

**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

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**Sent via Electronic Delivery**

May 25, 2023

Boyett's Citrus Packers  
c/o Jeremy Stonehill  
4355 Spring Lake Hwy  
Brooksville, Florida 34601  
[jstonehill@taftlaw.com](mailto:jstonehill@taftlaw.com)

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear Boyett's Citrus Packers,

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 ("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 individual, who is identified as an owner or manager in Subsection 4.3.3 of your Application:

- **435.09** (rejected for fingerprint quality)

Please ensure that this individual has 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 or 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** – Form 2 is missing the date Form 2 was signed.

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

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## **2. Subsection 4.6.2, Dispensing Infrastructure Addendum**

Subsection 4.6.2 of the Application Instructions requests applicants to supply as an addendum the floorplans of the proposed building(s) where dispensing activities will occur.

Subsection 4.6.2 of your Application does not contain the requested addendum.

Please provide the addendum requested in Subsection 4.6.2 of the Application Instructions.

## **3. Subsection 4.7.1, Premises Security Addendum**

Subsection 4.7.1 of the Application Instructions requests applicants to supply as an addendum the schematics, or floorplans, of the cultivation, processing, and dispensing facilities identified in Subsections 4.4.2, 4.5.2, and 4.6.2 of the Application.

Subsection 4.7.1 of your Application does not contain the requested addendum.

Please provide the addendum requested in Subsection 4.7.1 of the Application Instructions.

## **4. Subsection 4.9.5, Medical Director Acknowledgment and Certificate of Course Completion**

Subsection 4.9.5 of your Application includes a certificate demonstrating your medical director's successful completion of the "Florida Physician Medical Marijuana Course." This is the Florida Medical Association's course for qualified physicians, not for MMTC medical directors.

Please provide a certificate demonstrating that your medical director, Scott Pollack, has successfully completed the 2-hour course for MMTC *medical directors* (currently titled, "Florida Medical Marijuana Course for MMTC Medical Directors"), as required by section 381.986(3)(c), Florida Statutes, and Subsection 4.9.5 of the Application Instructions.

## **5. Subsection 4.12.2, Available Funding**

Subsection 4.12.2 of the Application Instructions requires, among other things, a narrative response addressing how you will obtain the funding needed to implement the cultivation, processing, dispensing, and security and accountability plans you described in Sections 4.4, 4.5, and 4.7 of the Application.

Your application does not contain the narrative response requested in Subsection 4.12.2 of the Application Instructions.

Please provide the information requested in Subsection 4.12.2 of the Application Instructions.

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

Section 4.13.3 of the Application Instructions requires an applicant to identify the natural person owners and natural person beneficiaries of all entities listed on the requested capitalization table. Subsection 4.13 of your Application includes a capitalization table reflecting ownership by several entities. However, you did not identify all natural person owners and investors of those entities.

First, please provide a single, aggregated and fully diluted capitalization table to sum all natural person interests to 100%. The table must list all share types and interests and must show the aggregate sum of shares, including those associated with or flowing to any natural person owners or investors of the applicant.

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Second, 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, as some individuals share the same last name.

Third, 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.

Lastly, please provide the Operating Agreement for CT Botanicals LLC, which is referenced in the Application.

### **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