



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: BrightwatersFarms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Anthony Quintal Jr 3. Title: managing member
4. Briefly describe the role of this person or entity in the proposed registered organization:
I Anthony Quintal Jr, the managing member of BrightwatersFarms LLC will be the manger with oversight of our Management Team Med Men and the Facility's management staff.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Institution

Address

From

To

Degree Received

Date Received

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. The table is currently empty.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
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Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains 3 rows of license data.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [X] Yes [] No

Form with fields: From, To, Business Type, Name and Address of Business, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency.



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Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

In addition to my interests in our Company's , I have served on the following Boards and have held many voluntary positions over the past 30 years. Please see a brief list below:

- Islip Chamber of Commerce , Islip NY, Board of Director 1992-1995, volunteer since 1990 as advisor
Brentwood Chamber of Commerce, Brentwood NY , served as secretary/treasurer for 2 terms
2003-2007, Served as President from 2008-2009, continue to hold an advisory role .
Town of Islip Anti Bias Task Force member, 2006-2011 appointed by the supervisor of Town.
Town of Islip Breast Cancer Coalition, sit on advisory Board 1999- present
Saltaire FD, volunteer Firefighter 7/1/14 - present
Saint John's CYO, Bohemia NY, Volunteer coach of 10-12yr olds
Connetquot Youth Football , Bohemia NY, volunteer, coach,
Islip Arts Council, East Islip NY volunteer , committee member
Islip Town Brookwood Hall restoration committee member

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

5/26/15

Notary Name:

[Handwritten signature]

Notary Registration Number:

01BA6226771

Notary (Notary Must Affix Stamp or Seal)

Date:

5/26/15

KATHY BARTOW
Notary Public, State of New York
No. 01BA6226771, Nassau County
Commission Expires, August 16, 2019

Anthony Quintal Additional Current Employment/Corporate Positions as of 5/23/15
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwaters Farms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Louis Michael DeRitis 3. Title: Owner
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. DeRitis will oversee the execution of the management contract and work with the management company to ensure that Brightwaters Farms LLC operates in a safe, compliant manner according to all rules and regulations as set forth by the Department of Health.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[] Yes [x] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education table with columns: Institution, Address, Dates Attended (From, To), Degree Received, Date Received

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Empty table grid with 6 columns and 2 rows.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
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Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Rows include Restricted Plumber License, Misc Contractor License HVAC, Heating and Air Conditioning Contractor, Consumer Affairs Home Improvement Contractor License, and Home Improvement Salesperson License.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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Reason For Departure: N/A
Name of Employer: N/A
Type of Business: N/A



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16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.				
Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Master Electrician	36718-ME	Suffolk County Department of Labor Licensing - Consumer Affairs	3/7/2005	3/1/2017
HVAC	503R	Incorporated Village of Lindenhurst, Suffolk County, NY		12/31/2017
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.				
Name of Employer:				
Type of Business:				
Street Address:				
City:		State:		Zip Code:
Starting Date of Employment:			Ending Date of Employment:	
Name of Supervisor for Reference:			Supervisor Phone Number:	
Position/Responsibilities:				
Reason For Departure:				
Name of Employer:				
Type of Business:				



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Form with multiple rows containing fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. All fields are filled with 'N/A'.



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Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:

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From: 04/01/2015	Name and Address of Business:	
To: Present	Brightwaters Farms, LLC 1624 Manatuck Blvd, Bay Shore, NY 11706	
Business Type:	Office Held/Nature of Interest: Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 04/01/2015	Name and Address of Business:	
To: Present	1113 Herkimer Rd Utica, LLC 1624 Manatuck Blvd, Bay shore, NY 11706	
Business Type:	Office Held/Nature of Interest: Member	<input checked="" type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: May 22nd, 2015

Notary Name: [Handwritten Name] Notary Registration Number: 01446198628

Notary (Notary Must Affix Stamp or Seal)
[Handwritten Name]
Notary Public State of New York
ID No. 01LU6198628
Qualified in: Suffolk County
Commission Expires 12/29/2016
Date: May 22nd 2015



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1. Business Name: Brightwaters Farms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Adam Bierman 3. Title: MMMG Managing Partner
4. Briefly describe the role of this person or entity in the proposed registered organization:
Manages the management consulting company assisting in the day-to-day operations of Brightwaters Farms LLC
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include USC, LA City College, and Brandeis University.



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16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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Appendix A:
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Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a question about owning or operating a business in New York, in the USA, or in other countries.



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Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



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19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/27/15
Notary Name: Jeanette R. Atlas Notary Registration Number: 2099618
Notary (Notary Must Affix Stamp or Seal) Date: 5-27-2015
[Notary Seal: JEANETTE R. ATLAS, Commission # 2099618, Notary Public - California, Los Angeles County, My Comm. Expires Mar 5, 2019]

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

On 5-27-2015 before me, Jeanette R. Atlas, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Adam N. Bierman
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Jeanette R. Atlas
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____

Signer's Name: _____

- Corporate Officer — Title(s): _____
- Partner — Limited General
- Individual Attorney in Fact
- Trustee Guardian or Conservator
- Other: _____

Signer Is Representing: _____



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1. Business Name: Brightwaters Farms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Andrew Modlin 3. Title: MMMG Managing Partner
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. Modlin is a managing partner for MMMG LLC, with whom Brightwaters Farms LLC is entering into a management agreement. Mr. Modlin oversees the MMMG staff in their management of manufacturing and dispensing activities.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [x] Yes [] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
Mr. Modlin is a [redacted] for [redacted], a national marijuana consulting and management firm. Mr. Modlin [redacted] with his [redacted] has never been found in violation of law or regulation by a governmental agency.



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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted]

9. Fax:

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted]

13. State: [Redacted]

14. ZIP Code: [Redacted]

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: UCLA, University of California, Los Angeles, Los Angeles, CA 90095, 2006, 2008, BFA, 6/2008.



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16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



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Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



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Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Dates of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



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Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:

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Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

[Empty box for affirmative statement of qualifications]

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/27/2015

Notary Name: Jeanette R. Atlas Notary Registration Number: 2099618

Notary (Notary Must Affix Stamp or Seal) Date: 5-27-2015



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 5-27-2015 before me, Jeanette R. Atlas, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Andrew M. Modlin
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Jeanette R. Atlas
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwaters Farms, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Dean Croshere 3. Title: MMMG Dir. Operations
4. Briefly describe the role of this person or entity in the proposed registered organization:
Director of Operations
Overseeing the cultivation, extraction, finished product production, and dispensing of all medical marijuana facilities under MedMen's management.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include University of Southern California, Pacific University, and Santa Rosa Junior College.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Department
of Health**

Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/21/2015
Notary Name: Morton Roberts Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 5/21/2015
See Attached

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Los Angeles }

On May 21, 2015 before me, Morton Roberts Notary Public,
Date (here insert name and title of the officer)

personally appeared DEAN Croshere

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: Morton Roberts (Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: Medical Marijuana Program Number of Pages: 7

Document Date: 5/21/2015 Other: Appendix - A



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwaters Farms, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Damian William Solomon 3. Title: MMMG Director of Cultivation
4. Briefly describe the role of this person or entity in the proposed registered organization:
Create policies and procedures for the cultivation department. Oversees the Cultivation Manager and the daily operations process for the medical marijuana cultivation facility. Scale, upgrade, and optimize infrastructure consistent with anticipated growth, trends, needs, and requirements. Maintains compliance with the company policy and procedures. Ensure that standard operating procedures are adhered to. Ensure implementation and adherence to health and safety procedures. Design capable, scalable processes to consistently deliver optimal quality and yield. Develop company cultivation methodology.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains data for The University of Arizona and Pima Community College.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table contains 6 empty rows for data entry.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [X] Yes [] No

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with two identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/21/2015

Notary Name: Morton Roberts Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date: 5/21/2015

see Attached

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Los Angeles }

On May 21, 2015 before me, Morton Roberts Notary Public,

Date

(here insert name and title of the officer)

personally appeared Damian William Solomon

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: Morton Roberts (Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: Medical Marijuana Program Appendix - A Number of Pages: 7

Document Date: 5/21/2015 Other: _____



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: BRIGHTWATERS FARMS LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Sean Akhavan 3. Title: Dir. of Product Development
4. Briefly describe the role of this person or entity in the proposed registered organization:
As the director of product development it is my responsibility develop scientific methods to extract cannabinoid oil from the marijuana plant. In addition, I must complete this task as safely as possible while maintaining a high quality extract.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
Yes No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? Yes No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains two rows of education data: Los Angeles - Pierce College and University of California - Los Angeles.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [] Yes [X] No

Form with fields: From, To, Business Type, Name and Address of Business, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons for 'open', 'closed', and 'proposed' are provided for the business type field.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.
Working as a [redacted] I would manage laboratory technicians in both [redacted] and [redacted] I would ensure the delivery of quality laboratory services in an efficient and effective manner meeting the needs of patients and customer. As a [redacted] I was responsible for the accuracy, reliability and timeliness of patient and customer results. Also I would assists in providing quality services in a cost efficient manner by recommending and allocating appropriate staffing, oversee daily staffing and maintain budget.
20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.
Signature: [Signature] Date: 05/21/2015
Notary Name: Milton Roberts Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 5/21/2015
See Attached

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Los Angeles }

On May 21, 2015 before me, Morton Roberts Notary Public,
Date (here insert name and title of the officer)

personally appeared Sean Akhavan

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: Morton Roberts (Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: Medical Marijuana Program Application - Appendix - A Number of Pages: 7
Document Date: _____ Other: _____



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwatersfarms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Justin Bunton 3. Title: MMMG LLC Director of Trainir
4. Briefly describe the role of this person or entity in the proposed registered organization:
As [redacted] and an [redacted] Justin Bunton partners with key MMMG-LLC personnel to codify systems, process and procedures for growing, processing and dispensing approved medical marijuana products according to strict state regulations and SQF 7.2 guidelines. Justin uses these codifications to develop training modules and testing procedures for all manufacturing and dispensary personnel.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
Dispense Express
From May of 2005 to September of 2005 I was the [redacted] a wholesaler of drugs, sundries drugs and pharmaceutical products.
I have no findings of violations of law or regulation by a governmental agency against me.
I am unaware of any violations of law or regulation by a governmental agency against the business.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains two rows of education data.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

**Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, List any affiliations you have been associated with in the past 10 years, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business registration details. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons are provided for 'open', 'closed', and 'proposed' business types.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: May 21, 2015

Notary Name: Morton Roberts Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date: 5/21/2015
SEC Attached

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

COUNTY OF Los Angeles }

On May 21, 2015 before me, Morton Roberts Notary Public,

Date

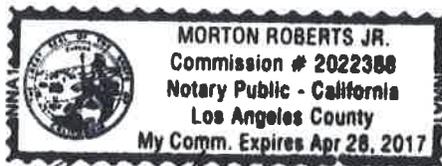
(here insert name and title of the officer)

personally appeared Justin Bunton

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature: [Handwritten Signature] (Seal)

OPTIONAL

Description of Attached Document

Title or Type of Document: Medical Marijuana Program Appendix - A Number of Pages: 7

Document Date: 5/21/2015 Other: _____



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwaters Farms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Abu Muhammad M. Haque, M.D. 3. Title: Medical Consultant
4. Briefly describe the role of this person or entity in the proposed registered organization:
My role in this operation will be that of a medical consultant and advisor. I will make recommendations to the management team as well as patients with regard to medical marijuana. I will consult with the laboratory and respective scientists on the development of the medicine and help with the education of the public to the specific ailments the product will be able to help treat.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Dhaka Medical College, Mount Sinai Services at Queens Hospital Center, SAA, American Board of Internal Medicine, and University of The State of New York.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:
N/A



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for providing contact information and business details. Includes fields for 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:', 'From:', 'To:', 'Business Type:', and 'Office Held/Nature of Interest:' with checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

At present [redacted] and [redacted] of three businesses including [redacted] [redacted] [redacted] See Attached doc. information:

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: 5/26/15
Notary Name: Setara Khan Notary Registration Number: 01KH6118872
Notary (Notary Must Affix Stamp or Seal) Date: 5/26/15
Setara Khan
Notary Public, State of New York
No. 01KH6118872
Qualified in Nassau County
Commission Expires 11/22/2016

Seira Khan
Notary Public, State of New York
No 0148118872
Qualified in Nassau County
Commission Expires 11/21/20

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

ABU MUHAMMAD M HAQUE

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF REQUIREMENTS
PRESCRIBED IN SECTION 6529 OF THE EDUCATION LAW, THE DEGREE OF

DOCTOR OF MEDICINE (M.D.)

IN THE STATE OF NEW YORK IS HEREBY CONFERRED

IN WITNESS WHEREOF THE BOARD OF REGENTS ISSUES THIS CERTIFICATE
UNDER ITS SEAL AT ALBANY, NEW YORK

THIS TWENTY-FOURTH DAY OF APRIL 2012

CERTIFICATE NUMBER

218363



Meryl A. Lick
CHANCELLOR

Jul 23. 25 G.
PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION

CURRICULUM VITAE

ABU M. HAQUE, MD.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

CERTIFICATIONS

- ◆ American Board of Internal Medicine (ABIM)
ECFMG

HOSPITAL AFFILIATIONS

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ACADEMIC ACTIVITY

- ◆ Chief Medical Resident (7/1/96-6/30/97)
Mount Sinai Services at Queens Hospital Center
Jamaica, NY
- ◆ Voluntary Teaching Attending (2000-2001)
Residency Program NYCOM at Good Samaritan Hospital
West Islip, NY

RESIDENCY

- ◆ Internal Medicine – PGY 1, 2, and 3 (7/1/93-6/30/96)
Mount Sinai Services at Queens Hospital Center
Jamaica, NY

MEDICAL GRADUATION

- ◆ M.B.B.S. (12/72-6/78)
Dhaka Medical College, affiliated with University of Dhaka,
Dhaka, Bangladesh

EXAMINATIONS

- ◆ American Board of Internal Medicine (8/96)
FLEX-12/93
FMGEMS, Part I-1/91
FMGEMS, Part II-7/87
ECFMG-1/83

HONORS AND AWARDS

- ◆ Resident of the Year, (7/95-6/96)
- ◆ Academic Excellence Award (7/95-6/96)
- ◆ 1st Grade National Merit Scholarship and Honorees (during Secondary, Higher Secondary,
and Medical Education)
- ◆ Career Planning of Bangladesh Health Services

PUBLICATION:

- ◆ *Jaccoud's Arthropathy Associated With IBD*
The Mount Sinai Journal of Medicine,
Vol. 62, No. 4, September, 1995

MEDICAL LICENSES

- ◆ New York #218363

POST GRADUATE TRAINING

- ◆ Residency in General Surgery (9/79-10/81)
Dhaka Medical College Hospital
Dhaka, Bangladesh
- ◆ Internship-Surgery as Major (9/78-9/79)
Dhaka Medical College Hospital
Dhaka, Bangladesh

Redacted pursuant to N.Y. Public Officers Law, Art. 6

PROFESSIONAL MEMBERSHIP

- ◆ American College of Physicians
- ◆ Bangladesh Medical Association of North America

Redacted pursuant to N.Y. Public Officers Law, Art. 6

REFERENCES

Will be furnished upon request

*The University of the State of New York
Education Department
Office of the Professions
REGISTRATION CERTIFICATE
Do not accept a copy of this certificate*

License Number: 218363-1

Certificate Number: 8416533



HAOUE ABU MUHAMMAD M
Redacted pursuant to N.Y. Public Officers Law, Art. 6

is registered to practice in New York State through 12/31/2015 as a(n)
PHYSICIAN

LICENSEE/REGISTRANT

Jul B. Z. G.
COMMISSIONER OF EDUCATION

De E. Hill
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwaters Farms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Hafiz Ur Rehman M.D. F.A.A.P 3. Title: Medical Consultant
4. Briefly describe the role of this person or entity in the proposed registered organization:
My role in this operation will be that of a medical consultant and advisor. I will make recommendations to the management team as well as patients with regard to medical marijuana. I will consult with the laboratory and respective scientists on the development of the medicine and help with the education of the public to the specific ailments the product will be able to help treat.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone:

9. Fax:

10. Email:

11. Residence Address:

12. City:

13. State:

14. ZIP Code:

15. Formal Education

Dates Attended

Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include King Edward Medical University, Good Samaritan Hospital Medical Center (two entries), Board Certified in Pediatrics, and Fellow of the American Academy of Pediatrics.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: MD, 131619-1, The University of the State of NY Education of Department Office of Professions (see attached copy), 4/30/17.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason For Departure:
Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



**Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
18. Offices Held or Ownership Interest in Other Businesses List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

See Attached ResUME

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 5/27/15

Notary Name: [Handwritten Signature]

Notary Registration Number: 01BA6226771

Notary (Notary Must Affix Stamp or Seal)

Date: 5/27/15

KATHY BARTOW
Notary Public, State of New York
No. 01BA6226771, Nassau County
Commission Expires, August 16, 2018

The University of the State of New York

Education Department

Office of the Professions

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate

License Number: 131619-1

Certificate Number: 8795141

REHMAN HAFIZ U
SUITE 7
MEDICAL ARTS BLDG
375 EAST MAIN ST
BAY SHORE

NY 11706-8418

is registered to practice in New York State through 04/30/2017 as a(n)
PHYSICIAN



LICENSEE/REGISTRANT

EXECUTIVE SECRETARY

Steph J. V. Bore

Julie M. Z...
COMMISSIONER OF EDUCATION

DEPUTY COMMISSIONER
FOR THE PROFESSIONS

Dee E. Hill

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit

www.op.nysed.gov

HAFIZ UR REHMAN MD FAAP
375 East Main Street, Suite 7
BAY SHORE
NY 11706
631-666.6780

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Date of Birth: [REDACTED]

Place of Birth: [REDACTED]

Initial education in [REDACTED]

Medical School: King Edward Medical University, Lahore, PAKISTAN. Graduated in 1972

Medical and Surgical Internships at the Kenyatta National Hospitals, University of Nairobi, Kenya.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Pediatric Residency at the Good Samaritan Hospital Medical Center Jan. 1975 to Dec. 1977. CHIEF RESIDENT in Pediatrics Jan. 1977 to Dec. 1977.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Been in Private Practice of Pediatrics since Jan. 1978.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

A recipient of a SPECIAL COMMENDATION AWARD for Family Practice Residency Teaching at Southside Hospital

Honored by the International Association of Pediatrics as a TOP WORLD PHYSICIAN and PEDIATRICIAN

Honored as TOP PATIENT CHOICE Pediatrician for many years

Life Member of the Islamic Medical Association of North America ---Past President of IMANA – 2008 to 2009

Past Chair of IMANA RELIEF

CHAIRMAN Board of Regents of IMANA 2011-2012

Life Member of Association of PAKISTAN Physicians of North America.

Member of the Bay Shore Interfaith Council

Past Member of the Bay Shore Clergy Association

Past President of the Islamic Association of Long Island – Selden Mosque.

Past President of Masjid Darul Quran, the Muslim Center of Long Island.

Chairman, MDQ Academy – Suffolk County's only full time Islamic School.

Past President of the Council of Mosques and Muslim Organizations of Long Island.

Honorary Trustee of the Suffolk County Coalition against Domestic Violence.

Honorary Trustee of Al-Shifa Foundation of North America

Trustee of the Muslim Foundation of America

Member of Board of Trustees of FOF for EDUCATION and RELIEF

Member of the Town of Islip Anti-Bias Task Force

Ambassador of Peace of the Universal Peace Federation and the Interreligious and International Federation of World Peace

A recipient of the BHARAT GURUV Award --- PRIDE OF INDIA Award

A recipient of the Suffolk County MARTIN LUTHER KING Community Service Award 2010

**A recipient of the “Salute to Excellence” Community Leadership Award from
Suffolk County Community College Foundation 2011**

**A recipient of State of New York SENATE Legislative Resolution No. 974 on March
22, 2011 as a special Honor**

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: Brightwaters Farms LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Sabreen Qaiyum 3. Title: Dispensary Consultant
4. Briefly describe the role of this person or entity in the proposed registered organization: Oversight of Dispensing, ensuring proper staffing, hiring of NYS licensed pharmacists
5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [X] Yes [] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
No findings of violations of law or regulation



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Government College, Rawalpindi Pakistan, 1989, 1993, Bachelor in Arts, 1993.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Registered Pharmacy, 031927, NYS Office of the Professions, 89 Washington Ave., Albany NY, 12234 (518) 474-3852, 5/20/2013, 4/30/2016.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with three identical sections for employee information. Each section includes fields for: Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for Reason For Departure and a section for 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business registration details, including fields for From/To, Business Type, Office Held/Nature of Interest, and Agency information.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

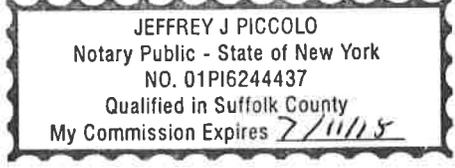
19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/1/2015

Notary Name: Jeffrey Piccolo Notary Registration Number: 01PI6244437

Notary (Notary Must Affix Stamp or Seal) Date: Sabreen Daigum sworn before me this 1st day of June 2015.





CITY OF UTICA

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
315.792.0113

1206 Garden Road
Utica, New York 13501
315.723-1238
joeutica@gmail.com

Joseph A. Marino
Councilman 4th District

Mr. Anthony Quintal, Owner
Brightwaters Farms & Nursery
1113 Herkimer Road
Utica, NY 13502

Dear Mr. Quintal,

I am writing today to commend you and lend my official support on your endeavor to become a New York State licensed medical marijuana grower and distributor in Utica. As a Councilman in this city, I welcome you and truly hope you are successful in your application for several reasons.

First, having a partner such as you and your farms operate out of North Utica in a massive, well secured facility that has been underutilized in the recent past, shows our citizens and neighbors that there is tangible confidence in investing in upstate New York and particularly Utica. Secondly, as this city continues its economic turnaround and resurgence, I am encouraged to by the major economic impact that your proposal brings to our community. Realizing this type of financial gain and bringing 250-350, full time well paying jobs to our region is a sincerely transformative event for our working families. Lastly, and very much most importantly, giving our Utica residents and regional citizens direct access to life changing medical marijuana that helps treat debilitating diseases such as epilepsy, ALS or even Cancer to name a very few, is something I strongly support.

Given the secure nature of the States program on medical marijuana and your firm commitment to that security, I reiterate my support to you on this project and its possible end result of new direct access to this important medicine.

Once again, good luck in your application process and please feel free to contact me for my support any time you may need. The thousands of people I represent in Utica will be better served if you should be successful. Thank you for your time.

Very Truly Yours,

Councilman Joseph A. Marino



CITY OF UTICA

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
315.792.0118

1808 Blandina Street
Utica, New York 13501
(315) 520-4264

Samantha Colosimo-Testa
Councilwoman 6th District

May 20, 2015

New York State Department of Health
Corning Tower
Empire State Plaza,
Albany, NY 12237

Att: Dr. Howard A. Zucker, Commissioner of Health for New York State

Dear Dr. Howard A. Zucker,

I am writing to you in regard to my support to for the applicant Brightwater farms to manufacture approved medical marijuana products in New York State. As a City of Utica Councilperson it is my duty and obligation to look out for the best interest of my constituents, in accordance with PHL § 3365, it is extremely important for the municipality to show their support and understanding for the state law and to have a proactive approach to ensuring the care and safety of my constituents and the entire City of Utica is addressed.

From the time the application process opened it has been Brightwaters farms main priority to inform the public, and maintain a level of trust from the elected officials, and the community in which it is seeking support. From attending public outreach meetings, to answering questions, it is with great confidence I can say that I am in full support and look forward to the application of Brightwaters farms being approved.

It is important that the program that is being implemented is done so, swiftly and effectively so that patients across New York State who are suffering from serious illnesses or debilitating conditions can access the medicine they need. I have also drafted a resolution of support that the entire City Council has supported, because I know that Brightwater farms will go above and beyond the expectations of the N.Y.S. law.

We look forward to taking a proactive approach to the law and I cannot say it enough how confident I am with Brightwater farms operating a cultivation center in my district in the City of Utica.

Thank you for your time and best regards,

Samantha Colosimo-Testa
City of Utica Councilperson 6th Ward

BRIGHTWATERS FARMS TO THE RESCUE

May 25, 2010

The Honorable Andrew M. Cuomo
Governor
The State of New York
NYS Capital Building
Albany, NY 12224

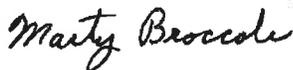
Dear Governor Cuomo:

Within the City of Utica lies a 59 acre farm (the only farm within the City) that was the home to the former Baker Greenhouse complex. The complex consist of approximately 14 acres of greenhouses. The most recent tenant, Kurt Weiss Greenhouses shut the complex down in 2012 leaving Farm Credit East with the property. For the last two years, I have worked closely with Farm Credit in an effort to sell the complex hoping to keep it a viable farm greenhouse operation. A variety of potential operators looked at the complex but for whatever reasons, a sale was never consummated. Farm Credit was ready to sell the complex to the highest bidder even if it meant tearing down the greenhouses to construct a housing complex. Obviously, this is not what we wanted to see happen.

Luckily, the owners of Brightwaters Farms have stepped to the plate and purchased the complex allowing us to work with them to develop an integrated greenhouse multi use facility. We have one client already growing a variety of lettuces "The Radicle Farm Company" and will soon have Upstate Cerebral Palsy taking over an 80,000 square foot section and building a hydroponics operation creating 25 jobs for "Special Needs" workers.

As a result of these two initiatives, I was able to spend time and work closely with Anthony Quintal Jr. and Louis DeRitis, owners of Brightwaters. They have been extremely cooperative, professional and understanding to both Radicle Farms and UCP in an effort to solidify both operations as long-term tenants in the complex.

Sincerely yours,



Martv Broccoli

Redacted pursuant to N.Y. Public Officers Law, Art. 6

May 27, 2015

The Honorable Andrew M. Cuomo
Governor
The State of New York
NYS Capital Building
Albany, New York 12224

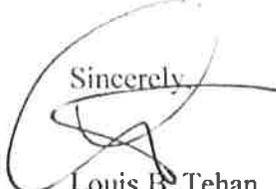
To Whom it May Concern:

Upstate Cerebral Palsy, Inc. is a premier provider of health and human services in the Central New York region, reaching over 15,000 individuals and families annually. Upstate Cerebral Palsy is pursuing a social enterprise hydroponic greenhouse operation, which will be located in the North Utica greenhouse facility in which Brightwater Farms has recently obtained ownership. This new venture will employ individuals with and without disabilities in an integrated workplace setting.

Brightwater Farms has been supportive of Upstate Cerebral Palsy's new enterprise, working closely with our program leadership during lease negotiations and in our pursuit of grant opportunities. The owners have also agreed to assist us in the development of our customer base sharing their agri-business retail outlet contacts. They have also stated they would be willing to provide in-kind offerings of additional greenhouse space, as well as outdoor growing areas for a vocational training program.

Without their cooperation and concessions, Upstate would not have been able to advance this enterprise in the same manner. Therefore, Upstate Cerebral Palsy is committed to Brightwater's successful expansion of greenhouse operations at the North Utica site.

Sincerely,


Louis B. Tehan
President and CEO

everyday miracles...

It's Who We Are, It's How We Work, It's How Much We Care!



ROBERT M. PALMIERI
MAYOR

CITY OF UTICA

Department of Legislation
1 Kennedy Plaza, Utica, New York 13502
(315)792-0118

Frank Meola
Common Council President
33 Nob Rd
Utica, New York 13501

To Whom it May Concern:

I am President of the Common Council for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Frank Meola, Common Council President



2622 Edgewood Road
Utica, New York 13501

CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0117 fax: (315)792-0220

Robert J. DeSanctis
Councilman 3rd District

May 21, 2015

To Whom it May Concern:

I am President of the Common Council for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

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Thank you.

Very truly yours,

Robert J. DeSanctis, Councilman 3rd District



CITY OF UTICA
OFFICE OF THE CITY CLERK
1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0117 fax: (315)792-0220

33 Pond Lane
Utica, New York 13501

Mark R. Williamson
Councilman at Large

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Mark R. Williamson, Councilman at Large



1410 Mather Avenue
Utica, New York 13502
(315) 507-4513

CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0115 fax: (315)792-0220

David Testa
Councilman, 2nd District

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana Project by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this Project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

David Testa, Councilman 2nd District



CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0115 fax: (315)792-0220

1 Kennedy Plaza
Utica, New York 13502

Jack LoMedico
Council at Large

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113 Herkimer Road, Utica, New York 13502.

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Thank you.

Very truly yours,

Jack LoMedico, Councilman at Large



CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0117 fax: (315)792-0220

637 Mary Street
Utica, New York 13501

Frank X. Vescera
Councilman 1st District

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Frank X. Vescera, Councilman 1st District

Certified to:
Law
UPD
Anthony Quintal, Jr.

City of Utica
Department of Legislation
In Common Council

Utica, N.Y., May 20, 2015

Resolution 27. Sponsored by: Councilmembers Colosimo-Testa, Marino, Vescera, Testa, DeSanctis, McKinsey, Williamson, LoMedico, Bucciero

Resolution of Support from Local Governing Body Supporting the Application for the New York Medical Marijuana Program.

WHEREAS, the New York Medical Marijuana Program presents the City of Utica, with a unique opportunity to improve the health of the community/county; and

WHEREAS, the City of Utica, strives to bring tax dollars, assure secure operations, and maintain clean air and water; and

WHEREAS, the City of Utica supports the providing of a higher quality product that may have a positive effect on the lives of those living with debilitating conditions; and

NOW, THEREFORE, BE IT RESOLVED, that the Common Council of the City of Utica, State of New York, supports the submission of the aforementioned New York Medical Marijuana Program application.

Yeas: Councilmembers Vescera, Testa, DeSanctis, Marino, McKinsey, Colosimo-Testa, Williamson, LoMedico, Bucciero-9

Nays: None.

Adopted.

STATE OF NEW YORK, CITY OF UTICA)
CITY CLERK'S OFFICE) ss.
)

I hereby certify that I have compared the foregoing copy of an resolution of the Common Council with the record of proceedings of the Common Council of said City of Utica, duly made and on file in this office, and that the same is a correct transcript therefrom and of the whole of said resolution.

IN TESTIMONY WHEREOF, I have hereunto affixed the Corporate Seal of said City, and subscribed my name, this 21st day of May 2015.

Patricia A. Lindsay

City Clerk

Lucille Vincent

To: aquintal@brightwatersfarms.com
Subject: Letter of support for Medical Cannabis, Utica, NY.

The Honorable Andrew M. Cuomo
Governor
The State of New York
NYS Capitol Building
Albany, New York 12224

We are writing this letter to support the pursuit of licenses to operated Medical Marijuana cultivation facility in Utica, New York.

The representatives have inspired confidence in their plan through interaction with the community and a willingness to support the City of Utica, NY.

During a public meeting the representatives had open forum which provided residents with info and addressed any concerns in this open forum.

We fully understand this is not a cure but a positive help to assist people feeling better.

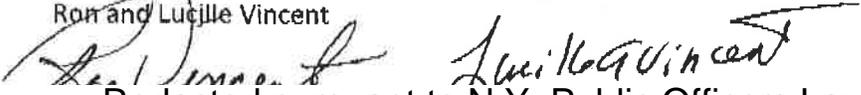
It would most definitely bring much needed economic growth to Utica, New York and the surrounding areas while also providing job opportunities ,
While also acting as a catalyst for the economic activity.

My [redacted] and myself are in full support of this taking place in our community and hope the licenses will be granted to Brightwaters Farms.

And after speaking to a lot of neighbors, and community members, they are all in agreement. We have not heard of one negative remark regarding same.

This approval and execution of this project will definitely produce a business that will make a major positive change in our community

Sincerely,
Ron and Lucille Vincent



Redacted pursuant to N.Y. Public Officers Law, Art. 6

5-28-15

COMMITTEE CHAIRMAN
ENERGY & TELECOMMUNICATIONS

MEMBER
CODES
COMMERCE, ECONOMIC DEVELOPMENT
& SMALL BUSINESS
CRIME VICTIMS, CRIME AND CORRECTION
CULTURAL AFFAIRS, TOURISM, PARKS & RECREATION
FINANCE
HIGHER EDUCATION
RACING, GAMING & WAGERING
VETERANS, HOMELAND SECURITY & MILITARY AFFAIRS
SELECT COMMITTEE ON
SCIENCE, TECHNOLOGY, INCUBATION & ENTREPRENEURSHIP



THE SENATE
STATE OF NEW YORK
JOSEPH A. GRIFFO
SENATOR, 47TH DISTRICT

ALBANY OFFICE:
ROOM 612
LEGISLATIVE OFFICE BUILDING
ALBANY, NEW YORK 12247
(518) 455-3334
FAX: (518) 426-6921

UTICA OFFICE:
207 GENESEE STREET
UTICA, NEW YORK 13501
(315) 793-9072
FAX: (315) 793-0298

EMAIL ADDRESS:
griffo@nysenate.gov

June 2, 2015

Howard A. Zucker, M.D., J.D.
Commissioner
Department of Health, State of New York
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Commissioner Zucker:

I would like to express my support on behalf of Brightwaters Farms for their application to be approved for a license to cultivate medical marijuana in the state of New York.

Medical marijuana has the potential to bring relief to many people suffering from serious diseases and conditions, and Brightwaters Farms' proposed plans to operate a cultivation facility in compliance with the state's Compassionate Care Act would also further enhance the economic development of the Mohawk Valley region.

Brightwaters Farms' proposed growing operation is estimated to bolster the region's tax revenue and bring new job opportunities to the area. Brightwaters Farms has also demonstrated its willingness to develop a cooperative and transparent relationship with the public as evidenced by their recent hosting of an informational forum to address any questions or concerns about the state's Medical Marijuana Program and the proposed growing facility.

I hope that you will review their proposal and give it your consideration.

Sincerely,

A handwritten signature in black ink that reads "Joseph A. Griffo".

Joseph A. Griffo
Senator





ONEIDA COUNTY DEPARTMENT OF LAW

Oneida County Office Building
800 Park Avenue ♦ Utica, New York 13501-2975
(315) 798-5910 ♦ Fax (315) 798-5603

ANTHONY J. PICENTE JR.
COUNTY EXECUTIVE

PETER M. RAYHILL
COUNTY ATTORNEY

May 26, 2015

Anthony Quintal Jr.
Brightwaters Farms
Oneida County Farm and Greenhouses
1113 Herkimer Road
Utica, New York 13501

Dear Mr. Quintal,

Please accept this letter in support of Brightwaters Farms' application to New York State Department of Health to become a registered organization to manufacture and dispense medical marijuana under the Compassionate Care Act.

Based on your meeting with the County, it is my understanding that the 700,000 square foot greenhouse located at Oneida County Farm and Greenhouses is well situated and equipped to grow and manufacture medical marijuana in full compliance with local, State and Federal laws, rules and regulations. The greenhouse currently has tenants leasing space for vegetable production, as well as Brightwaters Farm staff growing vegetables for commercial sale.

Sincerely,

Peter M. Rayhill, Esq.
Oneida County Attorney



**Department
of Health**



**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Business Name:	Brightwater Farms LLC
Facility Type:	Manufacturing Facility <input type="checkbox"/> Dispensing Facility <input checked="" type="checkbox"/>
Use and Occupancy Classification:	Drug Store Occupancy Mercantile Group M Section 309
Building Construction Type and Classification:	Type IIA
Facility Address:	14 Walker Way, Section 2 Albany, NY 12205
Primary Contact Telephone number:	315-266-0290
Primary Contact Fax number:	315-266-0292

PART I – ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

<input type="checkbox"/>	TOWN BOARD APPROVAL
<input type="checkbox"/>	PLANNING BOARD APPROVAL
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS
<input checked="" type="checkbox"/>	BUILDING PERMIT
<input checked="" type="checkbox"/>	BIDDING PHASE
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION
<input checked="" type="checkbox"/>	COMPLETION OF CONSTRUCTION



Department of Health



Medical Marijuana Program
Application for Registration as
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Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Solar, Oil, Other, Electric
Engineering Systems:
Heating System: Type Rooftop, Size 10Ton, Efficiency 13 Seer
Cooling System: Type Rooftop, Size 10on, Efficiency 13 Seer
Ventilation & Humidification Systems
Electrical Distribution Available 200 Amp
Water Supply: Municipal Water Service city or Private Well Water
Sewage: Municipal Sewer System city or Private Septic System
Emergency Power System



**Department
of Health**



Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS
<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS
<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS
<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS
<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS
<input type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS
<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS
<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS
<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
<input type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE
<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE
<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE
<input checked="" type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
<input type="checkbox"/>	OTHER



Department of Health



Medical Marijuana Program
Application for Registration as
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Appendix B – Architectural Program

Select Project

Type:

Check all that apply. Refer to the Existing Building Code for definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2

- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building

- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:

Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm

- Structural
- Mechanical
- Plumbing
- Electrical

- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: *Fire Code*, PC: *Plumbing Code*, MC: *Mechanical Code*, FGC: *Fuel Gas Code*, ECCC: *Energy Conservation Code*.
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Select Use & Occupancy Per Chapter 3	Section 309 Drug Store Mercantile Group M



Department
of Health



Medical Marijuana Program
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Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	N/A	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	See Table 503 NYS BC M (4) stories / 21,500 SF	Actual M (1) Story 2,630SF
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	See Table 508.2 NYS BC	1 hr separation provided



Department
of Health



Medical Marijuana Program
Application for Registration as
a Registered Organization

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Separation in accordance with section 302.1 & 508	Table 508.3.3 Group M to F-1 1 hr required
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Use table 508.3.3	1hr Separation provided
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Select classification based on materials of construction	Type IIA Drug Store Group M occupancy
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Use table 601 to determine required rating	IIA: All wall / floor / roof 1hr



**Department
of Health**



**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See table 602	1 hr rating provided
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A this is a freestanding building	N/A
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/A	N/A
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	This is single story building
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	Storage rooms require separation	1 Hr. rating for storage areas over 100 sq. ft.



**Department
of Health**



Medical Marijuana Program
Application for Registration as
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Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	1hr required	1hr provided
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Not Applicable see section 903.2.6	N/A
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	N/A	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	N/A see section 907.2.7	N/A



**Department
of Health**



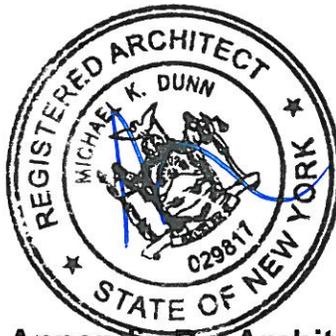
Appendix B Architectural Program

Medical Marijuana Program
Application for Registration as
a Registered Organization

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A	N/A
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Access per section 912.2	building has full accessibility
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Door shall open in direction of travel and meet occupancy loading	See door schedule on plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use table 1004.1.1 to identify occupant loading	See plan for room dimensions and occ. loading
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Use table 1005.1 =.2 / occ	.2 inches per occ. provided
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Accessible means of egress shall be provided per 1007.1 and 1007.2	See plans for accessible routes, HC ramps, restrooms fountains, locker room etc.



**Department
of Health**



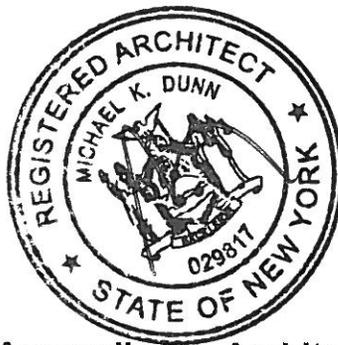
**Medical Marijuana Program
Application for Registration as
a Registered Organization**

Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 min 36" doors	All doors shall be min 36"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Section 1010-1010.10 must meet min req.	See ramp details on plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 max 75' to exit	See egress rout on plans
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015 requires multiple exits for occ. load over 49	see plans for all exit locations
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	N/A	N/A



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Medical Marijuana Program
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Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	N/A	N/A
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	N/A	N/A
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	See Table 1019.1 min 1 exits required.	Group M occupancy below 50 only 1 exit needed
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	N/A
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



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Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	No exit stairs or ramps*	* ADA accessible ramp provided on main egress
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	All exits shall discharge to exterior	All exits comply
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All to be in compliance with 1101.1-1110 & Icc/A117.1 (03)	See plans for ADA compliant fixtures, egress, doors, ramps etc.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Shall be incompliant with Energy code	See Com check at time of plan submittal to Build.Dept
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Not Required	N/A
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not Required	N/A



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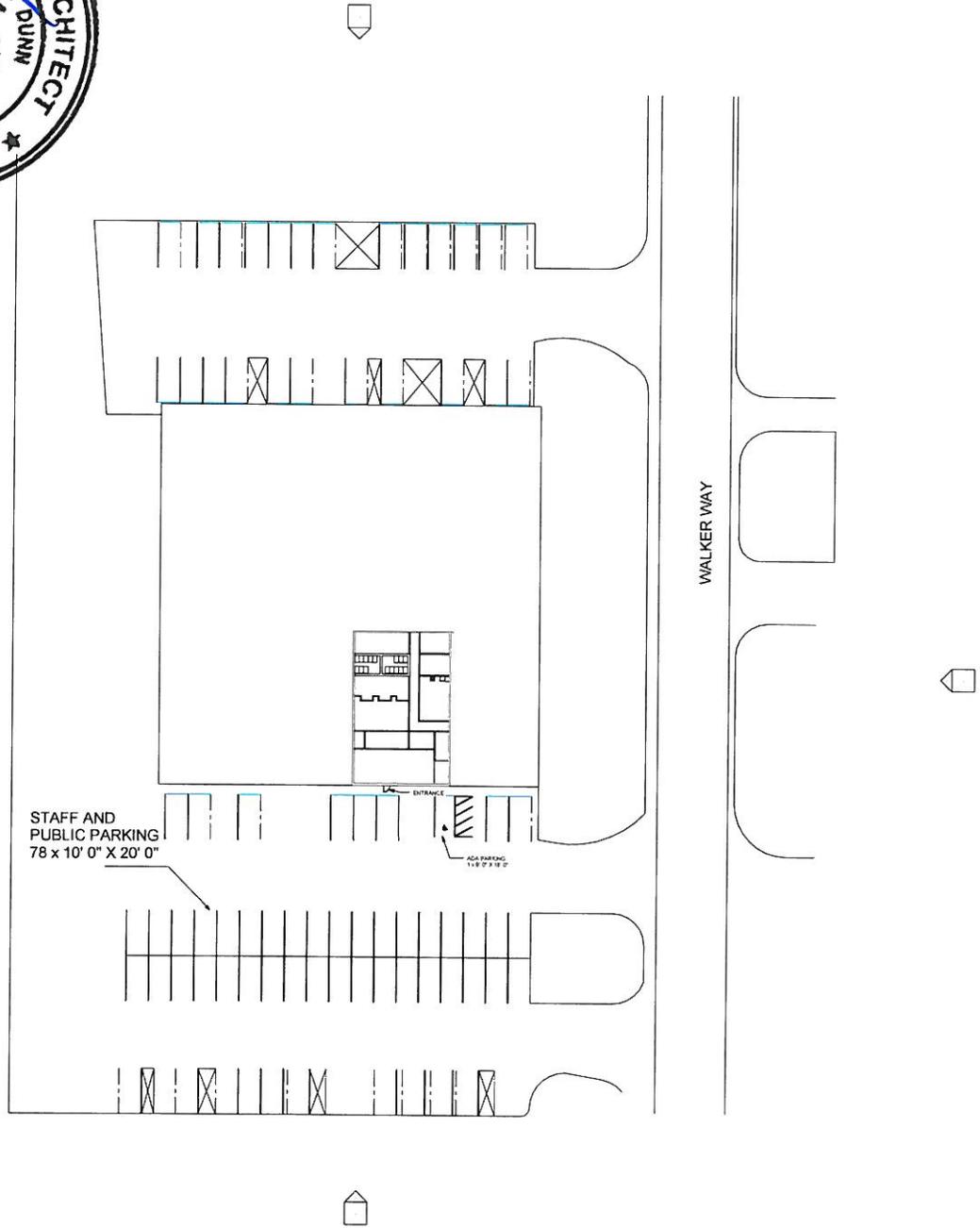


Appendix B – Architectural Program

**Medical Marijuana Program
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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	See table 2902.1 for B	Required fixtures provided
48	Available Street Water Pressure			Provide the available street or well water pressure.	Flow test req. by local municipality	60 PSI Min City Water
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire Service Access	Site provides full access

M	14 Walker Way, Section 2, Albany, NY 12205	Issue Date: 06/05/2015	Page 1 of 4
	Drawing: Site Plan	Supersedes Date: New Document	Version No. 1.0





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14 Walker Way, Section 2, Albany, NY 12205	Issue Date: 06/05/2015	Page 2 of 4
Drawing: Floor Plan	Supersedes Date: New Document	Version No. 1.0

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Albany, NY 12205

Issue Date:
06/05/2015

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Drawing:
Door Schedule

Supersedes Date:
New Document

Version No.
1.0



Door Schedule				
Mark	Width	Height	Assembly Description	Type
				36" x 84"
1	3' - 0"	7' - 0"	Interior Doors	FRONT DOOR
2	3' - 0"	7' - 0"	Interior Doors	36" x 84"
3	3' - 0"	7' - 0"	Interior Doors	36" x 84"
4	3' - 0"	7' - 0"	Interior Doors	36" x 84"
5	3' - 0"	7' - 0"	Interior Doors	36" x 84"
6	3' - 0"	7' - 0"	Interior Doors	36" x 84"
7	3' - 0"	7' - 0"	Interior Doors	36" x 84"
8	3' - 0"	7' - 0"	Interior Doors	36" x 84"
9	3' - 0"	7' - 0"	Interior Doors	36" x 84"
10	3' - 0"	7' - 0"	Interior Doors	36" x 84"
				36" x 84"
11	3' - 0"	7' - 0"	Interior Doors	HEAVY SAFE DOOR
				36" x 84"
12	3' - 0"	7' - 0"	Interior Doors	HEAVY SAFE DOOR
13	3' - 0"	7' - 0"	Interior Doors	36" x 84"
14	3' - 0"	7' - 0"	Interior Doors	36" x 84"
15	3' - 0"	7' - 0"	Interior Doors	36" x 84"



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14 Walker Way, Section 2, Albany, NY 12205	Issue Date: 06/05/2015	Page 4 of 4
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Room Schedule					
Number	Name	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	538 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	RESTROOM	59 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
3	RESTROOM	74 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
4	CLOSET	83 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
5	SECURITY	145 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	MANTRAP	33 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
7	DISPENSARY	326 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
8	STOCK CONTROL	243 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
9	BREAK ROOM	258 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
10	SAFE STORAGE	83 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
11	BULK STORAGE	91 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
12	OFFICE	120 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
13	OFFICE	117 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
14	MANAGER'S OFFICE	225 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
15	HALLWAY	228 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL



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Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Table with 2 columns: Field Name and Value. Fields include Business Name (Brightwater Farms LLC), Facility Type (Manufacturing Facility, Dispensing Facility), Use and Occupancy Classification (Drug Store Occupancy Mercantile Group M Section 309), Building Construction Type and Classification (Type IIA), Facility Address (90 Verdi Street Farmingdale, NY 11735), Primary Contact Telephone number (315-266-0290), and Primary Contact Fax number (315-266-0292).

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

Table with 2 columns: Checklist Item and Description. Items include TOWN BOARD APPROVAL, PLANNING BOARD APPROVAL, ZONING BOARD OF APPEALS APPROVAL, PREPARATION OF CONSTRUCTION DOCUMENTS, BUILDING PERMIT, BIDDING PHASE, CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply), COMMENCEMENT OF CONSTRUCTION, and COMPLETION OF CONSTRUCTION.



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Medical Marijuana Program Application for Registration as a Registered Organization

Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits, Public Parking Spaces, Staff Parking Spaces, Accessible Parking Spaces, Accessible Route(s), Fire Lane and/or Fire Apparatus Road, Percentage of Green Space, Location of Emergency Power Systems, Loading & Unloading, Security Gates & Fences

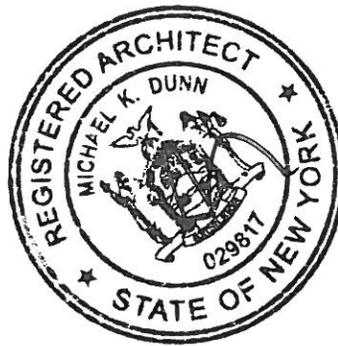
PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



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Appendix B – Architectural Program

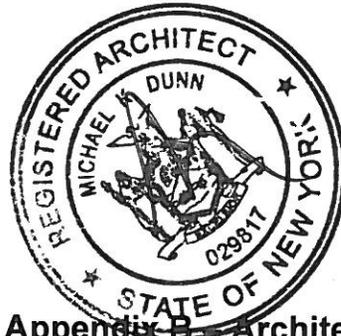
PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

Table with 2 columns: checkbox and code description. Codes include 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, 2010 PLUMBING CODE OF NYS, 2010 MECHANICAL CODE OF NYS, 2010 FUEL GAS CODE OF NYS, 2010 PROPERTY MAINTENANCE CODE OF NYS, 2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS, 2012 IECC COMMERCIAL PROVISIONS, 2010 EXISTING BUILDING CODE OF NYS, NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version), 2014 NY CITY CONSTRUCTION CODE, 2008 NY CITY CONSTRUCTION CODE, 1968 NY CITY CONSTRUCTION CODE, NFPA 101-06 LIFE SAFETY CODE, ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES, and OTHER.



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Appendix B – Architectural Program

Select Project

Type:

Check all that apply.
Refer to the Existing
Building Code for
definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2

- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building

- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:

Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm

- Structural
- Mechanical
- Plumbing
- Electrical

- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

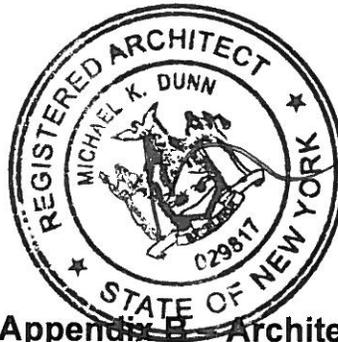
Applicant shall provide all applicable information in regards to the code topic and section listed below.

- 1 Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: *Fire Code*, PC: *Plumbing Code*, MC: *Mechanical Code*, FGC: *Fuel Gas Code*, ECCC: *Energy Conservation Code*.
- 2 Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*
- 3 Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Select Use & Occupancy Per Chapter 3	Section 309 Drug Store Mercantile Group M



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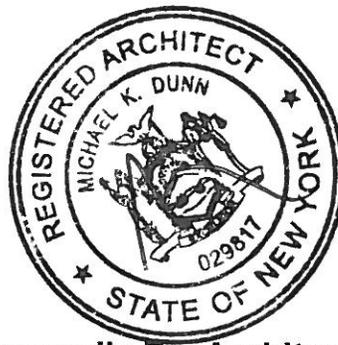
Appendix B Architectural Program

**Medical Marijuana Program
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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	N/A	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	See Table 503 NYS BC M (4) stories / 21,500 SF	Actual M (1) Story 900SF
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	See Table 508.2 NYS BC	1 hr separation provided



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Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Separation in accordance with section 302.1 & 508	Table 508.3.3 Group M to F-1 1 hr required
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Use table 508.3.3	1hr Separation provided
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Select classification based on materials of construction	Type IIA Drug Store Group M occupancy
11	Fire Resistance Rating Reqmt for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Use table 601 to determine required rating	IIA: All wall / floor / roof 1hr



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12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See table 602	1 hr rating provided
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A this is a freestanding building	N/A
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/A	N/A
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	This is single story building
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	Storage rooms require separation	1 Hr. rating for storage areas over 100 sq. ft.



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18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	1hr required	1hr provided
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Not Applicable see section 903.2.6	N/A
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	N/A	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	N/A see section 907.2.7	N/A



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23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A	N/A
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Access per section 912.2	building has full accessibility
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Door shall open in direction of travel and meet occupancy loading	See door schedule on plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use table 1004.1.1 to identify occupant loading	See plan for room dimensions and occ. loading
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Use table 1005.1 =.2 / occ	.2 inches per occ. provided
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Accessible means of egress shall be provided per 1007.1 and 1007.2	See plans for accessible routes, HC ramps, restrooms fountains, locker room etc.



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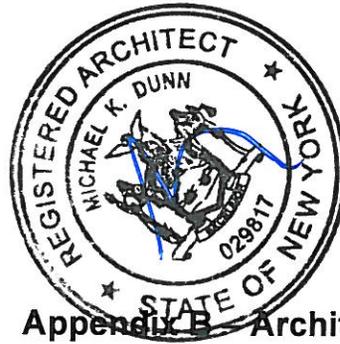
Appendix B Architectural Program

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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 min 36" doors	All doors shall be min 36"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Section 1010-1010.10 must meet min req.	See ramp details on plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 max 75' to exit	See egress rout on plans
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015 requires multiple exits for occ. load over 49	see plans for all exit locations
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	N/A	N/A



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35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	N/A	N/A
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	N/A	N/A
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	See Table 1019.1 min 1 exits required.	Group M occupancy below 50 only 1 exit needed
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	N/A
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



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Appendix B - Architectural Program

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41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	No exit stairs or ramps*	* ADA accessible ramp provided on main egress
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	All exits shall discharge to exterior	All exits comply
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All to be in compliance with 1101.1-1110 & Icc/A117.1 (03)	See plans for ADA compliant fixtures, egress, doors, ramps etc.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Shall be incompliant with Energy code	See Com check at time of plan submittal to Build.Dept
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Not Required	N/A
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not Required	N/A



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Appendix B – Architectural Program

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47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	See table 2902.1 for B	Required fixtures provided
48	Available Street Water Pressure			Provide the available street or well water pressure.	Flow test req. by local municipality	60 PSI Min SCWA
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire Service Access	Site Provides full access



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90 Verdi Street
Farmingdale, NY 11735

Issue Date:
06/05/2015

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Drawing:
Site Plan

Supersedes Date:
New Document

Version No.
1.0



Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Farmingdale, NY 11735

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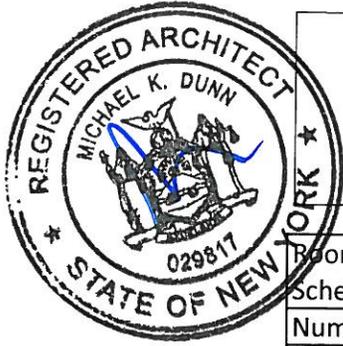
Drawing:
Door Schedule

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Door Schedule				
Mark	Width	Height	Type	Assembly Description
1	3' - 0"	7' - 0"	36" x 84" - OUTDOOR	Interior Doors
2	3' - 0"	7' - 0"	36" x 84"	Interior Doors
3	3' - 0"	7' - 0"	36" x 84"	Interior Doors
4	3' - 0"	7' - 0"	36" x 84"	Interior Doors
5	3' - 0"	7' - 0"	36" x 84"	Interior Doors
6	3' - 0"	7' - 0"	36" x 84"	Interior Doors
7	3' - 0"	7' - 0"	36" x 84"	Interior Doors
8	3' - 0"	7' - 0"	36" x 84"	Interior Doors
9	3' - 0"	7' - 0"	36" x 84" - HEAVY METAL SAFE DOOR	Interior Doors
10	3' - 0"	7' - 0"	36" x 84" - HEAVY METAL SAFE DOOR	Interior Doors



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Drawing:
Site Plan

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Room Schedule					
Number	Name	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	167 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	SECURITY	107 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
3	MANTRAP	27 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
4	DISPENSARY	157 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
5	STOCK CONTROL	137 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	HALLWAY	49 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
7	RESTROOM	36 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
8	BULK STORAGE	41 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
9	MANAGER'S OFFICE	115 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
10	SAFE STORAGE	41 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL



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Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Table with 2 columns: Field Name and Value. Fields include Business Name (Brightwater Farms LLC), Facility Type (Manufacturing Facility, Dispensing Facility), Use and Occupancy Classification (Drug Store Occupancy Mercantile Group M Section 309), Building Construction Type and Classification (Type IIA), Facility Address (142 East 49th Street New York, NY), Primary Contact Telephone number (315-266-0290), and Primary Contact Fax number (315-266-0292).

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

Table with 2 columns: Checklist Item and Description. Items include TOWN BOARD APPROVAL, PLANNING BOARD APPROVAL, ZONING BOARD OF APPEALS APPROVAL, PREPARATION OF CONSTRUCTION DOCUMENTS, BUILDING PERMIT, BIDDING PHASE, CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply), COMMENCEMENT OF CONSTRUCTION, and COMPLETION OF CONSTRUCTION.



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Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

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Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



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Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

- 2010 BUILDING CODE OF NYS
2010 FIRE CODE OF NYS
2010 PLUMBING CODE OF NYS
2010 MECHANICAL CODE OF NYS
2010 FUEL GAS CODE OF NYS
2010 PROPERTY MAINTENANCE CODE OF NYS
2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
2012 IECC COMMERCIAL PROVISIONS
2010 EXISTING BUILDING CODE OF NYS
NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
2014 NY CITY CONSTRUCTION CODE
2008 NY CITY CONSTRUCTION CODE
1968 NY CITY CONSTRUCTION CODE
NFPA 101-06 LIFE SAFETY CODE
ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
OTHER



Appendix B – Architectural Program

Select Project Type:

Type:

Check all that apply. Refer to the Existing Building Code for definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2

- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building

- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work Involved:

Involved:

Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm

- Structural
- Mechanical
- Plumbing
- Electrical

- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

- Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: *Fire Code*, PC: *Plumbing Code*, MC: *Mechanical Code*, FGC: *Fuel Gas Code*, ECCC: *Energy Conservation Code*.
- Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*
- Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Select Use & Occupancy Per Chapter 3	Section 309 Drug Store Mercantile Group M



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	N/A	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	See Table 503 NYS BC M (4) stories / 21,500 SF	leased space is 550 sq. feet ground floor part of multi story bldg. 
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	See Table 508.2 NYS BC	1 hr separation provided



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	This is mixed occupancy multi story	No seration required for group M & R
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Group M & R occupancies	No Separation required
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Select classification based on materials of construction	Type IIA Drug Store Group M occupancy
11	Fire Resistance Rating Reqm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Use table 601 to determine required rating	IIA: All wall / floor / roof 1hr Exist



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See table 602 2Hr req.	2 hr rating provided
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	Party Wall 0' setback	2 hr rating provided
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	2 hr. required	2 hr provided
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/A	N/A
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	No shaft in lease space
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	Storage rooms require separation	1 Hr. rating for storage areas over 100 sq. ft.



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	As per 508.3.3 no separation required	N/A
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Not Applicable see section 903.2.6	Building has sprinklers
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	Required	Existing NYC FD
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	Required	Existing NYC FD



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23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Required NYC Code	Provided
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Required NYC Code	Provided
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Door shall open in direction of travel and meet occupancy loading	See door schedule on plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use table 1004.1.1 to identify occupant loading	See plan for room dimensions and occ. loading
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Use table 1005.1 =.2 / occ	.2 inches per occ. provided
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Accessible means of egress shall be provided per 1007.1 and 1007.2	See plans for accessible routes, HC ramps, restrooms fountains, locker room etc.



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29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 min 36" doors	All doors shall be min 36"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	See section 1009	Stairs are to code
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Section 1010-1010.10 must meet min req.	See ramp details on plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 max 75' to exit	See egress rout on plans
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015 requires multiple exits for occ. load over 49	see plans for all exit locations
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	N/A	N/A



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35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	Per 1017.2	See plans
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	N/A	N/A
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	See Table 1019.1 min 1 exits required.	Group M occupancy below 50 only 1 exit needed
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	N/A
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



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41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	No exit stairs or ramps*	* ADA accessible ramp provided on main egress
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	All exits shall discharge to exterior	All exits comply
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All to be in compliance with 1101.1-1110 & lcc/A117.1 (03)	See plans for ADA compliant fixtures, egress, doors, ramps etc.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Shall be incompliant with Energy code	See Com check at time of plan submittal to Build.Dept
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Not Required	N/A
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not Required	N/A



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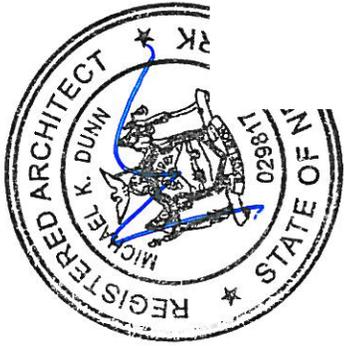
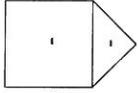
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Appendix B – Architectural Program

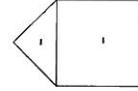
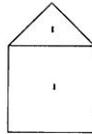
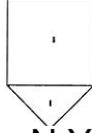
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47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	See table 2902.1 for B	Required fixtures provided
48	Available Street Water Pressure			Provide the available street or well water pressure.	Flow test req. by local municipality	60 PSI NYC Water
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire Service Access	All meet NYC FD Code exist.

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New York, NY 10017

Drawing:
Door Schedule

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Door Schedule

Mark	Width	Height	Assembly Description	Type
	13' - 0"	7' - 0"	Interior Doors	36" x 84" Back Door
	23' - 0"	7' - 0"	Interior Doors	36" x 84" Front Door
	32' - 6"	6' - 8"	Interior Doors	30" x 80"
	42' - 6"	6' - 8"	Interior Doors	30" x 80"
	52' - 6"	6' - 8"	Interior Doors	30" x 80"
	62' - 6"	6' - 8"	Interior Doors	30" x 80"
	72' - 6"	6' - 8"	Interior Doors	30" x 80" Secure Safe Door
	83' - 0"	7' - 0"	Interior Doors	36" x 84" 30" x 80"
	92' - 6"	6' - 8"	Interior Doors	Secure Safe Door
	102' - 6"	6' - 8"	Interior Doors	30" x 80"



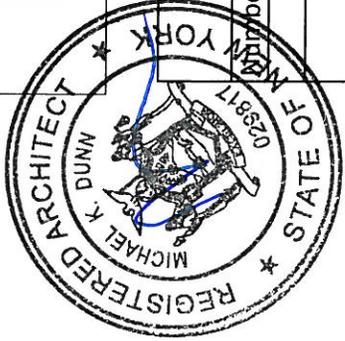
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5	MANAGER'S OFFICE	68 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	RESTROOM	22 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
7	BULK STORAGE	31 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
8	SAFE STORAGE	15 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
9	STOCK CONTROL	93 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL



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PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Oil, Electric, Solar, Other
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



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PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

Table with 2 columns: checkbox and code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



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Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
	Select Work Involved: Check all that apply.	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

- Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: *Fire Code*, PC: *Plumbing Code*, MC: *Mechanical Code*, FGC: *Fuel Gas Code*, ECCC: *Energy Conservation Code*.
- Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*
- Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Select Use & Occupancy Per Chapter 3	Section 309 Drug Store Mercantile Group M



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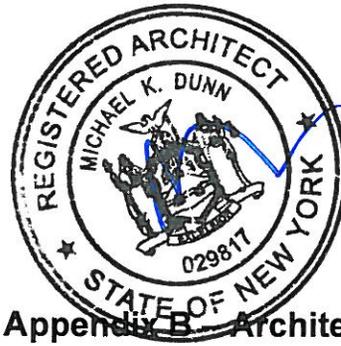
**Medical Marijuana Program
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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	N/A	N/A
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	See Table 503 NYS BC M (4) stories / 21,500 SF	Actual M (2) Story 600SF Lease Lower Floor
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	See Table 508.2 NYS BC	1 hr separation provided



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	This is freestanding single use occupancy	N/A
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	This is freestanding single use occupancy	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	This is freestanding single use occupancy	No Separation required
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Select classification based on materials of construction	Type IIA Drug Store Group M occupancy
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Use table 601 to determine required rating	IIA: All wall / floor / roof 1hr



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See table 602	1 hr rating provided
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A this is a freestanding building	N/A
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/A	N/A
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	Two story without shafts
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	Storage rooms require separation	1 Hr. rating for storage areas over 100 sq. ft.



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	As per 508.3.3 no separation required	N/A
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Not Applicable see section 903.2.6	N/A
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	N/A	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	N/A see section 907.2.7	N/A



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23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A	N/A
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Access per section 912.2	Freestanding site full access
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Door shall open in direction of travel and meet occupancy loading	See door schedule on plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use table 1004.1.1 to identify occupant loading	See plan for room dimensions and occ. loading
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Use table 1005.1 =.2 / occ	.2 inches per occ. provided
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Accessible means of egress shall be provided per 1007.1 and 1007.2	See plans for accessible routes, HC ramps, restrooms fountains, locker room etc.



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 min 36" doors	All doors shall be min 36"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Section 1010-1010.10 must meet min req.	See ramp details on plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 max 75' to exit	See egress rout on plans
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015 requires multiple exits for occ. load over 49	see plans for all exit locations
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	N/A	N/A



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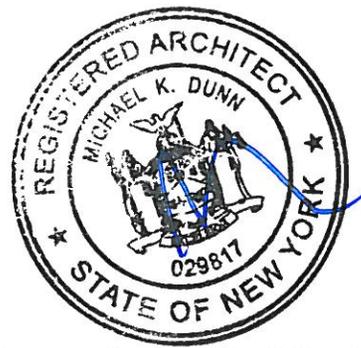
**Medical Marijuana Program
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35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	N/A	N/A
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	N/A	N/A
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	See Table 1019.1 min 1 exits required.	Group M occupancy below 50 only 1 exit needed
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	N/A
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



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41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	No exit stairs or ramps*	* ADA accessible ramp provided on main egress
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	All exits shall discharge to exterior	All exits comply
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All to be in compliance with 1101.1-1110 & Icc/A117.1 (03)	See plans for ADA compliant fixtures, egress, doors, ramps etc.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Shall be in compliance with Energy code	See Com check at time of plan submittal to Build.Dept
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Not Required	N/A
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Not Required	N/A



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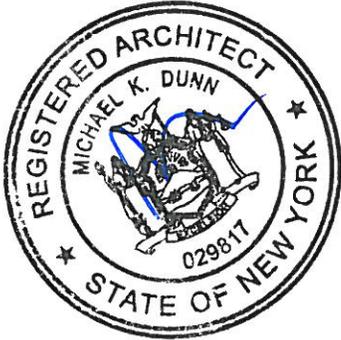
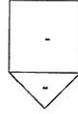


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47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	See table 2902.1 for B	Required fixtures provided
48	Available Street Water Pressure			Provide the available street or well water pressure.	Flow test req. by local municipality	60 PSI Min City Water
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	Fire Service Access	Freestanding building provides full access

M	135 West Ridge Road Rochester, NY 14615	Issue Date: 06/05/2015	Page 1 of 4
	Drawing: Site Plan	Supersedes Date: New Document	Version No. 1.0



WEST RIDGE ROAD

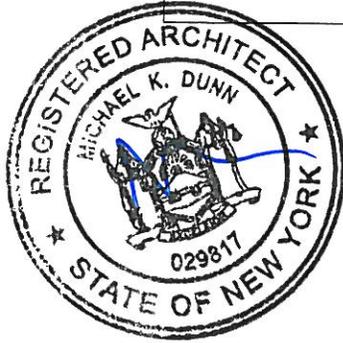
Redacted pursuant to N.Y. Public Officers Law, Art. 6

M	135 West Ridge Road Rochester, NY 14615	Issue Date: 06/05/2015	Page 2 of 4
	Drawing: Floor Plan	Supersedes Date: New Document	Version No. 1.0

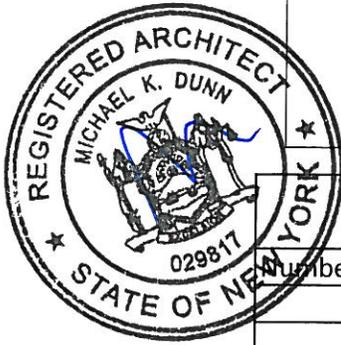
Redacted pursuant to N.Y. Public Officers Law, Art. 6



M	135 West Ridge Road Rochester, NY 14615	Issue Date: 06/05/2015	Page 3 of 4
	Drawing: Door Schedule	Supersedes Date: New Document	Version No. 1.0



Door Schedule			
Mark	Width	Height	Type
1	3' - 0"	7' - 0"	36" x 84" outdoor
2	2' - 6"	6' - 8"	30" x 80"
3	2' - 6"	6' - 8"	30" x 80"
4	2' - 6"	6' - 8"	30" x 80"
5	2' - 6"	6' - 8"	30" x 80"
6	3' - 0"	7' - 0"	36" x 84" outdoor
7	2' - 6"	6' - 8"	30" x 80"
8	2' - 6"	6' - 8"	30" x 80"
9	2' - 6"	6' - 8"	30" x 80"
10	2' - 6"	6' - 8"	30" x 80"
11	3' - 0"	7' - 0"	36" x 84"
12	2' - 6"	6' - 8"	30" x 80"
13	3' - 0"	7' - 0"	36" x 84" outdoor



M

135 West Ridge Road
Rochester, NY 14615

Issue Date:
06/05/2015

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4 of 4

Drawing:
Room Schedule

Supersedes Date:
New Document

Version No.
1.0

Room Schedule

Number	Name	Area	Base Finish	Wall Finish	Ceiling Finish
1	LOBBY	97 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	MANTRAP	19 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
3	SECURITY	47 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
4	DISPENSARY	74 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
5	STOCK CONTROL	71 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	SAFE STORAGE	34 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
7	STORAGE	38 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
8	HALLWAY	96 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
9	RESTROOM	58 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
10	BULK STORAGE	29 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
11	MANAGER'S OFFICE	33 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Business Name: Brightwater Farms LLC
Facility Type: Manufacturing Facility [checked] Dispensing Facility []
Use and Occupancy Classification: Greenhouse & Lab: Greenhouse use group U / Business Group B (Laboratories)
Building Construction Type and Classification: Type IIA -Lab & Type IIB Greenhouse
Facility Address: 1113 Herkimer Rd Utica, NY 13501
Primary Contact Telephone number: 315-266-0290
Primary Contact Fax number: 315-266-0292

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

Table with 2 columns: Requirement (checkbox) and Description. Includes items like TOWN BOARD APPROVAL, PLANNING BOARD APPROVAL, ZONING BOARD OF APPEALS APPROVAL, PREPARATION OF CONSTRUCTION DOCUMENTS, BUILDING PERMIT, BIDDING PHASE, CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR, COMMENCEMENT OF CONSTRUCTION, and COMPLETION OF CONSTRUCTION.





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PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

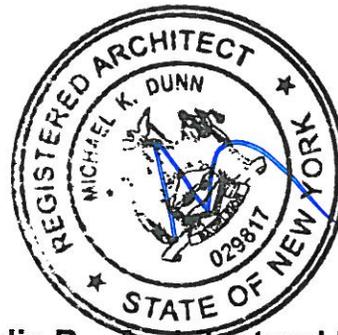
PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Oil, Electric, Solar, Other
Engineering Systems:
Heating System: Type Rooftop, Size 60 Ton, Efficiency 13 Seer
Cooling System: Type Rooftop, Size 60 Ton, Efficiency 13 Seer
Ventilation & Humidification Systems
Electrical Distribution Available 208/230 (3) Phase
Water Supply: Municipal Water Service Utica or Private Well Water
Sewage: Municipal Sewer System Utica or Private Septic System
Emergency Power System: Type Onan, Size (2) 250KW, Efficiency N/A



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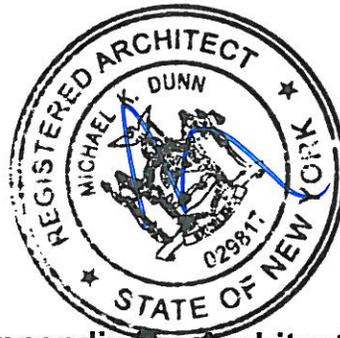
PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

Table with 2 columns: checkbox and code description. Codes include 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, 2010 PLUMBING CODE OF NYS, 2010 MECHANICAL CODE OF NYS, 2010 FUEL GAS CODE OF NYS, 2010 PROPERTY MAINTENANCE CODE OF NYS, 2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS, 2012 IECC COMMERCIAL PROVISIONS, 2010 EXISTING BUILDING CODE OF NYS, NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version), 2014 NY CITY CONSTRUCTION CODE, 2008 NY CITY CONSTRUCTION CODE, 1968 NY CITY CONSTRUCTION CODE, NFPA 101-06 LIFE SAFETY CODE, ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES, OTHER.



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Select Project

Type:

Check all that apply.
Refer to the Existing
Building Code for
definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2

- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building

- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:

Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm

- Structural
- Mechanical
- Plumbing
- Electrical

- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: *Fire Code*, PC: *Plumbing Code*, MC: *Mechanical Code*, FGC: *Fuel Gas Code*, ECCC: *Energy Conservation Code*.
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: *Not Applicable*, NR: *Not Required*, NP: *Not Permitted*
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Select Use & Occupancy Per Chapter 3	Use group U (Greenhouse) / Business Group B (Laboratory)



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2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	N/A	N/A
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Provide fire rated control area per 414.2	HCL shall be stored in Quantities under 20 gallons in 1 hr.Fire Rated Cabinet
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	As listed above	As listed above
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	See Table 503 NYS BC Lab (5) stories / 37,500 SF Green	Actual Lab (1) Story 15,000SF / Greenhouses (1) Story 13,800 x 2
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	See Table 508.2 NYS BC	1 hr separation provided



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	This is mixed occupancy Use U / Bus B	No Separation Required
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	This is not applicable as uses are separated	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Separated occupancies shall comply with table 508.3.3	No Separation required
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Select classification based on materials of construction	Type IIA Lab Type IIB Greenhouse
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Use table 601 to determine required rating	IIA: All wall / floor / roof 1hr IIB: Not required



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12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See table 602	Not required as buildings are more than 30' to property
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	N/A	Not applicable as uses are joined
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	N/A	N/A
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/A	No Separation needed between U & B occupancies
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	N/A	This is single story building
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	N/A	1 Hr. rating for storage areas over 100 sq. ft.



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of Health**



Appendix B of Architectural Program

**Medical Marijuana Program
Application for Registration as
a Registered Organization**

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	As per 508.3.3 no separation required	N/A
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Not Applicable for use group B and U	N/A
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/A	N/A
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	N/A	N/A
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	907.2.2.1 Use group B requires automatic fire / smoke detection	Provided



Department of Health



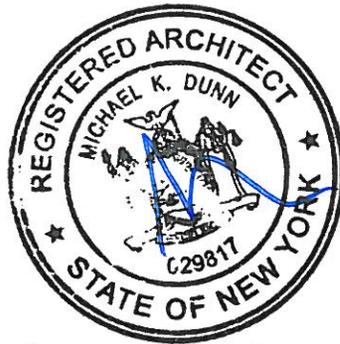
Appendix B Architectural Program

Medical Marijuana Program
Application for Registration as
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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A	N/A
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	Identify hydrant locations per 912.2	See plans and fire access road
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Door shall open in direction of travel and meet occupancy loading	See door schedule on plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Use table 1004.1.1 to identify occupant loading	See plan for room dimensions and occ. loading
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Use table 1005.1 =.2 / occ	.2 inches per occ. provided
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Accessible means of egress shall be provided per 1007.1 and 1007.2	See plans for accessible routes, HC ramps, restrooms fountains, locker room etc.



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Medical Marijuana Program
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Appendix B – Architectural Program

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29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 min 36" doors	All doors shall be min 36"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	Section 1010-1010.10 must meet min req.	See ramp details on plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 max 75' to exit	See egress rout on plans
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015 requires multiple exits for occ. load over 49	see plans for all exit locations
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	N/A	N/A



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35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	N/A	N/A
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	N/A	N/A
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	See Table 1019.1 min 2 exits required.	occ load 1-500 requires 2 exits. 6 Provided
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/A	N/A
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	N/A
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



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41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	No exit stairs or ramps*	* ADA accessible ramp provided on main egress
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	All exits shall discharge to exterior	All exits comply
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	All to be in compliance with 1101.1-1110 & Icc/A117.1 (03)	See plans for ADA compliant fixtures, egress, doors, ramps etc.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Lab shall be incompliant with Energy code	See Com check at time of plan submittal to Build.Dept
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Not Required	Facility has both gas and diesel back up.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	Duct smoke detection req.	Provided per 909.11



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47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	See table 2902.1 for B	More than min fixtures prov.
48	Available Street Water Pressure			Provide the available street or well water pressure.	Flow test req. by local municipality	60 PSI Min Utica City Water
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	20 min.max 300'	Provided min width and distance see plans

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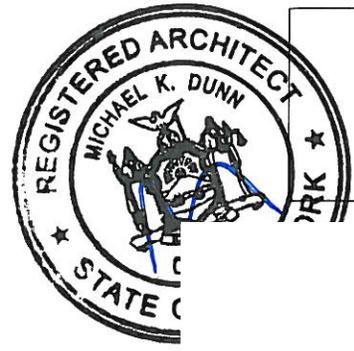
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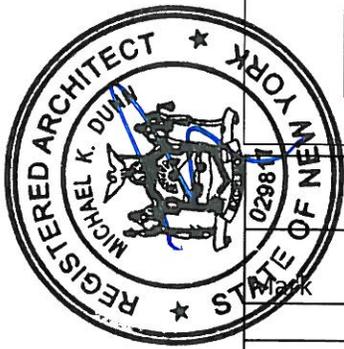
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West Elevation

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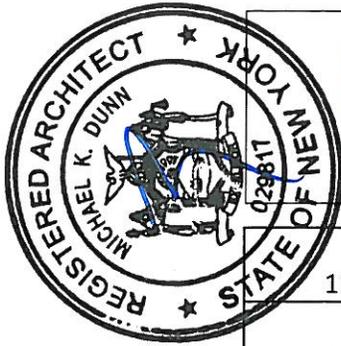
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Door Schedule

	Width	Height	Type	Assembly Description	Thickness	Description
1	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
2	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
3	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
4	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
5	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
6	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
7	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
8	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
9	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
10	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
111	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
112	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
113	6' - 0"	8' - 0"	Greenhouse Double Door	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
114	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
115	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
116	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.



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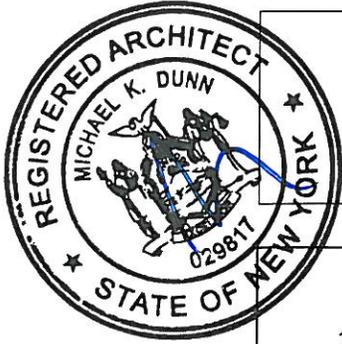
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117	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
118	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
119	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
120	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
121	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
122	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
123	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
124	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
125	6' - 0"	7' - 6"	Interior Production 72" x 96" safe	Interior Doors	0' - 2"	heavy safe double door.
126	6' - 0"	7' - 6"	Interior Production 72" x 96" safe	Interior Doors	0' - 2"	heavy safe double door.
127	6' - 0"	4' - 0"	Item Port - 4'0" x 6' 0"	Overhead Doors	0' - 2"	Small metal coiling door.
128	6' - 0"	4' - 0"	Item Port - 4'0" x 6' 0"	Overhead Doors	0' - 2"	Small metal coiling door.
129	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
130	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
131	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
132	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
134	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.



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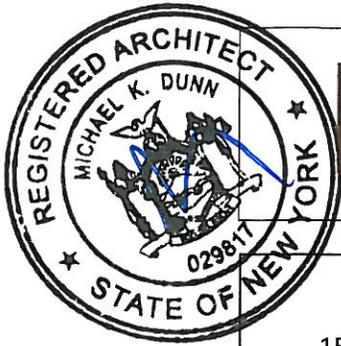
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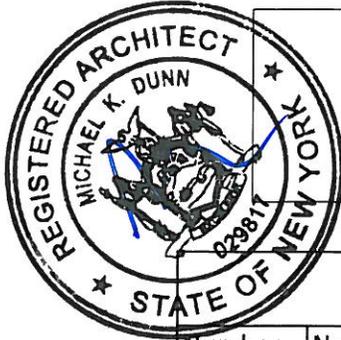
134	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
135	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
136	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
137	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
138	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
139	0' - 0"	0' - 0"	portal 8' x 84"			Hole in Wall.
140	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
141	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
142	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
143	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
144	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
145	0' - 0"	0' - 0"	portal 36" x 84"			Hole in Wall.
146	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
147	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
148	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
149	0' - 0"	0' - 0"	portal 36" x 84"			Hole in Wall.
150	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.



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151	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
152	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
153	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
154	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
155	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
156	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
157	3' - 0"	8' - 0"	Interior door 36" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
158	3' - 0"	8' - 0"	Interior door 36" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
159	3' - 0"	8' - 0"	Interior door 36" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
160	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
161	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
162	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
163	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
164	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
165	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
166	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.



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Room Schedule

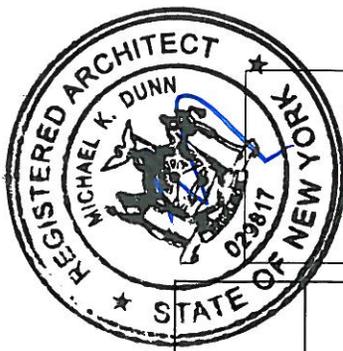
Number	Name	Department	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	GENERAL TI	208 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
2	SECURITY	GENERAL TI	160 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
3	MANTRAP	GENERAL TI	51 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
4	MAIN HALLWAY	GENERAL TI	153 SF	LOW VOC WHITE EPOXY AND COVED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
5	BREAK	GENERAL TI	261 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
6	WOMEN'S	GENERAL TI	603 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
7	SERVER	IT	72 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
8	MEN'S	GENERAL TI	603 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
9	OFFICE	GENERAL TI	116 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
10	CLEAN	GENERAL TI	288 SF	WHITE EPOXY WITH COVED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
11	PRODUCTION AND ASSEMBLY	PRODUCTION	4566 SF	LOW VOC WHITE EPOXY AND COVED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
12	GEL FILL	PRODUCTION	153 SF	LOW VOC WHITE EPOXY AND COVED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.



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13	GEL COOL	PRODUCTION	160 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
14	GEL INSPECTION	PRODUCTION	249 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
15	GEL PACKAGING	PRODUCTION	217 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
16	PACKAGE	PRODUCTION	352 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
17	SAFE STORAGE	STOCK CONTROL	493 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' PAINTED MASONRY.	MASONRY.
18	DRY WAREHOUSE	WAREHOUSE	2032 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
19	MANTRAP GARAGE	WAREHOUSE	283 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
20	EXTRACTION HALLWAY	GENERAL TI	1595 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
21	JANITOR	JANITOR	88 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
22	SUPPLIES	JANITOR	88 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
23	EXTRACTION	EXTRACTION	453 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' EPOXY DRYWALL.	2X4 VINYL-FACED ACT TILES.
24	LAB	QC/QA & R&D	383 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' EPOXY DRYWALL.	2X4 VINYL-FACED ACT TILES.



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Drawing: Room Schedule	Supersedes Date: New Document	Version No. 1.0

25	REFINING	EXTRACTION	903 SF	LOW VOC WHITE EPOXY AND COVED BASE.	8' EPOXY DRYWALL.	2X4 VINYL-FACED ACT TILES.
26	TRIM	CULTIVATION	537 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
27	DRY	CULTIVATION	146 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
28	DRY	CULTIVATION	151 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
29	DRY	CULTIVATION	151 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
30	DRY	CULTIVATION	151 SF	WHITE EPOXY WITH COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
31	CLONE	CULTIVATION	230 SF	LOW VOC WHITE EPOXY AND COVED BASE WITH GRIT.	10' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
32	MOM	CULTIVATION	1206 SF	UNFINISHED CONCRETE.	16' TRANSLUCENT DOUBLE POLY-CARBON SHEETS.	2X4 VINYL-FACED ACT TILES.
33	VEG	CULTIVATION	1544 SF	UNFINISHED CONCRETE.	16' TRANSLUCENT DOUBLE POLY-CARBON SHEETS.	2X4 VINYL-FACED ACT TILES.
34	FLOWER	CULTIVATION	28726 SF	UNFINISHED CONCRETE.	16' TRANSLUCENT DOUBLE POLY-CARBON SHEETS.	TRANSLUCENT INFLATED DOUBLE POLY-CARON.
35	IRRIGATION	CULTIVATION	1115 SF	WHITE EPOXY WITH COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.



M

1113 Herkimer Rd. Utica, NY 13501	Issue Date: 06/05/2015	Page 15 of 15
Drawing: Room Schedule	Supersedes Date: New Document	Version No. 1.0

36	WIP	STOCK CONTROL	113 SF	WHITE EPOXY WITH COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
37	SAFE	STOCK CONTROL	161 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED MASONRY.	MASONRY.



CITY OF UTICA

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
315.792.0113

1206 Garden Road
Utica, New York 13501
315.723-1238
joeutica@gmail.com

Joseph A. Marino
Councilman 4th District

Mr. Anthony Quintal, Owner
Brightwaters Farms & Nursery
1113 Herkimer Road
Utica, NY 13502

Dear Mr. Quintal,

I am writing today to commend you and lend my official support on your endeavor to become a New York State licensed medical marijuana grower and distributor in Utica. As a Councilman in this city, I welcome you and truly hope you are successful in your application for several reasons.

First, having a partner such as you and your farms operate out of North Utica in a massive, well secured facility that has been underutilized in the recent past, shows our citizens and neighbors that there is tangible confidence in investing in upstate New York and particularly Utica. Secondly, as this city continues its economic turnaround and resurgence, I am encouraged to by the major economic impact that your proposal brings to our community. Realizing this type of financial gain and bringing 250-350, full time well paying jobs to our region is a sincerely transformative event for our working families. Lastly, and very much most importantly, giving our Utica residents and regional citizens direct access to life changing medical marijuana that helps treat debilitating diseases such as epilepsy, ALS or even Cancer to name a very few, is something I strongly support.

Given the secure nature of the States program on medical marijuana and your firm commitment to that security, I reiterate my support to you on this project and its possible end result of new direct access to this important medicine.

Once again, good luck in your application process and please feel free to contact me for my support any time you may need. The thousands of people I represent in Utica will be better served if you should be successful. Thank you for your time.

Very Truly Yours,

Councilman Joseph A. Marino



CITY OF UTICA

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
315.792.0118

1808 Blandina Street
Utica, New York 13501
(315) 520-4264

Samantha Colosimo-Testa
Councilwoman 6th District

May 20, 2015

New York State Department of Health
Corning Tower
Empire State Plaza,
Albany, NY 12237

Att: Dr. Howard A. Zucker, Commissioner of Health for New York State

Dear Dr. Howard A. Zucker,

I am writing to you in regard to my support to for the applicant Brightwater farms to manufacture approved medical marijuana products in New York State. As a City of Utica Councilperson it is my duty and obligation to look out for the best interest of my constituents, in accordance with PHL § 3365, it is extremely important for the municipality to show their support and understanding for the state law and to have a proactive approach to ensuring the care and safety of my constituents and the entire City of Utica is addressed.

From the time the application process opened it has been Brightwaters farms main priority to inform the public, and maintain a level of trust from the elected officials, and the community in which it is seeking support. From attending public outreach meetings, to answering questions, it is with great confidence I can say that I am in full support and look forward to the application of Brightwaters farms being approved.

It is important that the program that is being implemented is done so, swiftly and effectively so that patients across New York State who are suffering from serious illnesses or debilitating conditions can access the medicine they need. I have also drafted a resolution of support that the entire City Council has supported, because I know that Brightwater farms will go above and beyond the expectations of the N.Y.S. law.

We look forward to taking a proactive approach to the law and I cannot say it enough how confident I am with Brightwater farms operating a cultivation center in my district in the City of Utica.

Thank you for your time and best regards,

Samantha Colosimo-Testa
City of Utica Councilperson 6th Ward

BRIGHTWATERS FARMS TO THE RESCUE

May 25, 2010

The Honorable Andrew M. Cuomo
Governor
The State of New York
NYS Capital Building
Albany, NY 12224

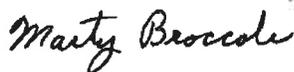
Dear Governor Cuomo:

Within the City of Utica lies a 59 acre farm (the only farm within the City) that was the home to the former Baker Greenhouse complex. The complex consist of approximately 14 acres of greenhouses. The most recent tenant, Kurt Weiss Greenhouses shut the complex down in 2012 leaving Farm Credit East with the property. For the last two years, I have worked closely with Farm Credit in an effort to sell the complex hoping to keep it a viable farm greenhouse operation. A variety of potential operators looked at the complex but for whatever reasons, a sale was never consummated. Farm Credit was ready to sell the complex to the highest bidder even if it meant tearing down the greenhouses to construct a housing complex. Obviously, this is not what we wanted to see happen.

Luckily, the owners of Brightwaters Farms have stepped to the plate and purchased the complex allowing us to work with them to develop an integrated greenhouse multi use facility. We have one client already growing a variety of lettuces "The Radicle Farm Company" and will soon have Upstate Cerebral Palsy taking over an 80,000 square foot section and building a hydroponics operation creating 25 jobs for "Special Needs" workers.

As a result of these two initiatives, I was able to spend time and work closely with Anthony Quintal Jr. and Louis DeRitis, owners of Brightwaters. They have been extremely cooperative, professional and understanding to both Radicle Farms and UCP in an effort to solidify both operations as long-term tenants in the complex.

Sincerely yours,



Marty Broccoli

Redacted pursuant to N.Y. Public Officers Law, Art. 6

May 27, 2015

The Honorable Andrew M. Cuomo
Governor
The State of New York
NYS Capital Building
Albany, New York 12224

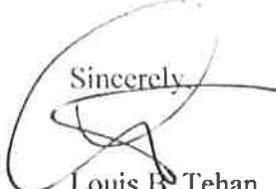
To Whom it May Concern:

Upstate Cerebral Palsy, Inc. is a premier provider of health and human services in the Central New York region, reaching over 15,000 individuals and families annually. Upstate Cerebral Palsy is pursuing a social enterprise hydroponic greenhouse operation, which will be located in the North Utica greenhouse facility in which Brightwater Farms has recently obtained ownership. This new venture will employ individuals with and without disabilities in an integrated workplace setting.

Brightwater Farms has been supportive of Upstate Cerebral Palsy's new enterprise, working closely with our program leadership during lease negotiations and in our pursuit of grant opportunities. The owners have also agreed to assist us in the development of our customer base sharing their agri-business retail outlet contacts. They have also stated they would be willing to provide in-kind offerings of additional greenhouse space, as well as outdoor growing areas for a vocational training program.

Without their cooperation and concessions, Upstate would not have been able to advance this enterprise in the same manner. Therefore, Upstate Cerebral Palsy is committed to Brightwater's successful expansion of greenhouse operations at the North Utica site.

Sincerely,


Louis B. Tehan
President and CEO

everyday miracles...

It's Who We Are, It's How We Work, It's How Much We Care!



ROBERT M. PALMIERI
MAYOR

CITY OF UTICA

Department of Legislation
1 Kennedy Plaza, Utica, New York 13502
(315)792-0118

Frank Meola
Common Council President
33 Nob Rd
Utica, New York 13501

To Whom it May Concern:

I am President of the Common Council for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Frank Meola, Common Council President



2622 Edgewood Road
Utica, New York 13501

CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0117 fax: (315)792-0220

Robert J. DeSanctis
Councilman 3rd District

May 21, 2015

To Whom it May Concern:

I am President of the Common Council for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Robert J. DeSanctis, Councilman 3rd District



CITY OF UTICA
OFFICE OF THE CITY CLERK
1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0117 fax: (315)792-0220

33 Pond Lane
Utica, New York 13501

Mark R. Williamson
Councilman at Large

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Mark R. Williamson, Councilman at Large



1410 Mather Avenue
Utica, New York 13502
(315) 507-4513

CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0115 fax: (315)792-0220

David Testa
Councilman, 2nd District

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana Project by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this Project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

David Testa, Councilman 2nd District



CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0115 fax: (315)792-0220

1 Kennedy Plaza
Utica, New York 13502

Jack LoMedico
Council at Large

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113 Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Jack LoMedico, Councilman at Large



CITY OF UTICA

OFFICE OF THE CITY CLERK

1 Kennedy Plaza, Utica, New York 13502
Department of Legislation
(315)792-0117 fax: (315)792-0220

637 Mary Street
Utica, New York 13501

Frank X. Vescera
Councilman 1st District

May 21, 2015

To Whom it May Concern:

I am a Councilperson for the City of Utica and I am in support of the Medical Marijuana application by Brightwater Farms who currently owns and operates Oneida County Farm & Greenhouses at 1113Herkimer Road, Utica, New York 13502.

I was present for a presentation and understand fully the process and value this project will bring to the citizens of the City of Utica and the State of New York. This project has my full support.

Thank you.

Very truly yours,

Frank X. Vescera, Councilman 1st District

Certified to:
Law
UPD
Anthony Quintal, Jr.

City of Utica
Department of Legislation
In Common Council

Utica, N.Y., May 20, 2015

Resolution 27. Sponsored by: Councilmembers Colosimo-Testa, Marino, Vescera, Testa, DeSanctis, McKinsey, Williamson, LoMedico, Bucciero

Resolution of Support from Local Governing Body Supporting the Application for the New York Medical Marijuana Program.

WHEREAS, the New York Medical Marijuana Program presents the City of Utica, with a unique opportunity to improve the health of the community/county; and

WHEREAS, the City of Utica, strives to bring tax dollars, assure secure operations, and maintain clean air and water; and

WHEREAS, the City of Utica supports the providing of a higher quality product that may have a positive effect on the lives of those living with debilitating conditions; and

NOW, THEREFORE, BE IT RESOLVED, that the Common Council of the City of Utica, State of New York, supports the submission of the aforementioned New York Medical Marijuana Program application.

Yeas: Councilmembers Vescera, Testa, DeSanctis, Marino, McKinsey, Colosimo-Testa, Williamson, LoMedico, Bucciero-9

Nays: None.

Adopted.

STATE OF NEW YORK, CITY OF UTICA)
CITY CLERK'S OFFICE) ss.
)

I hereby certify that I have compared the foregoing copy of an resolution of the Common Council with the record of proceedings of the Common Council of said City of Utica, duly made and on file in this office, and that the same is a correct transcript therefrom and of the whole of said resolution.

IN TESTIMONY WHEREOF, I have hereunto affixed the Corporate Seal of said City, and subscribed my name, this 21st day of May 2015.

Patricia A. Lindsay

City Clerk

Lucille Vincent

To: aquintal@brightwatersfarms.com
Subject: Letter of support for Medical Cannabis, Utica, NY.

The Honorable Andrew M. Cuomo
Governor
The State of New York
NYS Capitol Building
Albany, New York 12224

We are writing this letter to support the pursuit of licenses to operated Medical Marijuana cultivation facility in Utica, New York.

The representatives have inspired confidence in their plan through interaction with the community and a willingness to support the City of Utica, NY.

During a public meeting the representatives had open forum which provided residents with info and addressed any concerns in this open forum.

We fully understand this is not a cure but a positive help to assist people feeling better.

It would most definitely bring much needed economic growth to Utica, New York and the surrounding areas while also providing job opportunities ,
While also acting as a catalyst for the economic activity.

My [redacted] and myself are in full support of this taking place in our community and hope the licenses will be granted to Brightwaters Farms.

And after speaking to a lot of neighbors, and community members, they are all in agreement. We have not heard of one negative remark regarding same.

This approval and execution of this project will definitely produce a business that will make a major positive change in our community

Sincerely,
Ron and Lucille Vincent



Redacted pursuant to N.Y. Public Officers Law, Art. 6

5-28-15

COMMITTEE CHAIRMAN
ENERGY & TELECOMMUNICATIONS

MEMBER
CODES
COMMERCE, ECONOMIC DEVELOPMENT
& SMALL BUSINESS
CRIME VICTIMS, CRIME AND CORRECTION
CULTURAL AFFAIRS, TOURISM, PARKS & RECREATION
FINANCE
HIGHER EDUCATION
RACING, GAMING & WAGERING
VETERANS, HOMELAND SECURITY & MILITARY AFFAIRS
SELECT COMMITTEE ON
SCIENCE, TECHNOLOGY, INCUBATION & ENTREPRENEURSHIP



THE SENATE
STATE OF NEW YORK
JOSEPH A. GRIFFO
SENATOR, 47TH DISTRICT

ALBANY OFFICE:
ROOM 612
LEGISLATIVE OFFICE BUILDING
ALBANY, NEW YORK 12247
(518) 455-3334
FAX: (518) 426-6921

UTICA OFFICE:
207 GENESEE STREET
UTICA, NEW YORK 13501
(315) 793-9072
FAX: (315) 793-0298

EMAIL ADDRESS:
griffo@nysenate.gov

June 2, 2015

Howard A. Zucker, M.D., J.D.
Commissioner
Department of Health, State of New York
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Commissioner Zucker:

I would like to express my support on behalf of Brightwaters Farms for their application to be approved for a license to cultivate medical marijuana in the state of New York.

Medical marijuana has the potential to bring relief to many people suffering from serious diseases and conditions, and Brightwaters Farms' proposed plans to operate a cultivation facility in compliance with the state's Compassionate Care Act would also further enhance the economic development of the Mohawk Valley region.

Brightwaters Farms' proposed growing operation is estimated to bolster the region's tax revenue and bring new job opportunities to the area. Brightwaters Farms has also demonstrated its willingness to develop a cooperative and transparent relationship with the public as evidenced by their recent hosting of an informational forum to address any questions or concerns about the state's Medical Marijuana Program and the proposed growing facility.

I hope that you will review their proposal and give it your consideration.

Sincerely,

A handwritten signature in black ink that reads "Joseph A. Griffo".

Joseph A. Griffo
Senator





ONEIDA COUNTY DEPARTMENT OF LAW

Oneida County Office Building
800 Park Avenue ♦ Utica, New York 13501-2975
(315) 798-5910 ♦ Fax (315) 798-5603

ANTHONY J. PICENTE JR.
COUNTY EXECUTIVE

PETER M. RAYHILL
COUNTY ATTORNEY

May 26, 2015

Anthony Quintal Jr.
Brightwaters Farms
Oneida County Farm and Greenhouses
1113 Herkimer Road
Utica, New York 13501

Dear Mr. Quintal,

Please accept this letter in support of Brightwaters Farms' application to New York State Department of Health to become a registered organization to manufacture and dispense medical marijuana under the Compassionate Care Act.

Based on your meeting with the County, it is my understanding that the 700,000 square foot greenhouse located at Oneida County Farm and Greenhouses is well situated and equipped to grow and manufacture medical marijuana in full compliance with local, State and Federal laws, rules and regulations. The greenhouse currently has tenants leasing space for vegetable production, as well as Brightwaters Farm staff growing vegetables for commercial sale.

Sincerely,

Peter M. Rayhill, Esq.
Oneida County Attorney



Section A: Business Entity Information
1. Business Name: Brightwaters Farms LLC
2. Organization Type (choose one): [X] For-profit [] Non-profit
3. Business Type (choose one): [] Corporation [X] Limited Liability Company [] Sole Proprietorship [] General Partnership [] Limited Partnership [] Other:
4. Phone: 315-266-0290 5. Fax: 315-266-0292 6. Email: aquintal@brightwatersfarms.com
7. Business Address: 1113 Herkimer Road
8. City: Utica 9. State: NY 10. ZIP Code: 13501
11. Mailing Address (if different than Business Address):
12. City: 13. State: 14. ZIP Code:
Section B: Primary Contact Information
15. Name: Anthony Quintal 16. Title: Managing Member
17. Phone: 631-665-5411 18. Fax: 631-665-0225 19. Email: aquintal@brightwatersfarms.com
20. Mailing Address: 1624 Manatuck Blvd.
21. City: Bayshore 22. State: NY 23. ZIP Code: 11706
Section C: Proposed Manufacturing Facility Information
24. Proposed Facility Name: Brightwaters Farms LLC Utica
25. Proposed Facility Address: 1113 Herkimer Road
26. City: Utica 27. State: NY 28. ZIP Code: 13501
29. County: Oneida
30. Property Status (choose one): [] Owned by the applicant [X] Leased by the applicant [] Other:
If you checked "Other" above, describe the property status in the field provided.
31. Proposed Hours of Operation:
Monday: 7am to 8pm Friday: 7am to 8pm
Tuesday: 7am to 8pm Saturday: 7am to 8pm
Wednesday: 7am to 8pm Sunday: 7am to 8pm
Thursday: 7am to 8pm
An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).



32. Proposed Facility Name:		
33. Proposed Facility Address:		
34. City:	35. State: NY	36. ZIP Code:
37. County:	38. Property Status (choose one): <input type="checkbox"/> Owned by the applicant <input type="checkbox"/> Leased by the applicant <input type="checkbox"/> Other: If you checked "Other" above, describe the property status in the field provided.	
39. Proposed Hours of Operation:		
Monday:	to	Friday: to
Tuesday:	to	Saturday: to
Wednesday:	to	Sunday: to
Thursday:	to	
Section D: Proposed Dispensing Facility #1 Information		
40. Proposed Facility Name: Brightwaters Farms LLC Albany		
41. Proposed Facility Address: 14 Walker Way, Section 2		
42. City: Albany	43. State: NY	44. ZIP Code: 12205
45. County: Albany	46. Property Status (choose one): <input type="checkbox"/> Owned by the applicant <input checked="" type="checkbox"/> Leased by the applicant <input type="checkbox"/> Other: If you checked "Other" above, describe the property status in the field provided.	
47. Proposed Hours of Operation:		
Monday:	7am to 8pm	Friday: 7am to 8pm
Tuesday:	7am to 8pm	Saturday: 7am to 8pm
Wednesday:	7am to 8pm	Sunday: 7am to 8pm
Thursday:	7am to 8pm	
Section E: Proposed Dispensing Facility #2 Information		
48. Proposed Facility Name: Brightwaters Farms LLC Farmingdale		
49. Proposed Facility Address: 90 Verdi Street		
50. City: Farmingdale	51. State: NY	52. ZIP Code: 11735
53. County: Nassau	54. Property Status (choose one): <input type="checkbox"/> Owned by the applicant <input type="checkbox"/> Leased by the applicant <input checked="" type="checkbox"/> Other: Letter of Intent to lease If you checked "Other" above, describe the property status in the field provided.	



55. Proposed Hours of Operation:
Monday: 7am to 8pm Friday: 7am to 8pm
Tuesday: 7am to 8pm Saturday: 7am to 8pm
Wednesday: 7am to 8pm Sunday: 7am to 8pm
Thursday: 7am to 8pm

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: Brightwaters Farms LLC New York City

57. Proposed Facility Address: 142 East 49th Street

58. City: New York

59. State: NY

60. ZIP Code: 10017

61. County:
New York

62. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other: Letter of Intent to lease

If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:
Monday: 7am to 8pm Friday: 7am to 8pm
Tuesday: 7am to 8pm Saturday: 7am to 8pm
Wednesday: 7am to 8pm Sunday: 7am to 8pm
Thursday: 7am to 8pm

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: Brightwaters Farms LLC Rochester

65. Proposed Facility Address: 135 West Ridge Road

66. City: Rochester

67. State: NY

68. ZIP Code: 14615

69. County:
Monroe

70. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other: Letter of Intent to lease

If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:
Monday: 7am to 8pm Friday: 7am to 8pm
Tuesday: 7am to 8pm Saturday: 7am to 8pm
Wednesday: 7am to 8pm Sunday: 7am to 8pm
Thursday: 7am to 8pm



Section H: Legal Disclosures

72. Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? Yes No

If the answer to this question is “Yes,” a statement providing details of such bankruptcy or insolvency must be included with this application.

73. Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

OR

Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

Yes No

If the answer to either of these questions is “Yes,” a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.

74.

A. Is the applicant a corporate subsidiary or affiliate of another corporation? Yes No

If the answer to this question is “Yes,” a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate’s financial or contractual obligations with respect to the applicant.

B. Is any owner, partner or member of the applicant not a natural person? Yes No

If the answer to this question is “Yes,” a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity’s financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).



75. Has construction, lease, rental, or purchase of the manufacturing facility been completed? [X]Yes []No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

76. Has construction, lease, rental, or purchase of the dispensing facilities been completed? [X]Yes []No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

Applications received without the required attachments will not be eligible for consideration until the required attachments are received. All such attachments must be postmarked by the Deadline for Submission of Applications.

77. [X] The applicant has enclosed a non-refundable application fee in the amount of \$10,000.

Applications received without the \$10,000 application fee will not be considered.

78. [X] The applicant has enclosed a conditionally refundable registration fee in the amount of \$200,000.

Applications received without the \$200,000 registration fee will not be considered.

The \$200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

79. [X] The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.

80. [X] The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as "Attachment A."

81. [X] The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as "Attachment B."

82. [X] The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than \$2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as "Attachment C."



83. The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "**Attachment D – Operating Plan**" with the information clearly labeled and divided into the following sections:
- Section 1 - Manufacturing (§ 1004.5(b)(4))
 - Section 2 - Transport and Distribution (§ 1004.5(b)(4))
 - Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
 - Section 4 - Devices (§ 1004.5(b)(4)(i))
 - Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
 - Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
 - Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
 - Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
 - Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
 - Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))
84. The applicant has attached copies of the organizational and operational documents of the applicant, pursuant to 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "**Attachment E.**"
85. "**Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).
86. The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "**Attachment F.**"
87. The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "**Attachment G.**"
88. The applicant has completed "**Appendix B – Architectural Program**" and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).
89. The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "**Attachment H.**"
90. The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "**Attachment I.**"
91. The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "**Attachment J.**"



- 92. [X] The applicant has attached proof from the local internet service provider(s) that all of the applicant's manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as "Attachment K."
93. [X] The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as "Attachment L."
94. [X] The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as "Attachment M."

Section J: Attestation and Signature

As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.

95. Signature:



Handwritten signature of Anthony Grimaldi

96. Date Signed:

5/26/15

97. Print Name:

Anthony Grimaldi MANAGING MEMBER

The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.

Notary Name:

Handwritten signature of Kathy Bartow

Notary Registration Number:

01BA6226772

Notary (Notary Must Affix Stamp or Seal)

Date:

5/26/15

KATHY BARTOW
Notary Public, State of New York
No. 01BA6226771, Nassau County
Commission Expires, August 16, 2018

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Developed By: Damian Solomon	Revised By:	Approved By: Andrew Modlin
FOIL Exempt – Trade Secrets		Document Status: Original

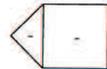
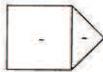
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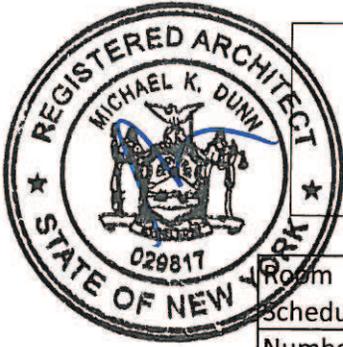
Drawing:
Door Schedule

Supersedes Date:
New Document

Version No.
1.0



Door Schedule				
Mark	Width	Height	Assembly Description	Type
1	3' - 0"	7' - 0"	Interior Doors	36" x 84" FRONT DOOR
2	3' - 0"	7' - 0"	Interior Doors	36" x 84"
3	3' - 0"	7' - 0"	Interior Doors	36" x 84"
4	3' - 0"	7' - 0"	Interior Doors	36" x 84"
5	3' - 0"	7' - 0"	Interior Doors	36" x 84"
6	3' - 0"	7' - 0"	Interior Doors	36" x 84"
7	3' - 0"	7' - 0"	Interior Doors	36" x 84"
8	3' - 0"	7' - 0"	Interior Doors	36" x 84"
9	3' - 0"	7' - 0"	Interior Doors	36" x 84"
10	3' - 0"	7' - 0"	Interior Doors	36" x 84"
11	3' - 0"	7' - 0"	Interior Doors	36" x 84" HEAVY SAFE DOOR
12	3' - 0"	7' - 0"	Interior Doors	36" x 84" HEAVY SAFE DOOR
13	3' - 0"	7' - 0"	Interior Doors	36" x 84"
14	3' - 0"	7' - 0"	Interior Doors	36" x 84"
15	3' - 0"	7' - 0"	Interior Doors	36" x 84"



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Drawing:
Room Schedule

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Room Schedule Number	Name	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	538 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	RESTROOM	59 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
3	RESTROOM	74 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
4	CLOSET	83 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
5	SECURITY	145 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	MANTRAP	33 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
7	DISPENSARY	326 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
8	STOCK CONTROL	243 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
9	BREAK ROOM	258 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
10	SAFE STORAGE	91 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
11	BULK STORAGE	91 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
12	OFFICE	120 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
13	OFFICE	117 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
14	MANAGER'S OFFICE	225 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
15	HALLWAY	228 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL



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Door Schedule				
Mark	Width	Height	Type	Assembly Description
1	3' - 0"	7' - 0"	36" x 84" - OUTDOOR	Interior Doors
2	3' - 0"	7' - 0"	36" x 84"	Interior Doors
3	3' - 0"	7' - 0"	36" x 84"	Interior Doors
4	3' - 0"	7' - 0"	36" x 84"	Interior Doors
5	3' - 0"	7' - 0"	36" x 84"	Interior Doors
6	3' - 0"	7' - 0"	36" x 84"	Interior Doors
7	3' - 0"	7' - 0"	36" x 84"	Interior Doors
8	3' - 0"	7' - 0"	36" x 84"	Interior Doors
9	3' - 0"	7' - 0"	36" x 84" - HEAVY METAL SAFE DOOR	Interior Doors
10	3' - 0"	7' - 0"	36" x 84" - HEAVY METAL SAFE DOOR	Interior Doors



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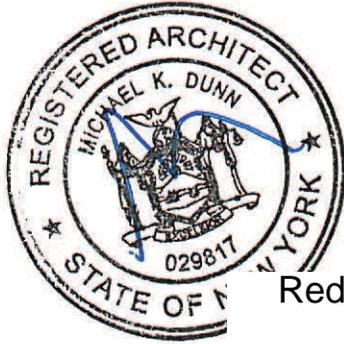
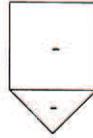
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Room Schedule					
Number	Name	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	167 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	SECURITY	107 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
3	MANTRAP	27 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
4	DISPENSARY	157 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
5	STOCK CONTROL	137 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	HALLWAY	49 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
7	RESTROOM	36 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
8	BULK STORAGE	41 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
9	MANAGER'S OFFICE	115 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
10	SAFE STORAGE	41 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL

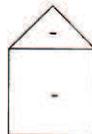
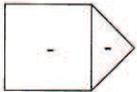
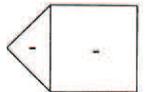
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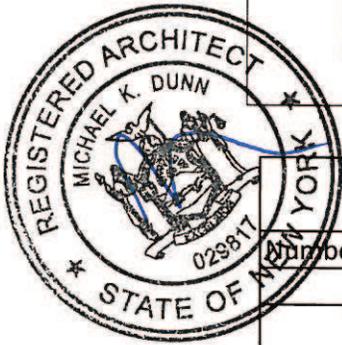
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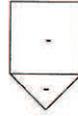
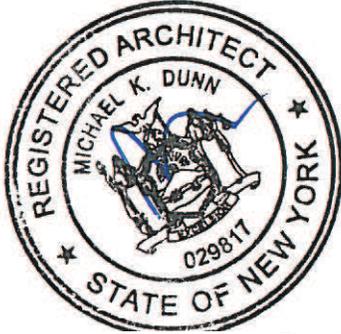
Door Schedule				
Mark	Width	Height	Assembly Description	Type
1	3' - 0"	7' - 0"	Interior Doors	36" x 84" Back Door
2	3' - 0"	7' - 0"	Interior Doors	36" x 84" Front Door
3	2' - 6"	6' - 8"	Interior Doors	30" x 80"
4	2' - 6"	6' - 8"	Interior Doors	30" x 80"
5	2' - 6"	6' - 8"	Interior Doors	30" x 80"
6	2' - 6"	6' - 8"	Interior Doors	30" x 80"
7	2' - 6"	6' - 8"	Interior Doors	30" x 80" Secure Safe Door
8	3' - 0"	7' - 0"	Interior Doors	36" x 84"
9	2' - 6"	6' - 8"	Interior Doors	30" x 80" Secure Safe Door
10	2' - 6"	6' - 8"	Interior Doors	30" x 80"



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Room Schedule					
Number	Name	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	107 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	SECURITY	35 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
3	MANTRAP	15 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
4	DISPENSARY	179 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
5	MANAGER'S OFFICE	68 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	RESTROOM	22 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
7	BULK STORAGE	31 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
8	SAFE STORAGE	15 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
9	STOCK CONTROL	93 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL

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WEST RIDGE ROAD

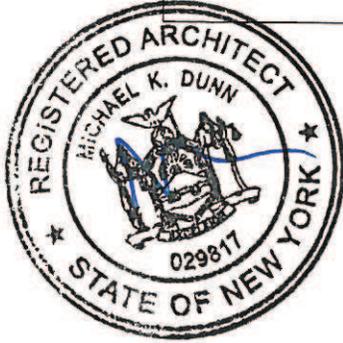
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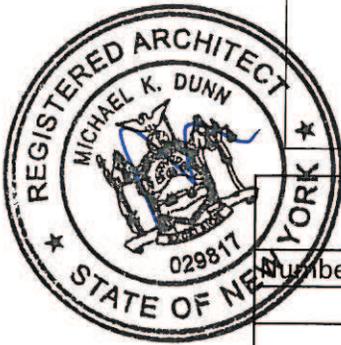


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Door Schedule			
Mark	Width	Height	Type
1	3' - 0"	7' - 0"	36" x 84" outdoor
2	2' - 6"	6' - 8"	30" x 80"
3	2' - 6"	6' - 8"	30" x 80"
4	2' - 6"	6' - 8"	30" x 80"
5	2' - 6"	6' - 8"	30" x 80"
6	3' - 0"	7' - 0"	36" x 84" outdoor
7	2' - 6"	6' - 8"	30" x 80"
8	2' - 6"	6' - 8"	30" x 80"
9	2' - 6"	6' - 8"	30" x 80"
10	2' - 6"	6' - 8"	30" x 80"
11	3' - 0"	7' - 0"	36" x 84"
12	2' - 6"	6' - 8"	30" x 80"
13	3' - 0"	7' - 0"	36" x 84" outdoor



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Room Schedule

Number	Name	Area	Base Finish	Wall Finish	Ceiling Finish
1	LOBBY	97 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
2	MANTRAP	19 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
3	SECURITY	47 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
4	DISPENSARY	74 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
5	STOCK CONTROL	71 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
6	SAFE STORAGE	34 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
7	STORAGE	38 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
8	HALLWAY	96 SF	CARPET	PAINTED DRYWALL	PAINTED DRYWALL
9	RESTROOM	58 SF	UNFINISHED CONCRETE	PAINTED DRYWALL	PAINTED DRYWALL
10	BULK STORAGE	29 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY
11	MANAGER'S OFFICE	33 SF	CARPET	PAINTED MASONRY	PAINTED MASONRY

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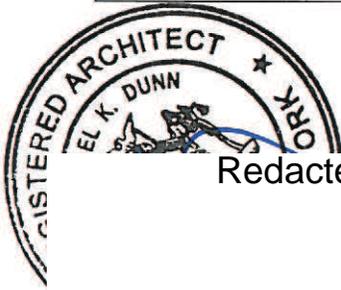
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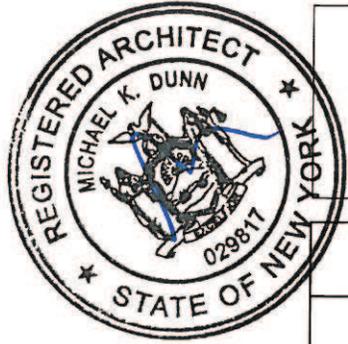
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Door Schedule

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New Document

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Door Schedule

Mark	Width	Height	Type	Assembly Description	Thickness	Description
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2	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
3	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
4	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
5	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
6	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
7	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
8	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
9	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
10	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
111	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
112	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
113	6' - 0"	8' - 0"	Greenhouse Double Door	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
114	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
115	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
116	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.



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	Drawing: Door Schedule		Supersedes Date: New Document	Version No. 1.0

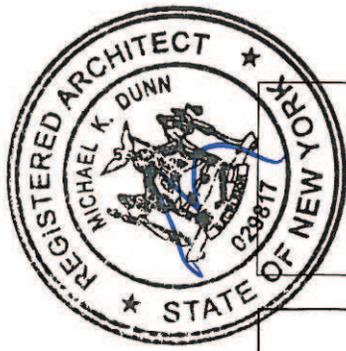
117	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
118	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
119	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
120	4' - 0"	6' - 8"	Rolling Sealer Door	Interior Doors	0' - 1 1/2"	FRP sealed door
121	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
122	8' - 0"	8' - 0"	greenhouse loading door	Overhead Doors	0' - 2"	Metal Coiling Door.
123	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
124	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
125	6' - 0"	7' - 6"	Interior Production 72" x 96" safe	Interior Doors	0' - 2"	heavy safe double door.
126	6' - 0"	7' - 6"	Interior Production 72" x 96" safe	Interior Doors	0' - 2"	heavy safe double door.
127	6' - 0"	4' - 0"	Item Port - 4'0" x 6' 0"	Overhead Doors	0' - 2"	Small metal coiling door.
128	6' - 0"	4' - 0"	Item Port - 4'0" x 6' 0"	Overhead Doors	0' - 2"	Small metal coiling door.
129	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
130	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
131	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
132	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
134	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.



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134	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
135	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
136	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
137	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
138	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
139	0' - 0"	0' - 0"	portal 8' x 84"			Hole in Wall.
140	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
141	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
142	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
143	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
144	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
145	0' - 0"	0' - 0"	portal 36" x 84"			Hole in Wall.
146	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
147	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
148	6' - 0"	7' - 6"	Temp Control Door 72" x 84"	Interior Doors	0' - 0 7/32"	Flexible Door
149	0' - 0"	0' - 0"	portal 36" x 84"			Hole in Wall.
150	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.



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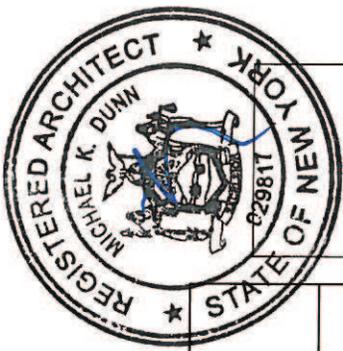
151	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
152	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
153	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
154	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
155	6' - 0"	7' - 6"	Interior Production 72" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
156	3' - 0"	7' - 6"	INTERIOR PRODUCTION 36" x 84"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
157	3' - 0"	8' - 0"	Interior door 36" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
158	3' - 0"	8' - 0"	Interior door 36" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
159	3' - 0"	8' - 0"	Interior door 36" x 96"	Interior Doors	0' - 2"	Hollow Metal Door. Security card operated.
160	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
161	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
162	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
163	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
164	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
165	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.
166	3' - 0"	7' - 0"	Hollow Metal Emergency Exit	Door Hardware	0' - 1 3/4"	Emergency door with push bar.



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Room Schedule						
Number	Name	Department	Area	Floor Finish	Wall Finish	Ceiling Finish
1	LOBBY	GENERAL TI	208 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
2	SECURITY	GENERAL TI	160 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
3	MANTRAP	GENERAL TI	51 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
4	MAIN HALLWAY	GENERAL TI	153 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
5	BREAK	GENERAL TI	261 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
6	WOMEN'S	GENERAL TI	603 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
7	SERVER	IT	72 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
8	MEN'S	GENERAL TI	603 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	SUSPENDED HARDLIDS.
9	OFFICE	GENERAL TI	116 SF	WHITE EPOXY WITH COVERED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
10	CLEAN	GENERAL TI	288 SF	WHITE EPOXY WITH COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
11	PRODUCTION AND ASSEMBLY	PRODUCTION	4566 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
12	GEL FILL	PRODUCTION	153 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.



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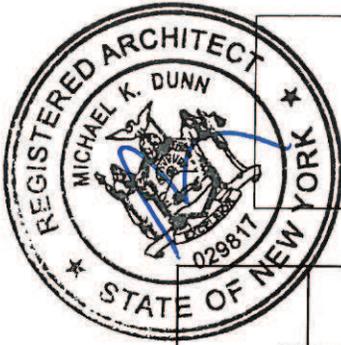
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13	GEL COOL	PRODUCTION	160 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
14	GEL INSPECTION	PRODUCTION	249 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
15	GEL PACKAGING	PRODUCTION	217 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
16	PACKAGE	PRODUCTION	352 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	SUSPENDED HARDLIDS.
17	SAFE STORAGE	STOCK CONTROL	493 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' PAINTED MASONRY.	MASONRY.
18	DRY WAREHOUSE	WAREHOUSE	2032 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
19	MANTRAP GARAGE	WAREHOUSE	283 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
20	EXTRACTION HALLWAY	GENERAL TI	1595 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
21	JANITOR	JANITOR	88 SF	LOW VOC WHITE EPOXY AND COVERED BASE WITH GRIT.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
22	SUPPLIES	JANITOR	88 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' PAINTED DRYWALL	2X4 VINYL-FACED ACT TILES.
23	EXTRACTION	EXTRACTION	453 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' EPOXY DRYWALL.	2X4 VINYL-FACED ACT TILES.
24	LAB	QC/QA & R&D	383 SF	LOW VOC WHITE EPOXY AND COVERED BASE.	8' EPOXY DRYWALL.	2X4 VINYL-FACED ACT TILES.



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25	REFINING	EXTRACTION	903 SF	LOW VOC WHITE EPOXY AND COVED BASE.	8' EPOXY DRYWALL.	2X4 VINYL-FACED ACT TILES.
26	TRIM	CULTIVATION	537 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
27	DRY	CULTIVATION	146 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDE HARDLIDS.
28	DRY	CULTIVATION	151 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDE HARDLIDS.
29	DRY	CULTIVATION	151 SF	LOW VOC WHITE EPOXY AND COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDE HARDLIDS.
30	DRY	CULTIVATION	151 SF	WHITE EPOXY WITH COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDE HARDLIDS.
31	CLONE	CULTIVATION	230 SF	LOW VOC WHITE EPOXY AND COVED BASE WITH GRIT.	10' FRP LINED DRYWALL.	SUSPENDE HARDLIDS.
32	MOM	CULTIVATION	1206 SF	UNFINISHED CONCRETE.	16' TRANSLUCENT DOUBLE POLY-CARBON SHEETS.	2X4 VINYL-FACED ACT TILES.
33	VEG	CULTIVATION	1544 SF	UNFINISHED CONCRETE.	16' TRANSLUCENT DOUBLE POLY-CARBON SHEETS.	2X4 VINYL-FACED ACT TILES.
34	FLOWER	CULTIVATION	28726 SF	UNFINISHED CONCRETE.	16' TRANSLUCENT DOUBLE POLY-CARBON SHEETS.	TRANSLUCENT INFLATED DOUBLE POLY-CARON.
35	IRRIGATION	CULTIVATION	1115 SF	WHITE EPOXY WITH COVED BASE.	10' FRP LINED DRYWALL.	SUSPENDE HARDLIDS.



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36	WIP	STOCK CONTROL	113 SF	WHITE EPOXY WITH COVED BASE.	8' FRP LINED DRYWALL.	2X4 VINYL-FACED ACT TILES.
37	SAFE	STOCK CONTROL	161 SF	WHITE EPOXY WITH COVED BASE.	8' PAINTED MASONRY.	MASONRY.

LABOR PEACE AGREEMENT

By this Agreement dated June 1, 2015, Brightwaters Farms LLC (the "Employer") and Teamsters Local 294, (the "Union") hereby establish the following procedure to address the Union's efforts to organize employees in any facility owned or operated by the Employer in which the employees are not represented by a labor organization (referred to herein as a "facility" or the "facilities"):

1. The term "employees" used herein shall include all full time and part-time employees, including, but not limited to, pharmacists, pharmacy technicians, dispensaries, consultants, drivers who transport medical marijuana from the Employer's manufacturing facility to the Employer's dispensaries in the State of New York, growers, security employees, retail, manufacturers, trimmers, and anyone else performing work for or on behalf of the Employer at any facility, and shall exclude only all managers and supervisors as defined in the National Labor Relations Act and any other job title(s) not subject to organization pursuant to the National Labor Relations Act.

2. Within ten (10) days after receiving written notice of the Union's intent to organize employees of the Employer, the Employer agrees to furnish the Union with a complete list of employees in the Employer facility designated in the notice, including job classifications, departments and, if known by the Employer, street addresses. The Employer agrees to thereafter provide updated lists as reasonably requested by the Union.

3. The Employer agrees to take a neutral approach to unionization of employees. Neutrality means that the Employer will neither help nor hinder the Union's organizing effort by, for example, directly or indirectly demeaning the Union or its representatives, or directly or indirectly supporting or assisting in any way any person or group who may oppose the Union. The Employer agrees not to communicate to any employee that it disfavors the Union or the signing of authorization cards, or that they may suffer adverse consequences for supporting the Union or signing cards.

4. During organizing efforts, the Employer's managers and supervisors will remain neutral and will refrain from communicating with employees about how they should respond to the Union. The Employer agrees to inform all of its managers and supervisors of this obligation and that the Employer has no objection to employees supporting the Union or engaging in union activities, including meeting with Union representatives or signing authorization cards. The Employer will promptly take action to end any violation of this provision.

5. The Employer agrees to permit Union representatives access, to the extent such access is permitted by applicable law, rules and regulations, to the non-public areas of the facilities to communicate with employees so long as it does not interfere with the operation of the Employer's business operations. Union representatives will not disrupt the Employer's operations or unreasonably interfere with employee production.

6. If the Union provides written evidence, verified by a neutral party as described below, in support of its claim that a majority of employees in an appropriate bargaining unit of employees in a facility have designated the Union as their collective bargaining representative, the Employer will recognize the Union as such representative of the employees in the bargaining unit described in the Union's notice invoking this provision. The parties agree to commence collective bargaining within 20 business days from the date the neutral party verifies the Union's written evidence that a majority of employees in an appropriate bargaining unit of employees in the facility have designated the Union as their collective bargaining representative. The neutral party referenced in this paragraph will be Arbitrator Jeffrey Selchick, so long as he is available to serve as the neutral party within twenty (20) calendar days of notification by the parties. If Mr. Selchick is not available to serve as the neutral party within twenty (20) calendar days of notification by the parties, the parties will request an arbitrator list from the American Arbitration Association. Within 10 days of receiving AAA's arbitrator list, the parties will submit their struck lists to the AAA. The parties agree that AAA will follow its Labor Arbitration Rules to select an arbitrator based on the list or lists the parties submit. The AAA will strictly apply its rule requiring struck lists to be timely submitted in accordance with this provision. The parties will equally share the arbitrator's fees and costs.

7. The parties agree to resolve any dispute over the interpretation of this Agreement through expedited arbitration in accordance with the American Arbitration Association's Labor Arbitration Rules. The parties agree that Jeffrey Selchick will serve as Arbitrator, so long as he is available to serve as arbitrator and hear the matter within twenty (20) calendar days of notification by the parties. If Mr. Selchick is not available to serve and hear the matter within twenty (20) calendar days of notification by the parties, the parties will invoke expedited arbitration by requesting an arbitrator list from the American Arbitration Association. Within 10 days of receiving AAA's arbitrator list, the parties will submit their struck lists to the AAA. The parties agree that AAA will follow its Labor Arbitration Rules to select an arbitrator based on the list or lists the parties submit. The AAA will strictly apply its rule requiring struck lists to be timely submitted in accordance with this provision. The parties will equally share the arbitrator's fees and costs.

8. The parties agree that the arbitrator referenced in paragraph 7 shall have the authority to direct a breaching party to specifically perform its obligations under this Agreement.

9. During the term of this Agreement, the Union hereby promises that it and its members will not engage in any picketing, work stoppages, boycotts or any other economic interference with the Employer's business.

10. This Agreement shall take effect when the Employer becomes a Registered Organization pursuant to New York's Medical Marijuana Program. This Agreement shall remain in effect until such time as the Employer is no longer a Registered Organization pursuant to New York's Medical Marijuana Program or until the parties mutually agree to terminate this Agreement, whichever comes first.

11. The parties agree that the term "Union" shall mean Teamsters Local 294, except that with respect to Employer locations/facilities in the State of New York that are outside Local

294's jurisdiction the term "Union" shall mean either Local 294 or another Teamsters local designated by Local 294.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the dates set forth below by their duly authorized representatives.

TEAMSTERS LOCAL 294

By: John Bulgaro

Date: 5/29/15

Name: JOHN BULGARO

Title: PRESIDENT PRINCIPAL OFFICER

BRIGHTWATERS FARMS LLC

By: Louis M Delnis

Date: 6/1/15

Name: LOUIS M DELNIS

Title: MEMBER

11:37 AM

06/02/15

Accrual Basis

Brightwaters Farms LLC
Account QuickReport

As of June 2, 2015

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Robert Mannheimer

April 6, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To whom it may concern:

In the event that Brightwaters Farms is granted a License to grow, process and dispense Medical Marijuana from the State of New York, I, Robert Mannheimer commit \$ _____ currently held in accounts at Bethpage and Teachers Federal Credit Unions (see attached statements) for Brightwaters Farms unconditional use.

Sincerely,



Robert Mannheimer

Vincent Trapani

Redacted pursuant to N.Y. Public Officers Law, Art. 6

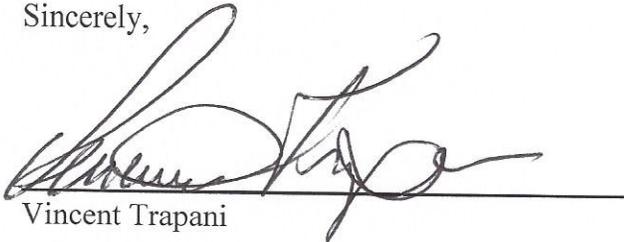
May 26, 2015

New York State Department of Health
Bureau of Narcotic Enforcement
Medical Marijuana Program
150 Broadway
Albany, NY 12204

To whom it may concern:

In the event that Brightwaters Farms is granted a License to grow, process and dispense Medical Marijuana from the State of New York, I, Vincent Trapani commit \$ [REDACTED] currently held my account at Merrill Lynch under my corporate name of [REDACTED] (see attached statement) for Brightwaters Farms unconditional use.

Sincerely,



Vincent Trapani



Marijuana Manufacturing and Dispensing Facilities Security Plan



Brightwaters Farms, LLC
Financial Statements
Inception through April 30, 2015

TOUHY CPA, PLLC
CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS & FINANCIAL ADVISORS

To The Members
Brightwaters Farms, LLC
1624 Manatuck Blvd
Bay Shore, N.Y. 11706

We have audited the accompanying balance sheet of Brightwaters Farms, LLC as of April 30, 2015 and the related statement of income and members equity and statements of cash flow for inception (February 18, 2015) through April 30, 2015. These financial statements are the responsibility of the LLC's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above, present fairly, in all material respects, the financial position of Brightwaters Farms, LLC as of April 30, 2015, the results of its operations, changes in members' equity, and its cash flows for the period then ended in conformity with the accounting principles generally accepted in the United States of America.

Touhy CPA, PLLC



Hauppauge, N.Y.
May 27, 2015

Brightwaters ISP Confirmations

90 Verdi St., Farmingdale, NY 11735

ISP's:

1) AccessOne

2) MegaPath

Prepared for:

Proposal Number:



 access one

Technology Solutions, Delivered with Care



Access One: Technology Solutions, Delivered with Care

Thank you for your interest in Access One!

Access One is a business technology and communications services provider that customizes solutions to the unique needs of growing businesses. Known for both our unparalleled customer service and cutting-edge network, we provide complete end-to-end communication solutions for traditional and multimedia applications. Our scalable, high-capacity infrastructure, coupled with our continued network investment, enables us to expand our product portfolio, remain competitively priced, and create highly effective solutions tailored to your business.

Unlike many of the telecom and cable giants that prioritize the bottom line above all else, our mission is to provide the #1 customer experience in business technology and communications. Since 1993, we have continually strived to fulfill this mission and are proud to maintain an A+ rating from the Better Business Bureau.

Recent Awards and Recognition



2014 Silver Stevie Award
for Front-Line Customer
Service Team of the Year



Chicago and Northern
Illinois Better Business
Bureau's 2013 Torch Award
for Marketplace Ethics





access one

DATE: May 28, 2015

Jeff DeRose
820 W Jackson Blvd, Ste 650, Chicago, IL 60607
312-441-9210
jderose@accessoneinc.com

Brightwaters
90 Verdi St, East Farmingdale, NY 11735

Internet

90 Verdi St, East Farmingdale, NY 11735

1.5M Internet
Managed Router

Quantity
1
1

36 Month Term

Rate	MRC
\$ 356.26	\$ 356.26
Included	Included
\$ 356.26	

Total:

Internet

90 Verdi St, East Farmingdale, NY 11735

3M Internet
Managed Router

Quantity
1
1

36 Month Term

Rate	MRC
\$ 601.20	\$ 601.20
Included	Included
\$ 601.20	

Total:

Internet

90 Verdi St, East Farmingdale, NY 11735

5M Internet
Managed Router

Quantity
1
1

36 Month Term

Rate	MRC
\$ 1,060.16	\$ 1,060.16
Included	Included
\$ 1,060.16	

Total:

Internet

90 Verdi St, East Farmingdale, NY 11735

10M Internet
Managed Router

Quantity
1
1

36 Month Term

Rate	MRC
\$ 1,276.05	\$ 1,276.05
Included	Included
\$ 1,276.05	

Total:

\$0 NRC

Please Note:

Prices quoted are valid for thirty (30) days from quotation date and are subject to final approval by Access One, Inc.
Installation costs waived on multi-year terms unless otherwise specified.
All prices exclude applicable federal, state, local taxes and FCC fees.
Dmarc Extension fee is \$300/circuit up to 300 feet, if applicable.





Business Technology and Communications Services Built Around You

It's no longer enough just to have powerful technology at the core of your communications services. In the midst of an agile and competitive marketplace, business-critical infrastructure needs to be streamlined to ensure maximum efficiency, cost-effectiveness, and above all, reliability. Unlike other companies who offer a "one size fits all" product offering, Access One works with you to custom tailor a solution to fit both your budget and your needs - for today and in the foreseeable future. In addition to an ever-growing portfolio of services, Access One offers your business a level of support and personal attention that only a locally-staffed company can provide.

Voice & Data Services

- Ethernet & Fiber Delivery
- Dynamic Integrated Voice & Data
- VoIP Services
- SIP Trunking
- Dedicated Internet Access
- Local Voice & Long Distance
- Audio & Web Conferencing

Private Networking Solutions

- MPLS
- IP VPN
- Private Line

Access Cloud Hosted PBX

- Fully managed phone system
- Feature rich platform
- Eliminate upfront costs and ongoing maintenance

Managed IT Solutions

- 24/7 IT Support & Helpdesk
- Onsite & Offsite Data Backup
- Disaster Recovery
- Network/Infrastructure Installation & Management
- Network & Endpoint Security
- Server Virtualization

Colocation & Data Center Solutions

- 1/3, 1/2 and Full Rack & Power
- High Density Tier III Facility
- 24/7/365 Onsite Staff
- HIPAA & PCI Compliant
- Remote Hands Support
- IP Bandwidth

*Quotes are valid for thirty (30) days from quotation date and are subject to final approval by Access One.

*All prices exclude applicable Taxes and Other Fees. For information on Other Fees, please see Access One's Service Guide on our website.

*Network Maintenance Fee of \$14.75 applies per location.



Notable Customers and Testimonials

At Access One, we strongly believe that the most important measure of our success is the satisfaction of our customers. Below, please find a sample of customer testimonials along with a few of the notable companies we've had the pleasure of working with.

"We recently renewed our contract for another three years due to the excellent customer experience, cost saving solutions and reliability of our service."

Laura Hanssel, Executive Vice President and Chief Financial Officer, Harris Theater Chicago

"Thank you 'Access One Team' for a swift and efficient transition of my 30+ sites nationwide voice and data network."

Jason Bressler, Manager of Information Technology, Guaranteed Rate

"In my recent experience, Access One has great customer service. The Vice President of Operations as well as my assigned Account Manager came by in person to make sure our needs were met."

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"When I was with other telecom companies, I never got the personalized service that I get with Access One. It is their commitment to high standards in telecom that will keep me an Access One customer."

David Stein, President, Malcolm S. Gerald and Associates

Arts & Entertainment

Goodman Theater • Harris Theater • Museum of Contemporary Art

Auto

Cadillac of Naperville • Napleton Automotive Group • Fields Auto Group

Educational

Lake Forest Graduate School of Management • Noble Network of Charter Schools • Wilmette Public Schools District 39

Financial

Glenview State Bank • Standard Bank & Trust • West Suburban Bank

Healthcare

Illinois Physicians Network • NuCare • St. Mary's Hospital

Hospitality

Crowne Plaza Hotel • Trump Hotel • Marriott Hotel

Legal

Blatt, Hasenmiller, Leibscher & Moore, LLC • Donohue Brown • Foran Glennon Palandech Ponzi & Rudloff PC

Municipals

City of Elgin • Elk Grove Village • Addison Park District

Non-Profits

Catholic Charities • Old St. Patrick's Church • Salvation Army

Real Estate

CBRE • Sterling Bay Companies • Jones Lang LaSalle

Other Industries

Better Business Bureau® Serving Chicago & Northern Illinois • Binny's Beverage Depot • Uber



Free Network Risk Assessment

Turn to Access One to help identify the high risk areas of your network with our FREE Network Risk Assessment.

What is a Network Risk Assessment?

Our monitoring solutions include powerful tools for analyzing captured data from targeted devices, servers, networks and applications. In addition to the wide variety of gathering methods, our services are non-intrusive, which means they will not slow down your network performance.

How We Do It

Performance Reports

- Over 40 points of network analysis
- Hardware and Software Inventory
- Patch and Security Status
- System Activity Threat Analysis
- Firewall Audit
- Mobile Applications Assessment
- Phone Sweep and Analysis
- Virtual Infrastructure Assessment
- Audit & Inventory

Risk Analysis

- Antivirus & Anti-malware
- Network Monitoring
- Policy Management
- Desktop Policy Management
- Firewall System Activity
- VPN Audit
- Threat Analysis I Audit
- And much more!

Who Needs It?

IT Professionals need quick and easy access to every detail of their environment and delivery. The ability to track and analyze data over time is invaluable for both tactical and strategic IT planning. Schedule your FREE Network Risk Analysis with one of our specialists today! Upon completion, your business will receive a completely customized report fully documenting the risks associated with your network.

To schedule your analysis with one of our certified technicians, please call 877.441.8333.



Brightwaters

Proposal for MegaPath Services

Sales Contact Name: Katrina Manimtim
Title: Business Account Executive II
Phone: (720) 670-4331
Fax: (678) 245-4591
Email: Katrina.Manimtim@megapath.com

Your Total Business Solution Provider.

At MegaPath, we help businesses easily and securely communicate between their headquarters, employees, and business partners to lower costs, increase security, and improve productivity. Whether your business has one location, multiple offices, or virtual teams, we deliver the flexible, affordable solutions you need to compete in today's technology-driven business environment.



Data:

Get scalable, reliable broadband services delivered over our nationwide, all-optical IP network.

Services: Business Ethernet, T1 and Bonded T1, Business DSL, DS3/OCx, Cable, Satellite, Managed Wi-Fi, and Wireless



Voice:

Enjoy affordable, feature-rich, business-class IP voice services that improve employee productivity, collaboration and mobility.

Services: Hosted Voice, SIP Trunking, Enterprise Trunking, Enterprise Shared Voice, Unified Communications



Managed Security:

Address security gaps, enforce appropriate use policies, promote regulatory compliance, and reduce total cost of ownership.

Services: VPN, Unified Threat Management (UTM), and Compliance Services



Cloud Services:

Reduce your IT department's complexity and cost, while improving efficiency, productivity and security.

Services: Hosted Exchange, Hosted Data Backup, Hosted SharePoint®, Cloud Hosting

The MegaPath Advantage

Complete Service Portfolio

We offer a full range of business broadband, voice, private networking, managed security, and cloud services.

Nationwide Infrastructure

Our privately managed all-optical, IP network is built to deliver exceptional performance, security, and total redundancy.

SSAE 16-Compliant Data Centers

Our secure, world-class data centers deliver the highest level of security, reliability and scalability.

Experienced Customer Support

Our knowledgeable technical experts respond quickly and efficiently 24/7/365.

SMB and Enterprise Focus

Our network and business model was developed to satisfy demanding tech-savvy professionals and mission-critical businesses.

One Provider. One Bill.

Reduce the time, cost and complexity of managing multiple providers and multiple bills.

Financial Strength

Our promise to our customers is backed by financial strength and stability. We serve over 50,000 customers and generate over \$450 million in revenue.

Proven Expertise

We've been serving businesses with innovative communications services since 1996.

“The superiority of MegaPath's solutions is undeniable, given the feedback from industry peers and awards from multiple organizations. A look at the Hosted Voice solution alone, which has so many impressive features and spares organizations from having to maintain their own PBX system, shows that the company is the real deal, providing the latest in the industry.”

Christopher Mohr, TMCnet Contributing Writer

Article: [MegaPath Corporation Makes Impressive Showing at Telecom Association Partner Choice Awards](#)



2014 Recommended Vendor



Recipient in 10 Categories



Winner for 7 Consecutive Years

MegaPath
DATA · VOICE · SECURITY



Service Order: 380685-1
 Date: 5/28/2015
 This Quote is Valid Through: 6/27/2015

555 Anton Boulevard, Suite 200
 Costa Mesa, CA 92626

Account Information	
Customer Name:	Brightwaters
Address 1:	90 Verdi Street
Address 2:	
City:	Farmingdale State: NY Zip: 11735
Contact Phone:	(518) 701-2748
Email:	chinckley@harrisbeach.com

Installation Site Information	
Name:	Chris Hinckley
Address 1:	90 VERDI ST
Address 2:	
City:	FARMINGDALE State: NY Zip: 11735
Install Phone:	(518) 701-2748
Contact Phone:	(518) 701-2748
Email:	chinckley@harrisbeach.com

	Qty	Monthly	One-Time	Monthly Discount	NET Monthly	NET One-Time
Access						
T1 4.5	1	\$1,064.00	\$0.00	(\$159.60)	\$904.40	\$0.00
Equipment						
Samsung iBG1000 - 3xT1	1	\$0.00	\$0.00	(\$0.00)	\$0.00	\$0.00
IP Services						
/29 IP Address Block (5 useable)	1	\$0.00	\$0.00	(\$0.00)	\$0.00	\$0.00
Sales Contact Name: Katrina Manimtim Title: Business Account Executive II Phone: (720) 670-4331 Fax: (678) 245-4591 Email: Katrina.Manimtim@megapath.com		Total Monthly: \$904.40 Term: 12 Months		Total One Time: \$0.00 Net 30 Days		

Notes

1. All hardware costs are taxable. Shipping is not included and is billed separately. Actual shipping costs may vary and will be assessed at the time of shipping.
2. Order does not reflect the Regulatory Recovery Surcharge or local, state, or federally mandated usage fees and/or taxes.
3. MegaPath is not responsible for and will not pay for any third party costs, including labor charges, incurred by Subscriber for the purchase, configuration, repair, or maintenance for any MegaPath or non-MegaPath-provided equipment that may be necessary or used to make Subscriber's computer or systems compatible with the Services or Products. This includes charges for internal/inside wiring and LAN charges. Such charges, costs, and fees are Subscriber's sole responsibility.
4. Pre-qualification information contained in this document is based on best available information and is subject to change. Pre-qualification results do not guarantee service availability. If the stipulated access technology is not available, another type of access may be proposed to Subscriber and substituted upon Subscriber's approval, which may result in changes to the quoted MRCs and NRCs. MegaPath commits to making reasonable efforts to find the least expensive access available that meets the Subscriber's requirements.
5. The Corporate Access SSL - Network-based access policy is set at SSL Server level where any group has access to any resource upon authentication.
6. MegaPath does not credit Subscriber accounts for E-rate discounts. Regardless of Subscriber's eligibility to receive an E-Rate discount for the telecommunications or Internet services provided herein, Subscriber will be invoiced the entire sum of contracted service. It is solely the Subscriber's responsibility to complete and file any necessary paperwork and invoice the USAC on its own behalf for any such discount.
7. Prior to, during and after the installation of requested services, Subscriber may choose to request that MegaPath augment the Service order to provide additional services or remove services from the Service Order. Depending upon the scope of these requested changes, verbal requests from the Subscriber and/or Subscribers delegated representative may be acceptable to MegaPath in which case MegaPath shall notify Subscriber of its acceptance of said changes via email. In some instances MegaPath may require additional written authorization. All applicable charges resulting from changes requested by the Subscriber and/or the Subscriber's delegated representative, whether written or verbal, are the responsibility of the Subscriber and shall be deemed to be part of this Service Order and subject to its Terms and Conditions.
8. Subscribers who purchase MegaPath voice or managed services with broadband connectivity acknowledge and understand that MegaPath broadband connectivity Services may be activated, and that charges for such Service may be invoiced and due prior to activation of MegaPath voice or managed services. If purchasing voice services, calls made prior to the billing start date will be billed at the local calling rates posted at http://www.megapath.com/megapath/assets/File/PDF/Legal/Ancillary_Call_Rates_Business_Voice.pdf.
9. **Voice Quality and Best Effort Voice** - MegaPath provides quality of service for voice on all circuits that are provided by MegaPath and provisioned with Voice QoS Optimization. This includes prioritization of voice packets on the MegaPath network and the last mile of Subscriber's circuit. MegaPath cannot provide nor does MegaPath guarantee the quality of service on circuits without Voice QoS Optimization regardless if the circuits are provided by MegaPath, another provider or as Subscriber provided access. Subscriber understands that all voice services provisioned without Voice QoS Optimization, including those provided by MegaPath, another provider and Subscriber provided access are offered as a **BEST EFFORT SERVICE WITH NO WARRANTIES OR SLAs (INCLUDING WARRANTIES REGARDING CONTINUOUS SERVICE UPTIME OR VOICE QUALITY)**
10. Certain state and federal laws apply to subscriber's use of MegaPath Call Recording feature. In some states, Subscribers are required to obtain consent from all parties to record a phone call. Subscriber is solely responsible for compliance with any and all federal, state, county, municipality, or any other jurisdiction laws, ordinances, statutes, orders, directives or rules governing or related to the use of a device for the purpose of recording any wire, oral, or electronic communications traversing and/or traveling over MegaPath's network and/or facilities. Subscriber understands and agrees that they are solely liable for compliance with such laws and regulations, and under no circumstances shall MegaPath be responsible or held liable for such compliance. Subscriber agrees that MegaPath has no responsibility or liability, wholly or in part, related to Subscriber's recording activities. Subscriber indemnifies and holds MegaPath wholly harmless for any cause of action, fines, penalties and/or damages, direct or indirect, civil or criminal, involving Subscriber's recording and Subscriber's use of MegaPath's Call Recording service, whether actual or potential, knowing, incidental, and/or accidental, any wire, oral or electronic communication traversing and/or traveling over MegaPath's network and/or facilities.
11. By signing a service Order form, Subscriber authorizes MegaPath to obtain any credit information necessary and/or Subscriber proprietary network information necessary to provision the MegaPath Service and to establish Subscriber's MegaPath account. Subscriber authorizes release of said information by any and all third parties to MegaPath and its affiliates. MegaPath reserves the right, at its sole discretion, to decline new Orders and to require Subscriber to post appropriate advance deposits for new and existing Services.
12. On this quote, any references to the following refer to Internet Access: ADSL (including Lineshare and Dedicated), SDSL, T1, Ethernet (including Ethernet over DS1), Cable (including Business and Residential), Wireless Broadband and Fixed Wireless.

LEGAL TERMS--PLEASE READ CAREFULLY: Subscriber's order for MegaPath Services are subject the terms contained herein and to MegaPath's Terms and Conditions, found at <http://www.megapath.com/about/corporate-policies/> ("Terms and Conditions") In addition to the fees quoted in this order, Subscriber understands that an early termination fee will be charged if Subscriber stops any Service before the end of its Circuit Term. MegaPath will also provide certain optional Services, subject to payment of additional fees. The early termination fees, Optional Service fees and miscellaneous fees are set forth in MegaPath's Fee Schedule, found at http://www.megapath.com/megapath/assets/File/PDF/Legal/fee_schedule.pdf ("Fee Schedule") and additional fees for voice services may be found at http://www.megapath.com/megapath/assets/File/PDF/Legal/Ancillary_Call_Rates_Business_Voice.pdf Certain voice related services (including use of 800 numbers) require the payment of additional fees. Subscriber agrees to pay all fees associated with the Services ordered above and authorizes MegaPath to charge Subscriber's credit card for such fees. This Service Order need only be executed by Subscriber. MegaPath may accept or decline the Order as provided herein. MegaPath's provisioning of the Service shall indicate its acceptance of the order. **The person signing below represents that s/he has read and agreed to the terms of this Agreement and is authorized to accept the Service Order and Agreement on behalf of Subscriber.**

This section contains important information on the availability and functionality of 911 services. Please read it carefully.

Subscriber acknowledges and understands that MegaPath's 911 Emergency Service differs from traditional 911 service in the following ways: (A) 911 Service may not function if voice services or equipment are not functioning for any reason, including but not limited to a power outage or an outage or other disruption of the broadband service obtained from MegaPath or another provider; (B) 911 calls are routed to an emergency call center based upon the physical street address provided by Subscriber. If Subscriber provides inaccurate information, does not provide timely notice of changes, or attempts to use the service or equipment from another location, 911 calls may be delivered to a non-optimal call center and emergency responders may be dispatched to a location other than the location of the 911 caller; and (C) in some cases the 911 call taker may not be able to capture and/or retain automatic number or location information, or be able to identify Subscriber's phone number and location in order to call Subscriber back if the call is not completed or disconnected, or if Subscriber is unable to speak to tell them

BY SIGNING BELOW, OR USING THE SERVICES, SUBSCRIBER AGREES TO BE BOUND BY THE TERMS AND CONDITIONS, THE FEE SCHEDULE, AND ANY OTHER APPLICABLE TERMS GOVERNING THE SERVICES.

Subscriber's Authorized Representative

MegaPath Signature

Name

Name

Title

Title

Date

Date

Brightwaters ISP Confirmations

135 West Ridge Rd. Rochester, NY 14615

ISP's:

1) Frontier

2) AccessOne

Christopher W. Hinckley

From: Pao, Vuthy <vuthy.pao@ftr.com>
Sent: Thursday, May 28, 2015 10:19 AM
To: Christopher W. Hinckley
Subject: Frontier Communications

To Whom It May Concern,

Chris Hinckley called on behalf of Brightwaters and he was looking to see if Frontier Communications can provide high speed internet service at the 135 w Ridge rd Rochester, NY. This email is to confirm that Frontier Communications does service the specified address.

Thanks,

Vuthy Pao

Commercial Sales & Service Consultant

Vuthy.Pao@ftr.com

1-877-433-3806 EXT

952-435-7970 (Fax)



This communication is confidential. Frontier only sends and receives email on the basis of the terms set out at http://www.frontier.com/email_disclaimer.

Prepared for:

Proposal Number:



 access one

Technology Solutions, Delivered with Care



Access One: Technology Solutions, Delivered with Care

Thank you for your interest in Access One!

Access One is a business technology and communications services provider that customizes solutions to the unique needs of growing businesses. Known for both our unparalleled customer service and cutting-edge network, we provide complete end-to-end communication solutions for traditional and multimedia applications. Our scalable, high-capacity infrastructure, coupled with our continued network investment, enables us to expand our product portfolio, remain competitively priced, and create highly effective solutions tailored to your business.

Unlike many of the telecom and cable giants that prioritize the bottom line above all else, our mission is to provide the #1 customer experience in business technology and communications. Since 1993, we have continually strived to fulfill this mission and are proud to maintain an A+ rating from the Better Business Bureau.

Recent Awards and Recognition



2014 Silver Stevie Award
for Front-Line Customer
Service Team of the Year



Chicago and Northern
Illinois Better Business
Bureau's 2013 Torch Award
for Marketplace Ethics





access one

DATE: May 28, 2015

Jeff DeRose
820 W Jackson Blvd, Ste 650, Chicago, IL 60607
312-441-9210
jderose@accessoneinc.com

Brightwaters
135 West Ridge Rd. Rochester NY 14615

Internet

135 West Ridge Rd. Rochester NY 14615

1.5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 609.90	\$ 609.90
Included	Included
Total:	
	\$ 609.90

Internet

135 West Ridge Rd. Rochester NY 14615

3M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 1,018.31	\$ 1,018.31
Included	Included
Total:	
	\$ 1,018.31

\$0 NRC

Please Note:

Prices quoted are valid for thirty (30) days from quotation date and are subject to final approval by Access One, Inc.
Installation costs waived on multi-year terms unless otherwise specified.
All prices exclude applicable federal, state, local taxes and FCC fees.
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To schedule your analysis with one of our certified technicians, please call 877.441.8333.

Brightwaters ISP Confirmations

1113 Herkimer Road, Utica, NY 13502

ISP's:

1) Verizon

2) AccessOne



Verizon
P.O. Box 33079
St. Petersburg, FL 33733-8079



NO CORRESPONDENCE ACCEPTED AT THIS ADDRESS

March 16, 2015

Enjoy your new service.
Here's what you'll need to know.

>00358 5102399 001 008018 02
Brightwater Farms
1113 Herkimer Rd
Utica NY 13502

Ref#:



Dear Brightwater Farms:

Thank you for ordering the following service(s) from Verizon. The package features and calling services that you added, as shown below, became available on 03/13/15.

Telephone Number: 315 266-0290

Three-Way Calling
Call Forwarding
Caller ID

Business Call Answering

Telephone Number: 315 266-0291

Three-Way Calling
Call Forwarding

Telephone Number: 315 266-0292

Three-Way Calling
Call Forwarding

To receive the most benefit from your service(s), please read the enclosed instructions.

We look forward to assisting you in the future with your choice of many Verizon products and services to further enhance your services while growing your business.

NIVS0909Z

5102399000358

V-EAST-LTRHD_08/



Account Number

Amount Due
\$306.29

Visit verizon.com/mybusiness1
View & Pay Your Bill
Check Verizon Email
Get Rewards & Discounts
Use Online Support
And More

Account Information

Statement Date: 3/25/15
BRIGHTWATER FARMS
Phone: 315-266-0290

Questions About Your Bill?

For the help & support you need, contact us at 1-800-VERIZON.

Verizon News

Enjoy Verizon Solutions for Business Bundle!
In addition to taxes and surcharges, your first bill may include pro-rated charges from the start of your services and charges for up to 1 month in advance.

New Promotions
This month your discounts will begin on the following items:
HSI Activation Fee Waiver
Promotional Bundle Credit
Additional Line Promotion

Account Summary

Previous Balance	\$.00
No Payment Received	\$.00
Balance Forward	\$.00

New Charges

Current Activity	\$197.42
Specials and Promotions	\$.00
Taxes, Governmental Surcharges and Fees	\$31.99
Verizon Surcharges and Other Charges & Credits	\$76.88
Total New Charges Due by April 20, 2015	\$306.29

Total Amount Due

\$306.29

Please read important information regarding your Commitment Period in the message section at the end of this bill.

Want Automatic Payment?

Enroll below or at Verizon.com to authorize your financial institution to deduct the amount of your monthly bill from the account associated with your enclosed check and send payment directly to Verizon. To discontinue Automatic Payment, call Verizon. Please keep a copy of this authorization.

Please return remit slip with payment.

Please return this remit slip with payment



Charges Due May 01, 2015
Account Number [REDACTED]
Total Amount Due: \$306.29 **032515**

Make check payable to Verizon.

00001251 01 AT 0.403 VRH11011 0004 XX
BRIGHTWATER FARMS
1113 HERKIMER RD
UTICA NY 13502-2706



PAID [] [] [] []



VERIZON
P.O. Box 15124
Albany, NY 12212-5124

020031526602909090251118 1512100000306290000003062905

PAID
CK 2022
4/16/15
(RD)



Phone Number
315-266-0290

Account Number
[REDACTED]

Page
2 of 4

*DSL
High Speed
Internet.*

Current Activity

Monthly Charges

3/25	4/24	Verizon Solutions for Business Bundle	
		Includes:	
		• Solutions Bundle Line 2 Yr	65.00
		(includes \$13.00 for long distance on all lines included in the bundle)	
		• 2 Additional Line Basic 2Yr	40.00
		• <u>High Speed Internet</u>	23.99
		• Promotional Bundle Credit (\$4.00 off Internet)	-4.00
		• Additional Line Promotion (\$2.00 off LD, \$18.00 off Internet)	-20.00
		Verizon Solutions for Business Bundle Price	104.99
		Line 315-266-0290	
3/25	4/24	Inside Wire Maintenance	12.25
		Line 315-266-0291	
3/25	4/24	Inside Wire Maintenance	12.25
		Line 315-266-0292	
3/25	4/24	Inside Wire Maintenance	12.25
		Monthly Charges Subtotal	\$141.74

Partial Month Charges

		Change in Service	
		Line 315-266-0290	
3/13	3/24	Solutions Bundle Line 2 Yr (added)	27.50
3/13	3/24	Solutions Bundle 2 Yr Credit (added)	-3.67
3/13	3/24	Inside Wire Maintenance (added)	4.13
		Line 315-266-0291	
3/13	3/24	Additional Line Basic 2Yr (added)	7.33
3/13	3/24	Inside Wire Maintenance (added)	4.13
		Line 315-266-0292	
3/13	3/24	Additional Line Basic 2Yr (added)	7.33

3/13	3/24	Inside Wire Maintenance (added)	4.13
3/13	3/18	High Speed Internet (added)	4.80
		Partial Month Charges Subtotal	\$55.68
		Change in Service Subtotal	.00
		Current Activity Total	\$197.42

Specials and Promotions

3/13		HSI Activation @ 99.99 Fee Waived (\$99.99 off Internet)	.00
		Specials and Promotions Total	.00

Taxes, Governmental Surcharges and Fees

		Federal Excise Tax	1.23
		NY State and Local Sales Tax	29.71
		911 Surcharge	1.05
		Total Taxes, Governmental Surcharges and Fees	\$31.99

Verizon Surcharges and Other Charges & Credits

		NY State and Local Tax Surcharges	9.52
		Federal Universal Service Fee	13.85
		Federal Subscriber Line and Access Recovery Charge	34.77
		NY Municipal Construction Surcharge	2.39
		VLD Carrier Cost Recovery Charge	1.20
		VLD Long Distance Administrative Charge	2.43
		VLD Long Distance Access Charge	12.72
		Total Verizon Surcharges and Other Charges & Credits	\$76.88

Legal Notices

Electronic Fund Transfer (EFT)
Paying by check authorizes us to process your check or use the check information for a one-time EFT from your bank account. Verizon may retain this information to send you electronic refunds or enable your future electronic payments to us. If you do not want Verizon to retain your bank information call 1-888-500-5358

Prepared for:

Proposal Number:



 access one

Technology Solutions, Delivered with Care



Access One: Technology Solutions, Delivered with Care

Thank you for your interest in Access One!

Access One is a business technology and communications services provider that customizes solutions to the unique needs of growing businesses. Known for both our unparalleled customer service and cutting-edge network, we provide complete end-to-end communication solutions for traditional and multimedia applications. Our scalable, high-capacity infrastructure, coupled with our continued network investment, enables us to expand our product portfolio, remain competitively priced, and create highly effective solutions tailored to your business.

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Recent Awards and Recognition



2014 Silver Stevie Award
for Front-Line Customer
Service Team of the Year



Chicago and Northern
Illinois Better Business
Bureau's 2013 Torch Award
for Marketplace Ethics





access one

DATE: May 28, 2015

Jeff DeRose
820 W Jackson Blvd, Ste 650, Chicago, IL 60607
312-441-9210
jderose@accessoneinc.com

Brightwaters
1113 Herkimer Rd., Utica, NY 13502

Internet

1113 Herkimer Rd., Utica, NY 13502

1.5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 460.61	\$ 460.61
Included	Included
Total: \$ 460.61	

Internet

1113 Herkimer Rd., Utica, NY 13502

3M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 840.24	\$ 840.24
Included	Included
Total: \$ 840.24	

Internet

1113 Herkimer Rd., Utica, NY 13502

5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 1,060.16	\$ 1,060.16
Included	Included
Total: \$ 1,060.16	

Internet

1113 Herkimer Rd., Utica, NY 13502

10M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 1,276.05	\$ 1,276.05
Included	Included
Total: \$ 1,276.05	

\$0 NRC

Please Note:

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Installation costs waived on multi-year terms unless otherwise specified.
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- Audio & Web Conferencing

Private Networking Solutions

- MPLS
- IP VPN
- Private Line

Access Cloud Hosted PBX

- Fully managed phone system
- Feature rich platform
- Eliminate upfront costs and ongoing maintenance

Managed IT Solutions

- 24/7 IT Support & Helpdesk
- Onsite & Offsite Data Backup
- Disaster Recovery
- Network/Infrastructure Installation & Management
- Network & Endpoint Security
- Server Virtualization

Colocation & Data Center Solutions

- 1/3, 1/2 and Full Rack & Power
- High Density Tier III Facility
- 24/7/365 Onsite Staff
- HIPAA & PCI Compliant
- Remote Hands Support
- IP Bandwidth

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*Network Maintenance Fee of \$14.75 applies per location.



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David Stein, President, Malcolm S. Gerald and Associates

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Goodman Theater • Harris Theater • Museum of Contemporary Art

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Lake Forest Graduate School of Management • Noble Network of Charter Schools • Wilmette Public Schools District 39

Financial

Glenview State Bank • Standard Bank & Trust • West Suburban Bank

Healthcare

Illinois Physicians Network • NuCare • St. Mary's Hospital

Hospitality

Crowne Plaza Hotel • Trump Hotel • Marriott Hotel

Legal

Blatt, Hasenmiller, Leibscher & Moore, LLC • Donohue Brown • Foran Glennon Palandech Ponzi & Rudloff PC

Municipals

City of Elgin • Elk Grove Village • Addison Park District

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Catholic Charities • Old St. Patrick's Church • Salvation Army

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CBRE • Sterling Bay Companies • Jones Lang LaSalle

Other Industries

Better Business Bureau® Serving Chicago & Northern Illinois • Binny's Beverage Depot • Uber



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What is a Network Risk Assessment?

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Performance Reports

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- Network Monitoring
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- And much more!

Who Needs It?

IT Professionals need quick and easy access to every detail of their environment and delivery. The ability to track and analyze data over time is invaluable for both tactical and strategic IT planning. Schedule your FREE Network Risk Analysis with one of our specialists today! Upon completion, your business will receive a completely customized report fully documenting the risks associated with your network.

To schedule your analysis with one of our certified technicians, please call 877.441.8333.

Brightwaters ISP Confirmations

14 Walker Way; Section 2, Albany, NY 12205

ISP's:

1) Time Warner

2) AccessOne

Paula J. Mueller

From: Steve Mayo <Smayo@twsalesteam.com>
Sent: Friday, May 29, 2015 10:02 AM
To: Paula J. Mueller
Subject: RE: CORRECTION FW: Quote for Brightwaters

Paula,

For Brightwaters:

Address	14 WALKER WAY ALBANY, NY 12205	Serviceability	ON- NET
Type	Commercial location	Last Update	5/24/2015
Division	Albany		
Largest Tenant	TMC SERVICES INC		
Distance to Node			
Distance to Closest Serviceable Building With Coax	0		
Distance to Closest Serviceable Building With Fiber	999999999		

Location is Serviceable With Time Warner Cable Business Services

Thank you for your interest in Time Warner Cable Business Class. I am happy to provide you with the service quote attached.

Please do not hesitate to contact me should you have any questions or need additional information.

I look forward to hearing from you.

Internet Only:

15 Mbps x 2 Mbps HSD Internet - Wifi Router Included
\$169.99 Per Month
\$100 Install Fee (Normally \$200 reduced)
3 Year Term

Internet Only: Most Recommended FOR VOIP SYSTEMS

35 Mbps x 5 Mbps HSD Internet - Wifi Router Included

\$189.99 Per Month
\$100 Install Fee (Normally \$200 reduced)
2 or 3 Year Term

Internet Service – comes with dynamic IP
1 static IP \$20.00 Per Month
5 static IP \$35.00 Per Month

Information Required To Send Service Agreement Via Email for Electronic Signature

Billing Address if different from service address.

Signer Name

Contact # for scheduling.

Business Fed Tax ID #

With Appreciation,

Steven Mayo

Senior Business Account Manager

Time Warner Cable Business Class Authorized Agent

Office: 866-315-5403 Fax: 855-537-8629

smayo@twsalesteam.com



Prepared for:

Proposal Number:



 access one

Technology Solutions, Delivered with Care



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Bureau's 2013 Torch Award
for Marketplace Ethics





access one

DATE: May 28, 2015

Jeff DeRose
820 W Jackson Blvd, Ste 650, Chicago, IL 60607
312-441-9210
jderose@accessoneinc.com

Brightwaters
14 Walker Way, Albany, NY 12205

Internet

14 Walker Way, Albany, NY 12205

1.5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 491.96	\$ 491.96
Included	Included
Total: \$ 491.96	

Internet

14 Walker Way, Albany, NY 12205

3M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 840.24	\$ 840.24
Included	Included
Total: \$ 840.24	

Internet

14 Walker Way, Albany, NY 12205

5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 791.19	\$ 791.19
Included	Included
Total: \$ 791.19	

Internet

14 Walker Way, Albany, NY 12205

10M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 970.03	\$ 970.03
Included	Included
Total: \$ 970.03	

\$0 NRC

Please Note:

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Installation costs waived on multi-year terms unless otherwise specified.
All prices exclude applicable federal, state, local taxes and FCC fees.
Dmarc Extension fee is \$300/circuit up to 300 feet, if applicable.





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- MPLS
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- Private Line

Access Cloud Hosted PBX

- Fully managed phone system
- Feature rich platform
- Eliminate upfront costs and ongoing maintenance

Managed IT Solutions

- 24/7 IT Support & Helpdesk
- Onsite & Offsite Data Backup
- Disaster Recovery
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- Network & Endpoint Security
- Server Virtualization

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Brightwaters ISP Confirmations

142 East 49th Street, New York, NY 10017

ISP's:

- 1) AccessOne
- 2) Time Warner

Prepared for:

Proposal Number:



 access one

Technology Solutions, Delivered with Care



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access one

DATE: May 28, 2015

Jeff DeRose
820 W Jackson Blvd, Ste 650, Chicago, IL 60607
312-441-9210
jderose@accessoneinc.com

Brightwaters
142 E 49th Street, New York, NY 10017

Internet

142 E 49th Street, New York, NY 10017

1.5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 347.70	\$ 347.70
Included	Included
Total: \$ 347.70	

Internet

142 E 49th Street, New York, NY 10017

3M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 348.17	\$ 348.17
Included	Included
Total: \$ 348.17	

Internet

142 E 49th Street, New York, NY 10017

5M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 446.25	\$ 446.25
Included	Included
Total: \$ 446.25	

Internet

142 E 49th Street, New York, NY 10017

10M Internet
Managed Router

Quantity
1
1

36 Month Term	
Rate	MRC
\$ 679.34	\$ 679.34
Included	Included
Total: \$ 679.34	

\$0 NRC

Please Note:

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Paula J. Mueller

From: Steve Mayo <Smayo@twsalesteam.com>
Sent: Monday, June 01, 2015 10:50 AM
To: Paula J. Mueller
Subject: RE: Brightwaters - another location

Paula,

Address	142 E 49TH ST NEW YORK, NY 10017	Serviceability	ON- NET
		Last Update	5/31/2015
Type	Address is an apartment		
Division	NYC		
Largest Tenant	MARGRITH OF SWITZERLAND		
Distance to Node			
Distance to Closest Serviceable Building With Coax	0		
Distance to Closest Serviceable Building With Fiber	999999999		

Location is Serviceable With Time Warner Cable Business Services

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Pricing Change

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15 Mbps x 2 Mbps HSD Internet - Wifi Router Included
\$119.99 Per Month
\$100 Install Fee (Normally \$200 reduced)
3 Year Term

Internet Only: Most Recommended FOR VOIP SYSTEMS

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\$189.99 Per Month
\$100 Install Fee (Normally \$200 reduced)
2 or 3 Year Term

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1 static IP \$20.00 Per Month
5 static IP \$35.00 Per Month

Information Required To Send Service Agreement Via Email for Electronic Signature

Billing Address if different from service address.

Signer Name

Contact # for scheduling.

Business Fed Tax ID #

With Appreciation,

Steven Mayo

Senior Business Account Manager

Time Warner Cable Business Class Authorized Agent

Office: 866-315-5403 Fax: 855-537-8629

smayo@twsalesteam.com



M	Attachment M – Affidavit of Compliance	Issue Date: 06/05/2015	Page 1 of 1
	11.9.1.DOC	Supersedes Date: New Document	Version No. 1.0

ATTACHMENT M - AFFIDAVIT OF COMPLIANCE

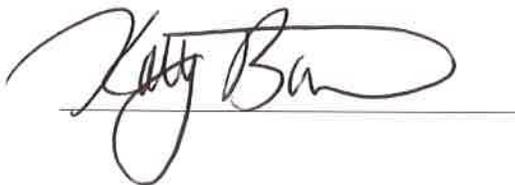
As the Managing Member of Brightwaters Farms, LLC, I hereby affirm that Brightwaters is able to comply with all applicable State and local laws and regulations relating to the activities in which Brightwaters intends to engage following issuance of a registration to operate as a Registered Organization by the New York State Department of Health.

BRIGHTWATERS FARMS, LLC


 Anthony Quintal, Managing Member

Sworn to and subscribed in my presence this
28th day of May, 2015.

Notary Public



KATHY BARTOW
 Notary Public, State of New York
 No. 01BA6226771, Nassau County
 Commission Expires, August 16, 2018

Developed By: Mitch Pawluk	Revised By:	Approved By: Andrew Modlin
Document Status: Original		

FILING RECEIPT

=====

ENTITY NAME: BRIGHTWATERS FARMS, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: ONEI

=====

FILED:02/18/2015 DURATION:***** CASH#:150218000079 FILM #:150218000071
DOS ID:4711739

FILER:

EXIST DATE

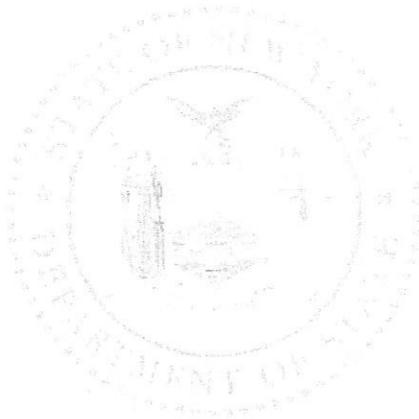
BELFORD & NORNES, LLP
26 SAXON AVENUE
PO BOX 5529
BAY SHORE, NY 11706

02/18/2015

ADDRESS FOR PROCESS:

THE LLC
1113 HERKIMER ROAD
UTICA, NY 13502

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to www.email.ebiennial.dos.ny.gov to provide an email address to receive an email notification when the Biennial Statement is due.

=====

SERVICE COMPANY: GERALD WEINBERG, P.C. - 13

SERVICE CODE: 13 *

FEES 225.00

FILING 200.00
TAX 0.00
CERT 0.00
COPIES 0.00
HANDLING 25.00

PAYMENTS 225.00

CASH 0.00
CHECK 0.00
CHARGE 0.00
DRAWDOWN 225.00
 OPAL 0.00
REFUND 0.00

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DOS-1025 (04/2007)

**ARTICLES OF ORGANIZATION
OF
BRIGHTWATERS FARMS, LLC**

Under Section 203 of the Limited Liability Company Law

Filed by:

Belford & Nornes, LLP
26 Saxon Avenue
PO Box 5529
Bay Shore, New York 11706

**ARTICLES OF ORGANIZATION
OF
BRIGHTWATERS FARMS, LLC**

Under Section 203 of the Limited Liability Company Law.

FIRST: The name of the limited liability company is **BRIGHTWATERS FARMS, LLC.**

SECOND: The county within the state in which the office of the limited liability company is to be located is Oneida.

THIRD: The Company does not have a specific date of dissolution in addition to the events of dissolution set forth by law.

FOURTH: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The post office address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

1113 Herkimer Road
Utica, New York 13502

FIFTH: The effective date of the Articles of Organization shall be the date of filing with the Secretary of State.

SIXTH: The limited liability company is to be managed by 1 or more managers.

IN WITNESS WHEREOF, this certificate has been subscribed to this 17th day of February, 2015 by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

Lawrence a. Kirsch

Lawrence A. Kirsch, Organizer

