IN THE MATTER OF THE CANNABIS
REGULATORY COMMISSION MEETING

DATE: APRIL 11, 2022
HELD VIA ZOOM TELECONFERENCE

J.H. BUEHRER & ASSOCIATES
CERTIFIED SHORTHAND REPORTERS
884 BREEZY OAKS DRIVE
TOMS RIVER, NEW JERSEY 08753
A P P E A R A N C E S:

MEMBERS:
DIANNA HOUENOU
JEFF BROWN
SAM DELGADO
TONI-ANNE BLAKE
KRISTA NASH
CHARLES A. BARKER
MARIA DEL CID-KOSSO
(Whereupon the executive session was concluded.)

MS. HOUENOU: We can expect to resume the open public session at approximately 1:39 P.M. Thank you for your patience everyone.
The executive session has ended. It is now 1:40 P.M. and we will resume the open public portion of this meeting. Ms. Blake, could you please announce the next agenda item.

MS. BLAKE: The next item on today's agenda is the Chair's report.

MS. HOUENOU: Thank you. I want to note the importance that this week has for the CRC. Tomorrow, marks be CRC's first birthday and in just one year the CRC has done tremendous work to expand the medicinal cannabis program, adopt initial regulations for the recreational cannabis industry, defying many people's expectations and even upsetting those who had bet money against us. We also accepted well over seven hundred applications for adult use cannabis businesses and issued nearly 70 awards for adult use cannabis licenses. All of this, all the while, still building a brand new state agency from the
ground up. One year ago, there were only six people on the CRC's payroll; the five commissioners and the executive director. Back then, it was Director Brown and I who were creating forms and policies as well as drafting everything from commission resolutions to meeting minutes.

I'm proud that the Commission now boasts a staff of 52 hard-working public servants who make each day and each milestone possible and we are still growing. In addition to these accomplishments, the commission has also been working with other state agencies and private partners to develop a one-stop shop for resources, explore cannabis workplace training programs and search for existing funds that may be used to support New Jersey's Cannabis entrepreneurs.

As we approach the official launch of the Garden State's cannabis industry, it is important to reiterate the shared responsibility that we all have for ensuring the industry is one that is safe, diverse and accessible to anyone who wishes to support or participate in it and that means, state
government, local government, private
businesses and members of the public. We each
have a role to play in preserving our
accomplish accomplishments and in making New
Jersey a leader in this new sector.

So, in closing, I want to acknowledge the
blood, sweat and tears that were poured into
this work. I thank my colleagues for their
contributions and service to this state and I
wish the New Jersey Cannabis Regulatory
Commission a very, very happy birthday. Thank
you.

MS. BLAKE: The next item up on the
agenda is the executive director's report.

MR. BROWN: Madam Chair, may I have
the floor.

MS. BLAKE: Yes, you may, Director
Brown.

MR. BROWN: Thank you for those
remarks. It is truly remarkable what we have
accomplished in the last year, so thank you for
that. Thank you to your hard work and to the
rest of the commissioners as well that worked
with us to get us here, thank you. So, given
that this is a special meeting, I am not going
to have a full executive doctor's report, but I
did want to provide a brief update on and you
can go to next slide, please. A brief update
on recreational license applications, talks
specifically about next steps for conditional
license applicants and holders, that is once
approved or if approved by the Commission and
then provide just a brief preview for the May
executive director's report. Next slide,
please. This is where we stand on application
acceptance over time. You can see since we
started accepting applications on December 15th
2021, we you know received about 150 on day one
and then have seen a steady but consistent
submission of applications between then and
March 15th when we opened up for class five
retailers in which case we saw 204 applications
on that first day and we have seen an increased
volume since March 15th, but still a return to
at least somewhat normal levels of application
submission. Next slide, please.

So, as far as total applications received
thus far, we have 732 and this is as of March
30th, 732 applications submitted; 251 of those
are for cultivators; 135 for manufacturer and
now 327 are for classified retailers. We do -- we do continue to get some submissions, albeit small, for wholesalers, distributors and delivery, which we do not -- have not adopted regulations on, so we are not accepting applications for those license types and so those will be rejected back to the applicants but, thus far, tremendous interest in just, you know, we are taking in new applications every day and we have five applications for testing laboratories under review.

At the May meeting, we will get more into details on the applicant pool, as we did at the last meeting. Next slide, please.

So, I wanted to run through what happens for conditional license applicants after, if they are approved by the Board, after Board approval. There are some key steps that still need to happen before licenses are issued and so, the license applicants that were approved at the last meeting, many are still in this process. So, ostensibly they have to confirm acceptance of the award. There is an initial verification of application information and this is essentially a CRC staff member or staff
members calling the applicant just to run
through some questions and briefly verify that
the information on the application is truthful
and accurate. Once that is completed, then the
application is approved in our licensing system
at which point, the applicant is notified that
they can then submit payment and once payment
is submitted, then the license is issued
through that system.

Importantly, the approvals from last
meeting and it is recommended for this meeting
as well, conditional license awardees are given
the additional time allowed to them by statute,
an extra 45 days so ostensibly, a conditional
license is the duration is about five and a
half months from the time it is issued in the
licensing system.

Many are in process here; I know our team
is working with them to make sure they can
submit payment and get license issued -- get
that license issued so that that clock can
start ticking and they can then also go and
submit a conversion application, which is the
next step in that process to submit to convert
to an annual license and I would say I would
recommend that applicants just continue to check our website for new resources being posted, particularly for a conditional conversion because that is a new license application type that is available in the system, once that license is issued.

Lastly, for the executive director's report, I did want to know at the last meeting we provided a host of demographic information on both the applicant pool as well as those proposed for award and that is something we intend to continue. And I said at the last meeting, we wouldn't necessarily be doing it at every meeting, but one of the things we will outline at the next meeting is what our -- the CRCs initial date of reporting schedule on license applicants and holders, essentially the cannabis industry is, so that everybody is clear on when to expect that information and at what intervals.

With that, I would like to yield it back to Madam Chair.

MS. HOUENOU: Thank you, Director Brown. Can you bring up the next item on the agenda?
MS. BLAKE: Next on the agenda is consideration of applications for conditional licenses.

MS. HOUENOU: Director Brown, can you please provide us a summary of the applications for adult use cannabis licenses set up for consideration.

MR. BROWN: Please go to the next slide. So for consideration by the Commission today are 34 additional applications for conditional licensure. Of these 34, 14 are for Class Two manufacturers and 20 are for Class One cultivation conditional licenses, importantly all of these applications have gone through our review process, which starts with priority assignments and so when they submit, applications are assigned to their relevant priority level based on responses in the applications and so social equity businesses, receive highest overall priority, diversely owned business; those are businesses with either minority business enterprise certification, woman owned business enterprise certification or disabled veteran owned business certification; they get second overall
priority and then impact zone businesses and applications receiving bonus points and then finally just the general pool of applications. Within those categories, micro businesses receive preference over -- receive priority over standard business applications and additionally, conditional licenses overall are reviewed before annual licenses.

Importantly, we don't have any yet, but once we have conditional conversions, those also receive priority over annual licenses and so, these have been assigned priority, that priority has been verified by information submitted in the application. Application acceptance was present and responsive to the requirements of the application. These applications have been scored, because they are conditional applications, they were scored for their business plan, operational summary, as well as the regulatory compliance plan and finally their plan to obtain liability insurance. All 34 of these applications before the Commission, have received full points for those measures. Finally, there was an initial review done for qualification license holder
qualification, limitations and financial or management agreement review where the individuals and entities involved with these applications were reviewed to make sure they were in fact qualified to hold a conditional license and any proposed agreements were given an initial review against the restrictions on management services agreements, financial source agreements and additionally overall on the conditional license holder qualification and those of license holders owners and principals; all 34 of these passed through that initial review.

Finally, there was a quality control process by which they were reviewed a final time prior to recommendation and now these 34 are recommended for approval by the Commission. These have been reviewed, vetted and are recommended for approval to you all today. I will just switch to the next slide, please. I will leave this up here for one minute and you can see this is the list of the first 24, conditional license applicants that are recommended for approval today and a recommendation memo with the full list will
also be available on the website and every one
of these applicants, if approved, would receive
a final agency decision.

Then, you go to the next slide, please,
for the remaining slide. These are the final
ten applicants that are recommended for
approval today for a total of 34. Thank you,
Madam Chair.

MS. HOUENOU: Thank you, Director
Brown. Do I have a motion from one of my
commissioners to adopt the resolution
concerning approval of conditional license
applications for these 34 Class One cannabis
cultivator and Class Two cannabis manufacturer
licenses?

MR. DELGADO: Madam chairwoman, I move
that we adopt the consideration for conditional
licenses.

COMMISSIONER NASH: Madam Chair, I
second.

MS. HOUENOU: Moved by Vice Chair
Delgado and seconded by Commissioner Nash. Is
there any discussion on this motion?

Hearing no discussion, Ms. Blake, can you
please call the vote?
MS. BLAKE: Surely, Commissioner Barker.

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso?

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: I.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Yes.

MS. BLAKE: The resolution passes.

Next up on the agenda is the consideration of certifications for expanded alternative treatment centers.

MS. HOUENOU: Director Brown, can you please walk us through the expanded alternative treatment centers, certification materials that were submitted to the commission and the Commission's recommendations.

MR. BROWN: Absolutely, and thank you Madam Chair. I would just like to take a brief moment to note that another milestone we have just hit with the approval of that resolution,
the Commission has now issued over 100 conditional license approvals and we are not even a year old yet, so just one more milestone and I wanted to thank you all and I wanted to thank the staff who worked absolutely tirelessly on this, particularly out deputy executive director, Kelly Anderson-Thomas and our director of administration Megan Taglateri, so thank you.

Moving on to consideration of ATC expansion and I wanted to start off by noting and Madam Chair, you touched on this a bit in your Chair's remarks, but over the last year, we have hit several milestones and they have all been critical to getting us to this point. First, was really strengthening access to medicinal cannabis by issuing new medicinal cannabis permits. Second, was establishing a pathway to licensure for new businesses in the recreational cannabis market that puts social equity first. Now that we have 100 conditional licenses approved and in process to eventually expand to annual licenses, many of those social equity businesses and diversely owned business. We are well on our way to number two. The
third, is you know, in the statute and required
by the statute and, you know, I think is a part
of getting this market off the ground, as
quickly as possible, but also as you mentioned,
doing so in a manner that is equitable and
safely and that is working with the current
medicinal cannabis alternative treatment
centers to assess the readiness under the law,
under our regulations, to expand to
recreational sales. If you can go to the next
slide, please.

To date, we still only -- we have received
eight certifications from eight alternative
treatment centers. I will get into the
recommendation here. The ones recommended
today are those that have met -- have been
deemed to meet the requirements that have been
set forth in statute and regulation.

Those required conditions include
municipal approval and so these alternative
treatment centers need to have the authority at
the local level to engage in both medical and
recreational sales.

The municipalities have to have opted into
recreational sales. They have to prove that
they have sufficient supply to continue to meet patient need after expansion. They have to have adequate plans to ensure patient access, particularly with what will be very high demand for recreational cannabis products. They need to have a plan to address social equity and safety, our two core values to the Commission here, they need to have a -- pursuant with the statute and with our regulations, they need to have a labor piece agreement in place with a bonafide labor organization.

Next slide, please. As far as our consideration, it is, you know, particularly on the patient side, it is focused on patients, focused on protecting their access, protecting their supply. The CRC has assessed the plans of the ATCs against -- CRC staff have assessed these plans against the number of patients enrolled statewide. Patient enrollment at each specific ATC, inventory, that's the actual inventory at the point in time, both statewide and at each specific ATC. Sales, both statewide sales of medicinal cannabis products and sales at each individual ATC, that has
submitted a certification. We took into account the current canopy, that is essentially the space that these facilities have to grow medicinal cannabis and grow cannabis period.

We have looked at what we estimate the canopy needed to serve enrolled patients and used those to you know also used those to assess but also looked at data submitted from the ATC to assess their production capacity against, again, the needs of patients, sales, the number of patients enrolled, those factors.

Next slide, please.

I want to highlight some positive changes in market conditions over the last six months. Overall canopy, that is the amount of growth space in the market has increased by over 80,000 square feet. We have been monitoring supply and I can tell you that supply in the market is increasing every month. The amount of cannabis and cannabis products in the market is going up every month.

One thing we have seen particularly in the last four months is that we are actually seeing some movement on price. Now, it is not across the board and it seems to be based on sales,
sale prices and promotions in some cases, but we are seeing consistently more economically priced products in the market. This is true, I think, across the board. Additionally, since the Commission issued the 2019 RFA awards at the end of 2021, we have 30 additional dispensaries that are in process to get permits and then there is 300,000 square feet of canopy in the pipeline to get permitted and operational and I can tell you that each day, we are getting closer and closer to some of those facilities, from the 2019 RFA coming online and becoming operational, particularly the cultivators. Initially, that will be focused strictly on medicinal cannabis supply.

Next slide, please. So, the applicants under -- the ATCs under consideration today, that submitted certifications in the southern region are Acerage CCF, New Jersey, Curaleaf, Columbia Care; in the central region Verano, in the northern region, GTI New Jersey, Ascend New Jersey and TerrAscend.

I will cover our recommendation, but they have all submitted the necessary items required by statute and regulation and they
have been reviewed by staff and we are prepared
to make a recommendation on these entities
today.

    Next slide, please.

    Talking here a second about overall market
supply and I think it's important to walk the
public, walk stakeholders through some of the
projections that we have been looking at here
at the CRC and so when we think about
recreational demand, were are essentially
looking at a couple of things, we are looking
at New Jersey based consumers, we are looking
at consumers that may come to New Jersey,
either from neighboring states or as tourists
and stay and purchase. We are also looking at
the number of patients and their buying habits
and what potentially they need to meet their on
going needs for medicinal cannabis. Finally,
we are looking at production capacity. You
know, how much ostensively, how much
alternative treatment centers can reasonably
produce based on their current canopy and their
current production. I want to present here two
similar models here that look at this and you
know what we did was we estimated based on a
patient population of 130,000, looking at potential recreational Consumers in New Jersey and this is I think a conservative estimate, but it is consistent with how this market could launch which is with limited dispensaries, which could limit demand somewhat. The way we got to the roughly 800,000 New Jersey consumers is that we took the total population of New Jersey, took the total population over the age of 21 and then looked at use rates in other states and estimated that of that total population, over the age of 21, likely about 12 percent of New Jerseyans may be cannabis users. As far as those from neighboring states, we have looked at you know similar potential use rates there, tried to estimate you know a reasonable number that we anticipate could make the drive over to New Jersey, hopefully, stay in a hotel room, make a recreational purchase over the course of a year, and then we used that to essentially estimate what the overall recreational demand would be, we used the 130,000 patient mark, which we are close to, we are over 128,000 now and inching closer to 130,000 to estimate
medical demand. We also looked at data from
the industry and also data from our patient
registry to estimate that medical demand and
with the medical demand, we are looking at
130,000 patients purchasing roughly 1 ounce per
month, I think the average in the market is
just under that.

And that gets you to about 100,000 pounds
of medical demand over the course of a year.

On the recreational demand side, we estimated
that that recreational consumers could purchase
around, you know, those living in New Jersey
who might go to dispensary repeated times,
might go to a retailer repeated times to
purchase roughly four ounces per year. Then
finally for those who might be visiting New
Jersey while on a trip, you know, they are
going to purchase significantly less on average
than somebody who lives in New Jersey and is a
repeated consumer.

So, we also, using those numbers, got to
potential recreational demand of roughly
260,000 pounds per year.

Then, we looked at production. Here, we
use two measures; one which was supplied by the
New Jersey Cannabis Trade Association which is essentially the association of alternative treatment centers. They said they are getting an average of 65-grams per square foot production. We also looked at 40 grams per square foot, which is a pretty consistently used measure. It is based on a bottech analysis out of Washington State. We looked at both of those, ran both those models and looked at those scenarios. Importantly, both scenarios show deficits in both markets, or in overall deficits, but the deficit was only on the recreational side of things, ostensibly, current capacity, we have enough to cover medicinal consumers with what they are purchasing now. So this leads us to what he recommended at our last meeting and what the ATC's -- we have been working with the ATC's to get commitments on, which they have all committed to, which is to implement safeguards, to ensure there is a minimum supply set aside for patients, both, as far as packaged products and for bulk products. So, a minimum supply based on an estimation of past sales for actual packaged products, those are products that are
ready to sell and then a set-aside also for
bulk products and products that are in the
process of getting to the packaged stage and so
this could be flower that is in the dry or
curing stage or it could be bulk extracts that
are essentially just awaiting that final stage
to be assembled into a cannabis product and
packaged and ready for sale. What I can tell
you is all the ATCs that are -- that we are
prepared to recommend today, have shown, have
demonstrated both by their own data and by the
analysis that we have conducted, that they can
meet those safeguards, that they can ensure
that medical patients have the supply they need
with some left over for recreational cannabis.

That is why with these safeguards, the
overall market supply really doesn't stop us
from looking at individual ATC supply and
judging that on those individual merits.

This should also be a call to action.
Regardless of what happens today, there is
unmet demand in this market and we intend to
release further data on this as we go forward
at the CRC, but, you know, we need new
businesses to keep applying.
We have now approved, the Commission has now approved over 100 conditional licenses, you know, we need new entrepreneurs to continue coming to this market, help us meet this demand and get this market to where it needs to be.

Overall, there is no -- this market-wide situation really doesn't stop us with those safeguards from looking at the individual ATC's and looking at their individual supply and how they are meeting the needs of their specific patients. Next slide, please.

The second piece of analysis or patient access plans, and coming out of the last meeting, we put together some guidance for the ATCs to consider, these include 14 patient only hours per week, exclusive parking options at the ATCs exclusive point of sale systems for patients, so they don't have to wait in lines as long as recreational consumers. Express access to the ATC, ability to reserve products ahead of time, which I know many of the ATCs already offer with online ordering. Next slide, please.

A patient access hotline, so there is a live person that patients can call, if they are
having trouble accessing a dispensary, continue
to have private counseling areas for patients
and private counseling options, you know
requiring ATCs to have virtual meetings or
conference calls with their registered patient
and caregiver base to provide info on a patient
access plan before any launch of recreational
sales, so that patients have the information
that they need to continue to access their
alternative treatment centers and then you know
we will be asking the industry for weekly
reports on patient access.

So, we are going over what is in the ATC
certification here and rather than ostensively
me running through all their patient access
plans, we are going to invite the alternative
treatment centers themselves to come up and
just have a representative take three minutes
and walk the Commission through, but also more
importantly walk the public through and any
patients that are watching, the patient access
plans that have been submitted and have been
under consideration by the Commission. So I am
going to turn it over now to Ms. Blake, our
communications director to call through our
invited speakers.

MS. BLAKE: Thank you, Mr. Brown. And our first speaker on behalf of Acerage Holdings is Brian Secerov. Brian, go ahead.

PERSON ON CALL: In regards to our retail hours, as Jeff said, 14 hours spread over multiple days, Monday, Wednesday, Friday, the first two hours in the morning, Tuesday Thursday, the last two hours in the evening and then four hours on Sunday. So obviously we will evaluate that as we continue, as we move forward. Parking, we have reserved parking in both of the locations that will have adult use here in Egg Harbor Township and also New Williamstown and in store, separate priority lines, so kind of think it is as a TSA precheck or you know elite members at a hotel will have stations with separate lines for medical and rec patients, we will dedicate POS systems, point of sale for the medical patients. We will adjust that as demand requires, but there will always be dedicated spots for those patients that are in the precheck line to get in quickly.

As far as inventory and menu, we will be
using separate menuing systems for both adult
use and medical, which allows us to set
thresholds for product availability, so think
of it this way, we would have both the product
on both menus, but if we dropped to a certain
level, it disappears from the adult use menu.
We can continue to offer it for our medical
patients and we will set those thresholds based
on historical buying patterns for those strains
in our medical -- for our medical patients, so
that we are sure that we have enough available.

Online, we currently do online ordering
and we will continue to do online ordering for
medical patients only, that way they can
reserve their product in advance and pick it up
any time the next day, when they choose to come
in and pick it up. They don't have to come in
just in the designated medical only time slots.
We have a hotline now and we will make sure
that is available for every hour that we are
open, seven days a week. Consultation rooms
are on site as they are today and we will
continue to do so.

We currently offer curbside pick up and we
will continue to do that just for medical
patients, so that gives them an opportunity to get their product more easily and also to reserve it through online ordering, so those kind of go hand in hand.

Finally, as far as communicating our plans to our potential customers in adult use and also to our medical patients, we will have a prerecorded webinar or message on our website explaining all of the strategies we are putting in place to make sure we are creating preferential treatment to our medical patients, from our parking, to our lines, to our designated POS, to online ordering and all that will be covered in that webinar. Thank you for the opportunity.

MS. BLAKE: Thank you. Next up will be Matt Darren on behalf of Curaleaf. Matt Darren, go ahead.

MATT DARREN: Good afternoon. My name is Matt Darren and I'm the U.S. president for Curaleaf. We appreciate the time to present our plans to you all today. We have made significant investments in facilities, technology and personnel to ensure availabilities of products and access for both
medical patients and adult use guests. Curaleaf is an industry leader to successfully
transition from medical to adult use markets in Illinois, Massachusetts and Arizona. We have
 navigated the complexities of adult use
launches previously and have incorporated these
lessons learned into our plans in New Jersey.

To be clear, the transition to adult use
will not alter our commitment to our medical
patients. We have been the heart of the
medical cannabis program for the past six
years.

Our first objective is proactive
communication with our medical patients. We
have a strong communication system with our
existing patient community and we are able to
quickly and efficiently communicate with them.

We will be hosting an educational town
hall for the medical community on April 18th to
help educate them on our plans and answer
additional questions they have.

We also operate a call center, it's open
seven days a week from 8:00 AM 10 P.M. for them
to contact us with any questions. We have made
a number of operational changes and
enhancements, both inside and outside our
dispensaries to ensure access for medical
patients. We have expanded our service hours
to include medical patient only hours. We are
dedicated in the first and last hour of each
day of our 8:00 A.M. to 8:00 P.M. schedule
solely to serve medical patients. This amounts
to an additional 14 hours per week at each of
our Belmar, Edgewater Park, and Bordentown
locations for medical patients only will be
permitted in the stores.

Additional, each dispensary will have
dedicated lines of point of sale systems to
ensure medical patients have expedited entry
and service at each of our locations. We have
increased our POS systems to ensure a swift
service for medical patients. We have medical
only point of sale stations including 8 at
Belmar; seven in Bordentown; and five at
Edgewater Park. We have expanded our staffing
in store to accommodate the increased flow and
ensure medical patients continue to receive the
high quality care they are accustomed to.

We have expanded our parking as well and
are reserving priority spots for medical
patients. At our busiest dispensary in Belmar, we now have 212 parking spaces in our control. We also been working closely with the local municipalities for security and traffic flow. We have implemented a number of technology solutions as well. We offer secure online ordering through our website which allows patients to order from the comfort of their homes and provides estimated pick up times. This is a popular options for patients. We have also purchased sixty-four additional Ipad's for mobile ordering online for our staff to utilize at our three locations.

We are ready to serve the medical and adult use markets with product as well. We have been preparing for many months for this. We have tripled our cultivation capacity in the state. We have more than ample supply or available product to service both the medical market and the adult use market, including flour, vapes, edibles and medical products and we continue to introduce new products to the market as well. In the event of any shortage of products, we will prioritize our medical patients before serving the adult use market.
As we plan and forecast for reserving products for the medical program based on recent quotas, to ensure available supply. We are well prepared for the market, while also ensuring we protect our patients' access to their medicine. Thank you.

MS. BLAKE: Thank you. Next up is Volley Hayhurst.

MR. HAYHURST: Good afternoon everyone. My name is Volley Hayhurst, VP of operations for Columbia Care. We put together a comprehensive ten-point plan that I am excited to share with you guys today that will ensure superior patient access.

First off, patient only hours, we carved out 14 specific hours of the day, including morning, evening and Saturday hours to help meet the demand. We reserved parking for patients specifically in Deptford, we worked with the landlords to secure three medical only parking spaces. In Vineland, we are a stand-alone building and so we carved out three medical only parking spaces for that building as well. In addition, we wanted to be a good community partner and neighbor in Deptford and
so we asked the landlord to carve out some
parking spaces for our surrounding neighbor as
well.

Once we get the -- once the patients start
to come into the building, we carved out some
patient only queues at POS stations. Once the
patient enters the front door, they will go
into a queue, that will take them to the
reception area, obviously prioritizing medical
first. Once they are through the reception
area onto the sales floor, they will be met by
three medical only patient stations and that
way, they can get their medicine and get out
the door. We will continue to offer online
ordering and curbside pick up.

At any time, if the medical need sees fit,
we can implement express pickups as well. We
do have -- we did implement express pickups in
both locations in Vineland and Deptford.

We will have and we did implement a
patient access hotline. The hotline will go
directly to the medical POS stations area, that
way the patients can have access directly to
the people that are dealing with the medical
patients in place.
We will continue to have online counseling sessions and also we have education bars at both sites as we speak. We will keep up with that. We are going to implement a wait list, so this is in an effort to help move a lot of the adult use, if there is congestion, they can get the adult use consumers out of the way. It is basically like an app like when you go into a restaurant, you put in your name, it will help them go out about throughout their day and they can come back and purchase, but what it does is, it creates a nice shopping experience for the medical use consumer, as they walk in. One thing we are proud of, we do have 14 wholesale agreements and otherwise throughout the state that will continue to add superior patient access by bringing a lot of the State of New Jersey down to the south, giving superior patient access. With that, we will implement a pre-recorded meeting to share all of these plans with our patients and for total transparency, obviously weekly, we will submit a report to the CRC with our access, wait times and availabilities and all of those. Thank you.

MR. LEVENTIS: Thank you. This is James Leventis. I am executive vice president of Verano NJ. On behalf of everyone at our company, I want to thank the Commission, first for considering our certification to expand into the personal use program and also for giving us the opportunity to directly present our plan for patient access once the program does launch. Much like some of our colleagues, we are going to be designating medical patient only hours at our dispensaries, that is going to be the opening hour and the closing hour of every business day. It is going to be exclusive to patient access at all of our dispensaries. We are going to be designating exclusive parking for our patients and this is going to be 15 to 20 spaces, right at the front of our dispensaries, right by the entrance for easy access.

We have ample parking throughout our parking spaces at all of our locations and these are going to be designated exclusively for our medical patients that roll out of the
program. In addition, we are going to be providing exclusive point of sales stations for patients. Right now, we are going to be designating two at both of our dispensaries in the areas closest to the door. We are going to be monitoring traffic flow and patient access throughout that time and can easily expand if we are seeing an influx of patients. In addition to that, we are going to be providing express registration for our patients and so we will have a separate registration counter at our locations for express check in. For medical patients, if any lines do happen to form, although we are not expecting that to happen, medical patients are going to be brought in to the front of queue to check in and enter the sales floor past any personal use customers that may be there.

In addition, two things that we are doing to go a little above and beyond, we are going to be rolling out home delivery for our medical patients and we are expecting to launch that program on Wednesday of this week and continue rolling that out throughout the launch of the personal use program. This is going to be at
least initially exclusive to our medical patients. In addition, we are going to be designating five parking spots out in the front of our dispensaries for express curbside pick up to only our medical patients to try to preserve their access to medicine.

In addition, we are going to be providing separate menus for medical patients and personal use customers in order to preserve supply. We will be maintaining our patient access hotline and circulate information about that to our patients in the coming weeks. We are going to maintain our private consultation areas for one on one meetings with any patients who want to discuss their access to medicine. And we will be hopefully launching a virtual conference to go into a little more depth of this plan with our medical patients this week,

thank you.

MS. BLAKE: Thank you. Next up is Dina Rollman for Green Thumb Industries. Dina Rollman?

MS. ROLLMAN: My name is Dina Rollman and I oversee government relations for Green Thumb Industries. Thank you for giving me this
opportunity to speak about our commitment to New Jersey's medical cannabis patients. Green Thumb fully supports the Commission's goal of prioritizing patient supply and access while New Jersey makes this historic transition to recreational sales. Patients have been the backbone of the New Jersey industry and will continue to be.

First, the CRC developed a formula for calculating and ensuring that each ATC maintains a minimum, adequate supply and reserve for patients. Green Thumb has at least 6.4 times that minimum amount of supply and reserve which translates into approximately 25 months of supply on hand. We will have adequate supply. Second, Green Thumb dispensary in Paramus will remain medical only. Patients can always go there and not confront a line of recreational customers. Our stores in Paterson and Bloomfield will service both patient and adult use customers.

Third, based on our experience transitioning from medical only to adult use sales in other states, we have developed best practices for prioritizing patients. Those
practices include dedicated hours daily which will be the first two hours of the day, dedicated point of sale registers and dedicated patient lines. We have also submitted detailed traffic plans that are in the Commission's packets that show how we will optimize the patient experience, both inside the store and outside in the parking lot.

We also will have product reservations, patients will be encouraged as they are now to preorder other products and we will continue to educate patients about how to use Ipads, personal phones and other devices to do the preordering, we will provide a patient access hotline, staffed by internal on site teams during all ATC business hours. We currently have and will continue to have private patient consultation bases at each of our facilities.

We will host multiple calls to educate patients on our patient access plan, we will schedule those calls for the week prior to the launch, the week of the launch and each week thereafter for the first month.

The calls will be scheduled at different times each week to accommodate various and
varying patient schedules. We will post
details on these schedules and informational
opportunities in emails and text messages so
that patients are aware. We will provide the
weekly reporting required by the CRC on our
medical patient access including wait times at
our stores to make sure that they are in line
with what they should be.

We currently offer and will continue to
offer curbside pick up for our medical patients
and we will continue to do that and we will be
expanding into home delivery for patients as
well. We will have a dedicated patient menu
that will prioritize patient access to products
and we will also be making sure that medical
only parking is reserved closest to the front
of our ATC store, thank you very much for this
opportunity.

MS. BLAKE: Thank you. Mike Conway
for Ascend Wellness is next. Go ahead.

MR. CONWAY: Hi, thank you so much for
allowing us the opportunity to share our access
plan with you. I will start outside first, so
you know with parking, we will have 130 spots
on location, ten to 15 of those will be
dedicated to medical access only, with five
closest to the facility being there for
patients with limited mobility access, as well
as curbside. The patients will also have
access to the front door, without waiting in
any lines that maybe present. We will also
have team members that are monitoring any lines
that are outside to ensure no medical patients
accidentally jump on those lines to allow them
in the facility. So one of our two medical
check in podiums, the medical patient will be
checked in as normal and they will be
immediately allowed into the dispensary floor,
where they will be able to go into one of three
medical expressed lane registers. We do have
the ability to increase the amount of registers
based on the demand, but we do feel that three
registers based on our current demand is more
than enough to handle the access for current
patients, but, we will have the ability to
increase that access as needed. The patient
will then be taken care of. If they do have a
need for a private consultation, we do have two
private consultation rooms that are available,
to ensure that that patient does have the
privacy when the dispensary is busy with over adult use customers. No issues with any privacy for the patients and they will be able to be rung up as normal and exit the fatality. We do have a couple of other access points. Patients can place orders up to two days in advance. This is something we already offer and we will transition that over. We do plan to hold multiple educational events to explain these access points and the elevated access and expressed access to our current patients and we will advertise that in our normal SMS email as well as website to ensure patients can have access to those meetings and as well you know what we are going to be doing for the updated access. Why also will have a dedicated phone line for our patients to ask questions. It will be, for example, press three for medical patients and that will be staffed at all times of business by one of our members. We will also have hours of operation as requested by the CRC, we will have 14 dedicated hours to patient access and those hours will be posted on our website and they will be subject to change based on you know the needs of the
patient, we will make sure that we have those
scheduled when the patients do need that time
and it is something we are going to be rolling
out for the transition is home delivery. We
will be delivering to patients in Bergen and
Passaic Counties to ensure that we do have that
access for patients that may not want to work
with the increased crowds in the locations.
With that, I do thank you for the opportunity.

MS. BLAKE: Thank you. Next up is
Chantelle Elsner for TerrAscend. Chantelle, go
ahead.

MS. ELSNER: Good afternoon CRC,
industry leaders and community members. My
name is Chantelle Elsner and I am the Senior
Vice President of TerrAscend Retail Operations.
I have the great pleasure today of providing an
overview of our operational plans as we shift
into an adult use consumer market.

The TerrAscend team has used a thoughtful
and thorough approach to prepare our people,
our product, our partnership, our process and
our patients to ensure we are optimized for a
successful launch.

We are founded on diversity inclusion. Of
our employees, 63 percent identify as Latin or African American; 25 percent (inaudible) and 43 percent are women. Our team is highly trained and beyond excited to start serving adult use consumers in addition to the patient that they know and love. The apothecary suspensors will be offering a robust product assortment for medical patients and consumers, of those products, we will offering kind tree, and bahala, and a wide assortment of third-party brands.

Our operations team has a clear plan to maintain reliable supply of medical cannabis and products that are all tested by a certified third-party lab. We are working in partnership with the CRC and plan to provide recently awarded minority owned businesses with prioritized products, supply and pricing.

Our community engagement team supports the communities through education, volunteer events, sponsorship and charitable donations. We continually seek out community sponsorships and events that align with our outreach pillars, wellness, social equity, community and kindness. We are working hand in hand with
each of our municipalities to coordinate
efforts and ensure a smooth adult use launch.
We have a well-controlled and thoroughly
monitored inventory plan that focuses on
ensuring sufficient stock of product.

We have sophisticated inventory management
systems that we will continuously monitor,
analyze the supply chain and ensure medical
cannabis availability. Our system also has the
necessary safeguards in place to reserve
appropriate quantities of cannabis for medical,
and consumer purchases with strict adult use
consumer purchases to ensure all consumers are
over the age of 21.

Our stores have dedicated patient versus
consumer lines, prioritizing patient, elderly
and those with mobility issues; prioritizing
customer service; patient only parking, in
addition to ample consumer parking, wait list,
express pick up and curbside and we also have
all of the necessary safety and security
protocols in place.

At the apothecarium, our patients always
come first. We offer patient only shopping
hours, exclusive online ordering, express
access, dedicated registers, loyalty programs
and promotional pricing.

Was also offer support for patients and
caregivers through consultation with education,
and have a live operator customer service line
which will be available to all of our patients
during every operating hour.

We are also excited to announce that
patient home delivery is coming soon. Download
our apothecarium app and find out more. Thank
you again for your time today. We are grateful
for the continued partnership with the CRC,
industry leaders and community members as we
all work together to launch adult use consumer
sales in New Jersey and we are proud to be
grown in the Garden State.

MS. BLAKE: Thank you. Executive
Director Brown, that was the last ATC speaker.

MR. BROWN: Thank you. And thanks to
the ATC's that presented on those plans, you
know, in the week about a little over seven o
eight days following the last meeting, CRC
staff went on a host of site visits at all of
the ATCs that submitted certifications and two
points of robust conversation about plans were
what you just heard, the patient access plans, both from an inventory and an access perspective and secondly, was related to some of the social equity and safety plans and so please go to the next slide. I did want to highlight some of the things we heard consistently across the board from the industry and the meetings when it comes to social equity and safety particularly on the equity front. I can tell you that my thoughts on these meetings was that they went incredibly well and I thought the medical industry, the ATCs rose to the task put before them, both by the statute, by our regulations and by this Board.

As far as what some of the things that the ATCs have committed to do and some of the things that they are already doing are providing expungement assistance, job training and pathways to employment in the cannabis industry. I think the best example of this was one actually followed candidates from that point of getting a conviction expunged, all the way through, then you know providing them with assistance and job training and then actually job opportunities in the cannabis industry.
There are partnerships with nonprofits and community groups aimed at promoting diversity and equity in the cannabis industry. Some of these groups commented at a lot of our meetings and are becoming a growing force within the cannabis industry here in New Jersey. Training and technical assistance for social equity business applicants in our conditional licensing process, so several of the ATCs said they were actually running webinars and providing free support to potential social equity businesses on how to get through our application process. Commitment to hiring a diverse workforce with an emphasis on impact zones and economically disadvantaged areas. At the last meeting, I shared our regulation, which requires every licensed cannabis business to make a good faith effort to hire individuals who either have past cannabis convictions or have lived in an economically disadvantaged area for five of the last ten years.

They have also committed to utilizing diverse vendors and contractors for ancillary services, providing direct funding to community-based non-profits that serve impact
zones, economically disadvantaged areas,

funding commitments in a way that is compliant
with our regs to social equity and diversely
owned businesses. Additionally, wholesale
terms for new businesses that could be coming
online and then, finally, support services for
and post-incarceration assistance for
individuals who have been incarcerated for
cannabis and marijuana and you know
commissioners have all had an opportunity to
read these certifications, read these plans,
both for patient access for supply and social
equity and safety plans and to see the
evolution of those plans, as we have gone
through this process and I can tell you
speaking for the interdisciplinary team of
staff that were at these meetings and have read
these plans, I was certainly impressed by what
has been brought to the table.

Next slide, please. The best laid plans
are only plans if they come to fruition.
Before I get to specific recommendations here,
I want to propose some post-award conditions to
the Board and these are based on both
conversations with staff as well conversations
with individual commissioners. Really, the key issues for these post-award conditions are critically maintaining adequate supply for patients, ensuring access for patients is not reduced at any dispensaries that are approved by the Commission to transition to recreational sales. Accountability to those social equity commitments that I spoke about and those that you know I didn't speak about, but that are in these plans and then protection for cannabis workers rights. Next slide, please. What CRC staff proposed as conditions to any approvals that are issued by the Commission today are, if ATC is not able to meet the commitment to continue to prioritize access for patients and set aside supply, they would be subject to $10,000 per day in fines and then if they routinely are fined because of a lack of supply or a lack of access, possible license suspension, if that patient access and supply is not preserved or protected.

Secondly, required reporting, periodic reporting on social equity commitments in accordance with standards that will be issued by our office of diversity and inclusion, and
our director, Wesley McWhite is on the meeting
and this is so we can hold ATCs accountable, so
the public can hold them accountable and us to
what has been committed to in these plans.

Finally, provisions to ensure adherence
both labor piece and collective bargaining
requirements in the statute and regulations and
what I proposed, and thank you to the
commissioners who really pushed for this in
some of our individual meetings, but workers
choices must be protected and so what we
proposed is ostensibly you know based on what
is in the law that requires ATCs to sign a
labor peace agreement and in some cases
collective bargaining agreements, ensuring that
those -- that the obligation to do is tied to
what workers want and their choices.

Ostensibly, if the majority of workers have
shown support for a particular bonafide labor
organization, then the ATC is obligated to
enter into a labor piece agreement with that
labor organization and, secondly, if they have
and this is consistent with what is in our
regulations, if a majority of those workers
have -- and what is the statute have voiced
that support for a particular bonafide labor
organization, then the ATC is responsible for
making good faith effort to enter into a
collective bargaining agreement with that
bonafide labor organization.

Those are some of the conditions, the
other conditions, to the extent they are there
are in include reports on the patient access,
it measures in progress there, those are all in
the memo that the Board has before it. Now, I
will get to the specific recommendation here
and I will note that really it all goes back to
what is in the law. The law says that we are
to assess the readiness of these ATCs in
accordance with really three primary issues;
one is the certification they can have adequate
supply; second, is the certification that they
can uphold and keep patient access and not
negatively impact patient access with the
addition of recreational sales and then finally
that they have all the necessary local
approvals in place to move forward and to
operate as a recreational cannabis business.
So, all of the ATCs, all seven, are before you
today. All seven we have heard from and they
have all been reviewed by staff, their
certifications have been reviewed by staff. We
looked at market-wide conditions and we do not
see any market-wide concerns, given that we
have recommended safeguards for protecting
patient supply. We do not see any market-wide
conscerns with moving these ATCs forward and
then secondly all of the ATCs here, we believe,
have proven and have shown that they have
adequate supply for their medical patients,
that they are willing to put in place the
necessary mechanisms to protect that supply and
ensure that medical patients are not impacted.
You have heard, they have clearly thought out
patient access plans from the hours, to the
parking spots, to how patients will access
their dispensaries, allowing for flexibility in
how someone can order -- how someone can get
their cannabis. Some have been approved now
for home delivery and are moving forward with
that, others are doing curbside pick up, some
are doing both. They have -- all the ATCs, we
believe have also met that certification of
patient access and shown that they will
consistently provide patient access. Then
finally, they have all shown that they have the necessary, local approvals in place to support this expansion. Next slide, please.

In the south, based on that -- based on the assessment of supply, patient access, municipal compliance and approval, as well as a thorough review against our regulations and the guidance issued to the ATCs, including the submission of that social equity plan, CRC staff recommend that the Commission approve for expansion, Acerage CCF, Curaleaf and Columbia Care. Next slide, please.

In the central region, CRC staff recommended the Commission approve Verano for expansion and next slide, please. In the northern region, CRC staff recommend that the Commission approve Ascend Wellness GTI and TerrAscend all for expansion as well. Again, this is based on a thorough review of what is in the statute, our authority, our regulatory authority and those regulatory requirements as well as the realization that what we are proposing, as far as post-award conditions put the necessary teeth in place to ensure compliance, on going compliance with patient
access and you know accountability with their social equity plans and accountability to ensure that workers have the rights and choices that they are afforded by law.

Those are the recommendations and so with that Madam Chair -- sorry, one more slide. In total, these recommendations represent, if approved, seven class one cultivation licenses, seven class two manufacturing licenses and 13 classified retailer licenses and then one last slide. So for any that are approved by the Board, the next steps following approval would be an operational assessment for regulatory compliance, they would have to pay a full ATC expansion fee based on what they are approved to expand to. There would be an issuance of license and then commencement of operations under the new licenses. The path to get there doesn't have to be any specific length of time, it is based on when those ATCs meet the operational requirements and that license is issued. So, you know, I will just stop there and it doesn't have to be 30 days, it can be less, it can be more, depending on that operational assessment and when they can meet
those requirements. Again, of the seven, ATCs proposed of for expansion, CRC staff believe that all seven have met the certification of adequate supply, certification patient access and locked up the requisite municipal compliance and approval to be moved forward by this Board and we recommend the Board approve all seven. So, with that Madam Chair, I yield back to you.

MS. HOUENOU: Thank you Director Brown and thank you to all of the alternative treatment center representatives who were able to present their patient access plans for the commission and the board of public today.

For the commissioners, we will be proceeding with the votes for these certifications for expanded alternative treatment centers, one by one. I will ask for a motion to adopt the resolution concerning acceptance of certification for alternative treatment centers to expand operations to the adult personal use cannabis market with respect to Acerage CCF.

MS. NASH: Madam Chair, I move to adopt this resolution for Acerage Holdings.
MS. HOUENOU: Moved by Commissioner Nash; seconded by Commissioner Del Cid-Kosso. Is there any discussion on this motion with respect to Acerage CCF? Hearing none. Ms. Blake, could you please call the vote?

MS. BLAKE: Commissioner Barker?

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso?

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Commissioner Delgado?

MR. DELGADO: I.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Abstained.

MS. BLAKE: The resolution passes.

The next item for consideration, the expansion for Curaleaf.

MS. HOUENOU: I will ask for a motion for the resolution -- to adopt the resolution concerning Curaleaf?

MS. NASH: Madam Chair, I move to adopt the resolution for Curaleaf.

MR. BARKER: I second that Madam
Chair.

MS. HOUENOU: Moved by Commissioner Nash and Seconded by Commissioner Barker. Is there any discussion on this motion with respect to Curaleaf? (no response noted.)

Hearing none, Ms. Blake, please call the vote.

MS. BLAKE: Commissioner Barker?

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso?

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: Stayed.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Abstained.

MS. BLAKE: The resolution passes.

MS. BLAKE: Next up, is the expansion certification for Columbia Care.

MS. HOUENOU: Motion to adopt the resolution with respect to Columbia Care?

MS. DEL CID-KOSSO: Madam Chair, I move to adopt this resolution concerning the
acceptance of certification for Columbia Care to expand operations to the adult personal use cannabis market.

MR. BARKER: I second that Madam Chair. I defer to Commissioner Nash.

MS. HOUENOU: We have a motion by Commissioner Del Cid Kosso and a second by Commissioner Nash with respect to Columbia Care. Ms. Blake, can you please call the vote? Apologies, before we go to that, is there any discussion on this motion with respect to Columbia Care? (no response noted.) Hearing none, Ms. Blake, can you now please call the vote?

MS. BLAKE: Commissioner Barker?

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso.

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: Yes.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Same.
MS. BLAKE: The resolution passes.

The next item up for consideration is the expansion certification for Verano.

MS. HOUENOU: I will ask for a motion to adopt the resolution with respect to Verano.

MS. NASH: Madam Chair, I move to adopt the resolution for expansion for Verano.

MS. HOUENOU: Moved by Commissioner Nash.

MR. BARKER: I second that, Madam Chair.

MS. HOUENOU: Seconded by Commissioner Barker, thank you. Is there any discussion on this motion with respect to Verano?

(no response.) hearing none, Ms. Blake, can you please call the vote?

MS. BLAKE: Commissioner Barker?

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso?

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: Yes.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.
MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Abstained.

MS. BLAKE: The resolution passes.

The next item for consideration is the expansion certification for Green Thumb Industries.

MS. HOUENOU: I have a motion to adopt the resolution for expansion with respect to Green Thumb Industries? Do I hear a motion?

MR. BARKER: Madam Chair, I move to adopt the motion concerning Green Thumb Industries -- move to adopt the resolution.

MS. HOUENOU: Moved by Commissioner Barker. Commissioner Del Cid-Kosso, I believe that was you coming in for a second?

MS. DEL CID-KOSSO: Yes.

MS. HOUENOU: Is there any discussion on this motion with respect to Green Thumb Industries? (no response.)

Hearing none, Ms. Blake, can you please call the vote?

MS. BLAKE: Commissioner Barker?

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso?
MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: I.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Abstained.

MS. BLAKE: The resolution passes.

Next up for consideration is the expansion certification for Ascend Wellness.

MS. HOUENOU: Do I hear a motion to adopt the resolution with respect to Ascend Wellness?

MS. NASH: Madam Chair, I move to adopt the resolution for expansion of Ascend Wellness.

MS. DEL CID-KOSSO: I second that.

MS. BLAKE: Moved by Commissioner Nash and seconded by Commissioner Del Cid-Kosso. Is there any discussion on this motion with respect to Ascend Wellness?

MS. HOUENOU: Hearing no discussion, Ms. Blake, please call the vote.

MS. BLAKE: Commissioner Barker?

MR. BARKER: Yes.
MS. BLAKE: Commissioner Del Cid-Kosso.

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: I.

MS. BLAKE: Commissioner Nash?

MS. NASH: Yes.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Abstained.

MS. BLAKE: The resolution passes.

Next for consideration is the expansion certification for TerrAscend.

MS. HOUENOU: Do I hear a motion from commissioners to adopt the resolution with respect to TerrAscend? Last call for a motion with respect to TerrAscend?

MS. DEL CID-KOSSO: I move to adopt the resolution concerning the acceptance of the certification for TerrAscend, Madam Chair.

MS. HOUENOU: Thank you. Moved by Commissioner Del Cid-Kosso. Is there a second?

MR. BARKER: I second that Madam Chair.

MS. HOUENOU: Seconded by Commissioner Barker, thank you. Is there any discussion on
this motion with respect to TerrAscend?

(no response noted.)

Hearing no discussion, Ms. Blake, please call the vote.

MS. BLAKE: Commissioner Barker?

MR. BARKER: I.

MS. BLAKE: Commissioner Del Cid-Kosso.

MS. DEL CID-KOSSO: Yes.

MS. BLAKE: Vice Chair Delgado?

MR. DELGADO: Yes.

MS. BLAKE: Commissioner Nash?

MS. NASH: No.

MS. BLAKE: Chairwoman Houenou?

MS. HOUENOU: Abstained.

MS. BLAKE: The resolution passes.

MS. NASH: Madam Chair, may I have the floor?

MS. HOUENOU: You may, Commissioner Nash.

MS. NASH: Thank you. Upon careful review of the individual ATC certifications, I was pleased that most of them recognized the legislative intent and submitted meaningful labor peace agreements, however, I did not find
the same with this applicant's certification
and that is why I voted "no." Thank you, Madam
Chair, I yield the floor back to you.

MS. HOUENOU: Thank you, Commissioner Nash. I'm happy to see that some of the ATC's
have decided to take this seriously and button
up their plans for expansion. Last week, it
was -- I'm sorry, not last week, at the last
public meeting it was noted that staff would
have to do a little extra handholding where
needed. Now, as the CRC takes training wheels
off of this bicycle, it is up to the expanded
alternative treatment centers to ensure
compliance with their plans, the commission's
regulations and the law.

Notwithstanding these approvals, which are
based on demonstrated supply for patients,
because of the demand expressed by members of
the public and pointing to the information and
data analysis provided by Director Brown today,
I do expect to see some heavy lines, some heavy
traffic in and around some of these facilities,
but I do expect the ATCs to work with the CRC
and the towns in which the businesses are
located to ensure that local officials are
properly informed and ready for potential lines and traffic, that the facilities are ready for final on site inspection and that the CRC knows when the expanded ATC expects to start the adult use sales. As mentioned by Director Brown, expanded ATCs are not authorized to immediately begin retail recreational sales and I expect full compliance with this prohibition until the business receives its formal license from the CRC.

With that Ms. Blake, please take us on to the next agenda item.

MS. BLAKE: Next is our open public comment period.

MS. HOUENOU: Thank you. Members of the public, as always can submit public comments during and after this meeting in writing via our website at nj.gov/cannabis/meetings and the deadline for submitting written comments is 5:00 P.M., tomorrow Tuesday April 12. Written comments will be shared with the Commission members and will be made public, along with the meeting minutes.

We will hear from those individuals who
signed up to speak in the order in which they signed up. As usual, public speakers will be limited to three minutes. Please be mindful and concise during your comments. Please note that the public comment period is meant to give members of the public an opportunity to address the Commission about matters that the Commission should be aware of. It is not a place for people to simply mark or advise private businesses, please keep your remarks focused on matters that pertain to the commission's work or items that the commission should be aware of.

Ms. Blake will call out the names of our speakers. When it is your turn to speak, she will ask you to unmute yourself. If you are dialing in on the phone and it looks like we have quite a few call in listeners, you will need to press star six to unmute yourself when told to do so. Importantly, in order for our staff to unmute individuals who have signed up to speak, their full name or phone number as it appears on zoom, must match the name or phone number you used to register to speak.

Please, please ensure that your name
matches the name you used to sign up. If you need to change your name on the zoom platform, exit the zoom meeting and immediately relaunch this zoom meeting, which should prompt you to enter your name. Unfortunately, we will not be able to correctly identify you as a speaker if your name or phone number does not match what you used to sign up. So with that, Ms. Blake, please take it away.

MS. BLAKE: Good afternoon, again everyone. As Chairwoman Houenou said, I will be calling the names five at a time. If you are here, please raise your hands, so that I know to call you. Everybody has three minutes to speak and you will follow the timer on the screen. The first five names, Michael Ruttero, Velda Font, Cesaria Stevens, Camika Roswell, Chase Vebolts; if any of those individuals are present, please raise your hand and you will be invited to speak. Not seeing any of those individuals present, I will go to the next five. Jeffrey Dorsee, Zack Catson, Christina Faragala, Bary Dall, Nicholas Ahern Scecacas. So Jeffrey Dorsee, Zack Catson, Christina Faragala, Bary Dall, Nicholas Ahern Scecacas.
Are any of those individuals present? Again, please ensure the name on your screen is the same as you registered. I don't see any of those five and so I will move to the next five.

Jima Akinagaba, Paul Josephson, Anthony Campbell, Assan Austin, Wally Aherst; are any of those individuals present? Assan Austin, go ahead.

MR. AUSTIN: Hello, I am Assan Austin, I am managing partner of MTN Development and we are a business development agency and we focus on social equity business solutions on a local level. We aid the public and private sector in achieving social equity goals and solutions in cannabis. So, I have heard several speakers on the call and it's good to hear that ATCs are taking some initiatives to fulfill the expectation of social equity. Social equity has different meanings to different people and organizations, so the best way what we see to guard against potential liabilities on the local level, you know, organizations like ATC should demonstrate an unambiguous commitment to fulfilling that expectation of social equity, it's a very sensitive matter in New Jersey
municipalities. Maybe I missed it, but I don't recall none of these ATCs discussing or even any participation in any medical cannabis educational initiative. Patient access is great but providing tools, resource and requisite education for the patient population, is how access can be best maximized by New Jersey municipalities. Social equity benefits like education shall you know best streamline those stigmas, these are real stigmas in New Jersey municipalities and it should start with medical cannabis educational workshops or the patient population in those ATC communities that they are already existing in and will continue to enter additional communities. It should include medical cannabis training for law enforcement, fire department, not just the patient population because that education really is a requisite to access and what access really is. So we learned that social equity is a very elusive definition and it has to be defined in a way on a local level that it is inclusive; we do not exclude parties and particularly the underserved communities. There is bill in the House that speaks to
providing insurance coverage for visits; they do it in New York; they should do it in New Jersey. The ATCs might be a good idea for you guys to get behind that, push that, because insurance coverage is also part of the medical cannabis access equation. I'm going to leave that right there and thanks again CRC for your time and keep up the great work you continue to do, thank you.

MS. BLAKE: Thank you. Mike Rudderow.

Go ahead.

MR. RUDDEROW: My name is Mike Rudderow and I am the co-owner of Pure Cultivations, actually one of the conditional applicants that was just mentioned earlier in the meeting today, so exciting day for us. I actually was just asking for a moment to speak here today for kind of a specific issue related to micro businesses, particularly cultivation, and that is, we are just looking for some guidance on the 2,500 square foot restriction on micro businesses, you know, I have gotten some feedback from different sources that interpret the regulations differently where you know the 2,500 square foot restriction applies
to you know certain aspects of the operation,
and some say, you know, interpret it as 2,500
square foot is the restriction on your canopy
space and now, you know, I am not an attorney,
but you know just if you know trying to plan
and design you know a lean and you know
efficient you know micro grow, that is
conducive to the economy and also the
environment, I think just we are looking for
some guidance on you know what it is that the
CRC and the state specifically had envisioned
for that restriction, but thank you very much
for letting me speak. That was all I have and
thanks again. Have a great day everybody.

    MS. BLAKE: Thank you. Barry Doll, go
ahead. Barry Doll, go ahead. Going once,
going twice, okay. Paul Josephson, go ahead.

    MR. JOSEPHSON: Good afternoon -- can
you hear me now, Ms. Blake?

    MS. BLAKE: I'm sorry about that, yes,
I can, go ahead; that was my fault.

    MR. JOSEPHSON: Thank you, Ms. Blake,
Madam Chair, thank you Commissioners and I
wanted to take the time today to wish the
Commission a happy birthday. Thank you all for
your hard work. It has been quite a year since you have been up and I think while everybody is very anxious to get things rolling, I think you have far surpassed what anybody could have hoped a new agency could get done in a year and so thank you for your hard work and dedication to the patients and people of New Jersey.

Thank you.

MS. BLAKE: Thank you. Next five up are Steven Maynard, Tiffany Salas, George Deferdinando, Jr., Mike Kourtney and Mark Smoa.

That is Steven Maynard, Tiffany Salas, George Deferdinando, Jr., Mike Kourtney and Mark Smoa. If any of those individuals are present, please raise your hand and we will call on you. I see Dr. Deferdinando, go ahead.

DR. DEFERDINANDO: Thank you for the opportunity to speak, I am an internist and public health professional and a former deputy commissioner of the New Jersey Department of Health where I had among other things, a responsibility for the Division of Addiction Services. I am concerned that today on the imminent initiation of recreational sales, that our public, our healthcare and our public
health communities are not adequately prepared
to minimize potential harms that will be
associated with that initiation.

These potential harms could and should be
minimized, recreational sale will lead to
increased use of cannabis products among all
age groups and yet when used as a recreational
product, cannabis has no documented safe level
of use. Thus preparations need to be made to
mitigate potential harms from increased use.

Limiting these potential harms must first
focus on young children, young adults, persons
who are pregnant and our senior population.
Our actions on merging can be summed up in six
words, prevention first and never be
cheerleading. Before initiating recreational
sales, current local use and local prevention
efforts should have been assessed in more
detail. Education and outreach are urgently
needed to ensure that the public is aware of
lower risk cannabis usage guidelines to prevent
as many negative effects as possible;
prevention first. Unfortunately, there is
currently an absence of detailed state issued
information on guidance on prevention, either
at the CRC or department of health sites. We don't have to go out of state to see how to minimize harm in a new recreational business. The division of gaming enforcement within the Department of Law and Public Safety is responsible for oversight of all forms of gaming in New Jersey. It lists resources on responsible gambling just below the director's bio, including hotline numbers to call for aid, ways to opt out of gambling, if you have a problem and other resources to reduce harm. If the Division of Gaming Enforcement can do this, the CRC and DOH can and must do the same. We must never be seen as cheerleading for recreational use. Approval for sales prior to detailed discussion, planning and action on education and interventions, however, may be read by some as enthusiasm for use and consequently increased harm.

In contrast, there is no official enthusiasm for use of other intoxicants and prevent potential harmful activity, such as alcohol use, tobacco use, vaping or gaming. How our actions are to seemingly encourage cannabis sales consistent with such admonitions
on the use of other substances. We should never be cheerleading for use.

So, to sum up, I don't want to block retail sale of cannabis in New Jersey. I do believe it is important, however, to plan intervention and action first, to minimize harm, the same way we have done with years of tobacco and alcohol counter programming. Thank you very much for your time today and I will be submitting written comments with more detail.

MS. BLAKE: Thank you very much. Just to note, that the N.J. CRC website does in fact have a safe use page, which among other things talks about responsible usage and points to the center for poison control and also addiction resources. Mike Kourtney, go ahead.

MR. COURTNEY: Real quick, I want to thank Director Brown and the CRC. I pointed out an issue that occurred during the application process and everything was fixed diligently and so I would just like to again thank you, Director Brown and the CRC for quickly resolving the issue, thank you.

MS. BLAKE: Thank you. Before I call the next five, I want to remind everyone that
I'm looking for your name or a phone number that matches your application. And the next five up are Bill McKee, Jr., Chris Goldstein, Ryan McGee, James S. Miller and Precious Asagee Erasay. So that is, Bill McKee, Jr., Chris Goldstein, Ryan McGee, James S. Miller and Precious Asagee Erasay. Okay, Chris Goldstein.

MR. GOLDSTEIN: Thanks again today and like everyone else, I want to congratulate the NJ CRC on one year of operation. You are doing amazing work. A little bit surprised today at some of the approvals; the idea as a cannabis consumer that it is going to be a little tough for us find to our way through all of the people, perhaps coming from Pennsylvania and New York as well to just 13 locations for adult use sales. Patients will be utilizing these locations as well and I did hear a lot of good stuff from the dispensaries today, but they have permission to start curbside and home delivery for almost two years, under special rules and waivers by the CRC, related to Covid. I do hope to see home delivery start for patients soon and that is another promise that they say could happen this week or next week.
We heard that a lot during the pandemic as well. We are still waiting to see price relief in a lot of the dispensaries. I know executive director Brown noted some sales and promotions are happening for medical patients. Again, this is tough, medical patients are medical patients and they should be able to plan out their monthly costs of cannabis. They shouldn't have to come in when a moon is in a quarter phase wearing a t-shirt with a brand on it to ask for a discount. Finally today, we would like to see some form of task amnesty, maybe for consumers. There is a lot of talk about equity as it relates to businesses; equity as it relates to tax, but how will the consumers get into the equity game too? What do we deserve as part of the equity and impact? Now, a lot of cannabis consumers like me have an arrest, but I don't want to start a business. Many cannabis consumers are out here with an arrest and we don't want to get into the industry. What kind of equity could be created for us?

I might suggest tax amnesty. Maybe there is a way that those of us out here who are just
consumers, who have a marijuana arrest could get some amnesty on those adult use cannabis taxes. Maybe we could walk in and get no taxes on our purchases, that would be a nice extension of equity to consumers who have arrests and you know, finally, today, as far as the ATC expansion, a lot of these operated multiple states especially in Pennsylvania, the NJ CRC recently approved concentrates. There was a long recall of concentrates by the Pennsylvania Department of Health within that medical marijuana program. So, I hope that as NJCRC look forward at safety, it will take into account other programs are recalling products that may be available or produced in the same ways right here in New Jersey. I hope that regulators are aware of that. Thank you again for all your work and thank you for hearing me out today.

MS. BLAKE: Thank you. Barry Doll on the phone, go ahead. Barry Doll?

MR. DOLL: Hi, first of all, I would like to know if anyone else is having difficulty hearing the presentation on the
computer? I can get the visuals, but the audio is all broken up and that is why I have my phone on while looking at the visuals. If it's on my side, I will look into it, but if there is something else on the technical side, maybe you have something to do with it.

Secondly, I would like to agree with the speaker that you had previous and I believe you introduced him as some doctor or former state official who warned about the labels and certain types of warnings that people need to look at and be aware of. I believe he -- you referred to the words cheerleading and I got the same impression listening to the panel, the commissioners, when everyone is saying, oh, we need more, come on and open up and start selling it. I don't think that is the way that this should be presented. There are some hazards with the use of marijuana and so it is not like we are selling popcorn here or ice cream, so anyone who has, as I said, cheerlead I think is the wrong way to package it and as a tax payer and voter, I do not feel that is appropriate and I'm against it. I have more comments which I will submit in writing. Thank
you for your time.

    MS. BLAKE: Thank you. Press Iyamu, Aziza Magil Ayunda, Monique Hamilton, Krystal Marte, Matt Rackow; are any of those individuals are present? I see Aziza Magil Ayunda.

    MS. AYUNDA: Hello everyone, I want to say happy birthday to the New Jersey CRC and I really appreciate all the information that you have been providing because I do understand that this is quite an exhausting process to go from something that was initially illegal to now legal. I am the chair of the East Orange cannabis Board and we have only just begun our process of you know possibly accepting applications, developing kind of a structure, I guess I have a question pertaining to something specific that came in one of our meetings, which was -- one of our informational meetings, before I get into that question, I am also -- I also run a nonprofit that helps in the prevention and recovery of -- the prevention of child molestation, domestic violence and sexual assault. So you know especially for the people that we work with, many of our clients do use
or have used or are looking to use cannabis as a form of therapy, but not only that, in addressing abusers and people that have been committed of some form of sex crime, I was looking through the New Jersey ordinance under the ability for a convicted felon to apply for a license but I didn't see anything that was specifically outlined pertaining to sexual crimes, Megan's Law and so on and so forth. There was a lot of information about cannabis, specifically or cannabis crimes or crimes related to marijuana. I wanted to know if the Commission plans on clarifying some of the things, I understand that some of the things -- I understand that decisions are made on a case by case basis, if an applicant has been convicted of some kind of crime, but will there be any future exploration of looking to more specific crimes, like you know some form of sexual assault or child molestation and things like that.

MS. BLAKE: Thank you.

Press Iyamu, go ahead. Okay, you disappeared.

MS. BLAKE: Krystal Marte, go ahead.
MS. MARTE: Good afternoon, thank you for the opportunity to speak. I came and I was pleased to hear the response from the Commission on the ATC's expansion, I myself was worried as a consumer that the medical patients would be you know tossed to the side. I'm glad to hear that the ATC's have a good plan to prioritize those medical patients. I am here to say that I would push those ATC's to strengthen, as another commenter stated strengthen their relationships with the social equity businesses that are going to rise in New Jersey. They are blessed to have already been operational and gained the first profits from recreational sales and I think it is important to hold them to building productive partnerships with the smaller businesses that are going to win licenses, like we saw earlier with the conditional licenses that got approved.

So, those big companies like Verano, to really commit and not just to hiring people from impact zones, not just to hire people that are Latinx, because there is a difference in empowerment there. You are paying an employee;
that is awesome but for you to actually commit
to getting product from a small cultivator or
small manufacturer will go even further to
strengthening their promise to social equity
and we really put their money where their
statements are. So, that is what I came to say
and happy birthday to the CRC, you guys are
doing a great job and I do appreciate the
patients you took to vet the ATC's, to make
sure they were ready so that it wasn't just a
money grab from them and that you are holding
them accountable to doing right for all of us,
so thanks.

MS. BLAKE: Thank you. Monique
Hamilton? Monique Hamilton?

MS. HAMILTON: Hello, I am Dr. Monique
Hamilton and I am Board Certified in internal
medicine. I am the co-founder and lead
physician for the Dr. Monique Hamilton Medical
Center, DMMC in South Orange, New Jersey. The
use of prescription opioids for the management
of pain has drastically contributed to
America's opioid epidemic. Medical cannabis is
a safer alternative when used for pain control.
There is no fatal overdose associated with
cannabis use and there are not many negative side effects associated with it, however, many physicians may be reluctant to recommend cannabis to their patients for pain management because of this negative stigma. Increasing New Jersey patient access to this treatment can be achieved through educating healthcare practitioners on the benefits of cannabis for many common chronic conditions, including chronic pain and anxiety. There is a general lack of knowledge about the endocannabinoid system in the medical community, because it is not traditionally taught in U.S. medical schools or residency training programs. I'm sure there are medical practitioners who are seeking alternatives to addictive and potentially fatal prescription opioid and benzodiazepine medications, but simply do not have knowledge about how cannabis can effectively treat many common conditions. As a result, medical practitioners are less likely to offer cannabis as a treatment alternative.

It is important to not only educate patients about the benefits of medical cannabis, but physicians as well.
Not only will educating providers about medical cannabis enable them to provide this treatment to their patients, but it will also increase the number of physicians registered with the New Jersey Medical Cannabis Program. Currently there are almost 130,000 patients as executive director Jack Brown stated, registered in the New Jersey Medical Cannabis Program, but only 968 physicians registered.

The state of New Jersey can provide a solution to those problems by funding efforts to educate medical practitioners and patients about the benefits of medical cannabis. Thank you for the opportunity to speak and I yield the rest of my time.

MS. BLAKE: Thank you. Press Iyamu, go ahead.

MR. IYAMU: Hi, good afternoon. My name is Press Iyamu. I am a resident of the great city of Hackensack, New Jersey. I want to thank the Commission for committing countless hours towards regulating the cannabis industry in the Garden State and fostering an environment where cannabis can benefit local
businesses and tax payers. I'm sure that all present are aware of the cannabis markets project the reach of sale of 200 billion by 2028. As a resident of this industrious state, it is encouraging to see there are roughly 187 applications actively under review by the CRC in March. I would like to thank the CRC for their commitment to awarding minorities and women owned businesses. There is tremendous opportunity for local enrichment and not only the communities of Bergen County, but elsewhere across the state where minority and woman-owned businesses are rooted, thank you. My name is Press Iyamu.

MS. BLAKE: That was our last public speaker. I will return the meeting to you.

MS. HOUENOU: Thank you, Ms. Blake and I would like to thank all of our members of the public who provided there thoughts this afternoon and this concludes the business before the Cannabis Regulatory Commission for today. Do I have a motion to adjourn?

MR. BARKER: Madam Chair, may I make a brief comment before we adjourn?

MS. HOUENOU: Is it about the motion
to adjourn?

MR. BARKER: Not specifically, it will get us closer to adjourning but I just want to make a brief comment, Madam Chair.

MS. HOUENOU: Commissioner Barker, you have the floor.

MR. BARKER: Thank you very much. I would like to say good afternoon and I want to thank everybody for joining. I am not going to keep you long. I want to very sincerely congratulate all of the awardees as Director Brown alluded to, we now have 100 conditional license awardees in the pipeline under review hopefully moving through our industry. Specifically, to the ATC's, you represented your commitment to equitable and safe priorities and we look forward to partnering with you on accountability measures so that we realize these commitments here in New Jersey. Thank you very much and have a great day.

MS. HOUENOU: Thank you Commissioner Barker. I will go back to seeing if there is a motion to adjourn today's public meeting?

MR. DELGADO: I move to adjourn Madam Chair.
MS. DEL CID-KOSSO: I second that.

MS. HOUENOU: Moved by Vice Chair Delgado, seconded by Commissioner Del Cid-Kosso. Is there any discussion on this motion to adjourn?

(No response.)

Hearing no discussion, all those in favor say I.

MR. BARKER: I.

MS. HOUENOU: Are there any abstentions?

Hearing none, the motion passes. Thank you all again for joining today's meeting. Please visit our website to view the approved 2022 calendar of regular meetings. Our meetings will continue to be conducted virtually until further notice. Our next regular meeting is scheduled for Tuesday, May 4th at 1:00 P.M. The time is now 3:30 P.M. and we are adjourned. Have a great rest of the day.

(Whereupon the proceedings were concluded.)

(Continued on next page for certification.)
CERTIFICATION

I, Luann Galarza, a Certified Court Reporter of the State of New Jersey, License No. 30X100234600, do hereby certify that the foregoing is a true and accurate transcript of my stenographic notes of the within proceedings, to the best of my ability.

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Luann M. Galarza, CCR, RPR
License No.: 30X100234600

Dated: April 15, 2022
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April 11, 2022

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(11) package - preordering
CANNABIS REGULATORY COMMISSION MEETING
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