

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

**Joseph A. Ladapo, MD, PhD**

State Surgeon General

**Vision:** To be the Healthiest State in the Nation**Sent via Electronic Delivery**

May 25, 2023

Alamanda Farms LLC  
c/o Jason Webski  
21126 136<sup>th</sup> Street  
Live Oak, Florida 32060  
[jwebski@sweetspotfarms.com](mailto:jwebski@sweetspotfarms.com)

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear Alamanda Farms LLC,

On April 26, 2023, the Florida Department of Health received your application for MMTC licensure (the "Application"). The Department has identified the following apparent errors or omissions in your Application.

**1. Subsection 4.3.3, Level 2 Background Screening**

Subsection 4.3.3 of the Medical Marijuana Treatment Center License Application Instructions, Requirements and Forms (the "Application Instructions") requires an applicant's owners and managers to submit a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. The Department has not yet received an FDLE background report for the following individuals, who are identified as owners or managers in Subsection 4.3.3 of your Application:

**435.09**

Please ensure that these individuals have successfully submitted a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Individuals rejected for fingerprint quality must resubmit a full set of fingerprints to a Livescan Service Provider. As provided in Subsection 4.3.3 of the Application Instructions, if an individual's fingerprints are rejected twice for image quality, the individual must participate in the Federal Bureau of Investigation's name check procedure for fingerprint submissions rejected due to image quality. The Department will notify an individual whose fingerprints are rejected twice for image quality and provide direction regarding the FBI name check procedure.

Additionally, Subsection 4.3.3 of the Application Instructions requires that the applicant submit a completed Form 2 (Waiver Agreement and Statement) for each owner and manager, as those terms are defined by Department rules. The Form 2 contained in Subsection 4.3.3 of your Application is either incomplete or incorrect for the following individual:

**435.09****Florida Department of Health****Office of Medical Marijuana Use**

4052 Bald Cypress Way, Bin M-01 • Tallahassee, FL 32399  
PHONE: 850/245-4657

**FloridaHealth.gov****Accredited Health Department**  
Public Health Accreditation Board

May 25, 2023

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Please provide a corrected and complete Form 2 executed by the above-listed individual.

## **2. Subsection 4.13.3, Capitalization Tables, Change of Control, and Related Entities**

Section 381.986(8)(e)2., Florida Statutes, prohibits an MMTC, and any individual or entity who directly or indirectly owns, controls, or holds the power to vote 5 percent or more of the voting shares of an MMTC, from acquiring direct or indirect control of any voting shares or other form of ownership of any other MMTC.

For purposes of ownership attribution, please provide the nature of the familial relationship, if any, among and between the individuals listed in Subsection 4.13.3 of the Application, **119.0715**  
[REDACTED].

Additionally, if any natural person meets the definition of “owner” or “manager,” even if by familial attribution of ownership (as provide by Department rule), such natural persons must submit a completed Form 2 to the Department and a full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening. Those natural persons must also be added to an updated list of owners and managers in Subsection 4.3.3 of your Application and submitted to the Department.

### **Deadline to Respond**

The Department must receive the above-requested documentation and information within twenty-one (21) calendar days of the date on which the Department emails this letter to you. See Section 5.1 of the Application Instructions for the submission address and requirements. Failure to supply the requested documentation and information identified above may result in denial of your Application.

If any materials submitted to the Department in response to this letter contain confidential information, you must comply with the requirements of Section 2.4 of the Application Instructions when submitting such information.

Sincerely,

*Christopher Kimball*

Christopher Kimball  
Director  
Office of Medical Marijuana Use