

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

STIIZY Florida, LLC
c/o Tak Sato
3562 Kelton Avenue
Los Angeles, California 90034
Taksato25@gmail.com

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear STIIZY Florida, LLC,

On April 27, 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 that the applicant submit, among other things, a complete list of the applicant's owners and managers and completed Form 2 (Waiver Agreement and Statement) for each owner and manager, as those terms are defined by Department rules.

It appears that your list of owners and managers in Subsection 4.3.3 of the Application may be incomplete. Subsection 4.10.1 of your Application identifies the following individuals who appear to meet the definition of "owner" or "manager" in Emergency Rule 64ER20-31:

435.09

If these individuals meet the definition of "owner" or "manager," they must submit a completed Form 2 to the Department and full set of fingerprints to a Livescan Service Provider for purposes of level 2 background screening; they must also be added to an updated list of owners and managers in Subsection 4.3.3 of your Application and provided to the Department.

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

Subsection 4.13.3 of the Application Instructions requires, among other things, that an applicant identify all entities related to the applicant and provide all documents of these related entities that pertain to the ownership or control of the applicant, if any.

Your Application reflects **119.0715**
Please clarify the relationship between **119.0715** and the applicant, STIIZY Florida, LLC,

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and provide any documents or agreements of **119.0715** as required by paragraph d. of Subsection 4.13.3 of the Application Instructions.

3. Section 4.15, Citrus Preference Documentation

Section 4.15 of the Application Instructions requires applicants seeking to qualify for the citrus preference, as described in section 381.986(8)(a)3., Florida Statutes, to provide certain documents and information. Additionally, the Application Instructions require applicants to advise the Department if they are not seeking to qualify for the citrus preference.

Your Application contains no text in Section 4.15 and does not otherwise state whether the applicant is seeking to qualify for the citrus preference.

If you are seeking to qualify for the citrus preference, please provide the documentation and information requested in Section 4.15. If you are not seeking to qualify for the citrus preference, please advise the Department accordingly.

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