

## Medical Marijuana Grower/Processor Permit Application

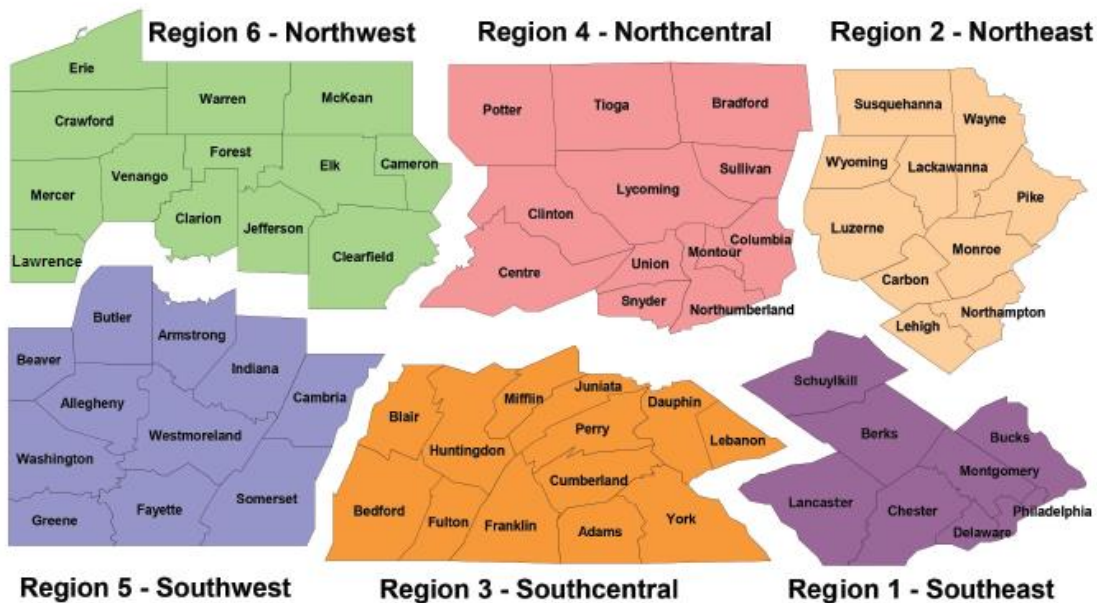
You may apply for one grower/processor permit in this application for any of the medical marijuana regions listed below. A separate application must be submitted for each grower/processor permit sought by the applicant. Please see the Medical Marijuana Organization Permit Application Instructions for a table of the counties within each medical marijuana region.

**Please check to indicate the medical marijuana region, and specify the county, for which you are applying for a grower/processor permit:**

- |                                    |                                       |   |
|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Northcentral | <input type="checkbox"/> Northeast            |
| <input type="checkbox"/> Southwest | <input type="checkbox"/> Southcentral | <input checked="" type="checkbox"/> Southeast |

County: Delaware

### Pennsylvania Department of Health Medical Marijuana Regions



Pennsylvania Department of Health  
Medical Marijuana Grower/Processor Permit Application

## Medical Marijuana Grower/Processor Permit Application

### Part A - Applicant Identification and Facility Information

(Scoring Method: Pass/Fail)

FOR THIS PART, THE APPLICANT IS REQUIRED TO PROVIDE BACKGROUND AND CONTACT INFORMATION FOR THE BUSINESS OR INDIVIDUAL APPLYING FOR A PERMIT.

#### Section 1 – Applicant Name, Address and Contact Information

##### Business or Individual Name and Principal Address

<b>Business Name, as it appears on the applicant's certificate of incorporation, charter, bylaws, partnership agreement or other legal business formation documents:</b>		
MedGarden, LLC		
<b>Other trade names and DBA (doing business as) names:</b>		
n/a		
<b>Business Address:</b> REDACTED		
<b>City:</b> REDACTED	<b>State:</b> PA	<b>Zip Code:</b> REDACTED
<b>Phone:</b> REDACTED	<b>Fax:</b> n/a	<b>Email:</b> REDACTED

☒ Primary Contact or ☐ Registered Agent for this Application

<b>Name:</b> Jennifer McKee		
<b>Address:</b> 940 W. Sproul Rd.		
<b>City:</b> Springfield	<b>State:</b> DOH R	<b>Zip Code:</b> DOH REDACTED
<b>Phone:</b> REDACTED	<b>Fax:</b> n/a	<b>Email:</b> REDACTED

#### Section 2 – Facility Information

By checking "Yes," you affirm that you possess the ability to obtain in an expeditious manner the right to use sufficient land, buildings and other premises and equipment to properly carry on the activity described in the medical marijuana grower/processor permit application, and any proposed location for a grower/processor facility.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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PROPOSED GROWER/PROCESSOR FACILITY (PLEASE INDICATE THE FACILITY NAME AS YOU WOULD LIKE IT TO APPEAR ON THE PERMIT)

<b>Facility Name:</b> MedGarden		
<b>Facility Address:</b> REDACTED		
<b>City:</b> REDACTED	<b>State:</b> PA	<b>Zip Code:</b> REDACTED
<b>County:</b> Delaware		<b>Municipality:</b> REDACTED Township
<input checked="" type="checkbox"/> Owned by the applicant <input type="checkbox"/> Leased by the applicant <input type="checkbox"/> Option for applicant to buy/lease		

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Is the facility located in a <u>financially distressed municipality</u> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the facility have an <u>excess maintenance agreement</u> or road use agreement with PennDOT, the local municipality, or the county?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Part B – Diversity Plan

### (Scoring Method: 100 Points)

IN ACCORDANCE WITH SECTION 615 OF THE ACT (35 P.S. § 10231.615), AN APPLICANT SHALL INCLUDE WITH ITS APPLICATION A DIVERSITY PLAN THAT PROMOTES AND ENSURES THE INVOLVEMENT OF DIVERSE PARTICIPANTS AND DIVERSE GROUPS IN OWNERSHIP, MANAGEMENT, EMPLOYMENT, AND CONTRACTING OPPORTUNITIES. DIVERSE PARTICIPANTS INCLUDE A PERSON, INCLUDING A NATURAL PERSON; INDIVIDUALS FROM DIVERSE RACIAL, ETHNIC AND CULTURAL BACKGROUNDS AND COMMUNITIES; WOMEN; VETERANS; INDIVIDUALS WITH DISABILITIES; CORPORATION; PARTNERSHIP; ASSOCIATION; TRUST OR OTHER ENTITY; OR ANY COMBINATION THEREOF, WHO ARE SEEKING A PERMIT ISSUED BY THE DEPARTMENT OF HEALTH TO GROW AND PROCESS OR DISPENSE MEDICAL MARIJUANA. DIVERSE GROUPS INCLUDE THE FOLLOWING BUSINESSES THAT HAVE BEEN CERTIFIED BY A THIRD-PARTY CERTIFYING ORGANIZATION: A DISADVANTAGED BUSINESS, MINORITY-OWNED BUSINESS, AND WOMEN-OWNED BUSINESS AS THOSE TERMS ARE DEFINED IN 74 PA. C.S. § 303(B); AND A SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS OR VETERAN-OWNED SMALL BUSINESS AS THOSE TERMS ARE DEFINED IN 51 PA. C.S. § 9601.

## Section 3 – Diversity Plan

<p>By checking "Yes," the applicant affirms that it has a diversity plan that establishes a goal of opportunity and access in employment and contracting by the medical marijuana organization. The applicant also affirms that it will make a good faith effort to meet the diversity goals outlined in the diversity plan. Changes to the diversity plan must be approved by the Department of Health in writing.</p> <p>The applicant further agrees to report participation level and involvement of Diverse Participants and Diverse Groups in the form and frequency required by the Department, and to provide any other information the Department deems appropriate regarding ownership, management, employment, and contracting opportunities by Diverse Participants and Diverse Groups.</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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### DIVERSITY PLAN

IN NARRATIVE FORM BELOW, DESCRIBE A PLAN THAT ESTABLISHES A GOAL OF DIVERSITY IN OWNERSHIP, MANAGEMENT, EMPLOYMENT AND CONTRACTING TO ENSURE THAT DIVERSE PARTICIPANTS AND DIVERSE GROUPS ARE ACCORDED EQUALITY OF OPPORTUNITY. TO THE EXTENT AVAILABLE, INCLUDE THE FOLLOWING:

1. The diversity status of the Principals, Operators, Financial Backers, and Employees of the Medical Marijuana Organization.
2. An official affirmative action plan for the Medical Marijuana Organization.