

# BIG HOUSE FULL APPLICATION DOCUMENT

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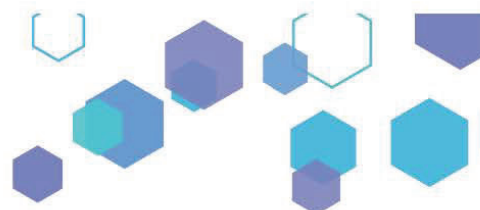
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Section 4.1 – Applicant Information



FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
Big House AB LLC				
Mailing Address				
1940 Thomasville Road				
City	Apt/Ste #	State	ZIP Code	Country
Tallahassee		Florida	32303	USA

Contact Information		
First Name	Last Name	Middle Initial
Jeffrey	Hank	A
Telephone Number	Designated Email (for Department/Applicant Communications)	
855-426-5529	jah@consumerpractice.com	

Medical Director Information		
First Name	Last Name	Middle Initial
David	Crocker	A
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME 161931	269-873-7059	dcrocker@michiganholistichealth.com

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## Section 4.2 – Declaration of Exempt Information

Big House has redacted information considered to be exempt from the provisions of chapter 119, Florida Statutes, in the redacted copy of his application. The following chart lists the application sections containing redactions, and the specific basis for claiming exemption as to such information.

Section	Basis for Redaction
4.3.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, 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 and 815.045, 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 and 815.045, 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 and 815.045, 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 and 815.045, Florida Statutes, and applicable case law.

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4.5.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.045, Florida Statutes, and applicable case law.
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## Subsection 4.3.1 – Florida Business Registration

# *State of Florida*

## *Department of State*

I certify from the records of this office that BIG HOUSE AB LLC is a limited liability company organized under the laws of the State of Florida, filed on June 23, 2011.

The document number of this limited liability company is L11000073041.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on February 10, 2023, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Sixth day of March, 2023*

  
*Secretary of State*


Tracking Number: 5432550114CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

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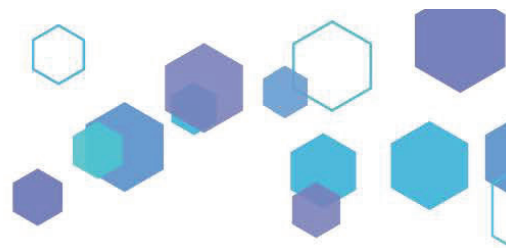
## Subsection 4.3.2 – DACS Documentation

 <p><b>WILTON SIMPSON</b> COMMISSIONER</p>	<p>Florida Department of Agriculture and Consumer Services</p> <p><b>CERTIFICATE OF NURSERY REGISTRATION</b></p> <p>Section 581.131, F.S. and Rule 5B-2.002, F.A.C 1911 S.W. 34th St. P.O. Box 147100, Gainesville, FL 32614-7100 (352) 395-4700</p>	<p>B117401</p>									
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p><b>ISSUED TO:</b></p> <p><b>BIG HOUSE AB, LLC</b> <b>MOORE, WILLIAM H.</b> <b>2036 LAKE HALL RD</b> <b>TALLAHASSEE, FL 32309-2516</b></p> </td> <td style="width: 50%; text-align: right;"> <p><b>THIS CERTIFICATE EXPIRES:</b> 04/22/2024</p> </td> </tr> <tr> <td colspan="2" style="padding-top: 20px;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"> <p><b>FEE PAID:</b>      \$35.00</p> </td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding-top: 20px;"> <p><b>REGISTRATION NO.:</b> 48028936</p> </td> <td style="text-align: right;"> <p><b>DATE ISSUED:</b> 03/24/2023</p> </td> </tr> </table>			<p><b>ISSUED TO:</b></p> <p><b>BIG HOUSE AB, LLC</b> <b>MOORE, WILLIAM H.</b> <b>2036 LAKE HALL RD</b> <b>TALLAHASSEE, FL 32309-2516</b></p>	<p><b>THIS CERTIFICATE EXPIRES:</b> 04/22/2024</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;"> <p><b>FEE PAID:</b>      \$35.00</p> </td> </tr> </table>			<p><b>FEE PAID:</b>      \$35.00</p>	<p><b>REGISTRATION NO.:</b> 48028936</p>		<p><b>DATE ISSUED:</b> 03/24/2023</p>
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<p><b>REGISTRATION NO.:</b> 48028936</p>		<p><b>DATE ISSUED:</b> 03/24/2023</p>									
<p>THIS IS TO CERTIFY that the nursery stock on the premises of the nursery shown hereon has been inspected for plant pests and meets at least the minimum requirements of Section 581.131, Florida Statutes.</p> <p>THIS CERTIFICATE OF REGISTRATION MUST BE DISPLAYED or in the immediate possession of any person engaged in the sale or distribution of nursery stock.</p>											
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p><b>FDACS-08002</b>    Revised 05/05</p> </td> <td style="width: 50%; text-align: right;"> <p>WILTON SIMPSON Commissioner of Agriculture</p> </td> </tr> </table>			<p><b>FDACS-08002</b>    Revised 05/05</p>	<p>WILTON SIMPSON Commissioner of Agriculture</p>							
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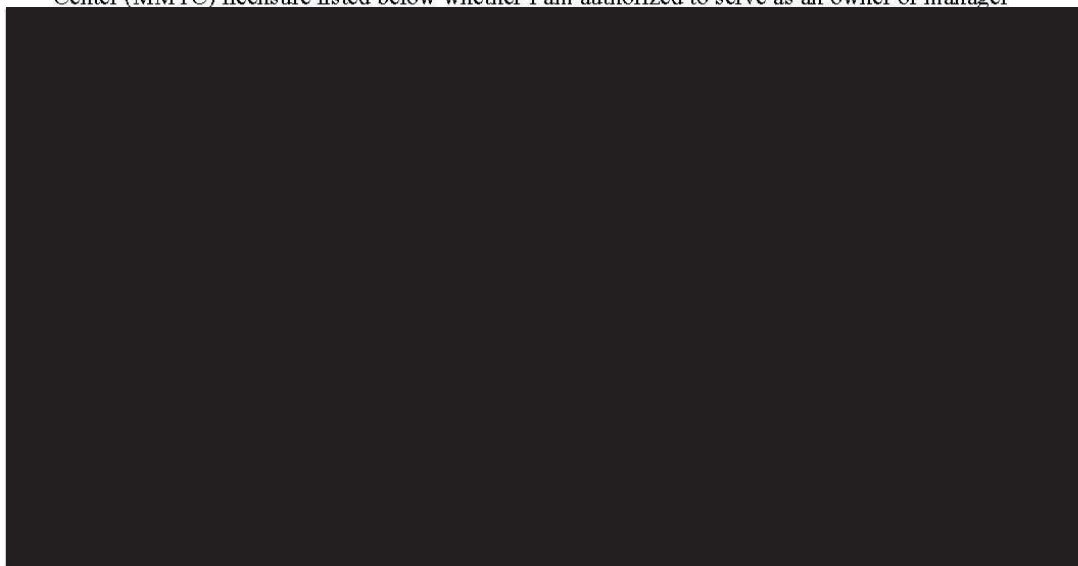


## FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

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.

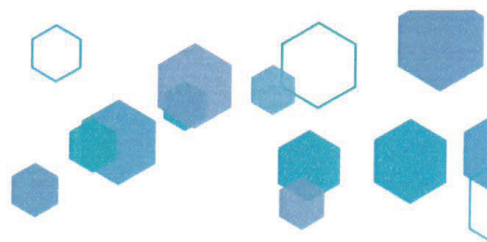
I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager



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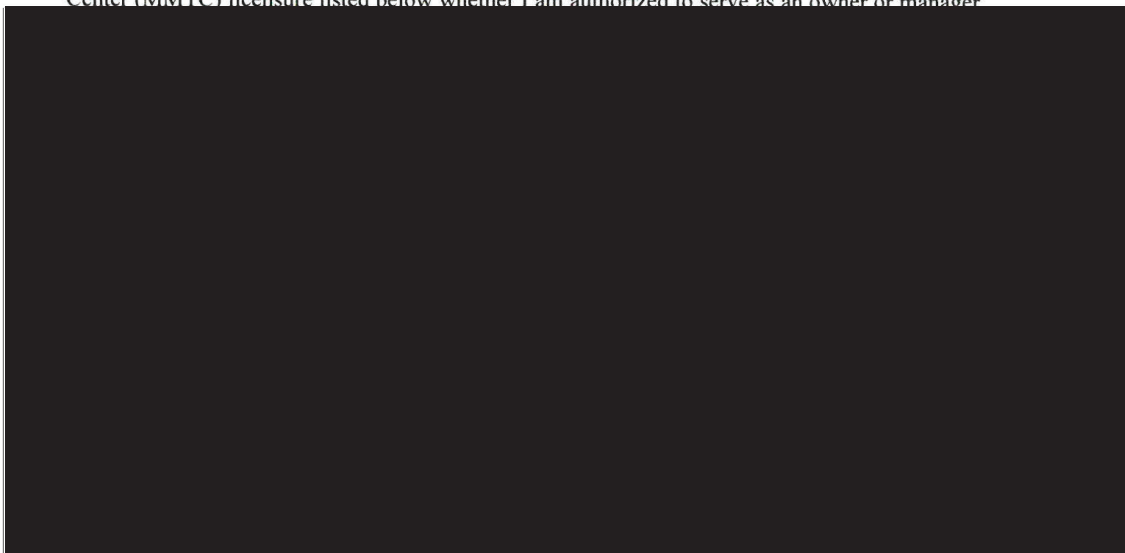


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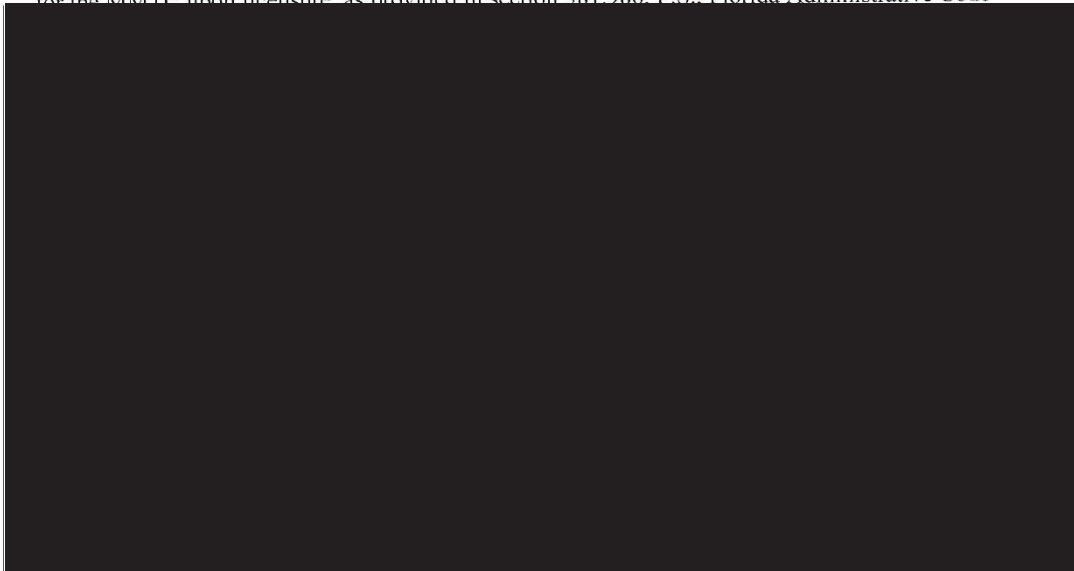


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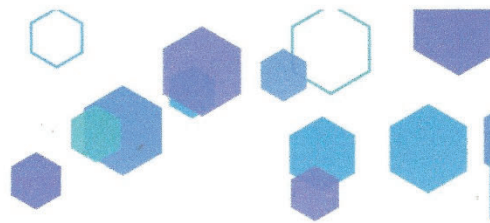
I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code



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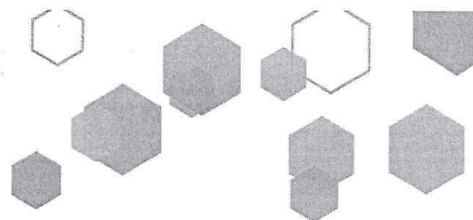
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I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S.,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



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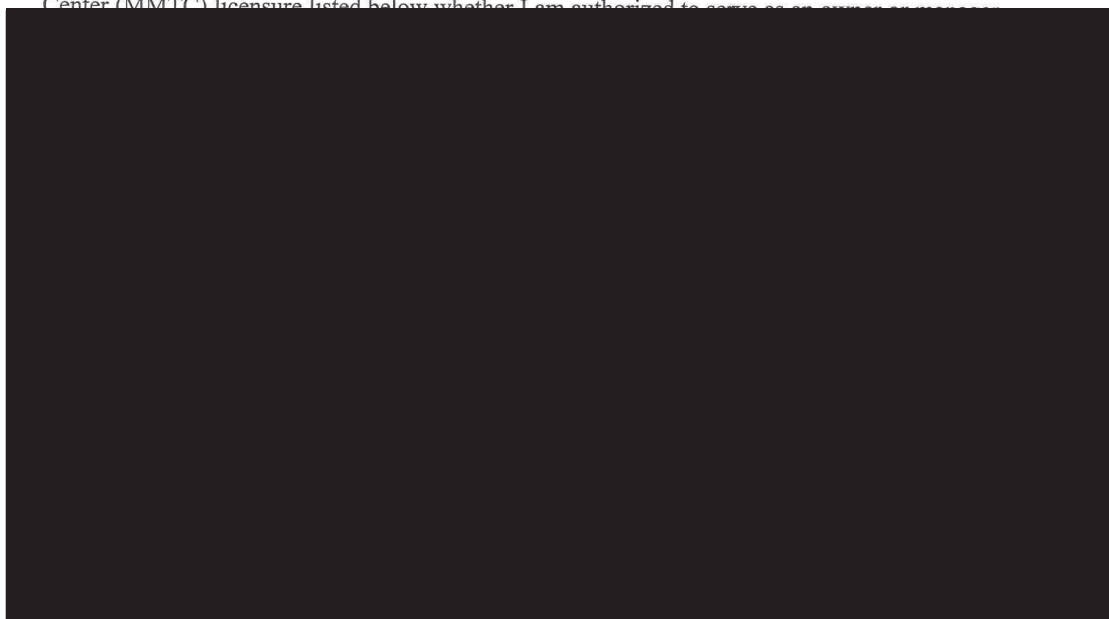


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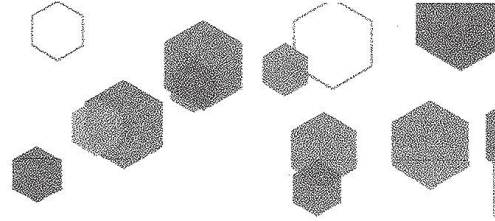
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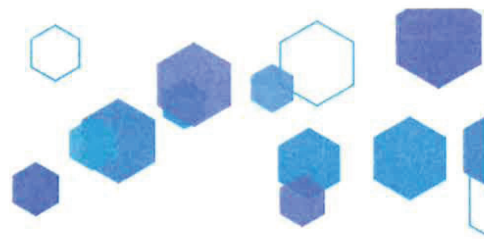
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Effective: 12/2022  
DH8052-OMMU-12/12/2022

































































































































































































































































































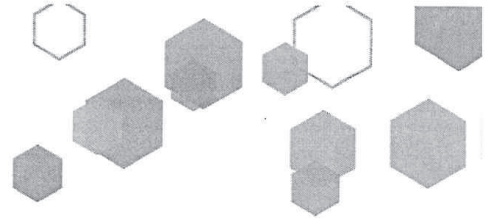




BIG HOUSE FULL APPLICATION DOCUMENT

Subsection 4.9.5 – Medical Director Acknowledgment and Certificate of Course

Completion



FORM 4: MEDICAL DIRECTOR ACKNOWLEDGMENT

I, DAVID A. CROCKER, have consented to be employed as the medical director for THE BIG HOUSE AB LLC, an applicant for MMTC licensure pursuant to section 381.986, F.S. I have successfully completed the 2-hour course and examination for medical directors offered by the Florida Medical Association or Florida Osteopathic Medical Association concerning the requirements of section 381.986, F.S. I understand and agree that, upon licensure by the Department, I am responsible for supervising the activities of the MMTC. I understand that if I knowingly make a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty, that I may be found guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, F.S.

Name (Printed):

Signature:

Florida MD or DO License #:

DAVID A. CROCKER  
[Signature] 4/19/23  
ME 161931

## Florida Medical Association

Certifies that

David Allen Crocker

*has participated in the enduring material titled*

**Florida Medical Marijuana Course for MMTC Medical Directors**

*on 4/7/2023 1:04 PM Eastern*

*and is awarded 2.00 AMA PRA Category 1 Credits™ (Enduring Material)*

The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Florida Medical Association designates this enduring material for a maximum of 2.00 AMA PRA Category 1 Credits™ (Enduring Material)

Physicians should claim only the credit commensurate with the extent of their participation in the activity.









































































































































































































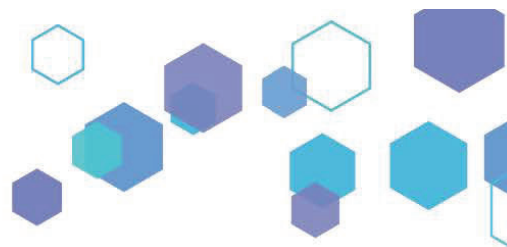






# BIG HOUSE FULL APPLICATION DOCUMENT

## Section 4.14 – Applicant Acknowledgment



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

I, Jeffrey Hank, 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.

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- 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): Jeffrey Hank

Representative Signature: 

MMTC Applicant Name: Big House AB LLC

BIG HOUSE FULL APPLICATION DOCUMENT

**Section 4.15 – Citrus Preference Documentation**

Not applicable.

BIG HOUSE FULL APPLICATION DOCUMENT

**Section 4.16 – Pigford/BFL Application Fee Transfer Request**

Not applicable.