



City of New Bedford

PLANNING BOARD SPECIAL PERMIT FOR MARIJUANA ESTABLISHMENTS AND MEDICAL MARIJUANA TREATMENT CENTERS

INSTRUCTIONS

GETTING STARTED...

When you are ready to apply, please make sure you read everything here, follow all the steps listed and work closely with the Planning Division to make sure everything is complete before you submit your application. Applications may be rejected or denied based upon incomplete or insufficient information.

STATE LICENSURE

All applications for a Marijuana Establishment must have or be seeking licensure through the Massachusetts Cannabis Control Commission. Please visit the Massachusetts Cannabis Control Commission website for more information: www.mass-cannabis-control.com.

All applications for a Medical Marijuana Treatment Centers/ Registered Medical Dispensary (RMD) must have or be seeking licensure through the Massachusetts Department of Public Health. Please visit the Massachusetts Department of Public Health Medical Use of Marijuana Program website for more information: www.mass.gov/medical-use-of-marijuana-program.

PRE-ELIGIBILITY SCREENING

Prior to submitting a permit application to the State and/or the City, Applicants are encouraged to take advantage of the opportunity to have a pre-eligibility meeting with the City Planning Division. This optional meeting is designed to provide important information regarding the interaction between the State and City processes and to ensure an Applicant's project moves efficiently through the City's permitting. See the Marijuana Establishment FAQ guide and permitting flowchart for more information.

INCLUDED IN THIS PACKET:

Part A: Checklist	Pages 1-2
Part B: Application	Pages 4-6
Part C: Supplementary Materials	Page 7-18

APPLICATION INSTRUCTIONS

All applications must be filled out completely and must be submitted with the material noted on the Checklist (page 1) of the application. Incomplete or improperly filed applications will be returned to the applicant for resubmission.

SUBMITTING YOUR APPLICATION

1. You should check the Planning Board Meeting Schedule to find out the next meeting date and filing deadline date for submissions to that meeting. You may and are encouraged to file prior to the filing deadline. The Planning Board Meeting Schedule and deadline dates are posted on the Planning Board webpage or are available in the Planning Division (City Hall, Room 303). **Please note: Applications are due by NOON on the application deadline day.**
2. Once you complete the application and supplemental materials required you must bring 14 packets – one (1) original and thirteen (13) copies of the completed application and supplemental materials to the Planning Division (City Hall, Room 303) with the required filing fee.
3. Your application will be reviewed by Planning Staff for completeness. If something is missing, you'll be told what needs correction and directed to return once you are prepared to have it reviewed for completeness once more.
4. If the application is complete, Planning Staff will accept your application fee and advise you to formally submit the application packet at the City Clerk's Office (City Hall, Room 118).
5. Bring the original and all copies of your application to the City Clerk's Office (City Hall, Room 118) to be time stamped and formally submitted. The City Clerk's Office will retain the original copy of the application.
6. You must bring all remaining stamped copies of the application back to the Planning Division (City Hall, Room 303). This will complete the submission of your application.

Additional information in regards to specific checklist items to aid you in completing the application requirements:

Host Community Agreement.	An executed Host Community Agreement is required as part of your application. This agreement must be reached and executed prior to submitting your application to the Planning Board.
Community Outreach Meeting.	A Community Outreach Meeting must be held prior to your Special Permit application. This is an opportunity for the applicant to present the project to the community and receive feedback. The meeting should be in a location accessible to the community, noticed as required, and a detailed summary of the meeting be submitted with this application. See page 9 of this application packet for more information.
Security Plan.	A security plan, approved by the New Bedford Police Department is required as part of your application. This plan must be submitted and approved by the Police Department prior to your application to the Planning Board. The Police Chief or his/her designee will review the plan and if he/she finds it acceptable, signoff on the form provided by the applicant with the security plan. The form, <i>Certification of Receipt of Security Plan and Approval of the Security Plan</i> , is available on page 14 of the application packet.
Emergency Response Plan.	An emergency response plan, approved by the New Bedford Police Department, Fire Department, and Health Department is required as part of your application. This plan should be submitted and approved by each of these departments prior to your application before the Planning Board. The Police Chief, Fire Chief, Health Department Director or their designees will review the plan and if they find it acceptable, sign-off on the form provided by the applicant with the emergency response plan. The form, <i>Certification of Receipt of Emergency Response Plan and Approval of Emergency Response Plan</i> , is available on pages 15-17 in this application packet.
Proof of Approval from the Commonwealth of Massachusetts.	Approval from the Commonwealth of Massachusetts is required as part of your application. The <i>Provisional Marijuana Establishment License</i> , a certificate issued by the Cannabis Control Commission that indicates your establishment has completed the Commonwealth application process must be submitted at the time of your Special Permit application. If only the <i>Provisional Marijuana Establishment License</i> is submitted upon application, final approval from the Cannabis Control Commission will be made a condition of any approval granted by the Planning Board. Proof of final approval from the Cannabis Control Commission must be submitted to the Planning Board prior to any construction/occupancy permits may be issued for your project.
Certified Abutters List.	A certified abutters list must also accompany your application. Prior to your application for Special Permit, please complete the <i>Certified Abutters List Request Form</i> , included in this packet on page 19 , and turn it in to the Planning Division (City Hall, Room 303).
Building permit rejection materials.	A building permit rejection is required as part of your application. All applications for building or changing of use must first file a building permit with the Division of Inspectional Services (City Hall, Room 308). The Division of Inspectional Services reviews all applications for compliance with building codes and the New Bedford zoning ordinance. The Division of Inspectional Services will then issue a rejection packet, which includes information about the permitting required in order for your application to be ultimately approved; including this Special Permit and any additional permits from other departments, or zoning relief your project may require. You must include all of the materials that Inspectional Services provides to you as part of your rejection packet with your Special Permit Application.

PLANNING BOARD PROCEDURES

WHEN WILL THE BOARD REVIEW MY APPLICATION?	As required under MGL Ch. 40 §9 the Planning Board will hear all applications within 65 days of the application filing date (the date stamped on the application by the City Clerk's Office). Planning staff will advise you of the date, time and location of your meeting based on your application submission date. The petitioner and any legal representative must attend the public hearing.
WHAT HAPPENS AFTER THE PLANNING BOARD DECIDES MY PETITION?	<p>The Planning Board has fourteen (14) days to file the written decision with the City Clerk's Office. Once the decision is filed and date stamped by the City Clerk's Office a copy of the decision will be mailed to you.</p> <p>If your application is granted, after the official decision is recorded with the City Clerk's Office, under MGL Ch. 40 §11 there is a twenty day (20) waiting period from the date the decision is stamped received by the City Clerk's Office. Anyone wishing to appeal the decision may do so within the twenty day waiting period. If no appeals have been filed, you are required to bring the decision back to the City Clerk's Office (City Hall, Room 118). The City Clerk will stamp the decision a second time certifying that no appeals have been made. Then you must record the decision (with two stamps from the City Clerk's Office) at the Registry of Deeds. Once the decision is recorded at the Registry of Deeds you must provide proof of its being recorded to both the Planning Division and Inspectional Services Division. Provided all other requirements are met, a building permit may then be issued by the Department of Inspectional services and you must act on it within one year.</p> <p>If your application is denied, after the official decision is recorded with the City Clerk's Office, there is a twenty (20) day period within which you may appeal the decision to the Massachusetts Superior Court. The procedures for appeal are set forth in MGL C. 40A §17.</p>
WHAT IF I NEED TO REQUEST A POSTPONMENT?	All requests for postponement will be considered on the scheduled hearing date. The petitioner must appear before the Board. If that is not possible an appointed representative of the petitioner must appear with a signed and notarized letter authorizing the representative to act on their behalf. The appointed representative must be authorized to sign an extension of time limits of approximately 30-90 days. If the Board grants the postponement, an agreed upon hearing date will be set and announced at that time, to accommodate the petitioner and abutters. The Board will not re-advertise or re-notify abutters of the newly scheduled hearing. The notice of hearing will be posted at the City Clerk's Office at City Hall for informational purposes.
CAN I WITHDRAW MY APPLICATION?	<p>You may withdraw your application without prejudice at any time prior to the publication of the notice of a public hearing in the newspaper. If you withdraw your application prior to the notice, your filing fee is refundable.</p> <p>If the public hearing notice has been published, the applicant may only withdraw the application without prejudice with the consent of the Planning Board. Without Planning Board consent of withdrawal without prejudice the application is then withdrawn with prejudice and the applicant cannot submit the same application for two years.</p>



City of New Bedford

SPECIAL PERMIT APPLICATION

CASE #

PART A: CHECKLIST

1. Submittal Checklist (This is page 1 of your Application.)

Have you included...		APPLICATION MATERIALS		Planning staff review finds...	
Yes	No	Page		Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-6	Completed and Signed Application & Checklist	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	Completed Ownership List	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	Completed Management List	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	Proof of Approval from the Commonwealth of Massachusetts for the Marijuana Establishment or Medical Marijuana Treatment Center. <i>(Provisional License)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	Copy of Executed Host Community Agreement <i>(must be signed by the Mayor and approved by City Council)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	Proof of Community Engagement Meeting	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	Owner's Verification, including property owner's signature and deed(s) of all involved parcels	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	Documented Right to Use Site: and if applicant is not the property owner, copy of the property deed and one of the following: a.) Lease agreement with notarized statement from property owner attesting validity of lease; or b.) Notarized letter of intent by property owner indicating intent to lease the premises to the applicant upon successful licensing and permitting; or c.) Real estate contract contingent upon successful licensing and permitting	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	Acknowledgement of Location Requirements & Restrictions	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	Narrative of Business Operations	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13	Statement of Approval of Security Plan	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14-16	Statement of Approval of Emergency Response Plan	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17	Odor Control Plan	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	Certified Abutter's List	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Copy of Building Rejection Packet	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Plot Plan	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Transportation Analysis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Development Impact Statement (DIS), <i>if required</i> <i>(per Chapter 9 section 5350 of the City of New Bedford Zoning Code)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Photo Depicting Existing Conditions <i>(Minimum 3, In Color, 1 Aerial + 2 other views)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Floor Plans	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		Canopy Cover Floor Plans, <i>required for Marijuana Cultivator</i>	<input type="checkbox"/>	<input type="checkbox"/>

(Checklist continues on next page.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>		Plans <ul style="list-style-type: none"> <input type="checkbox"/> Four (4) stapled and folded sets of full-sized plans (24" x 36") and Twelve (12) sets of reduced plans (11" x 17") are required for all applications. Staff reserves the right to require additional copies. <input type="checkbox"/> One (1) electronic copy (PDF & CAD) of all proposed plans (See Section 10 of Checklist for Requirements) <input type="checkbox"/> All plans oriented so that north arrow points to top of sheet <input type="checkbox"/> Plans shall be drawn at a minimum scale of 1"= 40' or less <input type="checkbox"/> All plans shall be stamped by Commonwealth of Massachusetts-registered Professional Engineer, Professional Land Surveyor, and/or Professional Landscape Architect, as appropriate <input type="checkbox"/> Plan sets shall be comprised of separate sheets as listed below unless otherwise approved by the City Planner <input type="checkbox"/> All plans shall have a title block comprised of the following: Project Title, Sheet Title, Sheet Number; Registrant Stamp (i.e. PE, PLS, LA); Registrant's name and address; Street addresses of the project area parcels; Scale at which the plan is drawn; Plan Issue Date; and all plan revision dates (with corresponding revision descriptions). 	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	Application Fee	<input type="checkbox"/>	<input type="checkbox"/>

Official Use Only:

Review of submittal compliance performed by _____ of the city's Division of Planning.

Staff review found the application packet to be ☐ complete ☐ incomplete on this date: _____.

Please remove the instruction pages when submitting your completed application packet but keep this checklist as the first part (PART A) of your application.

PART B: APPLICATION

1. SPECIAL PERMIT APPLICATION

The undersigned petitions the New Bedford Planning Board to grant a SPECIAL PERMIT in the manner and for the reasons set forth here under the provisions of the City's zoning ordinance to the following described premises:

APPLICATION SUMMARY (PLEASE PRINT)

SUBJECT PROPERTY			
ASSESSOR'S MAP PLOT#	86	LOT(S) #	10
REGISTRY OF DEEDS BOOK #	13345	PAGE #	43
PROPERTY ADDRESS: 115 Coggeshall Street, New Bedford, Massachusetts			
ZONING DISTRICT: IB			

PROPERTY OWNER INFORMATION

NAME: MET Real Estate LLC	TELEPHONE #: 978-395-1273
MAILING ADDRESS: 10 Bryn Mawr Rd., Wellesley, MA 02482	EMAIL: ddipietro@awholdings.com

SIGNATURE

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give Planning Division staff and Planning Board members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

NAME (printed): Daniel A. Dipietro, Esq.	SIGNATURE: 	DATE: 1/12/21
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APPLICANT (BUSINESS OWNER) , if different from owner

BUSINESS NAME: Southcoast Apothecary, LLC (d/b/a Ascend)	TELEPHONE #: 857-303-6140
CONTACT NAME: Andrea Cabral, CEO	
MAILING ADDRESS: P.O. Box 620727, Newton Lower Falls, MA 02462	EMAIL: acabral@awholdings.com

SIGNATURE

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give Planning Division staff and Planning Board members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

NAME (printed): Andrea Cabral, CEO	SIGNATURE: 	DATE: 1/12/21
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APPLICANT'S AGENT /CONTACT PERSON , if different from applicant/owner

BUSINESS NAME: Prince Lobel Tye LLP	TELEPHONE #: 617-456-8181
CONTACT NAME: Michael P. Ross, Esq.	
MAILING ADDRESS: One International Place, Suite 3700, Boston, MA 02110	EMAIL: mross@princelobel.com

SIGNATURES

By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the approval(s). I/we also give Planning Division staff and Planning Board members the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

NAME (printed): Michael P. Ross, Esq.	SIGNATURE: 	DATE: 1/12/21
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APPLICATION SPECIFICS

PROPOSED TYPE OF MARIJUANA ESTABLISHMENT and/or MEDICAL MARIJUANA TREATMENT CENTER

Please check all that apply to your application

	Facility Type	Definition
<input type="checkbox"/>	CRAFT MARIJUANA COOPERATIVE	A Marijuana Cultivator comprised of residents of the Commonwealth and organized as a limited liability company, limited liability partnership or, cooperative corporation under the laws of the Commonwealth. A cooperative is licensed to cultivate, obtain, manufacture, process, package, and brand cannabis or marijuana products to transport marijuana to Marijuana Establishment, but not to consumers.
<input type="checkbox"/>	INDEPENDENT TESTING LABORATORY	A laboratory that is licensed by the Cannabis Control Commission and is (a) accrediting to the International Organization for Standardization 17025 by a third-party accrediting body that is a signatory to the International Laboratory Accreditation Accrediting Cooperation mutual recognition agreement or that is otherwise approved by the Commission; (b) independent financially from any Medical Marijuana Treatment Center (MMTC), Marijuana Establishment or licensee for which it conducts a test; and (c) qualified to test cannabis or marijuana in compliance with 935 CMR 500.160 and M.G.L. c. 94C, §34.
<input type="checkbox"/>	MARIJUANA CULTIVATOR	An entity licensed to cultivate, process and package marijuana, and to transfer marijuana to other Marijuana Establishments, but not to consumers. A Craft Marijuana Cooperative is a type of Marijuana Cultivator.
<input type="checkbox"/>	MARIJUANA PRODUCT MANUFACTURER	An entity licensed to obtain, manufacture, process and package cannabis or marijuana products and to transfer these products and to transfer these products to other Marijuana Establishments, but not to consumers.
<input type="checkbox"/>	MARIJUANA RESEARCH FACILITY	An entity licensed to engage in research projects by the Cannabis Control Commission.
<input checked="" type="checkbox"/>	MARIJUANA RETAILER	An entity licensed to purchase and transport cannabis or marijuana product from Marijuana Establishments and to sell or otherwise transfer this product to Marijuana Establishments and to consumers. Retailers are prohibited from delivering cannabis or marijuana products to consumers; and from offering cannabis or marijuana products for the purposes of on-site social consumption on the premises of a Marijuana Establishment.
<input type="checkbox"/>	MEDICAL MARIJUANA TREATMENT CENTER (MMTC)/ REGISTERED MARIJUANA DISPENSARY (RMD)	An entity registered under 105 CMR 725.100 that acquires, cultivates, possesses, processes (including development of related products such as edible cannabis or marijuana products, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing cannabis or marijuana, related supplies, or educational materials to registered qualifying patients or their personal caregivers for medical use.
<input type="checkbox"/>	MICROBUSINESS	A co-located Tier 1 marijuana cultivator, and/or marijuana product manufacturer limited to purchase 2,000 pounds of marijuana from other marijuana establishments in one year.

EXISTING USE(S) OF PREMISES:	Fringe Factory
USE(S) OF PREMISES TO REMAIN, <i>if any</i> :	none
PROPOSED NEW USE(S) OF PREMISES:	Licensed Marijuana Retailer

Please complete the following:

	Existing	Allowed/Required	Proposed
Lot Area (sq ft)	9,499 SF	0 SF	9,499 SF
Lot Width (ft)	56 FT	0 SF	56 FT
Total Gross Floor Area (sq ft)	6,078 FT	5,000 FT	4,777 FT
Non-Residential Gross Floor Area (sq ft)	6,078 FT	5,000 FT	4,777 FT
Building Height (ft)	26.7 ft	100 ft	26.7 ft
Front Setback (ft)	17 ft	25 ft	17 ft
Side Setback (ft)	0 ft	25 ft	0 ft
Side Setback (ft)	0 ft	25 ft	0 ft
Rear Setback (ft)	61 ft	25 ft	61 ft
Lot Coverage by Buildings (% of Lot Area)	43%	50%	41%
Permeable Open Space (% of Lot Area)	0%	20%	10.3%
Green Space (% of Lot Area)	0%	20%	10.3%
Off-Street Parking Spaces	0	25	9
Long-Term Bicycle Parking Spaces	0	0	0
Short-Term Bicycle Parking Spaces	0	0	4
Loading Bays	0	0	0

If there's a commercial use existing and/or proposed, please complete the following:

EXISTING		PROPOSED
NUMBER OF CUSTOMERS PER DAY	N/A	Estimated at 400
NUMBER OF EMPLOYEES	N/A	35 Total Employees
HOURS OF OPERATION	N/A	10:00am-7:00pm
DAYS OF OPERATION	N/A	Monday - Sunday
HOURS OF DELIVERIES	N/A	Randomized
FREQUENCY OF DELIVERIES (Check frequency)	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> OTHER Randomized

Additional Planning Board or Zoning Board Approvals

Notice: Checking below does not constitute an application for the permits/approvals listed. The applicant must also file the proper application and fee for these permits/approvals.

The applicant is also requesting Site Plan Review or other Special Permits from the Planning Board:	
<input type="checkbox"/>	Site Plan Review
<input checked="" type="checkbox"/>	Special Permit, please specify: Parking Reduction, Hicks Logan Sawyer IPOD

The applicant is also requesting a Special Permit or Variance from the Zoning Board of Appeals:	
<input type="checkbox"/>	Variance, please specify:
<input type="checkbox"/>	Special Permit, please specify:

2. REQUIRED FINDINGS FOR GRANTING A SPECIAL PERMIT

City of New Bedford Code of Ordinances Chapter 9 Section 5320 requires the Planning Board to **find the benefit to the City and the neighborhood outweighs the adverse effects of the proposed use**, taking into account the characteristics of the site and of the proposal in relation to that site.

This determination includes consideration of each of the following:

1. Social, economic, or community needs which are served by the proposal;

Describe any social, economic, or community needs which are served by your proposal:

See attached Project Narrative

2. Traffic flow and safety, including parking and loading;

Describe how traffic flow and safety, including parking and loading, are addressed in your proposal:

See attached Project Narrative

3. Adequacy of utilities and other public services

Describe the utilities and other public services necessary for your proposal, and explain how these are adequately available for your proposal:

See attached Project Narrative

4. Neighborhood character and social services

Describe the neighborhood character and social structures surrounding your proposed location, and how your proposal will fit in this area:

See attached Project Narrative

5. Impacts on the natural environment;

Describe any impacts on the natural environments your proposal may have:

See attached Project Narrative

6. Potential fiscal impact, including impact on City services, tax base, and employment

Describe the neighborhood character and social structures surrounding your proposed location, and how your proposal will fit in this area:

See attached Project Narrative

PART C: SUPPLEMENTARY MATERIALS

3. OWNERSHIP LIST.

You must provide the name and address of each owner of the Marijuana Establishment or Medical Marijuana Establishment. Where the owner is a private corporation, please list all shareholders owning ten per cent (10%) or more of any class of stock issued by said corporation or where the owner is a corporation having ten (10) or fewer shareholders, all such shareholders. Where any of those listed is a partnership, or limited liability company, all such partners, both general and limited, in a partnership, and all members of a limited liability company. Please use an additional sheet if necessary.

1 ST OWNER	<u>NAME</u> FIRST AND LAST		<u>ADDRESS</u> STREET ADDRESS CITY STATE ZIP CODE			
	Ascend Wellness Holdings, LLC		500 Totten Pond Road		Waltham	MA 02451
	EMAIL ADDRESS		PHONE #		POSITION/ROLE	
	acabral@awholdings.com		617-828-8945		Parent Company	
2 ND OWNER	<u>NAME</u> FIRST AND LAST		<u>ADDRESS</u> STREET ADDRESS CITY STATE ZIP CODE			
	EMAIL ADDRESS		PHONE #		POSITION/ROLE	
3 RD OWNER	<u>NAME</u> FIRST AND LAST		<u>ADDRESS</u> STREET ADDRESS CITY STATE ZIP CODE			
	EMAIL ADDRESS		PHONE #		POSITION/ROLE	
4 TH OWNER	<u>NAME</u> FIRST AND LAST		<u>ADDRESS</u> STREET ADDRESS CITY STATE ZIP CODE			
	EMAIL ADDRESS		PHONE #		POSITION/ROLE	
5 TH OWNER	<u>NAME</u> FIRST AND LAST		<u>ADDRESS</u> STREET ADDRESS CITY STATE ZIP CODE			
	EMAIL ADDRESS		PHONE #		POSITION/ROLE	
6 TH OWNER	<u>NAME</u> FIRST AND LAST		<u>ADDRESS</u> STREET ADDRESS CITY STATE ZIP CODE			
	EMAIL ADDRESS		PHONE #		POSITION/ROLE	

4. MANAGEMENT INFORMATION.

You must list all executives, managers, officers, directors, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operation of the Marijuana Establishment or Medical Marijuana Treatment Center.

1 ST CONTACT	<u>NAME</u>		<u>ADDRESS</u>		
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
	Andrea J. Cabral	P.O. Box 620727	Newton Lower Falls	MA	02462
		EMAIL ADDRESS	PHONE #	POSITION/ROLE	AUTHORITY OVER
		acabral@awholdings.com	(617)828-9845	Chief Executive Officer	Executive Matters
2 ND CONTACT	<u>NAME</u>		<u>ADDRESS</u>		
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
	Francis Perullo	P.O. Box 620727	Newton Lower Falls	MA	02462
		EMAIL ADDRESS	PHONE #	POSITION/ROLE	AUTHORITY OVER
		fperullo@awholdings	(617)721-5844	Chief Operating Officer	Operations
3 RD CONTACT	<u>NAME</u>		<u>ADDRESS</u>		
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
	Steven Rohlfig	7 Middle Drive	Manhasset	NY	11030
		EMAIL ADDRESS	PHONE #	POSITION/ROLE	AUTHORITY OVER
		steve@slscapital.com	(913)344-0033	Chief Financial Officer	Finance
4 TH CONTACT	<u>NAME</u>		<u>ADDRESS</u>		
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
	Emily Paxhia	130 Frederick Street	San Francisco	CA	04117
		EMAIL ADDRESS	PHONE #	POSITION/ROLE	AUTHORITY OVER
		emilypaxhia@gmail.com	(617)571-7114	Manager	
5 TH CONTACT	<u>NAME</u>		<u>ADDRESS</u>		
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
	Christopher Leavy	112 Winding Lane	Newton	PA	18940
		EMAIL ADDRESS	PHONE #	POSITION/ROLE	AUTHORITY OVER
		cleavy@netpostadvisors.com	(917)701-2741	Manager	
Please identify a Community Liaison , individual to be the main contact for city departments once the business is operational for any issues as they may arise					
Community Liaison	<u>NAME</u>		<u>ADDRESS</u>		
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
	Andrea J. Cabral	P.O. Box 620727	Newton Lower Falls	MA	02462
		EMAIL ADDRESS	PHONE #	POSITION/ROLE	AUTHORITY OVER
		acabral@awholdings.com	617-721-5844	Chief Executive Officer	Executive Matters

5. Proof of Approval from the Commonwealth of Massachusetts

- ☒ A copy of the Provisional License from the Massachusetts Cannabis Control Commission

6. Copy of Executed Host Community Agreement

- ☒ A copy of the executed Host Community Agreement entered into between the Marijuana Establishment or Medical Marijuana Treatment Center and the city, signed by the Mayor and approved by the City Council is attached with this application.

7. Proof of Community Engagement Meeting

Please indicate the following was completed and attach the items as noted below:

Date Community Outreach Meeting was held on:	October 17, 2019
---	------------------

Location of Meeting:	Whaler Inn, 500 Hathaway Rd, New Bedford, 02740
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- ☒ **Legal Advertisement** – A copy of the notice of the time, place, and subject matter of the meeting, including the proposed address of the Marijuana Establishment, that was published in the Standard Times Newspaper on 10/9/19 (insert date), at least seven (7) calendar days prior to the meeting.
- ☒ **Meeting Notice** - A copy of the meeting notice filed with the New Bedford City Clerk's Office and Planning Board on 10/7/19 (insert date).
- ☒ **Abutter Notice** - Certified proof of mailing of the notice of the time, place, and subject matter of the meeting, including the proposed address of the Marijuana Establishment, mailed on 10/7/19 (insert date), which was at least seven (7) calendar days prior to the community outreach meeting to abutters of the proposed address of the Marijuana Establishment, and residents within 300 feet of the property line of the petitioner as they appear on the most recent applicable tax list, notwithstanding that the land of any such owner is located in another city or town.
- ☒ **Information Presented** – Evidence that the following information was presented at the community outreach meeting:
- The types of Marijuana Establishment to be located at the proposed address
 - Information adequate to demonstrate that the location will be maintained securely;
 - Steps to be taken by the Marijuana Establishment to prevent diversion to minors;
 - A plan by the Marijuana Establishment to positively impact the community; and
 - Information adequate to demonstrate that the location will not constitute a nuisance as defined by law.
- ☒ **Community Input** – Community members were permitted to ask questions and receive answers from representatives of the Marijuana Establishment.
- ☒ **Summary of input received and any adjustments made to the project plans as a result**

8. Owner's Verification

Deed

Title Reference to Property

(Attach copy of Deed, Certificate of Title & most recent Recorded Plans showing affected lot or lots)

Bristol County SD Registry of Deed	Book: 13345	Page: 43
Bristol County SD Land Court	Certificate #: NA	

Is the applicant also the owner?

☐

Yes

☒

No

9. Documented Right to Use Site:

If applicant is not the property owner, you must submit a copy of the property deed and one of the following:

- ☒ Lease agreement with notarized statement from property owner attesting validity of lease; or
- ☐ Notarized letter of intent by property owner indicating intent to lease the premises to the applicant upon successful licensing and permitting; or
- ☐ Real estate contract contingent upon successful licensing and permitting

10. Acknowledgement of Location Requirements & Restrictions

ACKNOWLEDGEMENT OF LOCATION REQUIREMENTS AND RESTRICTIONS

Please ensure the following for eligibility:

Is the project location/site located in an Industrial A (IA), B (IB), or C (IC) zoned district?	<input checked="" type="checkbox"/> Yes
Is the project location/site located within 500 feet of any public or private school providing education in kindergarten or any grade 1 through 12, licensed daycare center, nursery school, preschool, building operated as part of the campus of a private or public institution of higher learning, playground, park, public institution of higher learning, playground, park, public library, church, substance abuse treatment facility, Marijuana Establishment, or Medical Marijuana Treatment Center?	<input checked="" type="checkbox"/> No
Is the project location/site located within 200 feet of any dwelling or dwelling unit?	<input checked="" type="checkbox"/> No
Is the proposed Marijuana Establishment or Medical Marijuana Treatment Center located inside a dwelling or building containing a dwelling unit or inside any building containing transient housing, including a hotel, motel, or dormitory?	<input checked="" type="checkbox"/> No

Applicant's Responsibility Concerning Location Requirements and Restrictions

I, Andrea Cabral (legibly print name and title), understand that it is my responsibility to ensure that my premises or proposed premise does not violate the Location Requirements and Restrictions under New Bedford Code of Ordinances Chapter 9 Comprehensive Zoning Section 4131B., and hereby acknowledge that the City of New Bedford, including any of its agents or employees, makes no representation with regard to the suitability of the proposed location of my marijuana establishment/medical marijuana treatment center. I understand that I should conduct my own research and investigation regarding any proposed location for a marijuana establishment/medical marijuana treatment center, and I should engage the services of professionals if necessary. I further understand that merely accepting my application confers no guarantee that the Special Permit will be issued by the City.

While the City will investigate my application for Location Requirements and Restrictions, I understand this is for the City's use only and it not a substitute for conducting my own investigation. I understand that I cannot rely on the City's investigation or measurements, and I understand that the City does not guarantee any investigation or measurement.

I hereby represent that the proposed location of my marijuana establishment/medical marijuana treatment center fully complies with the Location Requirements and Restrictions as set forth in New Bedford Code of Ordinances Chapter 9 Comprehensive Zoning Section 4131B.

NAME (printed): Andrea Cabral	SIGNATURE: 	DATE: 01/13/2021
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11. Narrative of Business Operations

Narrative of Business Operations

Please provide a detailed description of the proposed activities to occur at the site.

The narrative must include information relating to the cultivation, manufacturing, and processing of marijuana and marijuana products; on-site sales of marijuana products; off-site deliveries; distribution of educational materials; and other programs or activities.

See attached Project Narrative

Information about Energy Use

Please provide a detailed description of anticipated energy use for your operation and any energy efficiency strategies included in your project.

See attached Project Narrative

Information about Canopy Cover

If your project include cultivation, provide the total square footage of canopy cover:

Canopy means an area to be calculated in square feet and measured using clearly identifiable boundaries of all areas(s) that will contain mature plants at any point in time, including all of the space(s) within the boundaries, canopy may be noncontiguous, but each unique area included in the total canopy calculations shall be separated by an identifiable boundary which include, but are not limited to: interior walls, shelves, greenhouse walls, hoop house walls, garden benches, hedge rows, fencing, garden beds, or garden plots. If mature plants are being cultivated using a shelving system, the surface area of each level shall be included in the total canopy calculation.

Additional drawings required: interior drawings detailing areas containing mature plants and total square footage as noted above including shelving system calculations must be submitted.

NA

12. Statement of Approval of Security Plan

CERTIFICATION OF APPROVAL OF SECURITY PLAN BY THE CITY OF NEW BEDFORD POLICE DEPARTMENT

PROJECT ADDRESS:	115 Coggeshall Street
APPLICANT NAME:	Southcoast Apothecary, LLC (d/b/a Ascend)

For the purpose of fulfilling the requirements of the City of New Bedford Code of Ordinances Chapter 9 Comprehensive Zoning Section 4140B, this is to certify that this Department has reviewed the Security Plan for the above referenced project and finds it acceptable.

Any updates to this security plan must be submitted to the New Bedford Police Department for a new review and approval.

This Security Plan and Updates shall, to the maximum extent permissible under law, remain confidential.


Signature of New Bedford Police Chief, or his/her designee

11/15/20
Date

City of New Bedford Code of Ordinances Chapter 9 Section 4140B requires, a Marijuana Establishment or Medical Marijuana Treatment Center must, prior to seeking a special permit from the Planning Board, file a security plan with the New Bedford Police Department that includes information relating to alarms, fencing, gates, limited access areas, delivery procedures, police details, and video and lighting locations. The security plan shall show the arrangement of pedestrian circulation and access to the public points of entry to the premises for the nearest public or private street or off-street parking area. When Marijuana Establishments and Medical Marijuana Treatment Centers update their security plans, they must share these updates with the New Bedford Police Departments. These security plans and updates shall, to the maximum extent permissible under law, remain confidential.

13. Statements of Approval of Emergency Response Plan - POLICE

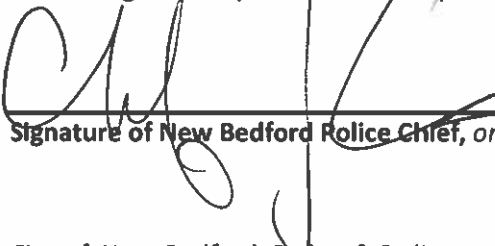
CERTIFICATION OF RECEIPT OF EMERGENCY RESPONSE PLAN AND APPROVAL OF THE EMERGENCY RESPONSE PLAN BY THE CITY OF NEW BEDFORD POLICE DEPARTMENT

PROJECT ADDRESS:	115 Coggeshall Street
APPLICANT NAME:	Southcoast Apothecary, LLC (d/b/a Ascend)

For the purpose of fulfilling the requirements of the City of New Bedford Code of Ordinances Chapter 9 Comprehensive Zoning Section 4140B, this is to certify that this Department has reviewed the Emergency Response Plan for the above referenced project and finds it acceptable.

Any updates to this Emergency Response Plan must be submitted to the New Bedford Police Department for a new review and approval.

This Emergency Response Plan and Updates shall, to the maximum extent permissible under law, remain confidential.

 _____
Signature of New Bedford Police Chief, or his/her designee

11/15/20

Date

City of New Bedford Code of Ordinances Chapter 9 Section 4140B requires, a Marijuana Establishment or Medical Marijuana Treatment Center must, prior to seeking a special permit from the Planning Board, file an emergency response plan with the New Bedford Fire, Police, and Health Departments. When Marijuana Establishments and Medical Marijuana Treatment Centers update their emergency response plans, they must share these updates with the New Bedford Fire, Police, and Health Departments. These emergency response plans and updates shall, to the maximum extent permissible under law, remain confidential.

14. Statements of Approval of Emergency Response Plan - FIRE

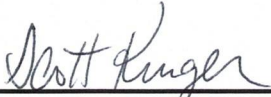

CERTIFICATION OF RECEIPT OF EMERGENCY RESPONSE PLAN AND APPROVAL OF THE EMERGENCY RESPONSE PLAN BY THE CITY OF NEW BEDFORD FIRE DEPARTMENT

PROJECT ADDRESS:	115 Coggeshall Street
APPLICANT NAME:	Southcoast Apothecary, LLC (d/b/a Ascend)

For the purpose of fulfilling the requirements of the City of New Bedford Code of Ordinances Chapter 9 Comprehensive Zoning Section 4140B, this is to certify that this Department has reviewed the Emergency Response Plan for the above referenced project and finds it acceptable.

Any updates to this Emergency Response Plan must be submitted to the New Bedford Fire Department for a new review and approval.

This Emergency Response Plan and Updates shall, to the maximum extent permissible under law, remain confidential.

 	01/12/2021
Signature of New Bedford Fire Chief, or his/her designee	Date

City of New Bedford Code of Ordinances Chapter 9 Section 4140B requires, a Marijuana Establishment or Medical Marijuana Treatment Center must, prior to seeking a special permit from the Planning Board, file an emergency response plan with the New Bedford Fire, Police, and Health Departments. When Marijuana Establishments and Medical Marijuana Treatment Centers update their emergency response plans, they must share these updates with the New Bedford Fire, Police, and Health Departments. These emergency response plans and updates shall, to the maximum extent permissible under law, remain confidential.

15. Statements of Approval of Emergency Response Plan - HEALTH

CERTIFICATION OF RECEIPT OF EMERGENCY RESPONSE PLAN AND APPROVAL OF THE EMERGENCY RESPONSE PLAN BY THE CITY OF NEW BEDFORD HEALTH DEPARTMENT

PROJECT ADDRESS:	115 Coggeshall Street
APPLICANT NAME:	Southcoast Apothecary, LLC (d/b/a Ascend)

For the purpose of fulfilling the requirements of the City of New Bedford Code of Ordinances Chapter 9 Comprehensive Zoning Section 4140B, this is to certify that this Department has reviewed the Emergency Response Plan for the above referenced project and finds it acceptable.

Any updates to this Emergency Response Plan must be submitted to the New Bedford Health Department for a new review and approval

This Emergency Response Plan and Updates shall, to the maximum extent permissible under law, remain confidential.



Signature of New Bedford Health Department Director, or his/her designee

1/12/21
Date

City of New Bedford Code of Ordinances Chapter 9 Section 4140B requires, a Marijuana Establishment or Medical Marijuana Treatment Center must, prior to seeking a special permit from the Planning Board, file an emergency response plan with the New Bedford Fire, Police, and Health Departments. When Marijuana Establishments and Medical Marijuana Treatment Centers update their emergency response plans, they must share these updates with the New Bedford Fire, Police, and Health Departments. These emergency response plans and updates shall, to the maximum extent permissible under law, remain confidential.

16. Odor Control Plan

The Odor Control Plan shall include but not be limited to the following:

1. Facility Information

- ☒ Name of facility
- ☒ Name, phone #, and email of facility owner
- ☒ Name, phone #, and email of facility operator or licensee, and any authorized designees
- ☒ Facility physical address
- ☒ Facility mailing address, if different from physical address
- ☒ Facility type
- ☒ Facility hours of operation
- ☒ Description of facility operations
- ☒ Emergency contact information

2. Facility Odor Emissions Information

- ☒ Facility floor plan (the plan should identify the location of odor-emitting activities/sources, windows, doors, and ventilation systems)
- ☒ Specific odor-emitting activity/activities
- ☒ Phase (timing, length, etc.) of odor emitting activities

3. Administrative Controls

- ☒ Procedural activities
- ☒ Staff training procedures
- ☒ Recording keeping systems and forms

4. Engineering Controls

- ☒ Technical system design
 - ☐ Operational processes
 - ☐ Maintenance plan
 - ☐ Engineering Controls are to be certified by a Professional Engineer or Certified Industrial Hygienist that controls are sufficient to effectively mitigate odors for all odor sources
- Or**
- ☐ Detailed reasons why engineering controls are not needed at the location

5. Complaint Tracking System

- ☒ Mechanism for and staff involved in receiving odor-related complaints
- ☒ How and by whom will such complaints be addresses
- ☒ How the odor complaint and response will be recorded (logbook, complaint report, etc.)