

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

Epic Cannabis Dispensaries LLC
c/o Kirk Young
35164 US 19 N
Palm Harbor, Florida 34684
kirkvyoung@gmail.com

Re: Application for MMTC Licensure – Errors and Omissions Letter

Dear Epic Cannabis Dispensaries 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 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 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 individuals.

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2. Subsection 4.13.2, Ownership Information for Entity Applicants

Subsection 4.13.2 of the Application Instructions requires entity applicants to provide the full names of all partners and their percentage of ownership interests in the partnership. The percentage of ownership identified in Subsection 4.13.2 of your Application does not total 100% and differs from the capitalization table provided in Subsection 4.13.3 of the Application. Please clarify and correct the percentage of ownership interests in the applicant.

Please also provide a single, fully diluted capitalization table for the applicant, Epic Cannabis Dispensaries, LLC, listing all share types and the aggregate sum of shares associated with or flowing to any natural person that equals 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 Epic Cannabis Dispensaries LLC.

Additionally, for purposes of ownership attribution, please provide the nature of the familial relationship, if any, among and between the following individuals:

119.0715

Finally, if any natural person meets the definition of "owner," even if by familial attribution of ownership (as provided 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 4.3.2 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