



### FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
Healing Greene Florida LLC				
Mailing Address				
7535 W. 4th Avenue				
City	Apt/Ste #	State	ZIP Code	Country
Hialeah		FL	33014	US

Contact Information		
First Name	Last Name	Middle Initial
Alexa	Wolman	I.
Telephone Number	Designated Email (for Department/Applicant Communications)	
(917) 626-7336	contact@dreamgreene.com	

Medical Director Information		
First Name	Last Name	Middle Initial
Michael	McKenzie	J.
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME87219	(954)494-1103	drmikeyfp@yahoo.com



## **Section 4.2 Declaration of Exempt Information**

Healing Greene Florida LLC (the “Applicant”) lists below the information claimed to be exempt from public disclosure under FL Chapter 119, F.S. and that are therefore omitted from the “Redacted Copy”, as specified in section 2.4.3 of the Office of Medical Marijuana Use’s (the “Department”) 2023 Medical Marijuana Treatment Center License Application Instructions, Requirements, and Forms (the “Application”). All omitted materials have been conspicuously marked “Confidential–Exempt from Public Disclosure.”

### **Statutory Authority**

1. **§435.09 F.S. Confidentiality of personnel background check information.** No criminal or juvenile information obtained under this section may be used for any purpose other than determining whether persons meet the minimum standards for employment or for an owner or director of a covered service provider. The criminal records and juvenile records obtained by the department or by an employer are exempt from s. 119.07(1).
2. **§815.045 F.S. Trade secret information.** The Legislature finds that it is a public necessity that trade secret information as defined in s. 812.081 be expressly made confidential and exempt from the public records law because it is a felony to disclose such records. Due to the legal uncertainty as to whether a public employee would be protected from a felony conviction if otherwise complying with chapter 119, and with s. 24(a), Art. I of the State Constitution, it is imperative that a public records exemption be created. The Legislature, in making disclosure of trade secrets a crime, has clearly established the importance attached to trade secret protection. Disclosing trade secrets in an agency’s possession would negatively impact the business interests of those providing an agency such trade secrets by damaging them in the marketplace, and those entities and individuals disclosing such trade secrets would hesitate to cooperate with that agency, which would impair the effective and efficient administration of governmental functions. Thus, the public and private harm in disclosing trade secrets

significantly outweighs any public benefit derived from disclosure, and the public's ability to scrutinize and monitor agency action is not diminished by the nondisclosure of trade secrets.

- a. **§812.081(f) F.S. "Trade secret"** means the whole or any portion or phase of any formula, pattern, device, combination of devices, or compilation of information which is for use, or is used, in the operation of a business and which provides the business an advantage, or an opportunity to obtain an advantage, over those who do not know or use it. The term includes any scientific, technical, or commercial information, including financial information, and includes any design, process, procedure, list of suppliers, list of customers, business code, or improvement thereof, whether tangible or intangible, and regardless of whether or how it is stored, compiled, or memorialized physically, electronically, graphically, photographically, or in writing. Irrespective of novelty, invention, patentability, the state of the prior art, and the level of skill in the business, art, or field to which the subject matter pertains, a trade secret is considered to be:

1. Secret;
2. Of value;
3. For use or in use by the business; and
4. Of advantage to the business, or providing an opportunity to obtain an advantage, over those who do not know or use it,

when the owner thereof takes measures to prevent it from becoming available to persons other than those selected by the owner to have access thereto for limited purposes.

**§381.83 F.S. Trade secrets; confidentiality. (1)** Records, reports, or information obtained from any person under this chapter, unless otherwise provided by law, must be available to the public, except upon a showing satisfactory to the department by the person from whom the records, reports, or information is obtained that such records, reports, or information, or a particular part

thereof, contains trade secrets as defined in s. 812.081. Such trade secrets are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. The person submitting such trade secret information to the department must request that it be kept confidential and must inform the department of the basis for the claim of trade secret. The department shall, subject to notice and opportunity for hearing, determine whether the information, or portions thereof, claimed to be a trade secret is or is not a trade secret. Such trade secrets may be disclosed, however, to authorized representatives of the department, or, pursuant to request, to other governmental entities in order for them to properly perform their duties, or when relevant in any proceeding under this chapter. Authorized representatives and other governmental entities receiving such trade secret information shall retain its confidentiality. Those involved in any proceeding under this chapter, including a hearing officer or judge or justice, shall retain the confidentiality of any trade secret information revealed at such proceeding.

**Table of Specific Sections and Basis for Such Exemption**

<b><u>Section #</u></b>	<b><u>Brief, written description of the grounds for each exemption claimed under the Public Records Law, including the specific statutory citation for such exemption.</u></b>
4.3.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law.
4.3.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.3.3	Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.4.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.4.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.4.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.5.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.5.2	Confidential and proprietary trade secret information exempt

	from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.5.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.6.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.6.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.6.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.6.3	Confidential and proprietary trade secret information exempt

	from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.7.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.7.1 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.7.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.7.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.7.4	Confidential and proprietary trade secret information exempt

	from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.7.5	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.8.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.8.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.8.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal

	background check information under section 435.09, Florida Statutes, and applicable case law.
4.8.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.9.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.9.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.9.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.9.3	Confidential and proprietary trade secret information exempt

	from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.9.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.9.5	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.10.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.10.1 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081

	and 815.04(3), Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.10.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.10.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.11.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.11.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.12.1	Confidential and proprietary trade secret information exempt

	from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.12.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.12.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.
4.12.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.12.3 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.13.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal

	background check information under section 435.09, Florida Statutes, and applicable case law.
4.13.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081, 815.04, and 381.83, Florida Statutes, and applicable case law. Confidential personal background check information under section 435.09, Florida Statutes, and applicable case law.















### **Subsection 4.3.3 – Level 2 Background Screening**







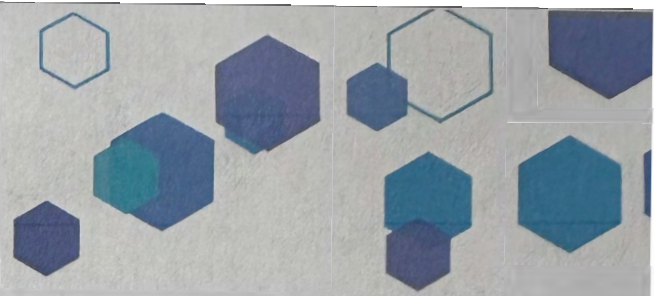
**FORM 2: WAIVER AGREEMENT AND STATEMENT**  
**For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment  
r manager  
ative Code

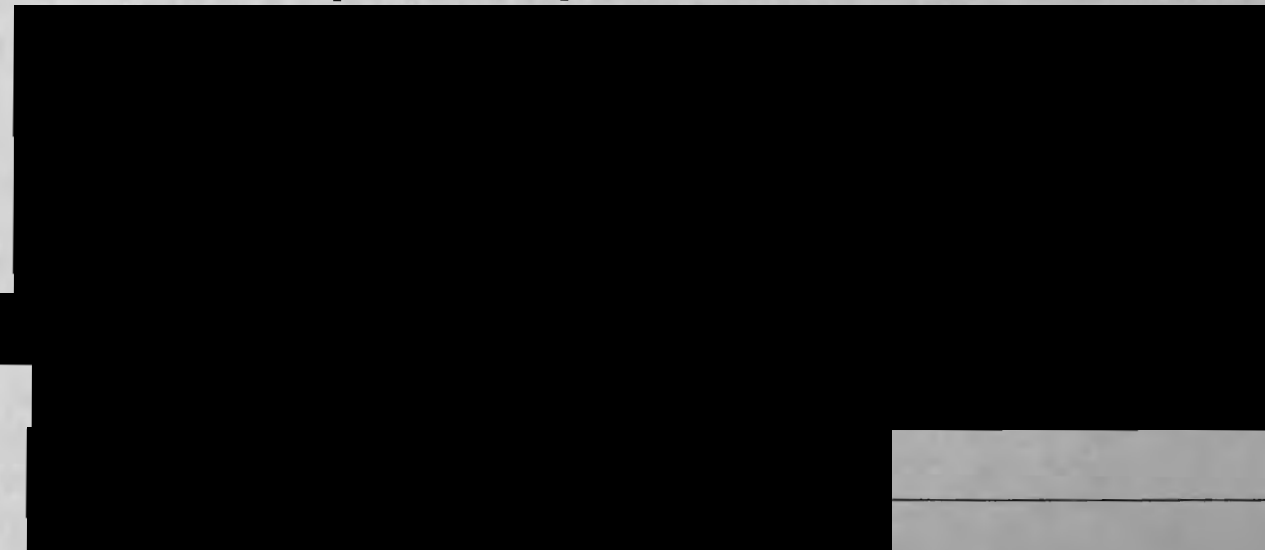
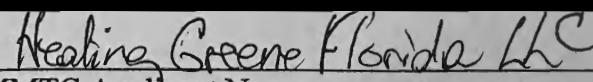
Healing Greene Florida LLC  
MMTC Applicant Name

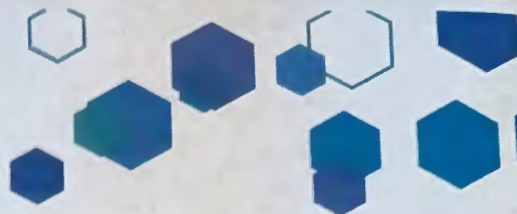
**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

A large rectangular area of the document is completely redacted with black ink, covering several lines of text.  
A handwritten signature in black ink, which appears to read "Healing Greene Florida LLC", is written over a horizontal line.  
MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT**  
**For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager

Healing Greene Florida LLC  
MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT**  
**For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Healing Greene Florida LLC

MMTC Applicant Name

Emergency Rule 64ER22-9

Effective: 12/2022

DH8052-OMMU-12/12/2022



**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

[Redacted Signature Area]

Healing Greene Florida LLC

MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

Healing Greene Florida LLC

MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

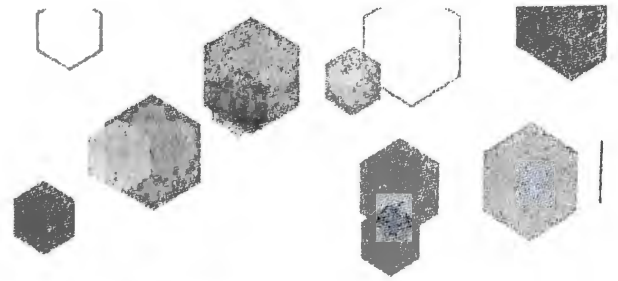
I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

Healing Green Florida, LLC

MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

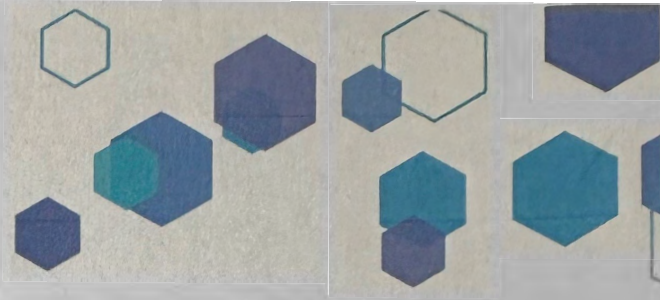
I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

ment  
nager  
Code

Healing Greene Florida LLC

MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

[Redacted Signature Block]

Healing Greene Florida LLC

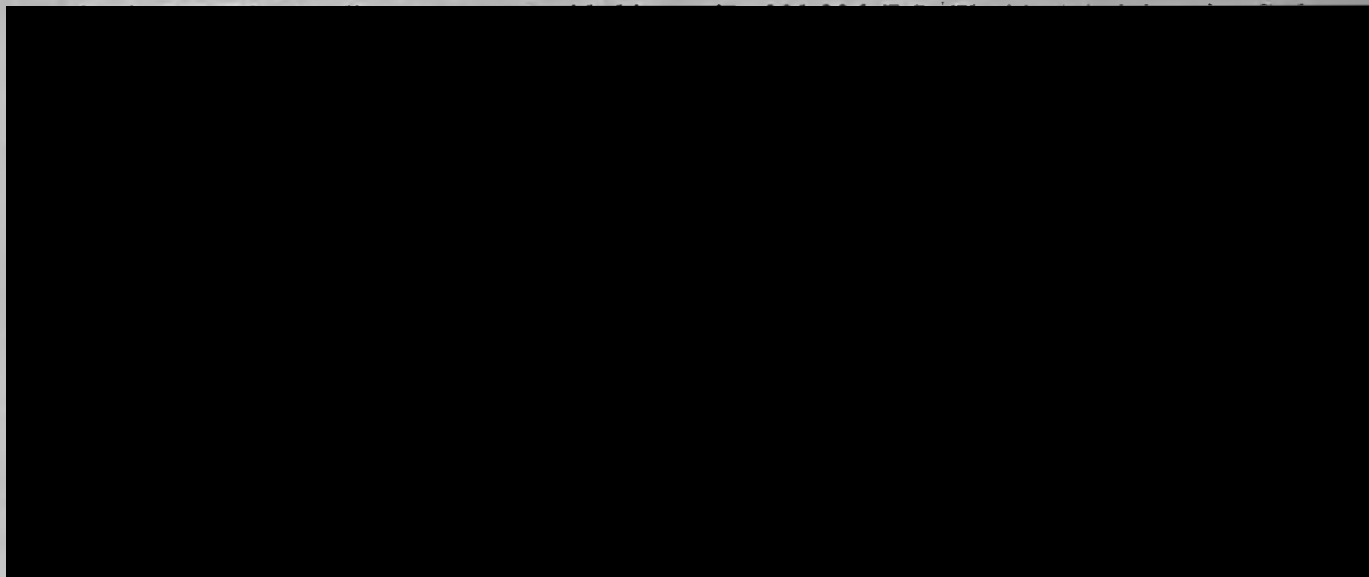
MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT**  
**For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



Healing Greene Florida LLC  
MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

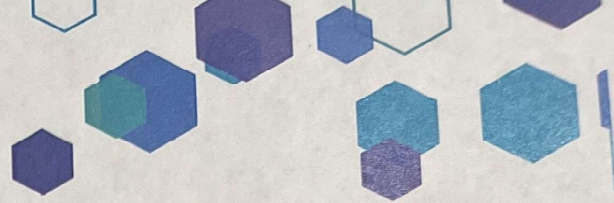
I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

Healing Greene Florida LLC

---

MMTC Applicant Name

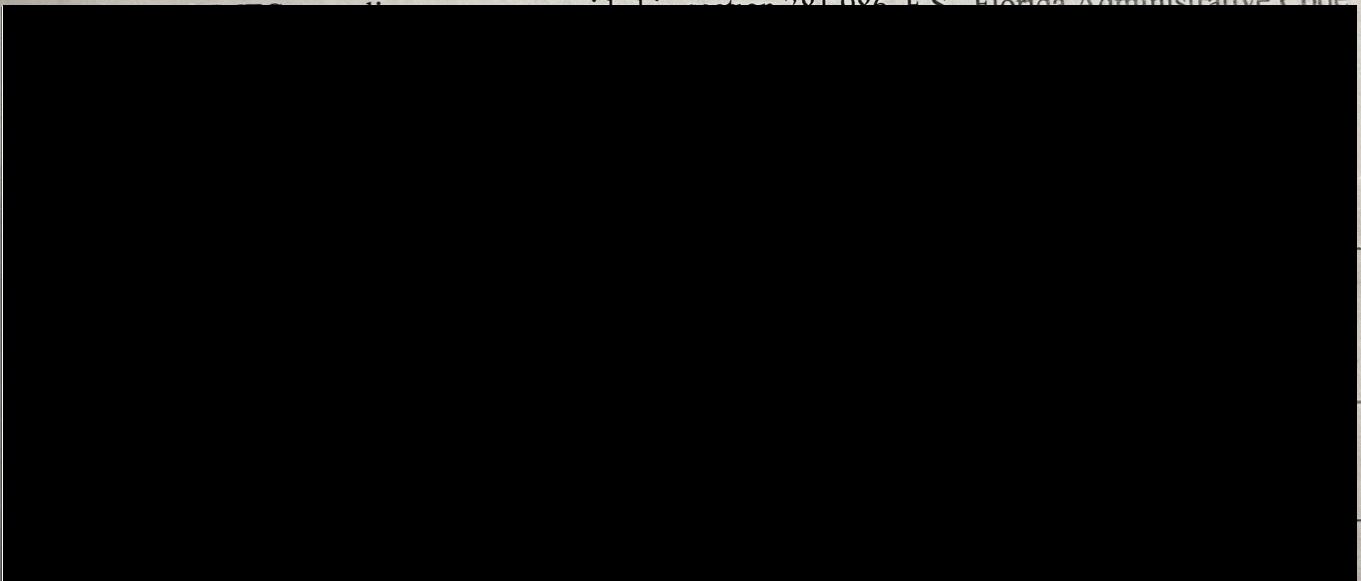


**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



HEALING GREENE FLORIDA LLC

MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager

Code

  
Healing Greene Florida LLC

MMTC Applicant Name

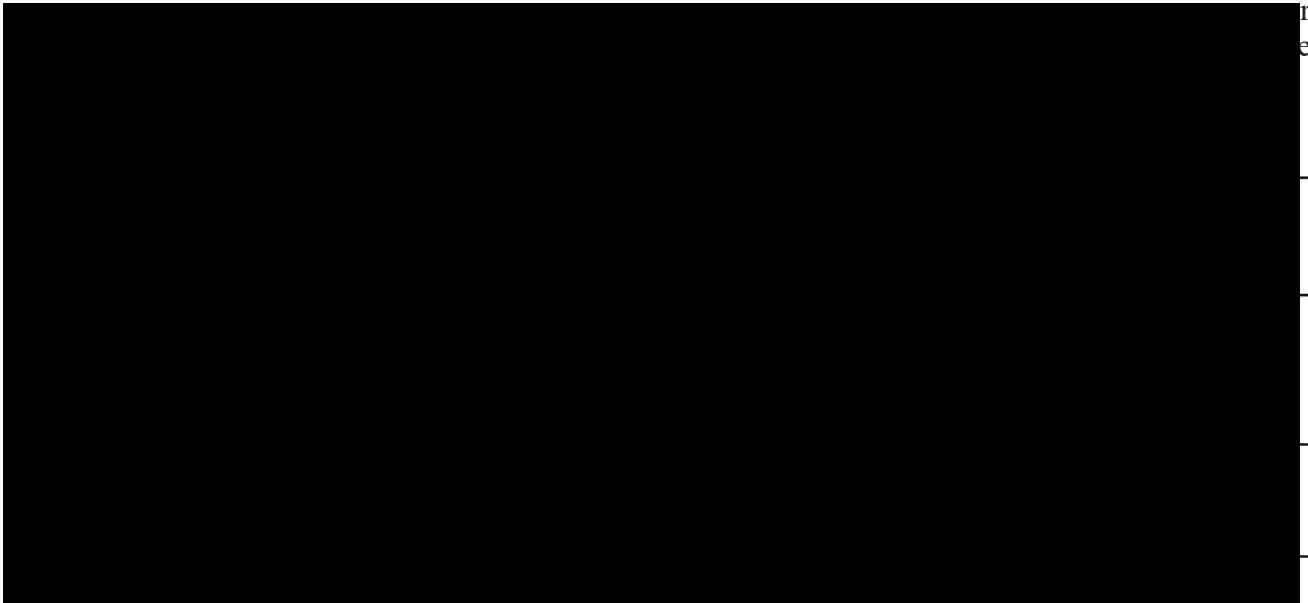


**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment



Healing Greene Florida LLC

---

MMTC Applicant Name

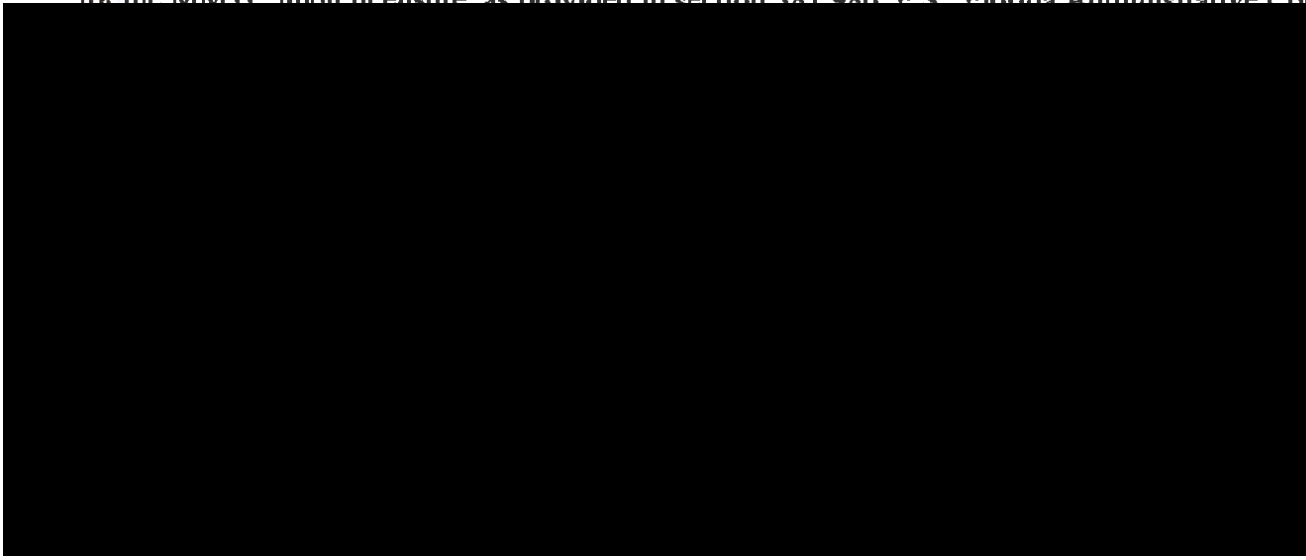


**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



Healing Greene Florida LLC

MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

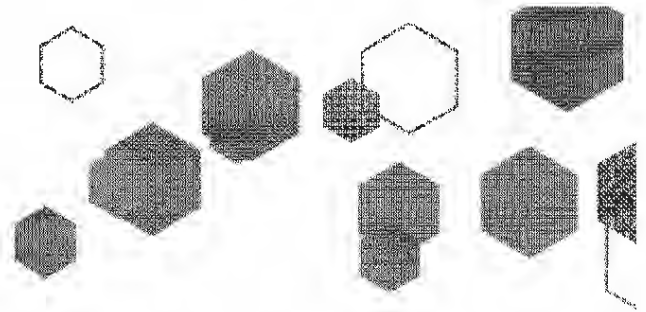
I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Healing Greene Florida, LLC

---

MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

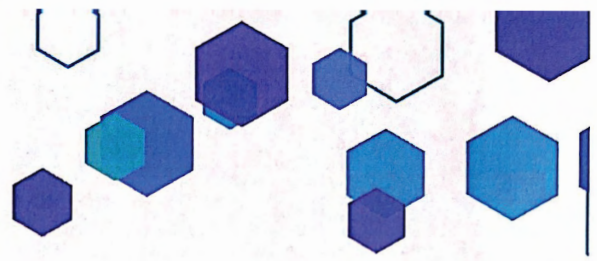
I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.086, F.S., Florida Administrative Code

Healing Greene Florida LLC

MMTC Applicant Name



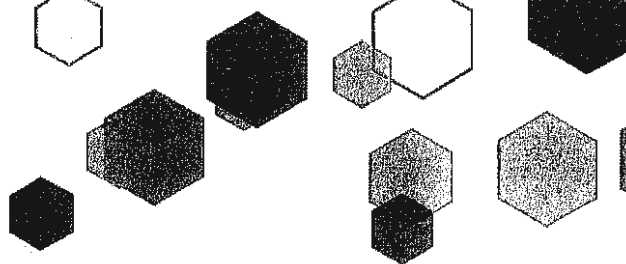
**FORM 2: WAIVER AGREEMENT AND STATEMENT**  
**For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code

Healing Greene Florida LLC  
\_\_\_\_\_  
MMTC Applicant Name

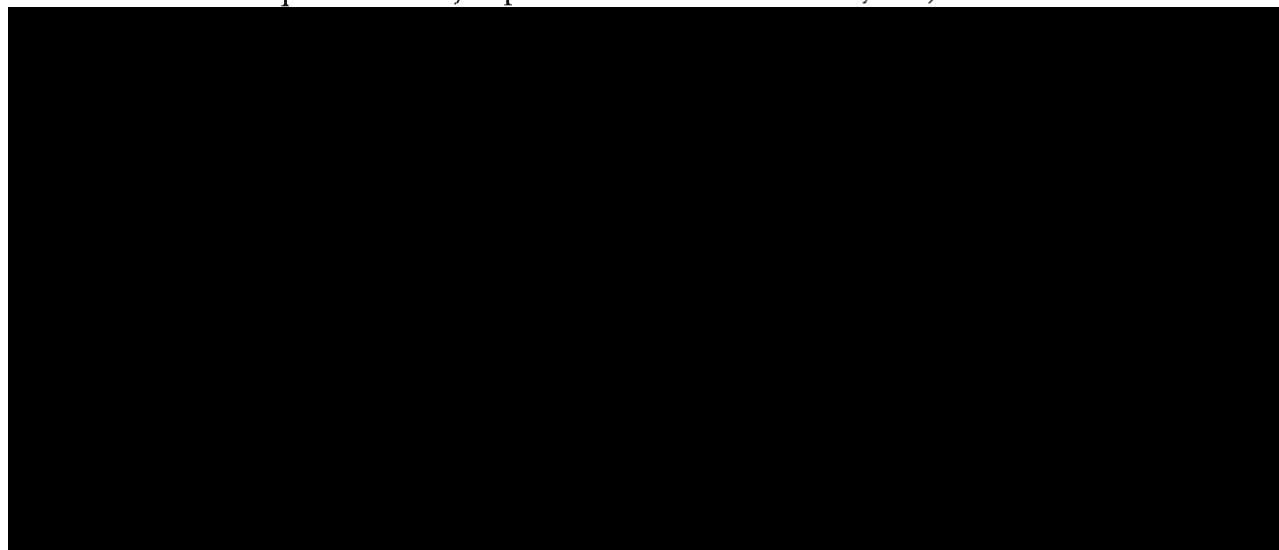


**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



Healing Greene Florida LLC

MMTC Applicant Name

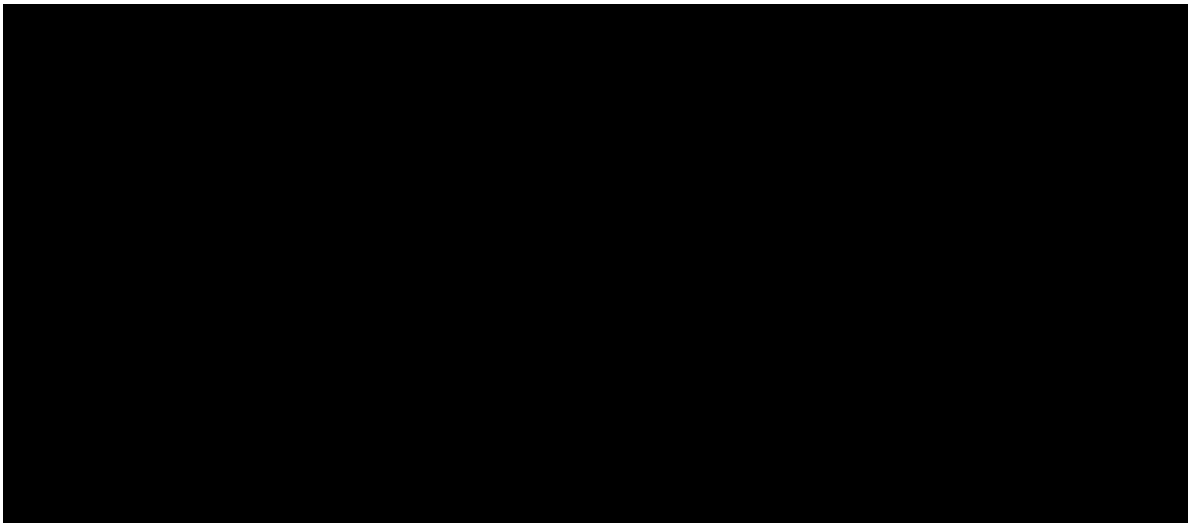


**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

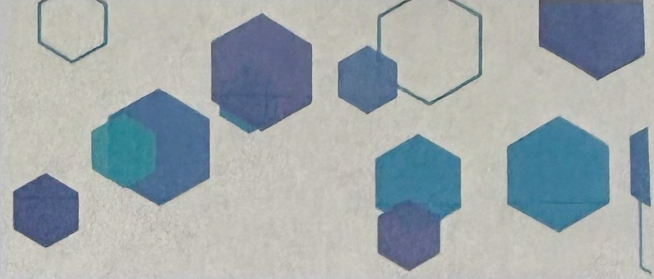
I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



Healing Greene Florida LLC

MMTC Applicant Name

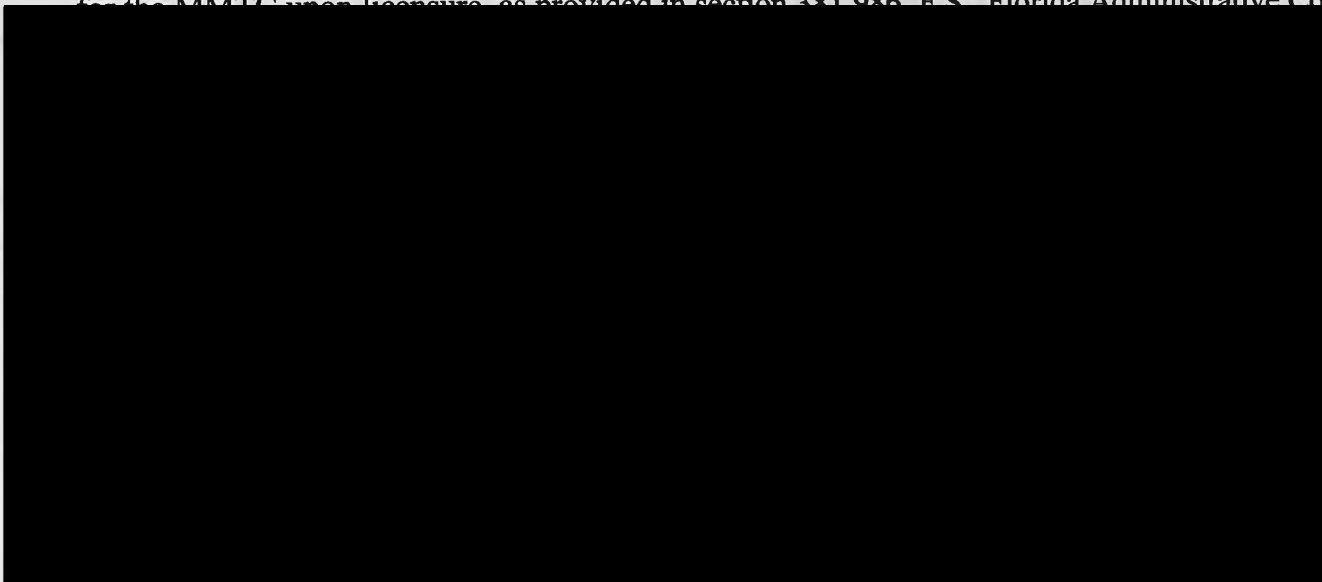


**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



Healing Grene Florida LLC  
MMTC Applicant Name

**FORM 2: WAIVER AGREEMENT AND STATEMENT  
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprint to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-1.

Healing Greene Florida LLC  
MMTC Applicant Name

Emergency Rule 64ER22-9  
Effective: 12/2022  
DH8052-OMMU-12/12/2022















































































































































































































































































































































































































































































































































































































































































































































































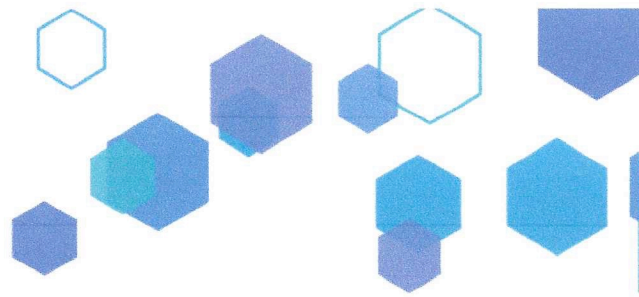






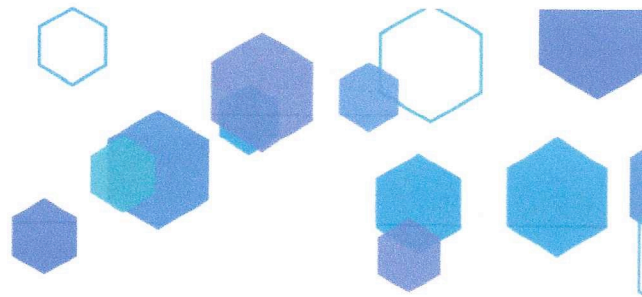


#### **Section 4.14 – Applicant Acknowledgment**

**FORM 3(A): ENTITY APPLICANT ACKNOWLEDGMENT AND STATEMENT OF UNDERSTANDING**

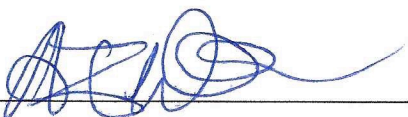
I, Alexa T. Wolman, the undersigned representative, hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application (the Applicant) and to attest to the following on behalf of the Applicant.

- All information included in the application is true and correct. Applicant understands that the Department will rely on such information, and that any material misrepresentation in this application is grounds for licensure denial. Further, Applicant understands that if the applicant knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty, the applicant may be found guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, F.S.
- Applicant understands that this application for licensure creates neither an entitlement to, nor a vested right in, licensure.
- No individual or entity that owns, controls, or holds power to vote 5 percent or more of the voting shares of the Applicant has any direct or indirect ownership or control of a voting share of any currently licensed MMTC.
- No individual or entity that owns, controls, or holds power to vote 5 percent or more of the voting shares of any currently licensed MMTC has any direct or indirect ownership or control of a voting share of the Applicant.
- No currently licensed MMTC has any direct or indirect ownership or control of any voting shares or other form of ownership of the Applicant.
- The Applicant does not have any direct or indirect ownership or control of any voting shares or other form of ownership of a currently licensed MMTC.



- Notwithstanding the contents of the application, upon licensure, Applicant agrees to abide by, and be bound to, all the requirements of section 381.986, F.S., and all Department rules relating to medical marijuana and medical marijuana treatment centers.
- Applicant understands and agrees that if the Department determines at any point after licensure that the application contained a material misrepresentation, then the license will be revoked.

Representative Name (Printed): Alexa T. Holman

Representative Signature: 

MMTC Applicant Name: Healing Greene Florida LLC









