

# Home (/mmjdisp/index.html)

♣ My Account -

Criteria 1. Ability to operate a business, including but not limited to education, knowledge, and experience

Criteria 2. Plan for operating a medical marijuana dispensary in the county for which the applicant is seeking a license, including but not limited to a timeline for opening a retail dispensing location

Criteria 3. Proof of financial stability and access to financial resources

Criteria 4. Ability to comply with the security requirements of this chapter and section 329D-7, HRS

Criteria 5. Capacity to meet the needs of qualifying patients

Criteria 6. Ability to comply with criminal background check requirements pursuant to this chapter and sections 329D-7, 329D-12, and 846-2.7, HRS

Criteria 7. Ability to comply with the requirements in this chapter and chapters 329 and 329D, HRS, for inventory tracking, security, and dispensing limits for qualifying patients

Criteria 8. Ability to maintain confidentiality of a qualifying patient?s medical condition, health status, and purchases of marijuana or manufactured marijuana products

Criteria 9. Ability to conduct or contract for certified laboratory testing on marijuana and manufactured marijuana products pursuant to this chapter and sections 329D-7 and 329D-8, HRS

Criteria 10. Ability to comply with requirements for packaging, labeling, and chain of custody of products

Criteria 11. A plan for secure disposal of marijuana and manufactured marijuana products

Criteria 12. Ability to ensure product safety, in accordance with this chapter and sections 329D-8, 329D-10, 329D-11, HRS

Criteria 13. No history of having a business license revoked.

Total Merit Criteria Points Awarded to Applicant

HELPFUL INFORMATION FOR FILLING OUT THIS FORM:

- 1. You can save your work on this form by checking the 'Save my progress and resume later' box and then clicking the 'Save form and resume later' button a IMPORTANT: Remember to do this every time you leave your application or you will lose the information you have entered.
- 2. To keep your information secure, remember to log out of your application each time you finish working on it.
- 3. Use a current version of Google Chrome or Firefox browser when completing this form.
- 4. Save the form every 20 minutes to avoid timing out. When entering information in a spreadsheet, save and exit the form first.
- 5. Do not include single or double quote marks (' or ") or more than one period (.) in your document names.

INSTRUCTIONS FOR THE MEDICAL MARIJUANA DISPENSARY LICENSE APPLICATION

Before applying for a medical marijuana dispensary license, applicants must acknowledge that they have read the statute and administrative rules on medic. to be redirected to the statute and administrative rules.

Hawaii Revised Statute (HRS) 329D	✓ I acknowledge that I have read <u>Chapter 329D, HRS (http://health.hawaii.gov/mcontent/blogs.dir/93/files/2015/12/2015-329D-HRS.pdf)</u> , and I am aware of the approximation of the second se			
Hawaii Administrative Rules (HAR) Chapter 11-850	✓ I acknowledge that I have read <u>HAR, Chapter 11-850 (http://health.hawaii.gov/icontent/blogs.dir/93/files/2015/12/Dispensary-Rules-Chapter-11-850-signed-by-licensing requirements.</u>			
Disclaimer:	✓ I understand that the use and possession of marijuana is illegal under federal law, a Chapters 329 and 329D, HRS.			

#### MINIMUM REQUIREMENTS

All individual applicants and applying entities must meet the requirements listed below or the application will not be accepted. Applicants must attach proof sections.

## INDIVIDUAL APPLICANT

- \* Individual applicant shall be at least 21 years old.
- \* Shall be a legal resident of the State of Hawaii for at least five (5) uninterrupted years immediately preceding the date of the license application.
- \* Shall not have any felony convictions or any other disqualifying background history.
- \* Shall be authorized by the applying entity to submit an application for a dispensary license, and act as the primary point of contact with the department.

## APPLYING ENTITY

- \* The applying entity must be organized under the laws of the State of Hawaii.
- \* Have a Hawaii tax identification number.
- \* Have a Department of Commerce and Consumer Affairs Business Registration Division number and suffix.
- \* Have a federal employer identification number.
- \* Not be less than fifty-one percent held by Hawaii legal residents or entities wholly controlled by Hawaii legal residents who have been legal residents for not application was submitted.
- \* Have financial resources under its control of not less than \$1,000,000 for each license applied for, plus not less than \$100,000 for each retail dispensing loc bank statements or escrow accounts, and those financial resources shall have been under the control of the applying entity for not less than ninety days improved of owners, principals, or marries and follows in red less than the true than the statements or escrows accounts.
- \* Be composed of owners, principals, or members, each of whom is not less than twenty-one years of age and has no felony convictions or any other disqua

## APPLICATION FEE

The license application fee of \$5,000 by certified check or cashier's check payable to the State of Hawaii, Department of Health, is part of the minimum require Medical Marijuana Dispensary Licensing, Room 337, 601 Kamokila Blvd., Kapolei, HI 96707 or be postmarked by 4:30 pm Hawaii Standard Time on the last dispensary Licensing.

Please note the application number on the check. This is found in the heading of the email confirmation you receive upon submittal, and is also visible wher

NOTE: ALL QUESTIONS MUST BE ANSWERED TO SUBMIT YOUR APPLICATION UNLESS OTHERWISE INDICATED.

## **SECTION A: APPLICATION FOR COUNTY**

NOTE: An applicant may apply for a license for more than one county, but may only receive one license. Indicating here that you are applying for a license for license in another county; separate applications must be submitted. The applicant and applying entity must complete a separate application with all required refundable application fee of \$5,000 for each application. The financial resources required (\$1,000,000 plus not less than \$100,000 for each retail dispensing can only apply toward one license, if granted.

1. For which county are you requesting a license?	City & County of Honolulu
2. Are you also applying for a dispensary license in another county?	No
2a. If YES, what other county or counties are you applying for a license? (NOTE: A separate application and check will be required for each county.)	
SECTION B: INDIVIDUAL APPLICANT INFORMATION	
GENERAL INFORMATION	
3. Legal Name of Applicant	

### 4. Upload Proof of Legal Name of Applicant

Scan and submit a certified copy of AT LEAST ONE (1) of the following:

- \* Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth or marriage;
- \* Valid, unexpired U.S. passport [inside cover and first page only] or U.S. passport card;
- \* Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Department of State:
- \* Valid, unexpired permanent resident card (Form I-551) issued by the Department of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
- \* Unexpired employment authorization document issued by the DHS, Form I-766 or Form I-688B:
- \* Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant's most recent admittance into the United States or a DHS admittance stamp on the passport;
- \* Certified copy of the Certificate of Naturalization issued by DHS, Form N-550 or Form N-570;
- \* Certificate of citizenship, Form N-560 or Form N-561, issued by DHS;
- \* Court-issued, certified copy of a divorce decree;
- \* Certified copy of a legal change of name order
- 5. Date of Birth (must be at least 21 years old)
- 6. Upload Proof of Date of Birth of Applicant

Scan and submit a certified copy of AT LEAST ONE (1) of the following:

- \* Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth or marriage;
- \* Valid, unexpired U.S. passport [inside cover and first page only] or U.S. passport card;
- \* Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Department of State;
- \* Valid, unexpired permanent resident card (Form I-551) issued by the Department of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
- \* Unexpired employment authorization document issued by the DHS, Form I-766 or Form I-688B;
- \* Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant's most recent admittance into the United States or a DHS admittance stamp on the passport;
- \* Certificate of naturalization issued by DHS, Form N-550 or Form N-570;
- \* Certificate of citizenship, Form N-560 or Form N-561, issued by DHS;
- \* Valid, unexpired driver's license or government issued photo identification card.

7. Social Security No. or Identifier No. (last 4 digits only):

① TRM1\_Cure\_Oahu\_NM04.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTA4Jmhhc2g9NjU

TRM1\_Cure\_Oahu\_NM06.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRf0DAmaGFzaD1mM

8. Applicant's Address	
9. Daytime Phone No.	3
10. Fax No.	9
11. Email	
CRIMINAL HISTORY INFORMATION	
12. Has the individual applicant ever been convicted of a felony? If YES, STOP, you are not an eligible applicant.	No
13. Has the individual applicant ever been convicted of a crime?	No

14. Has the individual applicant ever been arrested?14a. If YES, please describe (e.g., date, disposition, etc.)

13a. If YES, please describe (e.g., conviction, date, disposition, etc.)

No

## Obtain a Criminal History Report Copy the Validation code from an eCrim report for the individual applicant generated by the Hawaii Criminal Justice Data Center no earlier than December 12, 2015 at 8:00 a.m. (Hawaii-Aleutian Standard Time). Visit eCrim.ehawaii.gov (https://ecrim.ehawaii.gov/ahewa/) to obtain the eCrim report. 15. Enter the eCrim Validation Code here: 16. NOTICE: Pursuant to Chapter 329D HRS and Chapter 11-850 HAR, applicants are required to provide consent to a background check, including fingerprinting, to be conducted by the Department of Health or its designee. I consent Further information and instructions will be provided on http://health.hawaii.gov/medicalmarijuana/. If the information and instructions are not yet posted, please check the website often. RESIDENCY INFORMATION 17. Is the Applicant a legal resident of the State of Hawaii for at least five years? If NO, STOP, you are not an eligible Yes 18. Upload Proof of Hawaii Residency: Scan and submit AT LEAST ONE (1) of the following source documents as proof of Hawaii state residency for at least five years: \* State of Hawaii tax return Form N-11 without schedules, worksheets, or TRM1\_Cure\_Oahu\_NM18.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow attachments, and redacted to remove all financial information and all but q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTcmaGFzaD1mYzthe last four digits of the individual's social security number; \* Evidence of voter registration; \* Ownership, lease, or rental documents for place of primary domicile; \* Billing statements including utility bills; or \* Vehicle registration. 19. Authorized to Act on Behalf of Applying Entity TRM1\_Cure\_Oahu\_NM19.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow Scan and submit evidence of the authority of the individual to act on q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfODYmaGFzaD1hNT behalf of the applying entity, and supporting documentation (e.g. corporate resolution, bylaws, articles of incorporation): SECTION C: APPLYING ENTITY INFORMATION 20. Name of Applying Entity TCG Retro Market 1, LLC dba Cure Oahu 21. Applying Entity's Business Address 22. Entity Phone # 23. Entity Email 24. Entity Fax # 25. Is the applying entity organized under the laws of the State of Hawaii? Yes If the answer is 'NO', STOP, you are not an eligible applicant. 26. Upload Applying Entity Incorporation or Business Status Documentation: Upload a certified copy of applying entity's incorporation documents in TRM1\_Cure\_Oahu\_NM26.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow) the State of Hawaii. q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMzAmaGFzaD1jM2l Visit Hawaii Business Express (https://hbe.ehawaii.gov/documents/search.html) for available documents. 27. Provide the entity's Hawaii Department of Commerce & Consumer Affairs Business Registration Division Number & Suffix (file number). 67833 C5 Visit Hawaii Business Express - Business Name Search (https://hbe.ehawaii.gov/documents/search.html) to locate your entity's file number.

28. Upload a copy of the entity's Certificate of Good Standing from the Department of Commerce and Consumer Affairs.

TRM1\_Cure\_Oahu\_NM28.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfNjImaGFzaD0yZmE

29. Hawaii Tax Identification Number:

Provide the number along with a copy of the State of Hawaii Tax Identification Number (see question immediately below).

1

Visit <u>Tax ID Search (https://dotax.ehawaii.gov/tls/app)</u> for this information.

- 30. Upload a copy of the entity's State of Hawaii Tax Identification document.
- TRM1\_Cure\_Oahu\_NM30.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfNjEmaGFzaD0yZDL
- 31. Federal Employer Identification Number: Provide the Federal Employer Identification Number.
- 32. Upload a copy of the entity's Federal Employer Identification Number document.
- TRM1\_Cure\_Oahu\_NM32.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfNjMmaGFzaD05MV

OWNER(S), PRINCIPAL(S), & MEMBER(S) INFORMATION

- 33. Enter the total number of Owner(s), Principal(s), and Member(s) of the applying entity here:
- 34. Upload Owner, Principal, and Member Information Spreadsheet

INSTRUCTIONS: Download the EXCEL spreadsheet below, enter the following information in the format required, and upload it to attach it to your application.

Information to be provided:

1) List of Owners, Principals, and Members of the Applying Entity

For each Owner, Principal, and Member of the Applying Entity:

- A) Name, Address, Phone number, and Email Address
- B) Each individual's percent interest in the company
- C) State of primary residence
- D) Number of years each person has lived in Hawaii (the most recent, uninterrupted number of years that the person has been a resident), and
  - E) A criminal background check for each Owner, Principal, and Member.

Copy the validation code from an eCrim report for the individual generate by the Hawaii Criminal Justice Data Center no earlier than December 12, 2015 at 8:00 a.m. (Hawaii-Aleutian Standard Time).

Visit <u>eCrim.ehawaii.gov (https://ecrim.ehawaii.gov/ahewa/)</u> to obtain the eCrim report.

Please include a signed statement by each Owner, Principal, or Member certifying that the information is complete and accurate. Upload the signed statements in the following question (35.)

2) Other Businesses Holding an Interest

If there are businesses that hold an interest in the company, list the business names and percent interest on a separate tab on the spreadsheet.

<u>Download Owner Principal Member Information Spreadsheet</u> (/mmjdisp/templates/Owner Principal Member Report.xls)

Copy the validation code from an eCrim report for the individual generated q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTExJmhhc2g9NTg

- 35. Upload Proof of Name, Date of Birth, and Residency for each Officer, Principal, or Member listed on the spreadsheet
- 1) Proof of Legal Name of Each Owner, Principal, and Member:

Scan and submit a certified copy of AT LEAST ONE (1) of the following:

- \* Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth or marriage;
- \* Valid, unexpired U.S. passport [inside cover and first page only] or U.S. passport card:
- \* Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Department of State;
- \* Valid, unexpired permanent resident card (Form I-551) issued by the Department of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
- \* Unexpired employment authorization document issued by the DHS, Form I-766 or Form I-688B;
- \* Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant's most recent admittance into the United States or a DHS admittance stamp on the passport;
- \* Certificate of naturalization issued by DHS, Form N-550 or Form N-570;
- \* Certificate of citizenship, Form N-560 or Form N-561, issued by DHS;
- \* Court-issued, certified copy of a divorce decree;
- \* Certified copy of a legal change of name order;
- 2) Proof of Date of Birth

Scan and submit a certified copy of AT LEAST ONE (1) of the following:

- \* Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth or marriage;
- \* Valid, unexpired U.S. passport [inside cover and first page only] or U.S. passport card;
- \* Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Department of State;
- \* Valid, unexpired permanent resident card (Form I-551) issued by the Department of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
- \* Unexpired employment authorization document issued by the DHS, Form I-766 or Form I-688B;
- \* Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant's most recent admittance into the United States or a DHS admittance stamp on the passport;
- \* Certificate of naturalization issued by DHS, Form N-550 or Form N-570;
- \* Certificate of citizenship, Form N-560 or Form N-561, issued by DHS;
- \* Valid, unexpired driver's license or government issued photo identification card.
- 3) Proof of Hawaii Residency:

Scan and submit AT LEAST ONE (1) of the following source documents as proof of Hawaii state residency for at least five years:

- \* State of Hawaii tax return Form N-11 without schedules, worksheets, or attachments, and redacted to remove all financial information and all but the last four digits of the individual's social security number;
- \* Evidence of voter registration;
- \* Ownership, lease, or rental documents for place of primary domicile;
- \* Billing statements including utility bills; or
- \* Vehicle registration.

Document size limit is 2 MB. Up to 10 documents may be attached.

SECTION D: FINANCIAL INFORMATION

i) TRM1\_Cure\_Oahu\_NM35.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTA5Jmhhc2g9MD

- (1) Ability to operate a business, including but not limited to education. knowledge, and experience with:
  - (A) Regula tedindustries:
  - (B) Agricul tun or horticulture;
  - (C) Commercial manufacturing;
  - (D) Pharmaceutical companies;
  - (E) Operati ngor working in a medical marijuana dispensary business;
- (F) Creating and implementing a business plan, including a timeline for
- (G) Creatin g and implementing a financial plan;
- (H) Retail s ales;
- (I) Secure i ventory tracking and control;
- (J) Protecti ngconfidential customer information;
- (K) Owning ormanaging a business that required twenty four hour security monitoring; and
  - (L) Any oth er experience the applicant considers relevant;

Response to (1) shall be no longer than five (5) pages.

Upload Response to (1)

(2) Plan for operating a medical marijuana dispensary in the county for which the applicant is seeking a license, including but not limited to a timeline for opening a retail dispensing location;

Response to (2) shall be no longer than five (5) pages.

Upload Response to (2)

- (3) Proof of financial stability and access to financial resources, including but not limited to:
- (A) Legal sources of finances immediately available to begin operating a dispensary:
- (B) A summary of financial statements in businesses previously or currently owned or operated by the applicant;
- (C) A financial plan for operating a medical marijuana dispensary in
- (D) Good credithistory; and
- (E) History of bankruptcy by the applicant or entities owned or operated by the applicant;

Response to (3) shall be no longer than five (5) pages.

Upload Response to (3)

(4) Ability to comply with the security requirements of Chapter 11-850 and Section 329D-7, HRS:

Response to (4) shall be no longer than five (5) pages.

Upload Response to (4)

- (5) Capacity to meet the needs of qualifying patients, including but not limited to:
- (A) Educating patients on how marijuana can be used to assist patients with debilitating medical conditions and about the marijuana and manufactured marijuana products that will be available in the applicant's retail dispensing locations;
- (B) Producing and maintaining a supply of marijuana that is sufficient to DTRM1\_Cure\_Oahu\_M5.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc meet the needs of qualifying patients;
  - (C) Providing safe, accessible retail dispensing locations; and
  - (D) Measuring and improving customer satisfaction;

Response to (5) shall be no longer than five (5) pages.

Upload Response to (5)

(6) Ability to comply with criminal background check requirements pursuant to Chapter 11-850 and Sections 329D-7, 329D-12, and 846-2.7,

Response to (6) shall be no longer than three (3) pages.

Upload Response to (6)

[] TRM1\_Cure\_Oahu\_M1.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfODgmaGFzaD0yYT/

@ TRM1\_Cure\_Oahu\_M2.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfODkmaGFzaD03Mr

TRM1\_Cure\_Oahu\_M3.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfOTUmaGFzaD1mZV

§ TRM1\_Cure\_Oahu\_M4.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc) q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfOTQmaGFzaD04Ym

q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfOTYmaGFzaD00ZTN

TRM1\_Cure\_Oahu\_M6.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfOTcmaGFzaD1iMGI

**IP Address** 

(7) Ability to comply with the requirements in Chapter 11-850 and Sections 329 and 329D, IRS, for inventory tracking, security, and dispensing limits for qualifying patients; TRM1\_Cure\_Oahu\_M7.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfOTgmaGFzaD0zNzE Response to (7) shall be no longer than five (5) pages. Upload Respense to (7) (8) Ability to maintain confidentiality of a qualifying patient's medical condition, health status, and purchases of marijuana or manufactured marijuana products; TRM1\_Cure\_Oahu\_M8.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfOTkmaGFzaD02NjN Response to (8) shall be no longer than three (3) pages. Upload Response to (8) (9) Ability to conduct or contract for certified laboratory testing on marijuana and manufactured marijuana products pursuant to Chapter 11-850 and Sections 329D-7 and 329D-8, HRS; [] TRM1\_Cure\_Oahu\_M9.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/dc q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTAwJmhhc2g9MjZ Response to (9) shall be no longer than three (3) pages. Upload Response to (9) (10) Ability to comply with requirements for packaging, labeling, and chain of custody of products; TRM1\_Cure\_Oahu\_M10.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/d Response to (10) shall be no longer than three (3) pages. q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTAxJmhhc2g9Nzli Upload Response to (10) (11) A plan for secure disposal of marijuana and manufactured marijuana products; @ TRM1\_Cure\_Oahu\_M11.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/d Response to (11) shall be no longer than five (5) pages. q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTAyJmhhc2g9M2\ Upload Response to (11) (12) Ability to ensure product safety, in accordance with Chapter 11-850 and Sections 329D-8, 329D-10, 329D-11, HRS. ① TRM1\_Cure\_Oahu\_M12.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/d Response to (12) shall be no longer than five (5) pages. q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTAzJmhhc2g9Zm2 Upload Response to (12) (13) No history of having a business license revoked. TRM1\_Cure\_Oahu\_M13.pdf (https://mmjdisp.ehawaii.gov/mmjdisp/wikiflow/d Response to (13) shall be no longer than three (3) pages. q=Zm9ybV9pZD0xMDQzOSZpZD0zNTA3JmVsPWVsZW1lbnRfMTMyJmhhc2g9YW Upload Response to (13) SECTION F: CERTIFICATION AND SUBMITTAL Certification I hereby certify under penalty of law that the information submitted as part of this as By checking the box above and entering the individual applicant's name below, the applicant has electronically signed this application. Applicant Name If you have previously submitted an application and this is a revision, enter the unique entry number(s) of your previous submission(s) here. User ID User Email Entry Info **Date Created** 29 Jan 2016 - 03:53:26 AM **Date Updated** 

## Proof of Legal Name of Applicant

TCG Retro Market 1, LLC dba Cure Oahu

**Individual Applicant** 

Proof of Name:

## Proof of Date of Birth of Applicant

TCG Retro Market 1, LLC dba Cure Oahu

**Individual Applicant** 

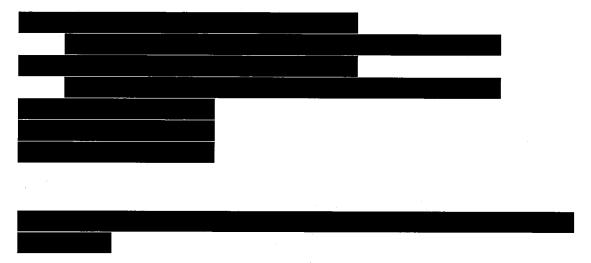
Proof of Date of Birth:

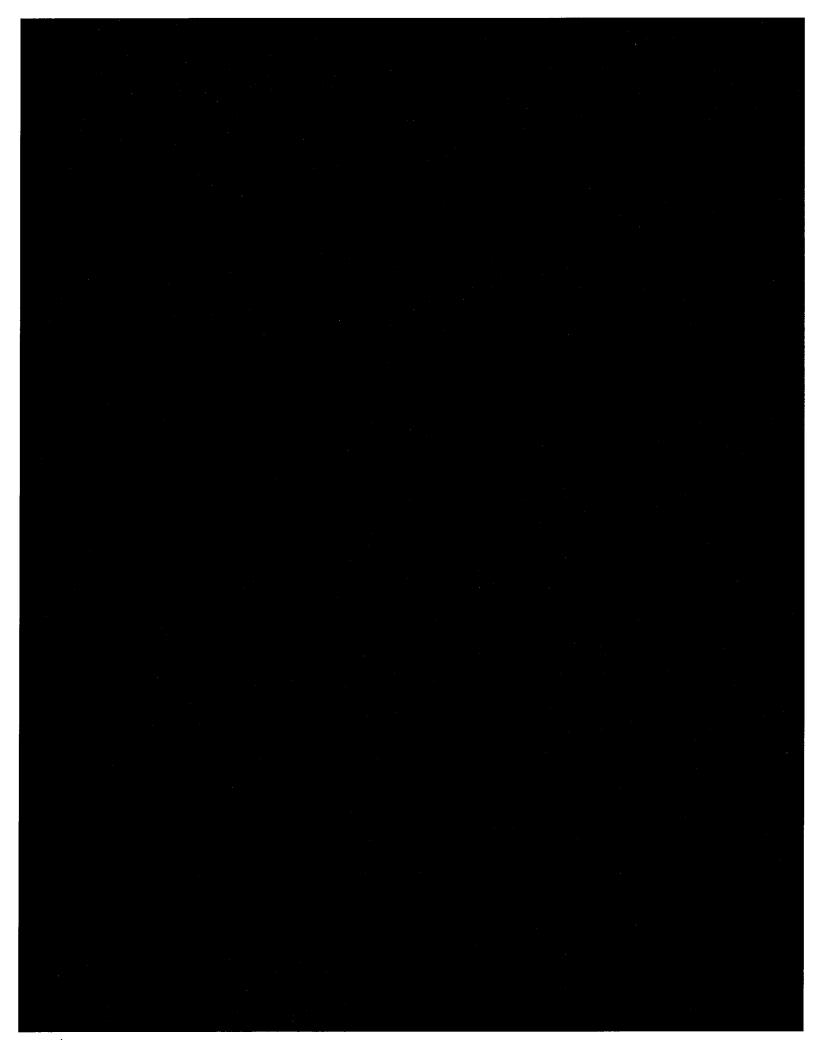
## Proof of Hawaii Residency of Applicant

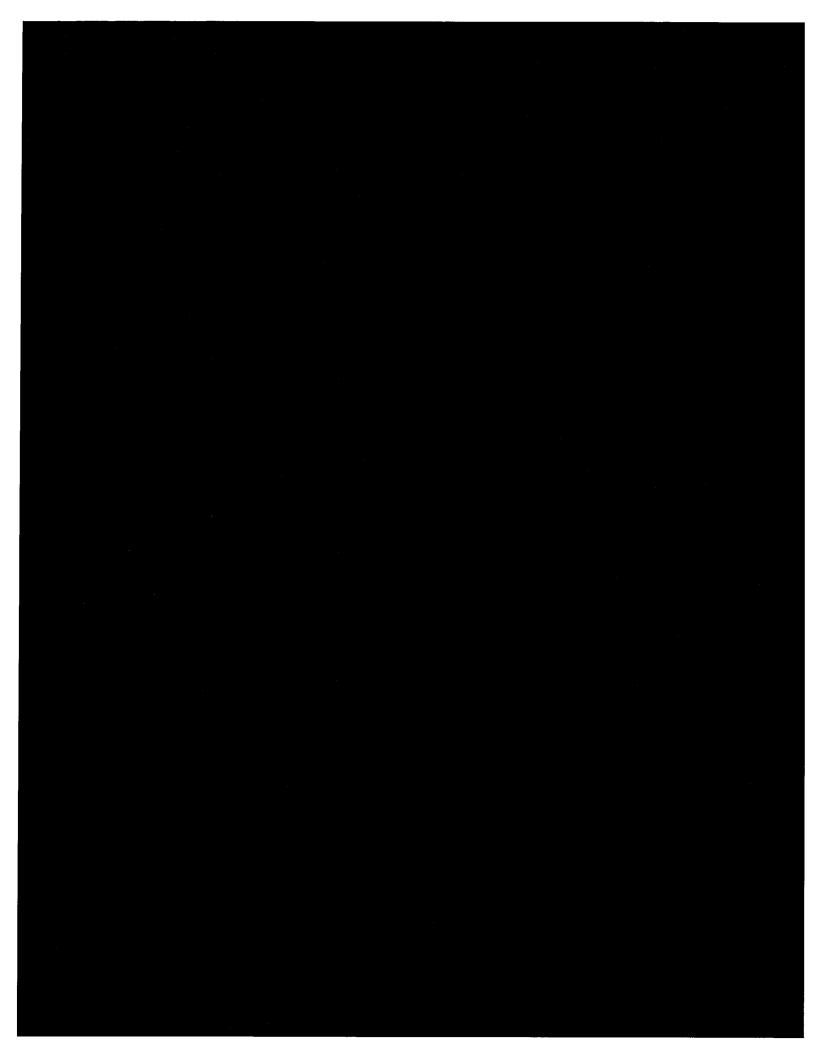
TCG Retro Market 1, LLC dba Cure Oahu

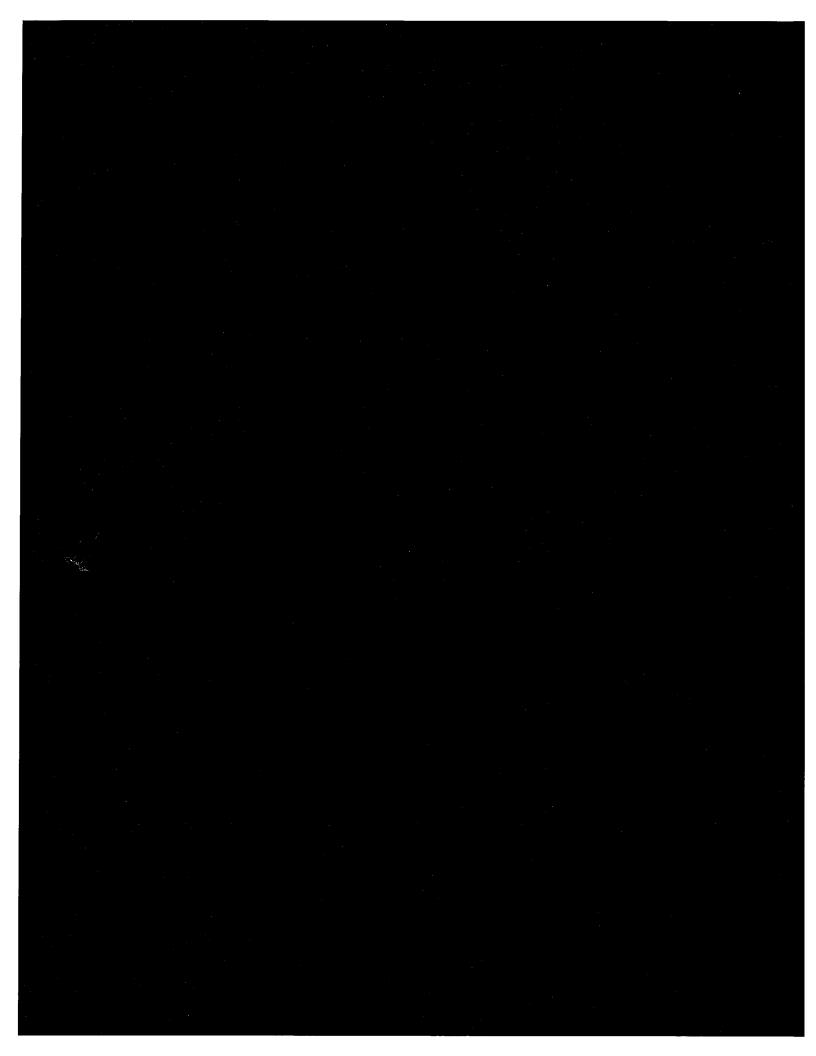


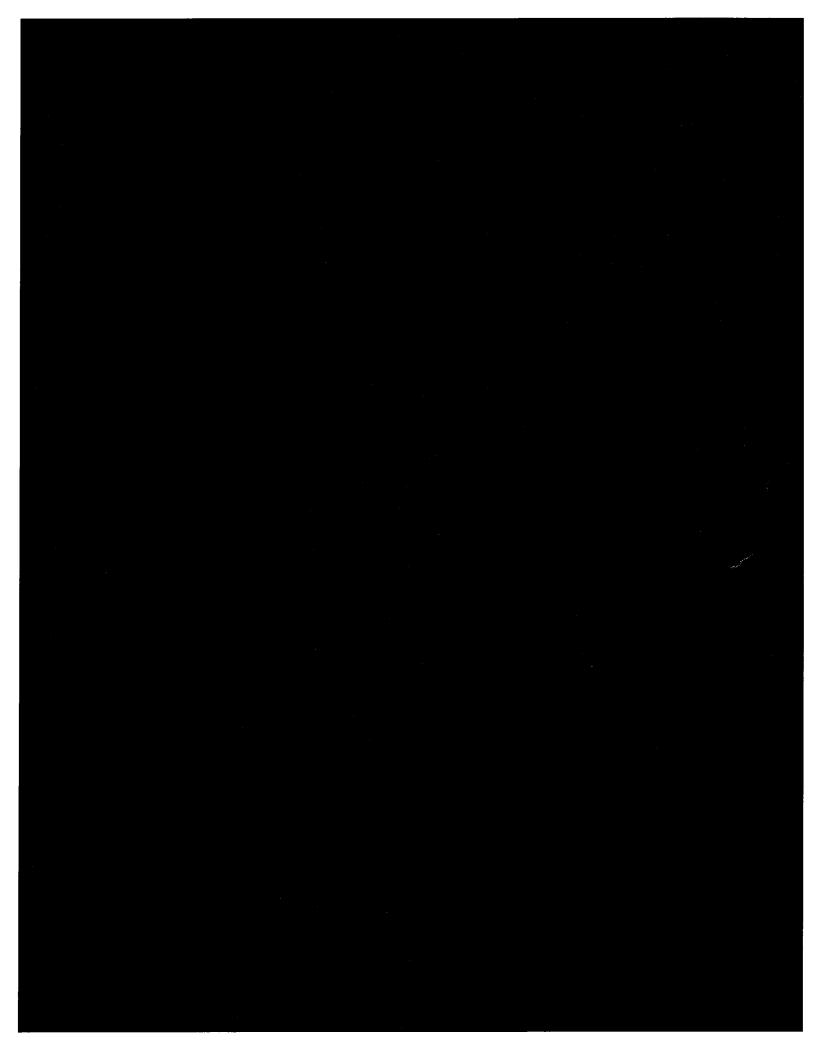
Proof of Hawaii Residency for at least five uninterrupted years immediately preceding the date of the license application:

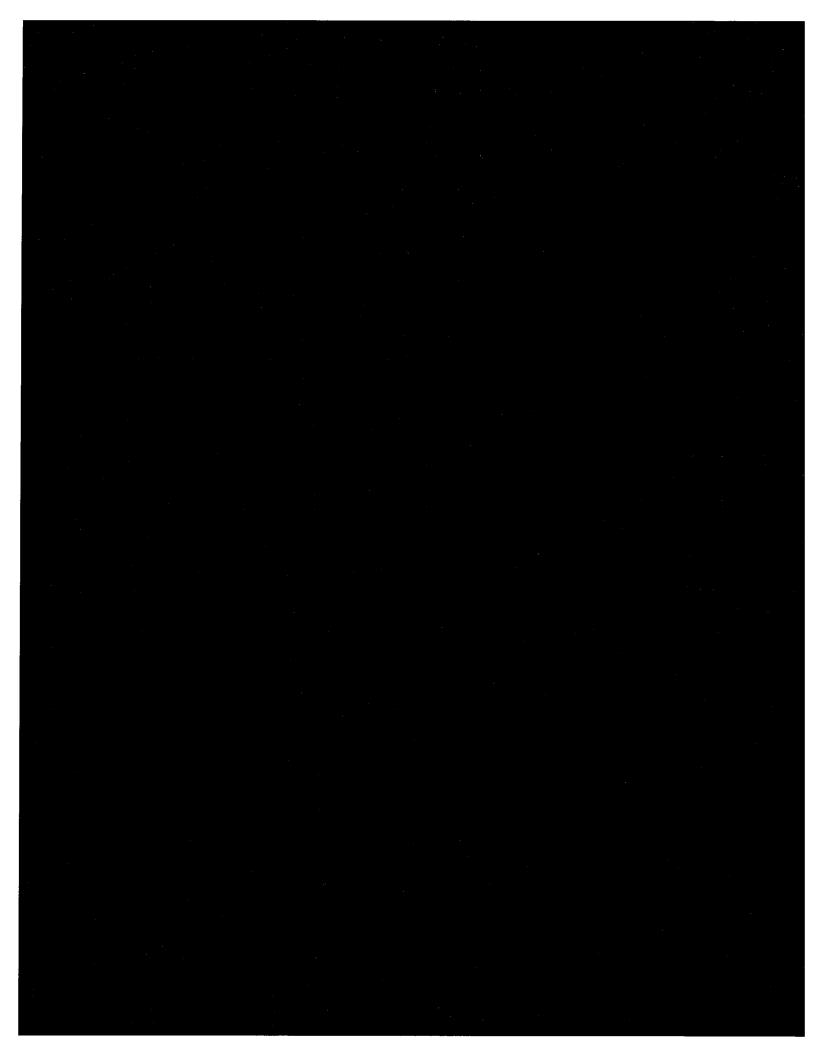


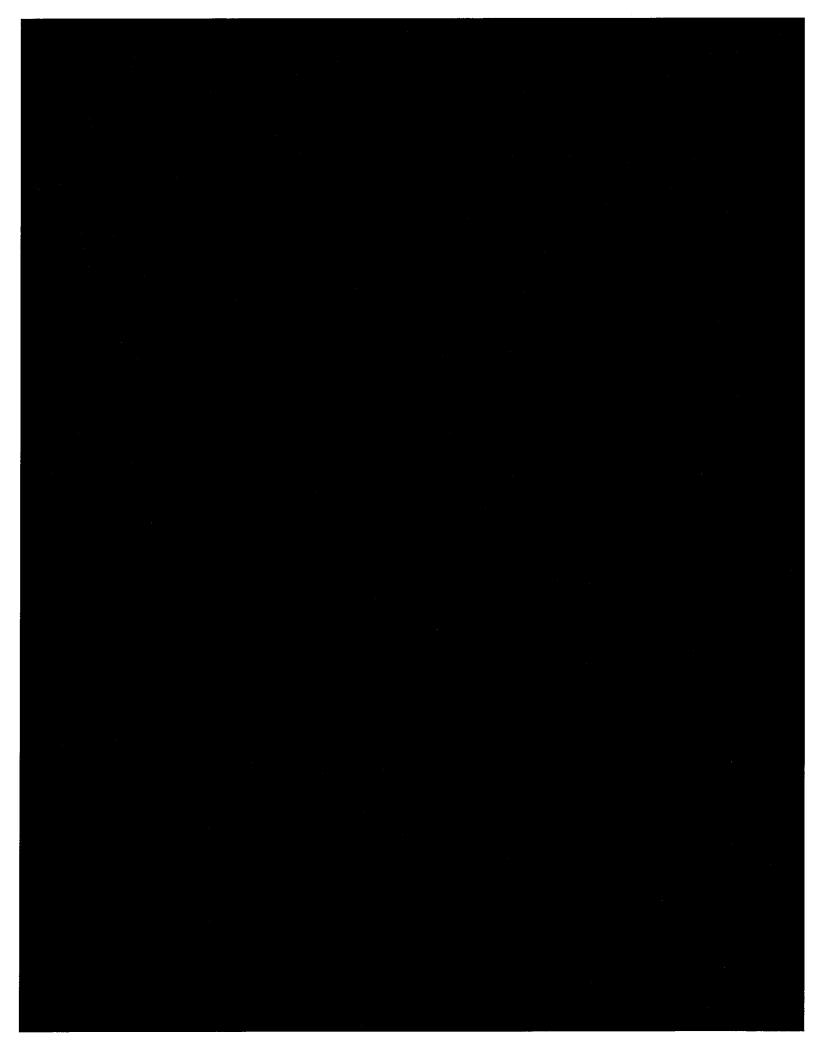


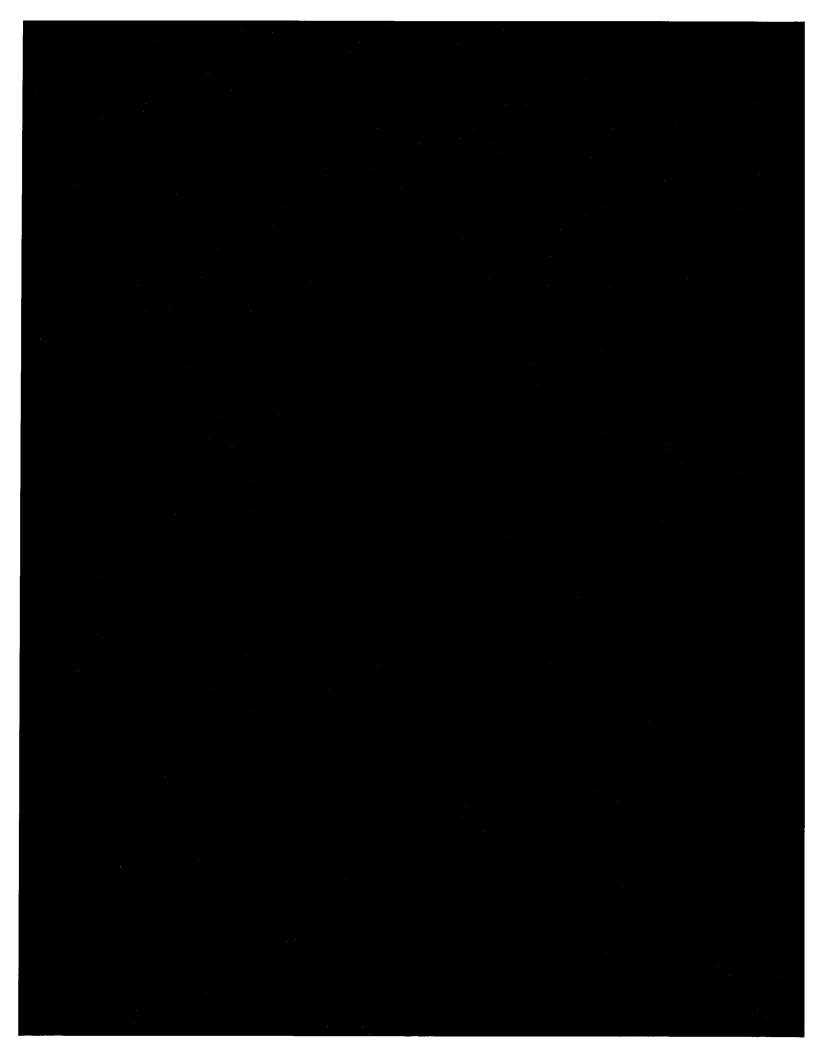








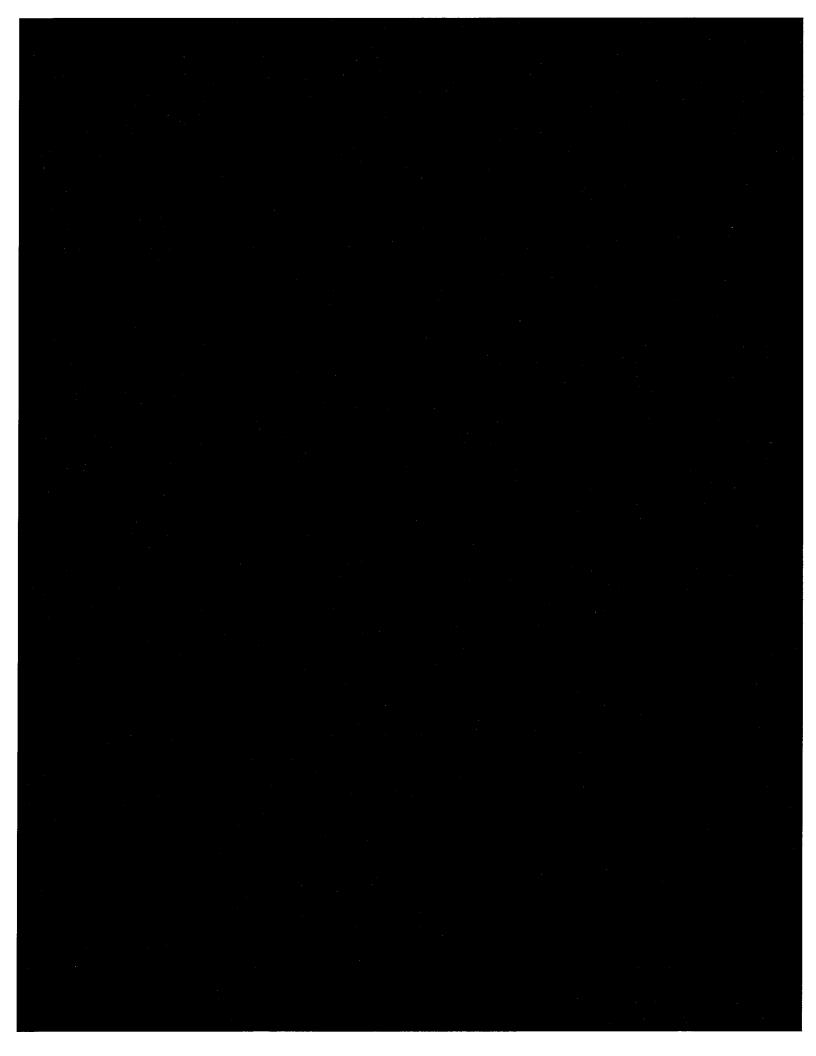


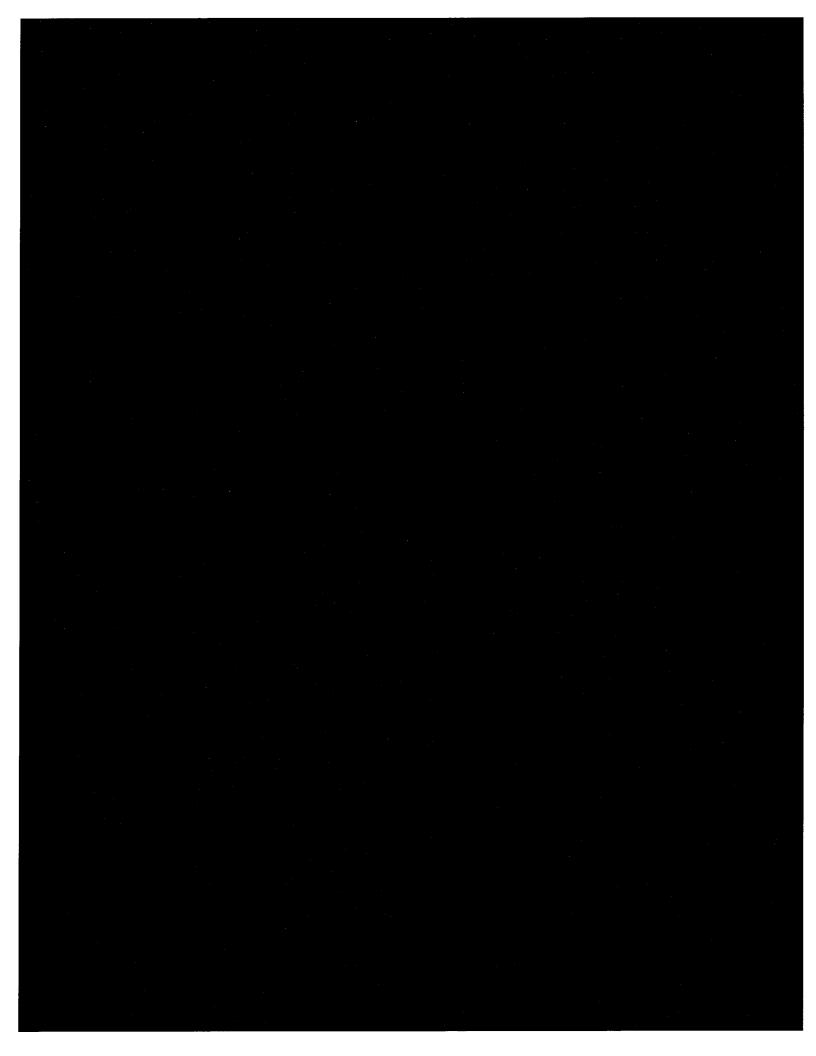


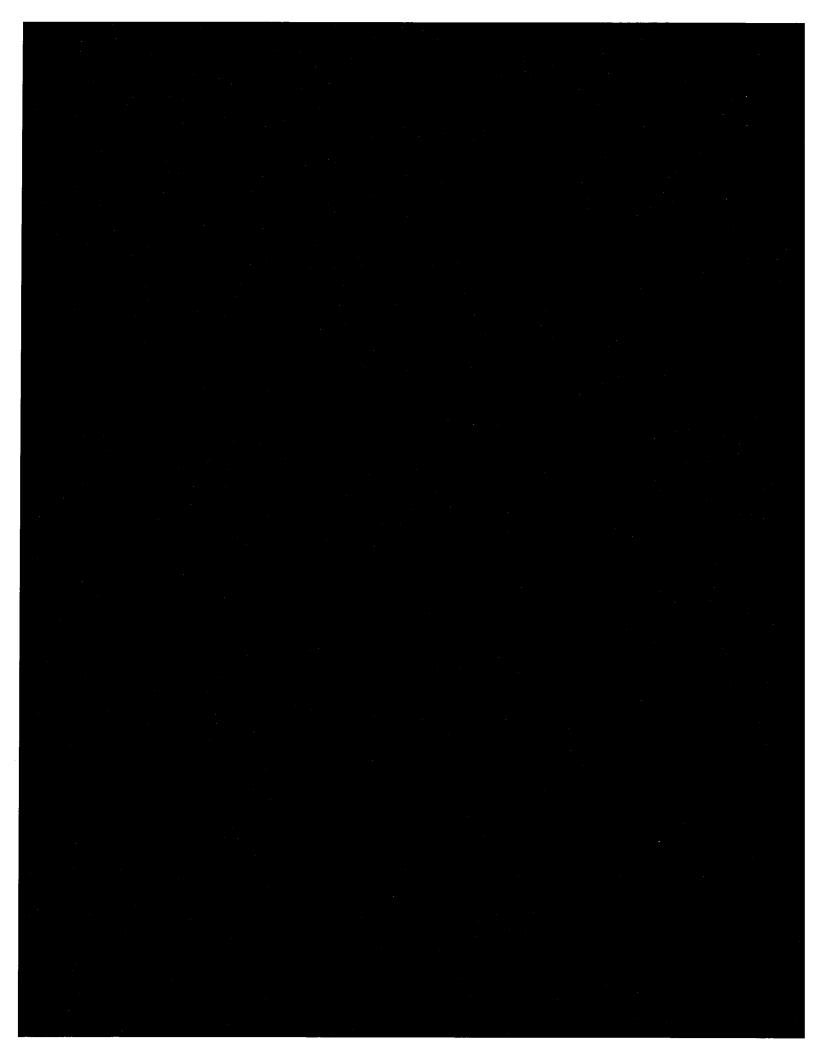
# Authority of Applicant to Act on Behalf of Applying Entity

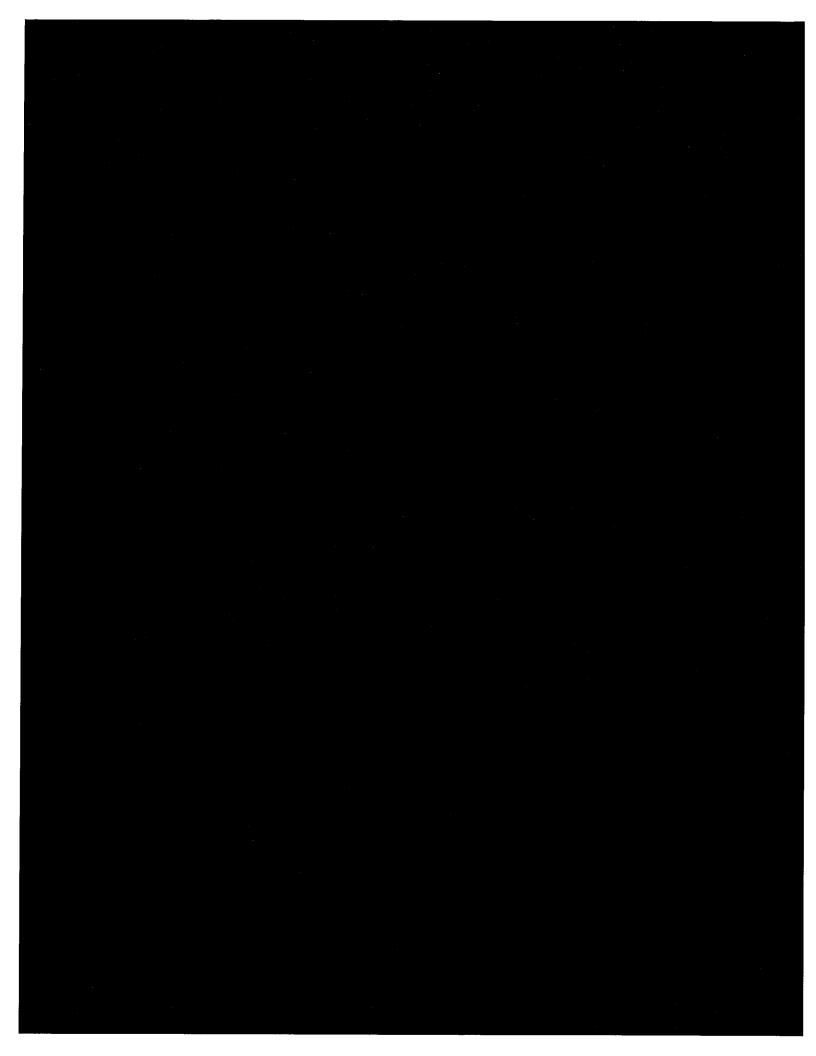
TCG Retro Market 1, LLC dba Cure Oahu

Individual Applicant	
Exhibit A: Authority of	to Act on Behalf of Applying Entity:
Exhibit B: Authority of	to Sign Written Consent of Members of TCG Retro
Market 1, LLC	









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## **Applying Entity Incorporation Documents**

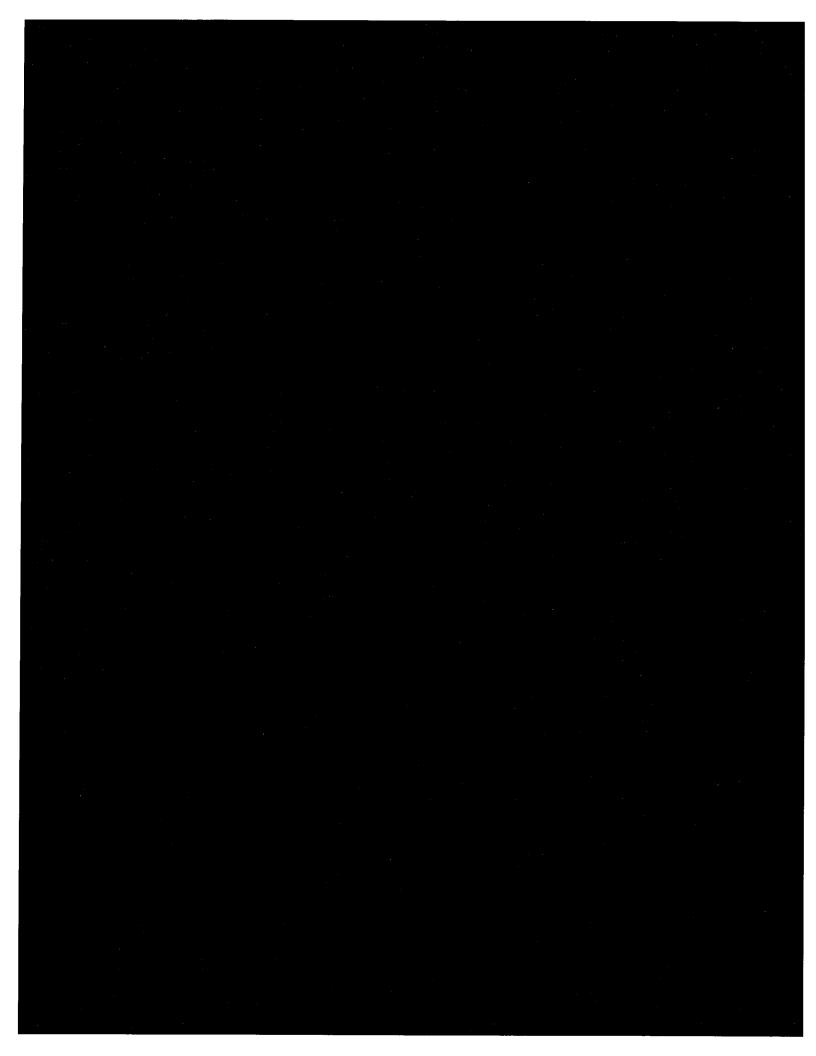
TCG Retro Market 1, LLC dba Cure Oahu

**Attachment A: Articles of Amendment of Limited Liability Company** 

**Attachment B: Articles of Organization for Limited Liability Company** 

Attachment A: Articles of Amendment of Limited Liability Company

Attachment B: Articles of Organization for Limited Liability Company



# DCCA Business Registration Division Number & Suffix

TCG Retro Market 1, LLC dba Cure Oahu

**Attachment A: DCCA Certificate of Good Standing** 

**Attachment B: DCCA Business Registration Division Filing Information** 

Attachment A: DCCA Certificate of Good Standing



#### **Department of Commerce and Consumer Affairs**

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

TCG RETRO MARKET 1, LLC

was organized under the laws of the State of Hawaii on 02/23/2009; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 27, 2016

Caran-P. Owal Colon

Director of Commerce and Consumer Affairs

Attachment B: DCCA Business Registration Division Filing Information

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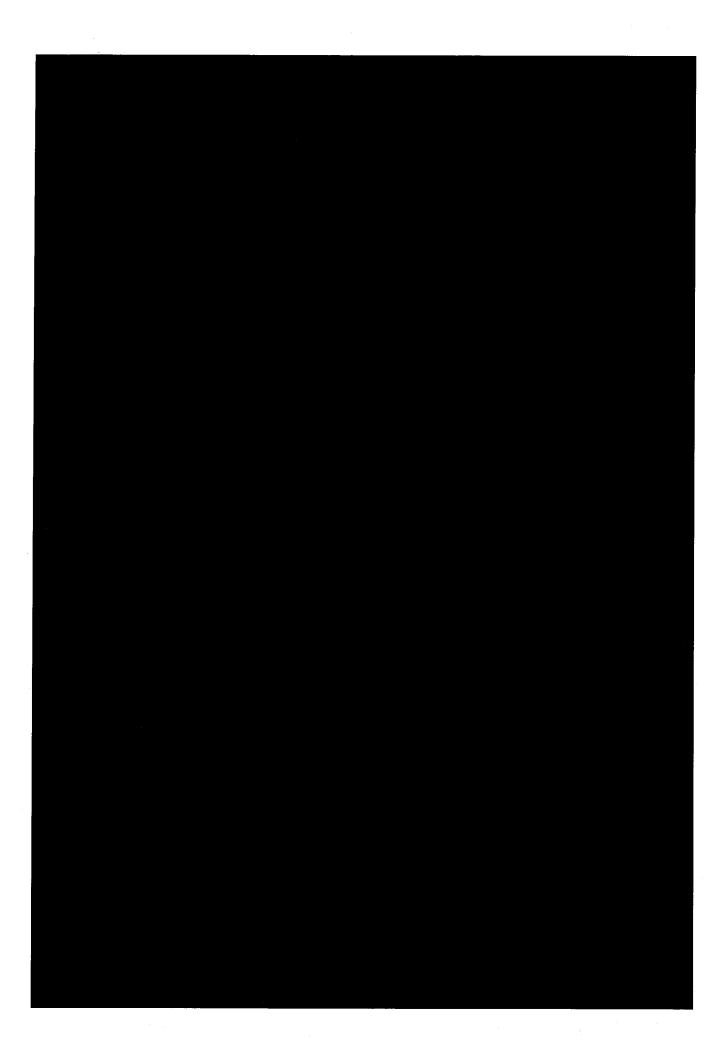
# **Hawaii Tax Identification Document**

TCG Retro Market 1, LLC dba Cure Oahu

Attachment A: State Department of Taxation General Excise Tax License

**Attachment B: State Department of Taxation Tax Clearance** 

Attachment A: State Department of Taxation General Excise Tax License



Attachment B: State Department of Taxation Tax Clearance

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# **Federal Employer Identification Number Document**

TCG Retro Market 1, LLC dba Cure Oahu

Letter Assigning Federal Employer Identification Number

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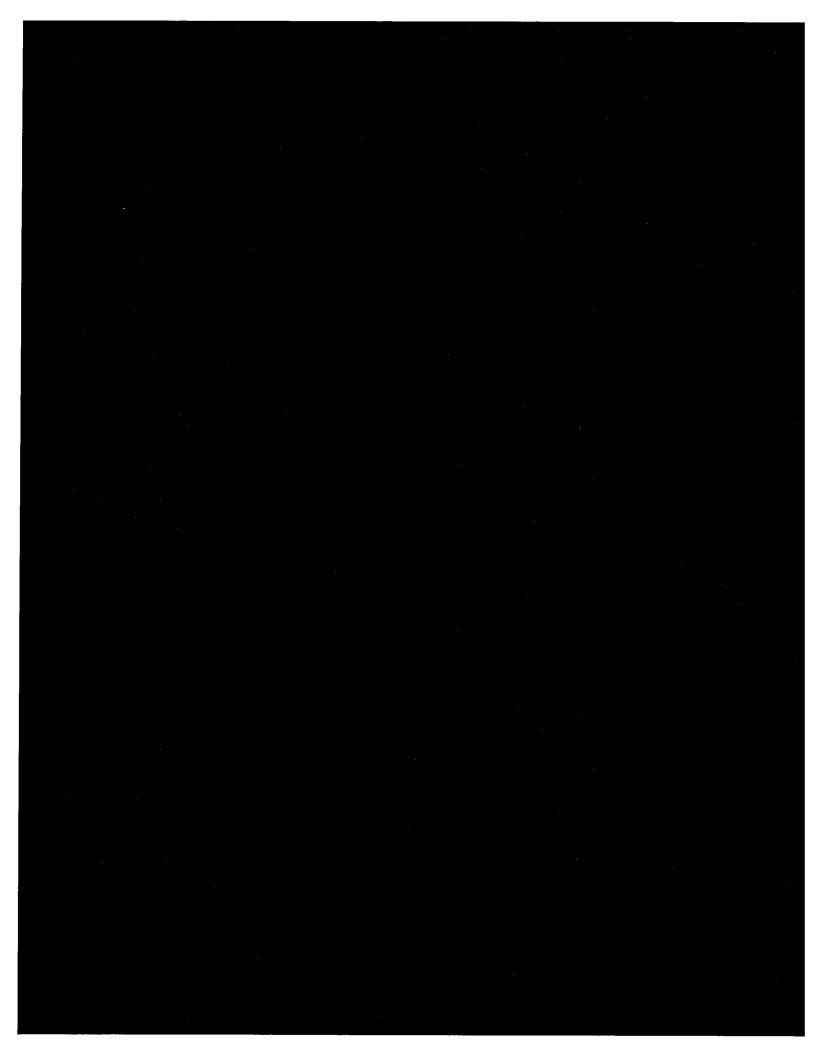
Percent State of Number of Years Lwell in Hawail (most Has person were Has person has been convicted of been convicted by the beantment of its designer. Please include a signed statement by each Owner, Principal, or Member certifying that the information is complete and accurate Phone Number Email Address Name of Owner, Principal, or Member

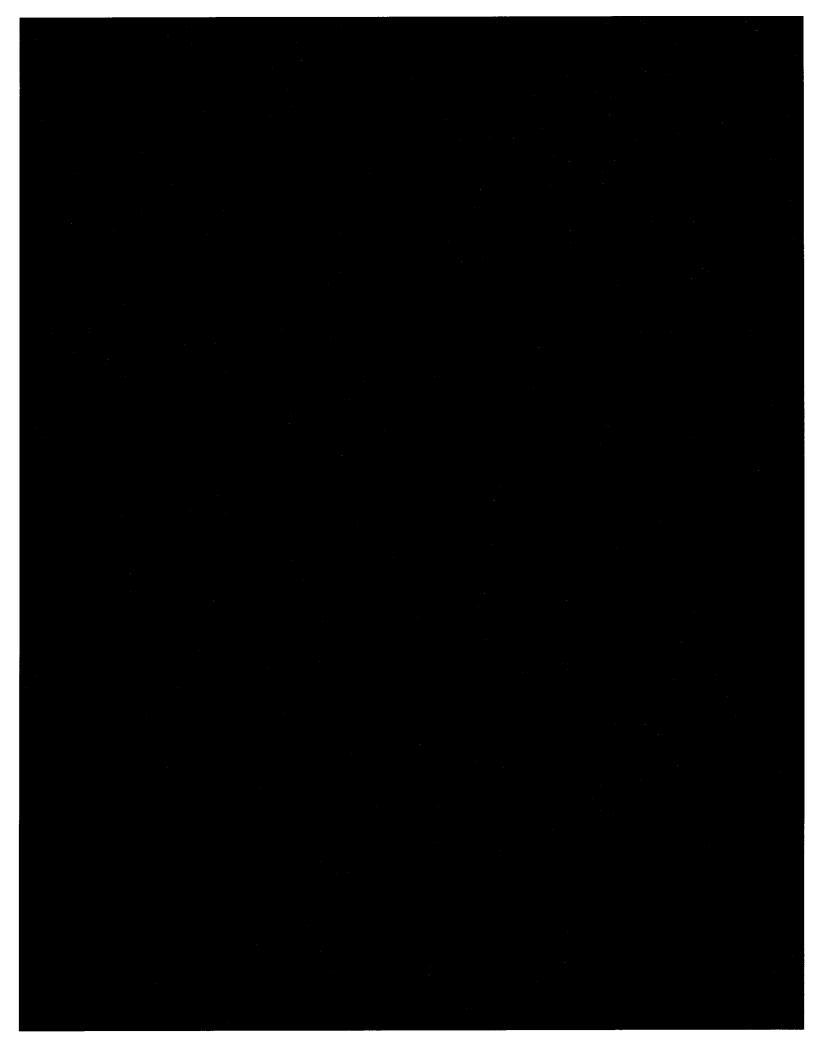
OWNER / PRINCIPAL / MEMBER REPORT

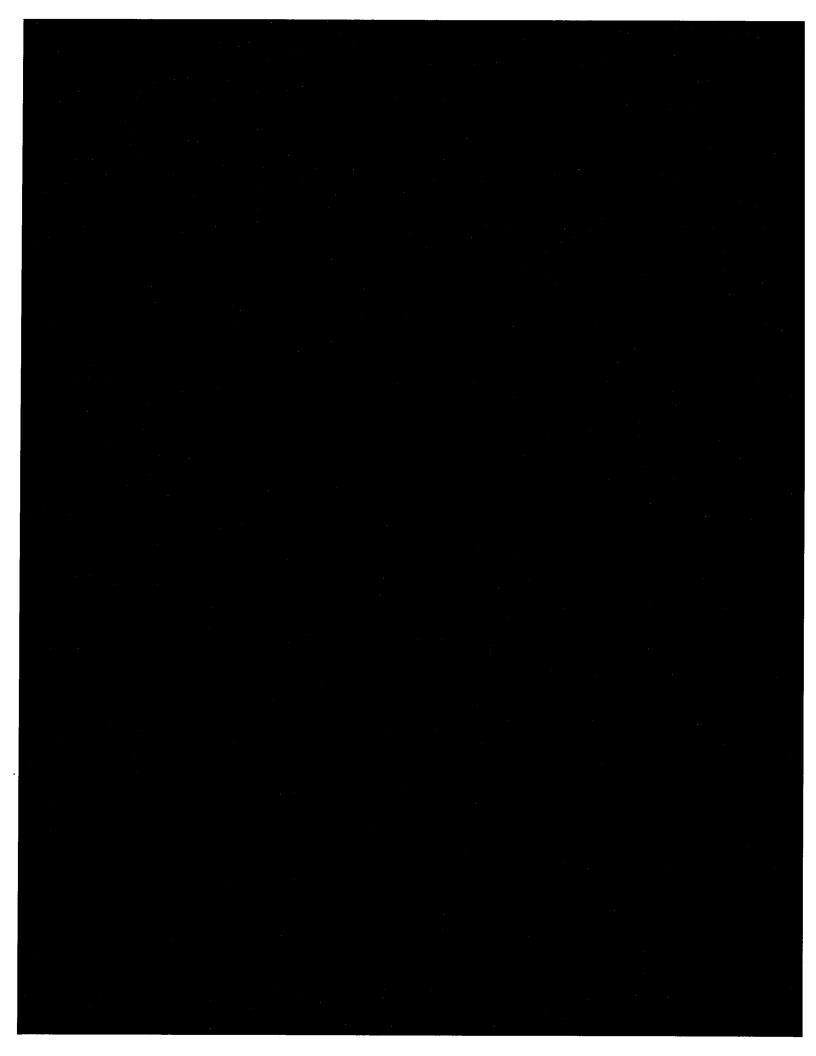
# Proof of Name, Date of Birth, and Residency for Officers, Principals, or Members listed on Owner, Principal and Member Information Spreadsheet

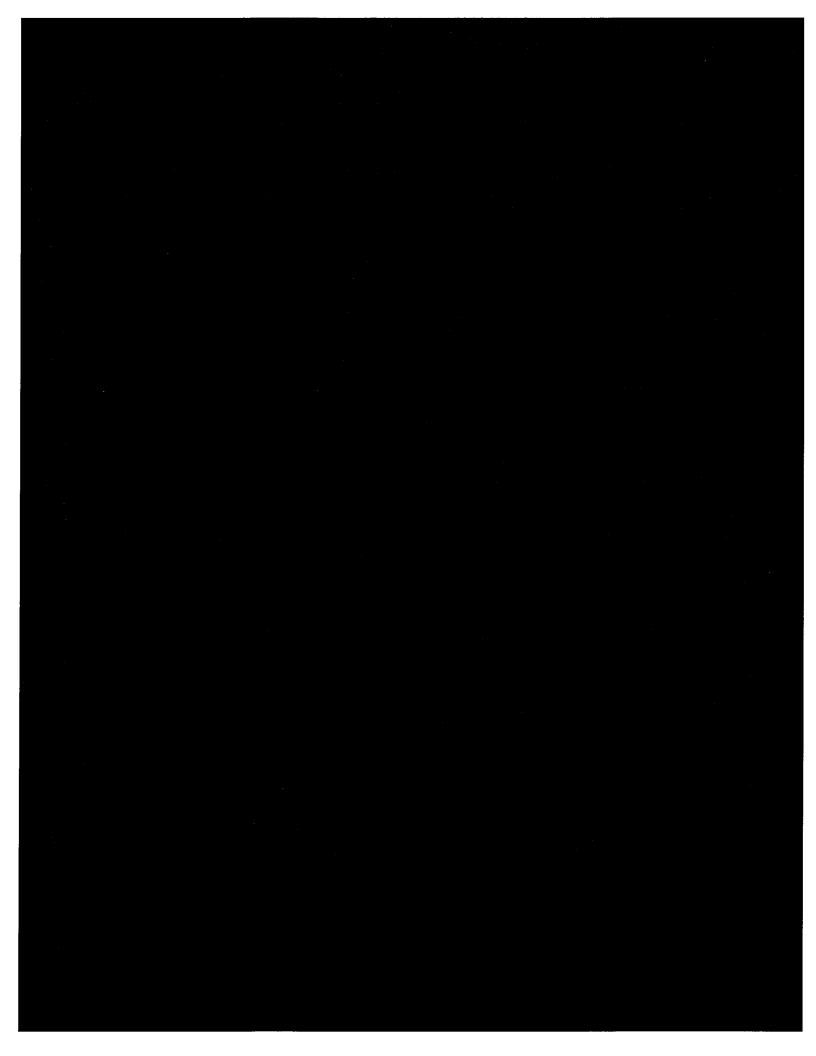
TCG Retro Market 1, LLC dba Cure Oahu

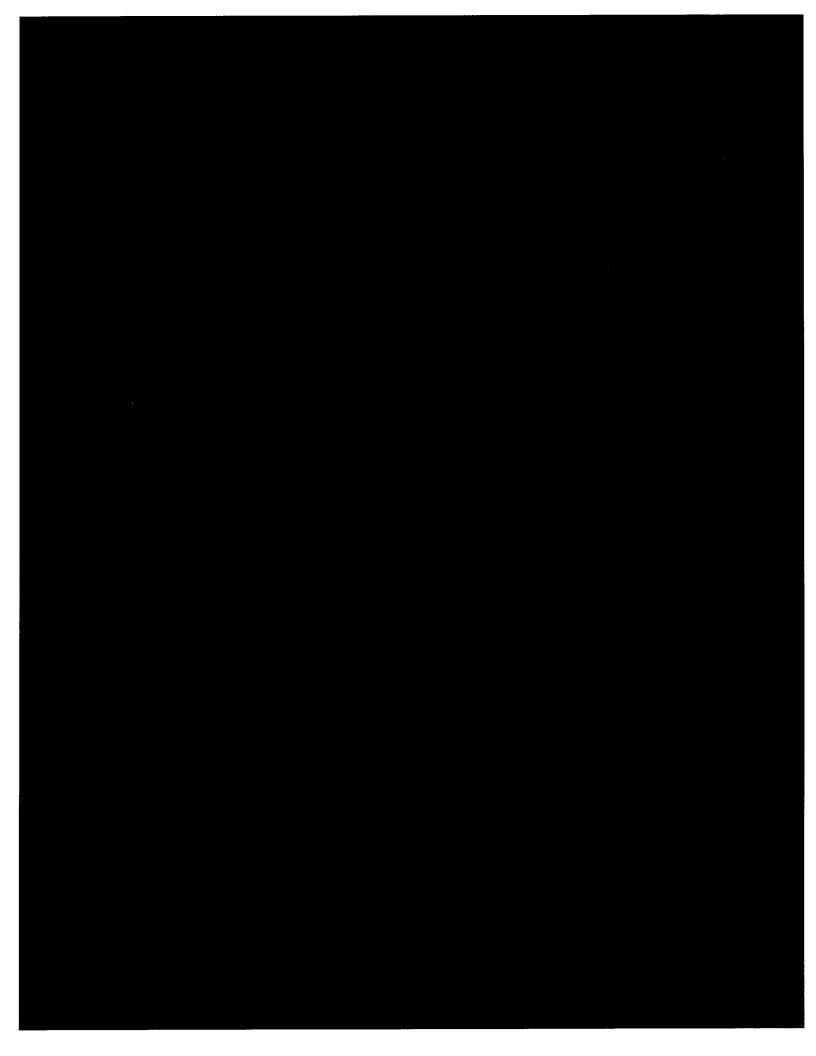
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TCG Retro Market 1. LLC dba Cure Oahu is	s owned by:		
TCG Retro Market 1, LLC dba Cure Oahu is	s owned by:		
TCG Retro Market 1, LLC dba Cure Oahu is	s owned by:		
TCG Retro Market 1, LLC dba Cure Oahu is	s owned by:		
TCG Retro Market 1, LLC dba Cure Oahu is	s owned by:		
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TCG Retro Market 1, LLC dba Cure Oahu is	s owned by:		

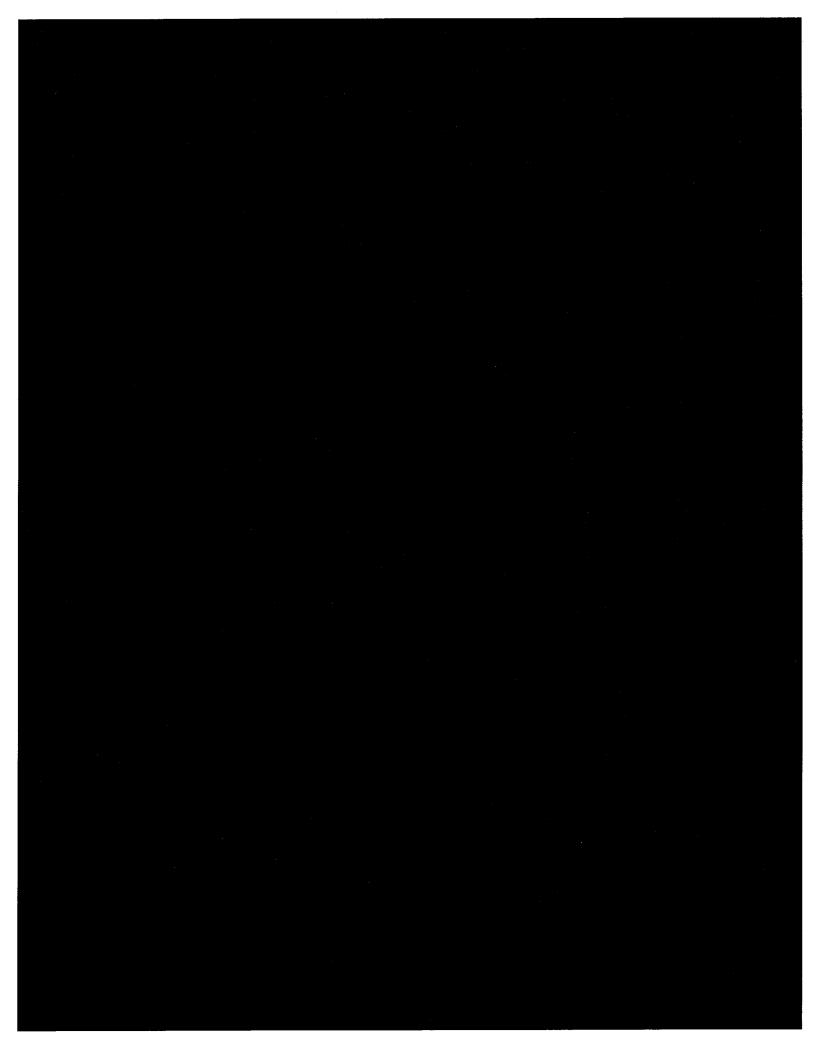


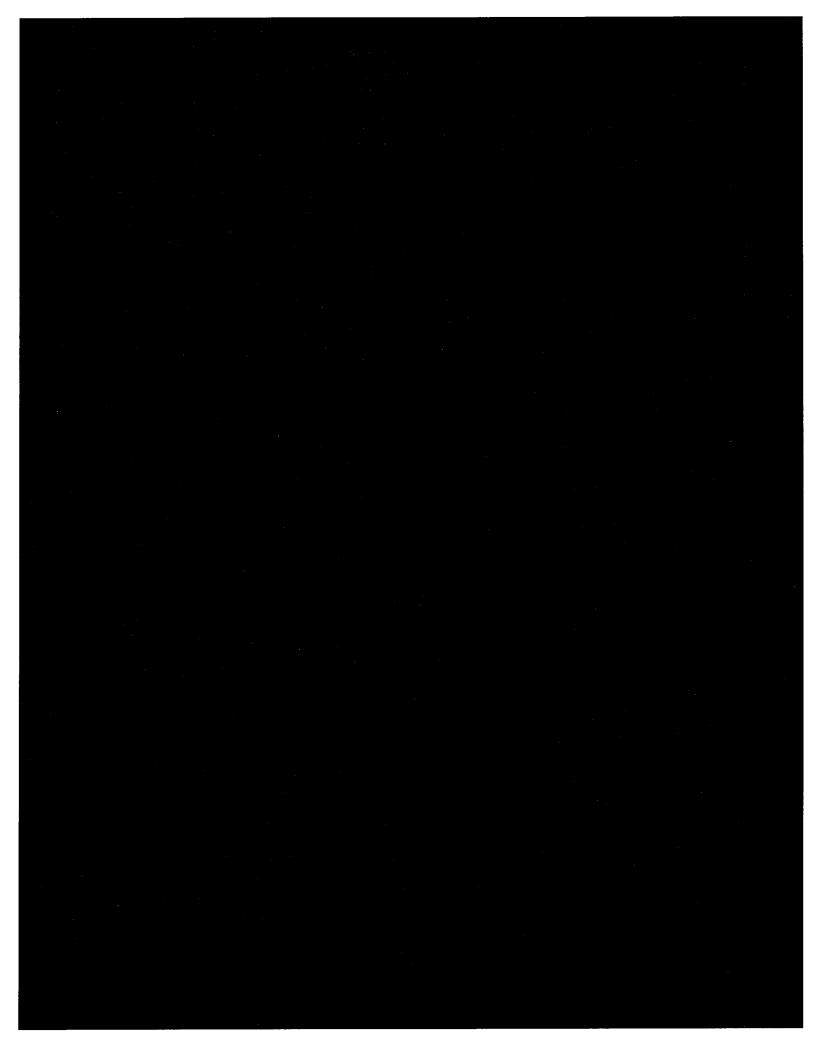


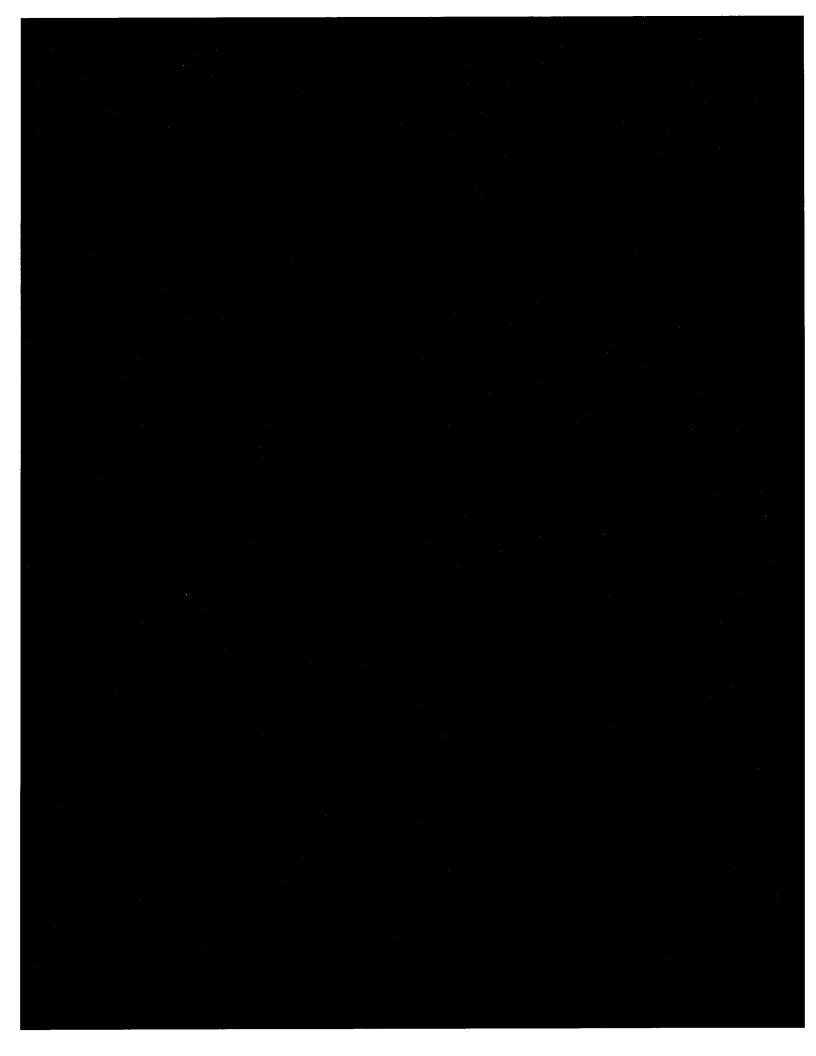


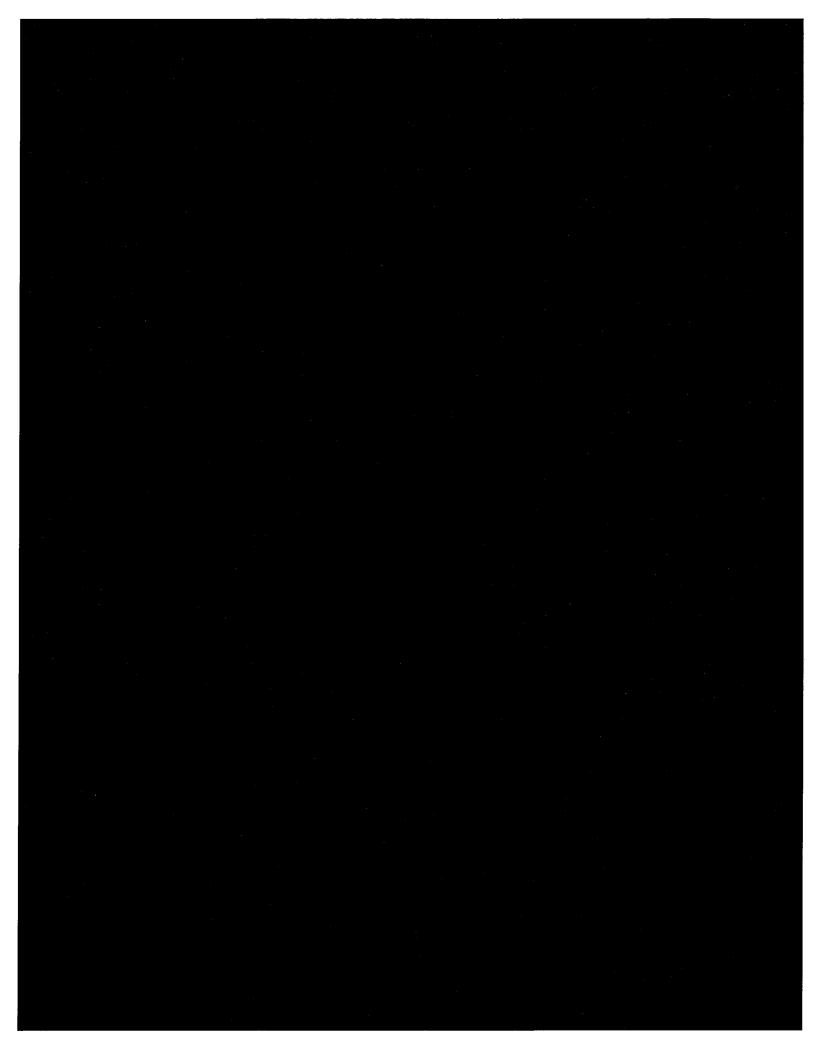


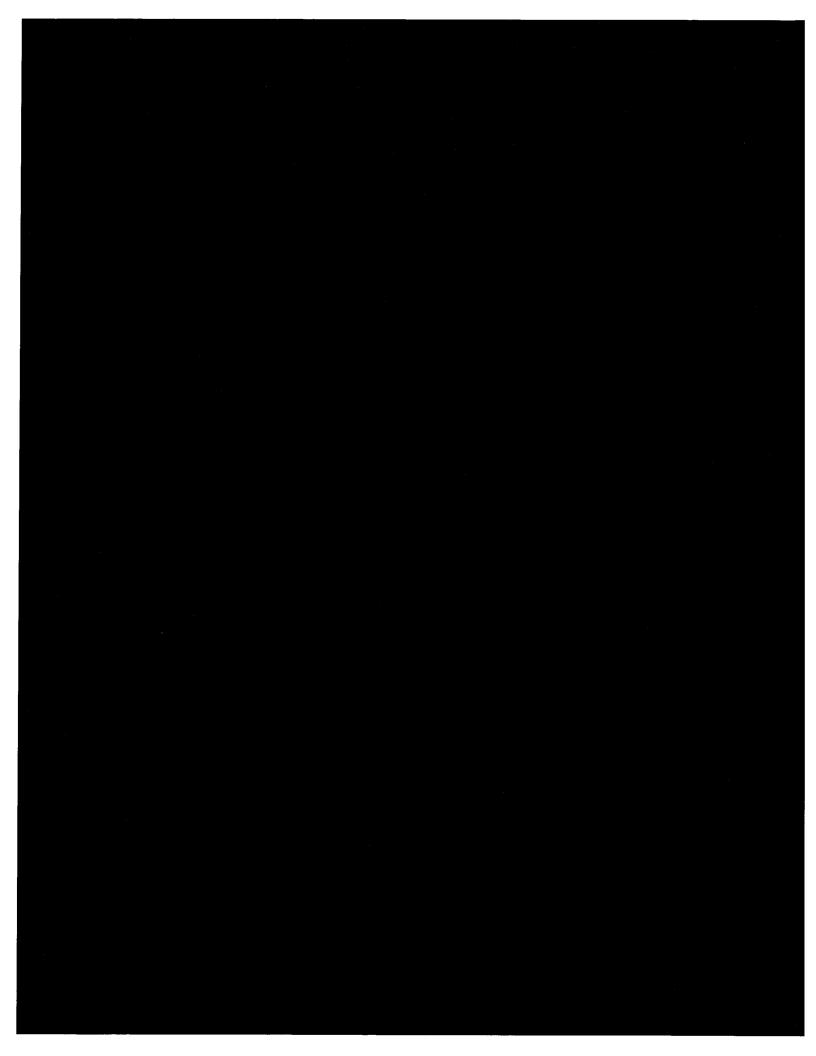


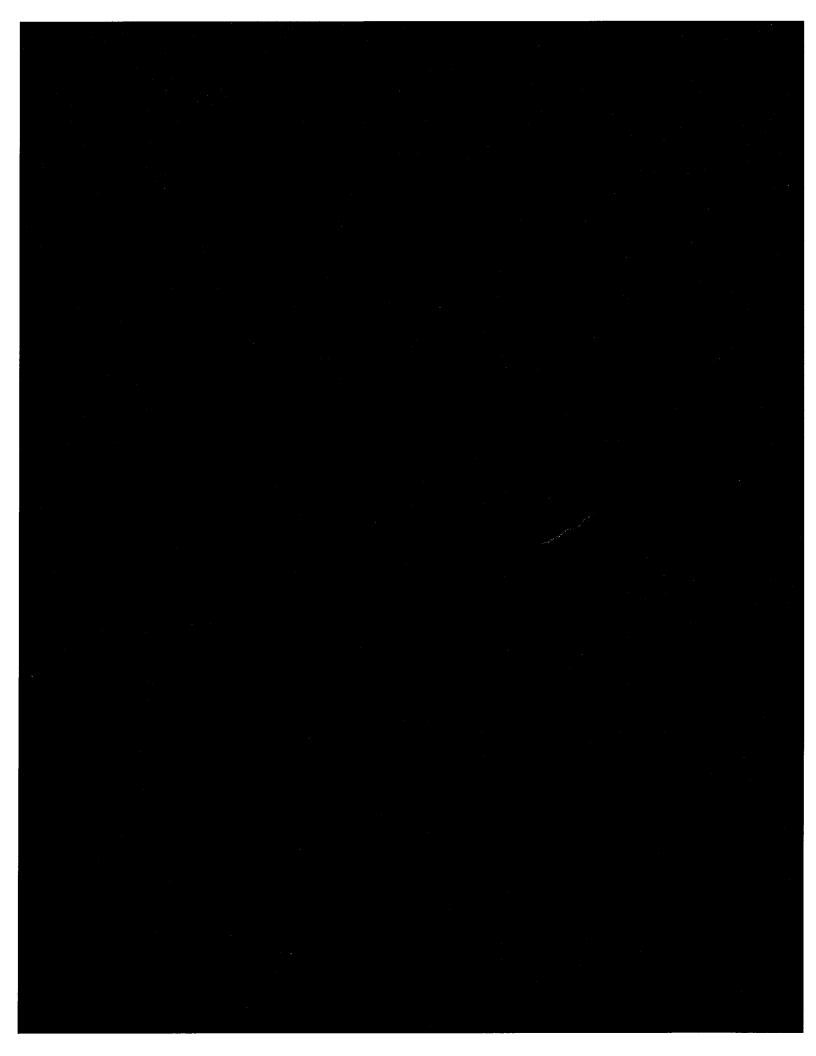


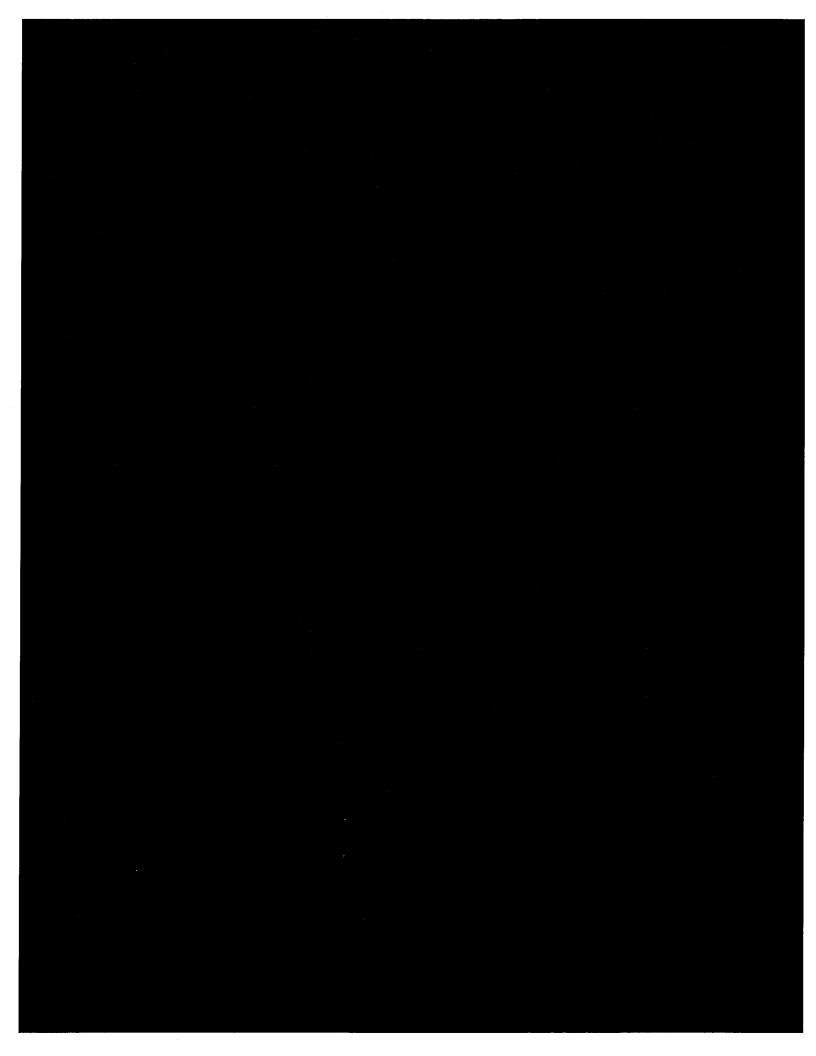


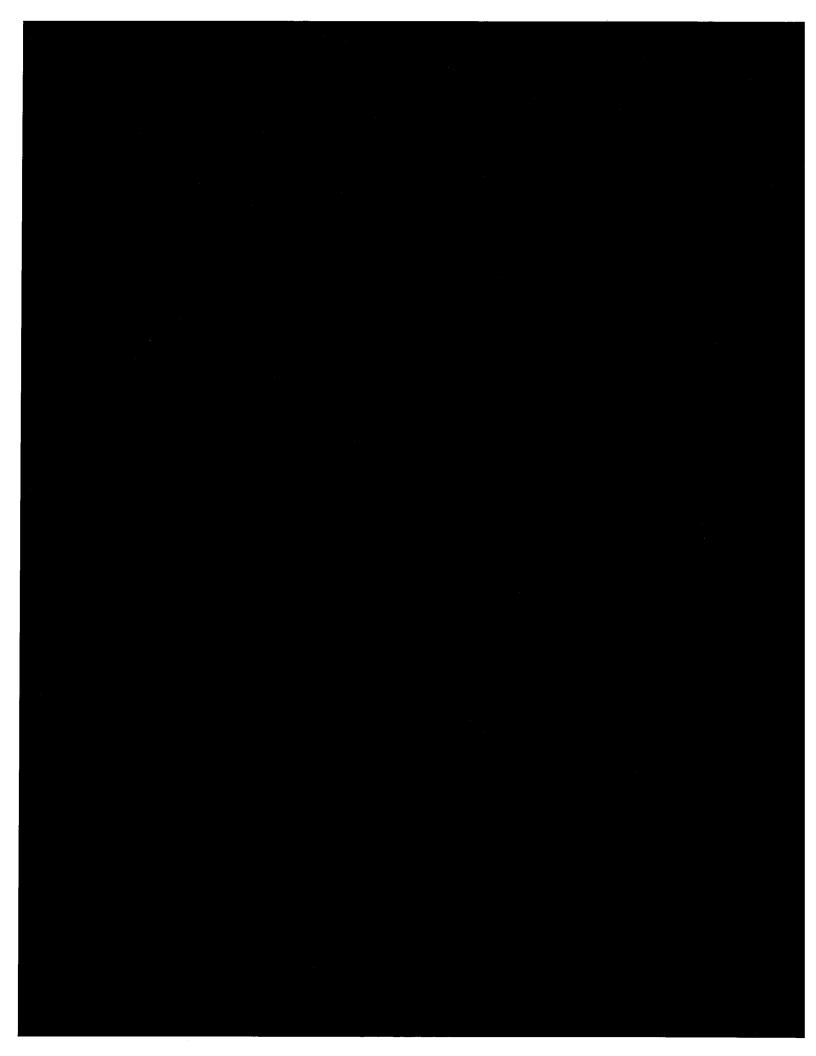


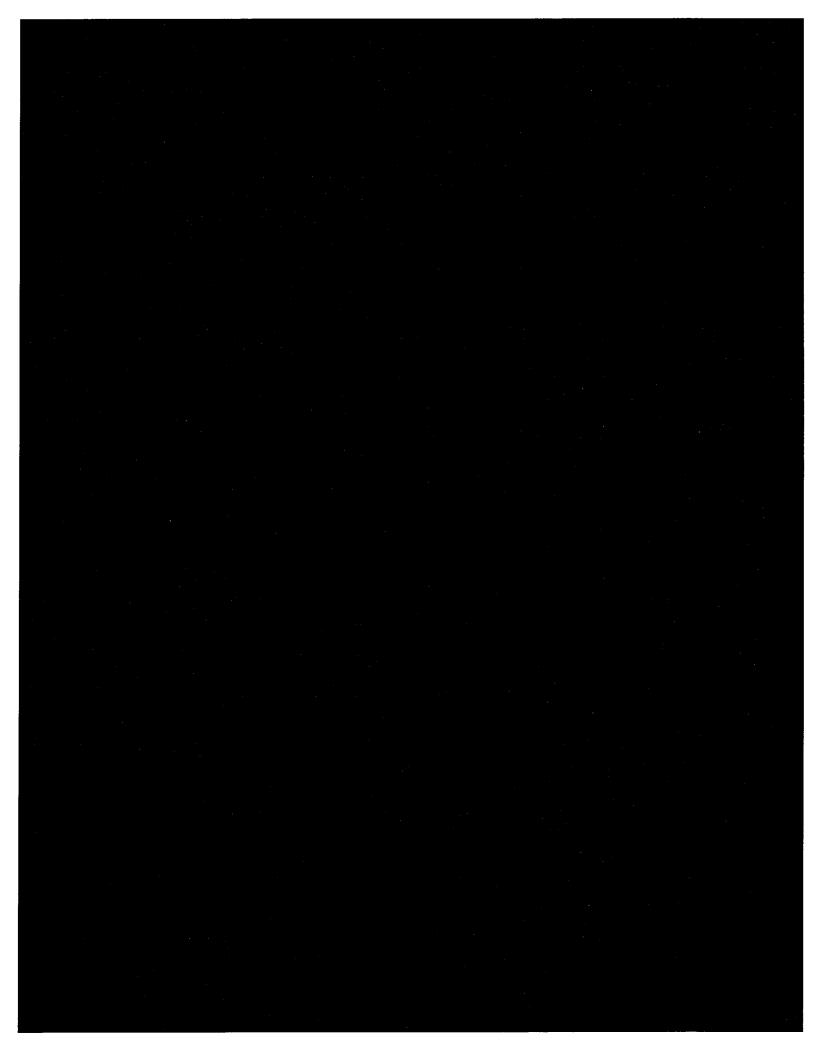


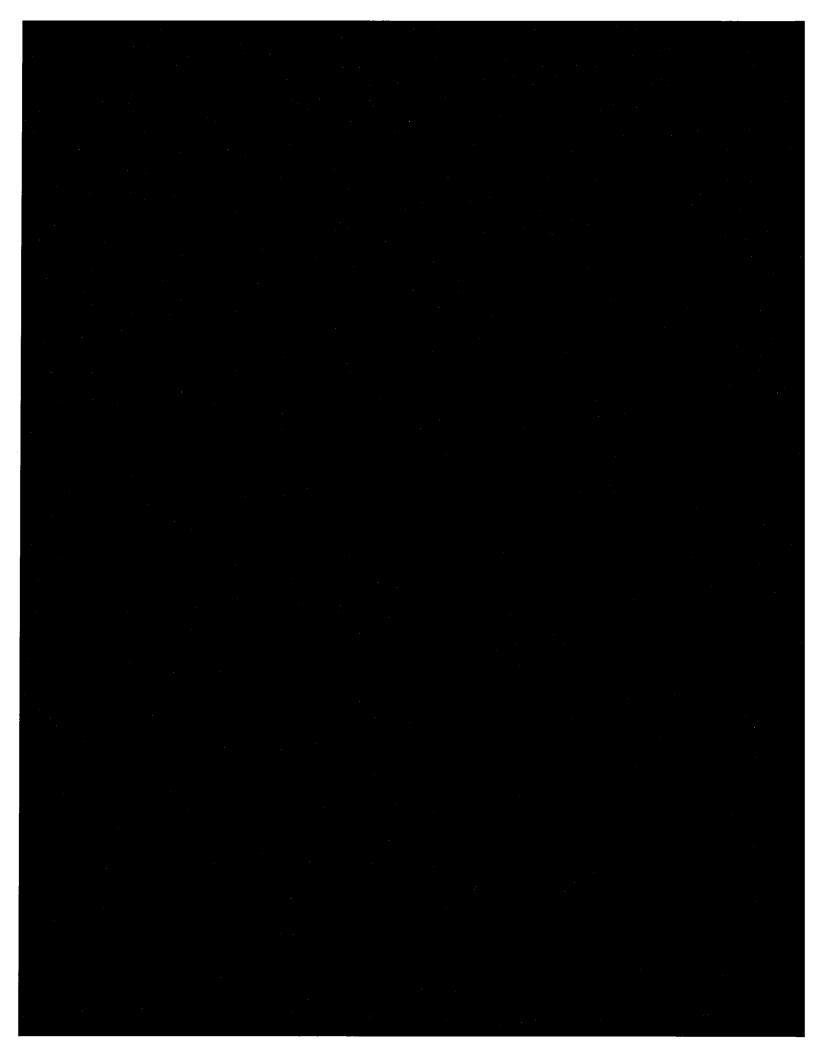


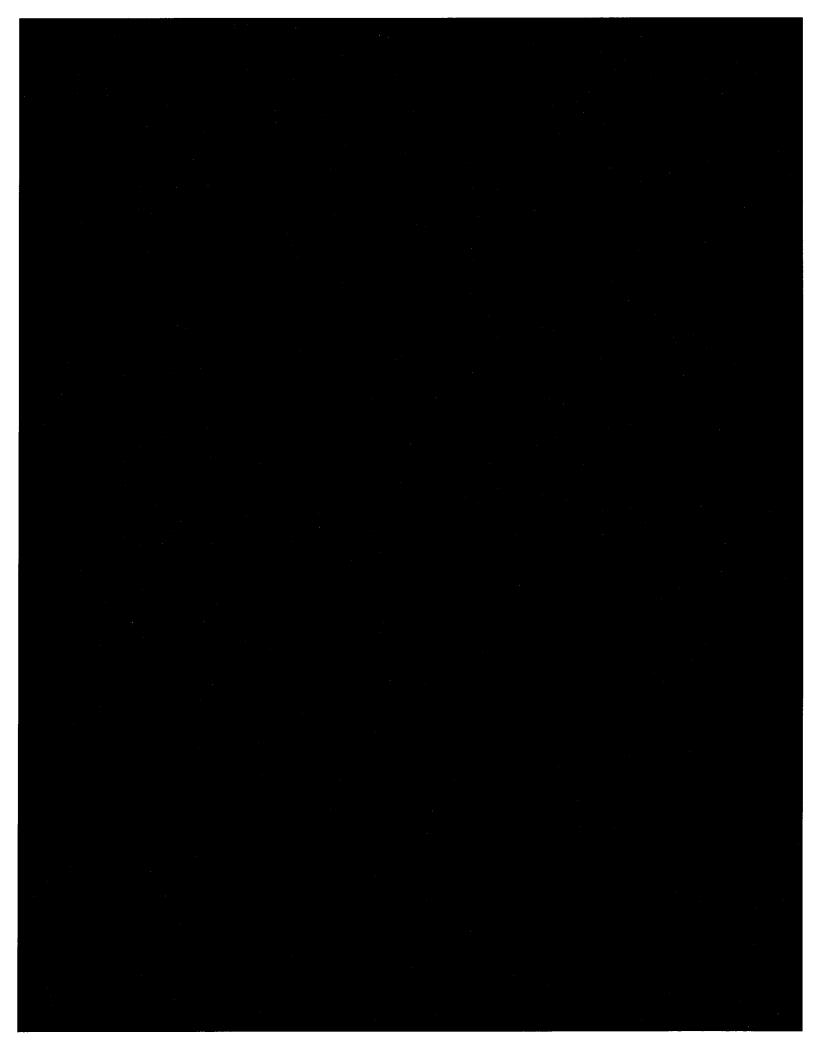


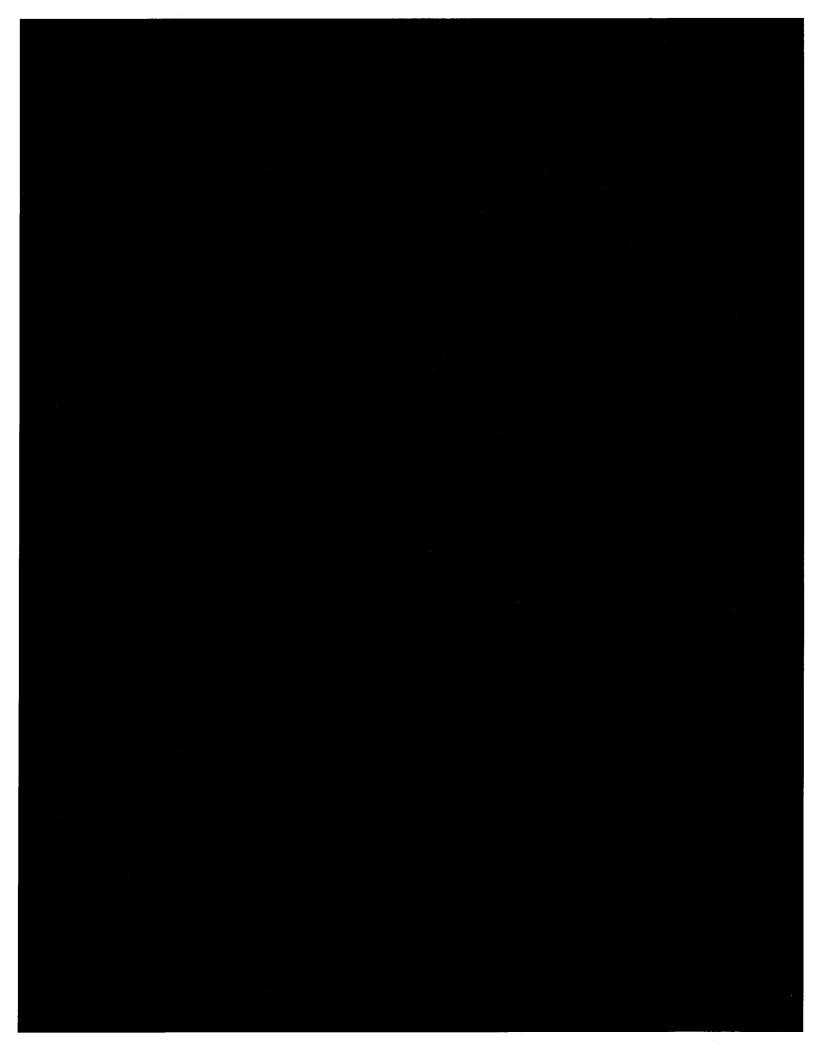


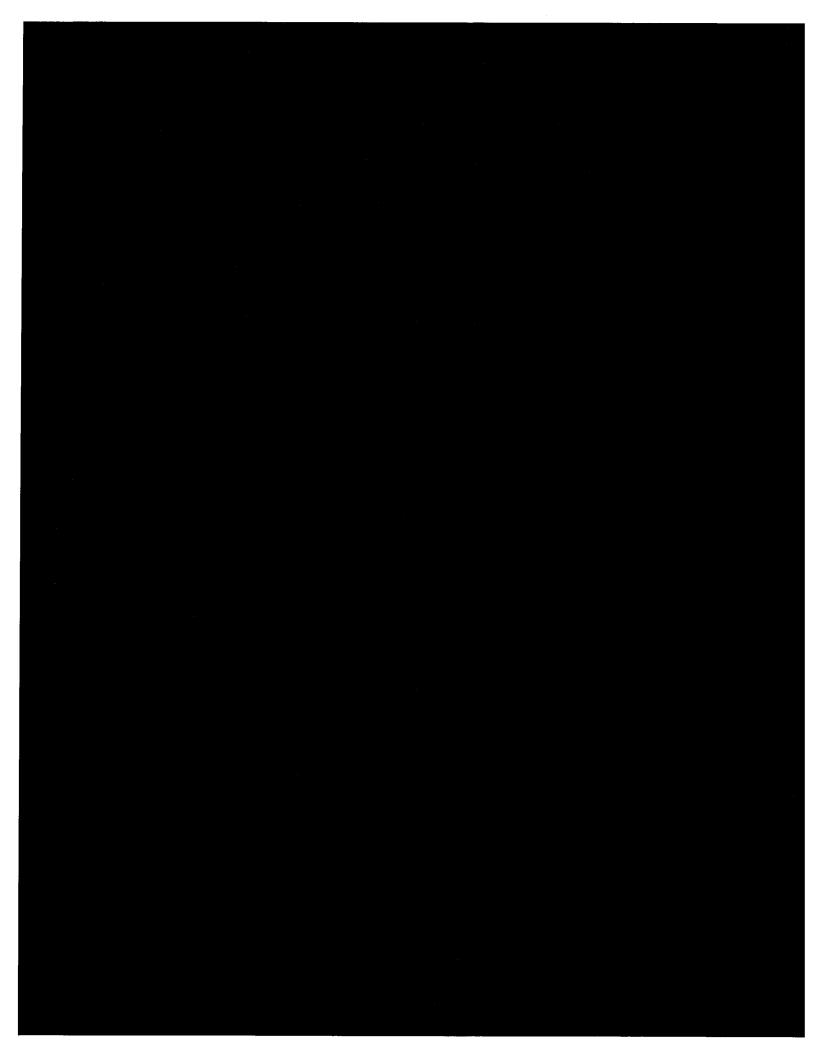


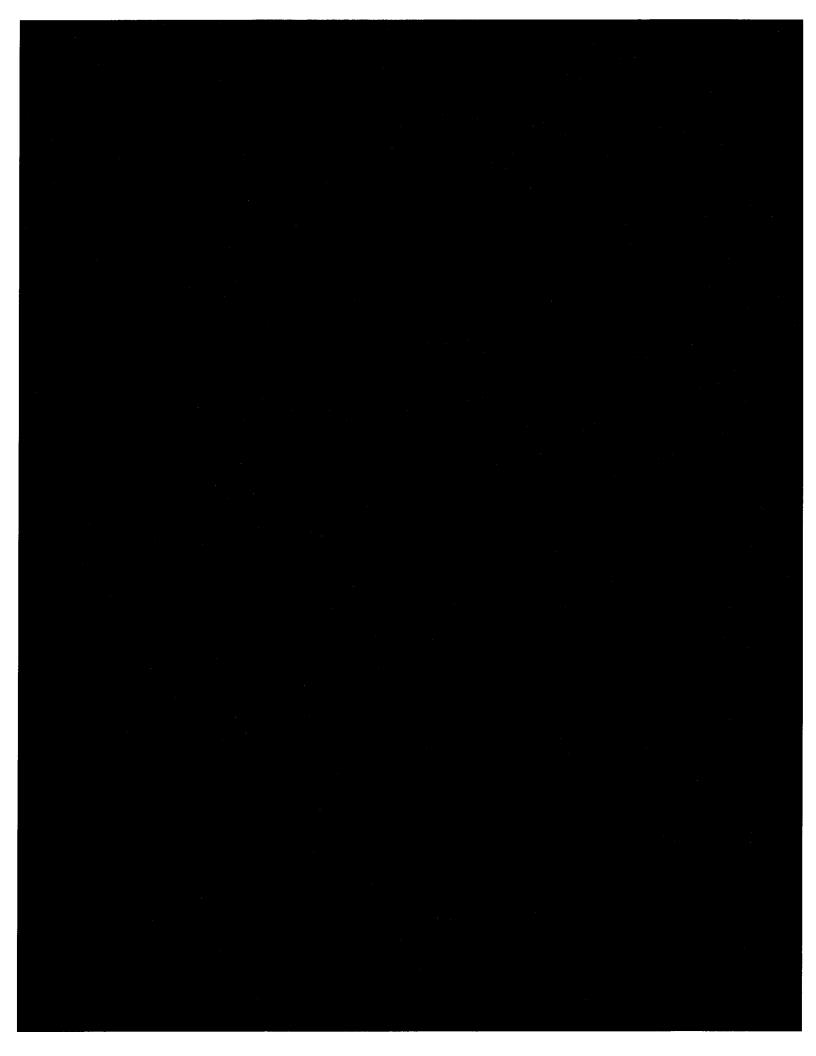


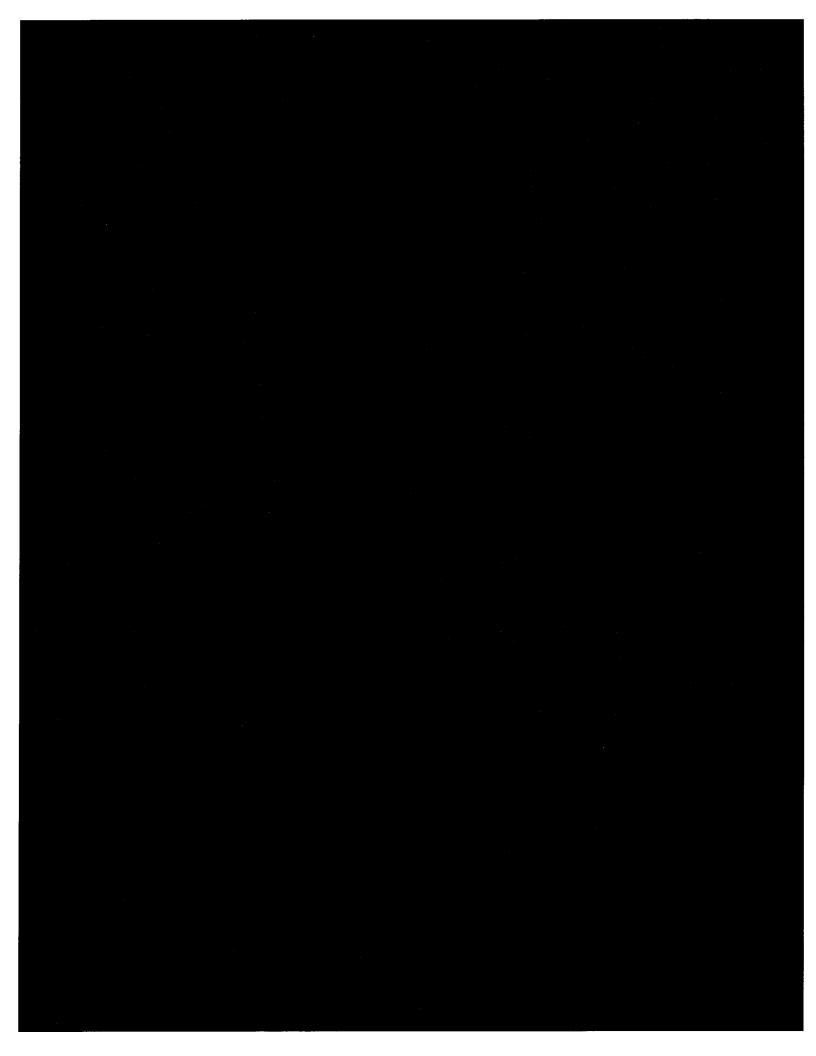


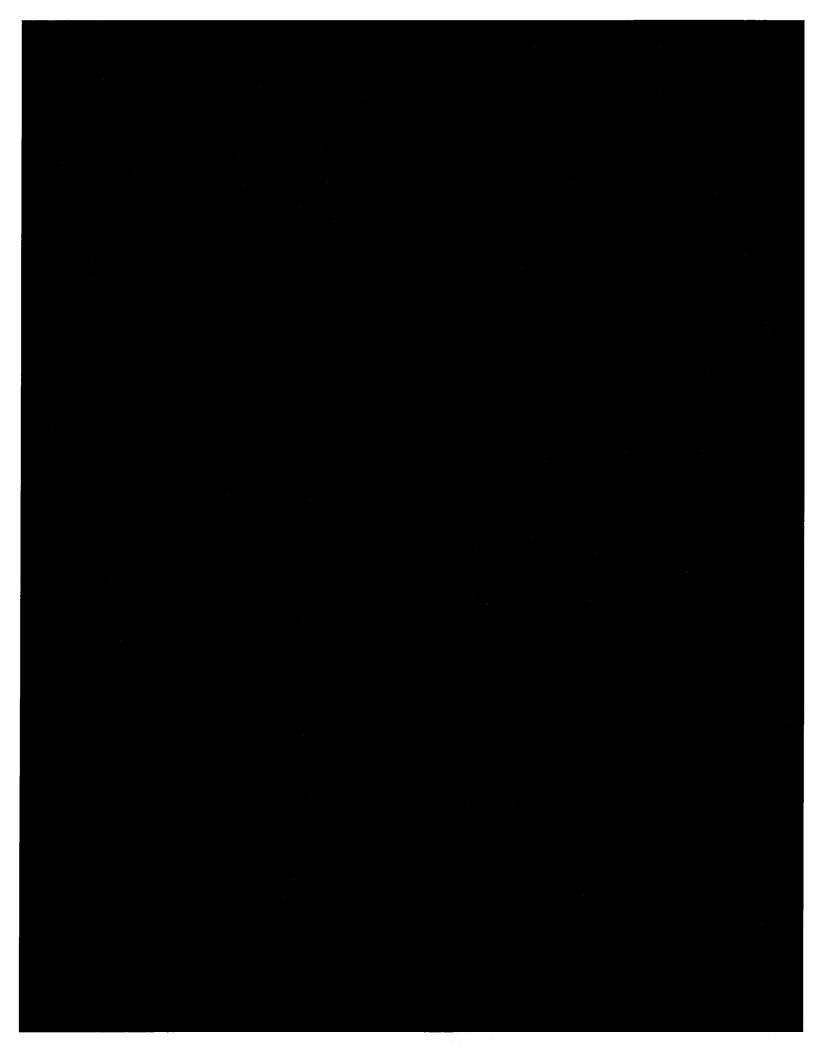


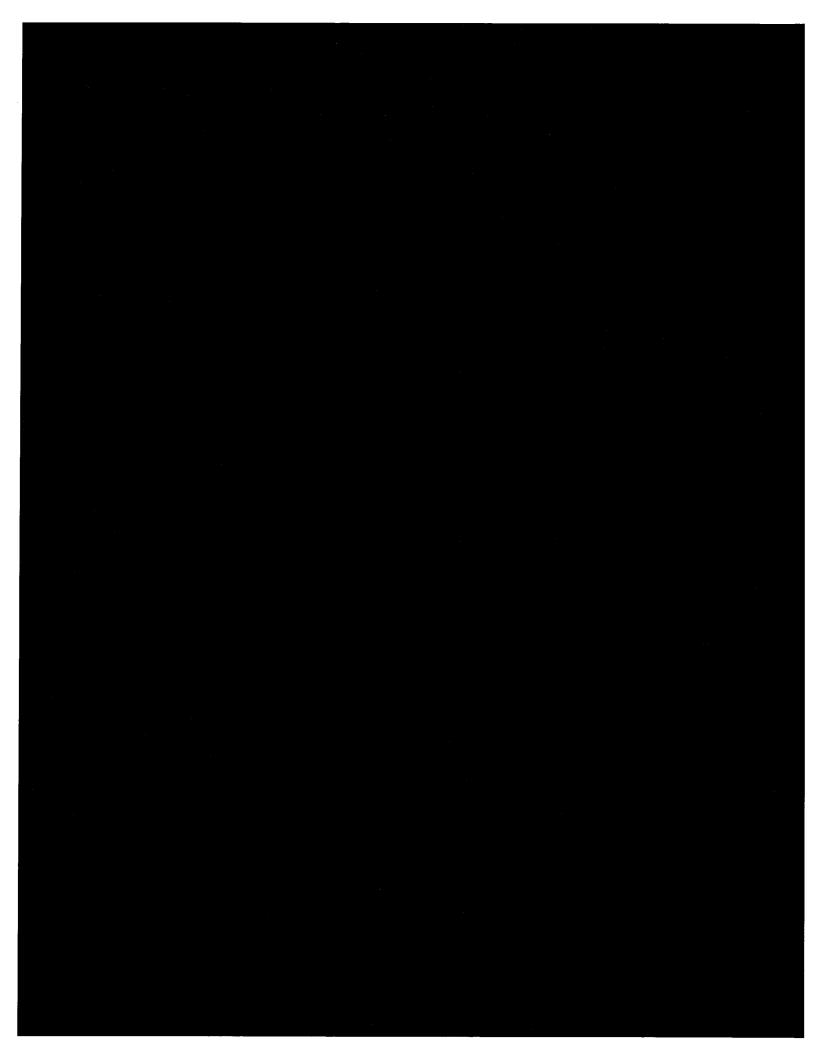


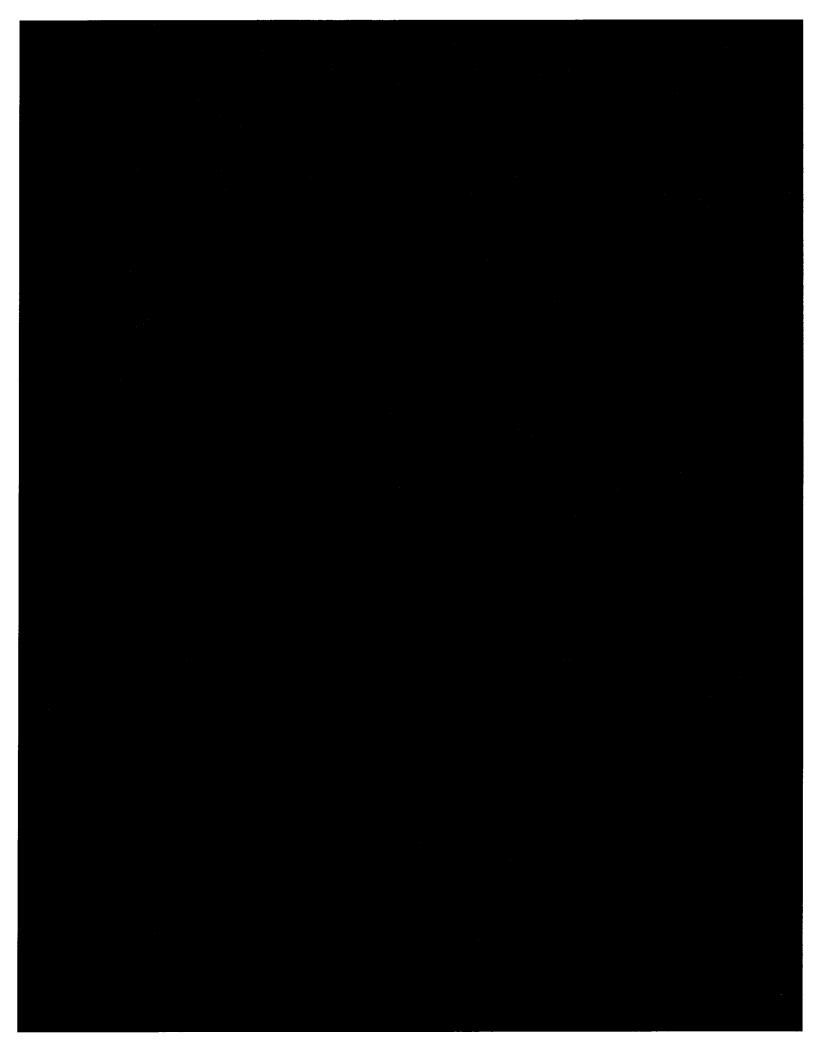


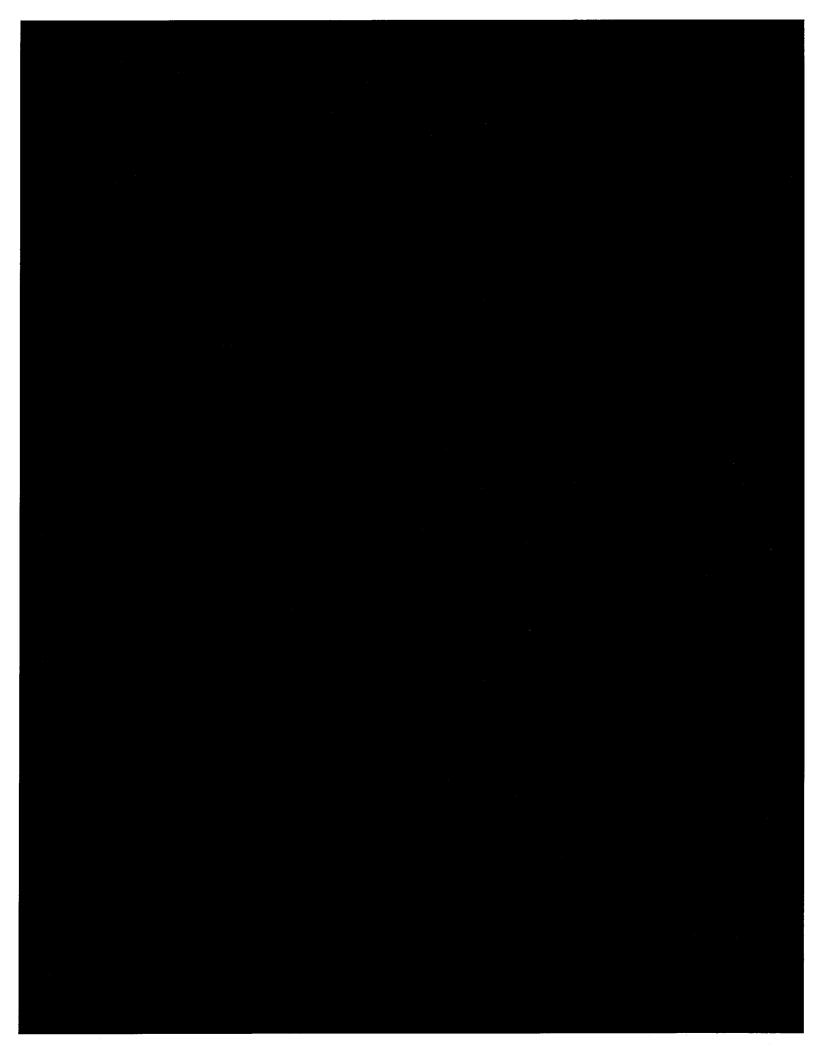


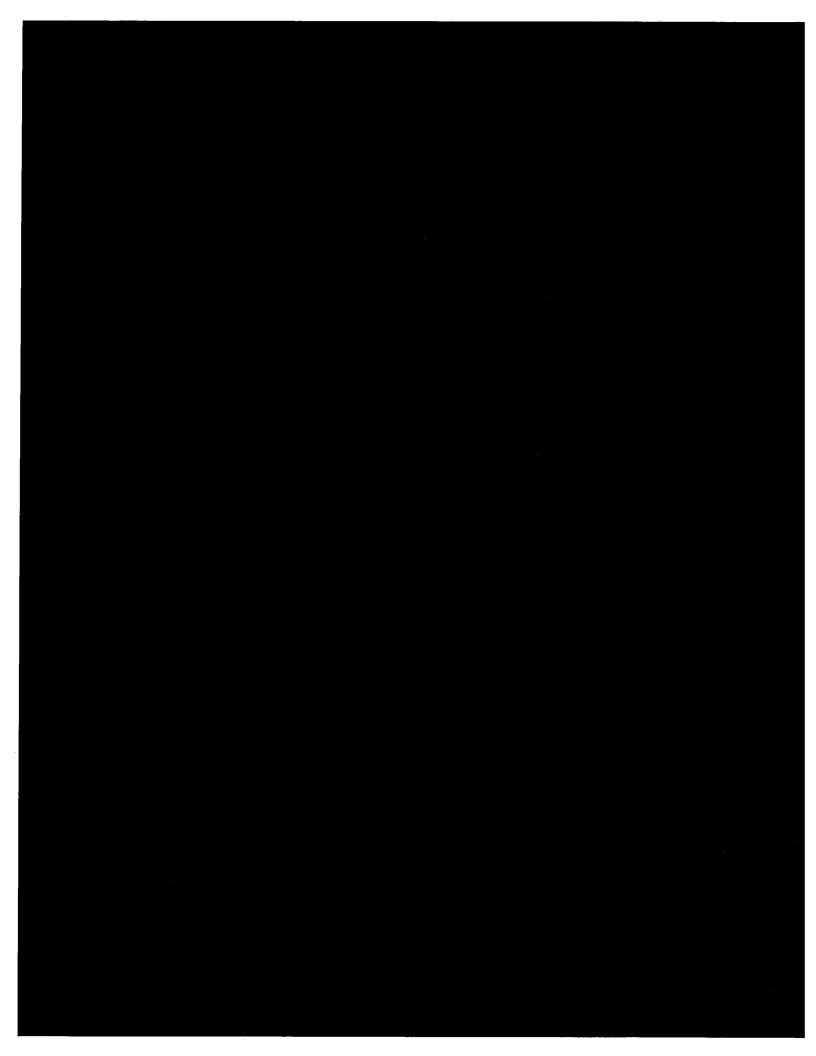


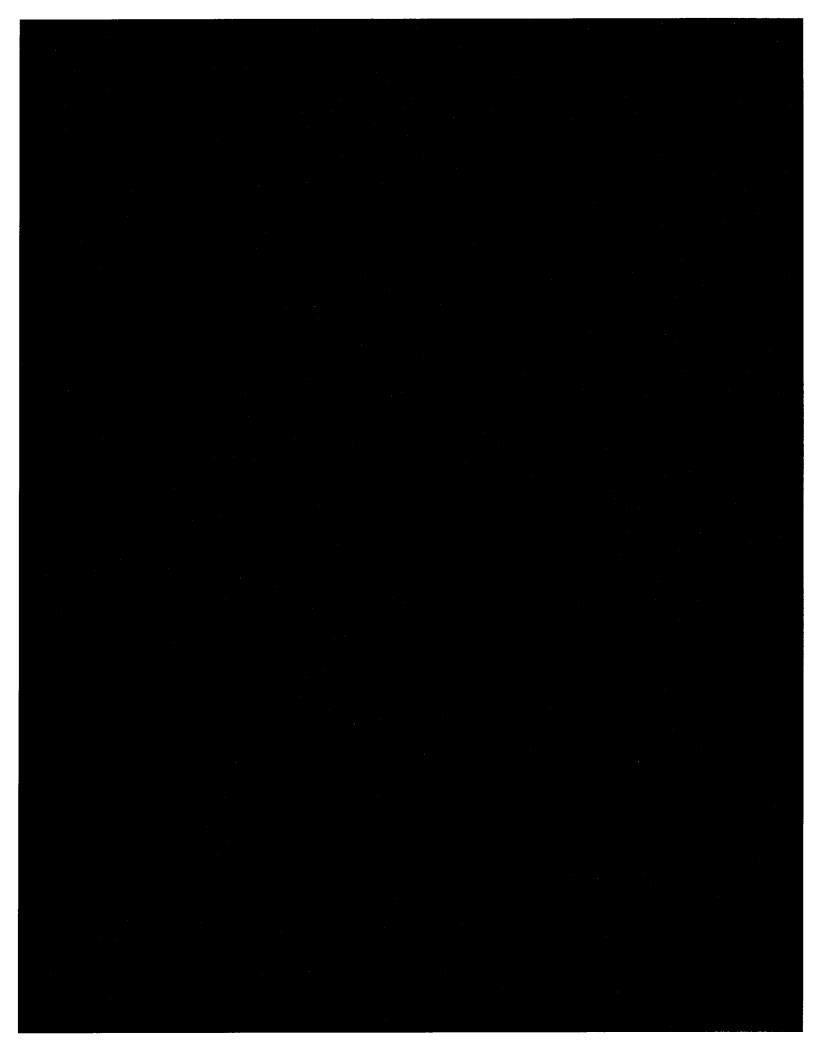


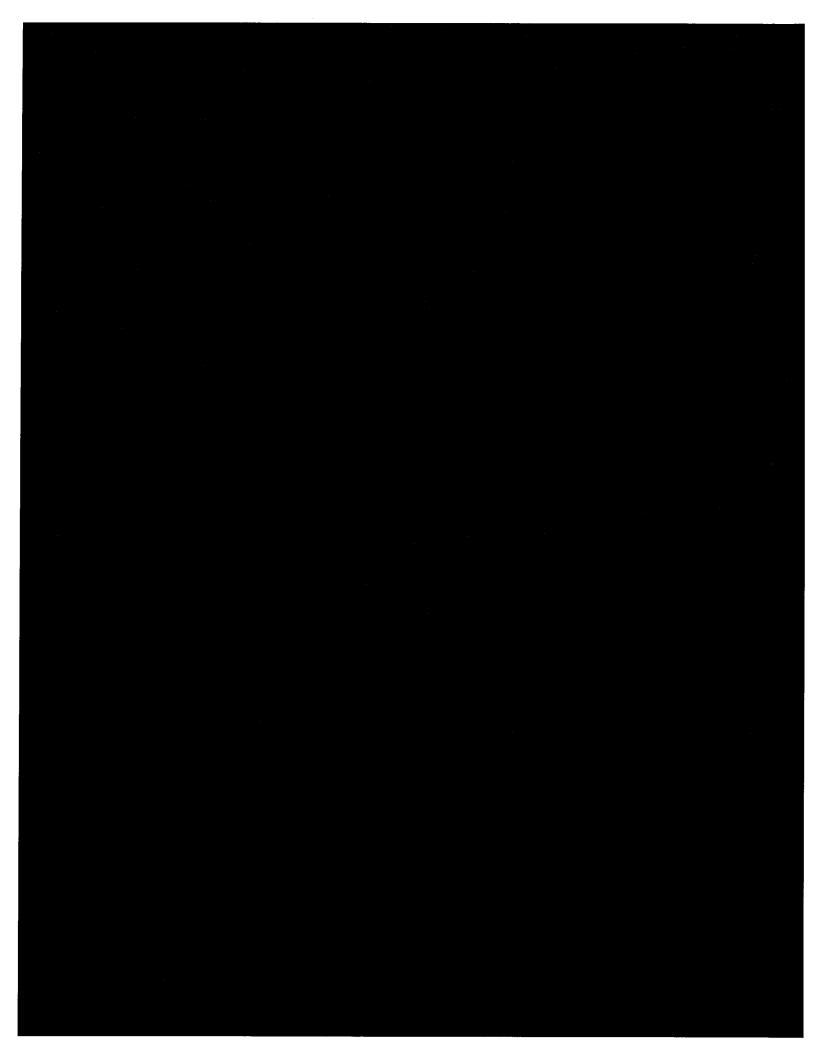


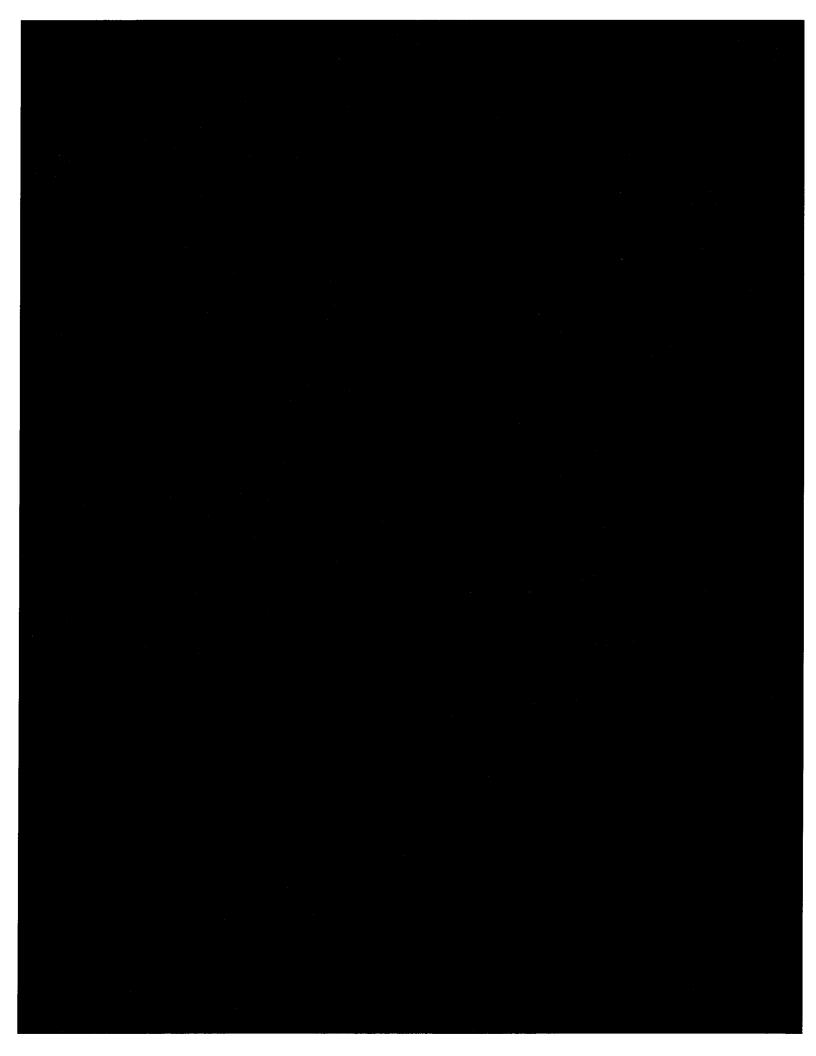


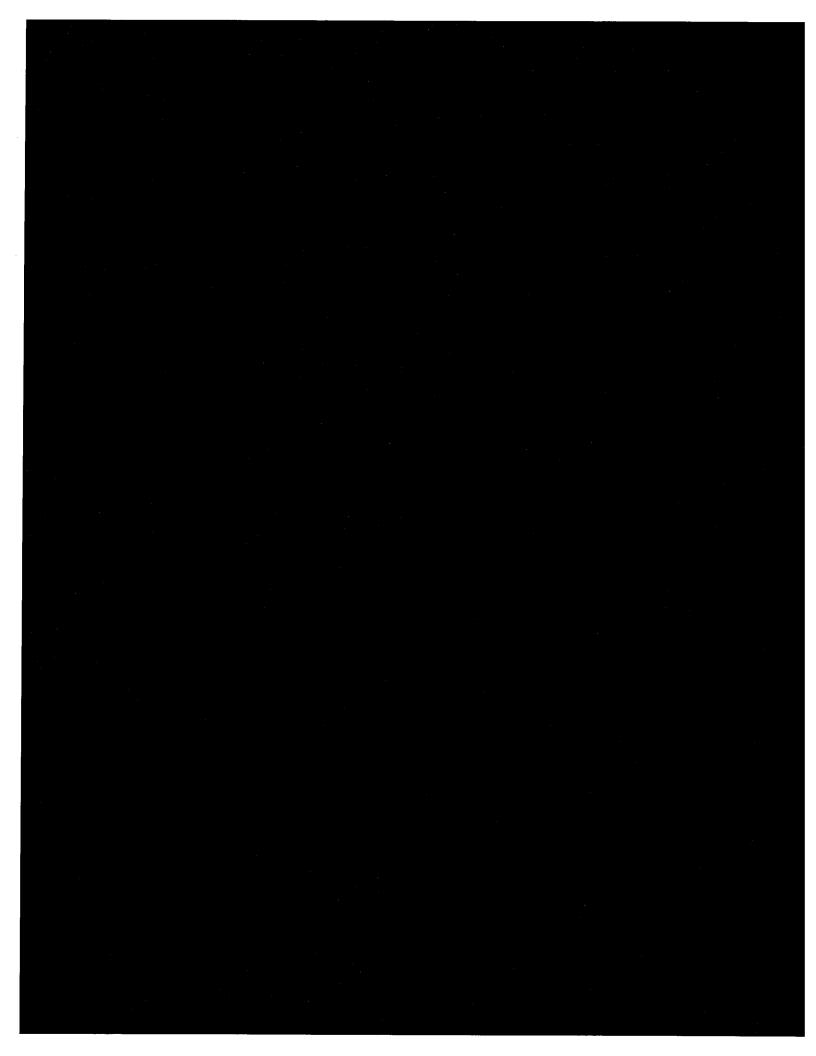












### FINANCIAL RESOURCES - GENERAL INFORMATION

Total Amount of Resources Listed:

Amount of the Resource (no cents)

Account Type

Account Number

Name of Financial Institution Applicant Contact Information

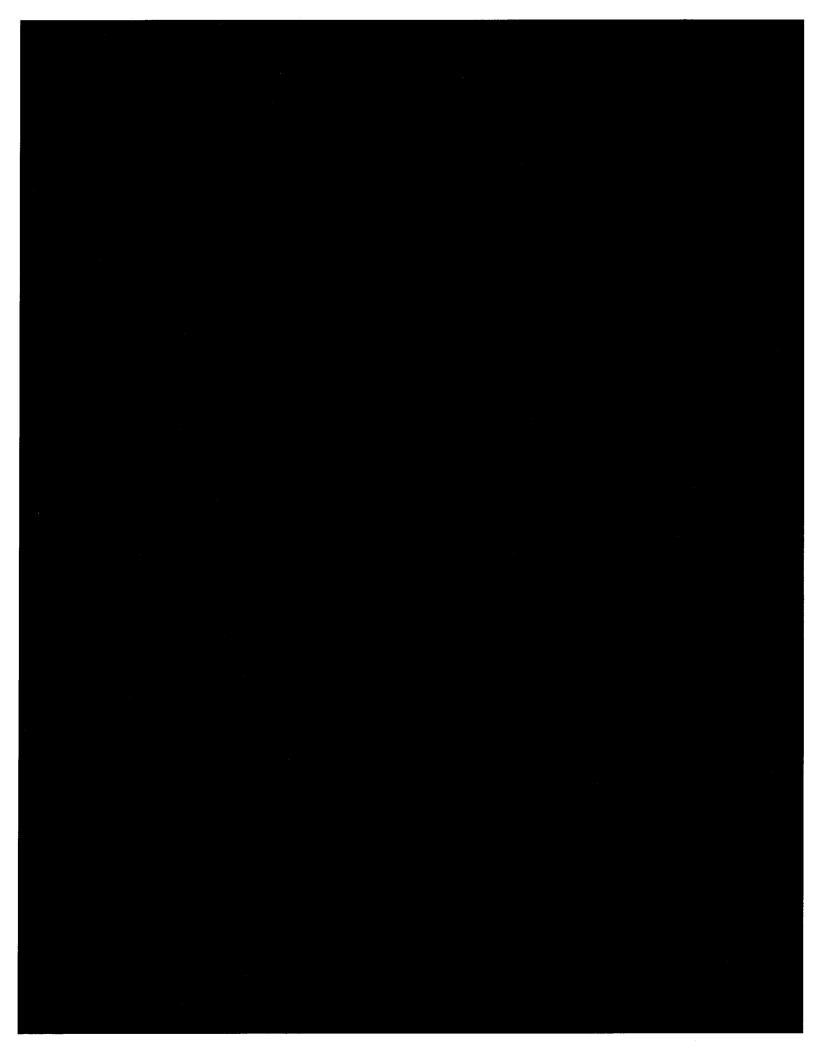
Date Resource/ dollar amount under the applying entity's control (MM/DD/YYYY)

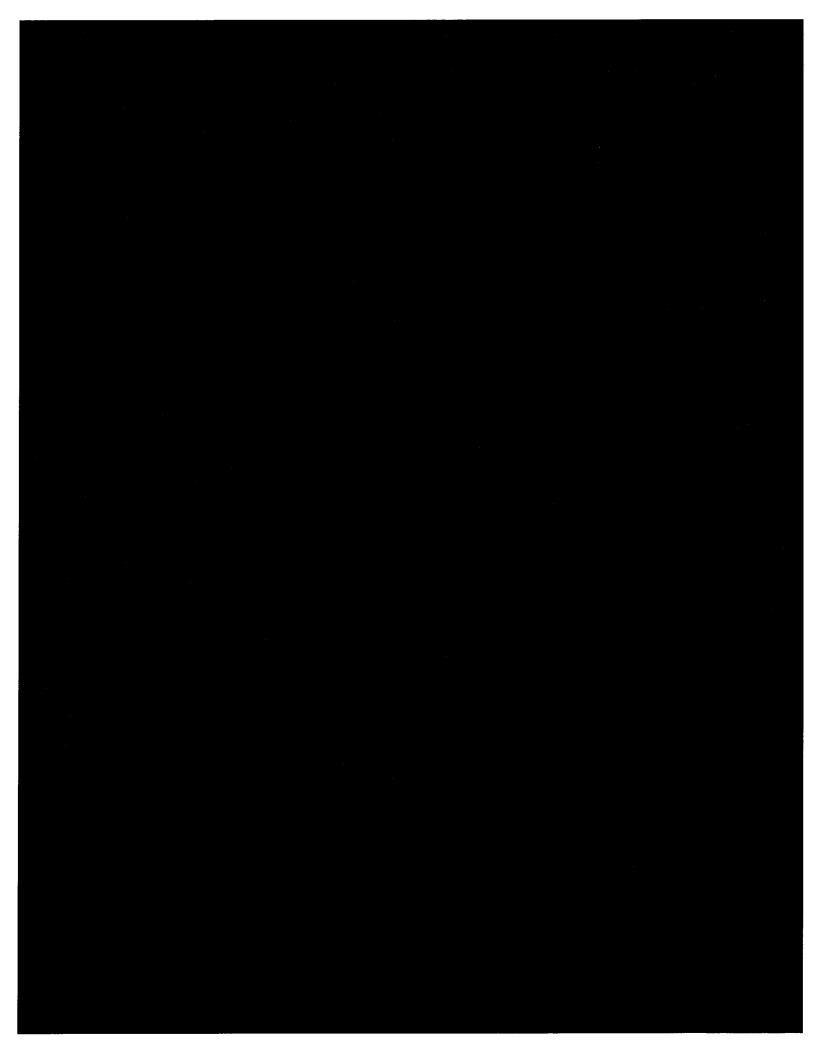


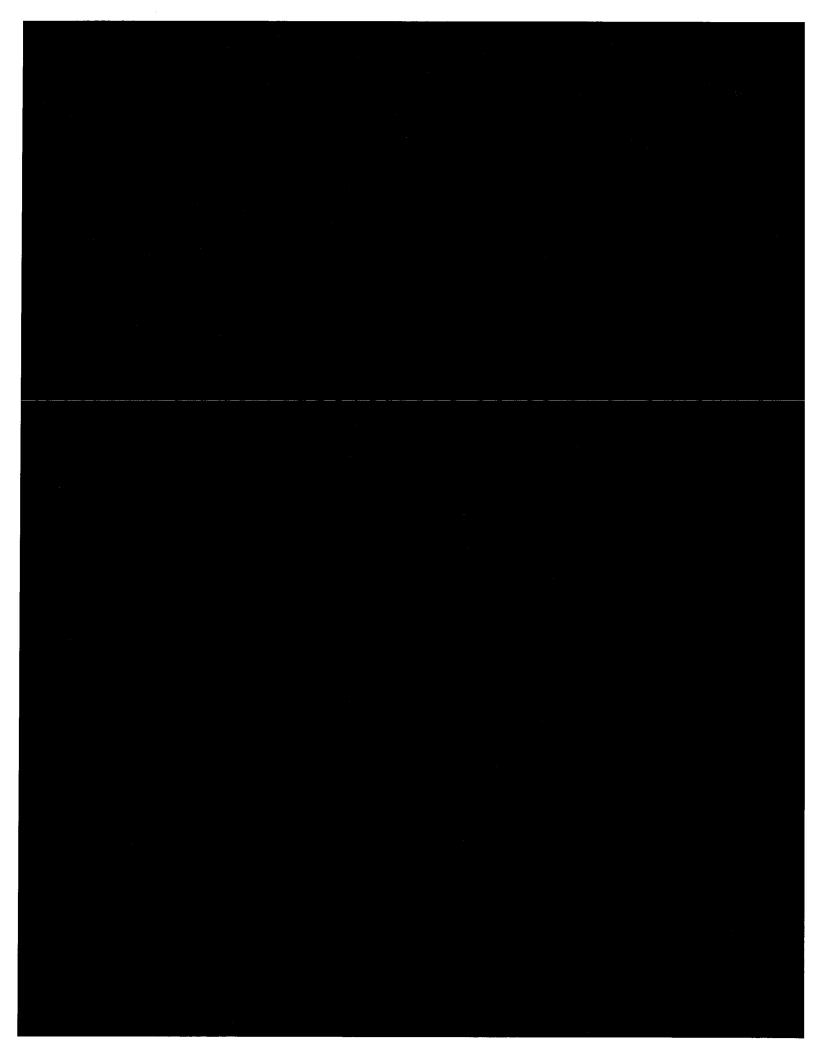
## Financial Resources: General Information Supporting Source Documents

## TCG Retro Market 1, LLC dba Cure Oahu

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#### FINANCIAL RESOURCES - RETAIL DISPENSING LOCATIONS REPORT

Financial resources the applying entity has under its control for each retail dispensing locations allowed (2 locations maximum)

Total Amount of Resource LI:

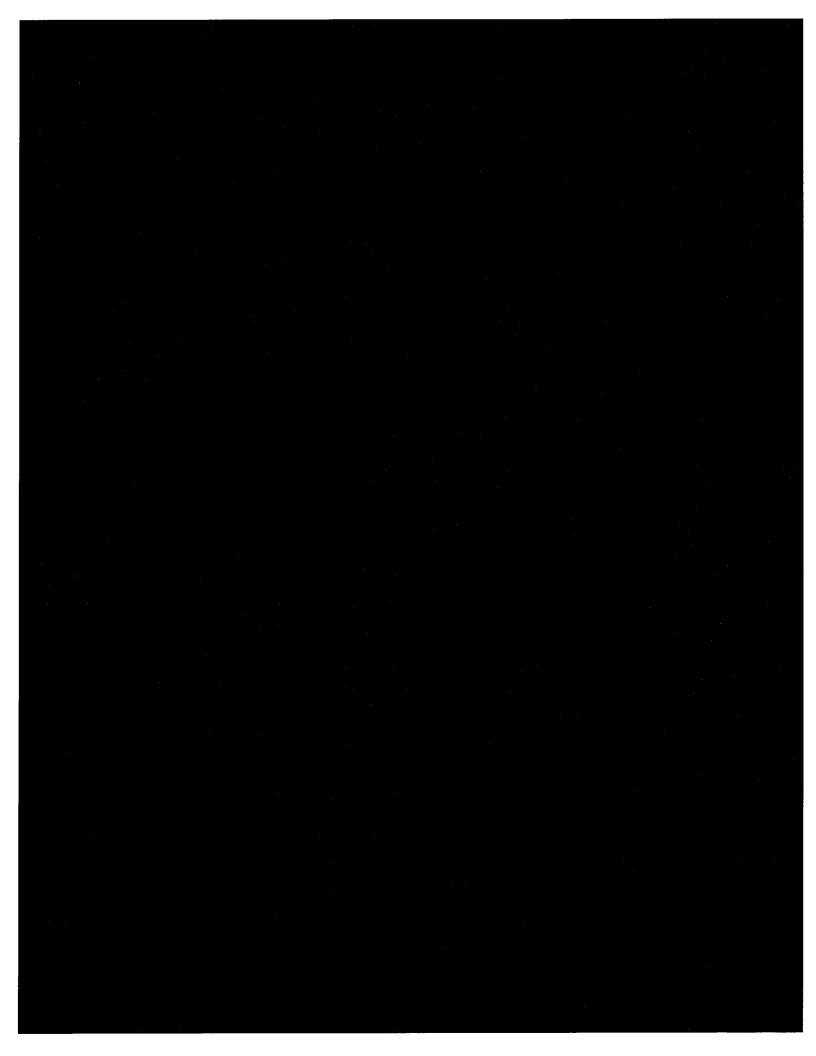
Financial Resource Amount of the Resource (no Account Type Account Number Account Name Name of Financial Institution Applicant Contact Information

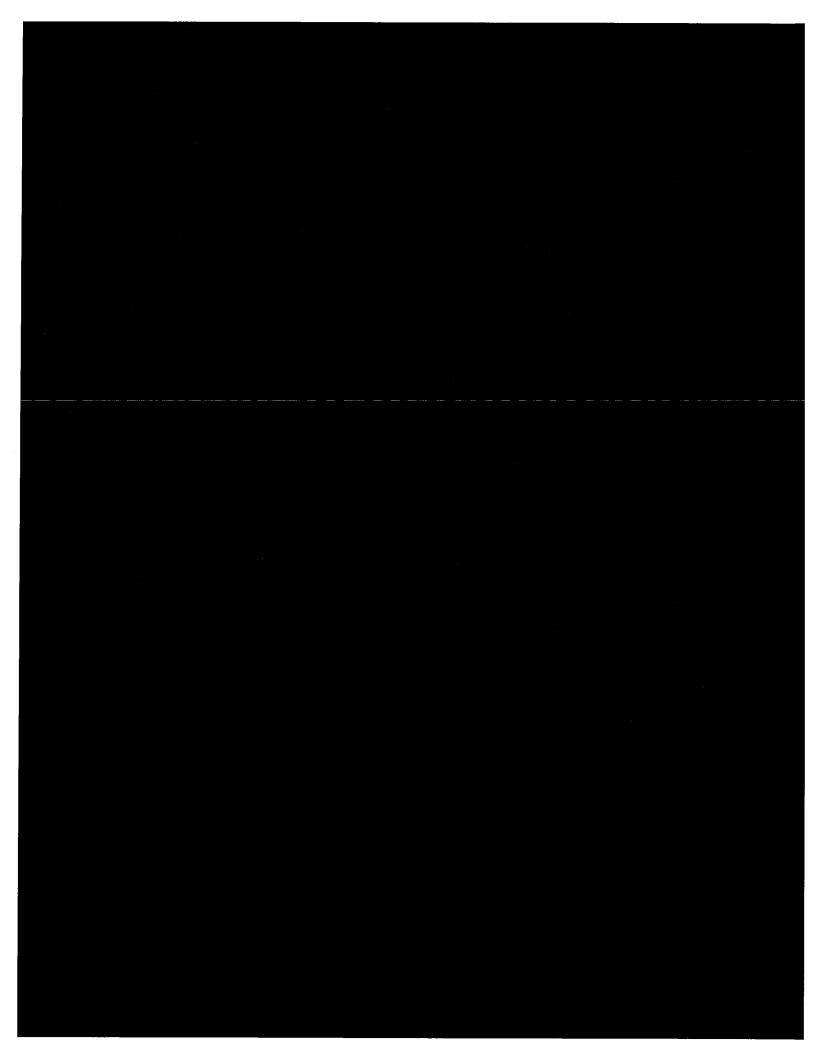
Date Resource/ dollar amount under the applying entity's control (MM/DD/YYYY)

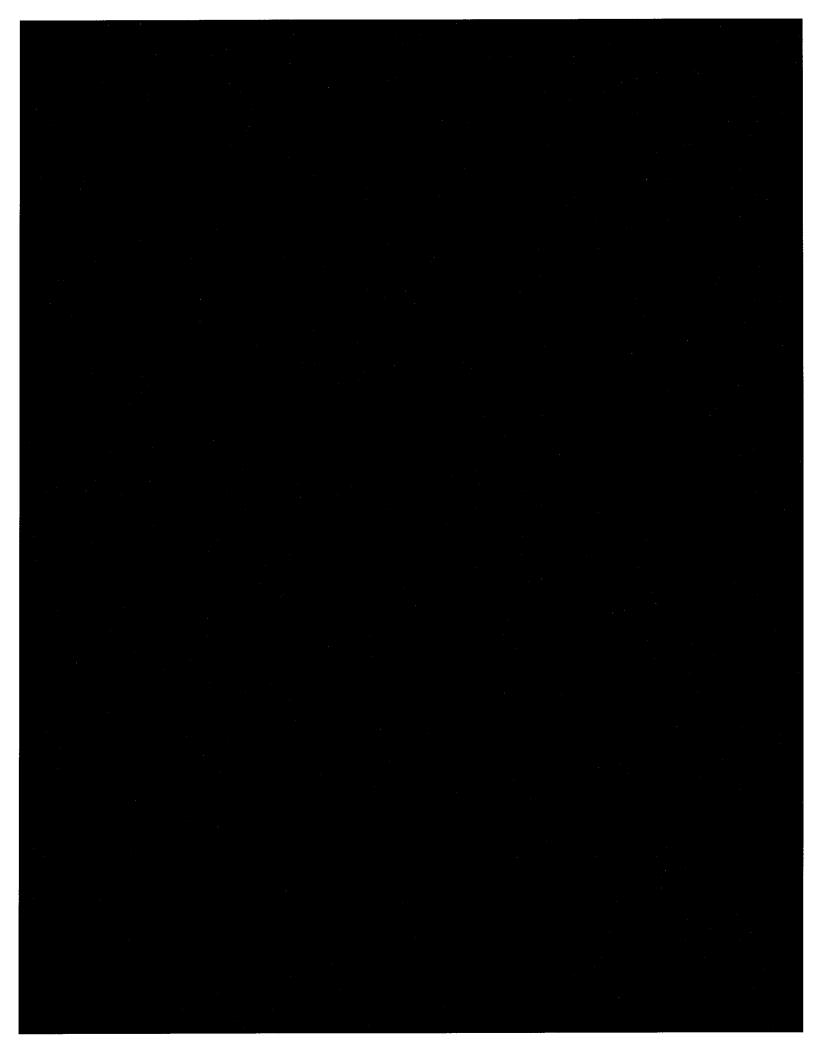
# Financial Resources: Retail Dispensing Location Information Supporting Source Documents

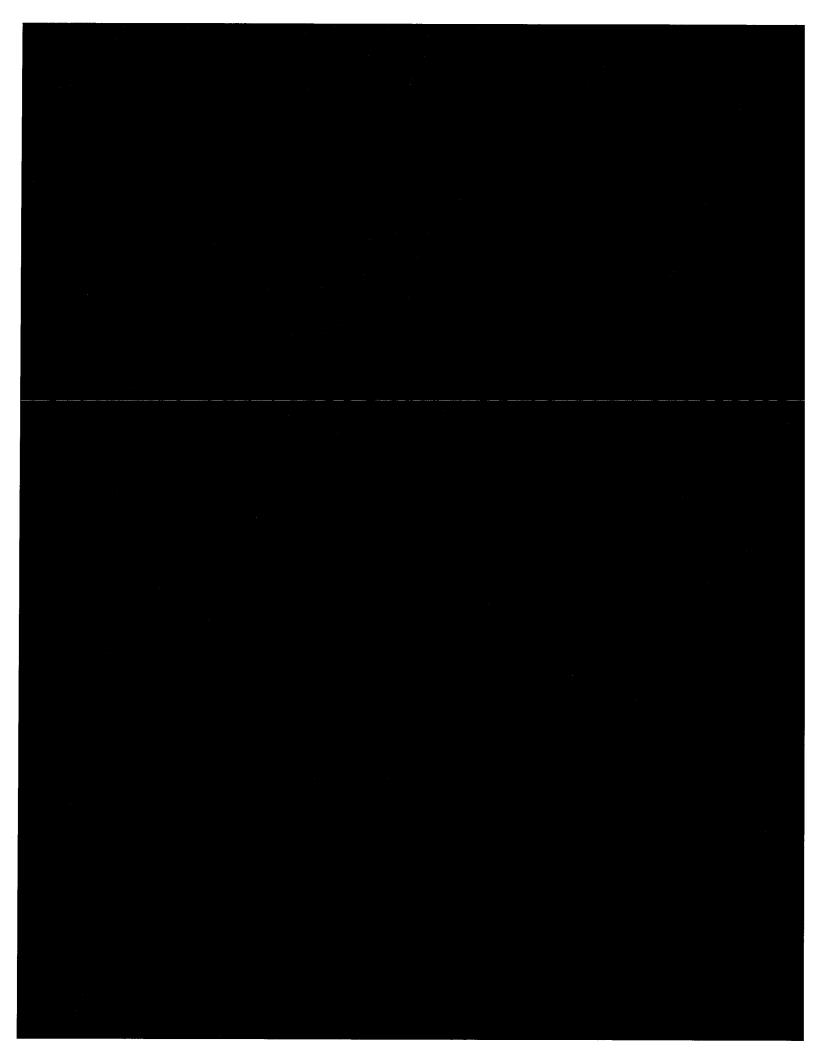
TCG Retro Market 1, LLC dba Cure Oahu

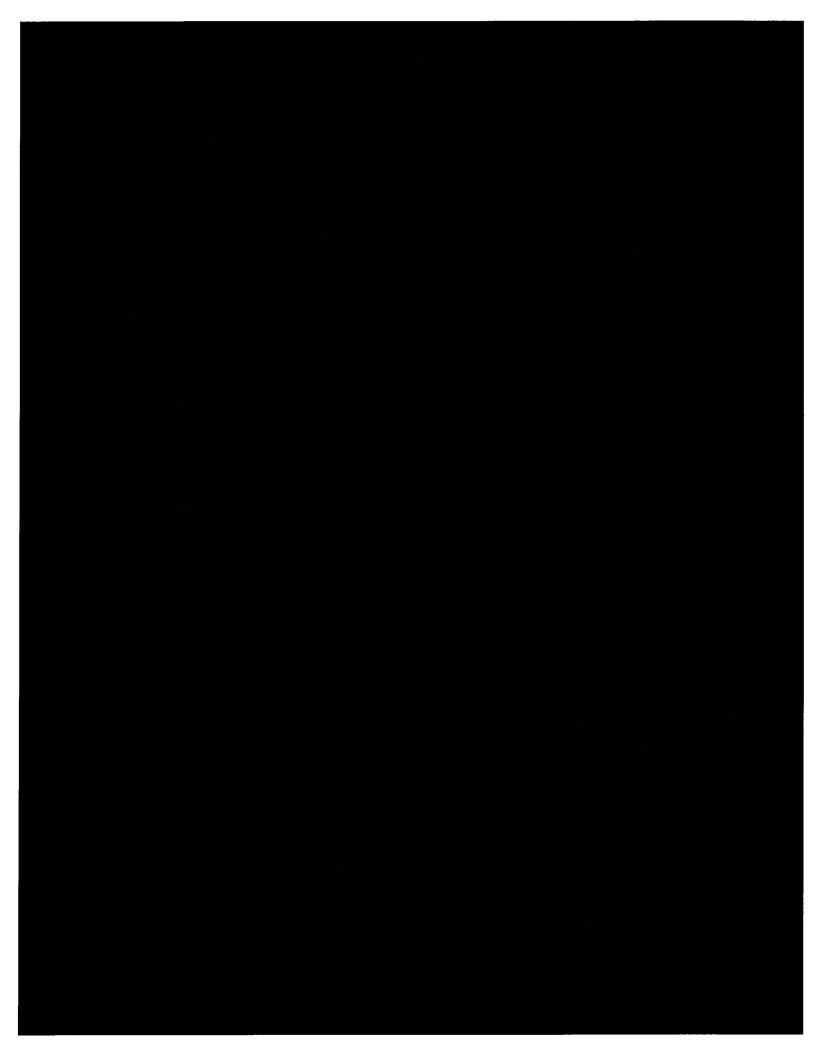
Supporting Source Documents for Financial Resources General Information:								
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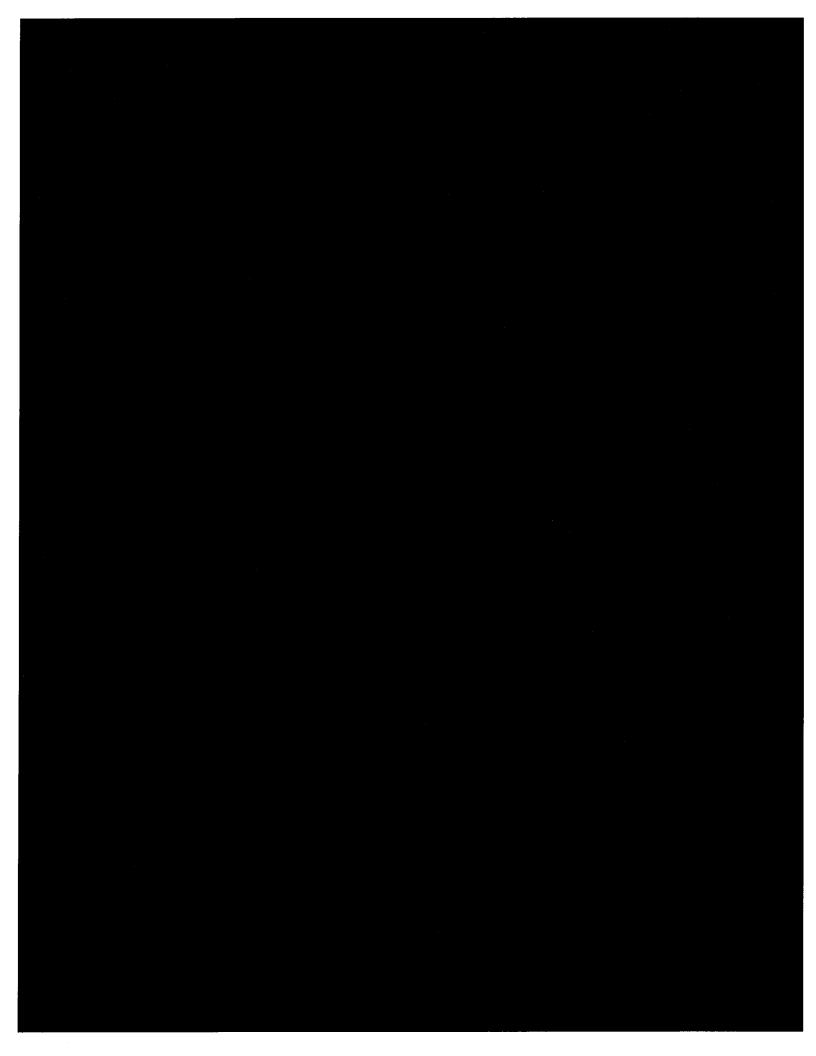




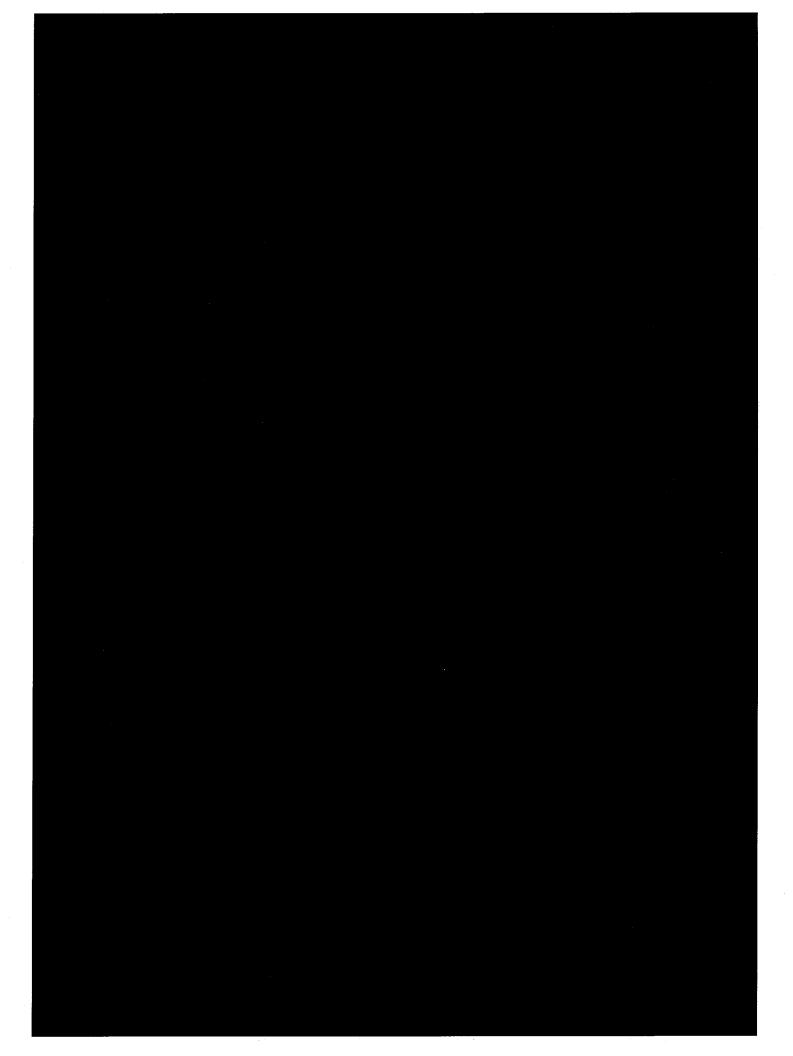


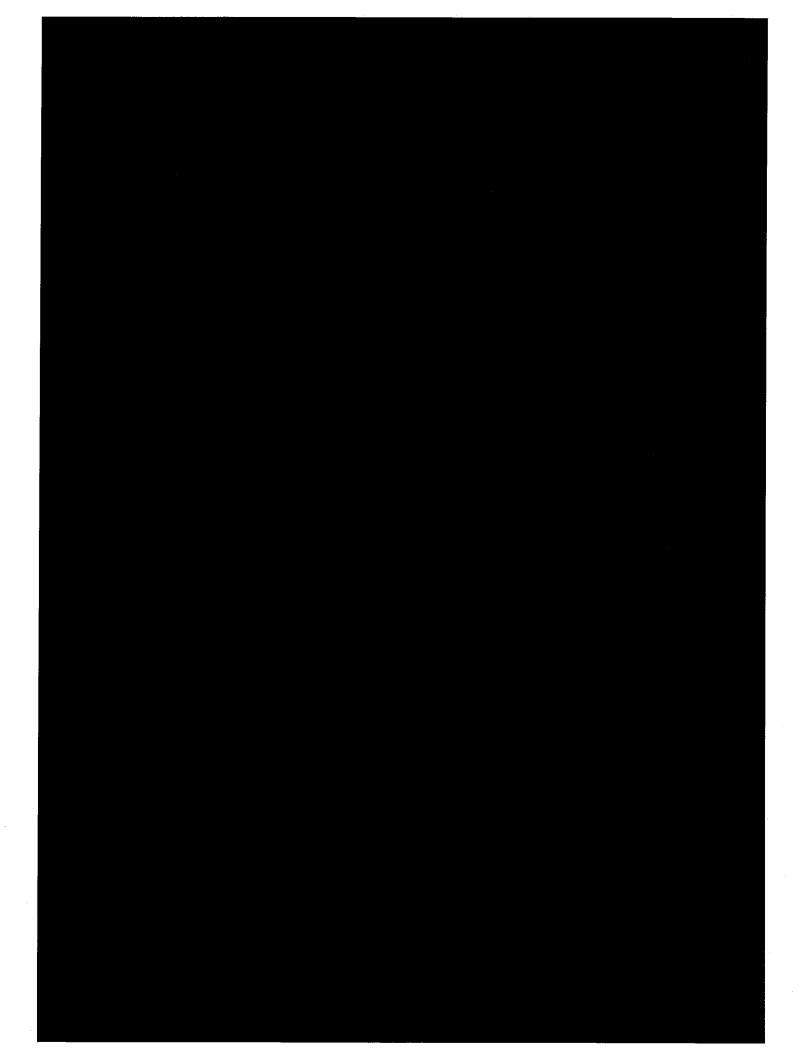


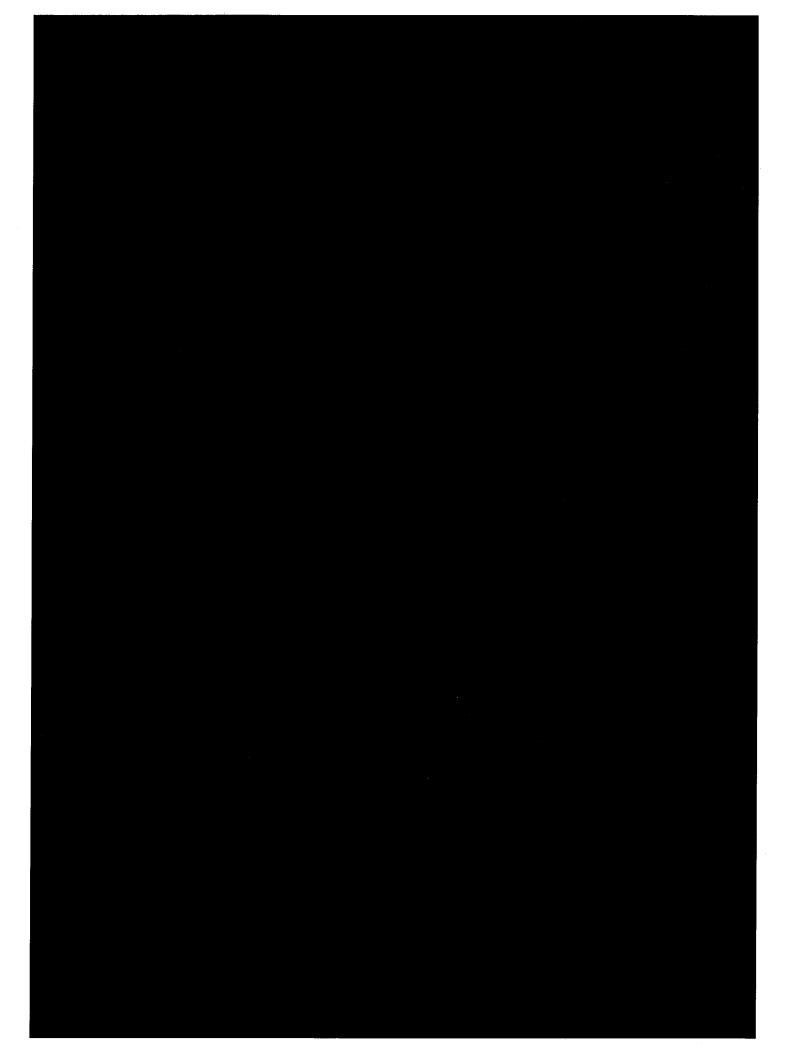


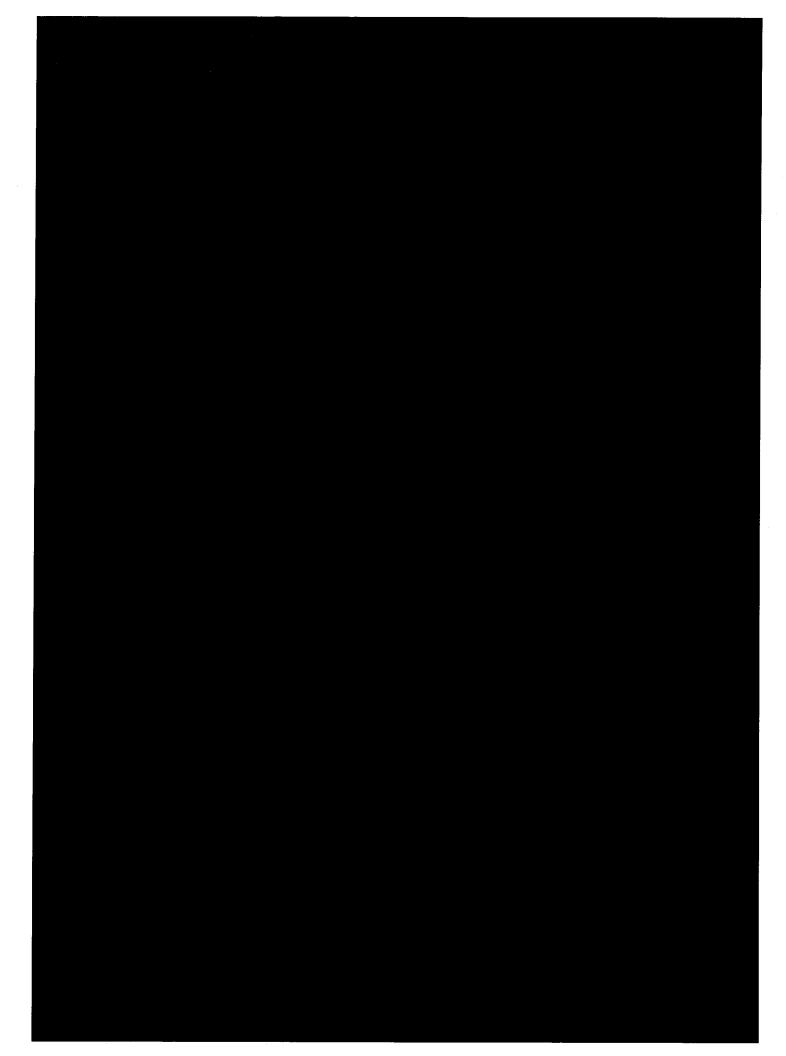


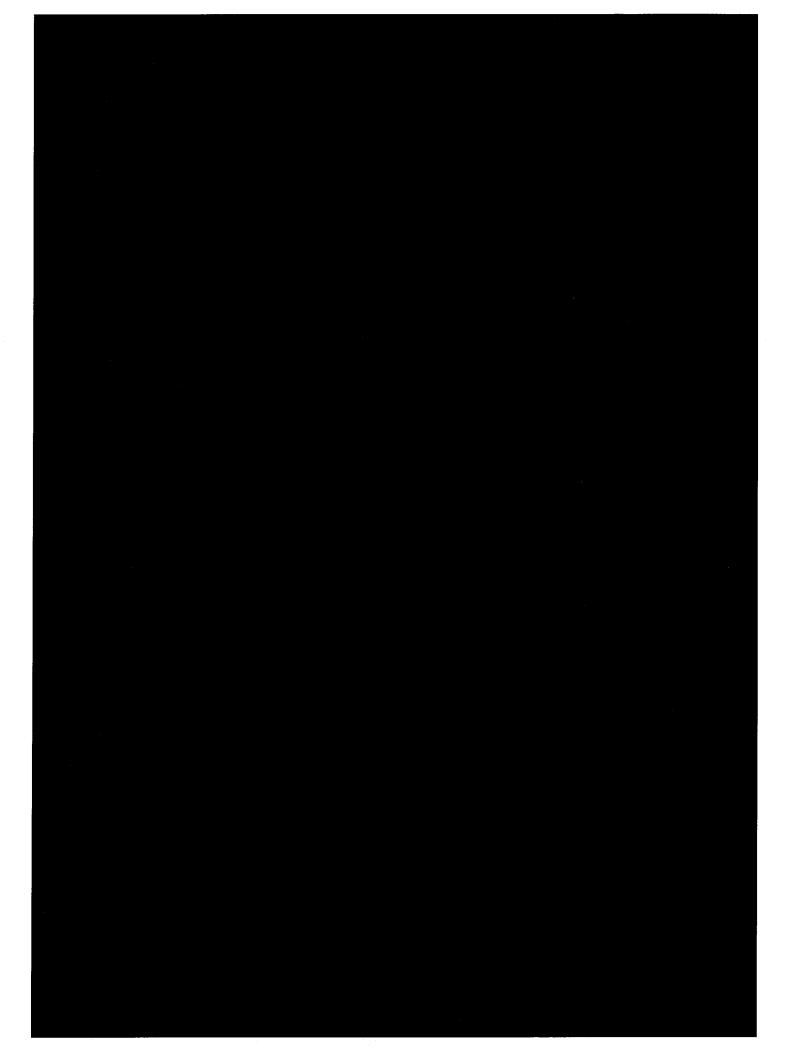
TCG RETRO MARKET 1, LLC dba CURE OAHU LIST OF VERIFIED PERSONS

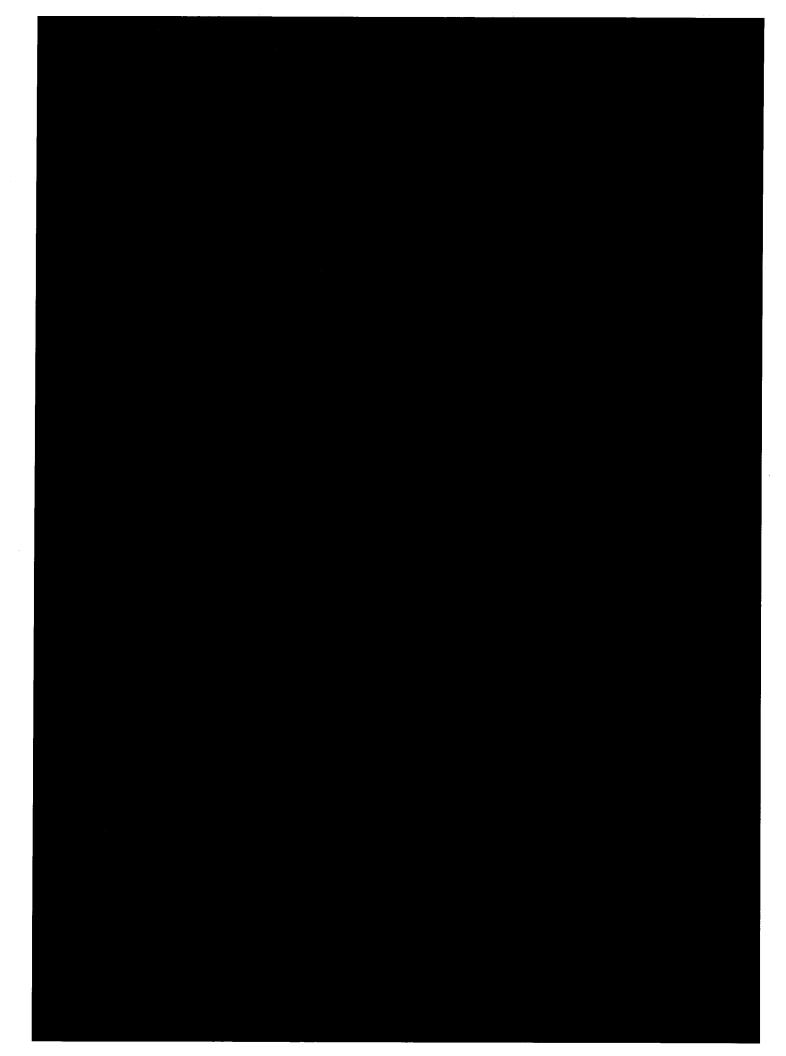


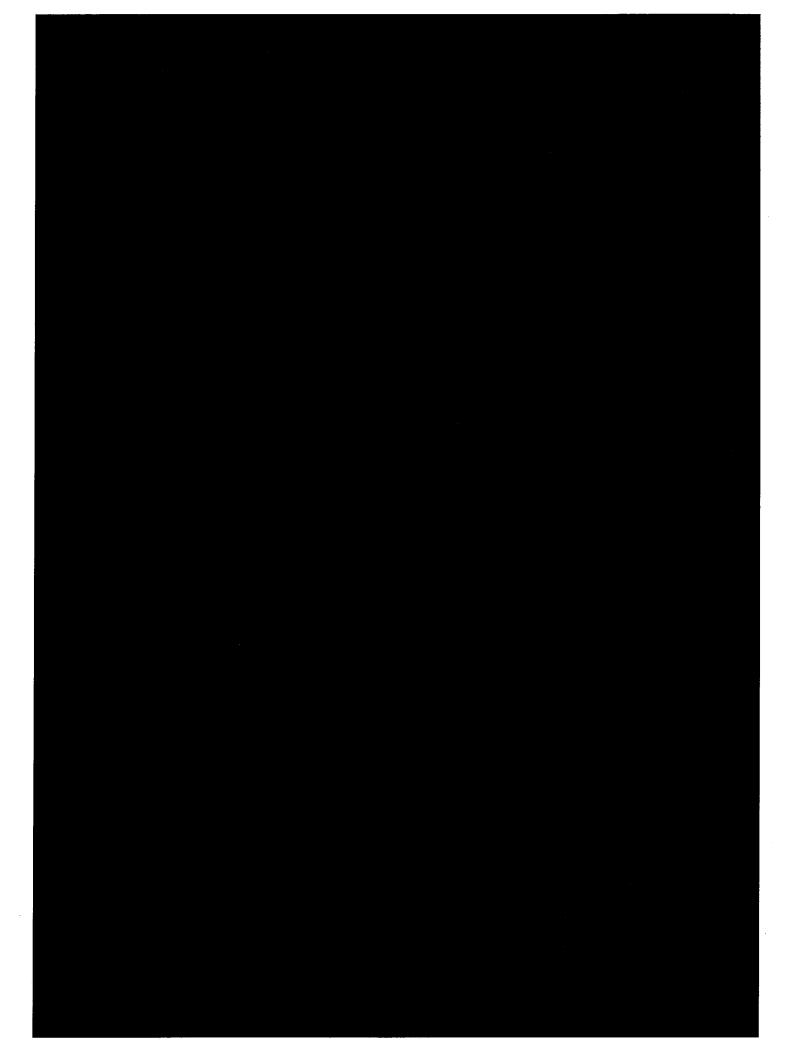


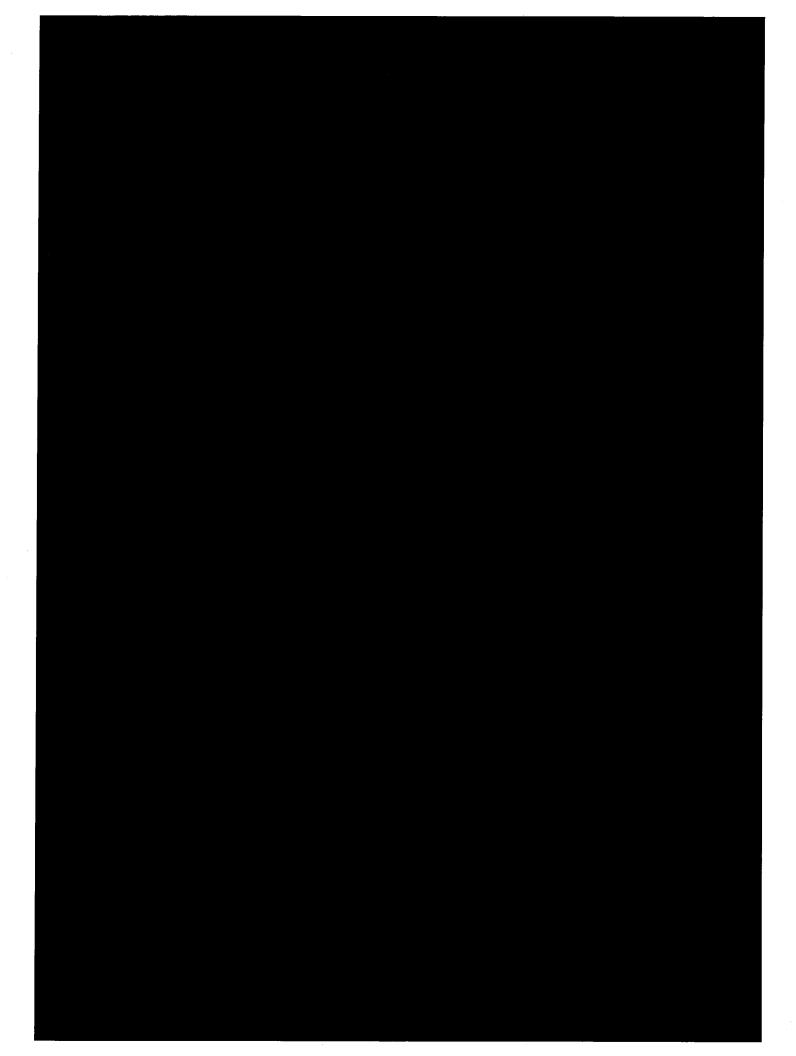


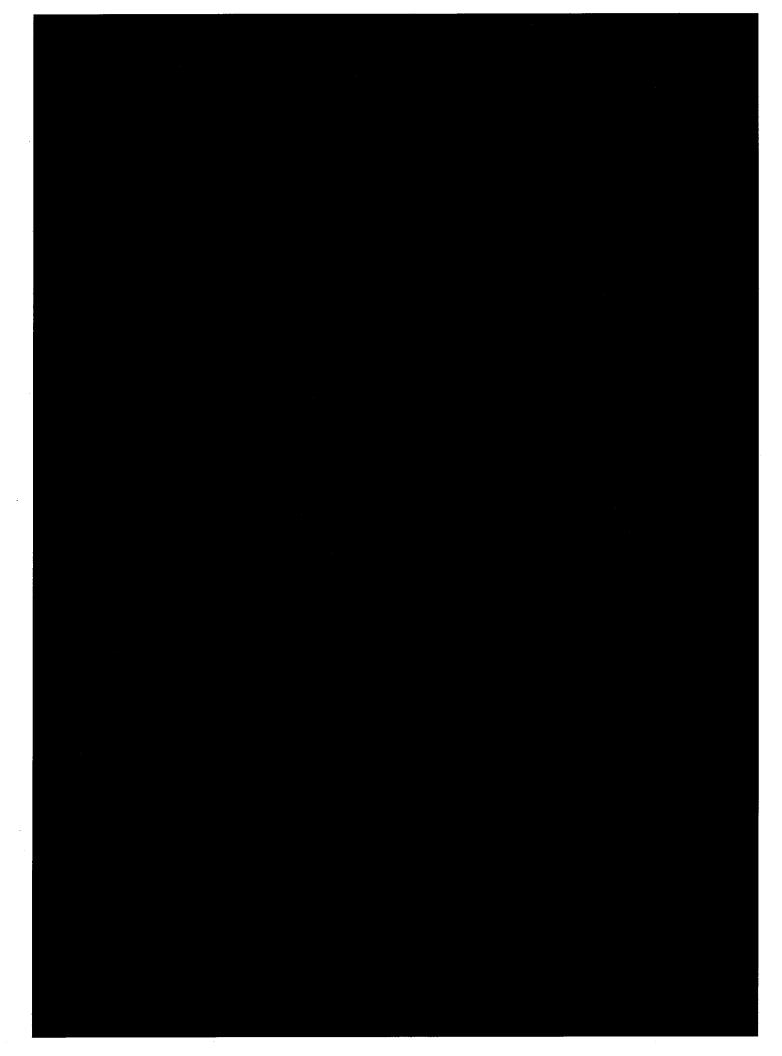


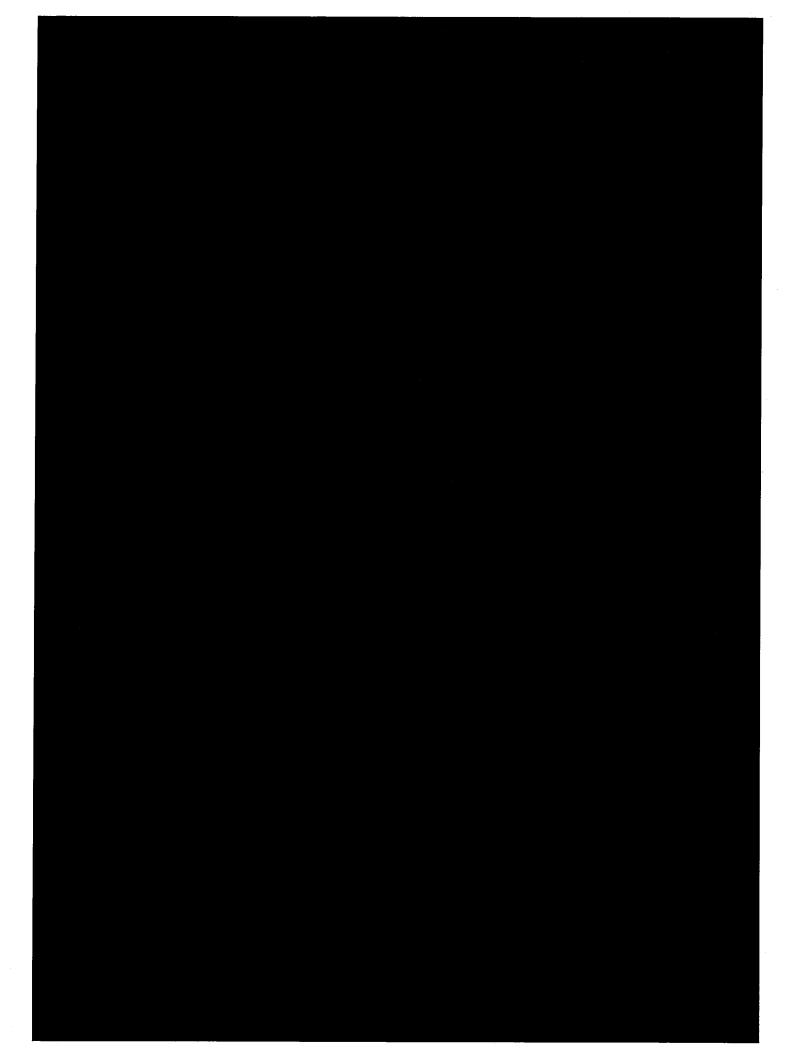


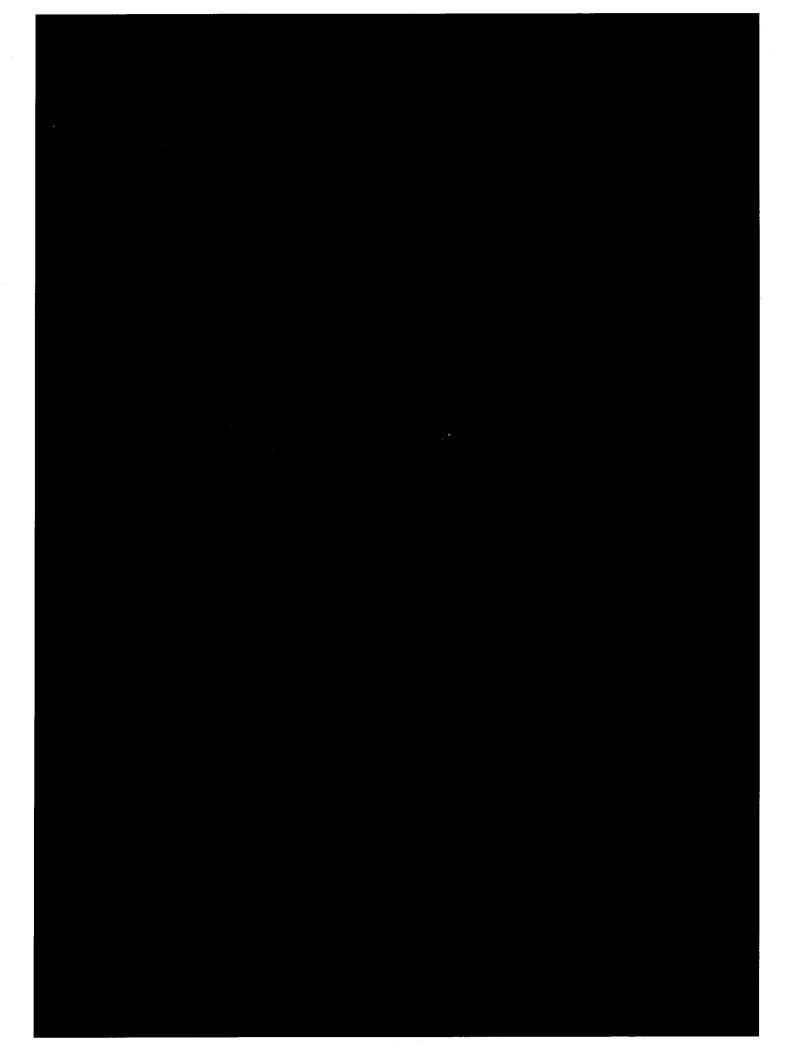


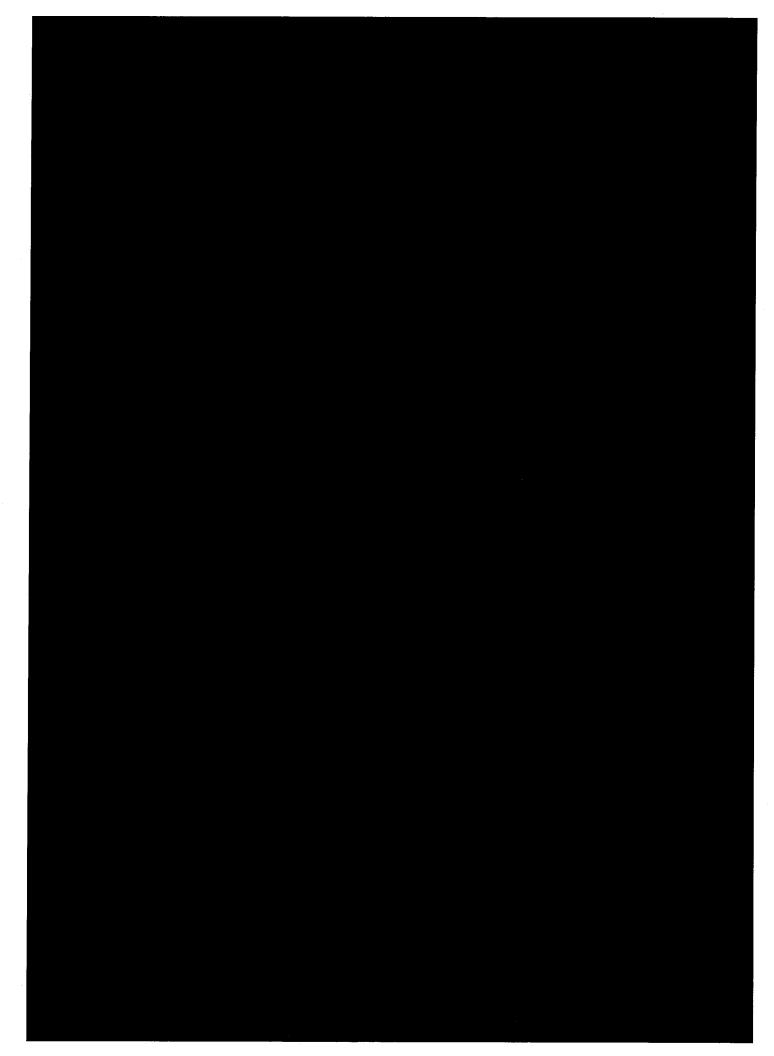


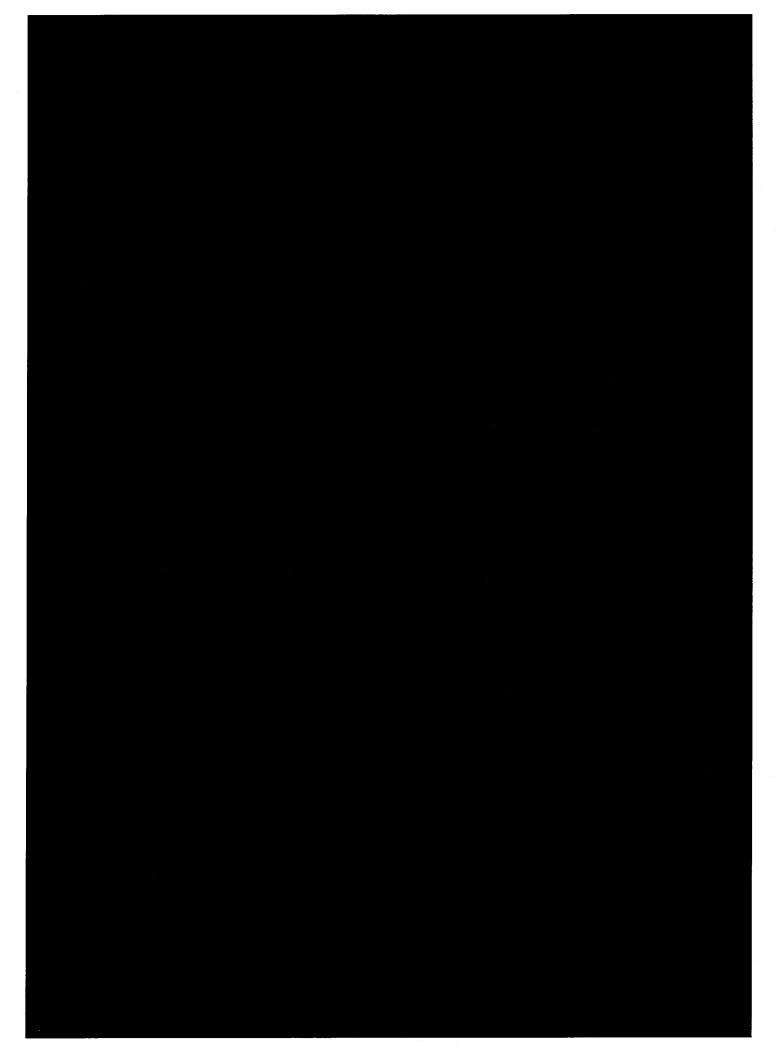


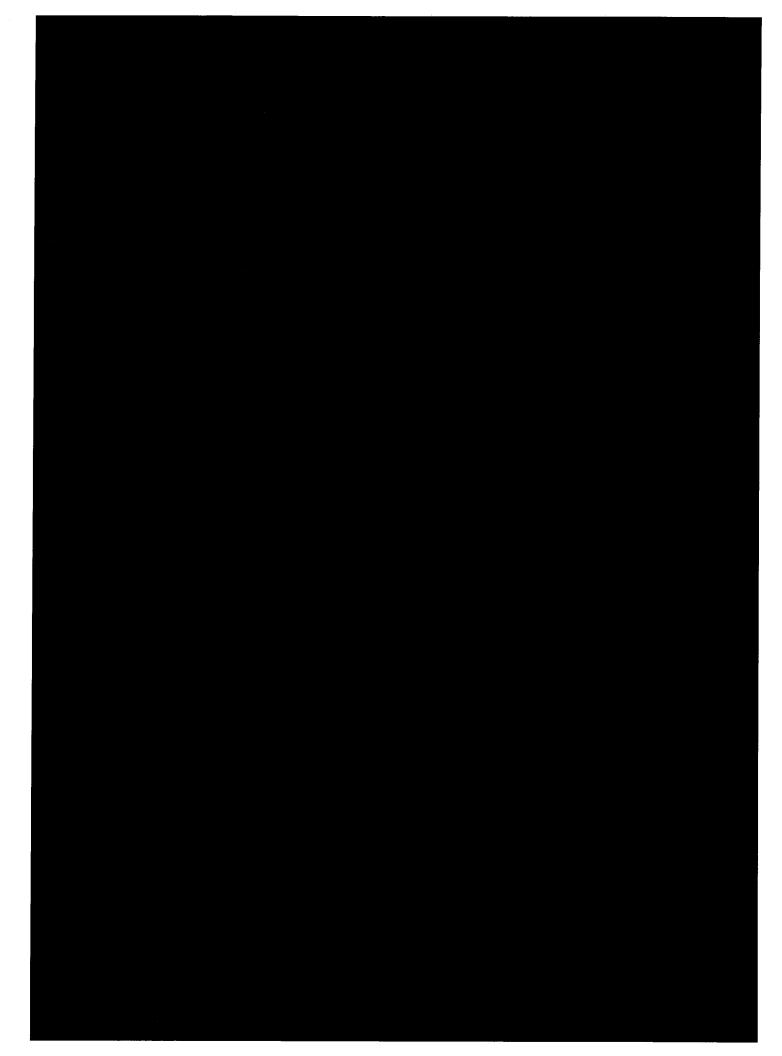


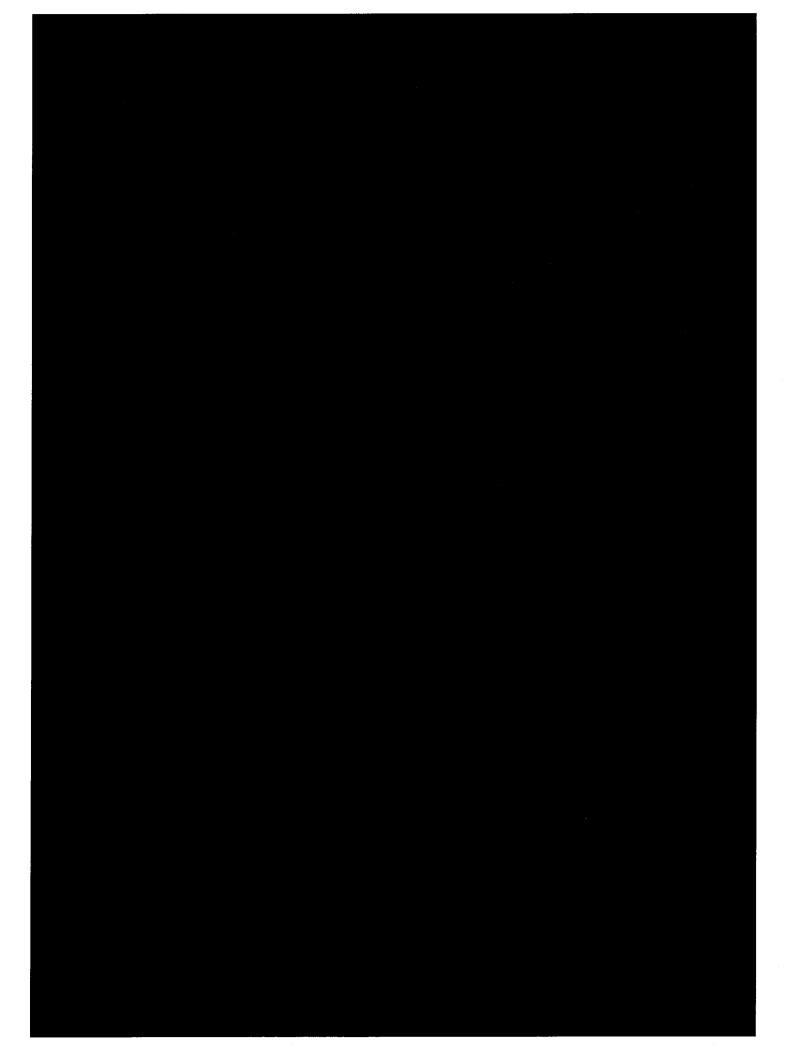


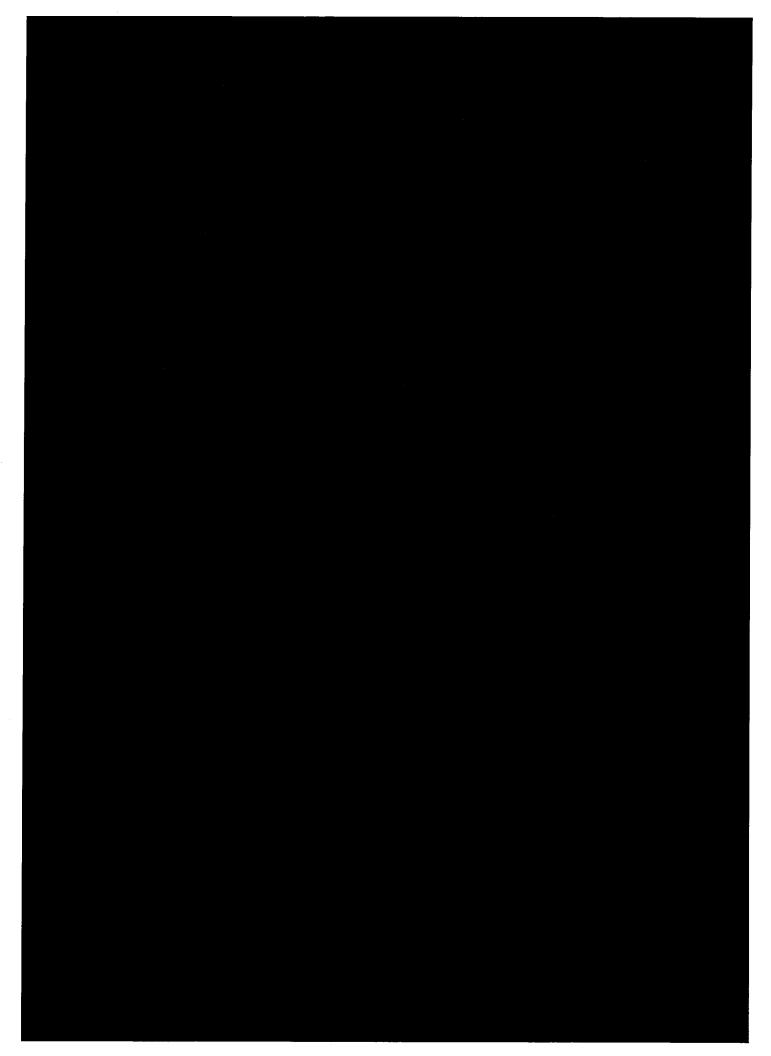


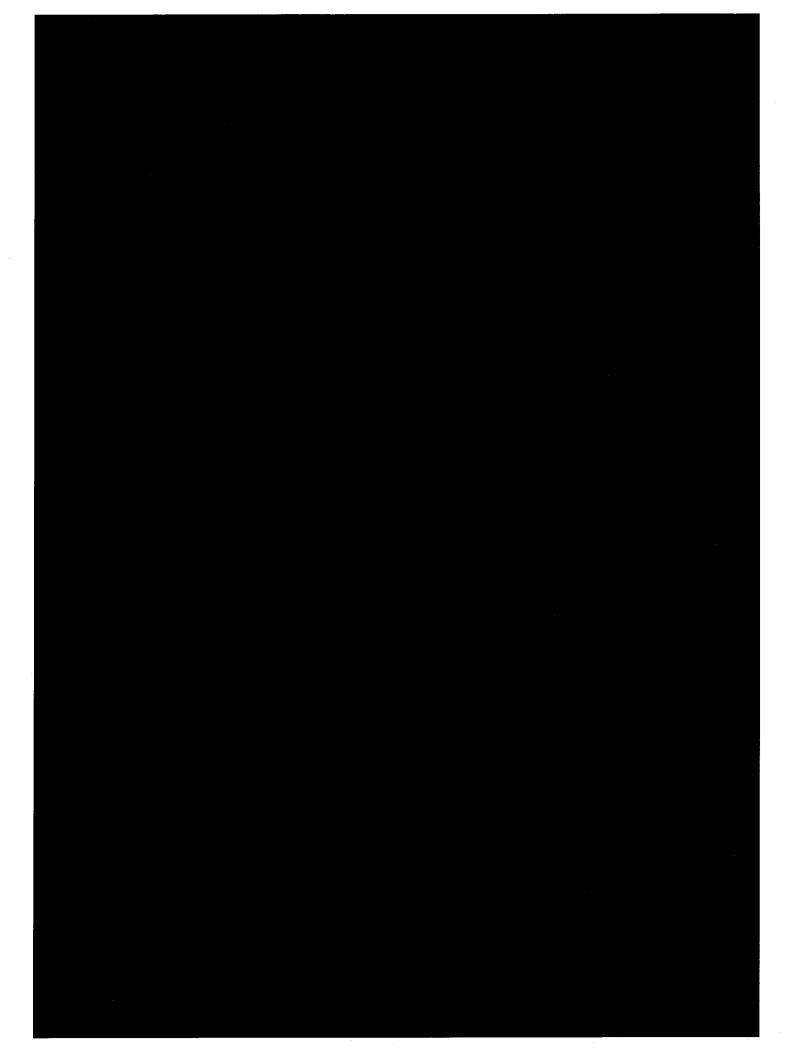


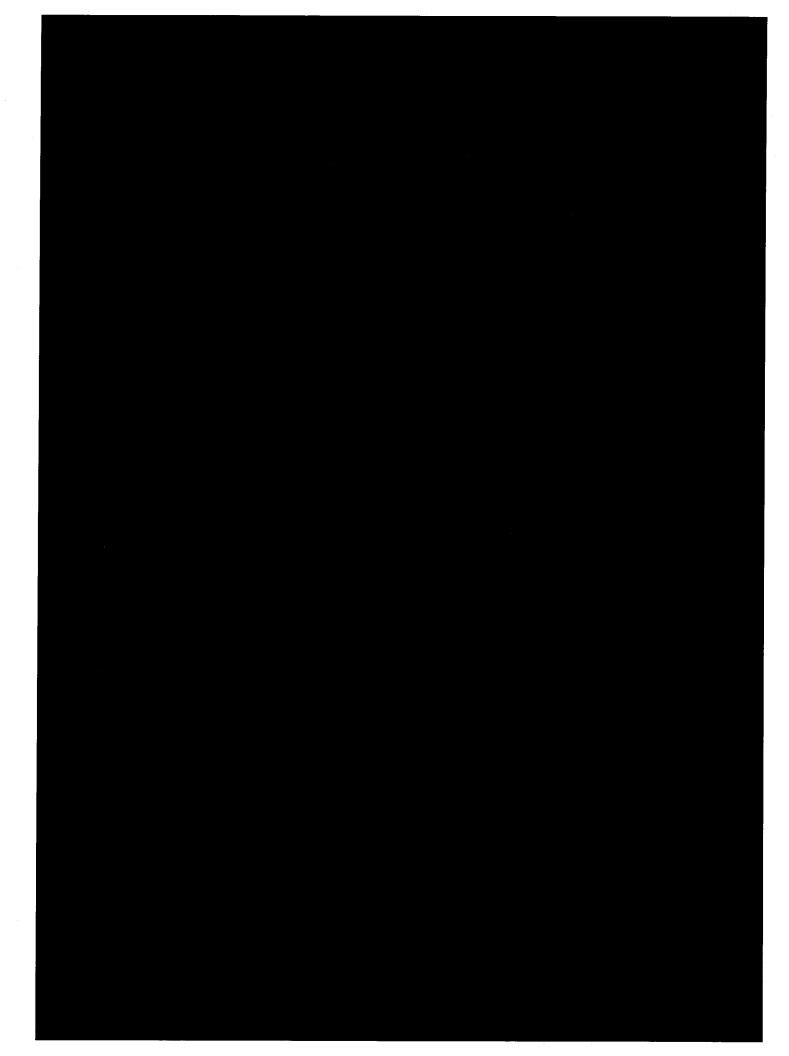


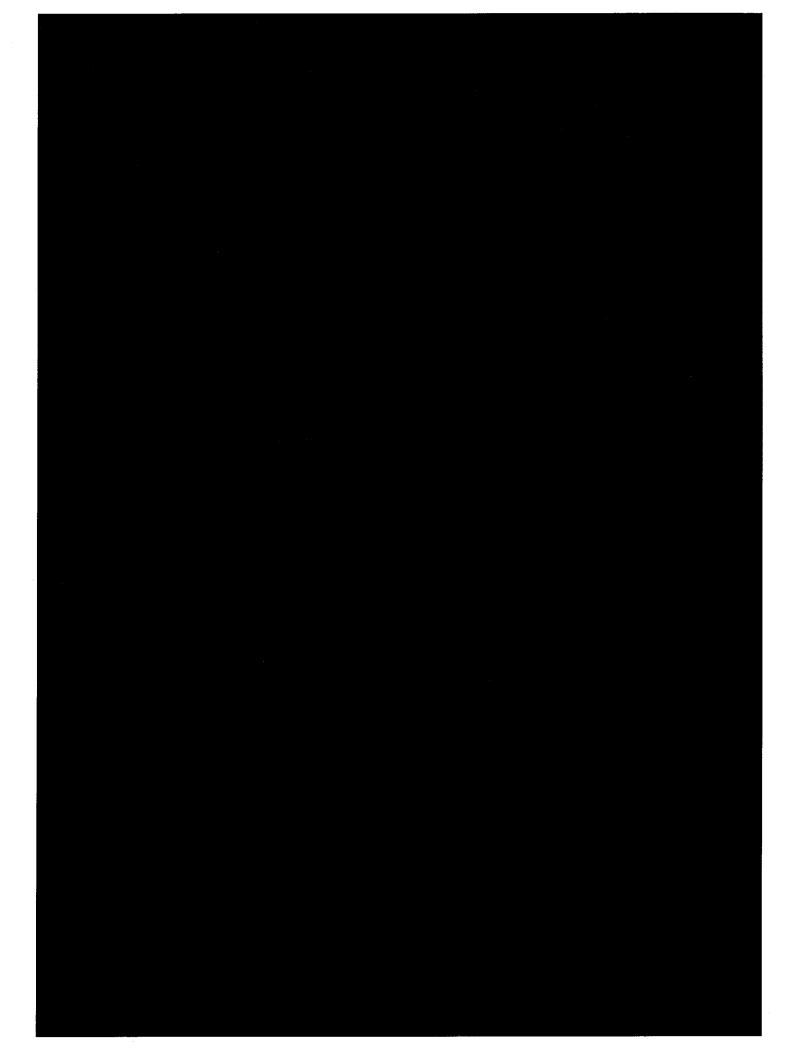


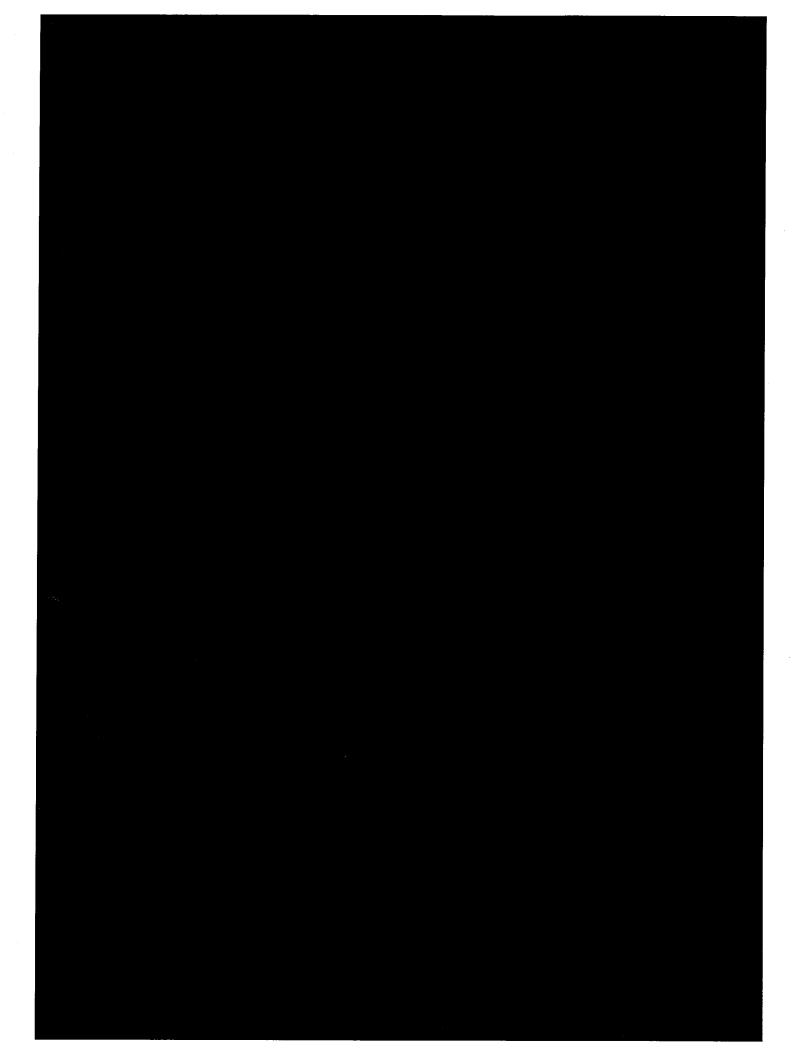


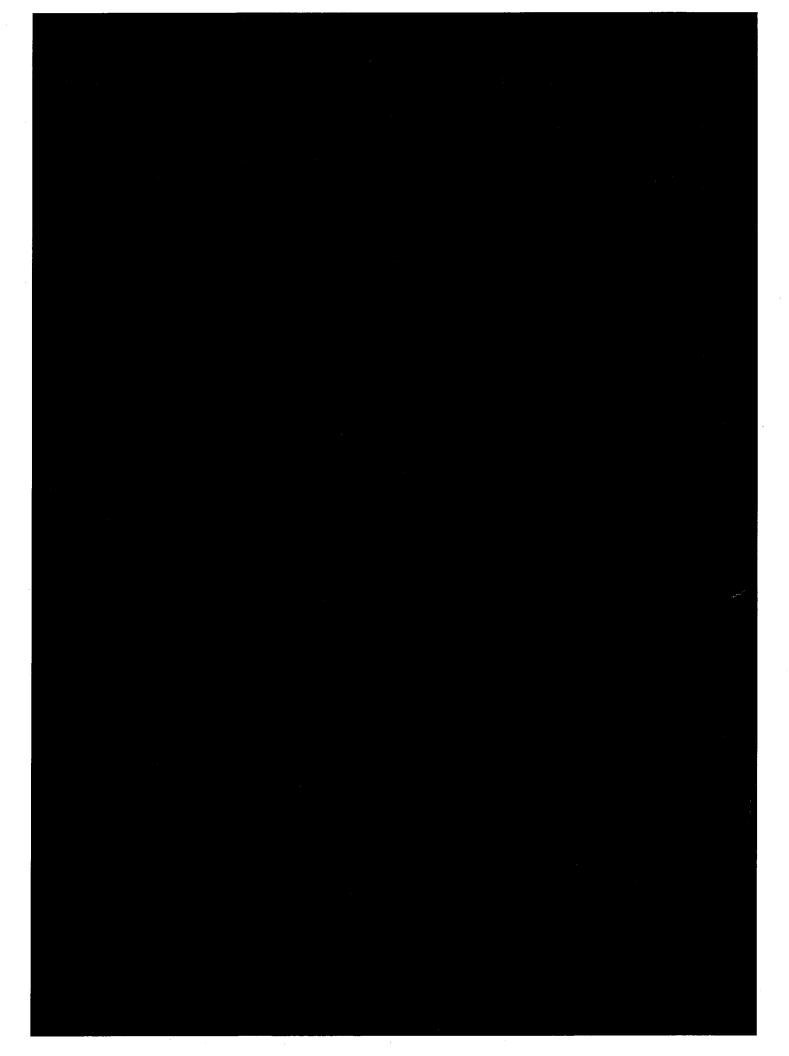












Consistent with the values and traditions of its owners, Cure Oahu will become part of a community
that supports and serves patients by professionally providing safe, consistent, and effective products for
those in need. As a committed team with local ownership, and advisors and operators with hundreds
of years of collective regulatory, manufacturing, pharmaceutical, agricultural, retail, medical, and applied
business knowledge and experience, including medical marijuana industry experience in four states, Cure
Oahu's vision is "Whole communities heal patients." Attachment 1.1 charts Cure Oahu's team experience.
Cure Oahu is majority owned by
. Cure Oahu will benefit from's business
management, regulatory expertise, and financial resources, as well as institutional support that values long-
term performance, rather than high risk investors who are interested in high returns.
Chaired by
, Cure Oahu's Executive Committee (EC) will oversee all aspects of
company operations. An organizational chart is included as Attachment 1.2.
all seasoned
professionals whose long-standing careers in public and private sectors, educational achievements, and
community involvement has allowed them to make successful investment, acquisition, and management
decisions on behalf of
Included in Cure Oahu's EC is
·

### Cure Oahu Response to Merit Criteria #1 licensed medical marijuana cultivation facilities and dispensaries that serve nearly qualified patients every day, and he successfully earned licenses in the competitive medical marijuana licensing process to cultivate genetic varieties and manufacture tinctures, lozenges, topicals and oils. From seed to sale and through all financial transactions, Cure Oahu's regulatory compliance will be overseen by Chief Compliance Officer (CCO) His distinguished career includes hundreds of public presentations and formal trainings regarding federal and state drug laws. As CCO, will review ongoing operations, including inventory management, security protocols and record keeping procedures, provide public education and outreach, liaise with the EC, and perform independent assessments of operating risks and other related analyses. for Cure Oahu, As will serve as the Executive Director (ED) to ensure operators and employees are meeting or exceeding owners' standards.

In her role as ED, she will systematically review financial and operational conditions of the company, and liaise with the EC, CCO, and Cure Oahu's operators to help guide company operations.

Dispensary operations will be directed by Finance Director, and Operations Director, who were selected as contractual operators based on their medical marijuana industry experience. Their proven conservative financial and long-term production models match the values of the owners and have demonstrated positive patient outcomes at licensed facilities in

without any history of recalls, negative audits, adverse events, law suits or legal claims.

As the former Operations Director for, relied on his
background to turn around the fledgling non-profit medical marijuana operation.
increased efficiency and quality production while improving morale and decreasing turnover at the
square foot production facility and retail locations. His current work with
through includes ground-breaking research on high-CBD genetics in medical marijuana
and industrial hemp production. As owner of the second sec
approximately of state regulated medical marijuana with revenues of
history in the business of health care extends to his former position as
have completed the draft designs for all anticipated
permanent facilities. Cure Oahu's flagship retail dispensary, a former building on
for its security features, is a best-in-class example of what true patient, product
and public safety investment means. The production center, which will include both permitted bio-secure
production facilities, will be built on land presently by by the same in the s
Regardless of law changes, Cure Oahu will rely on QA/QC methods and internal lab
support, as well as third party lab testing, to screen for contaminants and impurities, develop new products,
and achieve quality standards as the company launches.

All pharmaceutical-grade claims must be evaluated by the Food and Drug Administration (FDA),

and although Cure Oahu's model approaches such high standards, the company is committed to
transparency, and so will refer to its comprehensive suite of condition-targeted and ratio-developed
products as nutraceutical grade.
Cure Oahu will interface with BioTrackTHC, as required by the Department of Health, but will be
using and inventory control software.
program with proven success in the agricultural, commercial manufacturing, pharmaceutical,
and medical marijuana sectors.
every mobile and digital staff communication, transaction, procedure, document, inventory change, report,
and incident or adverse event, using document management and enterprise relational planning (ERP)
processes and procedures.
these standards will supersede the regulatory and legal requirements for operational transparency and
accountability, ensuring true protection against product diversion.
Cure Oahu takes seriously its responsibility to serve patient needs and improve outcomes.

Patient related outcome results obtained by Cure Oahu and its related policies, procedures, and
systems will be strategically reviewed by the advisory board, which is comprised of recognized experts in
related professions who were selected based on their interest in applying critical evaluative skills and
support. As third-party advisors, they will help set best-in-class policy practices, contribute to public
education about shifting medical marijuana industry information, liaise with their national and international
industry colleagues to learn about sector related research and trends, and report back to the EC, ED, and
CCO.

Cure Oahu believes in investing in the whole community to help patients heal, not only through the dispensary, but also through community programs and services that those impacted by this investment. In service and education, the business of Cure Oahu begins with alleviating symptoms of debilitating health conditions that warrant the administration of medical marijuana and extends to the tradition of building companies and local competency in the interest of local communities.



**Cure Oahu Core Competencies and Experience Chart** 

**CONFIDENTIAL:** Pursuant to Section 92F-13(3) HRS, the Uniform Information Practices Act, release of this record would frustrate legitimate government function, and have a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

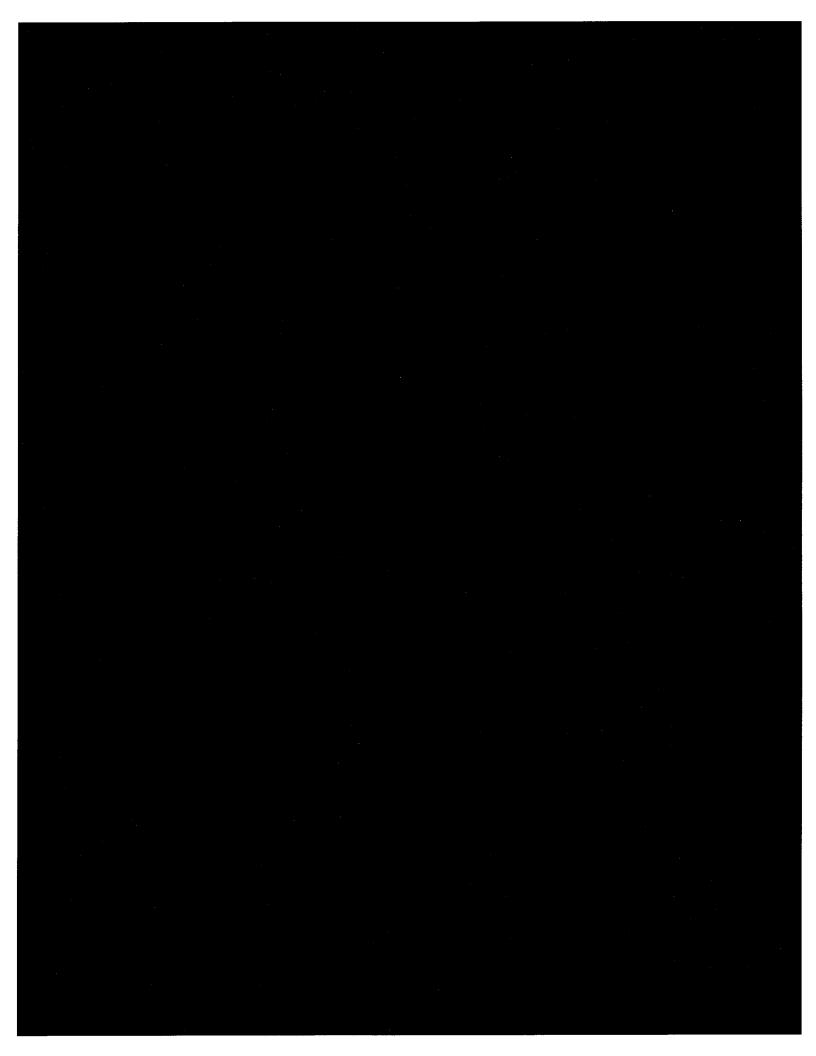
Pursuant to Section 92F-13(1) HRS, the Uniform Information Practices Act, release of this record would constitute a clearly unwarranted invasion of personal privacy. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.



### **Cure Oahu Organizational Chart**

**CONFIDENTIAL:** Pursuant to Section 92F-13(3) HRS, the Uniform Information Practices Act, release of this record would frustrate legitimate government function, and have a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

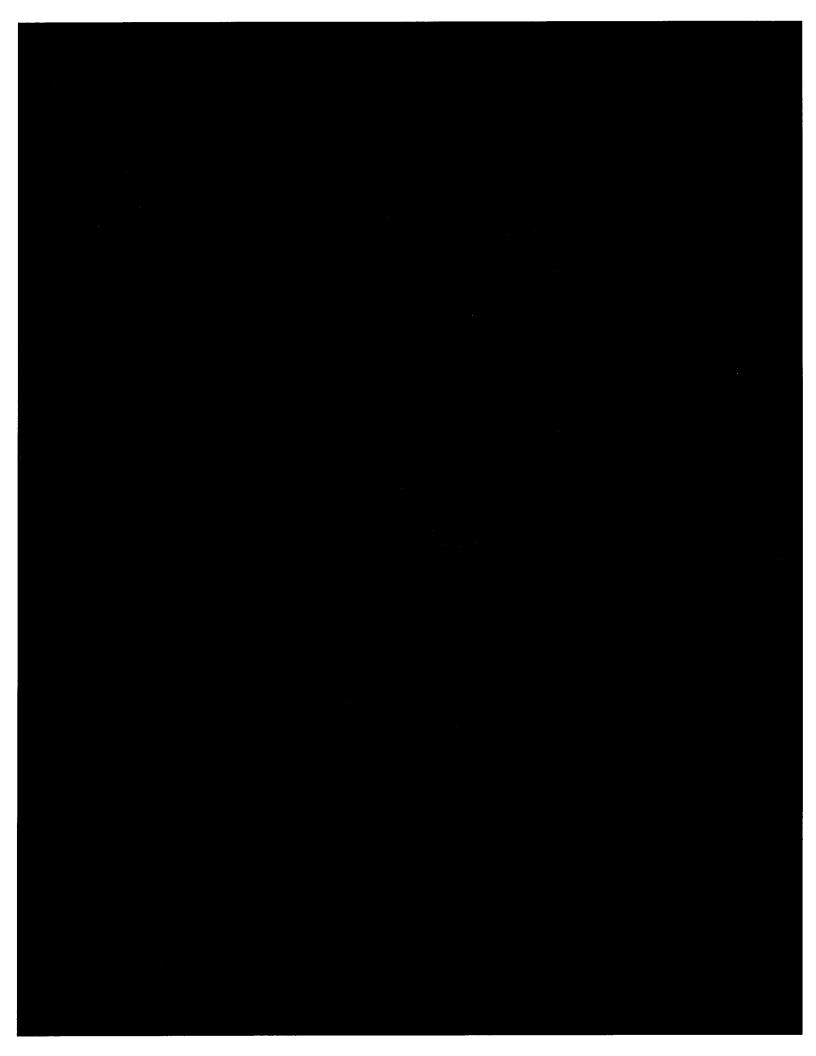
Pursuant to Section 92F-13(1) HRS, the Uniform Information Practices Act, release of this record would constitute a clearly unwarranted invasion of personal privacy. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.





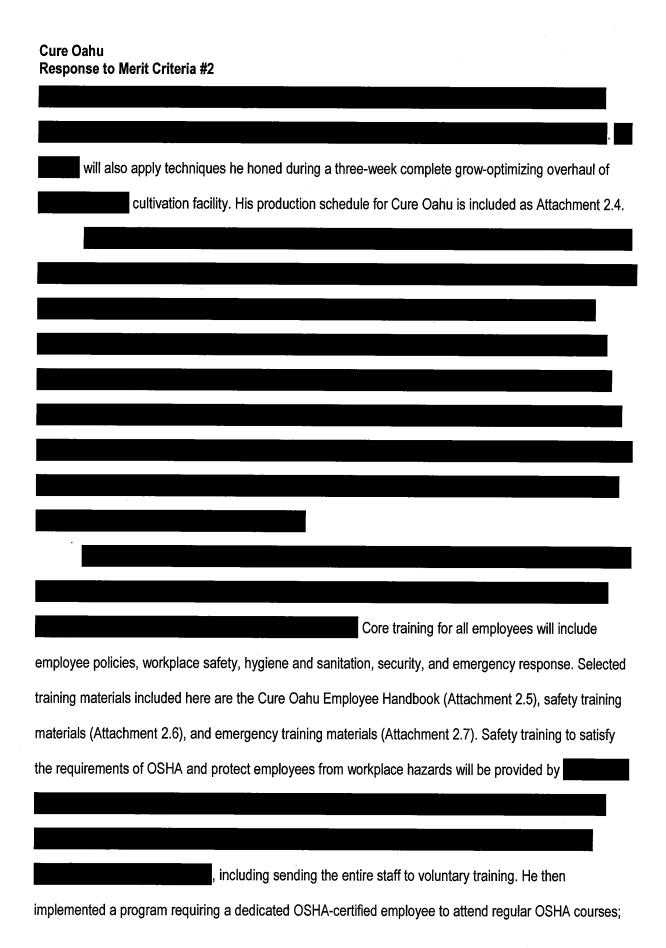
**CONFIDENTIAL:** Pursuant to Section 92F-13(3) HRS, the Uniform Information Practices Act, release of this record would frustrate legitimate government function, and have a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

Pursuant to Section 92F-13(1) HRS, the Uniform Information Practices Act, release of this record would constitute a clearly unwarranted invasion of personal privacy. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.



Cure Oahu will operate with public, patient, and product safety as its top priorities. As longtime
Hawaii residents and business leaders, the owners have a history of collaborating with the community and
making public welfare a priority. The operational team has a history of providing patients in
with safe, consistent, and compliant medical marijuana beginning in
experiences and values with the unique characteristics of Hawaii's legal, cultural and environmental
landscape to bring registered patients the education, medication, and safety they need and deserve.
The Cure Oahu team will be organized into departments with heads that report to the manager of
their facility. Management will report to Executive Director , who will report to the owners and
advisory board members.

Cure Oahu Response to Merit Criteria #2
. The attached designs have been drafted by, who assisted in the
design and construction oversight of the medical marijuana
production facility.
He has continued to develop his facility design techniques by completing
design on a production facility currently in its final stages of construction, and by designing a
cultivation facility for a successful medical marijuana establishment license application.
also remains involved in ongoing optimization work at the production facility.



this employee would then teach the content to the	staff.	, who has also ov	erseen/
OSHA compliance for over	rill implement a H	lawaii-compliant versior	n of this
workplace safety training program at Cure Oahu.			
		it is	s part of the
Product Safety Plan described in criteria (12).			
After core training, employees will receive train	ing specific to the	eir departments. Trainin	g materials
will be based on the policies found in the Cure Oahu pro	oduction center a	and retail operations ma	nuals,
which are included here as Attachments 2.8 and 2.9.			
	A sample proces	ssing training plan is inc	luded as
Attachment 2.10. Supplemental cultivation training relat	ed to specific en	vironmental conditions	particular to
the local climate will be facilitated by			
		-	
		_	

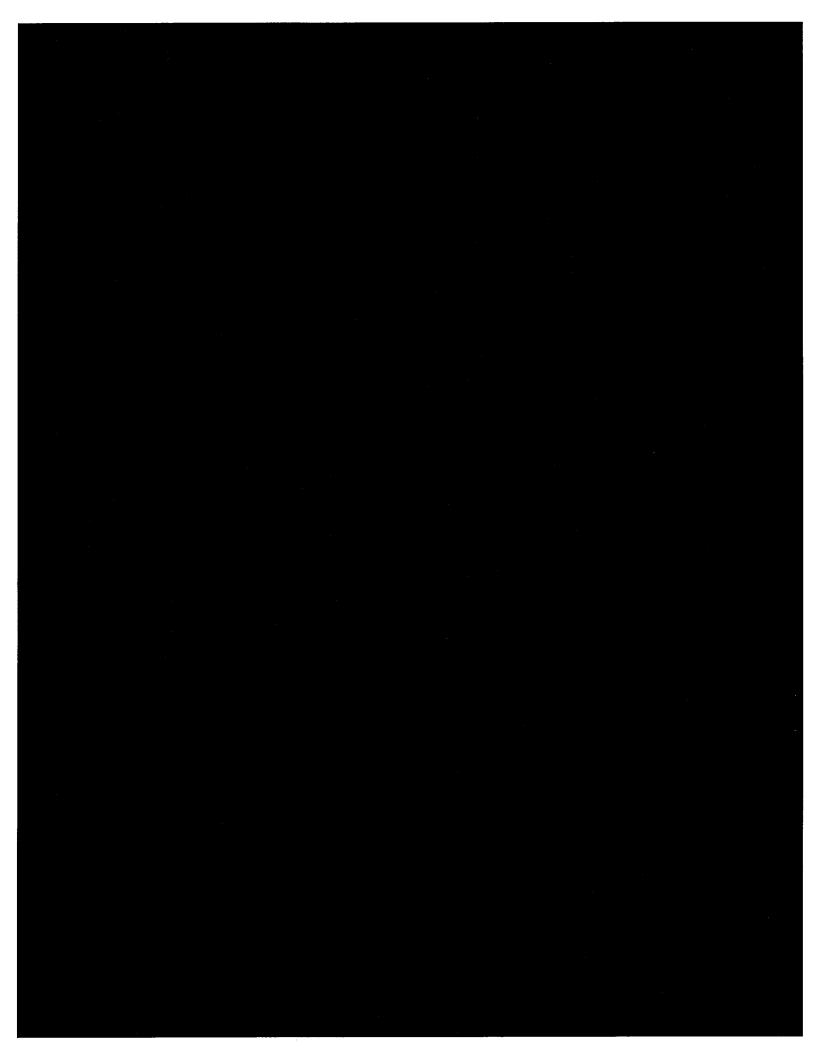
Cure Oahu Response to Merit Criteria #2
Manufacturing protocols are included as Attachment 2.11. Cure Oahu will use the same rigorous testing
process as , with in-process testing completed in the on-site
Cure Oahu testing lab. Final products testing will be done by an independent certified lab.
All employees working at retail dispensing locations will be trained in HIPAA compliance and
marijuana's therapeutic benefits. Patient care employees will be trained in customer service, records
management, and patient education procedures, while product quality employees will receive training in the
QA procedures described above as they apply to retail operations. Retail training will be led by
and based on his experience as retail
training instruction will be supplemented by Cure Oahu subject area experts including Chief Compliance
Officer , as well as advisory board members with expertise in
pharmacy, patient care and privacy, and medical marijuana dosing, administration and effects. Details of
Cure Oahu's physician-dominated advisory board are in criteria (1).
Cure Oahu will track and refresh all training by storing certifications and proficiency levels for each
employee in



Floor Plans and Production Center Site Plan

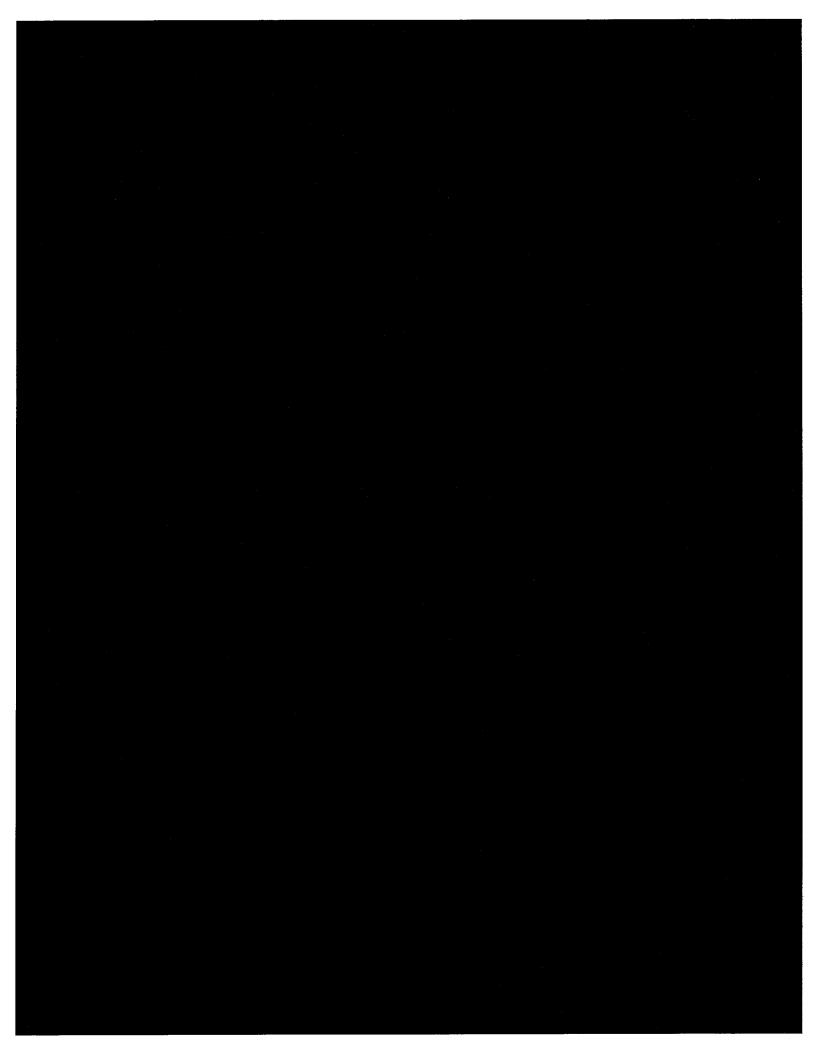


**Production Schedule** 



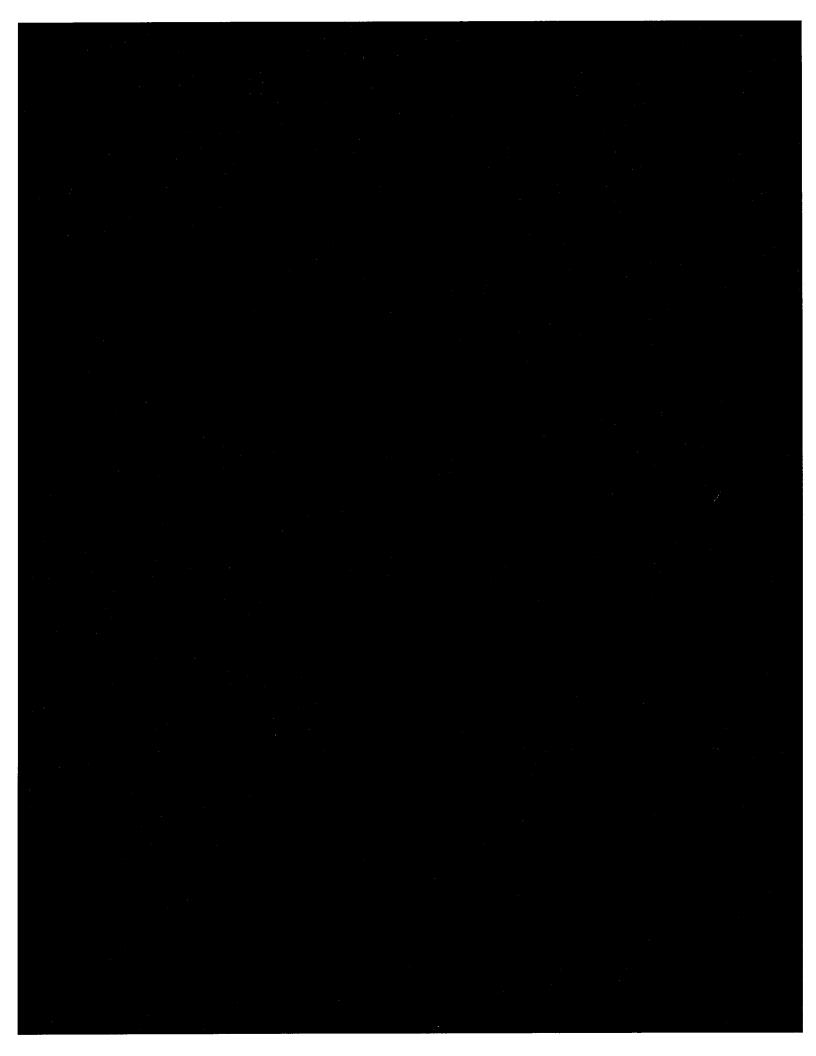


**Employee Handbook** 





**Safety Training** 

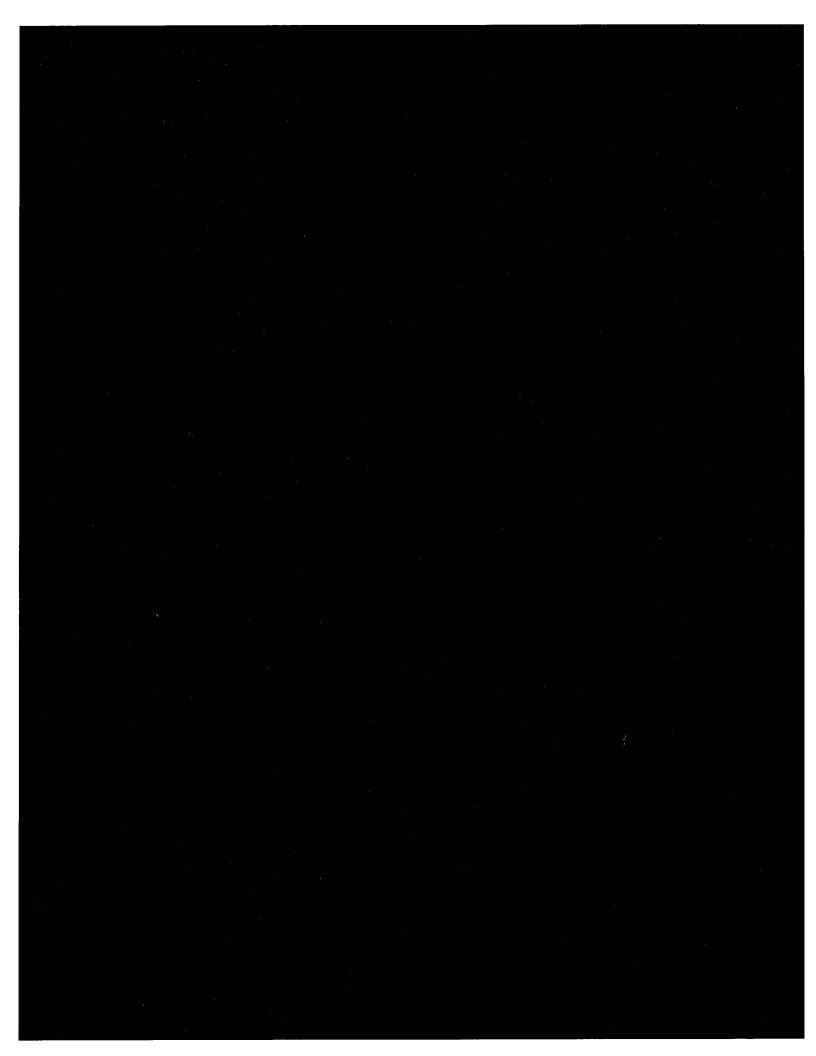




**Emergency Training** 



**Retail Operations Manual** 

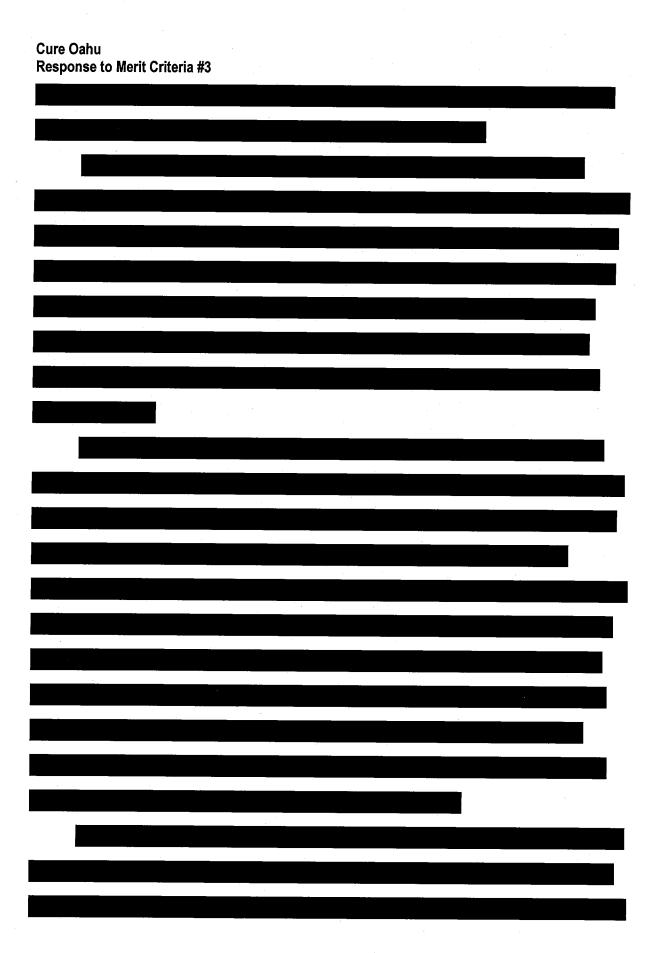




#### **FIRE PROTECTION PLAN**



**Manufacturing Protocols** 



Financial Resources
Financial Resources
Financial Stability

will also be the first year when Cure Oahu is able to provide financial contributions to community organizations that support our patients. It is Cure Oahu's goal to	will also be the first year when Cure Oahu is able to provide nancial contributions to community organizations that support our patients. It is Cure Oahu's goal to apport organizations that support our patients and find ways to work together to provide even greater help	Cure Oahu Response to Merit Criteria #3	
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support organizations that support our patients and find ways to work together to provide even greate	pport organizations that support our patients and find ways to work together to provide even greater help	financial contributions to community organizations that support	t our patients. It is Cure Oahu's goal to
and benefits to them.			to mank togother to promise even grouter no
		and benefits to them.	
			<b>5</b> -

Cure Oahu understands the magnitude of this endeavor, which requires not only large upfront investment but also involves intense regulatory scrutiny. To establish a successful dispensary operation that will serve the needs of Oahu's patients, with patient, product and public safety as its top priorities, the owners of Cure Oahu are prepared to fund the company as needed. The owners of Cure Oahu are committed to building an integrated, community-oriented seed to sale operation that not only meets/exceeds required standards, but is also financially sound and backed by steadfast owners with the wherewithal to see this effort through.

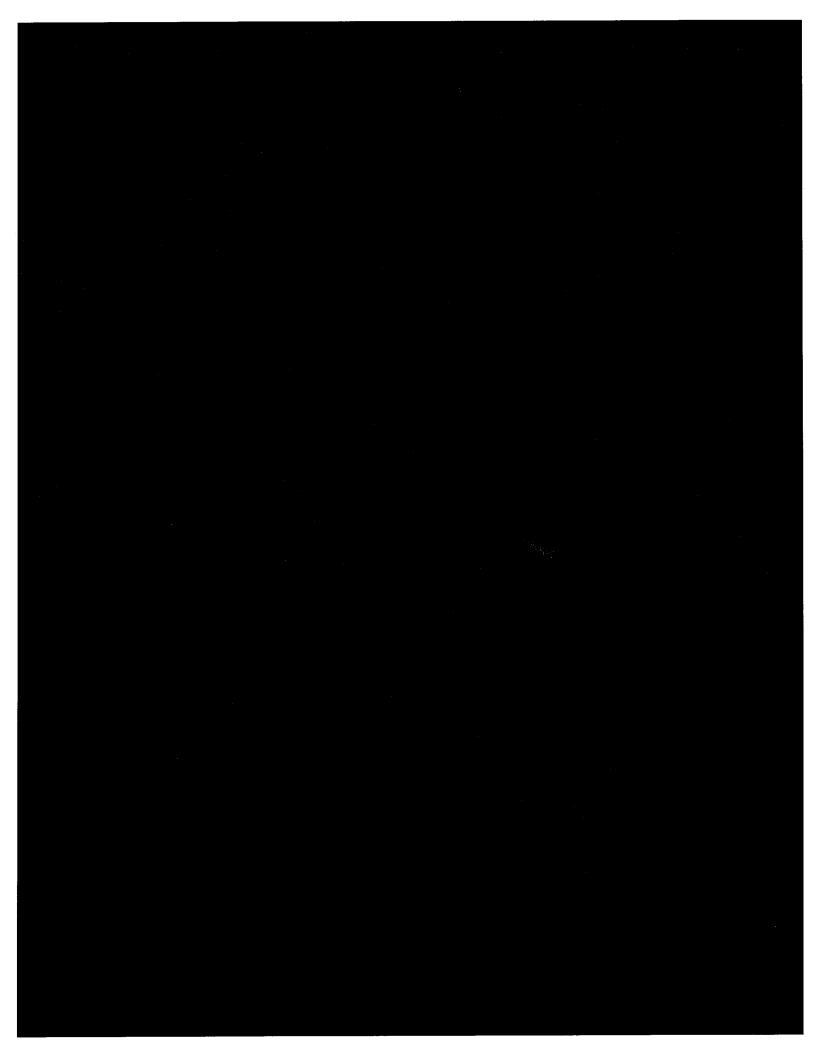
Cure Oahu believes that every investment made by its owners in this project is an investment into the local community and local talent.

#### **Cure Oahu Financial Plan**

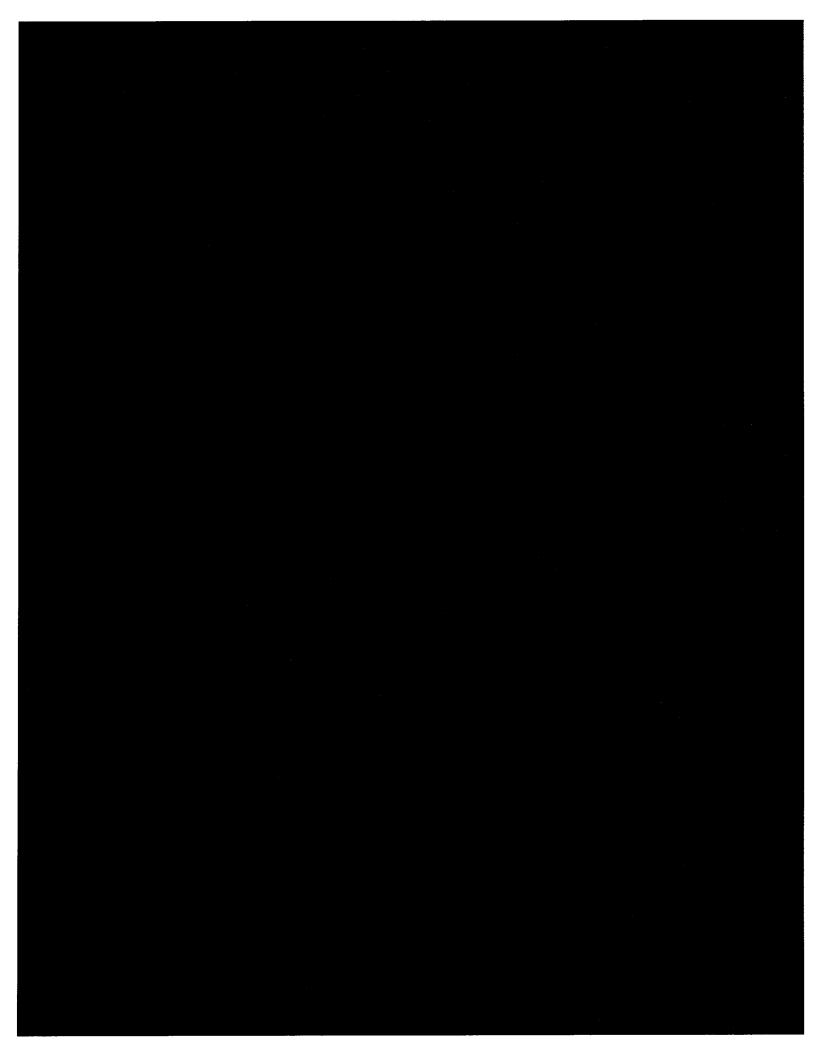
The intent behind	Cure Oahu's operations and finance	ial planning is to build and oper	ate the
dispensary locations with o	conservative expectations and estin	nates, and ample financial back	ing to ensure
its success.			
	These expenditures	are to build, renovate and set u	ıp Cure Oahu's
retail and production locati	ions as well as install facilities, equi	ipment, and systems. Another	will
be used to seed Cure Oah	u's operational expenditures, which	h include employee salaries, co	sts for goods
and supplies to grow and p	produce products, utilities, and othe	er normal business operating ex	penses.
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**CONFIDENTIAL:** Pursuant to Section 92F-13(1) HRS, the Uniform Information Practices Act, release of this record would constitute a clearly unwarranted invasion of personal privacy. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

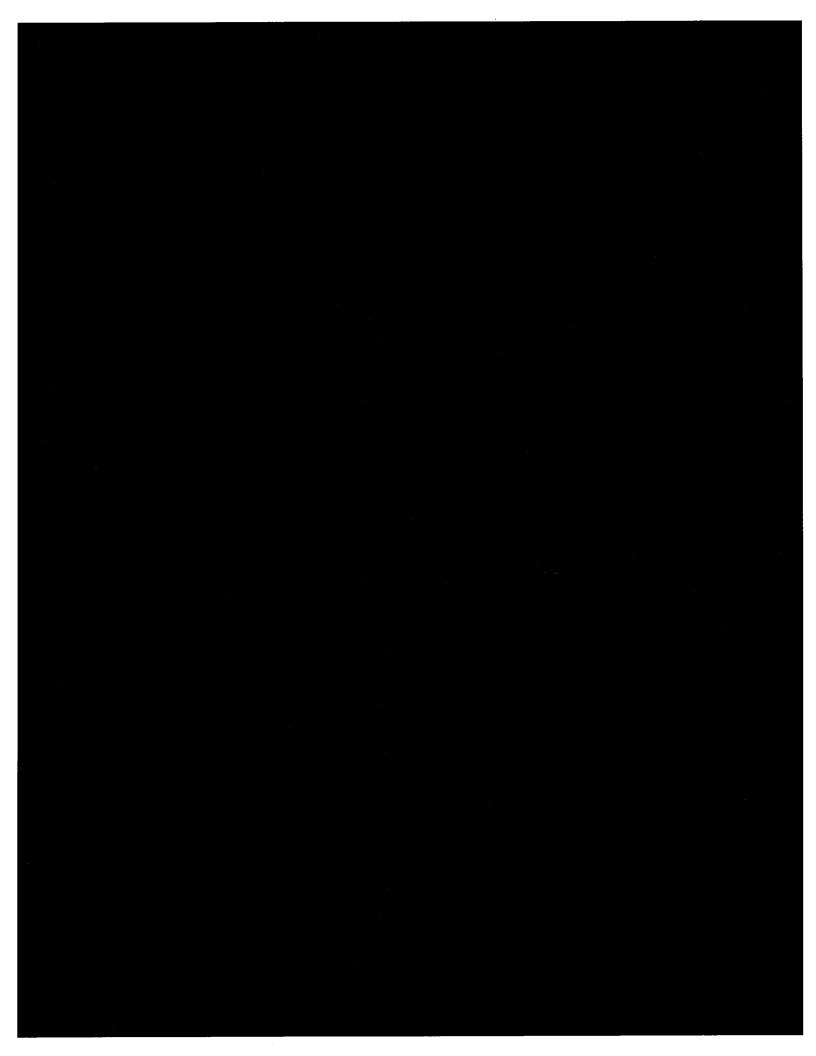








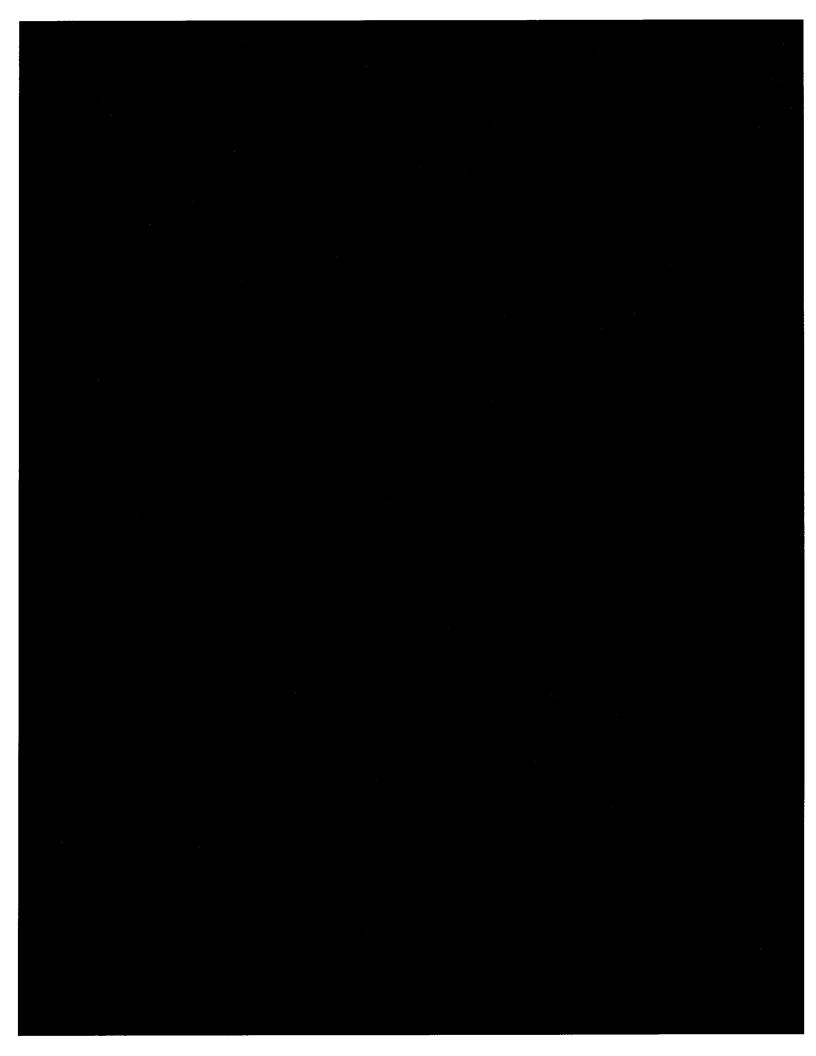
**Cure Oahu Bank Statement** 





**Cure Oahu Two Year Financial Plan** 

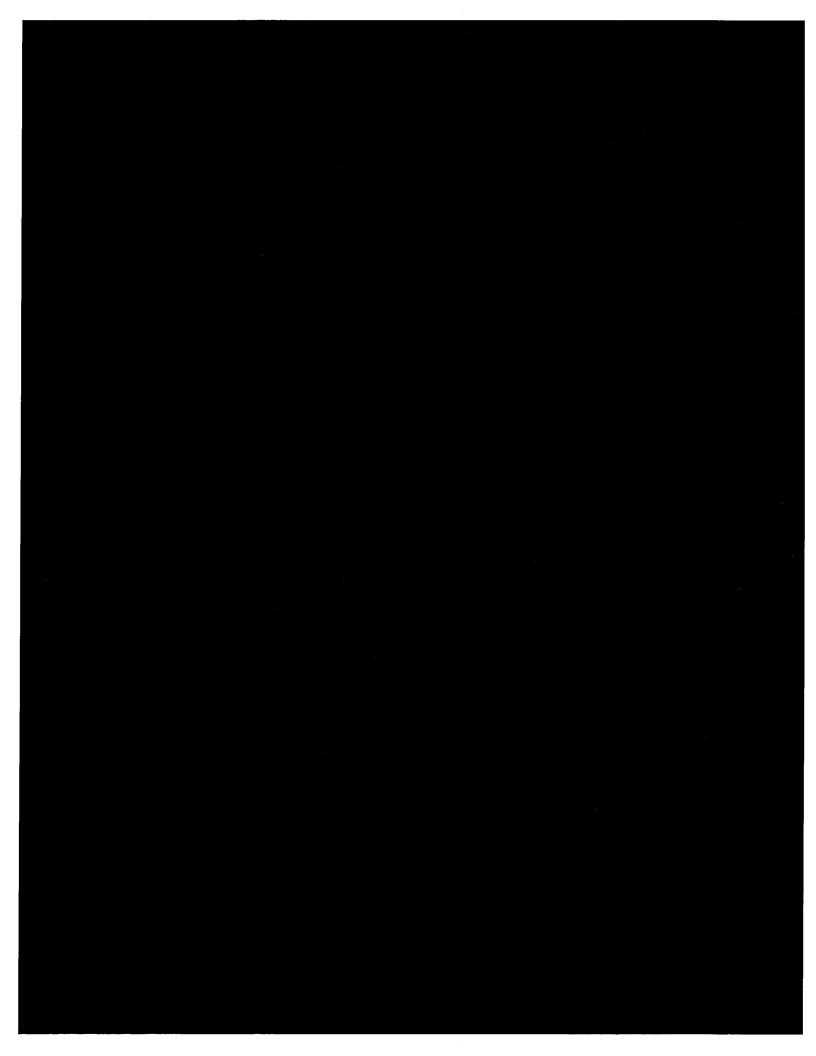
**NOTICE:** Projections have been prepared solely based upon estimates for the purpose of evaluating the proposal represented by the Company. Readers are cautioned that the projections may not be appropriate for other purposes. Management does not intend to update information subsequent to submittal.





**Financial Statements of Owners** 

**CONFIDENTIAL:** Pursuant to Sections 92F-13(1) and 92F-13(3) HRS, the Uniform Information Practices Act, release of these records would constitute a clearly unwarranted invasion of personal privacy for the individual identified, as well as frustrate legitimate government function by having a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.





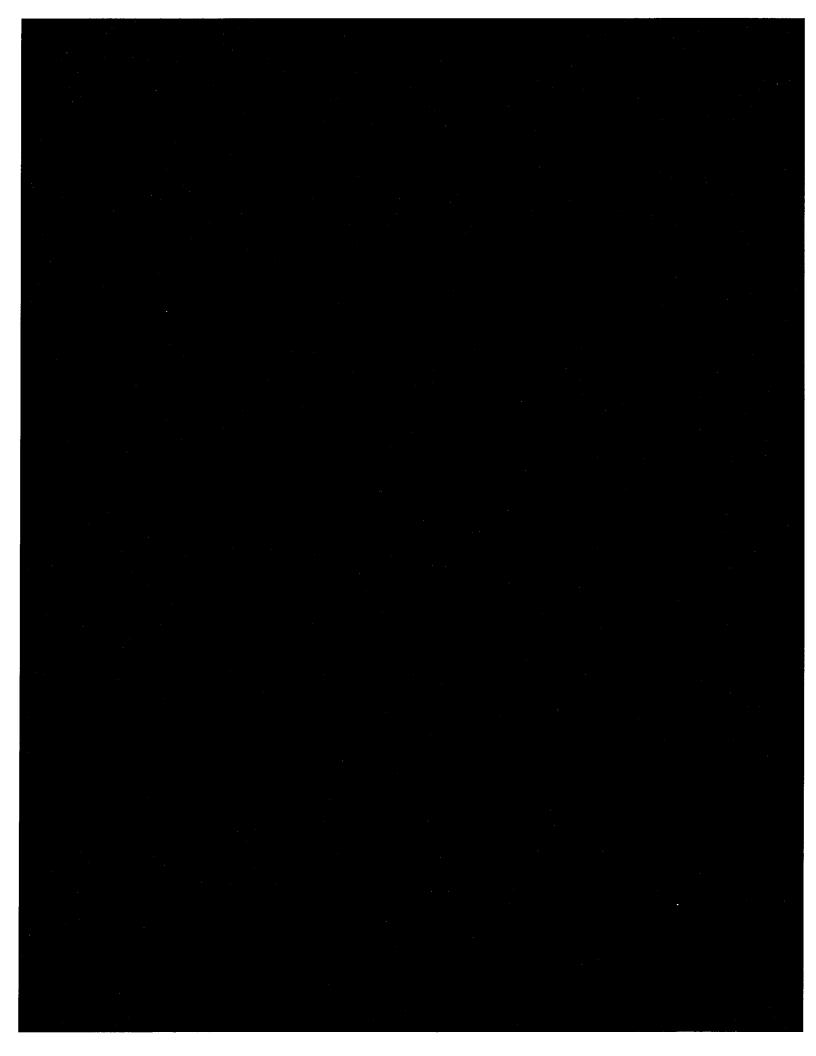
**Supporting Documents of Good Credit History** 

**CONFIDENTIAL:** Pursuant to Sections 92F-13(1) and 92F-13(3) HRS, the Uniform Information Practices Act, release of these records would constitute a clearly unwarranted invasion of personal privacy for the individual identified, as well as frustrate legitimate government function by having a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.



**Attestations of Owners of No History of Bankruptcies** 

**CONFIDENTIAL:** Pursuant to Sections 92F-13(1) and 92F-13(3) HRS, the Uniform Information Practices Act, release of these records would constitute a clearly unwarranted invasion of personal privacy for the individual identified, as well as frustrate legitimate government function by having a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.



Chief Compliance Officer will serve as de facto Head of Security and will vet and	
appoint a Security Manager.	:
and his Security Manager will conduct	
training, inspect and maintain all security devices, and manage security guards at each facility.	
All staff will complete pre-employment background checks and security training per §11-850-	
34(d)(2), HAR. CCO will manage this training and supplement it with training led by his professional	al
OSHA trainer, law enforcement, and fire and emergency services colleagues.	
	l
Cure Oahu to procure, maintain	•
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and provide 24 hour monitoring of their security system in compliance with §11-850-51(a)(2), HAR. They	
are included as Attachment 4.1.	



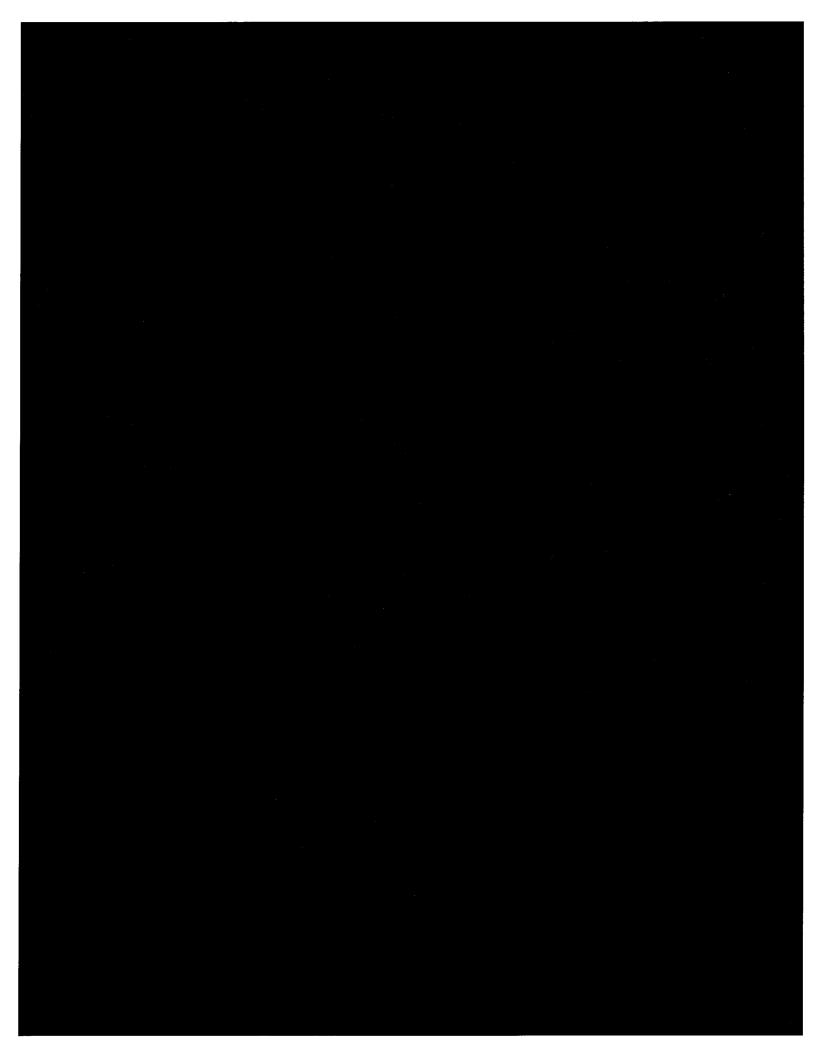
Cure Oahu Response to Merit Criteria #4				
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and Scope of Work



**Visitor Sign-In Log** 

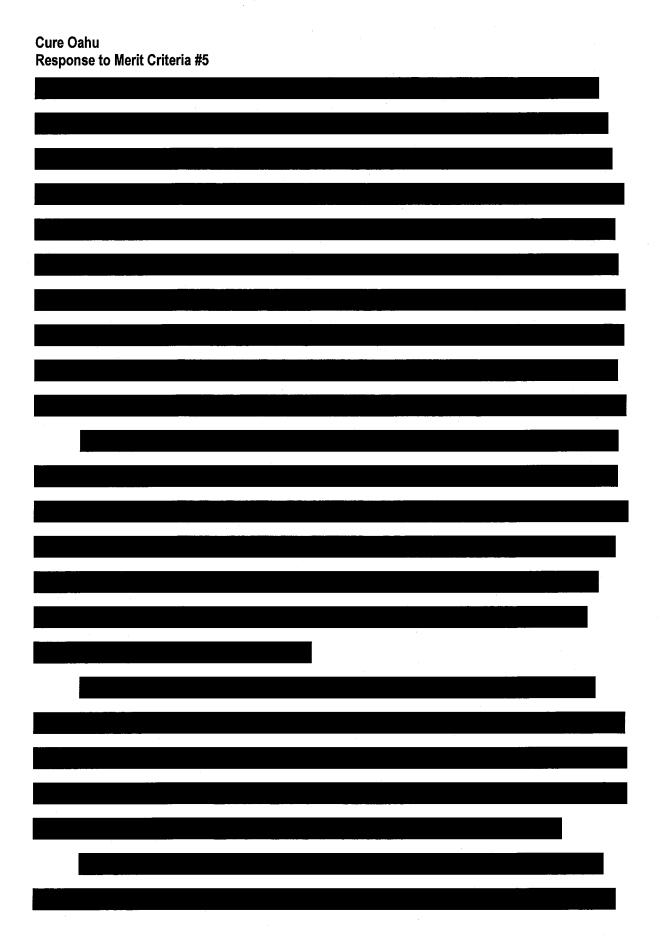


Cure Oahu aims to supply qualifying patients of Honolulu County with safe, consistent, therapeutic and accessible medical marijuana and manufactured products while educating both patients and the community on their risks, benefits, and safe use. As of October 2015, Honolulu County had 2,836 patients.

community on their risks, benefits, and safe use. As of October 2015, Honolulu County had 2,836 patients.
Cure Oahu
Operations Director and Finance Director have experience supplying growing
patient communities and are prepared to scale production based on demand.
Cure Oahu's retail sites were chosen with patient access foremost in mind. The proposed location
at which makes it convenient for Honolulu and Windward Coast
patients.
will provide access to Central Oahu and Leeward Coast patients. Both
locations are within blocks of main off-highway thoroughfares and numerous bus lines, making them
convenient for patients who prefer alternate forms of transportation. Maps are included as Attachment 5.1.
Both retail locations are designed to give patients a safe and comfortable experience while
promoting public safety in the surrounding neighborhood. Disabled persons will find easy access via
ramped entryways and wheelchair-accommodating restrooms and patient areas.
They are designed to accommodate a large number of persons so that the ratio of
customers to employees in the sales area never exceeds 2:1, ensuring patient privacy, safety, and
compliance with §11-850-53(a)(3), HAR. Protocols for admitting qualifying patients and caregivers with
valid government-issued photo ID and medical marijuana registration cards prior to allowing them access to
the secured sales room per §11-850-53(a)(1), HAR are included in criteria (2).

Cure Oahu Response to Merit Criteria #5	
Retail employees will be trained to comply with HIPAA regulations when interacting with	1
patients and handling patient information as described in criteria (8). They will receive customer service	
training on patient care, comfort and education, as well as emergency and basic first aid response.	
For patient and public safety and per §329D-2(i), HRS, retail dispensing facilities will be separate	ely
located from production and manufacturing operations; however, production operations will still be driver	n
by patient need and preference.	
. As patient cou	ınt
climbed during the initial months of program, he oversaw the	
production facility's expansion from	
, while simultaneously implementing an incentive program to optimize employee productivity	<b>/</b> .

Cure Oahu Response to Merit Criteria #5
. Under, the production center will only
reach maximum capacity if demand requires it, will scale up and down based on patient outcomes, and will
never have more than 3,000 marijuana plants in either of its two facilities at any one time per §329D-2(f),
HRS.
has a proven ability to simultaneously construct facilities while cultivating quality medicine:
Cure Oahu will not manufacture products
not listed in §11-850-72, HAR or otherwise approved by the department, and will not offer marijuana or
manufactured products in any form prepared solely for inhalation per §11-850-33(d), HAR and department
recommendations.



Cure Oahu Response to Merit Criteria #5
Cure Oahu CCO will spearhead a community education program with on- and off-site
public classes on medical marijuana uses and administration, related laws, drug abuse and addiction, and
other topics dictated by community demand.
gave frequent drug education talks to audiences ranging from
medical professionals and realtors to DARE officers-in-training and community groups.
He continues to speak and present on medical marijuana use and law in
Hawaii and on the mainland.



**Maps for Retail Dispensing Sites** 



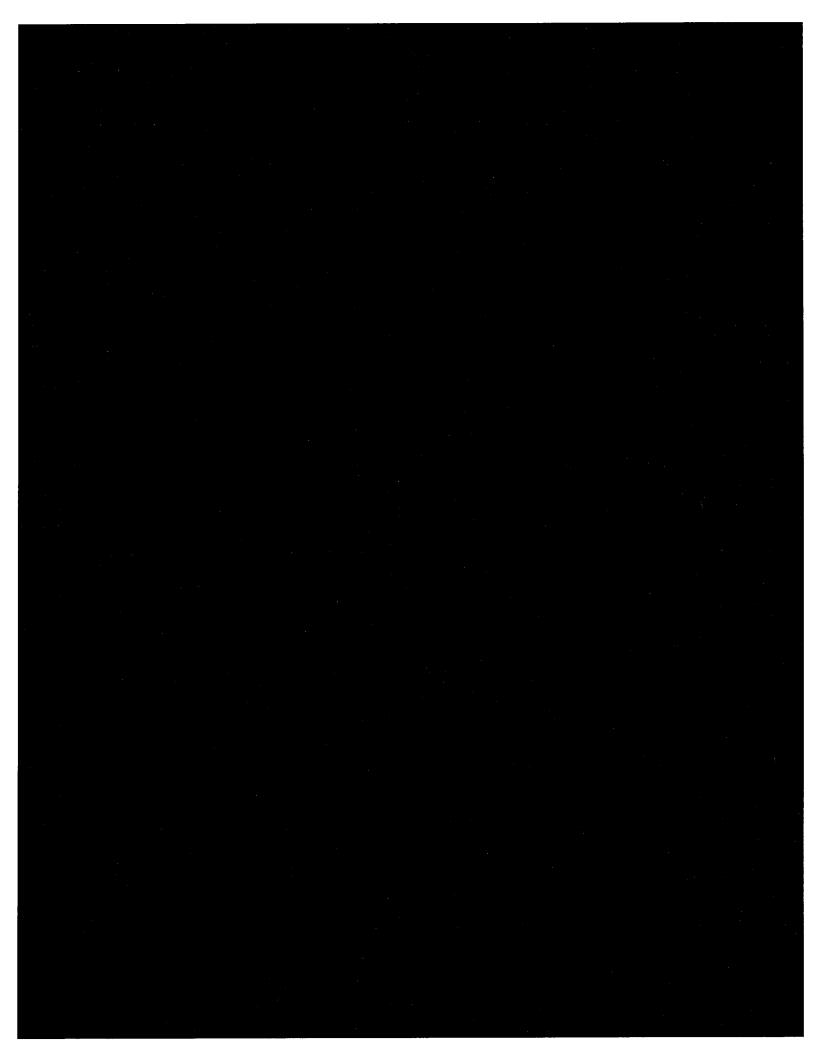
**Cannabis Strain Tracking Sheet** 



**Patient Welcome Booklet** 

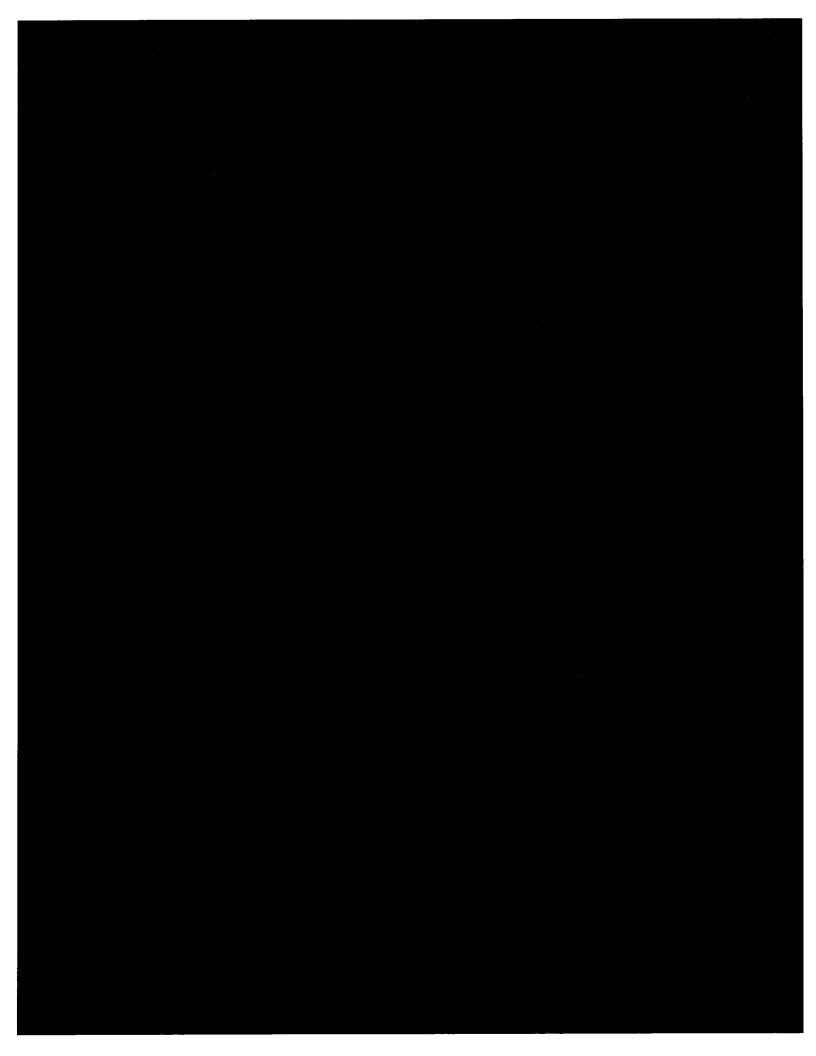


Sample Inventory Report



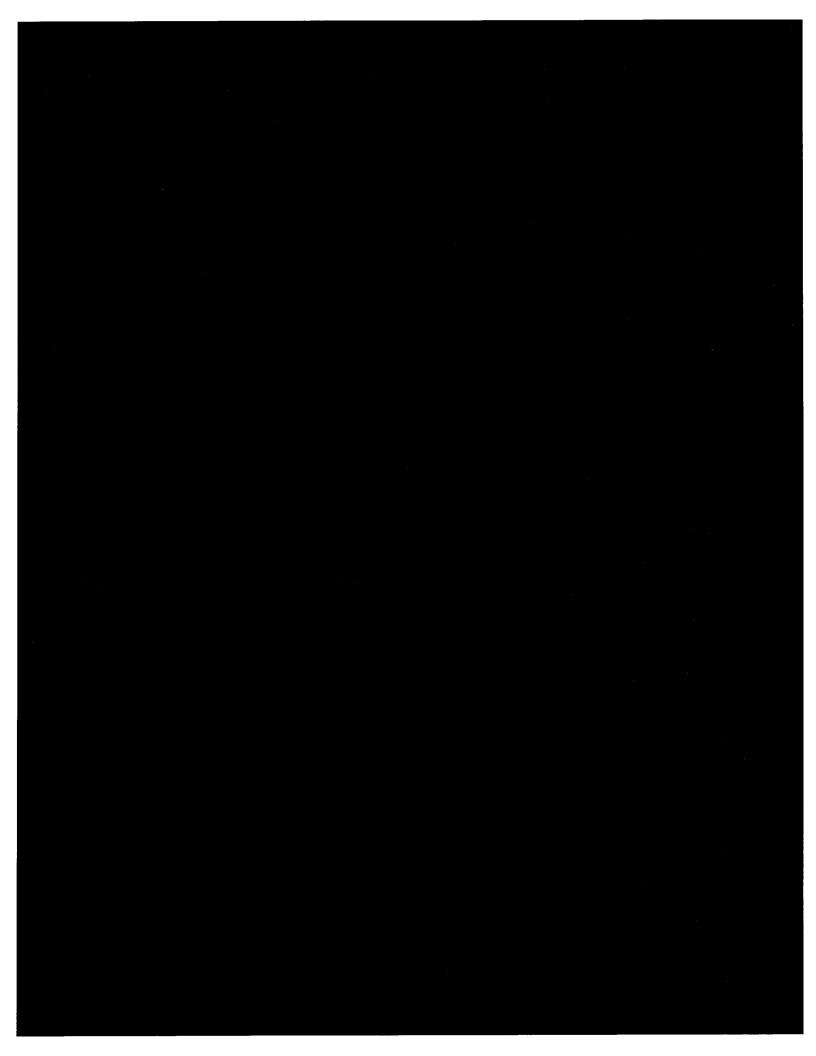


**Product Transfer Procedure** 





**Patient Information Record** 





**Inventory Reconciliation Procedures** 

### Cure Oahu Response to Merit Criteria #10

All signage will adhere to the requirements of §11-850-91, HAR, including only one sign at each
facility of no more than 1600 sq. inches with no pictures or illustrations and bearing only Cure Oahu's
business name as registered with the department and the appropriate jurisdiction. The sign will meet
Honolulu County Code for signage in the zone(s) in which each facility is located and for the appropriate
business type, and will match the style of signs used at medical offices and pharmacies in Honolulu
County. All Cure Oahu facilities are providing blank slates for compliant signage.
Packaging and labeling will be managed by Operations Director , who has experience
exceeding safety requirements: under his watch,
only plain and non-candy edible products, and requires all edibles to be packaged in an exit
container with a lock and key; both measures exceed state statutory requirements.
will be the basis for written packaging and labeling protocols such as the sample packaging protocol in
Attachment 10.1, as well as §11-850-92, HAR-compliant specifications for each of Cure Oahu's products.

# Response to Merit Criteria #10

Cure Oahu



**Sample Packaging Protocol** 

Cure Oahu



**Sample Product Label** 



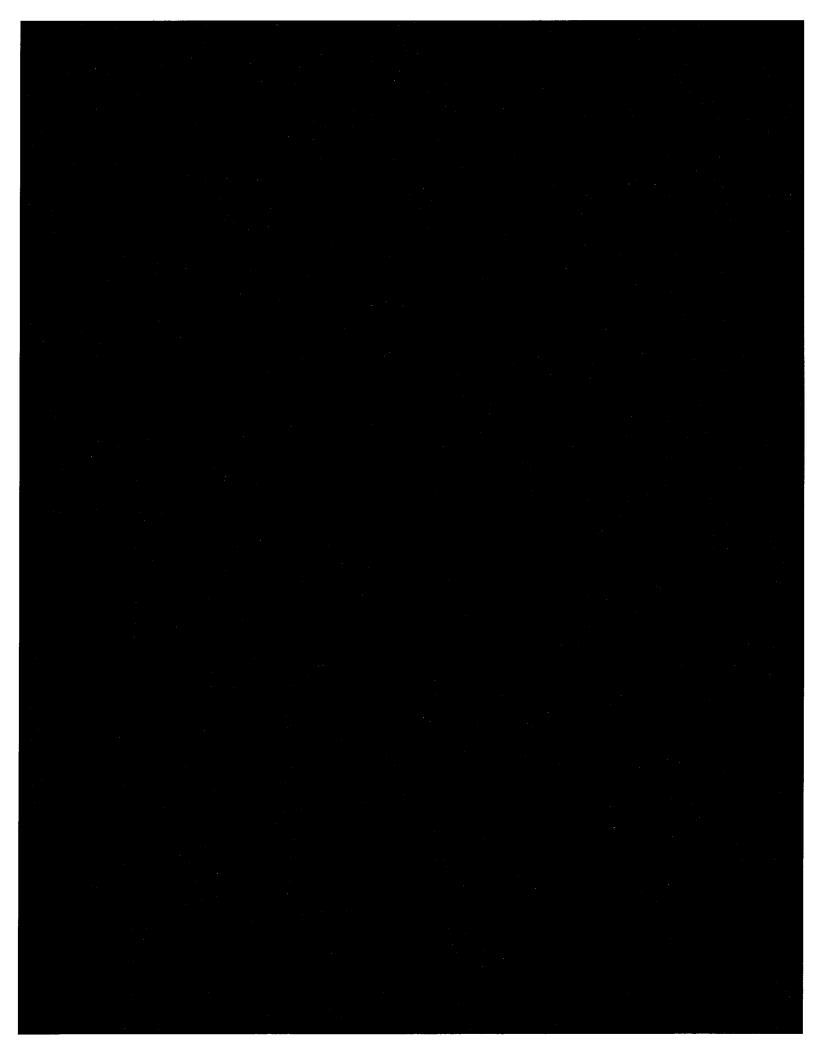
**Bulk to Inventory Packaging Form** 



**Scale Calibration SOP** 

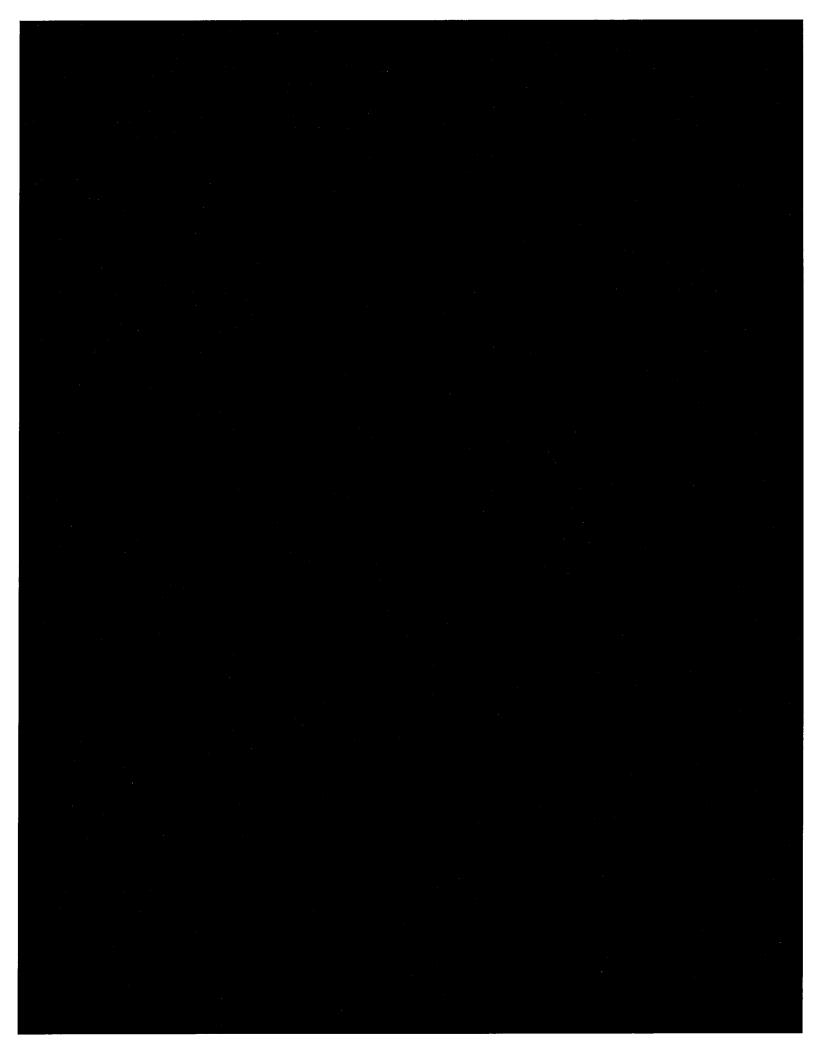


**CoC and Shipping Waybill** 





**Receiving Inventory Transfer** 

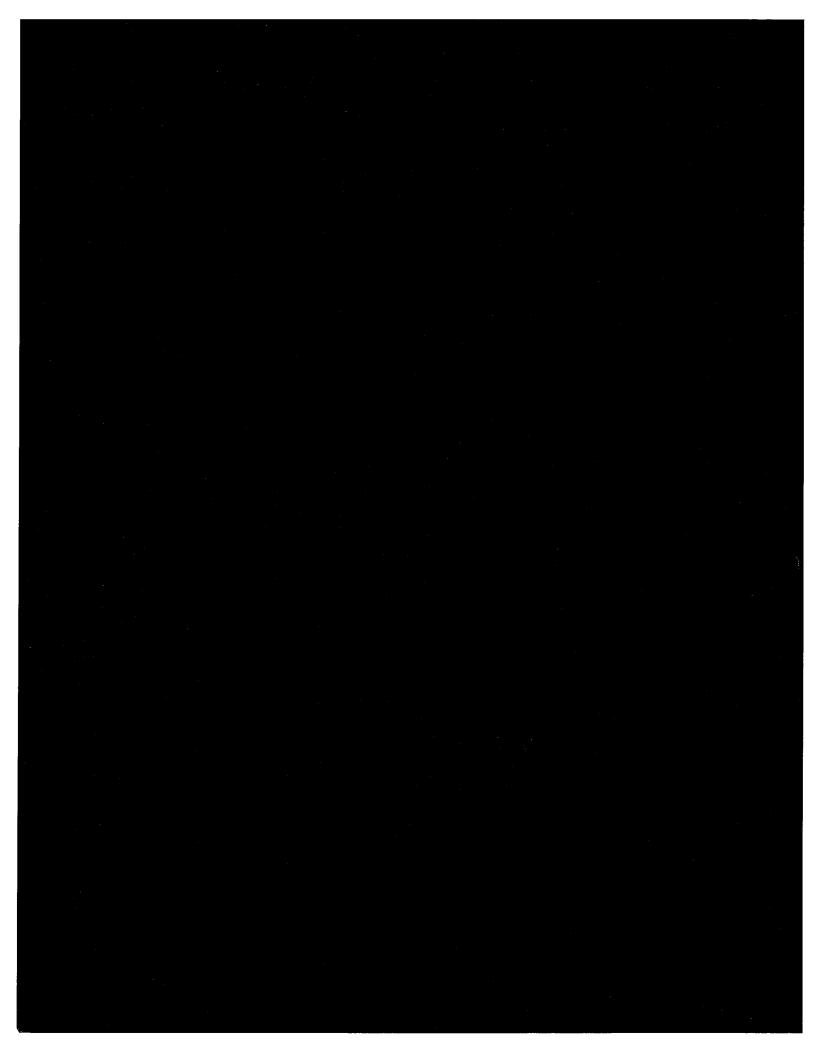


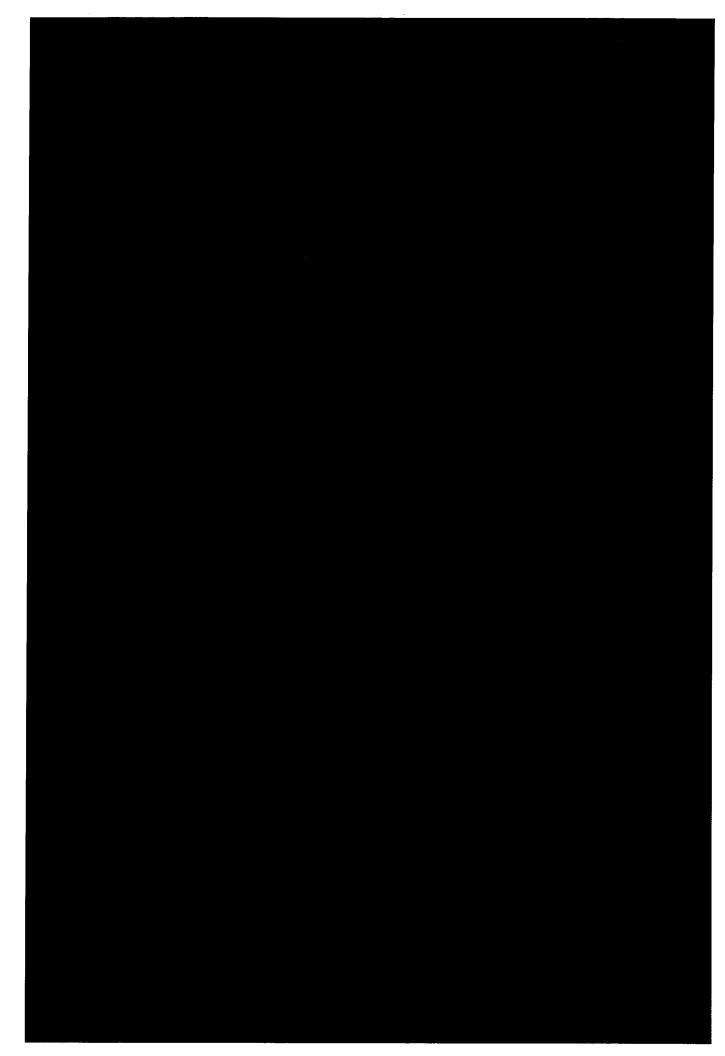
### Cure Oahu Response to Merit Criteria #11

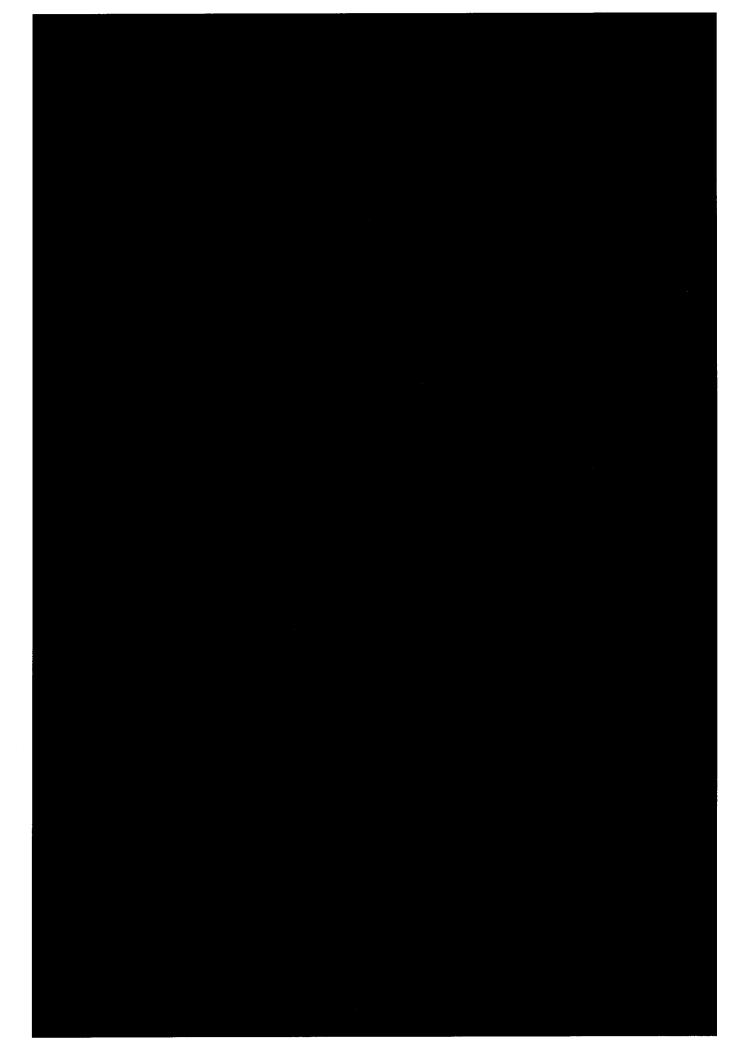
based on his experience tracking, destroying and disposing of medical marijuana waste in regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	Cure Oahu's marijuana waste destruction and disposal plan, outlined herein, will be overseen by
standard protocols for rendering illegal marijuana unrecognizable, unusable, and unrecoverable via mixture with liquid waste and burial.  The following written policies and procedures for rendering medical marijuana waste unrecoverable have been established pursuant to §11-850-43(c), HAR and will be implemented and managed by based on his experience tracking, destroying and disposing of medical marijuana waste in regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	Chief Compliance Officer .
standard protocols for rendering illegal marijuana unrecognizable, unusable, and unrecoverable via mixture with liquid waste and burial.  The following written policies and procedures for rendering medical marijuana waste unrecoverable have been established pursuant to §11-850-43(c), HAR and will be implemented and managed by based on his experience tracking, destroying and disposing of medical marijuana waste in regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	safely and
The following written policies and procedures for rendering medical marijuana waste unrecoverable have been established pursuant to §11-850-43(c), HAR and will be implemented and managed by based on his experience tracking, destroying and disposing of medical marijuana waste in regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	securely destroyed and disposed of an average of
The following written policies and procedures for rendering medical marijuana waste unrecoverable have been established pursuant to §11-850-43(c), HAR and will be implemented and managed by based on his experience tracking, destroying and disposing of medical marijuana waste in regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	
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based on his experience tracking, destroying and disposing of medical marijuana waste in regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	The following written policies and procedures for rendering medical marijuana waste unrecoverable
regulated medical marijuana markets.  Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	have been established pursuant to §11-850-43(c), HAR and will be implemented and managed by
Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	based on his experience tracking, destroying and disposing of medical marijuana waste in
contract with a third-party reverse distribution center that has a State of Hawaii controlled substances	regulated medical marijuana markets.
	Cure Oahu's preferred method for destruction and disposal of medical marijuana waste is to
registration. At the time of submission of this application, no such third-party has received a registration.	contract with a third-party reverse distribution center that has a State of Hawaii controlled substances
	registration. At the time of submission of this application, no such third-party has received a registration.

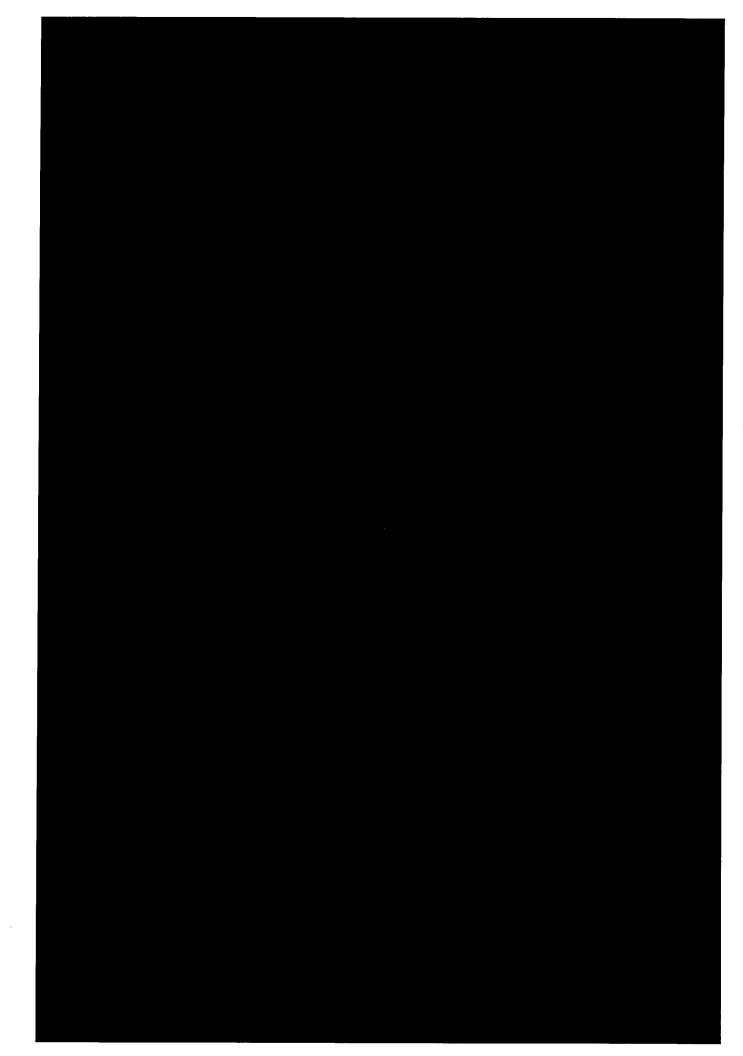
### Cure Oahu Response to Merit Criteria #11

When a re	gistered third-party reverse distribu	ition center becomes	available,	will vet it for
compliance	with NED requirements and reco	mmendations before	Cure Oahu executes	any agreement.
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All	marijuana waste will be tracked in	the	electronic inv	entory control as
"Debris Pro	duct."			
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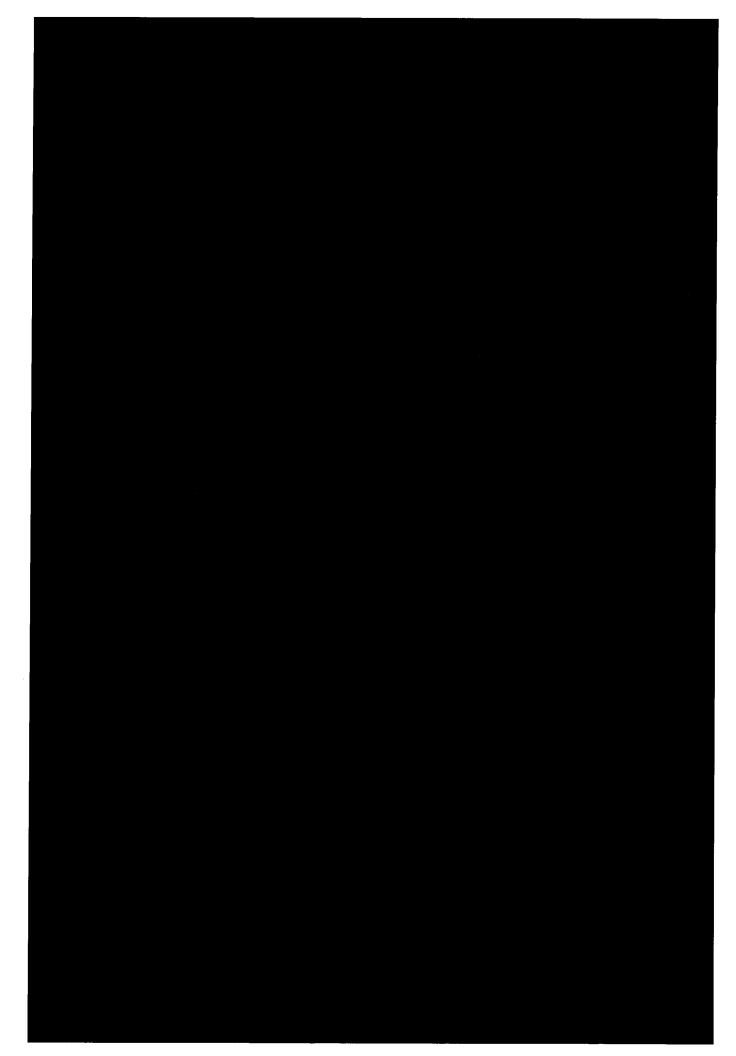






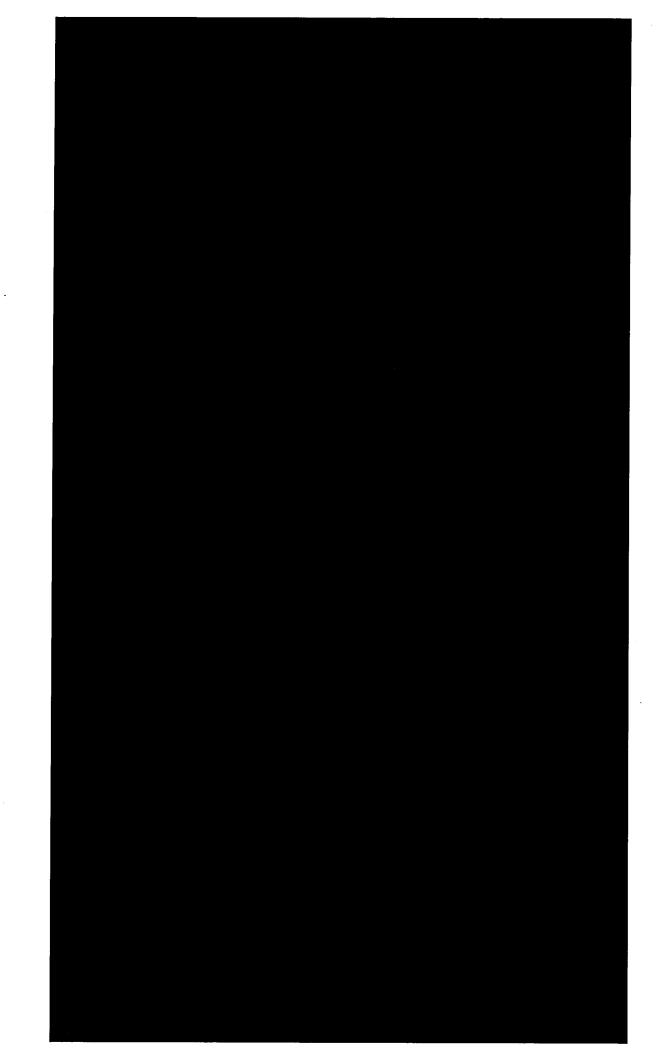






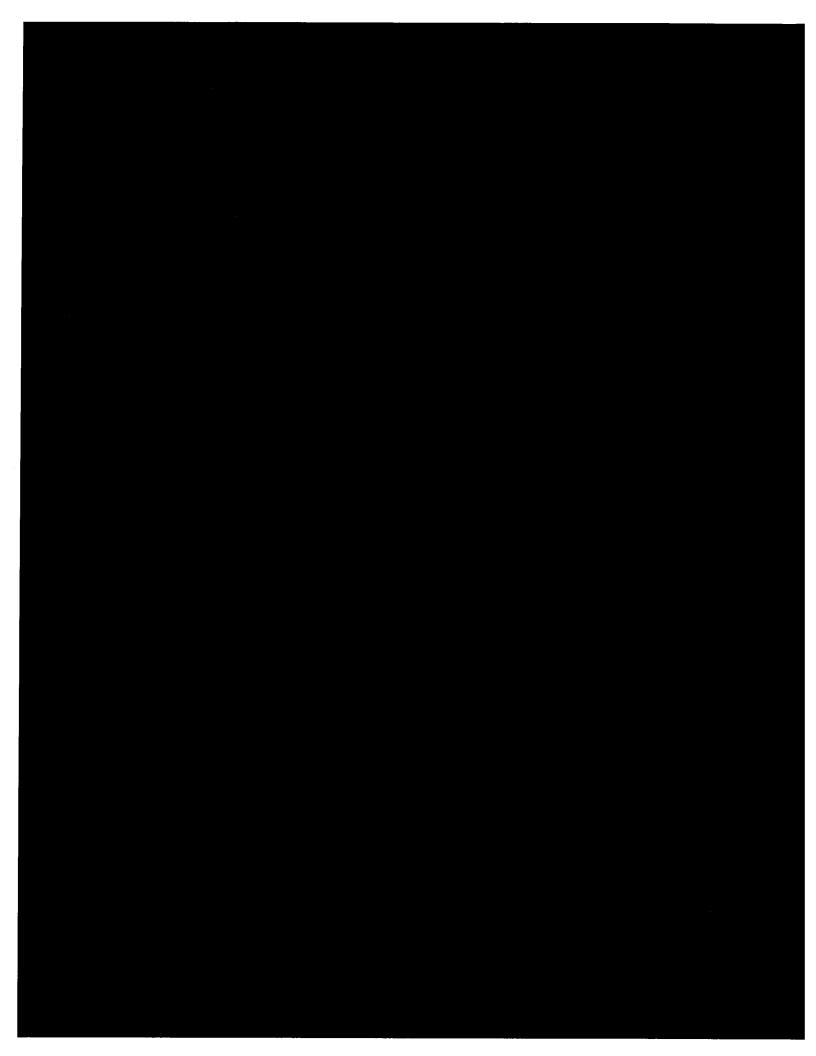


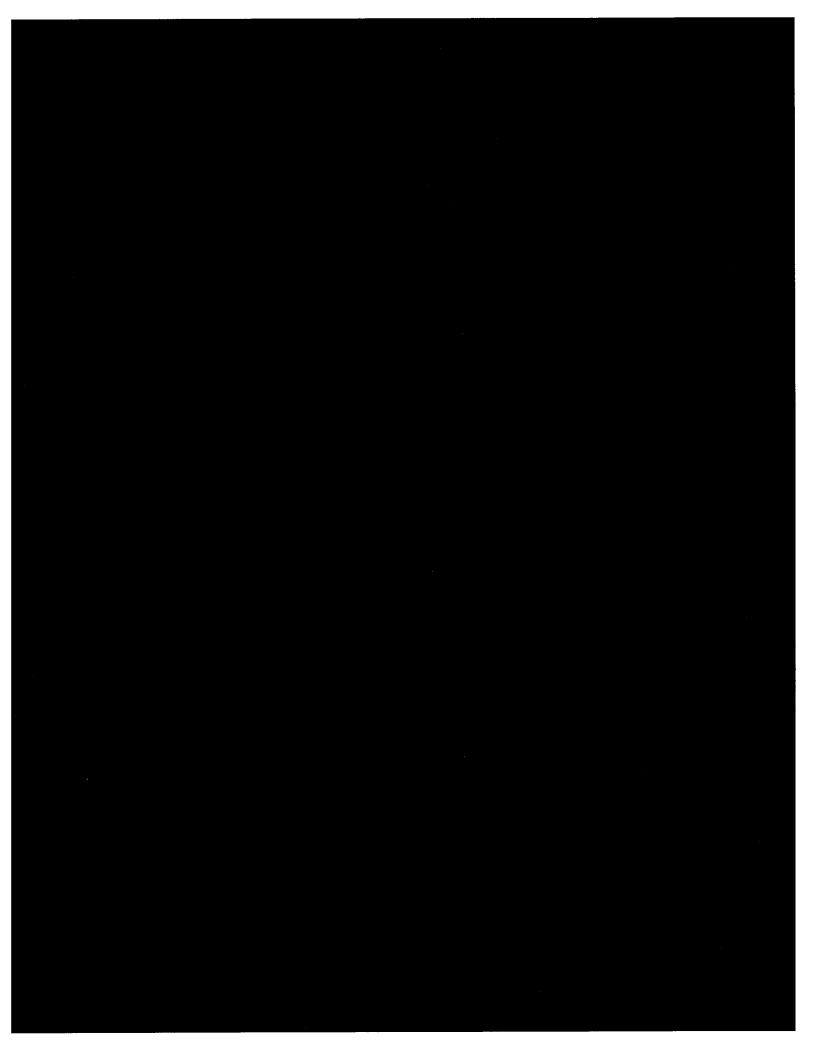
**Timeline for Opening Retail Dispensing Locations** 

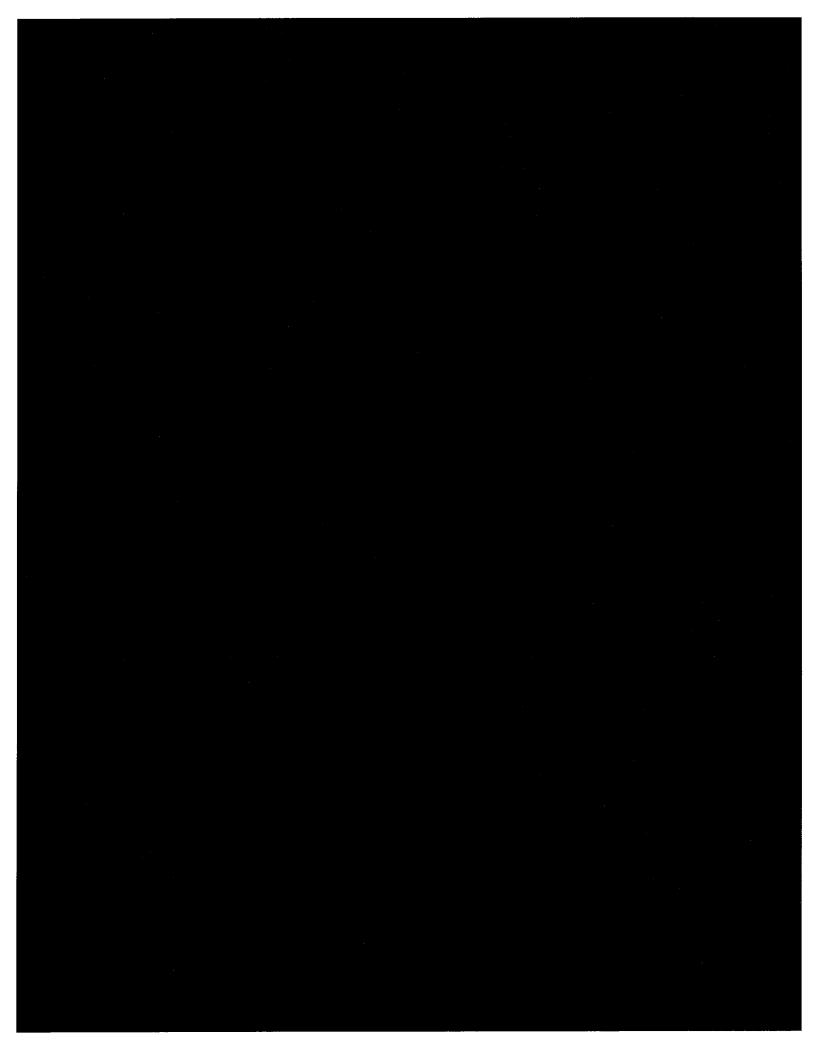




**All Proposed Facilities** 









**Product Consistency Test Results** 

Cure Oahu Response to Merit Criteria #12
Methods relating to chain of custody; sample preparation, storage and analysis; QA; corrective
action; and mandatory analysis report one-over-one review are provided in the
individual version controlled electronic documents and as automatic workflows.
Product safety requires providing patients with accurate product shelf-life information.



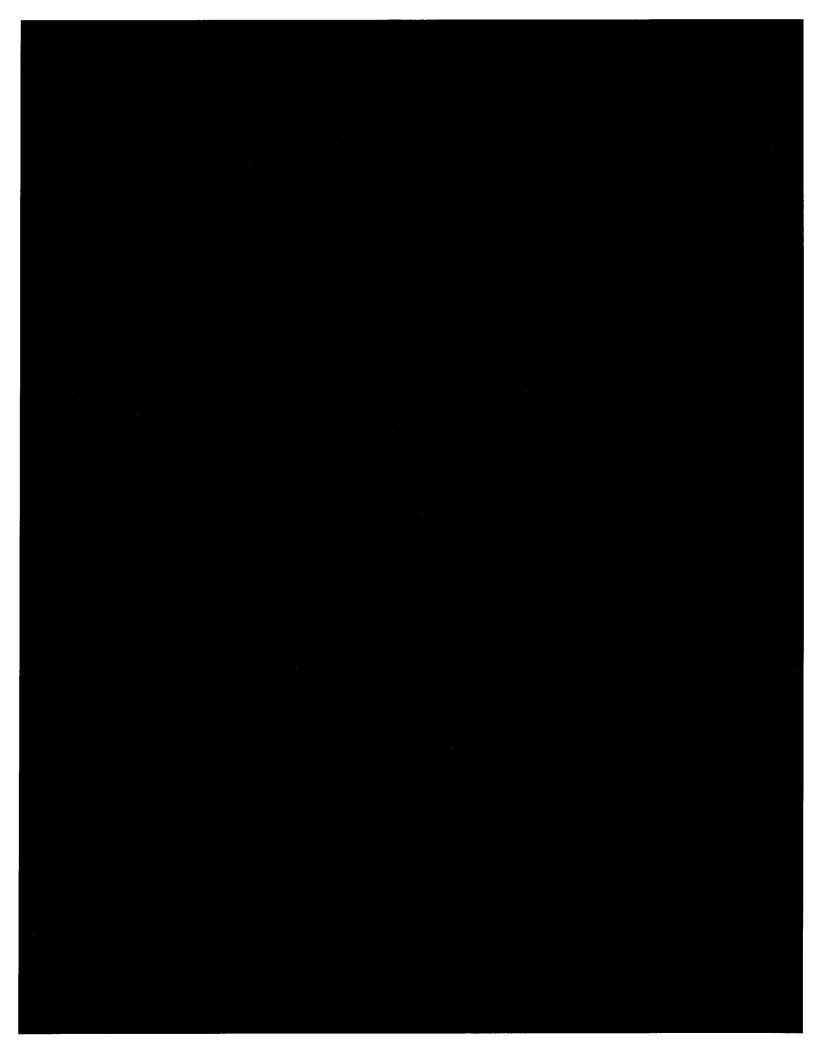
Sample Cure Oahu SOPs



**Built-in SOPs** 



Sample SOPs





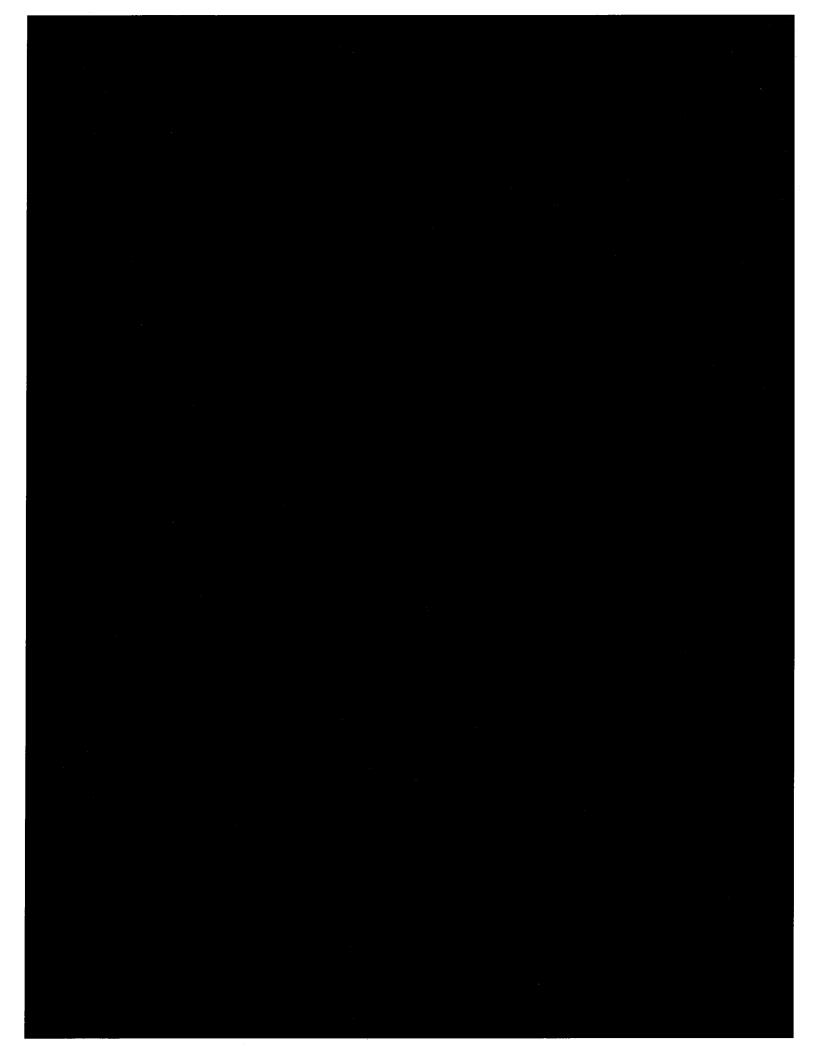
**HACCP** 

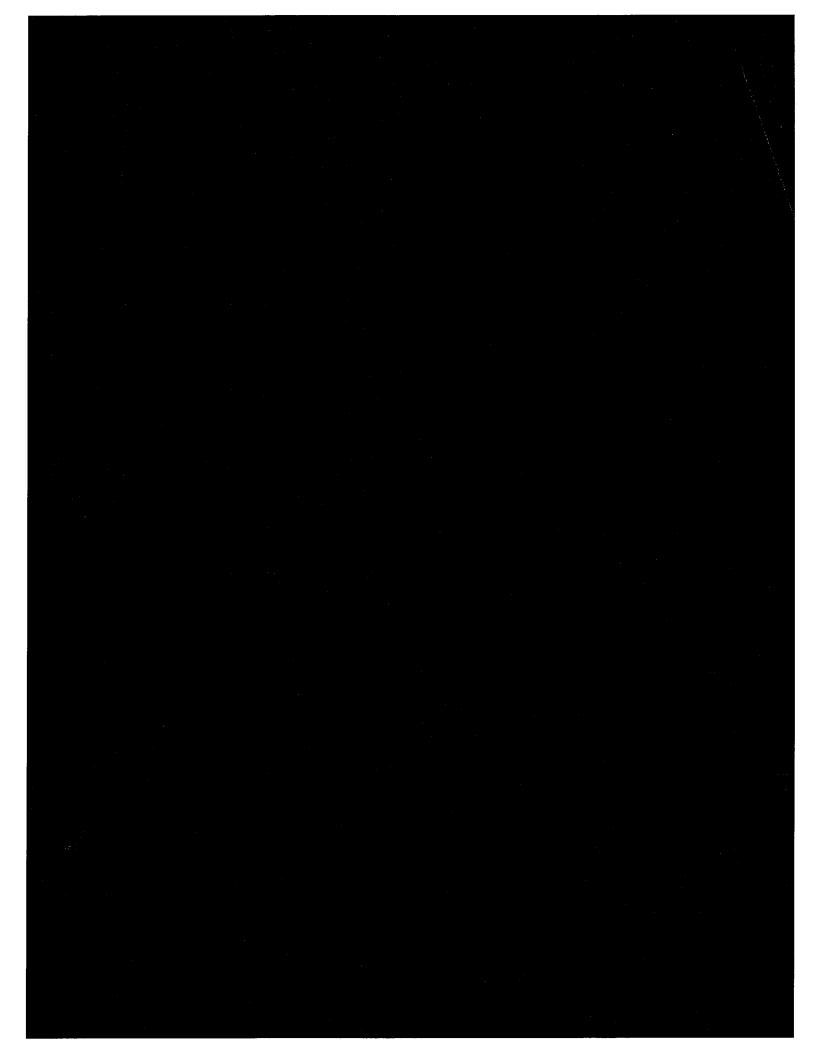


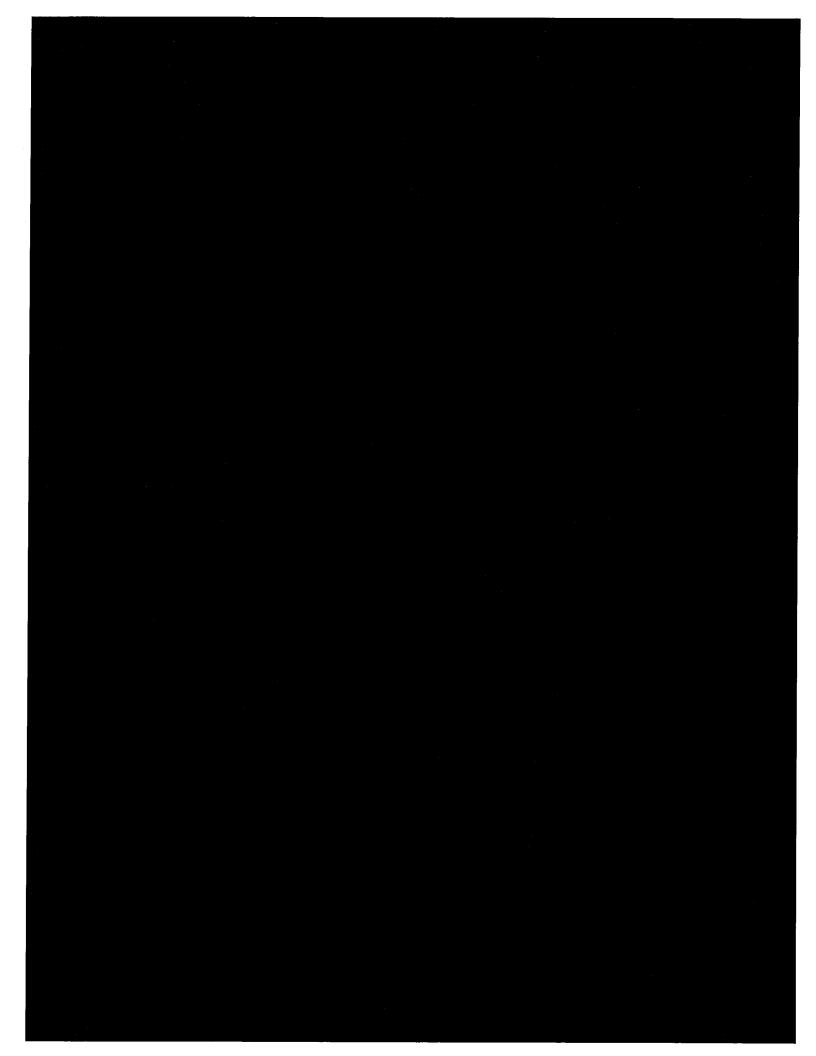
**SSOP** 

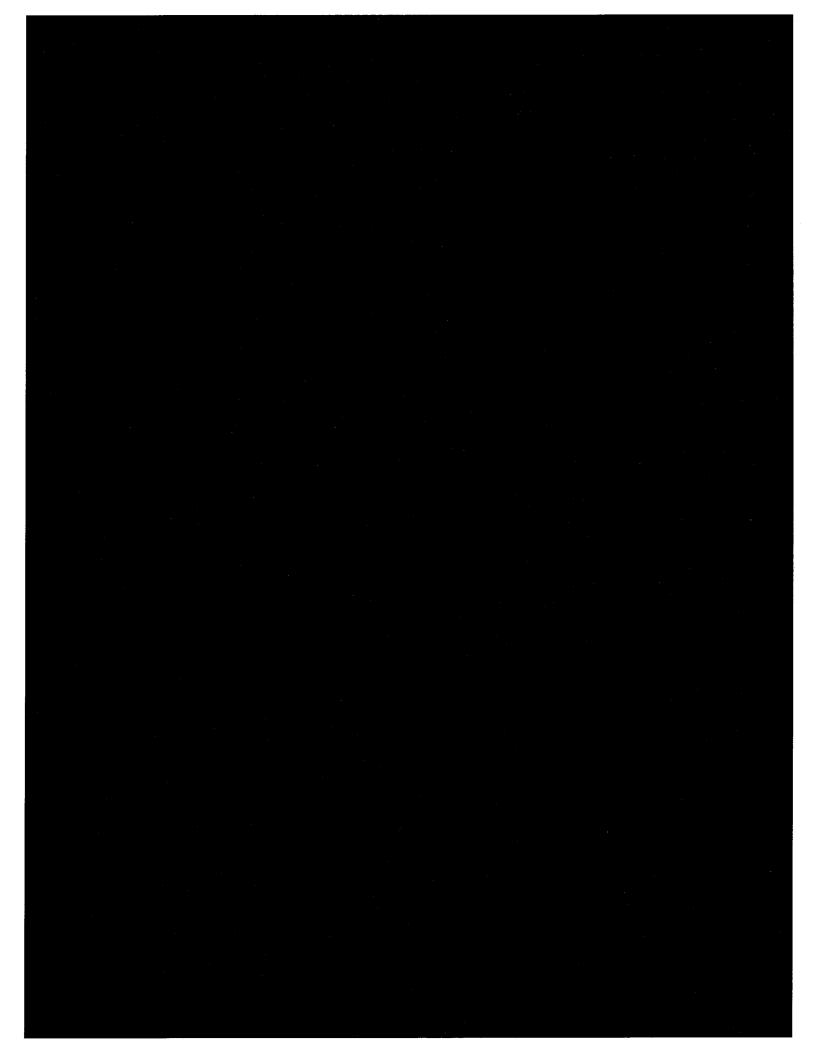


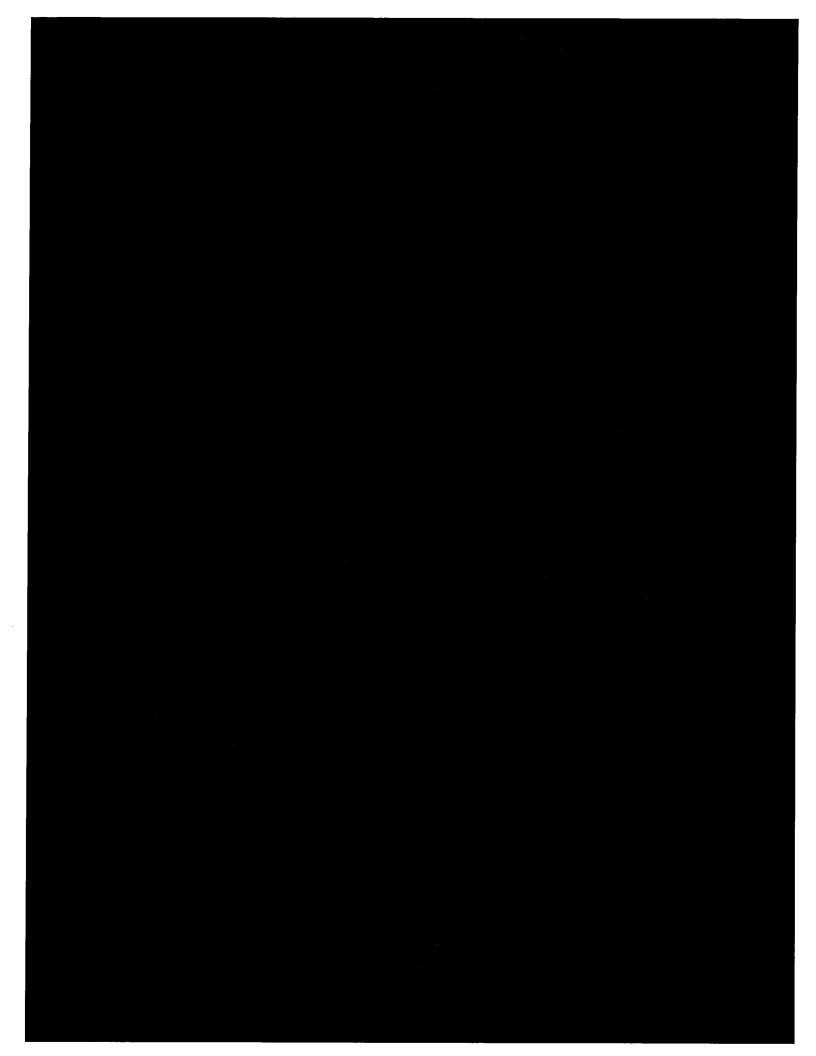
**Workflow Schema** 

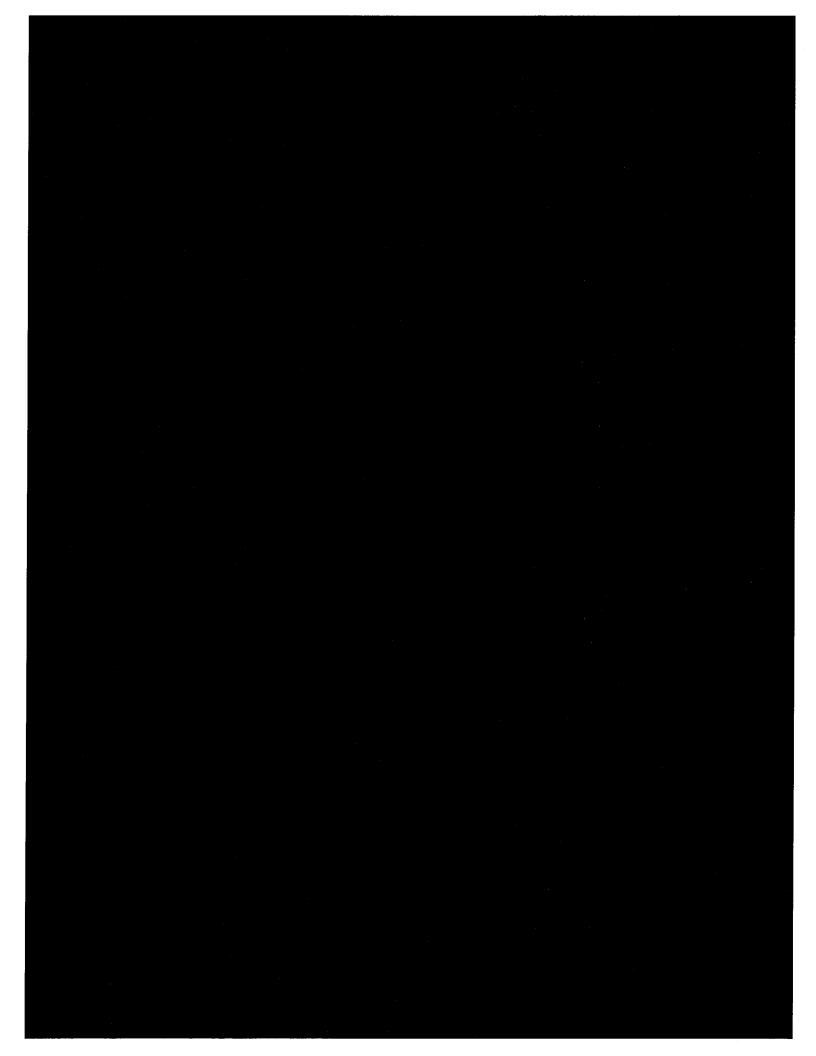


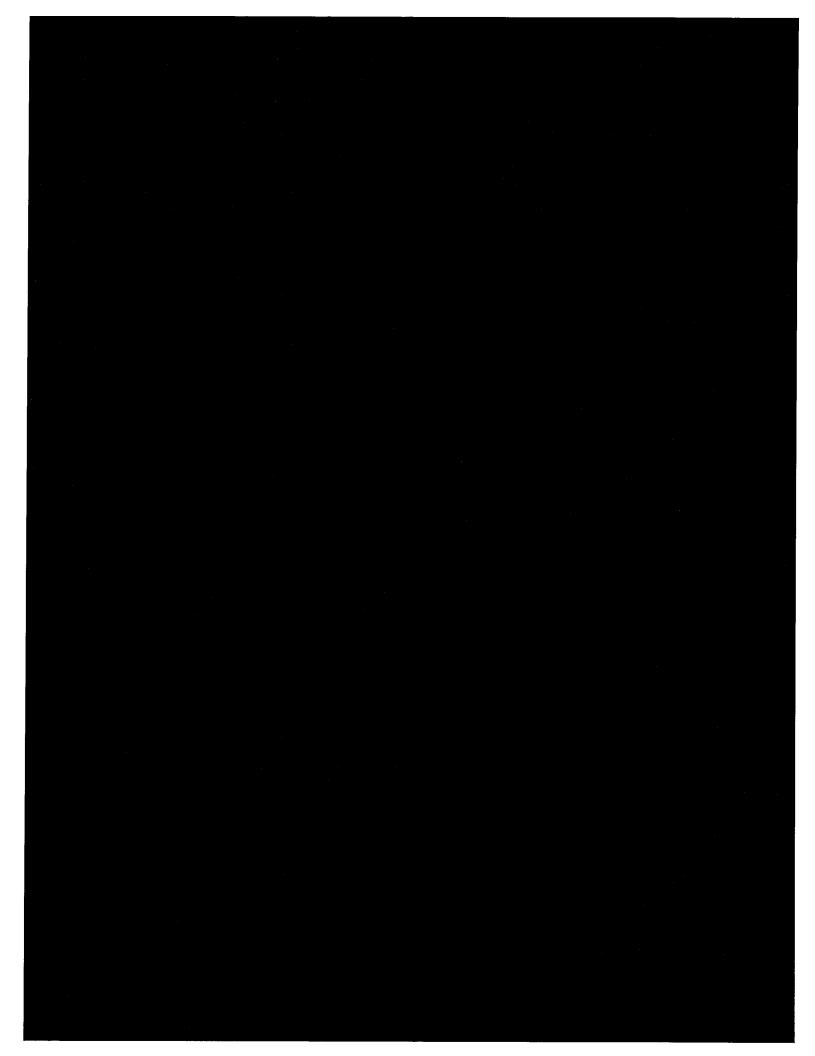


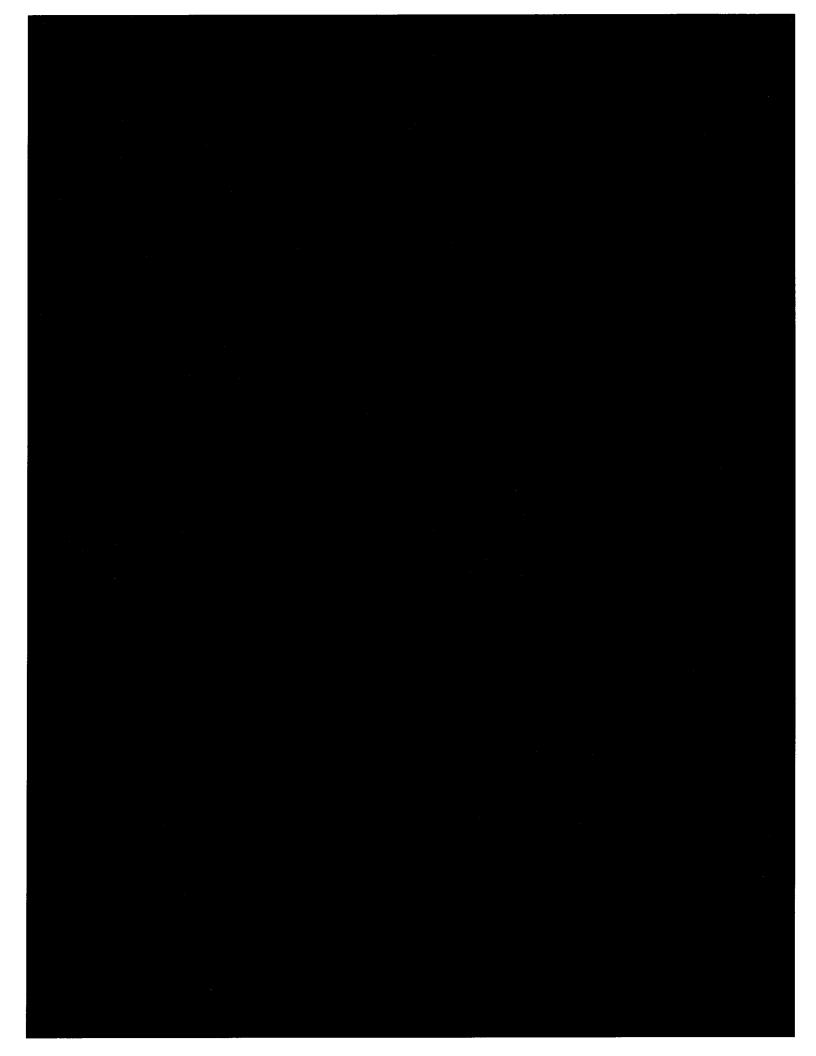


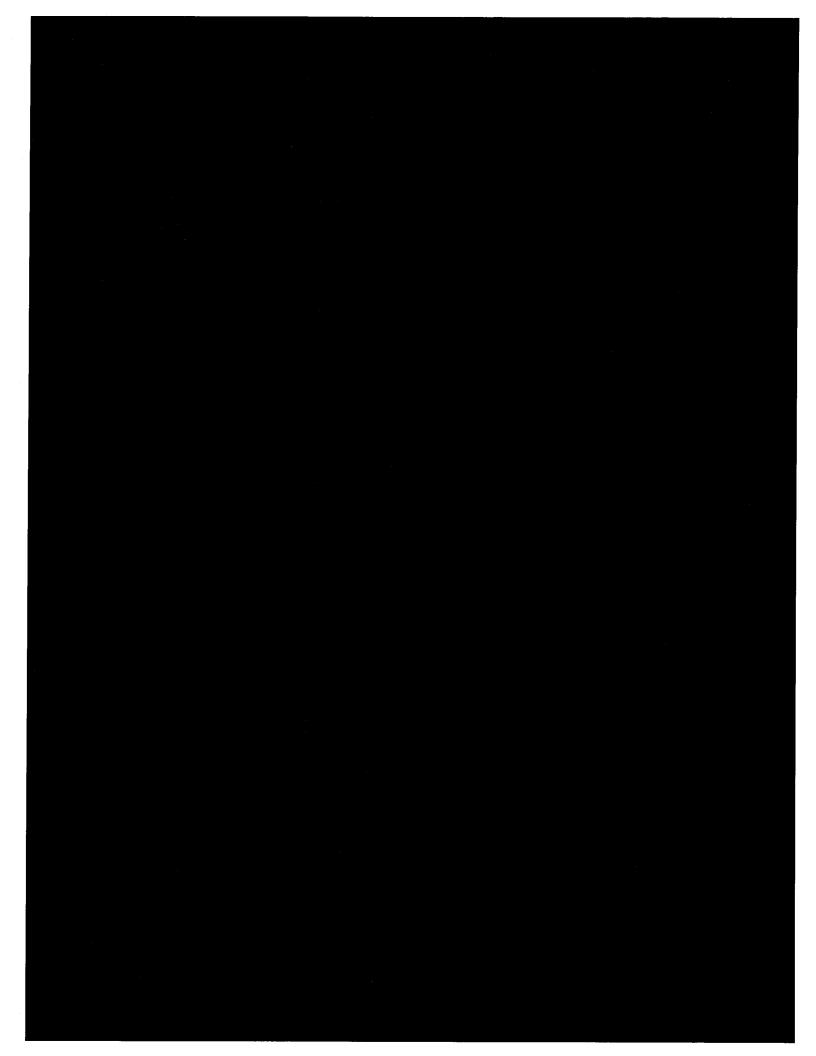


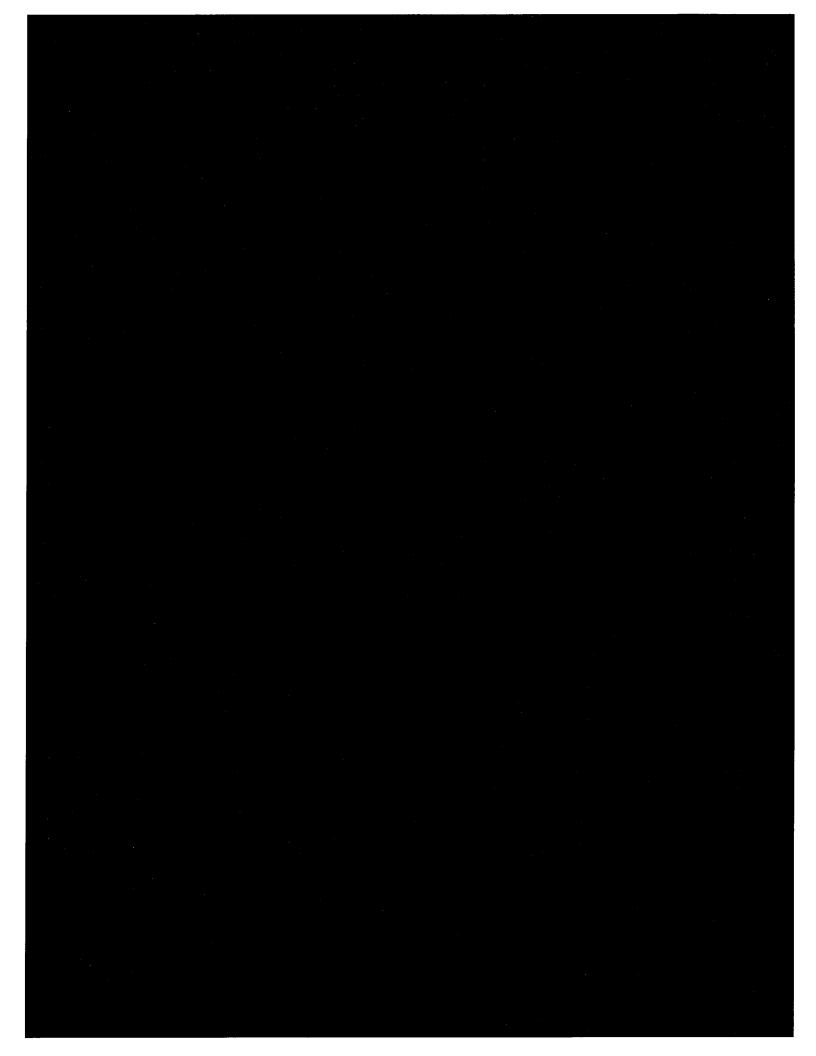


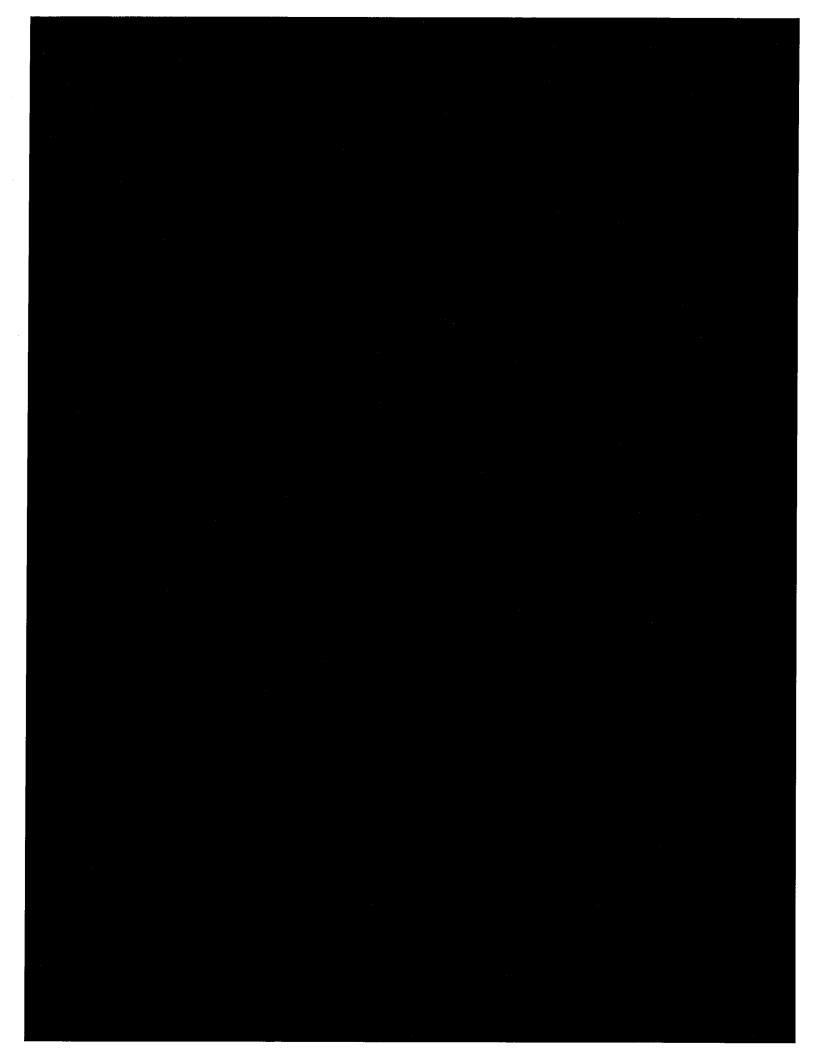


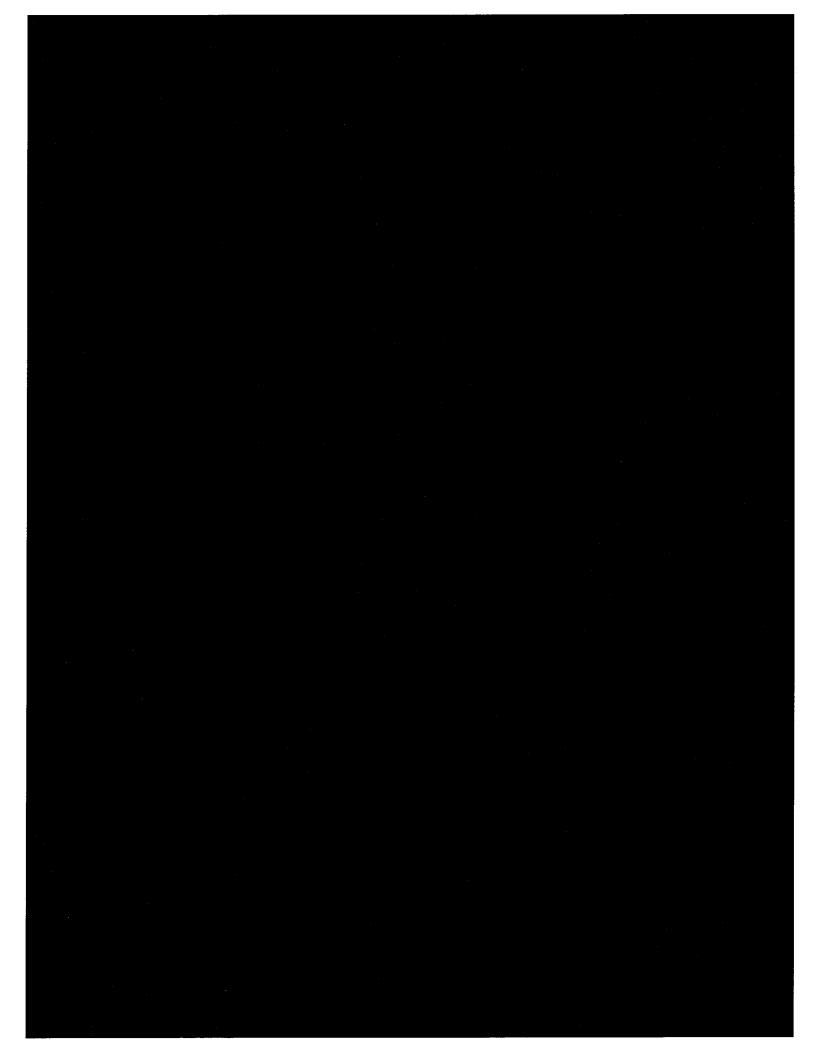


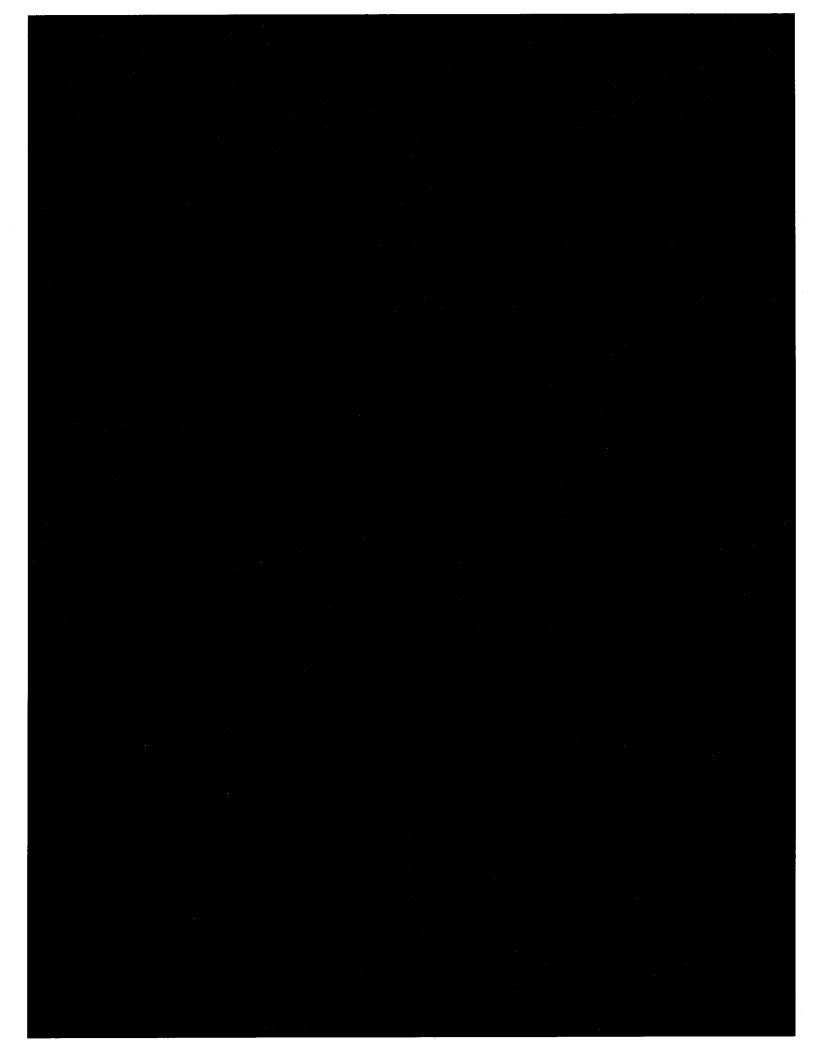


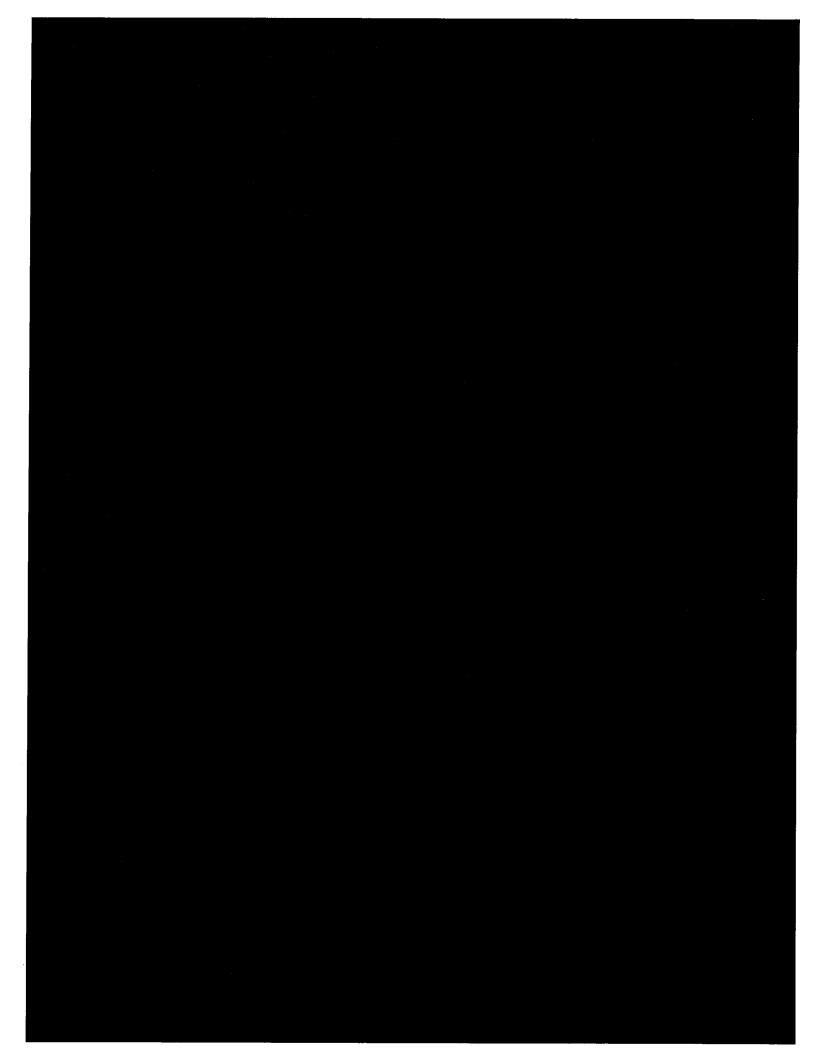


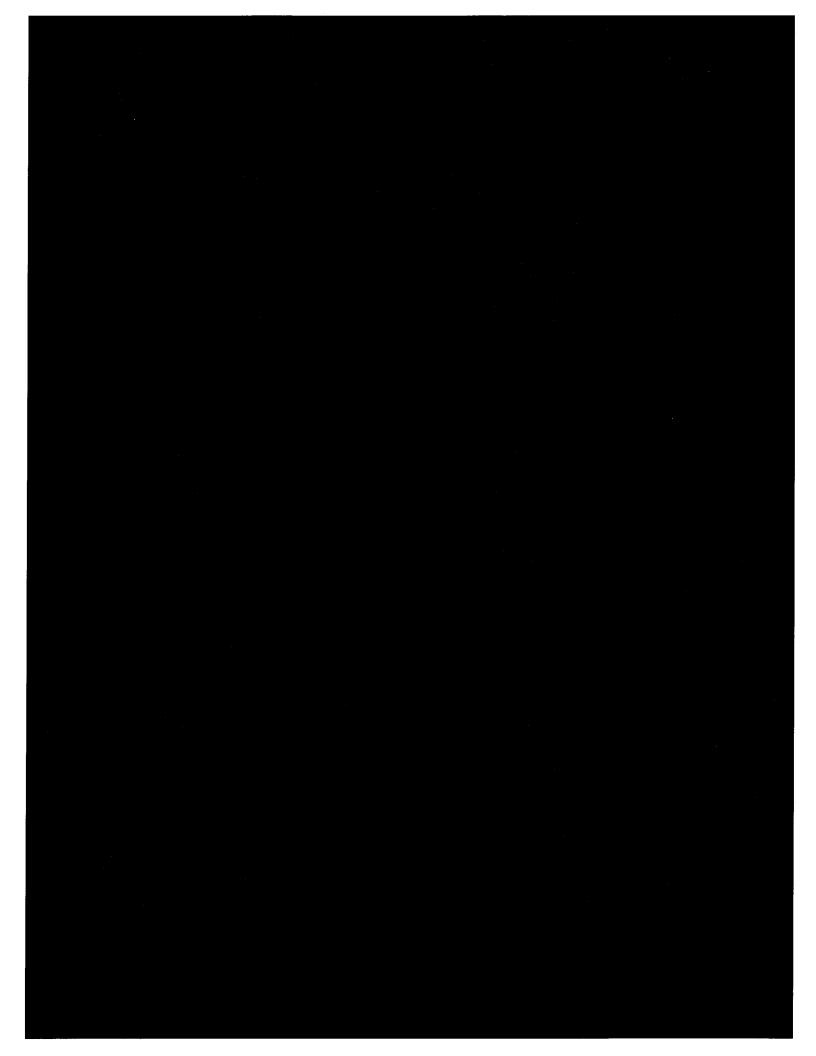












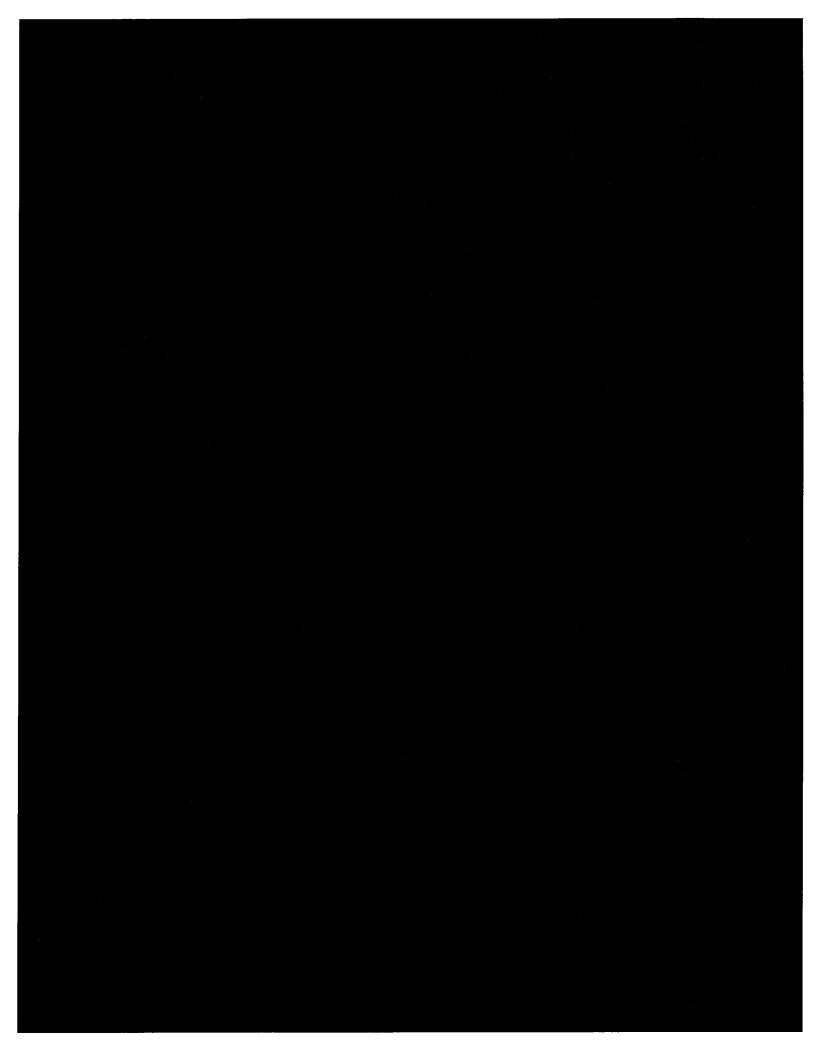


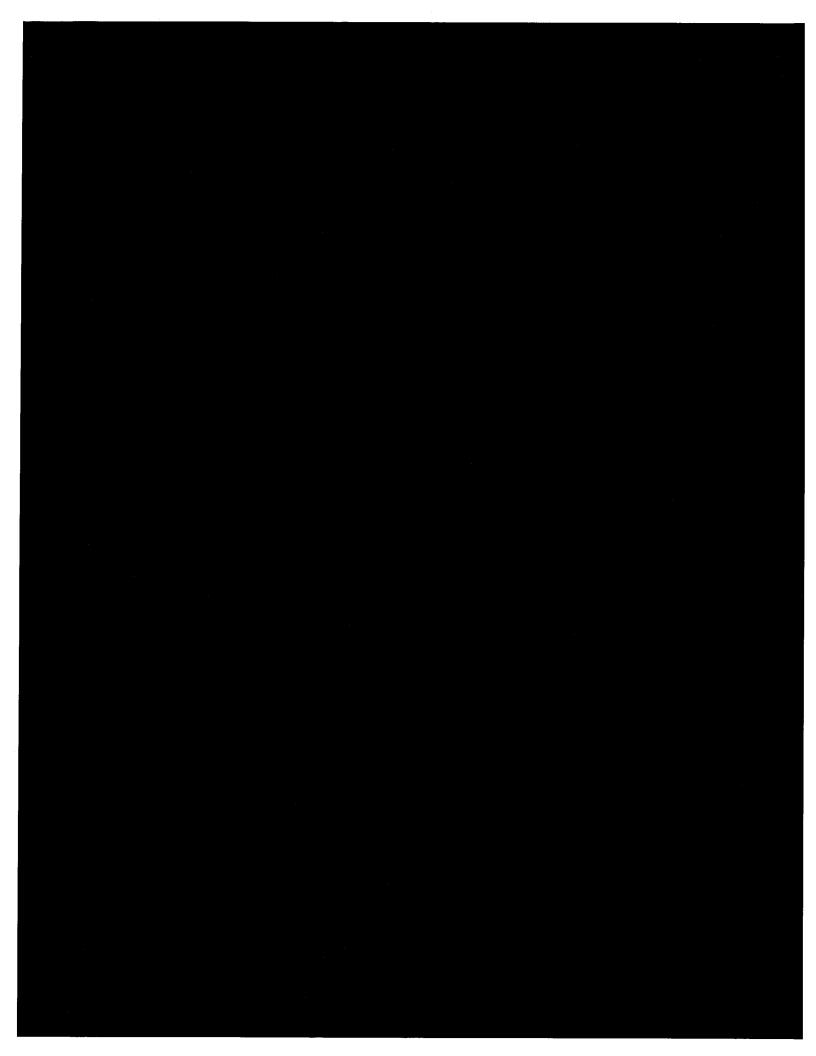
## **ATTACHMENT 12.8**

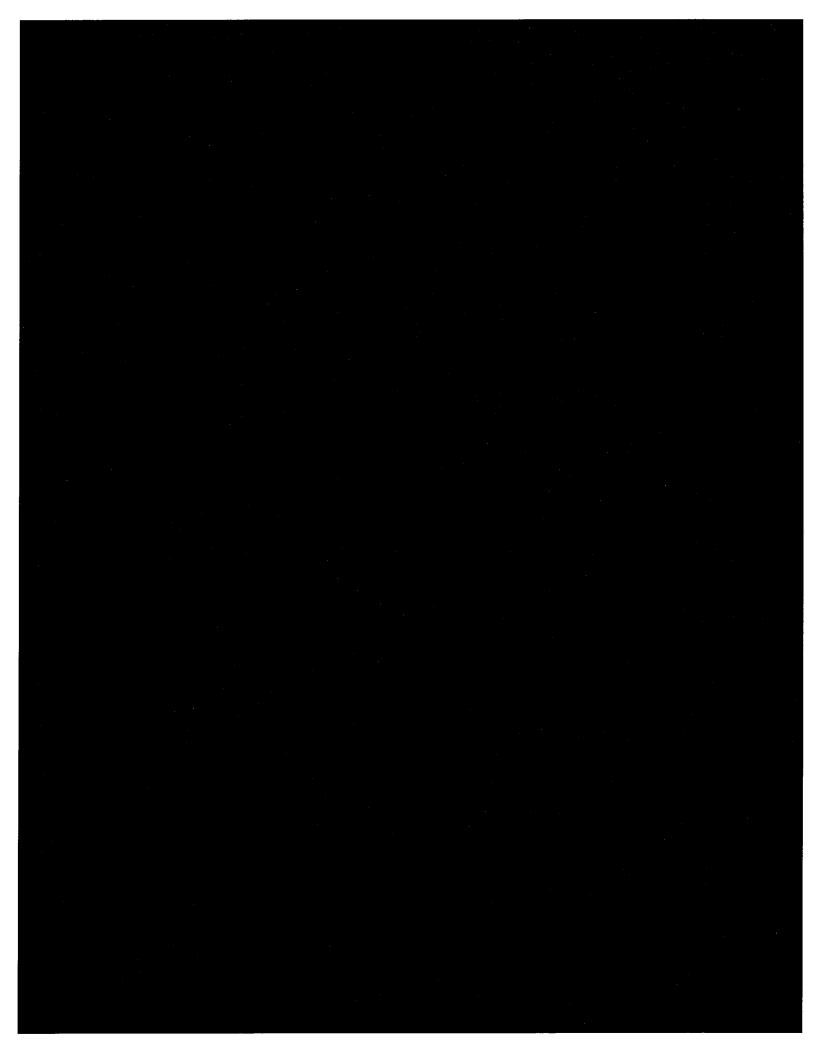
On-site Laboratory Recordkeeping and Chain of Custody SOPs

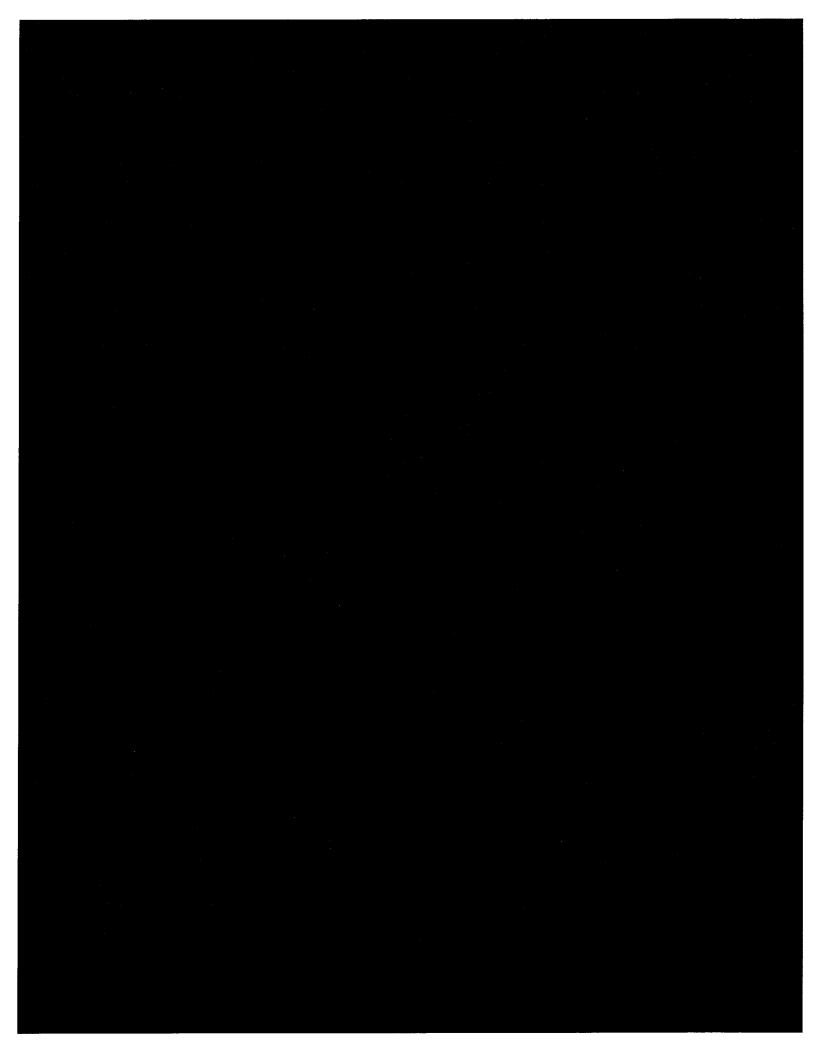
**CONFIDENTIAL:** Pursuant to Section 92F-13(3) HRS, the Uniform Information Practices Act, release of this record would frustrate legitimate government function, and have a chilling effect on private companies' willingness to submit confidential information and intellectual property that may later be used by competitors to the Company's detriment even after the conclusion of government function. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

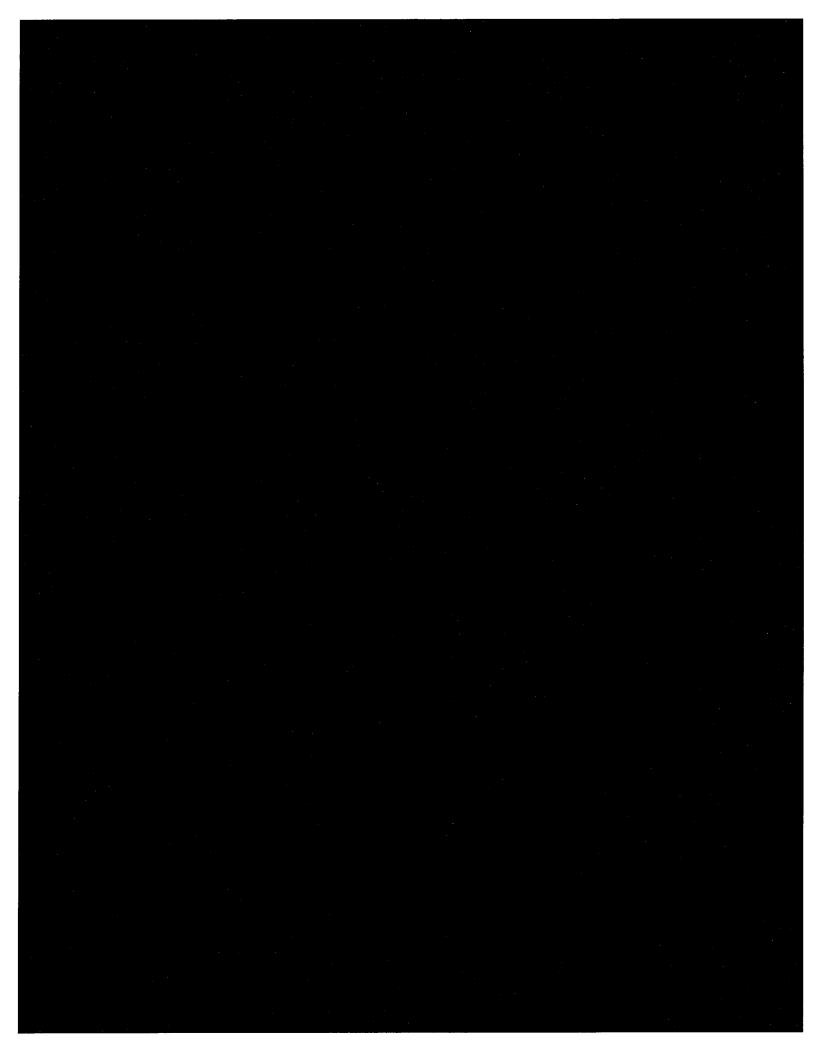
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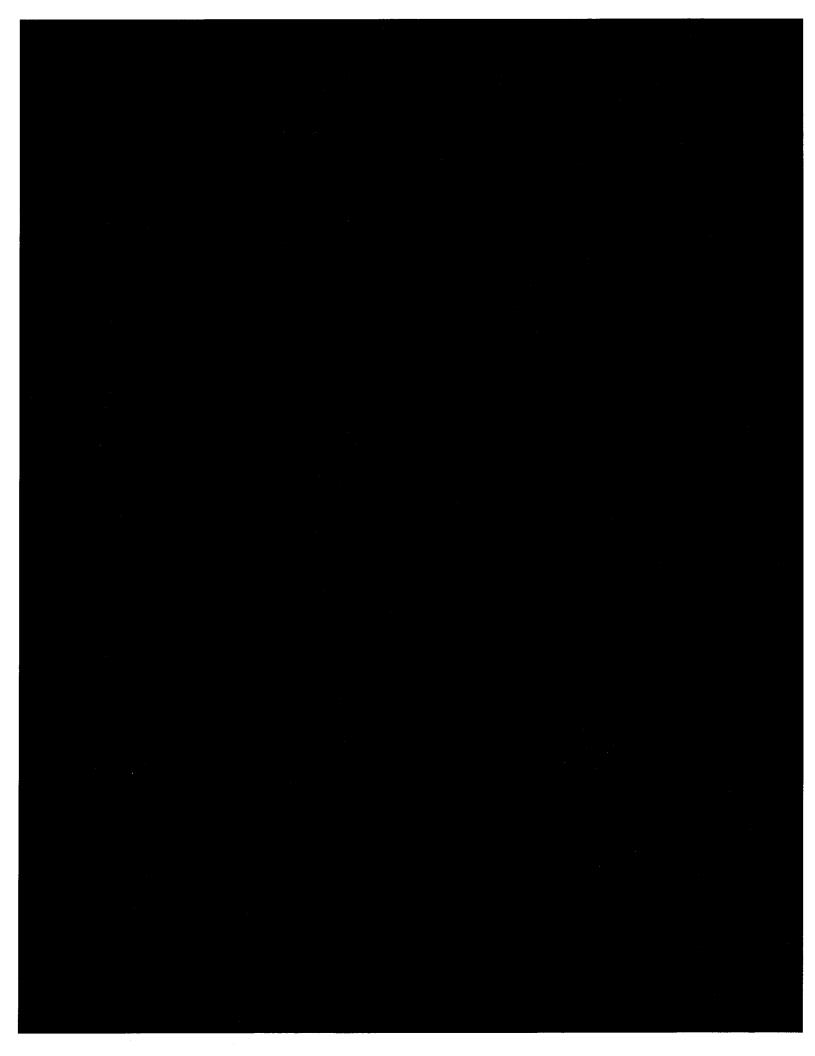


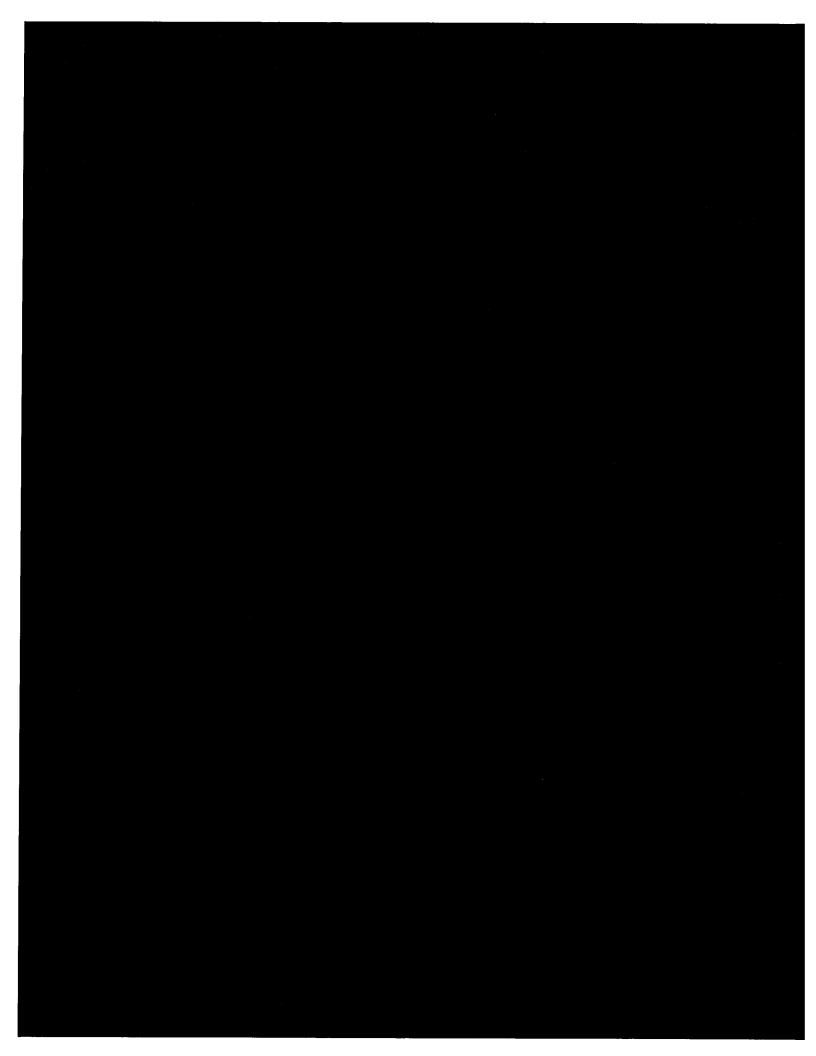


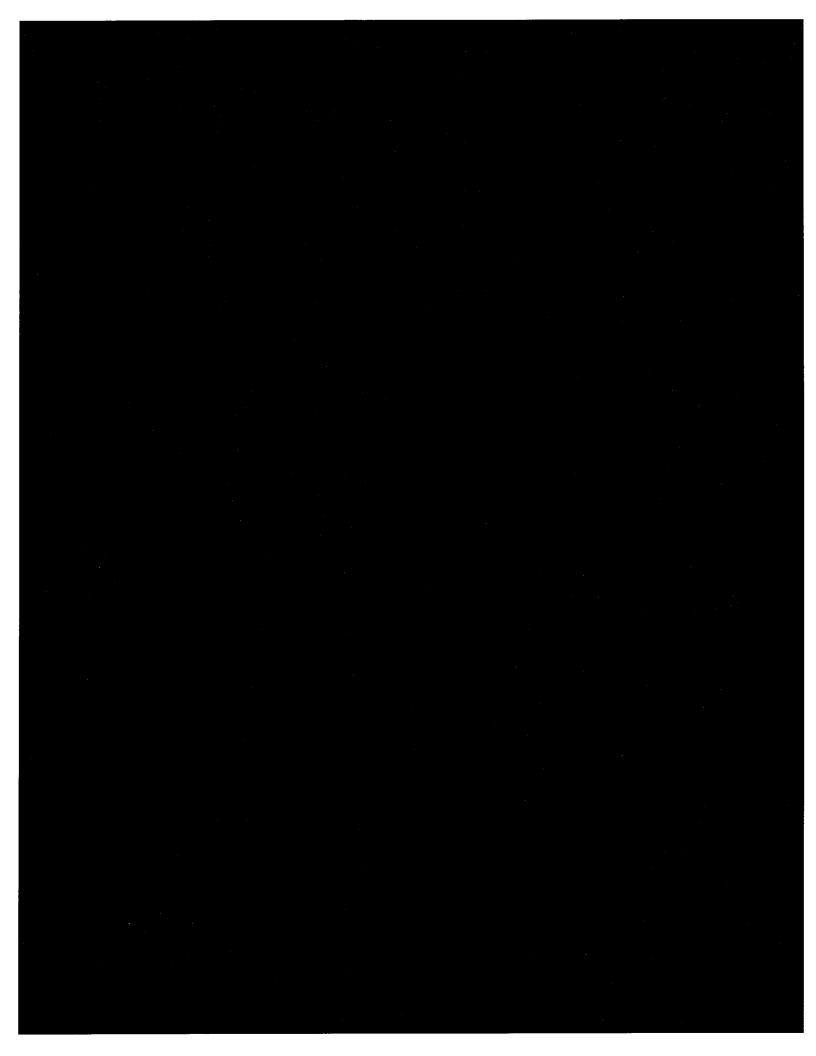


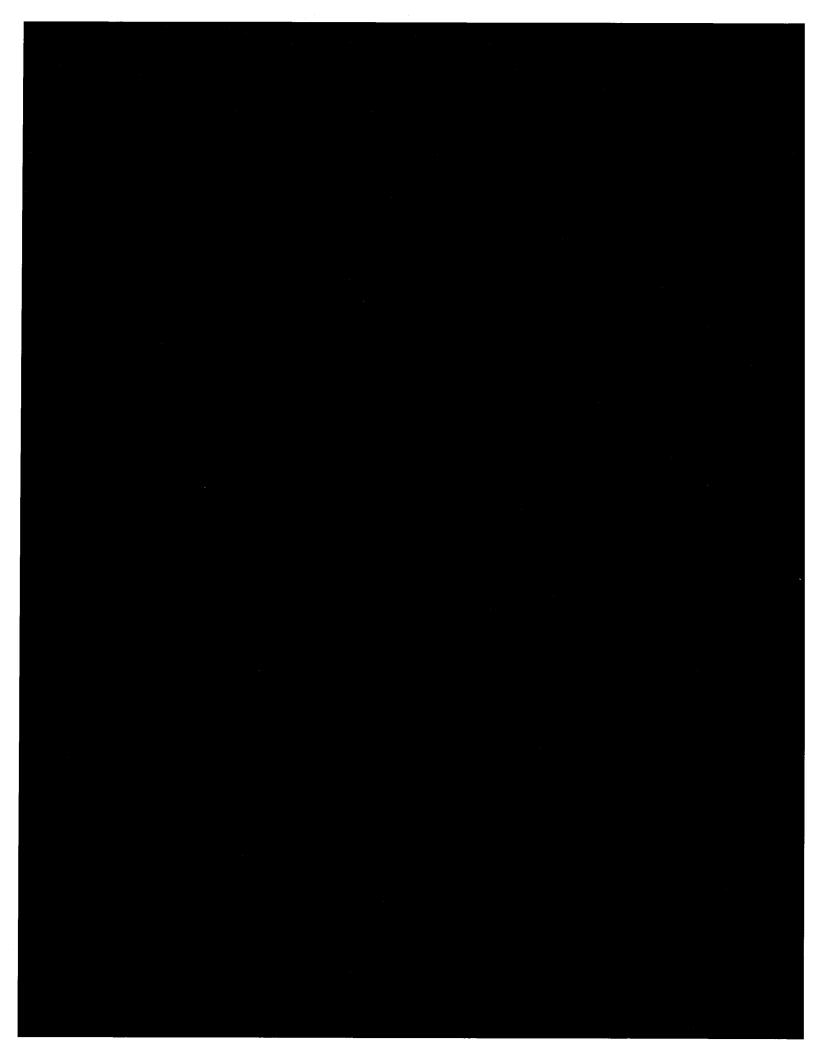


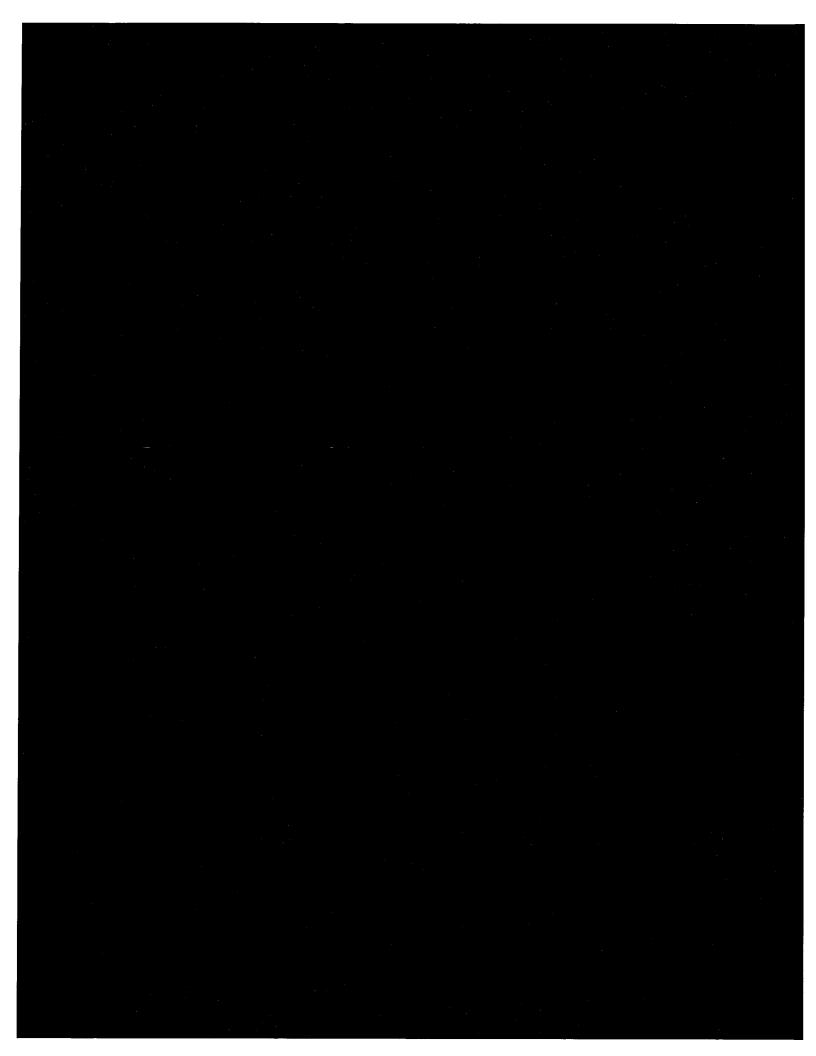


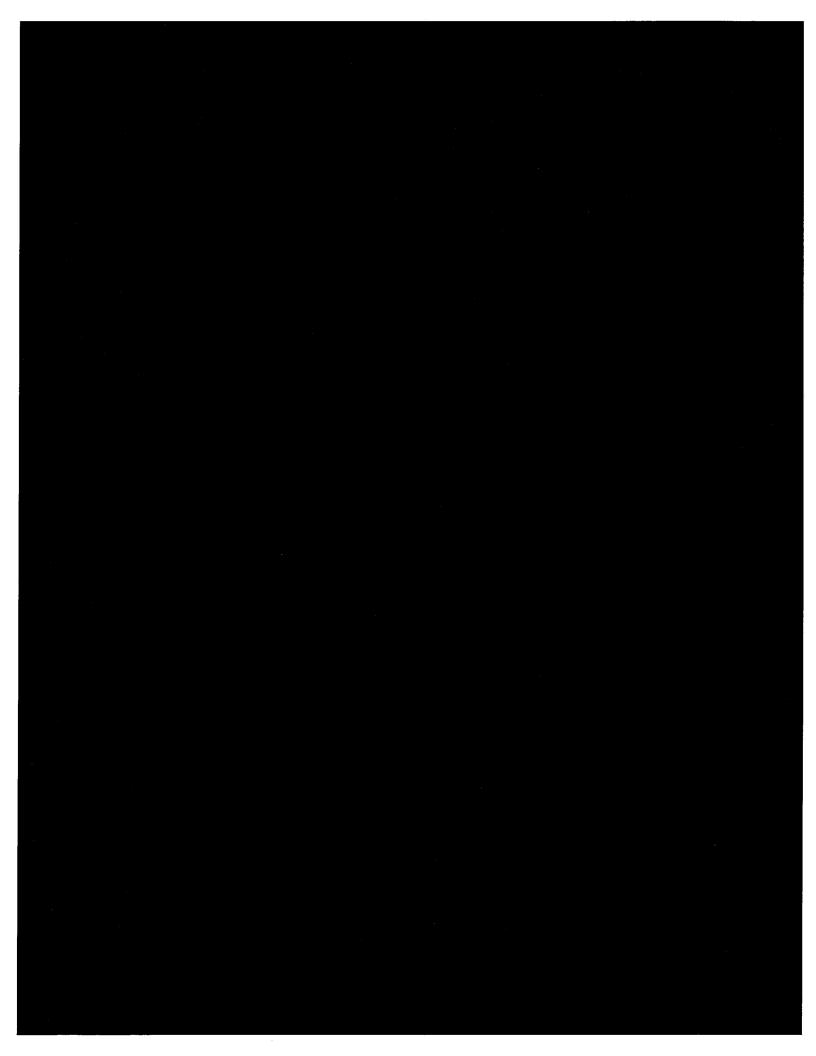


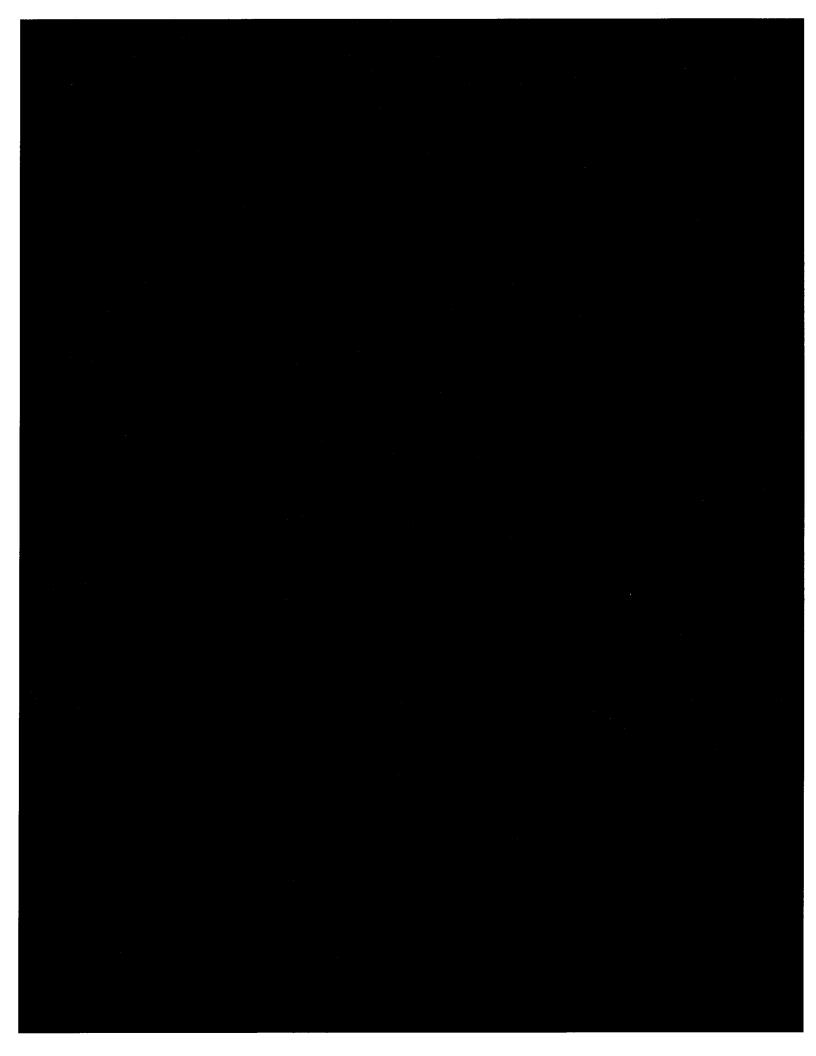


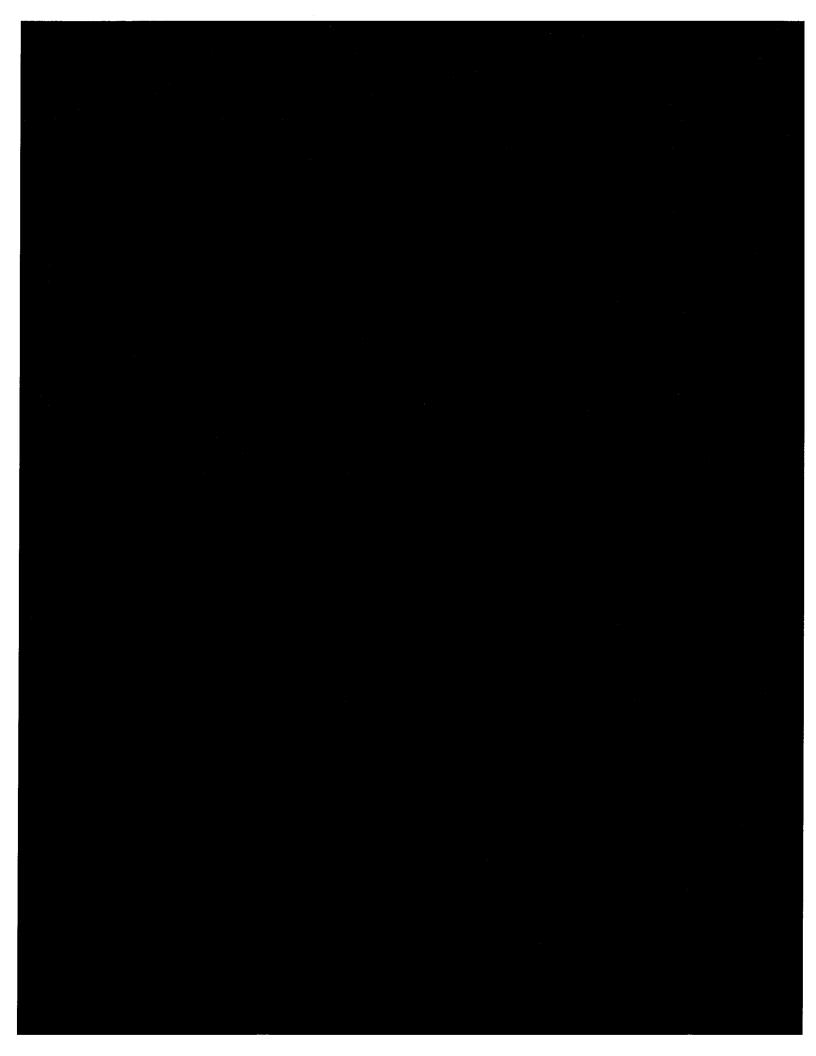


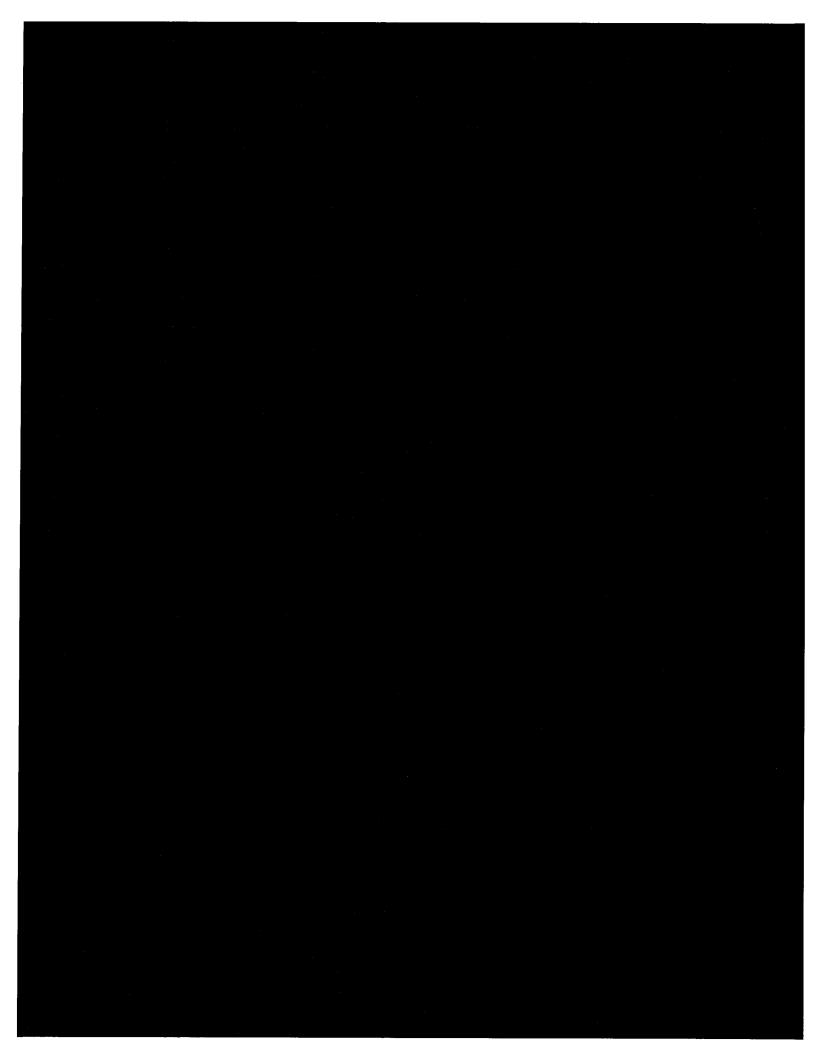


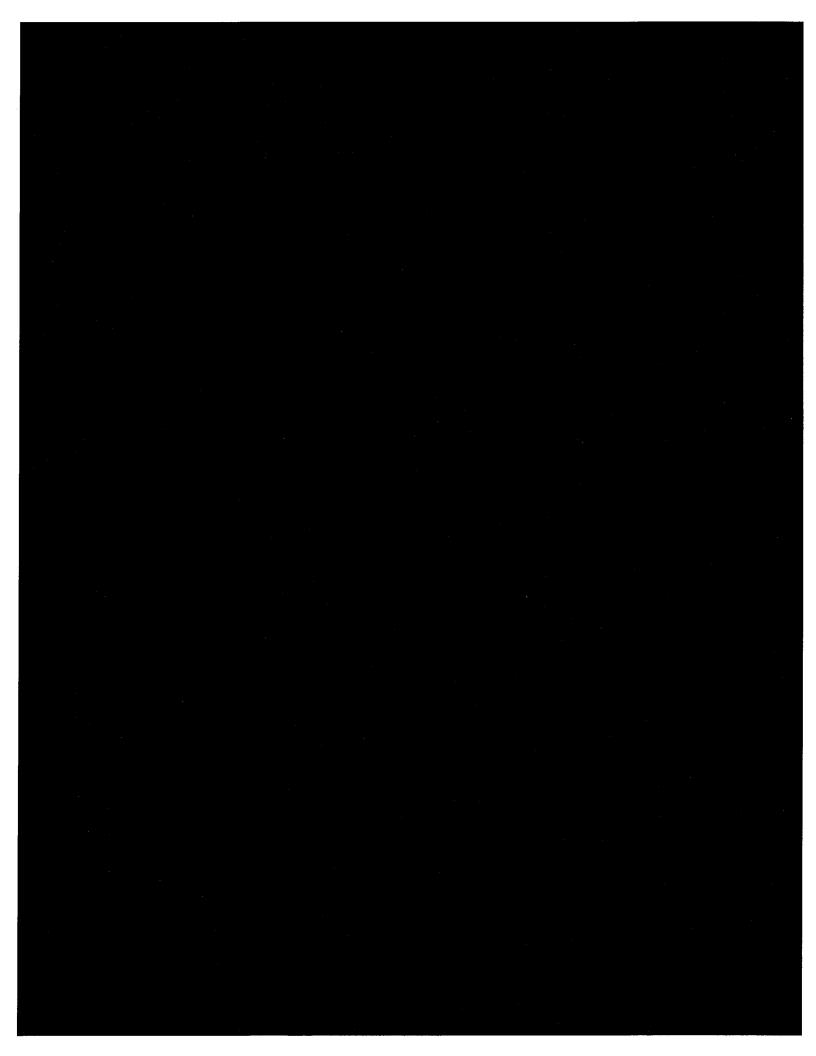




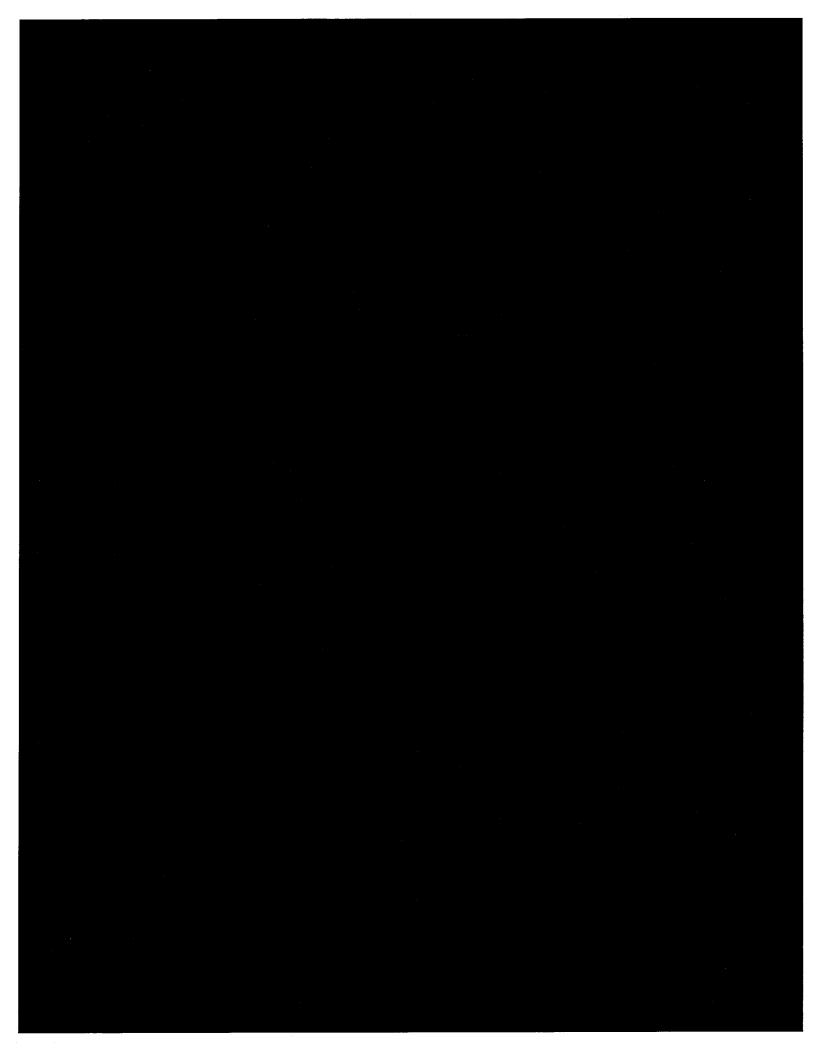


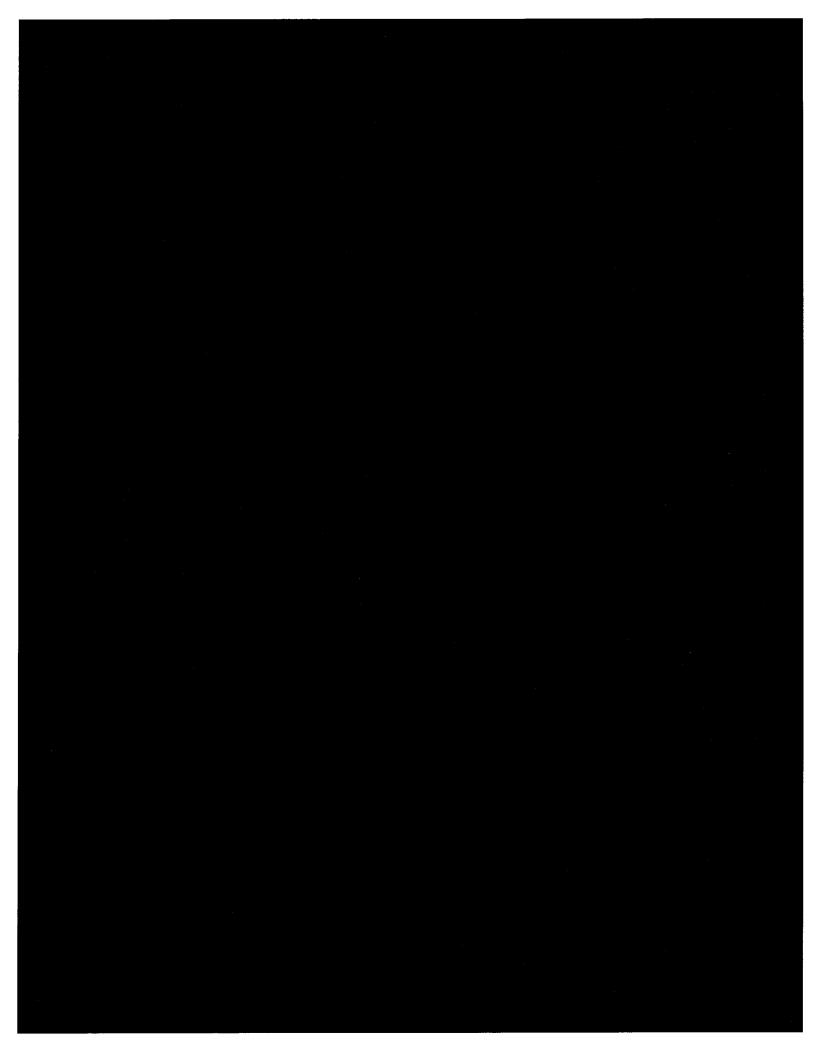






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## **ATTACHMENT 13.1**

Attestation of

**CONFIDENTIAL:** Pursuant to Section 92F-13(1) HRS, the Uniform Information Practices Act, release of this record would constitute a clearly unwarranted invasion of personal privacy. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

## Cure Oahu Response to Merit Criteria 13

Signed attestations from TCG Retro Market 1, LLC (d.b.a. Cure Oahu)'s owners are included as

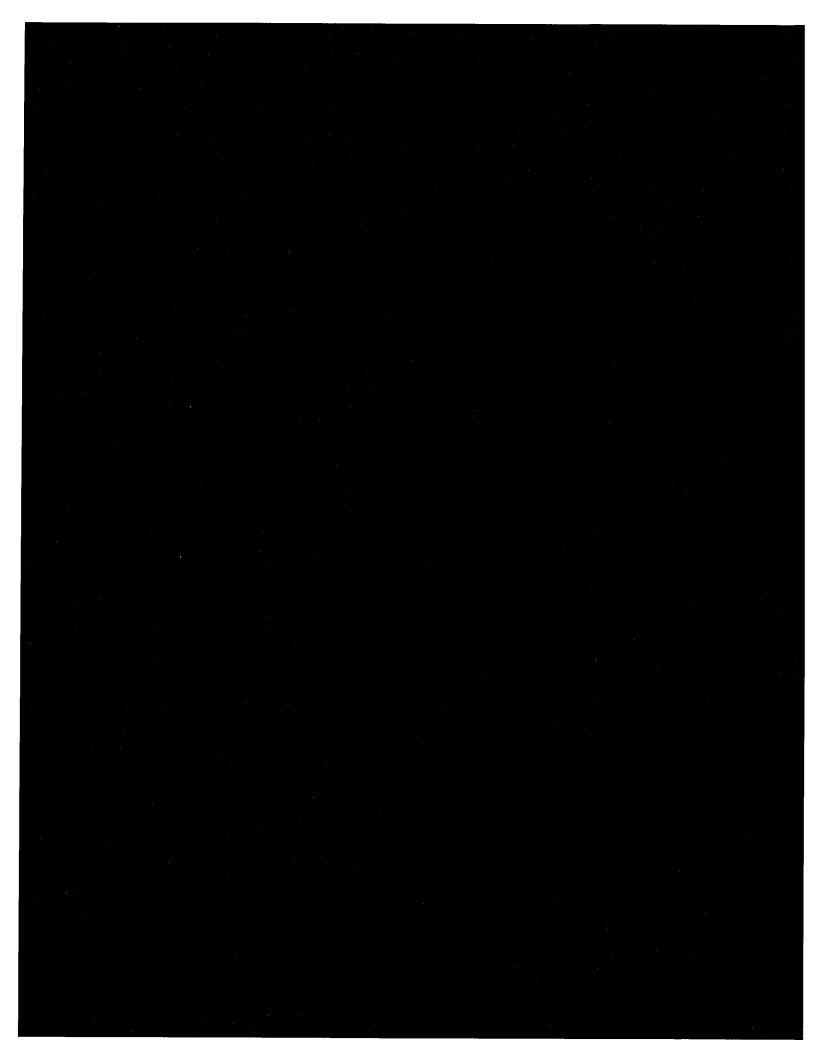
Attachments 13.1 and 13.2 in order to show no history of TCG Retro Market 1 or its owners having a

business license revoked. Attachment 13.1 is signed by

and has no history of bankruptcy or business
license revocation. Attachment 13.2 is signed by

and has no history of bankruptcy or business license revocation,

and has no history of bankruptcy or business license revocation.





## **ATTACHMENT 13.2**

Attestation of

**CONFIDENTIAL:** Pursuant to Section 92F-13(1) HRS, the Uniform Information Practices Act, release of this record would constitute a clearly unwarranted invasion of personal privacy. If a request for this record is made, please notify Company in a timely manner so that Company would have the opportunity to seek court order protecting from disclosure.

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