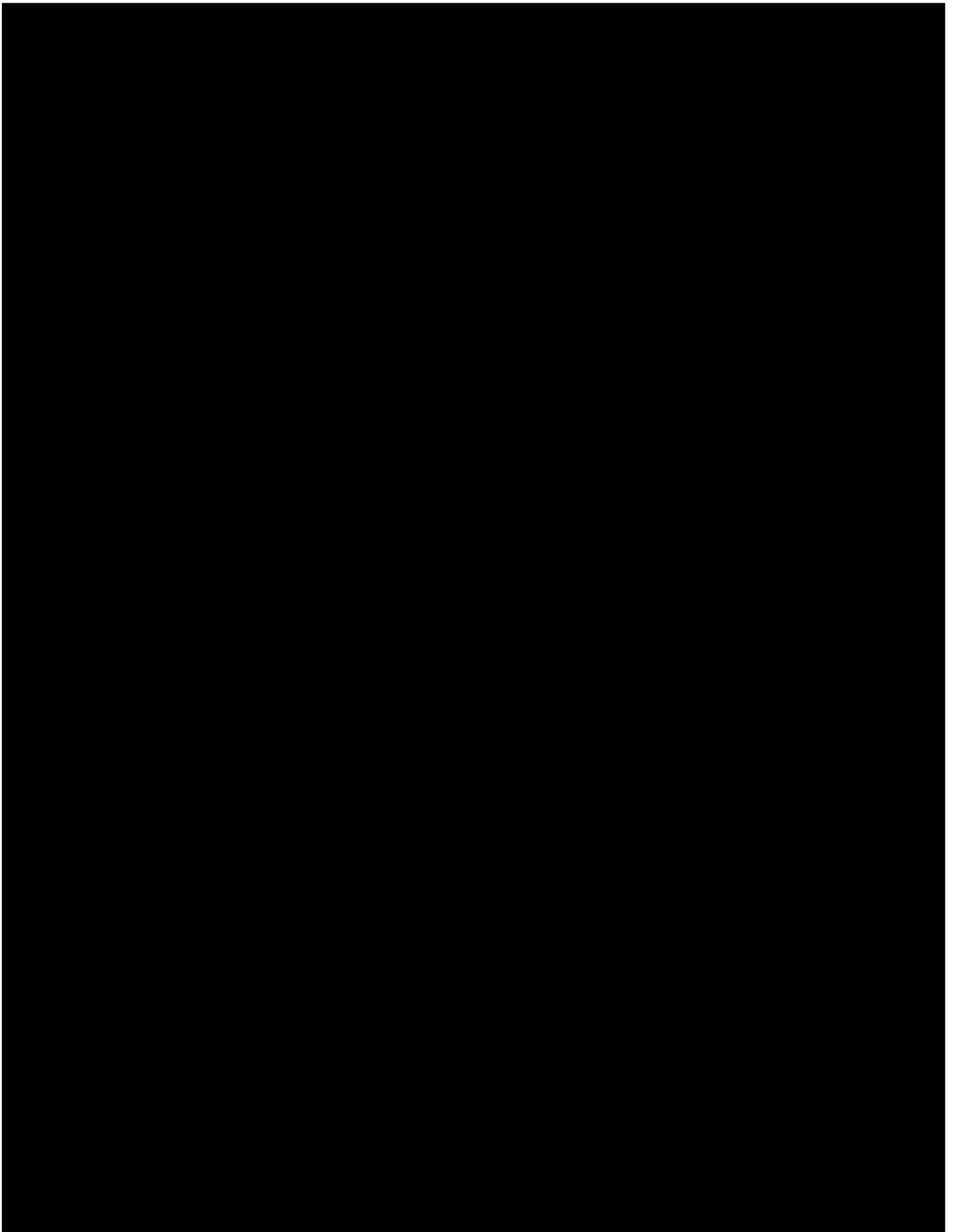


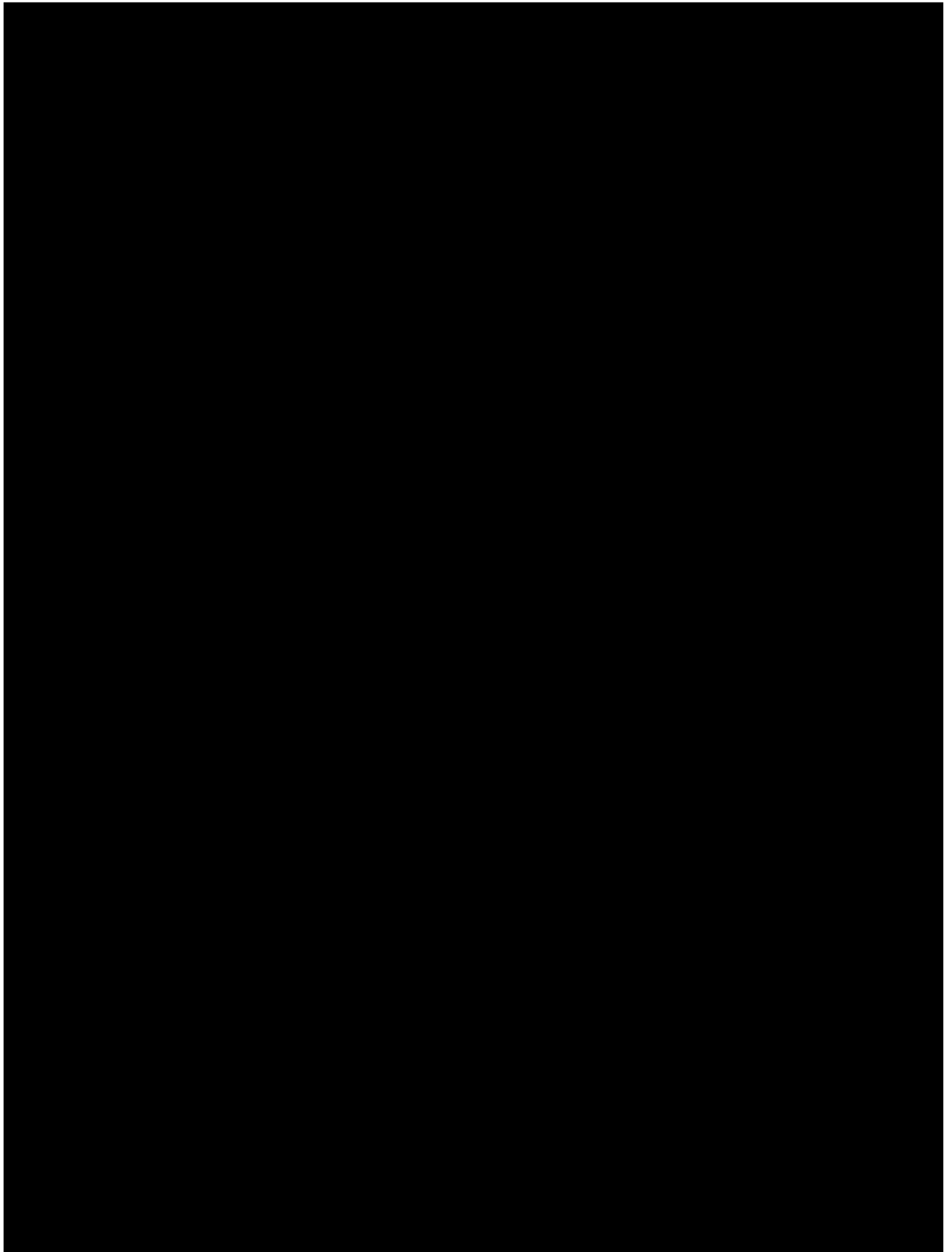


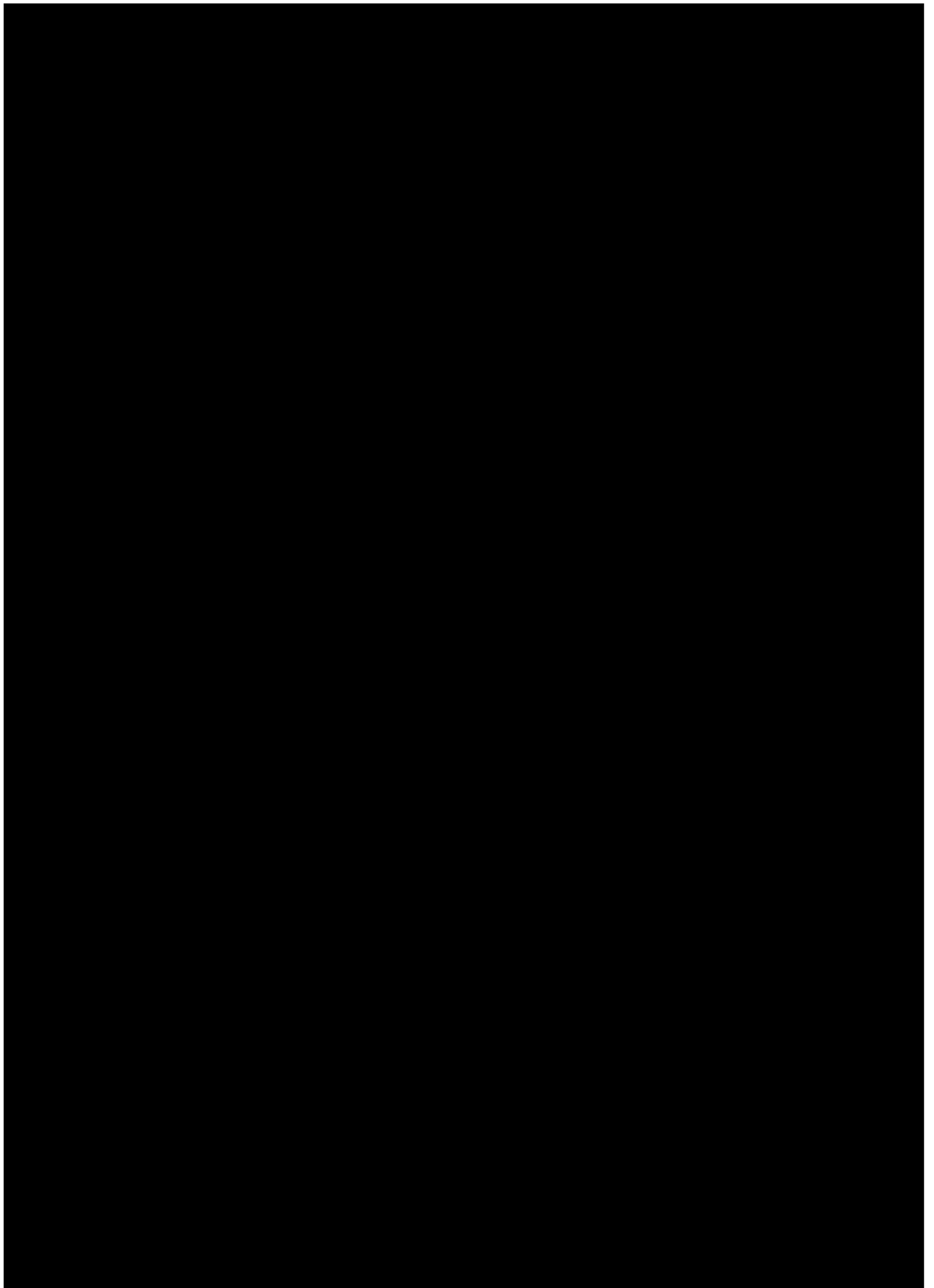


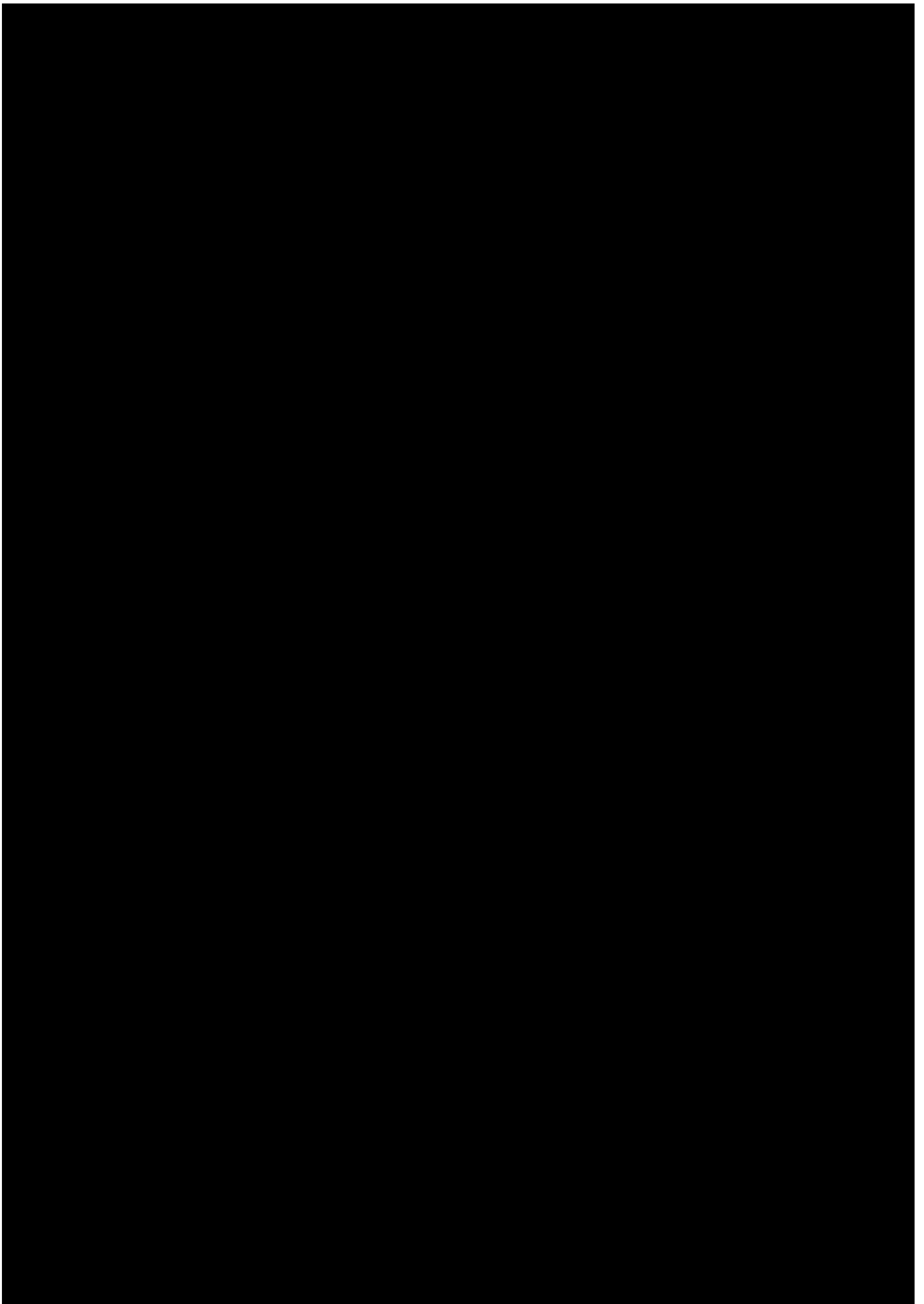


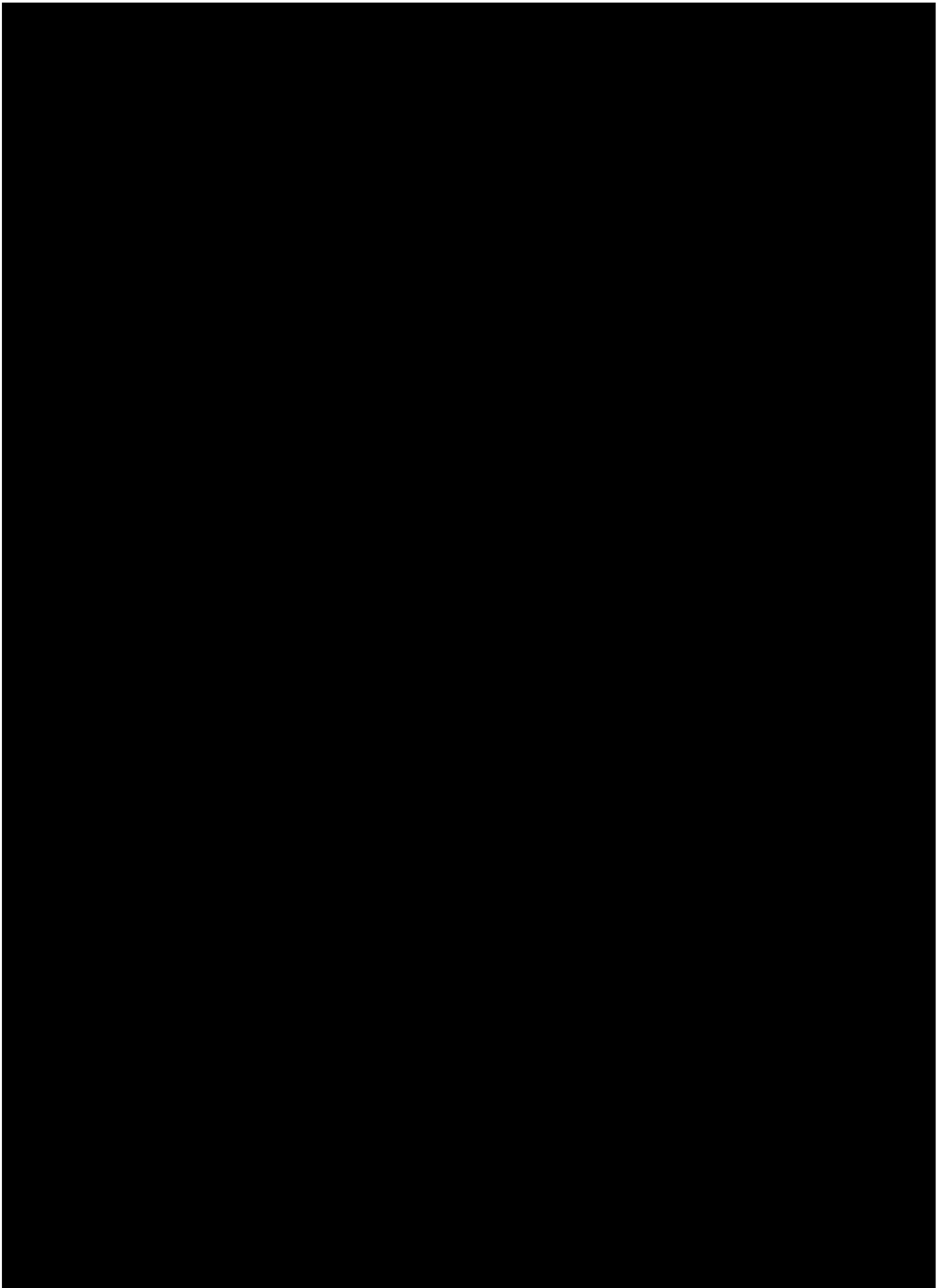


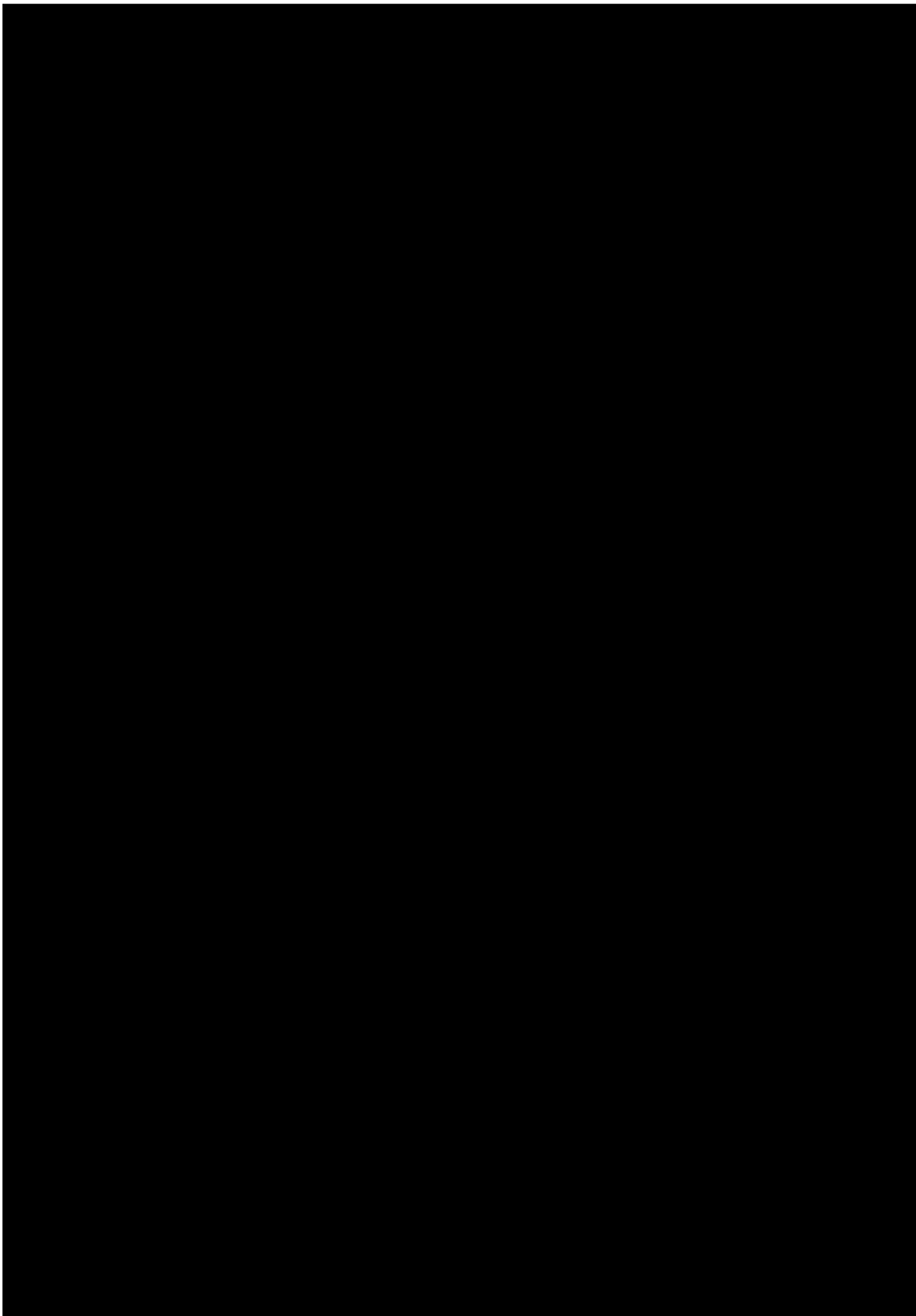


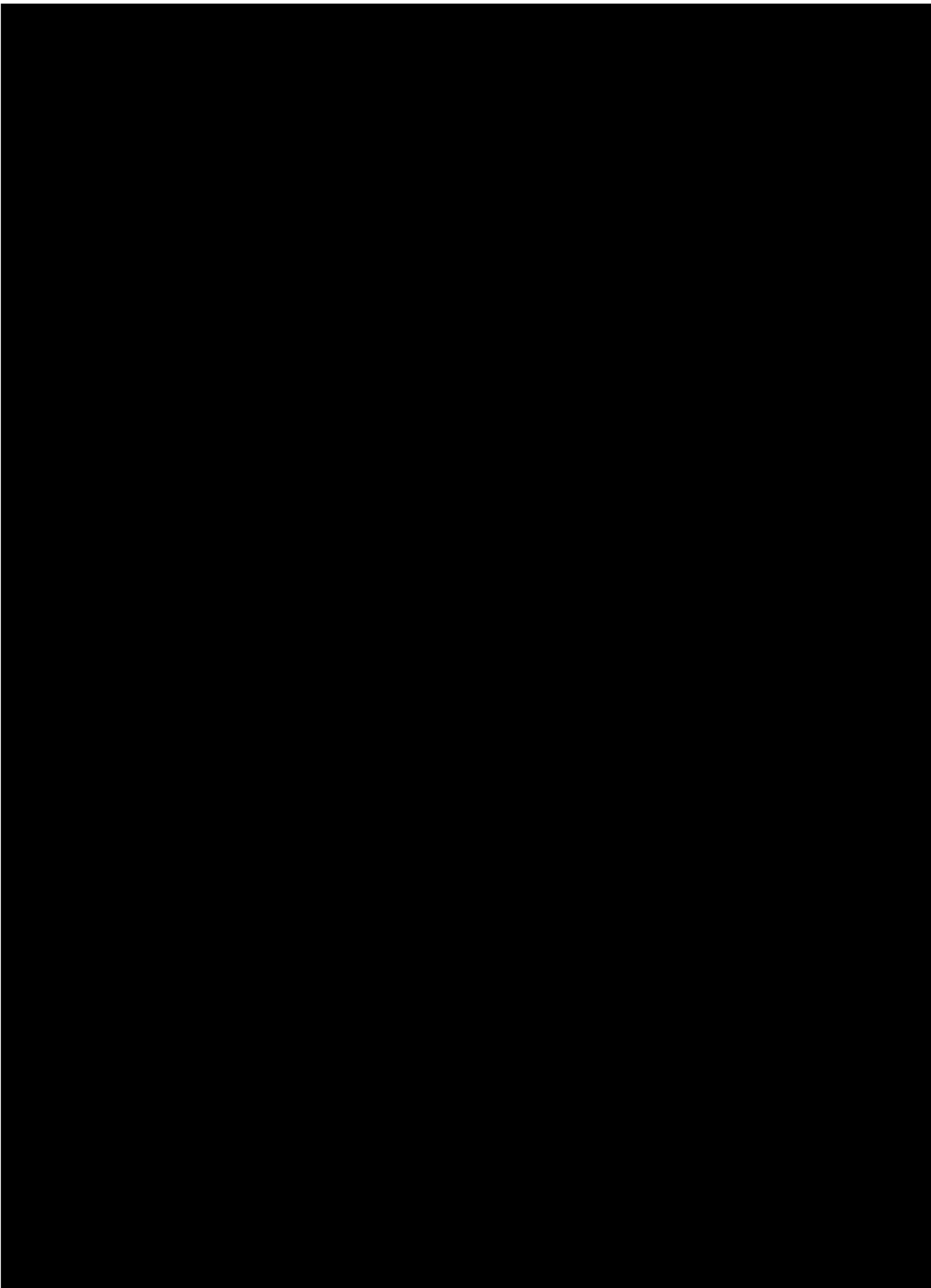


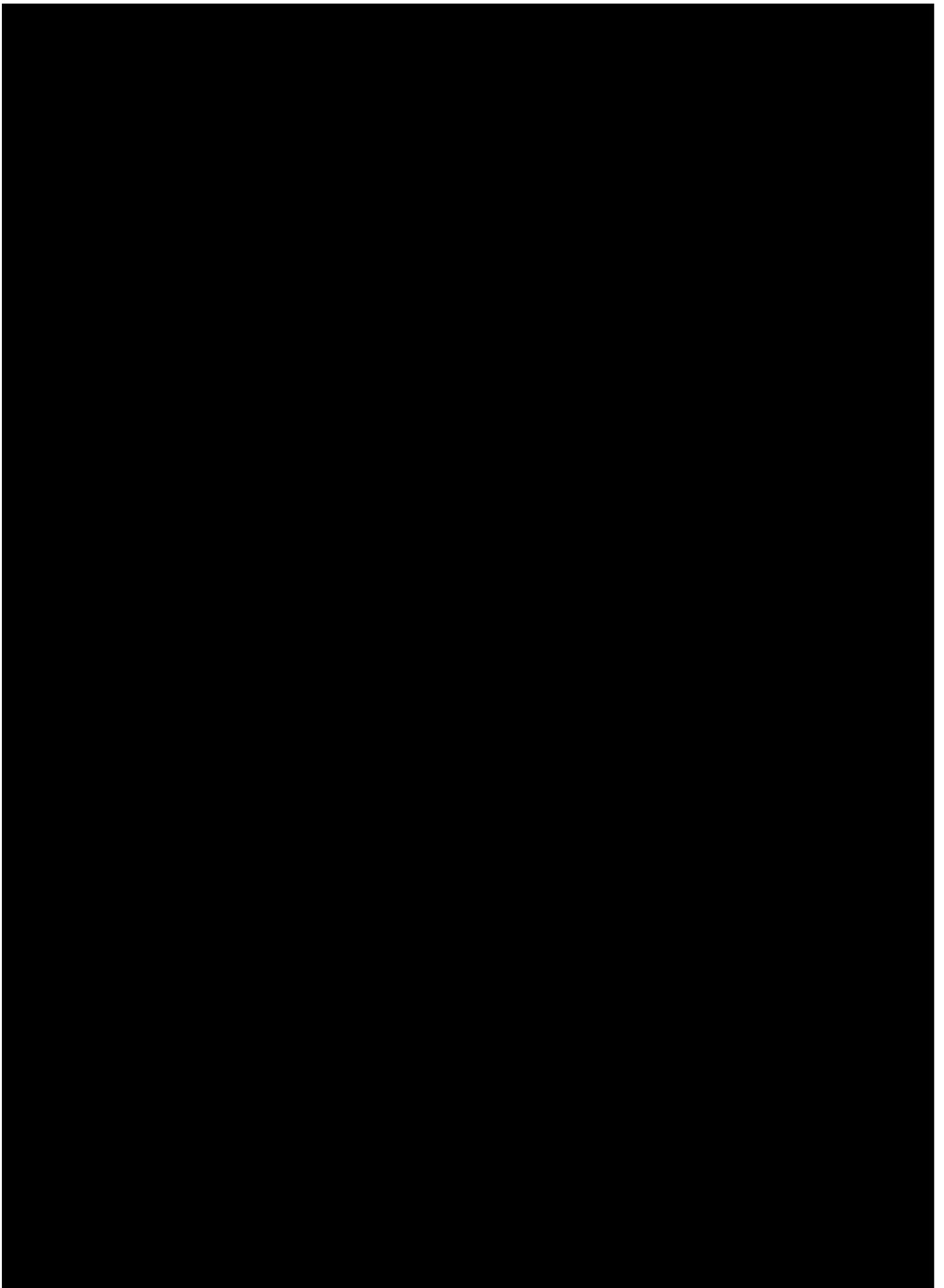












REDACTED COPY

Form K - Affidavit of Entity Applicant for Alabama Medical Cannabis License

The Applicant hereby submits the following redacted materials for the public record. The redacted information is exempt from disclosure by the Darren Wesley ‘Ato’ Hall Compassion Act, the Open Records Act, and/or all other statutes cited herein. The redacted information constitutes sensitive, confidential, and/or proprietary information submitted in confidence to a public official, pursuant to Ala. Code 20-2a-55 and the instructions in the Application Guides at Section 1.8 posted to the Alabama Medical Cannabis Commission website. Disclosure of the redacted information would be detrimental to the best interests of the public, would cause undue interference to the functioning of the government, and/or cause undue harm or embarrassment to an individual.

REDACTION TABLE			
Page Number(s)	Information Redacted	Brief Reason for Redaction	Citation
1-4	Personal Identifying Information	This information can be used to access a person's financial resources, obtain identification, act as identification, or obtain goods or services.	Ala. Code 41-13-7
5-6	Ownership Information	This information is a confidential trade secret. Disclosure of this information may cause undue harm.	Ala. Code 20-2a-55

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

STATE OF Alabama)
)
Baldwin 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: FLEUR DE VIE WELLNESS, INC.

2. NAME OF AFFIANT: ZACHARY HUEY

3. AFFIANT'S POSITION WITH APPLICANT: CLO

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

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

[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 license.

[Redacted] INITIAL HERE

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

[Redacted] INITIAL HERE

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

[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 seq. Code 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, and cooperate 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 and correct as of the date of the Application's submission.

[Redacted] INITIAL HERE

[Redacted Signature]

Signature of Affiant
Acting for and on behalf of:

FLEUR DE VIE WELLNESS, INC.

Applicant

Sworn to and subscribed before me on this 29th day of December, 2022

[Redacted Notary Signature]

Notary Public

My Commission Expires: 05/04/2023

[Redacted]

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 provisions under the AMCC Rules and Alabama law.

INITIAL HERE

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

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

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

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

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

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

INITIAL HERE

Signature of Affiant
Acting for and on behalf of:

FLEUR DE VIE WELLNESS, INC.

Applicant

Sworn to and subscribed before me on this 29 day of December, 2022.

Notary Public

My Commission Expires: 05/09/2023



**WRITTEN CONSENT OF
FLEUR DE VIE WELLNESS, INC.**

