

PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D, MURPHY Governor

SHEILA Y, OLIVER Lt. Governor

Reviewer Number: __

www.nj.gov/health

Judith M. Persichilli, RN, BSN, MA

Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Applicant Name: LURIO HOLDINGS NT, LLC			
Application Control Number: <u>/9-0//9</u> Application Type (& 💭 Ø):			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 6			
Measure 1: Cultivation plan			
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	18	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	18	
6.1.3: Methods to control insects that do not include the application of pesticides.			
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	19	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20	18	

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	18
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	18
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	18
6.2.4: Methods to prevent and test for contamination in extracted products.	20	18
6.2.5: Health and safety standards for lab employees.	20	18

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	113
6.3.2: Experience/education in the treatment of	20	18
patients with qualifying health conditions.	20	18
6.3.3: Patient education and counseling methods.		
	15	14
6.3.4: Employee education procedures for patient-facing staff members.	15	144
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
	15	10.
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	10

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Governor
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LI. Governor

PHILIP D. MURPHY

JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

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Reviewer Number:

Applicant Name: ('WYC

Application Control Number: $\{ 9 - 0 \} [0]$

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	q
Measure 3. Quality control and quality assurance plan	10	17

Measure 1: Background of principals, board members, and	20	11
owners:		

Measure 1, Financing plan:	20	19

Criterion 4.

Measure 1, Ties to the local	20	
community:		10

Criterion 5.

Measure 1, Research contributions:	10	2

Total (add up all assigned scores)	100	
	· · · · · · · · · · · · · · · · · · ·	(o)

Manufacturing Endorsement

Measure/Criterion Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	9
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	7

Measure 1: Background of principals, board members, and	. 20	, , .
owners:		((

Measure 1, Financing plan:	20	19
Criterion 4.		· ·
Measure 1, Ties to the local community:	20	10
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	107

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10 ·	9
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	9
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	

Measure 1, Financing plan:	20	19
Criterion 4.	,	,
Measure 1, Ties to the local community:	20	10
Criterion 5.		
Measure 1, Research contributions:	10	7
Total (add up all assigned scores)	100	69

By checking this box, I hereby certify that I, Reviewer, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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PHILIP D. MURPHY Governor SHEILA Y. OLIVER

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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

hard copies to be collected by DOH.	scoresneets and uploa	id to snare	point. Ret	ain
Reviewer Number: 3				
Applicant Name: CuRio H	'oldings NJ	446		
Application Control Number:	Application 1	ype (C,V,	D):	
Measure/Criterion	<u>Total Possil</u> <u>Points</u>	<u>ole</u>	<u>Assigned</u>	Score
Criterion 7		٠,	· •	
Measure 3: Minority-owned, womer owned or veteran-owned business certification)-	30	1	
	•			

By checking this box, I hereby certify that I, Reviewer 3, completed a full review of the assigned measures in this application and that these scores represent my work alone.



State of New Jersey

PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number:

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JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Applicant Name: Curio Holping	, s NJ LLC		
Application Control Number: 19 - 0719		tical	
Cultivation E	<u>ndorsement</u>		
Measure/Criterion	<u>Total Possible Points</u>	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	16	
Manufacturing Endorsement			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7			
Measure 4: Workforce and job-creation plan	20	16	

Dispensary Endorsement

<u>Measure/Criterion</u>	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	16
By checking this box, I hereby certify review of the assigned measures in this a represent my work alone.	that I, Reviewer _ ન , cor	mpleted a full



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<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 5

Applicant Name: Curio Holdings NJ, LLC

Application Control Number: 19-0119 Application Type: Vertical

Cultivation Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		

Measure 1: Security Plan	10	C7 ·
Measure 2. Environmental impact plan	10	8
Measure 3. Quality control and quality assurance plan	10	10

Measure 1: Background of	20 .	
principals, board members, and		10
owners:		
<u> </u>		'

	•
20	20
·	
20	20
10	10
100	910
	10

Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	y
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	10
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	19

Measure 1, Financing plan:	20	20
Criterion 4.		,
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	j 0
Total (add up all assigned scores)	100	95

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
	•	
Criterion 1		

Measure 1: Security Plan	10	Я
Measure 2. Environmental impact plan	10	9
Measure 3. Quality control and quality assurance plan	10	9

Measure 1: Background of principals, board members, and	20	19
owners:		1

Measure 1, Financing plan:	20	20
Criterion 4.		
Measure 1, Ties to the local community:	20	20
Criterion 5.		
Measure 1, Research contributions:	10	10
Total (add up all assigned scores)	100	95

By checking this box, I hereby certify that I, Reviewer 5, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor JUDITH M. PERSICHILLI, RN, BSN, MA
Acting Commissioner

Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer		1
Reviewer	Number	W,

Measure/Criterion

Applicant Name: Curio Holdings NOT LLC

Application Control Number: \(\frac{1}{2} - 0.1 \) \(\frac{1}{2} \) Application Type: Vertical

Cultivation Endorsement

Criterion 1			
Measure 1: Security Plan	10		
Measure 2. Environmental impact plan	10	7	
Measure 3. Quality control and quality assurance plan	10	٩	

Measure 1: Background of	20	
principals, board members, and		\ \ \ \ \
owners:		, ,

Measure 1, Financing plan:	20	19
		<u> </u>

Criterion 4.

Measure 1, Ties to the local	20	10
community:		10

Criterion 5.

Measure 1, Research contributions:	10	9
		1

		1
Total (add up all assigned scores)	100	99
		<u> </u>

Manufacturing Endorsement

Measure/Criterion Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10	7
Measure 3. Quality control and quality assurance plan	10	٩

		I
Measure 1: Background of	20	
principals, board members, and		14
owners:		

Measure 1, Financing plan:	20	19
Criterion 4.		
Measure 1, Ties to the local community:	20	8
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	E P(

Dispensing Endorsement

<u>Measure/Criterion</u> <u>Total Possible Points</u> <u>Assigned Score</u>

Criterion 1

Measure 1: Security Plan	10	3
Measure 2. Environmental impact plan	10	7
Measure 3. Quality control and quality assurance plan	10	9

Measure 1: Background of	20	
principals, board members, and		١٩ ١
owners:		J '

Measure 1, Financing plan:	20	\9
Criterion 4.		
Measure 1, Ties to the local community:	20	V8
Criterion 5.		
Measure 1, Research contributions:	10	9
Total (add up all assigned scores)	100	89



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SHEILA Y. OLIVER

JUDITH M. PERSICHILLI, RN, BSN, MA Acling Commissioner

<u>Alternative Treatment Center Reviewer Scoresheet - Scorer 3-1</u>

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Reviewer Number: 7		
Application Control Number:	ngs N.J. LLC	
Application Control Number: 19-0/19	Application Type: V	ertical
	<u> Endorsement</u>	
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7	٠	
Measure 1: Labor Peace Agreement		30
	30	<u> </u>
Measure 2: Lahor Compliance Plan		'

Curio Holdings, NJ 19-0119

Manufacturing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 7	•		
Measure 1: Labor Peace Agreement	30	30	
Measure 2: Labor Compliance Plan	20	20	
<u>Dispensing Endorsement</u> <u>Measure/Criterion</u> <u>Total Possible Points</u> <u>Assigned Score</u>			
-	· · · · · · · · · · · · · · · · · · ·	Assigned Score	
-	· · · · · · · · · · · · · · · · · · ·	Assigned Score	
<u>Measure/Criterion</u>	· · · · · · · · · · · · · · · · · · ·	Assigned Score	
Measure/Criterion Criterion 7	Total Possible Points	Assigned Scor	

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Alternative Treatment Center Reviewer Scoresheet - Team 2

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Reviewer Number:

Applicant Name: Curio Holdings

Application Control Number: / 9-0119 Application Type (C, V)D):

	<u>Total</u>	
	Possible	<u>Assigned</u>
Measure/Criterion	Points	<u>Score</u>

Criterion 6

Measure 1: Cultivation plan

· · ·		
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	19
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	20
6.1.3: Methods to control insects that do not include the application of pesticides.	20	20
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	20
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	19

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	20
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	/9
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	20
6.2.4: Methods to prevent and test for contamination in extracted products.	20	19
6.2.5: Health and safety standards for lab employees.	20	18

Measure 3: Dispensary plan

•		
6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	19
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	19
6.3.3: Patient education and counseling methods.	15	15
6.3.4: Employee education procedures for patient-facing staff members.	15	15
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	15
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	12

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Reviewer Number:			
Applicant Name: CURIO HOLDIN	<u>G5</u>	(A) N	
Application Control Number: 19-019 Application Type (C, VD):			
Measure/Criterion	<u>Total</u> <u>Possible</u> <u>Points</u>	Assigned Score	
Criterion 6			
Measure 1: Cultivation plan			
6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	13	
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	18	
6.1.3: Methods to control insects that do not include the application of pesticides.	20	15	
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	15	
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	14	

Measure 2: Manufacturing plan

Measure 2: Manufacturing plan		
6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	15
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	18
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	19
6.2.4: Methods to prevent and test for contamination in extracted products.	20	16
6.2.5: Health and safety standards for lab employees.	20	16

Measure 3: Dispensary plan

Measure 3: Dispensary plan		
6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	15
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	16
6.3.3: Patient education and counseling methods.	15	14
6.3.4: Employee education procedures for patient-facing staff members.	15	14
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	. 15	14
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	13

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