

Florida MMTC Application

Hillsborough Hospitality, Inc

28 April 2023

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Requirement: Applicants must complete each section in Form 1 (Applicant General Information) and include the completed Form 1.

Response: Hillsborough Hospitality, Inc has completed each section in Form 1 and has included the completed Form 1 below.

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Page #4: Hillsborough Hospitality, Inc's Form 1

FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
Hillsborough Hospitality, Inc				
Mailing Address				
400 N Ashley Drive				
City	Apt/Ste #	State	ZIP Code	Country
Tampa	Suite 1900	FL	33602	USA

Contact Information		
First Name	Last Name	Middle Initial
Benjamin	Tran	N/A
Telephone Number	Designated Email (for Department/Applicant Communications)	
905-599-5290	btran@hillsboroughco.com	

Medical Director Information		
First Name	Last Name	Middle Initial
Rafael	Cruz	F
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME145850	812-213-8409	karenacampisano@gmail.com

Requirement: Applicants must provide a listing of information that is claimed to be exempt from public disclosure. This listing shall identify each section of the application that has been excluded from the Redacted Copy provided with the application, as described in Section 2.4 of these Application Instructions. If an applicant is not declaring any information as exempt, then it must include a statement to that effect.

Response: Hillsborough Hospitality, Inc. has identified each section of the application that has been excluded from the Redacted Copy provided with the application.

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Page #6-10: Hillsborough Hospitality, Inc.'s listing of information that is claimed to be exempt from public disclosure

Section 4.2 - Declaration of Exempt Information

Hillsborough Hospitality, Inc has redacted information that is to be considered exempt from public disclosure pursuant to Florida Statutes 812.081, 815.04(3), and 119.071(5)(a)5. The table below details each section that contains redacted information, along with the applicable basis for the redactions per Florida Statute:

Section	Basis for Redaction
Section 4.3.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.3.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.3.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
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Section 4.11.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

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Section 4.12.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.12.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.12.2 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.12.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.12.3 Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.13.1	Section 119.071(5)(a)5., F.S.; Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.13.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
Section 4.13.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

Requirement: Applicants must provide documentation, as described below, demonstrating that the applicant, whether an individual (natural person) or entity, has been registered to do business in Florida for the previous five consecutive years. If the applicant is an entity, other than a sole proprietor or general partnership, the applicant must provide documentation from the Florida Department of State (DOS) demonstrating that the applicant has been registered to do business in the state of Florida for the previous five consecutive years. Such documentation must include a letter or other certification directly originating from the DOS certifying the applicant's registration to do business in Florida for the previous five consecutive years.

Response: Hillsborough Hospitality, Inc. has provided a valid Florida Business Registration for Hillsborough Hospitality, Inc., which has operated in the State of Florida for at least five (5) years.

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Page #2-XX: Hillsborough Hospitality, Inc.'s proof of valid Florida business registration for five (5) years.

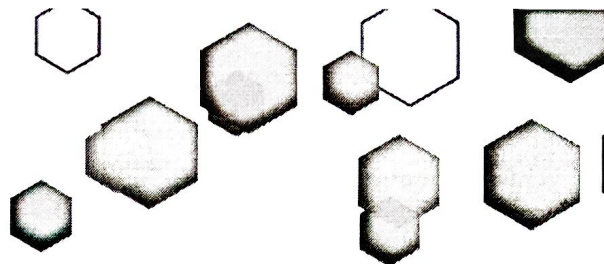
Requirement: An applicant is ineligible for licensure unless the applicant’s owners and managers have passed a level 2 background screening, as required by section 381.986(9), F.S. The terms “owner” and “manager” are defined in the Department’s Definitions Rule. For individual (natural person) applicants, ownership attribution shall extend beyond the natural person applicant to include any person with an option in the prospective license or prospective MMTC. Each owner and manager of the applicant must submit a full set of fingerprints to a Livescan Service Provider for purposes of background screening. At the time of fingerprint submission, owners and managers must give to the Livescan Service Provider the ORI number FL924890Z (DOH–OFFICE OF MEDICAL MARIJUANA USE) and specify “APPLICATION” in the Attention Indicator (ATN) field. FDLE will send background reports directly to the Department. If an individual’s fingerprints are rejected twice for image quality, the individual shall participate in the Federal Bureau of Investigation’s name check procedure for fingerprint submissions rejected twice due to image quality. Applicants must provide the following information:

- 1. A complete list of the applicant's owners and managers, including:**
 - a. The individual's name;**
 - b. Whether the individual is an owner or manager;**
 - c. The individual's email address;**
 - d. The individual's physical mailing address; and**
 - e. The TCN number assigned to the individual by the Livescan Service Provider.**
- 2. A completed Form 2 (Waiver Agreement and Statement) executed by each owner and manager.**

Response: All of Hillsborough Hospitality, Inc.'s managers and owners have passed a level 2 background screening, as required by section 381.986(9), F.S. Please see proof of background check completion below.

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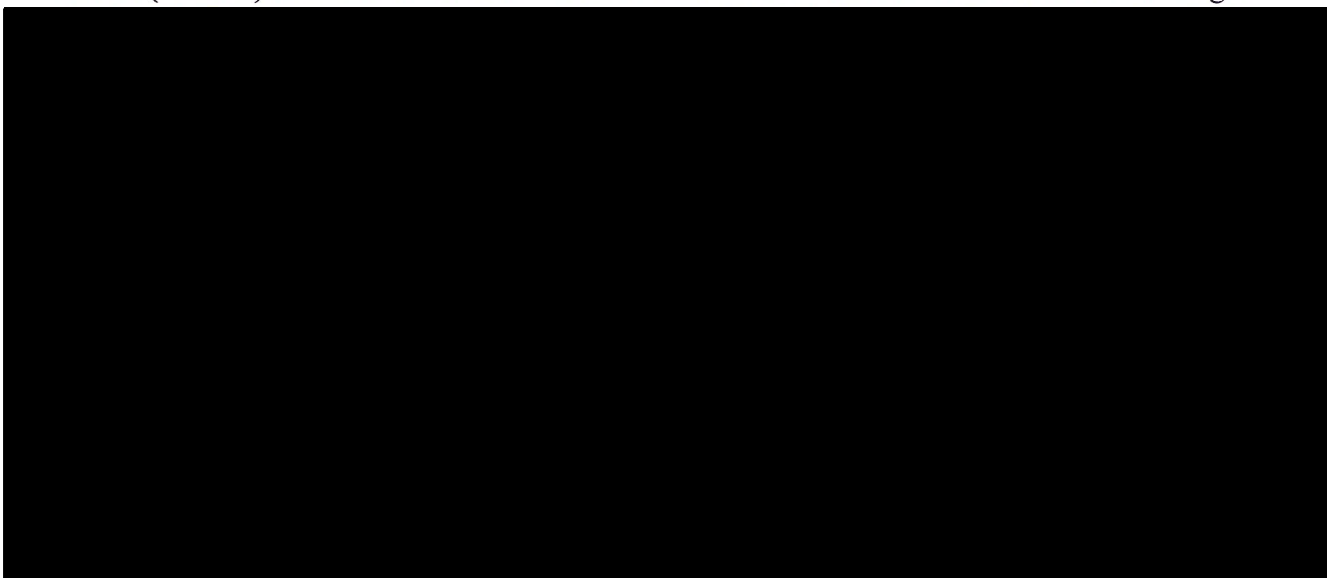


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

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



HILLSBOROUGH HOSPITALITY INC

MMTC Applicant Name

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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

Hillsborough Hospitality Inc

MMTC Applicant Name

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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



Hillsborough Hospitality Inc

MMTC Applicant Name

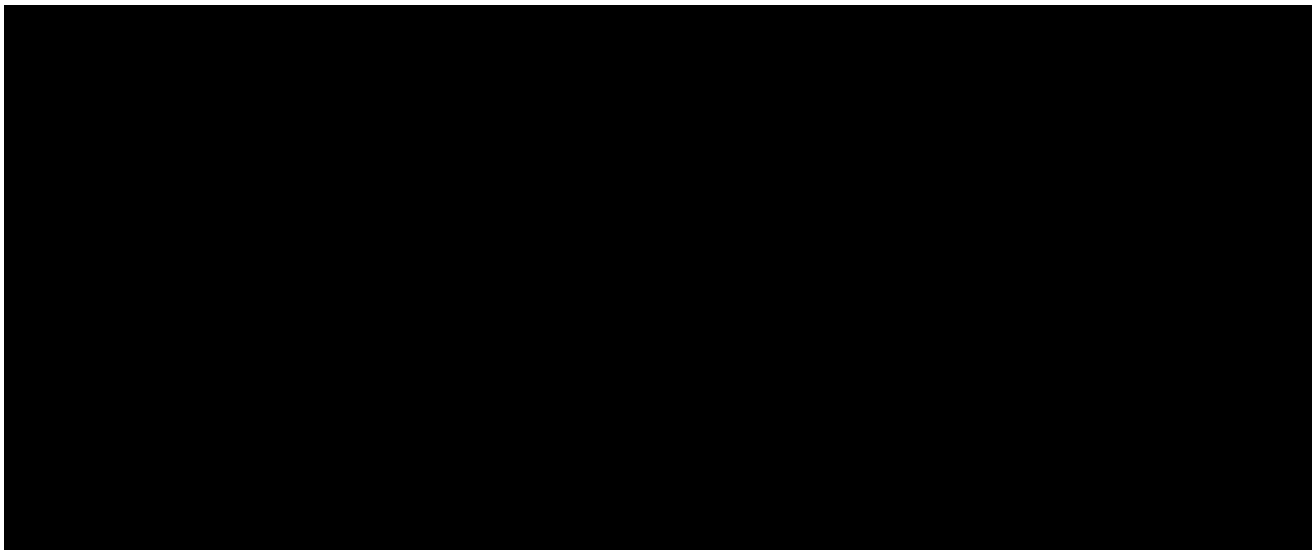


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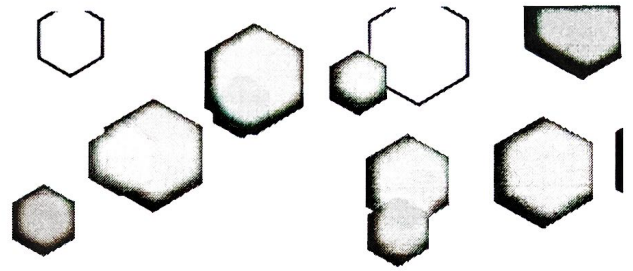
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Hillsborough Hospitality, Inc.

MMTC Applicant Name

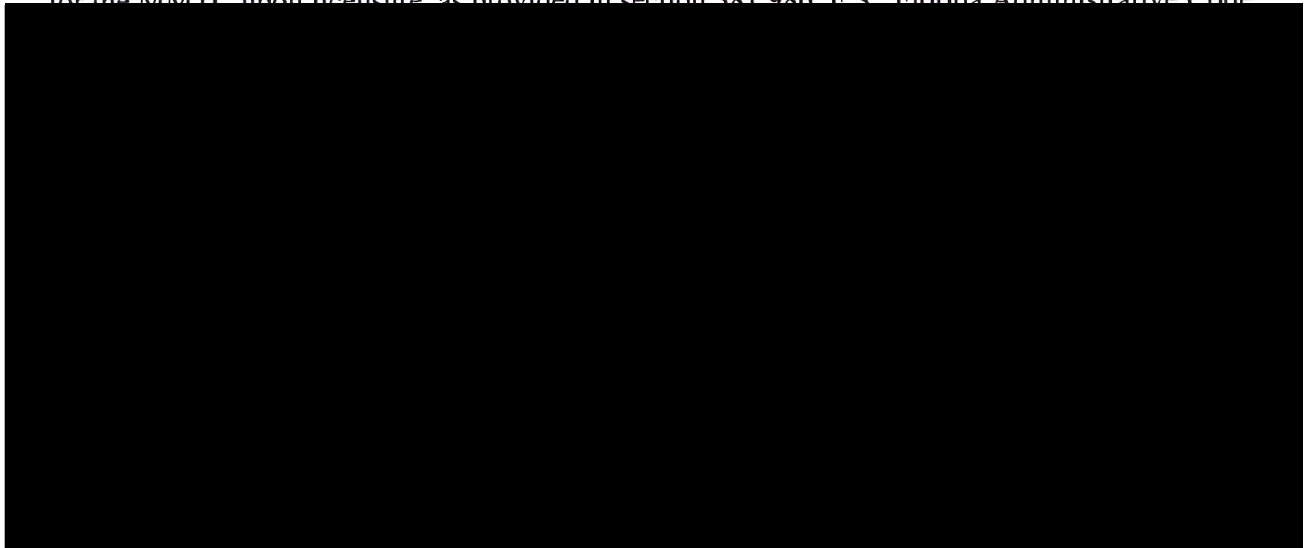


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I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S.,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



HILLSBOROUGH HOSPITALITY INC
MMTC Applicant Name

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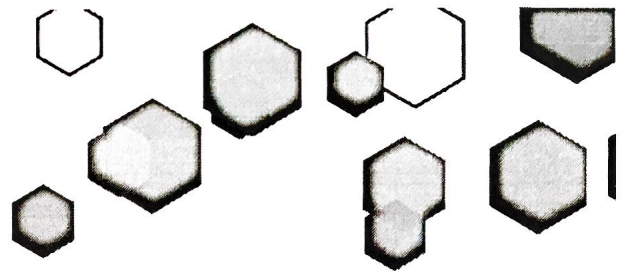
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Hillsborough Hospitality Inc.

MMTC Applicant Name

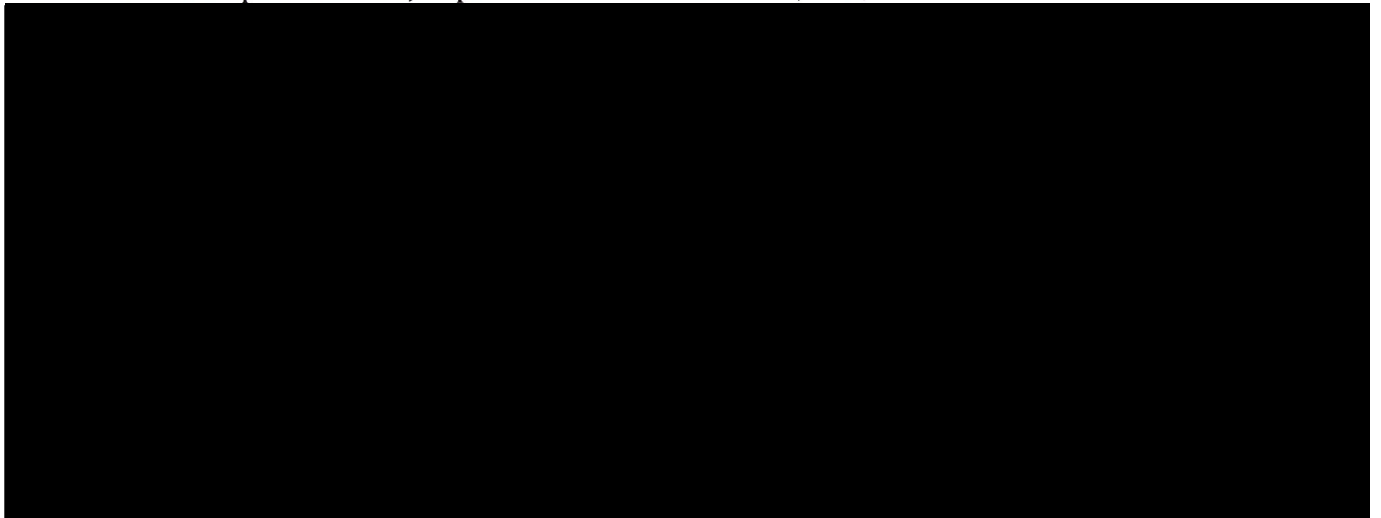


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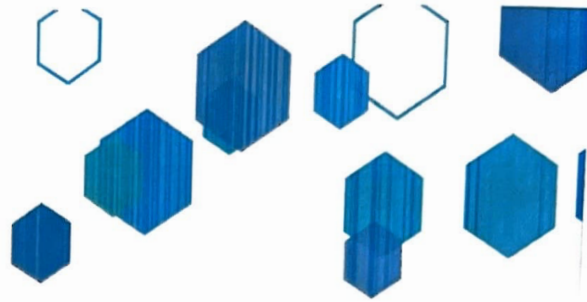
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HILLSBOROUGH HOSPITALITY, INC.

MMTC Applicant Name



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Hillsborough Hospitality, Inc.
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022


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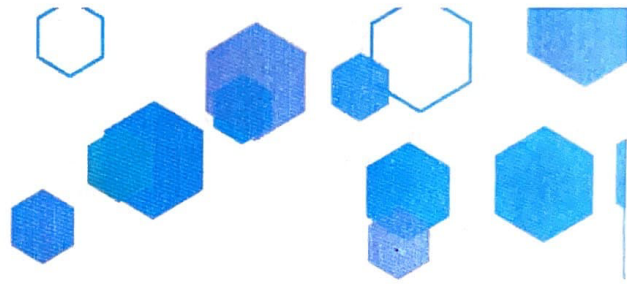
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Hillsborough Hospitality Inc.

MMTC Applicant Name



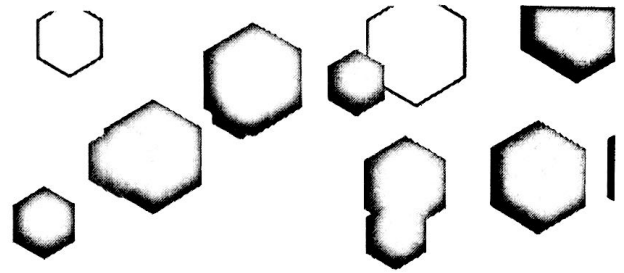
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MMTC Applicant Name

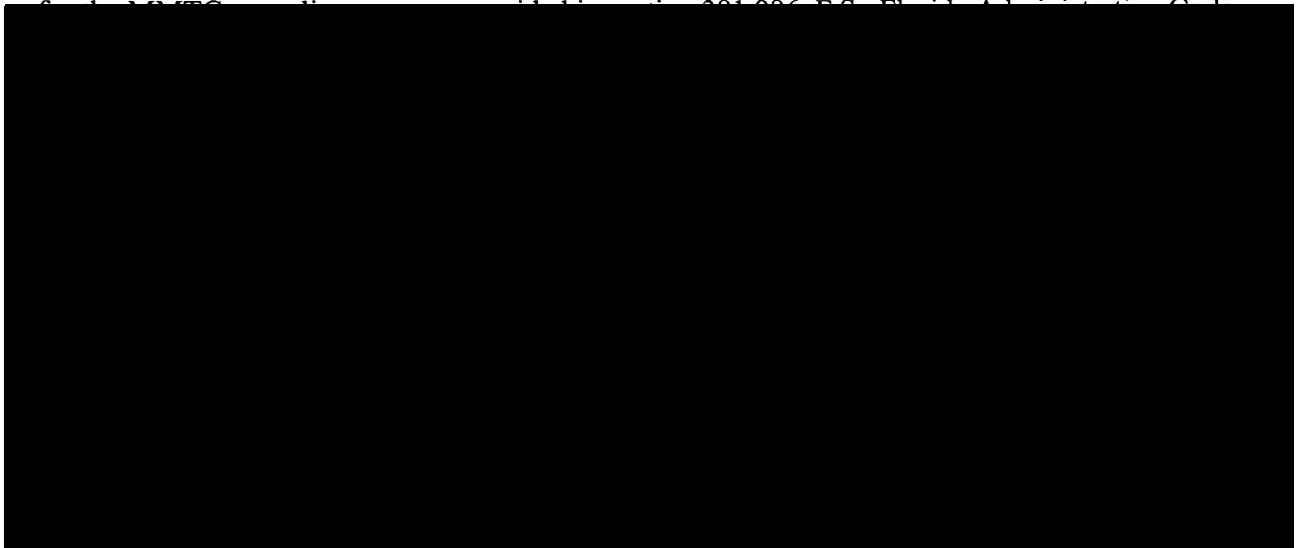


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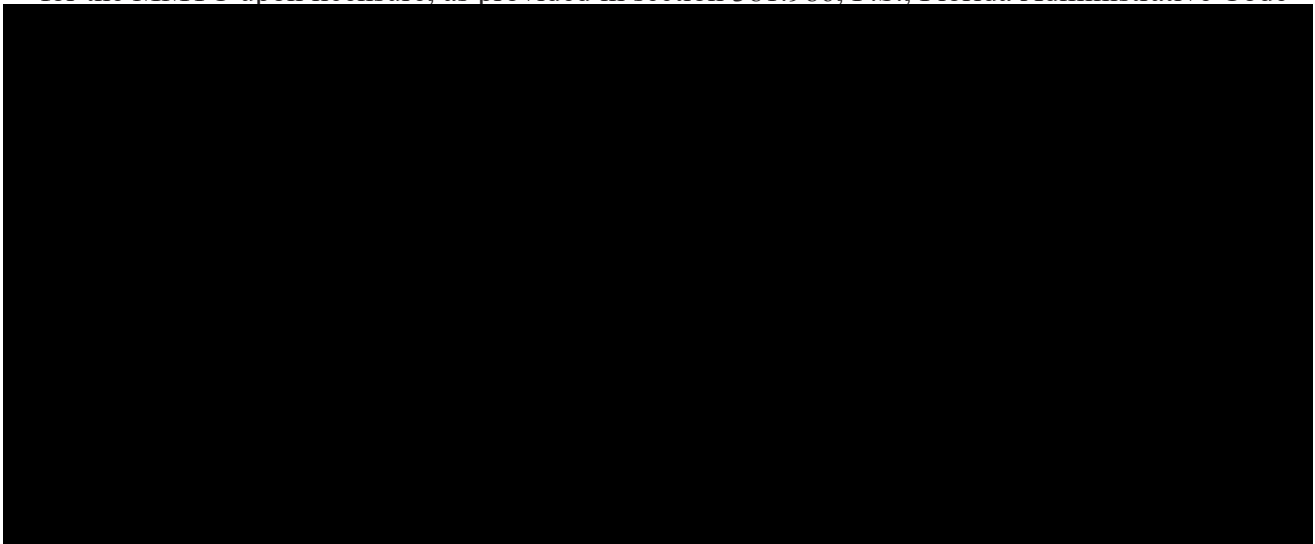


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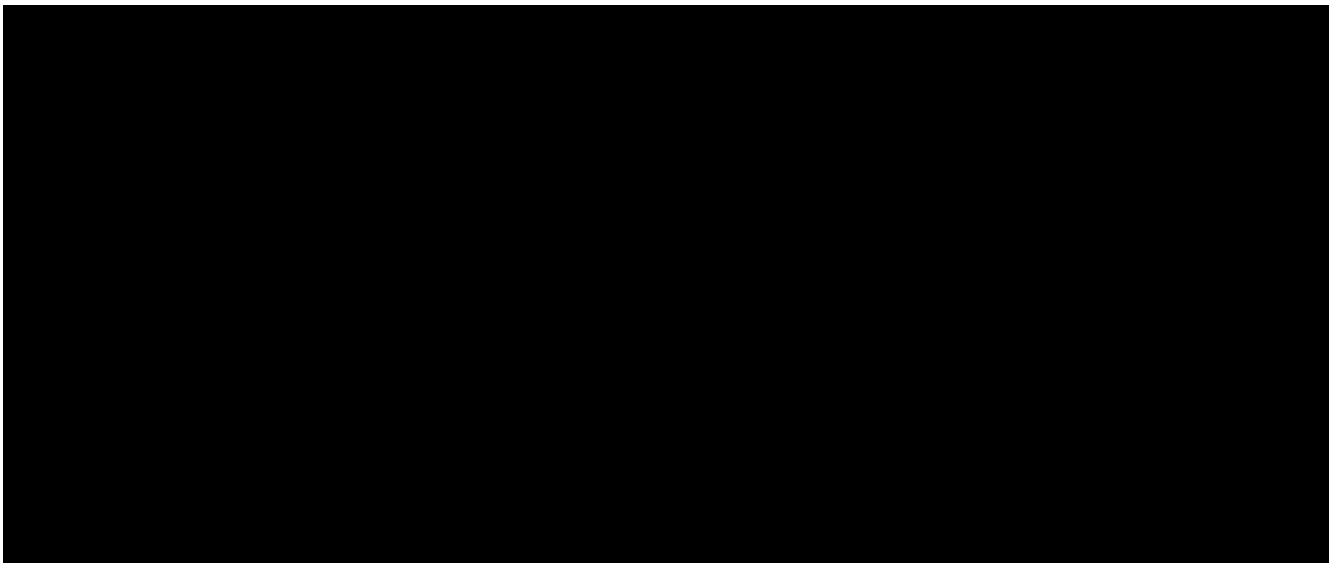
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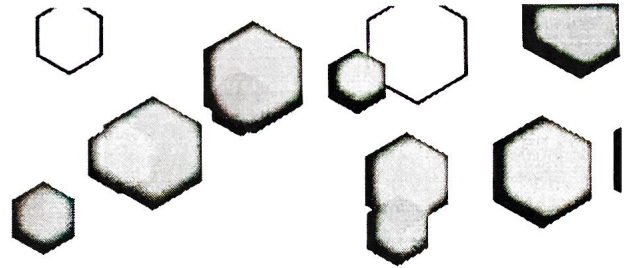
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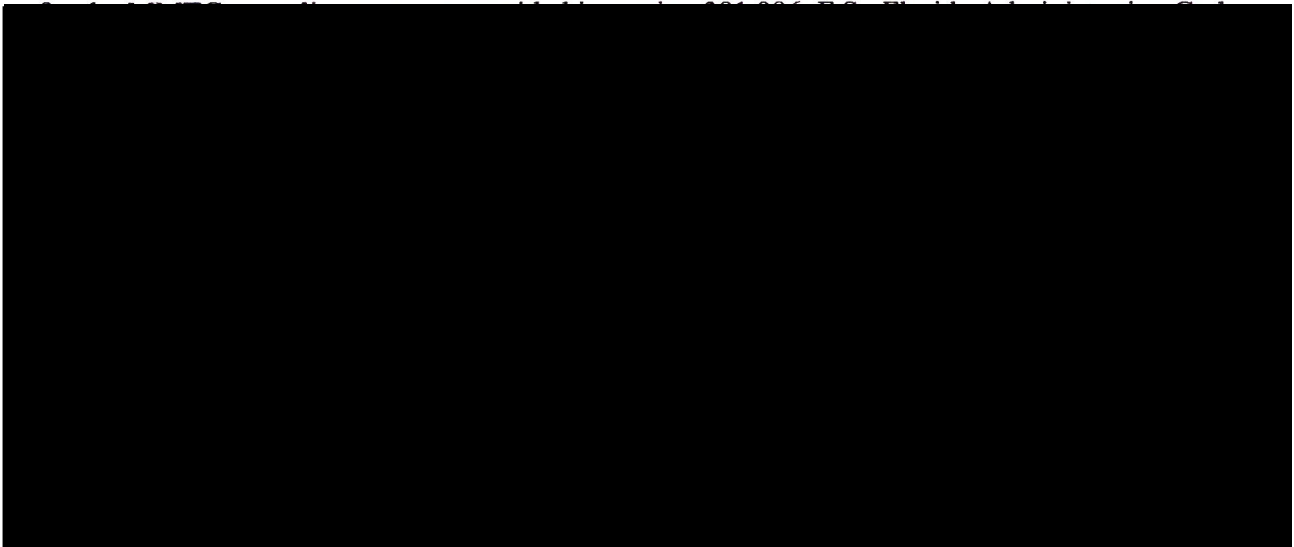


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Hillsborough Hospitality, Inc
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

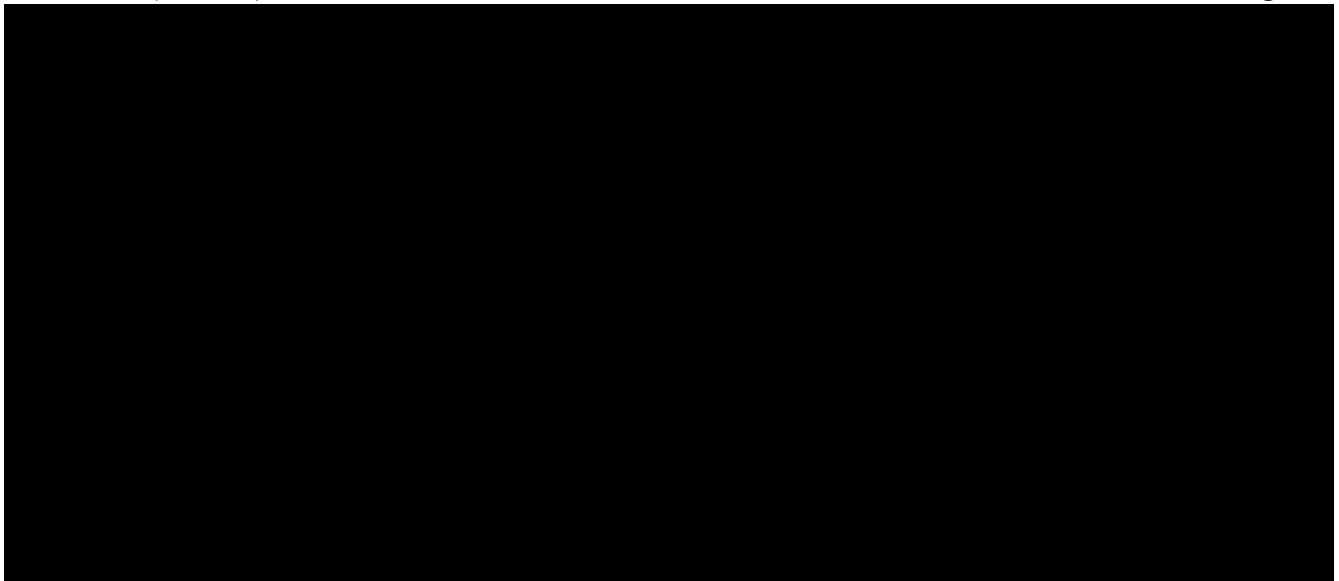
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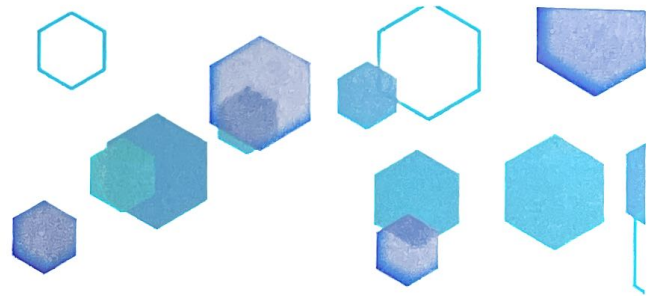
MMTC Applicant Name

Requirement: Complete each section in the applicable Form 3 (Form 3(A), “Entity Applicant Acknowledgment and Statement of Understanding,” or Form 3(B), “Individual Applicant Acknowledgment and Statement of Understanding”) and include the applicable completed Form 3 in Section 4.14. If the applicant is an entity, the applicant must complete and include Form 3(A) (Entity Applicant Acknowledgment and Statement of Understanding). Entity for purposes of Form 3(A) means all applicants other than an individual (meaning a natural person) applicant. If the applicant is an individual (natural person), the applicant must complete and include Form 3(B) (Individual Applicant Acknowledgment and Statement of Understanding). This information will not be scored. **Subject to the process of Section 5.1, if an applicant fails to supply the applicable completed Form 3, then the application will be denied.**

Response: As an entity applicant, Hillsborough Hospitality, Inc. completed Form 3(A).

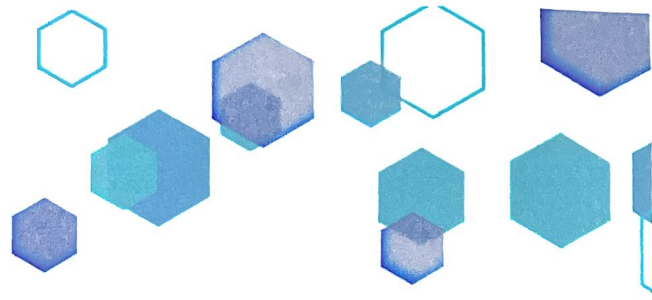
Table of Contents:

Page #454-545: Hillsborough Hospitality, Inc.’s completed Form 3(A), “Entity Applicant Acknowledgment and Statement of Understanding”.

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

I, Benjamin Tran, 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.



- 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): Benjamin Tran

Representative Signature: _____

MMTC Applicant Name: Hillsborough Hospitality, Inc

Requirement: Applicants must supply a response to Subsection 4.15 below. This subsection is designed to elicit information that will allow the Department to compare the applicants through scoring to ultimately determine which applicant best satisfies the requirements for licensure. An applicant may supply any additional information the applicant believes best addresses the request for information in each subsection.

Response: Citrus Preference and any documentation therein are not required for Hillsborough Hospitality, Inc., thereby section 4.15 does not apply to Hillsborough Hospitality, Inc.

Requirement: Applicants must supply a response to Subsection 4.16 below. This subsection is designed to elicit information that will allow the Department to compare the applicants through scoring to ultimately determine which applicant best satisfies the requirements for licensure. An applicant may supply any additional information the applicant believes best addresses the request for information in each subsection.

Response: Hillsborough Hospitality, Inc. does not currently have a fee transfer request in progress, thereby section 4.16 does not apply to Hillsborough Hospitality, Inc.