



May 21, 2020

Town/City of Pepperell
Chief Executive Officer
amaclean@town.pepperell.ma.us

RE: Uma Flowers LLC's application for a Marijuana Retailer license (MRN283143)

NOTICE: MUNICIPAL NOTIFICATION OF A MARIJUANA ESTABLISHMENT

WHY ARE YOU RECEIVING THIS NOTICE?

Pursuant to 935 CMR 500.102(1)(d), the Commission is sending this notice to inform you of the completed adult-use marijuana establishment application for the entity above. The applicant has indicated its intent to operate in your municipality. A copy of the excerpted application is attached to this notice.

For more information, please see the Commission's "Guidance for Municipalities" located on our website at: http://mass-cannabis-control.com/wp-content/uploads/2019/03/Final-Draft-Municipal-Guidance-Update-02.25.19_1.pdf.

WHAT ARE YOUR NEXT STEPS?

The Commission requests that within 60 days of the date of this notification, the municipality confirms that the applicant's proposed Marijuana Establishment is in compliance with municipal bylaws or ordinances. To submit a response on behalf of your municipality, please complete the attached form provided. Please send this form back to the Commission, via email, to licensing@cccmass.com.

PLEASE NOTE: If the Commission does not receive a response from the municipality within 60 days of this notice, it will consider this notice requirement to be satisfied without any further action by the municipality or applicant.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kyle Potvin'.

Kyle Potvin, Esq.
Director of Licensing
Cannabis Control Commission



Town/City of Pepperell
Chief Executive Officer
amaclean@town.pepperell.ma.us

RE: Uma Flowers LLC's application for a Marijuana Retailer license (MRN283143)

MUNICIPAL RESPONSE

Pursuant to 935 CMR 500.102(1)(d), the municipality affirms that entity listed above is:


- is in compliance with municipal bylaws or ordinances; or
- is **NOT** in compliance with municipal bylaws or ordinances

If the entity is **NOT** in compliance, please explain below or attach an addendum:

By signing this form, you represent that you are authorized to submit this response on behalf of the municipality.

Name: Andrew MacLean

Position: Town Administrator

Signature: 

Date: 5/25/2020

Please send this form back to the Commission, via email, to licensing@cccmass.com.

PLEASE NOTE: If the Commission does not receive a response from the municipality within 60 days of this notice, it will consider this notice requirement to be satisfied without any further action by the municipality or applicant.





Massachusetts Cannabis Control Commission

Municipal Notice

Marijuana Retailer

General Information:

License Number: MR283143

Original Issued Date: N/A

Issued Date: N/A

Expiration Date: N/A

Payment Received: \$0 Payment Required: \$10000

ABOUT THE MARIJUANA ESTABLISHMENT

Business Legal Name: Uma Flowers LLC

Federal Tax Identification Number EIN/TIN: 84-3613796

Phone Number: 617-784-4046 Email Address: priyanka@umaflores.co

Business Address 1: 109 Raffaele Drive

Business Address 2:

Business City: Waltham

Business State: MA

Business Zip Code: 02452

Mailing Address 1: 109 Raffaele Drive

Mailing Address 2:

Mailing City: Waltham

Mailing State: MA

Mailing Zip Code: 02452

CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Woman-Owned Business, Minority-Owned Business

PRIORITY APPLICANT

Priority Applicant: no

Priority Applicant Type: Not a Priority Applicant

Economic Empowerment Applicant Certification Number:

RMD Priority Certification Number:

RMD INFORMATION

Name of RMD:

Department of Public Health RMD Registration Number:

Operational and Registration Status:

To your knowledge, is the existing RMD certificate of registration in good standing?:

If no, describe the circumstances below:

PERSONS WITH DIRECT OR INDIRECT AUTHORITY

Person with Direct or Indirect Authority 1

Percentage Of Ownership: 50 Percentage Of Control: 50

Role: Owner / Partner Other Role:

First Name: Priyanka Middle Name: Last Name: Patel Suffix:

Gender: Female User Defined Gender: Female

What is this person's race or ethnicity?: Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)

Specify Race or Ethnicity: Asian Indian

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 50 Percentage Of Control: 50

Role: Owner / Partner Other Role:

First Name: Tejal Middle Name: Last Name: Patel Suffix:

Gender: Female User Defined Gender: Female

What is this person's race or ethnicity?: Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)

Specify Race or Ethnicity: Asian Indian

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

Close Associates or Member 1

First Name: Yash Middle Name: Last Name: Patel Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Chief Educational Officer

Close Associates or Member 2

First Name: Davis Middle Name: Last Name: Patel Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Chief Financial Officer

CAPITAL RESOURCES - INDIVIDUALS

Individual Contributing Capital 1

First Name: Priyanka Middle Name: Last Name: Patel Suffix:

Types of Capital: Monetary/Equity Other Type of Capital: Total Value of the Capital Provided: \$80618.09 Percentage of Initial Capital: 100

Capital Attestation: Yes

CAPITAL RESOURCES - ENTITIES

No records found

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 2 Tarbell Street

Establishment Address 2:

Establishment City: Pepperell Establishment Zip Code: 01463

Approximate square footage of the establishment: 2900

How many abutters does this property have?: 12

Have all property abutters been notified of the intent to open a Marijuana Establishment at this address?: Yes

HOST COMMUNITY INFORMATION

Host Community Documentation:

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	Community-Outreach Completed Forms.pdf	pdf	5e4d99f54dd5bb0494107ba7	02/19/2020
Certification of Host Community Agreement	Signed Host Community Agreement Certification Form.pdf	pdf	5e4da75a4dd5bb0494107c25	02/19/2020
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5e74ef095f1da0353e2b0048	03/20/2020

Total amount of financial benefits accruing to the municipality as a result of the host community agreement. If the total amount is zero, please enter zero and provide documentation explaining this number.: \$

PLAN FOR POSITIVE IMPACT

Plan to Positively Impact Areas of Disproportionate Impact:

Document Category	Document Name	Type	ID	Upload Date
Plan for Positive Impact	Updated_Plan to Positively Impact Areas of Disproportionate Impact.pdf	pdf	5eb967408caba634a8438d58	05/11/2020

ADDITIONAL INFORMATION NOTIFICATION

Notification:

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Owner / Partner

Other Role:

First Name: Priyanka

Middle Name: Last Name: Patel Suffix:

RMD Association: Not associated with an RMD

Background Question: no

Individual Background Information 2

Role: Owner / Partner

Other Role:

First Name: Tejal

Middle Name: Last Name: Patel Suffix:

RMD Association: Not associated with an RMD

Background Question: no

Individual Background Information 3

Role: Other (specify)

Other Role: Chief Educational Officer

First Name: Yash

Middle Name: Last Name: Patel Suffix:

RMD Association: Not associated with an RMD

Background Question: no

Individual Background Information 4

Role: Other (specify)

Other Role: Chief Financial Officer

First Name: Davis

Middle Name:

Last Name: Patel Suffix:

RMD Association: Not associated with an RMD

Background Question: yes

ENTITY BACKGROUND CHECK INFORMATION

No records found

MASSACHUSETTS BUSINESS REGISTRATION

Required Business Documentation:

Document Category	Document Name	Type	ID	Upload Date
Articles of Organization	Uma Flowers LLC - MA LLC Certificate of Organization - Filed 10.18.2019.pdf	pdf	5dfbb784fab70557127eef07	12/19/2019
Secretary of Commonwealth - Certificate of Good Standing	Secretary of state certificate.pdf	pdf	5e4da5645a2369047f226fbf	02/19/2020
Department of Revenue - Certificate of Good standing	Uma Flowers COGS_02252020.pdf	pdf	5e572dbd5b05c304785ea7b2	02/26/2020
Bylaws	Uma Flowers LLC Agreement_Executed.pdf	pdf	5e5ff5634a895743f3a6a9f2	03/04/2020
Secretary of Commonwealth - Certificate of Good Standing	Unemployment Assistance Certification Form.pdf	pdf	5e7f72aa482e703583b79e82	03/28/2020

No documents uploaded

Massachusetts Business Identification Number: 001407416

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Business Plan Documentation:

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	Platinum Insurance Agency Letter.pdf	pdf	5e45c7651c3b1d04a32b28c3	02/13/2020
Business Plan	Uma Flowers LLC _Business Plan.pdf	pdf	5e4dae384fa2b004756a3082	02/19/2020
Proposed Timeline	Proposed Timeline.pdf	pdf	5e6667e173b705467feca60f	03/09/2020

OPERATING POLICIES AND PROCEDURES

Policies and Procedures Documentation:

Document Category	Document Name	Type	ID	Upload Date
Plan for obtaining marijuana or marijuana products	Plan for obtaining marijuana or marijuana products.pdf	pdf	5e4d6a32813339048c3fdda8	02/19/2020

Restricting Access to age 21 and older	Restricting Access to age 21 and older.pdf	pdf	5e4d6a4b69dc9d0456dba016	02/19/2020
Security plan	Security Plan.pdf	pdf	5e4d6a591c3b1d04a32b386a	02/19/2020
Prevention of diversion	Prevention of Diversion.pdf	pdf	5e4d6a67813339048c3fddb0	02/19/2020
Storage of marijuana	Storage of marijuana.pdf	pdf	5e4d6a767b9883042b3733de	02/19/2020
Transportation of marijuana	Transportation of Marijuana.pdf	pdf	5e4d6a824dd5bb04941079f2	02/19/2020
Inventory procedures	Inventory Procedures.pdf	pdf	5e4d6a911c3b1d04a32b3870	02/19/2020
Quality control and testing	Quality Control and Testing.pdf	pdf	5e4d6a9e02a6e7045352df2f	02/19/2020
Dispensing procedures	Dispensing Procedures.pdf	pdf	5e4d6aab5b05c304785e8ea8	02/19/2020
Record Keeping procedures	Recordkeeping Procedures.pdf	pdf	5e4d6ac881ae16046beca2cd	02/19/2020
Maintaining of financial records	Maintaining of Financial Records.pdf	pdf	5e4d6ad37b9883042b3733e4	02/19/2020
Diversity plan	Diversity Plan.pdf	pdf	5e4d6ae07225f0046965a197	02/19/2020
Qualifications and training	Qualifications and Training.pdf	pdf	5e4d6aecdd43df3043d4ba343	02/19/2020
Personnel policies including background checks	Personnel Policies Including Background Checks.pdf	pdf	5e4f4eb77b9883042b373af0	02/20/2020

MARIJUANA RETAILER SPECIFIC REQUIREMENTS

No documents uploaded

No documents uploaded

ATTESTATIONS

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.: I Agree

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

Notification: I Understand

I certify that any changes in ownership or control, location, or name will be made pursuant to a separate process, as required under 935 CMR 500.104(1), and none of those changes have occurred in this application.:

I certify that to the best knowledge of any of the individuals listed within this application, there are no background events that have arisen since the issuance of the establishment's final license that would raise suitability issues in accordance with 935 CMR 500.801.:

I certify that all information contained within this renewal application is complete and true.:

ADDITIONAL INFORMATION NOTIFICATION

Notification:

COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

COMPLIANCE WITH DIVERSITY PLAN

Date generated: 05/12/2020

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No records found

HOURS OF OPERATION

Monday From: 10:00 AM	Monday To: 9:00 PM
Tuesday From: 10:00 AM	Tuesday To: 9:00 PM
Wednesday From: 10:00 AM	Wednesday To: 9:00 PM
Thursday From: 10:00 AM	Thursday To: 9:00 PM
Friday From: 10:00 AM	Friday To: 10:00 PM
Saturday From: 10:00 AM	Saturday To: 10:00 PM
Sunday From: 10:00 AM	Sunday To: 6:00 PM