

**NY Growing Partners, LLC**

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**Medical Marijuana Program**

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**Application for Registration  
as a Registered Organization**

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**June 5, 2015**

Melissa M. Zambri  
Partner

June 5, 2015

**BY HAND DELIVERY**

New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204

Re: NY Growing Partners, LLC  
Medical Marijuana Program  
Application for Registration as a Registered Organization

Ladies and Gentlemen:

Enclosed is an original, nine copies, the required flash drive and two certified checks, representing the application of NY Growing Partners, LLC, a New York State Limited Liability Company, to become a registered organization under New York State's Medical Marijuana Program.

Producing Kosher-certified medical marijuana is at the heart of NY Growing Partners' application. The medical marijuana to be produced by NY Growing Partners will be appropriate for all individuals. However, in manufacturing medical cannabis certified Kosher, NY Growing Partners' product will be ensuring a very significant segment of New York State's population is not denied access to the health benefits of medical cannabis due to religious beliefs and customs. The Kosher-observant population in New York State has been estimated to be approaching one million. It is also a known fact that the Jewish population bears a disproportionate number of genetic markers for ailments specific to Jews of Eastern European descent, many of whom do follow Kosher law, for which medical marijuana has been proven to be an effective analgesic. In addition, there are an estimated 800,000 persons in the New York State Muslim population, many of whom adhere to Halal dietary restrictions. For these Muslims, providing access to the therapeutic benefits of medical marijuana will also be best served by NY Growing Partners' Kosher-certified medical marijuana.

As such, in addition to the very comprehensive cultivation, production and processing protocols NY Growing Partners has adopted for its operations, every aspect of the manufacturing and dispensing process will also meet the strict guidelines established by the Central Rabbinical Council for Kosher certification. Attached to this letter is a further description of the stringent inquiry that NY Growing Partners intends to undertake in order to ensure that it secures the

highly coveted Kosher certification for its manufacturing processes and its medical marijuana products. NY Growing Partners will also ensure its products are gluten free.

NY Growing Partners has received local support as exemplified by the attached letters of support from the Ulster County Executive and the HealthAlliance of the Hudson Valley, relating to the establishment of both manufacturing and production facilities in the County, the Mayor of the City of Schenectady, Assemblyman Hikind, Senator Dilan, Assemblyman Bichotte, Assemblyman Dilan and the Board of Directors of Bikur Cholim D'Satmar.

Working with the local, New York based principals of NY Growing Partners are two of the most respected and experienced manufacturing, processing and extraction companies in the medical marijuana industry, with which NY Growing Partners has exclusive agreements, as well as an experienced security expert in order to ensure the safety and protection of its patients and employees.

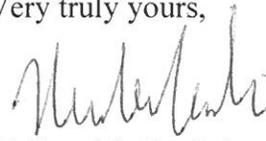
Colorado-based Medicine Man Technologies ([MedicineManTechnologies.com](http://MedicineManTechnologies.com)), one of the industry's most respected consulting groups, is providing its expertise and comprehensive manufacturing protocols for NY Growing Partners' proposed medical marijuana cultivation and dispensary operations. NY Growing Partners, LLC is also working with CanCore Concepts, Colorado's leading botanical oils extraction company. CanCore Concepts' stated mission is to ensure participants in the growing medical marijuana industry have access to high quality, medical-grade botanical oils extraction tools and hydro-extraction equipment. These relationships make NY Growing Partners uniquely qualified to cultivate and produce safe and effective medical marijuana products so that the most vulnerable citizens will have access to this new, alternative and beneficial medical treatment. Finally, NY Growing Partners has retained Jerome Hauer, Ph.D. as its Security Advisor. Dr. Hauer's extensive experience and knowledge in the field of public safety and emergency services has led him to develop a robust security plan for the Company, which will meet, if not exceed, the Department's Regulations.

As we believe is apparent from the attached, NY Growing Partners stands qualified and able to meet the requirements to become a registered organization, with a geographic spread to cover the State, a well-designed plan, and qualified applicants. Should the Department select NY Growing Partners as one of New York State's five registered organizations for the manufacture and dispensing of medical marijuana, the State will ensure the broadest access and fulfil its mandate of enacting and implementing legislation that truly serves the public good.

New York State Department of Health  
June 5, 2015  
Page 3

As always, we thank the Department for its time and effort reviewing this application.

Very truly yours,

A handwritten signature in black ink, appearing to read "Melissa M. Zambri". The signature is written in a cursive style with a large initial "M".

Melissa M. Zambri

km  
Enclosures  
Attachments



























To Whom It May Concern:

I am writing this letter in support of New York Growing Partners' application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. It is New York Growing Partners' intention to construct its manufacturing/production facility in Ulster County, as well as to establish a medical marijuana dispensary in our county at a separate location. We fully support the establishment of both of these facilities in Ulster County.

HealthAlliance of the Hudson Valley believes this venture will promote access and enhance the delivery of local high quality health care as well as provide vital economic development opportunities within Ulster County. New York Growing Partners' spirit of equality, foresight and ingenuity mirror those qualities that have long distinguished New York State, and should continue to be a hallmark of our government as we enter the earliest stages of the medical marijuana program. It is in that spirit that we encourage New York State to approve the application of New York Growing Partners.

In legalizing medical marijuana, New York has embarked on a progressive and important initiative, one that looks toward the future of healthcare. In doing so, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. By selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good.

Sincerely,

A handwritten signature in black ink, appearing to read "David Scarpino", is written over the word "Sincerely,".

David Scarpino  
President & CEO  
HealthAlliance of the Hudson Valley



Gary R. McCarthy  
Mayor

CITY OF SCHENECTADY  
OFFICE OF THE MAYOR

City Hall - Jay Street  
Schenectady, New York 12305

Office: (518) 382-5000  
Cell: (518) 424-0483  
Email: GMcCarthy@SchenectadyNY.Gov

June 4, 2015

New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204

To Whom it May Concern:

I am writing this letter regarding New York Growing Partners application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. It is our understanding that New York Growing Partners intends to locate a medical marijuana dispensary in the town of Glenville, New York. In the event New York Growing Partners is selected as one of the five registered organizations by the DOH, we would support the establishment of such a dispensary in our jurisdiction.

New York has the largest Jewish population of any state in the U.S., and a large percentage of that population observes kosher customs. By aligning its manufacturing/production processes with Kashrut – the strictest of kosher dietary law, New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to go against the tenets of their religion or customs.

In legalizing medical marijuana, New York has embarked on a progressive and important initiative, one that looks toward the future of healthcare. In doing so, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. New York Growing Partners, as one of its five registered organizations for the manufacture and dispensing of medical marijuana, will be ensuring access for all and serving the public good.

Very truly yours,

Gary R. McCarthy



DOV HIKIND  
Assemblyman 48<sup>th</sup> District

ASSISTANT  
MAJORITY LEADER

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

PLEASE REPLY TO:  
 DISTRICT OFFICE  
1310 48<sup>th</sup> Street  
Brooklyn, New York 11219  
(718) 853-9616  
FAX: (718) 436-5734  
 ALBANY OFFICE  
Room 551  
Legislative Office Building  
Albany, New York 12248  
(518) 455-5721  
FAX: (518) 455-5948  
hikindd@assembly.state.ny.us

June 6, 2015

To Whom It May Concern:

I am writing this letter in support of New York Growing Partners' application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. The approval of this group's plan, to manufacture and dispense the medical marijuana under the strictest rabbinical Kosher supervision, will assist Orthodox Jewish patients in dire need of this treatment to benefit from this new medical option.

Of the 1.76 million Jewish people in New York State, well over 500,000 identify as Orthodox, and a recent Pew Research survey indicated that the most significant increases in the Jewish population are in the Orthodox segments. I am privileged to be a part of this community and to represent the largest Orthodox Jewish Assembly District in the state. Thus, I see it as my duty to ask you to support New York Growing Partners' proposal that will ensure that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to violate the tenets of their religion.

Furthermore, I know the partners of this group, and their stellar record of providing high-quality health care to patients of the Orthodox community – including many Holocaust survivors – and patients of all backgrounds and faiths, in accordance with their religion and their unique culture. As we embark on legalizing medical marijuana, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. I strongly feel that by selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good. Thus, I ask you to approve their application.

Sincerely,

Dov Hikind  
Member of Assembly

DH/fb

**MARTIN MALAVÉ DILAN**  
SENATOR, 18TH DISTRICT

**ASSISTANT MINORITY LEADER**  
FOR POLICY AND ADMINISTRATION

**MEMBER**  
LEGISLATIVE TASK FORCE ON DEMOGRAPHIC  
RESEARCH & REAPPORTIONMENT

**MEMBER**  
NEW YORK METROPOLITAN  
TRANSPORTATION AUTHORITY  
CAPITAL REVIEW BOARD



THE SENATE  
STATE OF NEW YORK  
ALBANY 12247

**RANKING MINORITY MEMBER**  
TRANSPORTATION

**COMMITTEES**  
CIVIL SERVICE & PENSIONS  
ELECTIONS  
ENERGY & TELECOMMUNICATIONS  
FINANCE  
JUDICIARY  
LABOR  
RULES

June 4, 2015

Dr. Howard A. Zucker  
Commissioner of Health for New York State  
New York State Department of Health  
Corning Tower Building  
Empire State Plaza  
Albany, New York 12237

As you know, the process of selecting five businesses to be licensed in the cultivation, production, and sale of medicinal marijuana in New York is progressing and the application submittal deadline is fast approaching. I write to you today, to once again express my support for this program and to articulate that I have no opposition to the sighting of a facility within my district.

I have recently learned that New York Growing Partners is submitting an application to establish a facility within my Senate district. Specifically, New York Growing Partners is seeking to operate a facility on the border of Bushwick and Ridgewood communities and I have heard from their representatives to learn of their proposal.

I recognize the stringent approach in establishing this program and the work your department has undertaken to see successful implementation. It is my understanding that New York Growing Partners have expertise in navigating the health care industry and have partnered with some of the most experienced manufacturing, processing and extraction companies in the medical marijuana industry.

Additionally, by aligning its manufacturing and production processes with Kashrut—the strictest of kosher dietary law—New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to violate the tenets of their religion. It is for that reason that I was contacted by the well known Bikur Cholim organization and applaud this approach as it is important to our state's Orthodox community.

Again, I fully support the medicinal marijuana program and I believe there is ample opportunity for a facility to be located in my district should there be local community support.

Sincerely,

A handwritten signature in black ink that reads "Martin Malavé Dilan".

Martin Malavé Dilan





THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

RODNEYSE BICHOTTE  
Assemblymember 42<sup>nd</sup> District  
Kings County

COMMITTEES  
Chair, Oversight on Minority Women-  
Owned Business Enterprises  
Banks  
Economic Development, Job Creation,  
Commerce and Industry  
Governmental Operations  
Housing  
Small Business  
Social Services

To Whom It May Concern:

I am writing this letter in support of New York Growing Partners application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana.

New York has the largest Jewish population of any state in the U.S., and a large percentage of that population observes kosher customs. For medical marijuana to gain mainstream acceptance and use in the Orthodox and greater Kosher-observant community, it must be certified as Kosher. Observers of Kosher dietary law will not ingest anything that does not have a proper certification. Such certification is based on a properly supervised process that offers assurances that there are absolutely no admixtures or taints of non-Kosher ingredients, whether as components or as artifacts of the production process.

By aligning its manufacturing and production processes with Kashrut—the strictest of kosher dietary law—New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to go against the tenets of their religion.

New York Growing Partners' spirit of equality, foresight and ingenuity mirror those qualities that have long distinguished New York State, and should continue to be a hallmark of our government as we enter the earliest stages of the medical marijuana program. It is in that spirit that we encourage New York State to approve the application of New York Growing Partners.

Kosher medicinal marijuana is of particular importance as the Kosher-observant population in New York State includes a large number of seniors whose ailments make medicinal marijuana of particular importance and relevance as a pain management treatment alternative. Additionally, I learned the Jewish population also bears a disproportionate number of genetic markers for diseases which medical marijuana has been proven to be an effective therapeutic/analgesic, whether administered through oral ingestion (pill or liquid) or in a vaporized form.

In legalizing medical marijuana, New York has embarked on a progressive and important initiative, one that looks toward the future of healthcare. In doing so, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. By selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good.

Sincerely yours,

Assemblymember Rodneyse Bichotte  
Assembly District 42



THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

COMMITTEES  
Cities  
Consumer Affairs and Protection  
Corporations, Authorities and  
Commissions  
Governmental Operations  
Housing  
Insurance

ERIK MARTIN DILAN  
Member of Assembly  
54<sup>th</sup> District  
Kings County

ALBANY OFFICE  
Room 921  
Legislative Office Building  
Albany, New York 12248  
518-455-5821  
FAX: 518-455-5591

DISTRICT OFFICE  
366 Cornelia Street  
Brooklyn, New York 11237  
718-386-4576  
FAX: 718-386-4575

EMAIL:  
dilane@assembly.state.ny.us

**New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204**

Thursday June 4<sup>th</sup>, 2015

To Whom It May Concern:

I am writing this letter in support of New York Growing Partners application to be one of the five organizations certified by the State of New York to manufacture and dispense medical marijuana. I support this proposal based on the track-record of its partners in assisting the elderly, bed-ridden, chronically ill and most vulnerable, with quality health care, and based on their sound plan to assist patients in dire need for this treatment while enacting the strongest safeguards to prevent any misuse etc.

I also rely on the strong recommendation of the highly reputed organization in assisting the ill and the elderly, Satmar Bikur Cholim. They asked me to support National Growing Partners plan to manufacture this treatment under strict Kosher supervision, which will make this product more suitable to the large Orthodox Jewish community in Brooklyn.

As the state sets out to select the few licensed marijuana manufacturers, we have to make sure that this product is available to all patients who can benefit from it to ease their pain and their suffering. I strongly believe that New York Growing Partners is uniquely suited for this mission, given their prior success in expanding health care choice to Brooklynites and other New Yorkers. Their experience includes providing culturally-sensitive hi-quality health services to the Orthodox community, many of whom are holocaust survivors. Due to their unique culture, this sensitivity – and the highest standard of Kosher supervision - is crucial to remove barriers and assure that they also benefit from this new option that can bring them direly-needed relief.

As the State sets out to introduce this advance medical option to bring new relief to the most vulnerable, we must make sure that all residents are equally served by this initiative. By selecting New York Growing Partners as one of its five registered organizations for the manufacturing and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good.

Sincerely,

Erik Martin Dilan  
Member of Assembly  
54<sup>th</sup> District

SATMAR  
**BIKUR CHOLIM**

The Kitchen for Needy Patients

545 Bedford Avenue, Brooklyn NY 11211  
718-387-7749



סאטמאר  
**ביקור חולים**

בית התבשיל לחולי ישראל

געגרינדעט דורך הרבנית הצדיקת אלטא פיגא טייטלבוים ע"ה  
געפירט געווארן דורך שרה בונא כהנא ע"ה

June 4, 2015

**New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204**

To whom it may concern,

Our organization, Bikur Cholim D'Satmar, is a non-profit 501© 3 organizations that is intimately involved with the care, feeding and emotional health of the hospital bound and the ill in the Jewish community. We are contacting you to voice our support for New York Growing Partners' application to be one of the five licensed manufacturers and dispensers of Medical Marijuana in New York State. Approving their proposal, will greatly expand the relief options and ease the suffering of a number of the recipients of our services, thanks to the strict kosher supervision and cultural sensitive approach that this group proposes in order to assist Orthodox patients to benefit from this product when needed.

Among the spectrum of our services are: help with acquiring the best-quality medical attention for the needy; offering guidance with choice and access to medical experts; having volunteers visit daily patients at their hospital beds to console and comfort them, and offer emotional support; providing financial assistance to cover medical bills for low income individuals; providing kosher meals for patients and those staying with them in hospitals, rehab centers etc. and for the homebound; providing transport for families to visit those confined to hospitals, nursing homes and hospice care; and other critical related services etc.

As such, we are closely familiar with the suffering and pain of the sick throughout the Jewish community. Unfortunately, we are aware of a large number of patients – from young cancer patients to elderly Alzheimer patients, including many holocaust survivors etc. - who could have benefitted from the relief of pain and ease of sufferings by using Medical Marijuana.

*Continued on Page 2*

*Continued from Page 1*

Admittedly, it took us a while to recognize the benefits of this product, given the fear and stigma of using what's known as an illicit drug. It's exactly because of these reasons why many Orthodox patients avoid considering this option. In addition, people are weary of its kosher status.

During the over half a century of our organization, we extended a lot of efforts and succeeded to remove cultural barriers that prevented community members of benefitting from various medical services. We see it as our mission to help patients benefit from this new treatment option as well.

New York Growing Partners' plans took into account these issues, and they are setting out to remove the barriers for Orthodox patients to benefit from this newly available treatment. We are very impressed of their plan, and we know the proprietors of this endeavor and their long track-record of providing high-quality Health Care with a special emphasis to assure that they accommodate their patients' cultural needs, such as the religious and cultural needs of Jewish patients, including many holocaust survivors.

As such, our board of directors strongly feel that the introduction of their product will bring major relief to all communities, including Orthodox patients suffering from severe and painful illnesses. Thus, we ask you to please select them as one of the licensees, which will go a long way to reduce pain and bring comfort to the vulnerable in all communities throughout the state.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Shea Friedman', written in a cursive style.

Shea Friedman

Administrator



Section A: Business Entity Information

1. Business Name: NY Growing Partners, LLC
2. Organization Type (choose one): [X] For-profit [ ] Non-profit
3. Business Type (choose one): [ ] Corporation [X] Limited Liability Company [ ] Sole Proprietorship [ ] General Partnership [ ] Limited Partnership [ ] Other:
4. Phone: 516-224--5390 5. Fax: 516-224--5391 6. Email: pd@nygrowing.com
7. Business Address: 225 Crossways Park Plaza
8. City: Woodbury 9. State: NY 10. ZIP Code: 11797
11. Mailing Address (if different than Business Address): N/A
12. City: N/A 13. State: N/A 14. ZIP Code: N/A

Section B: Primary Contact Information

15. Name: Melissa Zambri 16. Title: Attorney
17. Phone: 518-429-4229 18. Fax: 518-427-3463 19. Email: mzambri@barclaydamon.com
20. Mailing Address: 80 State Street
21. City: Albany 22. State: NY 23. ZIP Code: 12207

Section C: Proposed Manufacturing Facility Information

24. Proposed Facility Name: NYGP-Cultivation
25. Proposed Facility Address: 993-997 Kings Highway
26. City: Saugerties 27. State: NY 28. ZIP Code: 12477
29. County: Ulster
30. Property Status (choose one): [ ] Owned by the applicant [ ] Leased by the applicant [X] Other: In contract
If you checked "Other" above, describe the property status in the field provided.
31. Proposed Hours of Operation:
Monday: 7:30am to 5:30 pm Friday: 7:30am to 5:30pm
Tuesday: 7:30am to 5:30 pm Saturday: 7:30am to 5:30pm
Wednesday: 7:30am to 5:30PM Sunday: 7:30am to 5:30pm
Thursday: 7:30AM to 5:30PM

An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).





55. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm
Tuesday: 7:00 am to 4:00 pm
Wednesday: 12:00 am to 9:00 pm
Thursday: 10:00 am to 7:00 pm
Friday: 12:00 am to 9:00 pm
Saturday: 9:00 am to 8:00 pm
Sunday: 1:00 pm to 5:00 pm

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: NYGP-Ridgewood Dispensary

57. Proposed Facility Address: 1080 Wyckoff Ave.

58. City: Ridgewood

59. State: NY

60. ZIP Code: 11385

61. County: Queens

62. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other:

If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm
Tuesday: 7:00 am to 4:00 pm
Wednesday: 12:00 am to 9:00 pm
Thursday: 10:00 am to 7:00 pm
Friday: 12:00 am to 9:00 pm
Saturday: 9:00 am to 8:00 pm
Sunday: 1:00 pm to 5:00 pm

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: NYGP-Melville Dispensary

65. Proposed Facility Address: 664 Walt Whitman Rd. (Route 110)

66. City: Melville

67. State: NY

68. ZIP Code: 11747

69. County: Suffolk

70. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other:

If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm
Tuesday: 7:00 am to 4:00 pm
Wednesday: 12:00 am to 9:00 pm
Thursday: 10:00 am to 7:00 pm
Friday: 12:00 am to 9:00 pm
Saturday: 9:00 am to 8:00 pm
Sunday: 1:00 pm to 5:00 pm



**Section H: Legal Disclosures**

72. Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? Yes No

**If the answer to this question is “Yes,” a statement providing details of such bankruptcy or insolvency must be included with this application.**

73. Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

OR

Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

Yes No

**If the answer to either of these questions is “Yes,” a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.**

74.

A. Is the applicant a corporate subsidiary or affiliate of another corporation? Yes No

**If the answer to this question is “Yes,” a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate’s financial or contractual obligations with respect to the applicant.**

B. Is any owner, partner or member of the applicant not a natural person? Yes No

**If the answer to this question is “Yes,” a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity’s financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).**



75. Has construction, lease, rental, or purchase of the manufacturing facility been completed? [ ]Yes [x]No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

76. Has construction, lease, rental, or purchase of the dispensing facilities been completed? [ ]Yes [x]No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

Applications received without the required attachments will not be eligible for consideration until the required attachments are received. All such attachments must be postmarked by the Deadline for Submission of Applications.

77. [x] The applicant has enclosed a non-refundable application fee in the amount of \$10,000. Applications received without the \$10,000 application fee will not be considered.

78. [x] The applicant has enclosed a conditionally refundable registration fee in the amount of \$200,000. Applications received without the \$200,000 registration fee will not be considered. The \$200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

79. [x] The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.

80. [x] The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as "Attachment A."

81. [x] The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as "Attachment B."

82. [x] The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than \$2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as "Attachment C."



83.  The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "**Attachment D – Operating Plan**" with the information clearly labeled and divided into the following sections:
- Section 1 - Manufacturing (§ 1004.5(b)(4))
  - Section 2 - Transport and Distribution (§ 1004.5(b)(4))
  - Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
  - Section 4 - Devices (§ 1004.5(b)(4)(i))
  - Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
  - Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
  - Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
  - Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
  - Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
  - Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))
84.  The applicant has attached copies of the organizational and operational documents of the applicant, pursuant to 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "**Attachment E.**"
85.  "**Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).
86.  The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "**Attachment F.**"
87.  The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "**Attachment G.**"
88.  The applicant has completed "**Appendix B – Architectural Program**" and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).
89.  The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "**Attachment H.**"
90.  The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "**Attachment I.**"
91.  The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "**Attachment J.**"



- 92. [X] The applicant has attached proof from the local internet service provider(s) that all of the applicant's manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as "Attachment K."
93. [X] The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as "Attachment L."
94. [X] The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as "Attachment M."

Section J: Attestation and Signature

As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.

95. Signature: [Handwritten Signature] 96. Date Signed: 6/4/15
97. Print Name: Pasquale A. Benedicis

The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.

Notary Name: Angela C. Bellizzi Notary Registration Number: 02BE6302167
Notary (Notary Must Affix Stamp or Seal) Date: 6/4/15
[Notary Seal: ANGELA C. BELLIZZI, Notary Public, State of New York, No. 02BE6302167, Qualified in Nassau County, Commission Expires April 28, 2018]

### **Item 73 Statement**

NY Growing Partners to respond in providing a statement with the name and address of the entity together with a description of the goods, leases or services and the probable or anticipated cost to the registered organization, must be included with this application.

#### Statement:

If granted a license as a registered organization in the State of New York, NY Growing Partners may enter into an agreement with SmartLinx Solutions, LLC, located at 333 Thornhall Street, 4<sup>th</sup> Fl., Edison, NJ 08837. SmartLinx Solutions, LLC is a workforce management solution company which would provide, install and maintain biometric finger scan and PIN identification login systems, equipment and support at the cultivation and dispensary locations in an effort to streamline the registered organization's human resources operations, to control its costs, and to minimize its compliance risks. The probable cost to the registered organization for such services is estimated to be approximately \$450,000.

## **Item 75 Statement**

NY Growing Partners to respond in providing an anticipated source and application of the funds to be used in the purchase, lease, rental, or construction of each of the five (5) facilities as well as the date the construction, lease, rental, or purchase will be completed.

### *Facility Designation: Cultivation/Production Facility*

NY Growing Partners has entered into a contract of sale with Leading Edge Developers, LLC (997 Kings Highway, Saugerties, NY 12477) for the purchase of the 12.5+/- vacant parcel of land located at 993-997 Kings Highway, Saugerties, NY 12477. The site is a “shovel-ready” greenfield site with approved plans for the construction of a 98,200 SF facility (see attached brochure noting specifics). The source of the funds, expected to be approximately \$8 million, will be secured through equity funding provided by the ownership. NY Growing Partners anticipates that this facility will be operational within six (6) months of the granting of the license as per the Regulations.

## **Item 76 Statement**

NY Growing Partners to respond in providing an anticipated source and application of the funds to be used in the purchase, lease, rental, or construction of each of the five (5) facilities as well as the date the construction, lease, rental, or purchase will be completed.

### Facility Designation: Dispensing Facility #1 (NYGP-Glenville Dispensary)

NY Growing Partners has entered into a conditional lease agreement with Starfire Systems, LLC for the space located at 8 Sarnowski Dr., Glenville, NY located in the County of Schenectady. A copy of this property's survey is attached hereto. The leasehold is due to commence on or about July 1, 2015 but is expressly conditioned on NY Growing Partners being granted a license to become a registered organization by the New York State Department of Health. Based upon the award as anticipated in July of 2015, NY Growing Partners anticipates that this dispensary facility can be renovated in accordance with its security and operations plan to be operational within six (6) months as per the Regulations. The source of the funds for the leasehold improvements, expected to cost approximately \$100,000, will be obtained through equity funding provided by the ownership.

### Facility Designation: Dispensing Facility #2 (NYGP-Kingston Dispensary)

NY Growing Partners has entered into a lease agreement with HealthAlliance Hospital Broadway Campus for approximately 2,000 square feet of the space located at its facilities at 25-35 Barbarosa Lane, Kingston, NY located in the County of Ulster. The leasehold is due to commence on or about July 1, 2015 but is conditioned on NY Growing Partners being granted a license to become a registered organization by the New York State Department of Health. Based upon the award as anticipated in July of 2015, NY Growing Partners anticipates that this dispensary facility can be renovated in accordance with its security and operations plan to be operational within six (6) months as per the Regulations. The source of the funds for the leasehold improvements, expected to cost approximately \$100,000, will be obtained through equity funding provided by the ownership.

### Facility Designation: Dispensing Facility #3 (NYGP-Ridgewood Dispensary)

NY Growing Partners has entered into a lease agreement with Rock Wall Studios for approximately 1,500 square feet of the space located at its premises at 1080 Wyckoff Ave., Ridgewood, NY located in Queens County, close to the Brooklyn/Queens border. The leasehold is due to commence on or about July 1, 2015 but is conditioned on NY Growing Partners being granted a license to become a registered organization by the New York State Department of Health. Based upon the award as anticipated in July of 2015, NY Growing Partners anticipates that this dispensary facility can be renovated in accordance with its security and operations plan to be operational within six (6) months as per the Regulations. The source of the funds for the leasehold improvements, expected to cost approximately \$100,000, will be obtained through equity funding provided by the ownership.

### Facility Designation: Dispensing Facility #4 (NYGP-Melville Dispensary)

NY Growing Partners has entered into a lease agreement with Frank Milback for approximately 1,000 square feet of space located at 664 Walt Whitman Road, Melville, New York located in Suffolk County, close to the Nassau/Suffolk border. The leasehold is due to commence on June 15, 2015. Based upon the award as anticipated in July of 2015, NY Growing Partners anticipates that this dispensary facility can be renovated in accordance with its security and operations plan to be operational within six (6) months as per the Regulations. The source of the funds for the leasehold improvements, expected to cost approximately \$100,000, will be obtained through equity funding provided by the ownership.

## **Appendix A**

### **Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**

1. Pasquale DeBenedictis
2. Alex Solovey
3. Leopold Friedman
4. Briandy Melnicke
5. Joseph F. Carillo, Jr.





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: NY Growing Partners, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Pasquale DeBenedictis 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Manage the day to day business affairs of the Company.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[redacted]
225 Crossways Park Drive
Woodbury, NY 11797
[redacted]
There have been no violations of law or regulation by a governmental agency against the business or person or entity



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

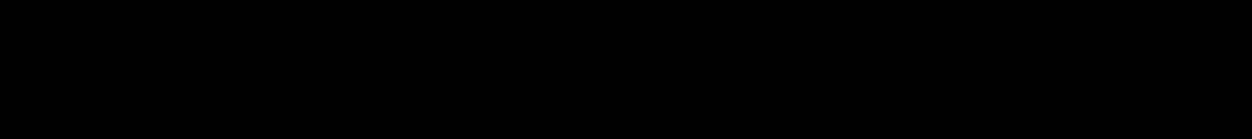
10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include SUNY Plattsburgh, Suffolk Community College, and Nassau Community College.



Empty table structure with 6 columns, likely a continuation of the education table.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: CPA, 072784, NYS ED Office of Professions, 11/94, Not Registered.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, and Reason For Departure.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
From:	Name and Address of Business:	
To:	See attached	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 6/4/15
Notary Name: Angela C. Bellizzi Notary Registration Number: 02BE6302167
Notary (Notary Must Affix Stamp or Seal) Date: 6/4/15
ANGELA C. BELLIZZI
Notary Public, State of New York
No. 02BE6302167
Qualified in Nassau County
Commission Expires April 28, 2018

Pasquale DeBenedictis

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**From:** 07/2013 **To:** Current

**Name of Facility:** JOPALS Bronx, LLC d/b/a Workmen's Circle Multicare Center

**Address of Facility:** 3155 Grace Avenue, Bronx, NY

**Type of Facility:** Nursing Home **Office Held / Nature of Interest:** Member

**Name of Licensing Agency:** New York State Department of Health

**Address of Licensing Agency:** Albany, New York

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Trade secret and/or critical infrastructure information -  
requested to be exempt from disclosure under FOIL**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Trade secret and/or critical infrastructure information -  
requested to be exempt from disclosure under FOIL**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Trade secret and/or critical infrastructure information -  
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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: NY Growing Partners, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Alex Solovey 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Manage the day to day operations of the Company
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [checked] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
[redacted]
225 Crossways Park Drive
Woodbury, NY 11797
[redacted]
There have been no violations of law or regulation by a governmental agency against the business or person or entity.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?  
 Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]		14. ZIP Code: [REDACTED]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
New York University	New York, New York	9/1089	6/1993	BS	6/1/1993
CW Post	Westbury, New York	9/1993	6/1997	Health Care Administrator	



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple rows for supervisor information, position/responsibilities (e.g., Managing Member), reason for departure, employer name, business type, and address details (City, State, Zip Code, Starting/Ending Date of Employment).



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
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19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects

Signature: [Handwritten Signature] Date: 6/4/15
Notary Name: Angela C. Bellizzi Notary Registration Number: 02BE6302167
Notary (Notary Must Affix Stamp or Seal) Date: 6/4/15
ANGELA C. BELLIZZI
Notary Public, State of New York
No. 02BE6302167
Qualified in Nassau County
Commission Expires April 28, 2018

Alex Solovey

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**From:** 07/2013 **To:** Current

**Name of Facility:** JOPALS Bronx, LLC d/b/a Workmen's Circle Multicare Center

**Address of Facility:** 3155 Grace Avenue, Bronx, NY

**Type of Facility:** Nursing Home **Office Held / Nature of Interest:** Member

**Name of Licensing Agency:** New York State Department of Health

**Address of Licensing Agency:** Albany, New York

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Trade secret and/or critical infrastructure information -  
requested to be exempt from disclosure under FOIL**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
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Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: NY Growing Partners, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Leopold Friedman 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Manage the day to day operations of the Company.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

[Redacted table content]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains 4 empty rows.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with three identical sections for employee information, including fields for Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
From:	Name and Address of Business:	
To:	See attached	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business registration details, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency information.



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 05/02/2015
Notary Name: Angela C. Bellizzi Notary Registration Number: 02 BE 6302167
Notary (Notary Must Affix Stamp or Seal) Date: 5/02/15
ANGELA C. BELLIZZI
Notary Public, State of New York
No. 02BE6302167
Qualified in Nassau County
Commission Expires April 28, 2018

Leopold Friedman

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**From:** 2/2010      **To:** Current  
**Name of Facility:** Ultimate Care, LLC  
**Address of Facility:** 545 Broadway, Suite 503, Brooklyn, NY  
**Type of Facility:** LHCSA      **Office Held / Nature of Interest:** Member  
**Name of Licensing Agency:** New York State Department of Health  
**Address of Licensing Agency:** Albany, New York  
**Lic No.:** 7017L001

**From:** 7/2014      **To:** Current  
**Name of Facility:** Providence Care, LLC d/b/a Brooklyn Gardens Nursing & Rehab  
**Address of Facility:** 835 Herkimer Street, Brooklyn, NY 11233  
**Type of Facility:** Nursing Home      **Office Held / Nature of Interest:** Member  
**Name of Licensing Agency:** New York State Department of Health  
**Address of Licensing Agency:** Albany, New York  
**Lic No.:** 7001800N

**From:** 10/2014      **To:** Current  
**Name of Facility:** Hendon Garden Center, LLC d/b/a Beach Gardens Rehab & Nursing Center  
**Address of Facility:** 1711 Brookhaven Ave, Far Rockaway, NY 11691  
**Type of Facility:** Nursing Home      **Office Held / Nature of Interest:** Member  
**Name of Licensing Agency:** New York State Department of Health  
**Address of Licensing Agency:** Albany, New York  
**Lic No.:** 7003412N

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**From:** Pending      **To:**  
**Name of Facility:** MLAP Acquisitions, LLC  
**Address of Facility:** 375 East Bay Drive, Long Beach, NY 11561  
**Type of Facility:** Nursing Home      **Office Held / Nature of Interest:** Member

**Trade secret and/or critical infrastructure information -  
requested to be exempt from disclosure under FOIL**

**Name of Licensing Agency:** New York State Department of Health  
**Address of Licensing Agency:** Albany, New York

**From:** Pending      **To:**  
**Name of Facility:** Peninsula Continuum Services, LLC d/b/a Cassena Care Dialysis at Peninsula  
**Address of Facility:** 50-15 Beach Channel Drive, Far Rockaway, NY 11691  
**Type of Facility:** ART 28 ESRD Provider      **Office Held / Nature of Interest:** Member  
**Name of Licensing Agency:** New York State Department of Health  
**Address of Licensing Agency:** Albany, New York  
**Lic. No.:** PENDING

**From:** Pending      **To:**  
**Name of Facility:** Hudson Pointe Acquisition, LLC  
**Address of Facility:** 3220 Henry Hudson Parkway, Bronx, NY 10463  
**Type of Facility:** Nursing Home      **Office Held / Nature of Interest:** Member  
**Name of Licensing Agency:** New York State Department of Health  
**Address of Licensing Agency:** Albany, New York  
**Lic. No.:** PENDING





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: NY Growing Partners, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Briendy Melnicke 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Manage the day to day operations of the Company.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[checked] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [checked] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains data for Brooklyn College and Brooklyn Law School.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: License to practice Law, Appellate Division, Second Department, New York State, 1989, Continuing.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason For Departure:
Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and '18. Offices Held or Ownership Interest in Other Businesses'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

1) [redacted] for boutique law firm with diversified Federal and NYS Commercial practice

2) [redacted] for Nursing Home. - handled compliance issues with external agencies including NYS Dept. of Health and U.S. Dept. HHS. assisted controller and Administrator in preparing yearly cost report. Planned & orchestrated full facility renovation to enable compliance with federal guidelines.

3) [redacted] for [redacted] for five individual trusts, owning real estate holdings

4) [redacted] of philanthropic organizations (2) - managing investment portfolio as well as leadership in executing development missions

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Signature] Date: 5/20/15

Notary Name: JUDY ZELKOVITZ Notary Registration Number: 01ZE5015222

Notary (Notary Must Affix Stamp or Seal) Date: 5/20/15

[Signature of Judy Zelkovitz]

JUDY ZELKOVITZ
Notary Public, State of New York
No. 01ZE5015222
Qualified in Kings County
Commission Expires July 19, 2017





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: NY Growing Partners, LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Joseph F. Carillo, Jr. 3. Title: Member
4. Briefly describe the role of this person or entity in the proposed registered organization:
Manage the day to day operations of the Company.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [ ] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Includes one row with '9/2006' in the 'From' column and a large redacted area below.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities.

Reason For Departure:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Date:
Notary Name: Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date:











**Appendix B: Architectural Program**

**A SEPARATE “APPENDIX B” SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION’S BUSINESS PLAN**

<b>COMPANY INFORMATION</b>	
Business Name:	New York Growing Partners
Facility Type:	Manufacturing Facility <input type="checkbox"/> Dispensing Facility <input checked="" type="checkbox"/>
Use and Occupancy Classification:	Business Group B
Building Construction Type and Classification:	TBD
Facility Address:	25-35 Barbarossa Lane, Kingston, NY <span style="float: right;">+</span>
Primary Contact Telephone number:	Melissa Zambri Esq.
Primary Contact Fax number:	518-429-4229
<b><u>PART I – ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</u></b>	
Applicant shall identify planning requirements, including but not limited to:	
<input type="checkbox"/>	TOWN BOARD APPROVAL
<input checked="" type="checkbox"/>	PLANNING BOARD APPROVAL
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS
<input checked="" type="checkbox"/>	BUILDING PERMIT
<input checked="" type="checkbox"/>	BIDDING PHASE
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION
<input checked="" type="checkbox"/>	COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

Table with 2 columns: Compliance checkbox and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
<sup>1</sup> Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.</b>						
<sup>2</sup> Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
<sup>3</sup> Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Business Use Group B	Business Use Group B



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes.  Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Table 503-1B construction for B use group , 11 story and unlimited Floor <b>+</b>	TBD
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Table 508.2 Incidental Use areas, Storage rooms over <b>+</b>	Safe 108 is 88 sf & has 1 hr separation, Storage 109 is <b>+</b>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 requires no separation between occupancies B and B	TBD- need to determine adjacent occupancy in order to provide appropriate
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	We do not know the occupancy class of the neighboring tenant since it is
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 1B	Type 1B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Structural frame=1 hr, Bearing walls int=1 hr	Structural frame=1 hr, Bearing walls int=1 hr



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	TBD-existing building	TBD
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	NA	actual distance between buildings is 100'
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NR	
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NR	
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NR	
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR	
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR as per NFPA-13, section 12.2. <span style="float: right;">+</span>	
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	NR for spaces with less than 500 persons.	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR-An emergency alarm system (gas detection) <b>+</b>	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NR	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	This section is general descriptions with definitions.	All door widths are a minimum of 36", all door heights are 84", direction of <b>+</b>
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	B occupancy is 100 s.f. per person. B Occupancy 1200 s f = 12 <b>+</b>	Actual Number of employees will be 4 to 5. 6 patrons simultaneously projected <b>+</b>
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	TABLE 1005.1 .2 inches per occupant <b>+</b>	12 occupants x .2 = 2.4 inches, minimum egress <b>+</b>
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Where two means of egress are required, two accessible means of egress is required	The proposed means of egress is accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Minimum door width clear <input type="checkbox"/>	Egress doors are 34.5 clear, <input type="checkbox"/>
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	NA	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	NA	common path of travel does not exist
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	NA	One exit therefore this section Not Applicable.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	As per Table 1017.1 B, F use group 0 fire rating for the <input type="checkbox"/>	0 fire rating provided in corridors.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	As per 1017.2 Minimum Corridor Width shall be 44".	minimum corridor width is 60"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	As per 1016.3 maximum dead end shall be 20'-0" <b>+</b>	maximum dead end is 19'-0"
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	As per table 1019.1, for occupant load of 1-500, two means shall be provided <b>+</b>	Since we have only 12 occupants, 1 mean of egress with continuity has been <b>+</b>
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to grade.	All exits discharge directly to grade
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Buildings shall be designed and constructed to be accessible in accordance with NY State code and <b>+</b>	Building designed to be fully accesible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	TBD-based on existing building construction	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Power Systems in the form of Battery Backup shall be provided for all exit <b>+</b>	exit signs and egress lighting is equipped with battery backup. <b>+</b>
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	B Occupancy, Male -1 Water Closet for the first 50, 1 per <input type="checkbox"/>	We have provided a unisex toilet with one water closet <input type="checkbox"/>
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	NA
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	NA	NA





**Appendix B: Architectural Program**

**A SEPARATE “APPENDIX B” SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION’S BUSINESS PLAN**

<b>COMPANY INFORMATION</b>	
Business Name:	New York Growing Partners
Facility Type:	Manufacturing Facility <input type="checkbox"/> Dispensing Facility <input checked="" type="checkbox"/>
Use and Occupancy Classification:	Business Group B
Building Construction Type and Classification:	TBD
Facility Address:	664 Walt Whitman Rd. Melville, NY 11747 <span style="float: right;">+</span>
Primary Contact Telephone number:	Melissa Zambri Esq.
Primary Contact Fax number:	518-429-4229
<b><u>PART I – ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</u></b>	
Applicant shall identify planning requirements, including but not limited to:	
<input type="checkbox"/>	TOWN BOARD APPROVAL
<input checked="" type="checkbox"/>	PLANNING BOARD APPROVAL
<input type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS
<input checked="" type="checkbox"/>	BUILDING PERMIT
<input checked="" type="checkbox"/>	BIDDING PHASE
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION
<input checked="" type="checkbox"/>	COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

Table with 2 columns: Compliance checkbox and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
<p>Applicant shall provide all applicable information in regards to the code topic and section listed below.</p> <p>1 Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.</b></p> <p>2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b></p> <p>3 Provide your facilities "Actual" value for each required standard as per applicable code section.</p>						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Business Use Group B	Business Use Group B



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes.  Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Table 503-1B construction for B use group , 11 story and unlimited Floor <b>+</b>	TBD
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Table 508.2 Incidental Use areas, Storage rooms over <b>+</b>	Safe 108 is 88 sf & has 1 hr separation, Storage 109 is <b>+</b>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 requires no separation between occupancies B and B	TBD- need to determine adjacent occupancy in order to provide appropriate
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	We do not know the occupancy class of the neighboring tenant since it is
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 1B	Type 1B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Structural frame=1 hr, Bearing walls int=1 hr	Structural frame=1 hr, Bearing walls int=1 hr



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	TBD-existing building	TBD
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	NA	actual distance between buildings is 100'
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NR	
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NR	
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NR	
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR	
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR as per NFPA-13, section 12.2. <span style="float: right;">+</span>	
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	NR for spaces with less than 500 persons.	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR-An emergency alarm system (gas detection) <b>+</b>	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NR	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	This section is general descriptions with definitions.	All door widths are a minimum of 36", all door heights are 84", direction of <b>+</b>
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	B occupancy is 100 s.f. per person. B Occupancy 1200 s f = 12 <b>+</b>	Actual Number of employees will be 4 to 5. 6 patrons simultaneously projected <b>+</b>
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	TABLE 1005.1 .2 inches per occupant <b>+</b>	12 occupants x .2 = 2.4 inches, minimum egress <b>+</b>
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Where two means of egress are required, two accessible means of egress is required	The proposed means of egress is accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Minimum door width clear <input type="checkbox"/>	Egress doors are 34.5 clear, <input type="checkbox"/>
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	NA	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	NA	common path of travel does not exist
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	NA	One exit therefore this section Not Applicable.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	As per Table 1017.1 B, F use group 0 fire rating for the <input type="checkbox"/>	0 fire rating provided in corridors.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	As per 1017.2 Minimum Corridor Width shall be 44".	minimum corridor width is 60"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	As per 1016.3 maximum dead end shall be 20'-0" <b>+</b>	maximum dead end is 19'-0"
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	As per table 1019.1, for occupant load of 1-500, two means shall be provided <b>+</b>	Since we have only 12 occupants, 1 mean of egress with continuity has been <b>+</b>
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to grade.	All exits discharge directly to grade
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Buildings shall be designed and constructed to be accessible in accordance with NY State code and <b>+</b>	Building designed to be fully accesible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	TBD-based on existing building construction	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Power Systems in the form of Battery Backup shall be provided for all exit <b>+</b>	exit signs and egress lighting is equipped with battery backup. <b>+</b>
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	B Occupancy, Male -1 Water Closet for the first 50, 1 per <input type="checkbox"/>	We have provided a unisex toilet with one water closet <input type="checkbox"/>
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	NA
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	NA	NA





Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: New York Growing Partners
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: Business Group B
Building Construction Type and Classification: TBD
Facility Address: 1080 Wyckoff Ave., Ridgewood, NY
Primary Contact Telephone number: Melissa Zambri Esq.
Primary Contact Fax number: 518-429-4229
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[ ] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[x] BIDDING PHASE
[x] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Oil, Electric, Solar, Other
Engineering Systems:
Heating System: Type TBD, Size TBD, Efficiency TBD, Ventilation Requirements
Cooling System: Type TBD, Size 2 Ton, Efficiency TBD, Ventilation Requirements
Ventilation & Humidification Systems: Type, Size, Efficiency, Ventilation Requirements
Electrical Distribution Available 100 amps
Water Supply: Municipal Water Service X or Private Well Water
Sewage: Municipal Sewer System X or Private Septic System
Emergency Power System: Type, Size, Efficiency



Appendix B – Architectural Program

Table with 2 columns: checkbox and code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc. Some codes are checked (e.g., 1968 NY CITY CONSTRUCTION CODE).



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
<sup>1</sup> Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.</b>						
<sup>2</sup> Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
<sup>3</sup> Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Business Use Group B	Business Use Group B



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes.  Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Table 503-1B construction for B use group , 11 story and unlimited Floor <b>+</b>	1 story and 1200 s.f. +/-, building is 20'-0" high.
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Table 508.2 Incidental Use areas, Storage rooms over <b>+</b>	Safe 108 is 88 sf & has 1 hr separation, Storage 109 is <b>+</b>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 requires no separation between use Group B and B.	TBD- need to determine adjacent occupancy in order to provide appropriate <span style="float: right;">+</span>
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	We do not know the occupancy class of the neighboring tenant since it is <span style="float: right;">+</span>
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 1B	Type 1B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Structural frame=1 hr, Bearing walls int=1 hr <span style="float: right;">+</span>	Structural frame=1 hr, Bearing walls int=1 hr <span style="float: right;">+</span>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	TBD - existing building	TBD
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	NA	
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NR	
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NR	
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NR	
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR	
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR as per NFPA-13, section 12.2. <span style="float: right;">+</span>	
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	NR for spaces with less than 500 persons.	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR-An emergency alarm system (gas detection) <b>+</b>	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NR	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	This section is general descriptions with definitions.	All door widths are a minimum of 36", all door heights are 84", direction of <b>+</b>
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	As per Table 1004 B occupancy is 100 s.f. per person <b>+</b>	Actual Number of employees will be 4 to 5. 6 patrons simultaneously projected <b>+</b>
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 .2 inches per occupant <b>+</b>	12 occupants x .2 = 2.4 inches, minimum egress <b>+</b>
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Where two means of egress are required, two accessible means of egress is required	The proposed means of egress is accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Minimum door width clear <span style="float: right;">+</span>	Egress door is 34.5 clear, <span style="float: right;">+</span>
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	NA	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	NA	
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	NA	One exit therefore this section Not Applicable.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	As per Table 1016.1.1 B use group, greater than 30 <span style="float: right;">+</span>	0 fire rating provided in corridors for less than 30 <span style="float: right;">+</span>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	As per 1016.2 Minimum Corridor Width shall be 44".	minimum corridor width is 60"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	As per 1016.3 maximum dead end shall be 20'-0" <b>+</b>	maximum dead end is 19'-0"
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	As per table 1019.1, for occupant load of 1-500, two means shall be provided <b>+</b>	Since we have only 12 occupants, 1 mean of egress with continuity has been <b>+</b>
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to grade.	All exits discharge directly to grade
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Buildings shall be designed and constructed to be accessible in accordance with NY State code and <b>+</b>	Building designed to be fully accesible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	TBD-based on existing building construction	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Power Systems in the form of Battery Backup shall be provided for all exit <b>+</b>	exit signs and egress lighting is equipped with battery backup. <b>+</b>
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	NYC Plumbing Subcode B Occupancy, 1-20 <b>+</b>	We have provided a unisex toilet with one water closet <b>+</b>
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	NA
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	NAI	





Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: New York Growing Partners
Facility Type: Manufacturing Facility [checked] Dispensing Facility [ ]
Use and Occupancy Classification: Business Group B & F-1 Factory
Building Construction Type and Classification: Type 1B
Facility Address: 993-997 Kings Highway , Saugerties, NY
Primary Contact Telephone number: Melissa Zambri Esq.
Primary Contact Fax number: 518-429-4229
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[checked] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[checked] PREPARATION OF CONSTRUCTION DOCUMENTS
[checked] BUILDING PERMIT
[checked] BIDDING PHASE
[checked] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[checked] COMMENCEMENT OF CONSTRUCTION
[checked] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Oil, Electric, Solar, Other
Engineering Systems:
Heating System: Type Reznor, Size, Efficiency, Ventilation Requirements
Cooling System: Type Stoltz, Size 5 Ton, Efficiency, Ventilation Requirements
Ventilation & Humidification Systems:
Type, Size, Efficiency, Ventilation Requirements
Electrical Distribution Available 5000 amps
Water Supply: Municipal Water Service X or Private Well Water
Sewage: Municipal Sewer System X or Private Septic System
Emergency Power System:
Type, Size, Efficiency



Appendix B – Architectural Program

Table with 2 columns: Compliance checkbox and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input checked="" type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input checked="" type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1 Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.</b>						
2 Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
3 Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Business Use Group B Factory Industrial F-1 Moderate	Business Use Group B Factory Industrial F-1 Moderate



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes.  Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Table 503-1B construction for B use group , 11 story and unlimited Floor <b>+</b>	1 story and 44,375s.f. +/-, building is 30'-0" high, ceiling height is 28'-0"
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Table 508.2 Incidental Use areas, Storage rooms over <b>+</b>	Secure storage 101 is 300 sf & has 1 hr separation



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 requires a 1 hr separation between use Group B and F-1	1 hr wall provided between B and F-1
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	We do not know the occupancy class of the neighboring tenant since it is
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 1B	Type 1B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Structural frame=1 hr, Bearing walls int=1 hr	Structural frame=1 hr, Bearing walls int=1 hr



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	Exterior walls = 0 hr	Exterior walls = 0 hr
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	greater than 30'-0"	actual distance between buildings is 100'
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NR	
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NR	
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	corridor walls shall be 0 hr as per table 1017.1, B use group- sprinklered building <b>+</b>	Our building is sprinkled and will not have a rating on the corridor walls <b>+</b>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	Sprinkler System to be provided as per 903.2.3 Group F-1	We will provide a sprinkler system throughout our facility.
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR	
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR as per NFPA-13, section 12.2. <span style="float: right;">+</span>	
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	A manual fire alarm system (addressable) is required per 907.2.4	Will be installed



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR-An emergency alarm system (gas detection) <b>+</b>	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	fire department connections required at the exterior of the <b>+</b>	fire department connections will be provided at the <b>+</b>
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	This section is general descriptions with definitions.	All door widths are a minimum of 36", all door heights are 84", direction of <b>+</b>
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	As per Table 1004 B occupancy is 100 s.f. per person. F-1 Agriculture bldg <b>+</b>	actual Number of employees will be Cultivation up to 21-24 <b>+</b>
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Table 1005.1 .15 inches per occupant	160 occupants x .15 = 24 inches, minimum width in <b>+</b>
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Where two means of egress are required, two accessible means of egress is required	All of the proposed means of egress are accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Minimum door width clear <b>+</b>	Egress doors are 34.5 clear, <b>+</b>
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	NA	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	common path of travel shall not exceed 100'-0" for a sprinklered building in R & F <b>+</b>	common path of travel does not exist
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	As per 1015.2.1 doors shall be placed apart not less than 1/2 of the overall diagonal <b>+</b>	Actual Min. distance doors shall be apart= 158' 2 of the 4 doors placed 315 ft <b>+</b>
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	As per Table 1017.1 B, F use group 0 fire rating for the <b>+</b>	0 fire rating provided in corridors.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	As per 1017.2 Minimum Corridor Width shall be 44".	minimum corridor width is 60"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	as per 1017.3 Exception 2 B & F Occupancy Group maximum dead end shall be <b>+</b>	corridor leading to the trim room 122 is 15'-0"
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	As per table 1019.1, for occupant load of 1-500, two means shall be provided <b>+</b>	4 means of egress have been provided all with continuity
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to grade.	All exits discharge directly to grade
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Buildings shall be designed and constructed to be accessible in accordance with NY State code and	Building designed to be fully accesible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Table 502.2(1) Zone 6 Roof=R-20ci, Walls=R13.3ci Floors=unheated slabs-R-10	Roof=R-20ci, Walls=R13.3ci Floors=unheated slabs-R-10 for 24" below Onaque
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Power Systems in the form of Battery Backup shall be provided for all exit	exit signs and egress lighting is equipped with battery backup.
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	F-1 Occupancy , MALE-1 water closet/lavatories per <b>+</b>	we have provided 3 water closets and 3 lavatories in the <b>+</b>
48	Available Street Water Pressure			Provide the available street or well water pressure.	2-1/2" line, 50 PSI	2-1/2" line, 50 PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	The fire apparatus access road shall extend to within 150 feet (45 720 mm) of all <b>+</b>	Fire Apparatus Access Road extends within 150' of all points of the first floor as <b>+</b>





Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: New York Growing Partners
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: Business Group B
Building Construction Type and Classification: TBD
Facility Address: 8 Sarnowski Dr. Glenville, NY
Primary Contact Telephone number: Melissa Zambri Esq.
Primary Contact Fax number: 518-429-4229
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[x] BIDDING PHASE
[x] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

Table with 2 columns: Compliance checkbox and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
<sup>1</sup> Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.</b>						
<sup>2</sup> Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
<sup>3</sup> Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Business Use Group B	Business Use Group B



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413		All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
3	Hazardous Materials	414		All hazardous materials stored or used as per applicable Building and Fire Codes.  Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	NA	
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	NA	
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Table 503-1B construction for B use group , 11 story and unlimited Floor <b>+</b>	TBD
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	Table 508.2 Incidental Use areas, Storage rooms over <b>+</b>	Safe 108 is 88 sf & has 1 hr separation, Storage 109 is <b>+</b>



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 requires no required separation between occupancies B and B	TBD- need to determine adjacent occupancy in order to provide appropriate
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	We do not know the occupancy class of the neighboring tenant since it is
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Type 1B	Type 1B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	Structural frame=1 hr, Bearing walls int=1 hr	Structural frame=1 hr, Bearing walls int=1 hr



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	TBD-existing building	TBD
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	NA	actual distance between buildings is 100'
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	NR	
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	NR	
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	NA	
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	NA	
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	NR	
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	NR	
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	NR as per NFPA-13, section 12.2. <span style="float: right;">+</span>	
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	NR for spaces with less than 500 persons.	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	NR-An emergency alarm system (gas detection) <b>+</b>	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	NR	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	This section is general descriptions with definitions.	All door widths are a minimum of 36", all door heights are 84", direction of <b>+</b>
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	B occupancy is 100 s.f. per person. B Occupancy 1200 s f = 12 <b>+</b>	Actual Number of employees will be 4 to 5. 6 patrons simultaneously projected <b>+</b>
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	TABLE 1005.1 .2 inches per occupant <b>+</b>	12 occupants x .2 = 2.4 inches, minimum egress <b>+</b>
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Where two means of egress are required, two accessible means of egress is required	The proposed means of egress is accessible.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Minimum door width clear <input type="checkbox"/>	Egress doors are 34.5 clear, <input type="checkbox"/>
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	NA	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	NA	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	NA	common path of travel does not exist
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	NA	One exit therefore this section Not Applicable.
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	As per Table 1017.1 B, F use group 0 fire rating for the <input type="checkbox"/>	0 fire rating provided in corridors.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	As per 1017.2 Minimum Corridor Width shall be 44".	minimum corridor width is 60"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	As per 1016.3 maximum dead end shall be 20'-0" <b>+</b>	maximum dead end is 19'-0"
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	As per table 1019.1, for occupant load of 1-500, two means shall be provided <b>+</b>	Since we have only 12 occupants, 1 mean of egress with continuity has been <b>+</b>
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	NA	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	NA	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	NA	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	NA	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	Exits shall discharge directly to grade.	All exits discharge directly to grade
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	Buildings shall be designed and constructed to be accessible in accordance with NY State code and <b>+</b>	Building designed to be fully accesible.
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	TBD-based on existing building construction	
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Power Systems in the form of Battery Backup shall be provided for all exit <b>+</b>	exit signs and egress lighting is equipped with battery backup. <b>+</b>
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	NR	



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	B Occupancy, Male -1 Water Closet for the first 50, 1 per <input type="checkbox"/>	We have provided a unisex toilet with one water closet <input type="checkbox"/>
48	Available Street Water Pressure			Provide the available street or well water pressure.	NA	NA
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	NA	NA



## Appendix B

### Architectural Plans

#### Manufacturing Facility

- 1. NYGP – Cultivation**  
993-997 Kings Highway  
Saugerties, NY 12477  
Ulster County

#### Dispensary Locations

- 2. NYGP – Glenville Dispensary**  
8 Sarnowski Drive  
Glenville, NY 12302  
Schenectady County
- 3. NYGP –Kingston Dispensary**  
25-35 Barbarosa Lane  
Kingston, NY 12401  
Ulster County
- 4. NYGP – Ridgewood Dispensary**  
1080 Wyckoff Avenue  
Ridgewood, NY 11385  
Queens County
- 5. NYGP – Melville Dispensary**  
664 Walt Whitman Road (Route 110)  
Melville, NY 11747

#### **6. Support Letters included from:**

Assembly Member  
Rodneyse Bichoette  
42<sup>nd</sup> District

Assembly Member  
Dov Hikind, Asst. Majority Leader  
48<sup>th</sup> District

Mayor Gary R. McCarthy  
Schenectady City Mayor

Ulster County Executive  
Michael P. Hein  
Kingston, New York

David Scarpino, President/CEO  
Health Alliance/Hudson Valley

Senator Martin Malave Dilan  
Assistant Minority Leader  
18<sup>th</sup> District

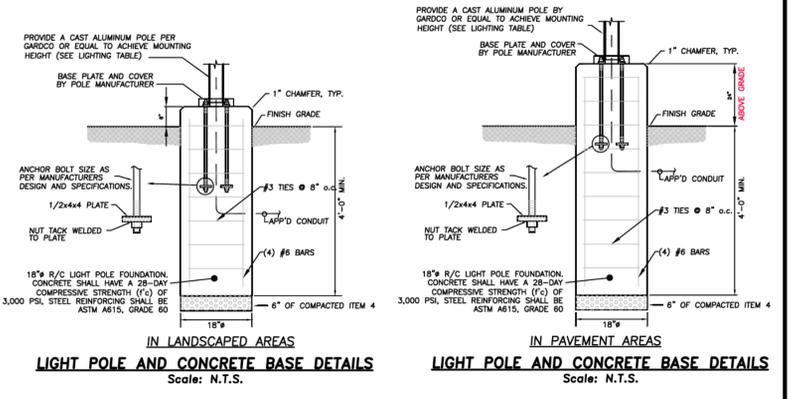
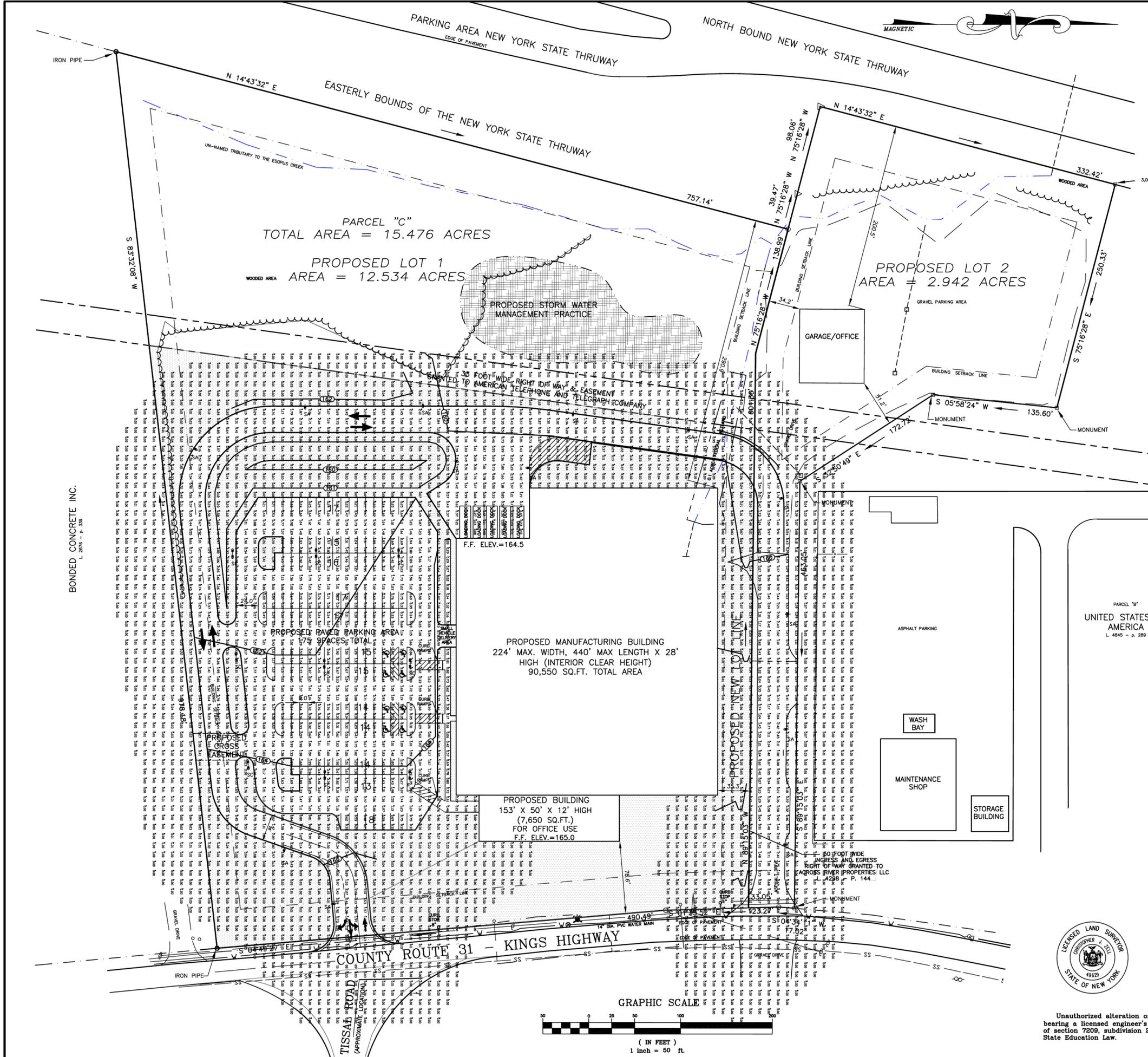
Erik Martin Dilan  
Assembly Member  
54<sup>th</sup> District, Kings County

Shea Friedman, Administrator  
Satmar Bikur Cholim

---

#### *See separately enclosed drawings:*

- A-101: Grow Room Plan, Door Schedule Wall and Door Details
- A-102: Grow Room Security Plan and Flower and Grow Room Details
- A-103: Generic Dispensing Plan and Security Plan, Door schedule, Wall and Door Detail Plans
- Proposed Lighting & Landscape Plan
- Proposed Site Improvements

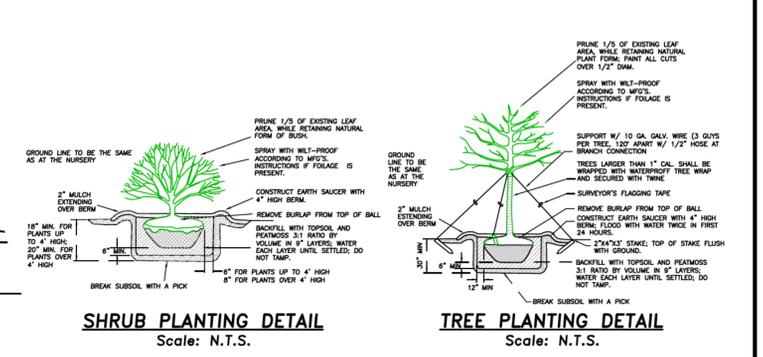


**LUMINAIRE SCHEDULE**

Symbol	Qty	Label	Description	Arrangement	Lum. Lumens	LF	File Name
1	13	SA	Gardco P21-A1-1-3-BLA-NW @ 20'	SINGLE	6518	0.850	P21-3-BLA-NW-IES
2	9	SC	Gardco P21-A1-2-SW-BLA-NW @ 20'	BACK-BACK	7860	0.850	P21-5W-BLA-NW-IES

**STATISTICAL AREA SUMMARY**

Label	Min	Avg	Max	Avg/Min	Max/Min	# Pts	Units
Main Parking Area	0.21	1.27	3.47	6.05	16.52	716	Fc
Roadway	0.20	1.08	3.21	5.40	16.05	475	Fc



Unauthorized alteration or addition to a plan bearing a licensed engineer's seal is a violation of section 7209, subdivision 2, of the New York State Education Law.

**PROPOSED LIGHTING & LANDSCAPE PLAN**

**CONCEPT PLAN**  
 PREPARED FOR  
**ULSTER COUNTY DEVELOPMENT CORPORATION**  
 TOWN OF SAUGERTIES ULSTER COUNTY NEW YORK

DATE	REVISION RECORD

BRINNIER & LARIOS, P.C.  
 ENGINEERS & LAND SURVEYORS  
 67 MAIDEN LANE KINGSTON, N.Y.  
 Phone: 845-338-7622 Fax: 845-338-7660

SCALE: 1" = 50'  
 DATE: JUNE 2012  
 DWG: NDC  
 SHEET NO.: 5 OF 8

BONDED CONCRETE INC.  
 L. 2010 - p. 320



THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

RODNEYSE BICHOTTE  
Assemblymember 42<sup>nd</sup> District  
Kings County

COMMITTEES  
Chair, Oversight on Minority Women-  
Owned Business Enterprises  
Banks  
Economic Development, Job Creation,  
Commerce and Industry  
Governmental Operations  
Housing  
Small Business  
Social Services

To Whom It May Concern:

I am writing this letter in support of New York Growing Partners application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana.

New York has the largest Jewish population of any state in the U.S., and a large percentage of that population observes kosher customs. For medical marijuana to gain mainstream acceptance and use in the Orthodox and greater Kosher-observant community, it must be certified as Kosher. Observers of Kosher dietary law will not ingest anything that does not have a proper certification. Such certification is based on a properly supervised process that offers assurances that there are absolutely no admixtures or taints of non-Kosher ingredients, whether as components or as artifacts of the production process.

By aligning its manufacturing and production processes with Kashrut—the strictest of kosher dietary law—New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to go against the tenets of their religion.

New York Growing Partners' spirit of equality, foresight and ingenuity mirror those qualities that have long distinguished New York State, and should continue to be a hallmark of our government as we enter the earliest stages of the medical marijuana program. It is in that spirit that we encourage New York State to approve the application of New York Growing Partners.

Kosher medicinal marijuana is of particular importance as the Kosher-observant population in New York State includes a large number of seniors whose ailments make medicinal marijuana of particular importance and relevance as a pain management treatment alternative. Additionally, I learned the Jewish population also bears a disproportionate number of genetic markers for diseases which medical marijuana has been proven to be an effective therapeutic/analgesic, whether administered through oral ingestion (pill or liquid) or in a vaporized form.

In legalizing medical marijuana, New York has embarked on a progressive and important initiative, one that looks toward the future of healthcare. In doing so, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. By selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good.

Sincerely yours,

Assemblymember Rodneyse Bichotte  
Assembly District 42



DOV HIKIND  
Assemblyman 48<sup>th</sup> District

ASSISTANT  
MAJORITY LEADER

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

- PLEASE REPLY TO:
- DISTRICT OFFICE  
1310 48<sup>th</sup> Street  
Brooklyn, New York 11219  
(718) 853-9616  
FAX: (718) 436-5734
  - ALBANY OFFICE  
Room 551  
Legislative Office Building  
Albany, New York 12248  
(518) 455-5721  
FAX: (518) 455-5948

hikindd@assembly.state.ny.us

June 6, 2015

To Whom It May Concern:

I am writing this letter in support of New York Growing Partners' application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. The approval of this group's plan, to manufacture and dispense the medical marijuana under the strictest rabbinical Kosher supervision, will assist Orthodox Jewish patients in dire need of this treatment to benefit from this new medical option.

Of the 1.76 million Jewish people in New York State, well over 500,000 identify as Orthodox, and a recent Pew Research survey indicated that the most significant increases in the Jewish population are in the Orthodox segments. I am privileged to be a part of this community and to represent the largest Orthodox Jewish Assembly District in the state. Thus, I see it as my duty to ask you to support New York Growing Partners' proposal that will ensure that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to violate the tenets of their religion.

Furthermore, I know the partners of this group, and their stellar record of providing high-quality health care to patients of the Orthodox community – including many Holocaust survivors – and patients of all backgrounds and faiths, in accordance with their religion and their unique culture. As we embark on legalizing medical marijuana, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. I strongly feel that by selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good. Thus, I ask you to approve their application.

Sincerely,

Dov Hikind  
Member of Assembly

DH/fb



Gary R. McCarthy  
Mayor

**CITY OF SCHENECTADY**  
**OFFICE OF THE MAYOR**

City Hall - Jay Street  
Schenectady, New York 12305

Office: (518) 382-5000  
Cell: (518) 424-0483  
Email: GMcCarthy@SchenectadyNY.Gov

June 4, 2015

New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204

To Whom it May Concern:

I am writing this letter regarding New York Growing Partners application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. It is our understanding that New York Growing Partners intends to locate a medical marijuana dispensary in the town of Glenville, New York. In the event New York Growing Partners is selected as one of the five registered organizations by the DOH, we would support the establishment of such a dispensary in our jurisdiction.

New York has the largest Jewish population of any state in the U.S., and a large percentage of that population observes kosher customs. By aligning its manufacturing/production processes with Kashrut – the strictest of kosher dietary law, New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to go against the tenets of their religion or customs.

In legalizing medical marijuana, New York has embarked on a progressive and important initiative, one that looks toward the future of healthcare. In doing so, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. New York Growing Partners, as one of its five registered organizations for the manufacture and dispensing of medical marijuana, will be ensuring access for all and serving the public good.

Very truly yours,

Gary R. McCarthy

# ULSTER COUNTY EXECUTIVE

244 Fair St., P.O. Box 1800, Kingston, New York 12402

Telephone: 845-340-3800

Fax: 845-334-5724

**MICHAEL P. HEIN**

*County Executive*

**ADELE B. REITER**

*Chief of Staff*

June 1, 2015



**ROBERT SUDLOW**

*Deputy County Executive*

**KENNETH CRANNELL**

*Deputy County Executive*

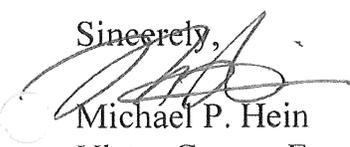
To Whom It May Concern:

I am writing this letter in support of New York Growing Partners' application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. It is New York Growing Partners' intention to construct its manufacturing/production facility in Ulster County, as well as to also establish a medical marijuana dispensary in the county at a separate location. We fully support the establishment of both of these facilities in Ulster County.

In legalizing medical marijuana, New York has taken an important step to bringing relief to patients with serious chronic conditions while also protecting public health and ensuring safety. With this balance in mind, I would like to highlight that New York has the largest Jewish population of any state in the U.S., and a large percentage of that population observes kosher customs. By aligning its manufacturing/production processes with Kashrut – the strictest of kosher dietary law, New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to go against the tenets of their religion. New York Growing Partners' spirit of equality, foresight and ingenuity mirror those qualities that have long distinguished New York State, and should continue to be a hallmark of our government as we enter the earliest stages of the medical marijuana program. It is in that spirit that we encourage New York State to approve the application of New York Growing Partners.

As New York moves forward with this progressive and important initiative, it is important to ensure that all residents of New York are equally served. By selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good. I urge you to support this application.

Sincerely,

  
Michael P. Hein

Ulster County Executive



To Whom It May Concern:

I am writing this letter in support of New York Growing Partners' application for selection as one of the five organizations to be certified by the State of New York to manufacture and dispense medical marijuana. It is New York Growing Partners' intention to construct its manufacturing/production facility in Ulster County, as well as to establish a medical marijuana dispensary in our county at a separate location. We fully support the establishment of both of these facilities in Ulster County.

HealthAlliance of the Hudson Valley believes this venture will promote access and enhance the delivery of local high quality health care as well as provide vital economic development opportunities within Ulster County. New York Growing Partners' spirit of equality, foresight and ingenuity mirror those qualities that have long distinguished New York State, and should continue to be a hallmark of our government as we enter the earliest stages of the medical marijuana program. It is in that spirit that we encourage New York State to approve the application of New York Growing Partners.

In legalizing medical marijuana, New York has embarked on a progressive and important initiative, one that looks toward the future of healthcare. In doing so, it is incumbent on the State to ensure that all residents of New York are equally served by this initiative. By selecting New York Growing Partners as one of its five registered organizations for the manufacture and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good.

Sincerely,



David Scarpino  
President & CEO  
HealthAlliance of the Hudson Valley

**MARTIN MALAVÉ DILAN**  
**SENATOR, 18TH DISTRICT**

**ASSISTANT MINORITY LEADER**  
**FOR POLICY AND ADMINISTRATION**

**MEMBER**  
LEGISLATIVE TASK FORCE ON DEMOGRAPHIC  
RESEARCH & REAPPORTIONMENT

**MEMBER**  
NEW YORK METROPOLITAN  
TRANSPORTATION AUTHORITY  
CAPITAL REVIEW BOARD



THE SENATE  
STATE OF NEW YORK  
ALBANY 12247

**RANKING MINORITY MEMBER**  
TRANSPORTATION

**COMMITTEES**  
CIVIL SERVICE & PENSIONS  
ELECTIONS  
ENERGY & TELECOMMUNICATIONS  
FINANCE  
JUDICIARY  
LABOR  
RULES

June 4, 2015

Dr. Howard A. Zucker  
Commissioner of Health for New York State  
New York State Department of Health  
Corning Tower Building  
Empire State Plaza  
Albany, New York 12237

As you know, the process of selecting five businesses to be licensed in the cultivation, production, and sale of medicinal marijuana in New York is progressing and the application submittal deadline is fast approaching. I write to you today, to once again express my support for this program and to articulate that I have no opposition to the sighting of a facility within my district.

I have recently learned that New York Growing Partners is submitting an application to establish a facility within my Senate district. Specifically, New York Growing Partners is seeking to operate a facility on the border of Bushwick and Ridgewood communities and I have heard from their representatives to learn of their proposal.

I recognize the stringent approach in establishing this program and the work your department has undertaken to see successful implementation. It is my understanding that New York Growing Partners have expertise in navigating the health care industry and have partnered with some of the most experienced manufacturing, processing and extraction companies in the medical marijuana industry.

Additionally, by aligning its manufacturing and production processes with Kashrut—the strictest of kosher dietary law—New York Growing Partners is ensuring that all New Yorkers who could benefit from the pain-management qualities of medical marijuana have access without having to violate the tenets of their religion. It is for that reason that I was contacted by the well known Bikur Cholim organization and applaud this approach as it is important to our state's Orthodox community.

Again, I fully support the medicinal marijuana program and I believe there is ample opportunity for a facility to be located in my district should there be local community support.

Sincerely,

A handwritten signature in black ink that reads "Martin Malavé Dilan".

Martin Malavé Dilan



THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

COMMITTEES  
Cities  
Consumer Affairs and Protection  
Corporations, Authorities and  
Commissions  
Governmental Operations  
Housing  
Insurance

ERIK MARTIN DILAN  
Member of Assembly  
54<sup>th</sup> District  
Kings County

ALBANY OFFICE  
Room 921  
Legislative Office Building  
Albany, New York 12248  
518-455-5821  
FAX: 518-455-5591

DISTRICT OFFICE  
366 Cornelia Street  
Brooklyn, New York 11237  
718-386-4576  
FAX: 718-386-4575

EMAIL:  
dilane@assembly.state.ny.us

**New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204**

Thursday June 4<sup>th</sup>, 2015

To Whom It May Concern:

I am writing this letter in support of New York Growing Partners application to be one of the five organizations certified by the State of New York to manufacture and dispense medical marijuana. I support this proposal based on the track-record of its partners in assisting the elderly, bed-ridden, chronically ill and most vulnerable, with quality health care, and based on their sound plan to assist patients in dire need for this treatment while enacting the strongest safeguards to prevent any misuse etc.

I also rely on the strong recommendation of the highly reputed organization in assisting the ill and the elderly, Satmar Bikur Cholim. They asked me to support National Growing Partners plan to manufacture this treatment under strict Kosher supervision, which will make this product more suitable to the large Orthodox Jewish community in Brooklyn.

As the state sets out to select the few licensed marijuana manufacturers, we have to make sure that this product is available to all patients who can benefit from it to ease their pain and their suffering. I strongly believe that New York Growing Partners is uniquely suited for this mission, given their prior success in expanding health care choice to Brooklynites and other New Yorkers. Their experience includes providing culturally-sensitive hi-quality health services to the Orthodox community, many of whom are holocaust survivors. Due to their unique culture, this sensitivity – and the highest standard of Kosher supervision - is crucial to remove barriers and assure that they also benefit from this new option that can bring them direly-needed relief.

As the State sets out to introduce this advance medical option to bring new relief to the most vulnerable, we must make sure that all residents are equally served by this initiative. By selecting New York Growing Partners as one of its five registered organizations for the manufacturing and dispensing of medical marijuana, New York will be ensuring access for all and serving the public good.

Sincerely,

Erik Martin Dilan  
Member of Assembly  
54<sup>th</sup> District

# SATMAR BIKUR CHOLIM

The Kitchen for Needy Patients

545 Bedford Avenue, Brooklyn NY 11211  
718-387-7749



# סאטמאר ביקור חולים

בית התבשיל לחולי ישראל

געגרינדעט דורך הרבנית הצדיקת אלטא פיגא טייטלבוים ע"ה  
געפירט געווארן דורך שרה בונא כהנא ע"ה

June 4, 2015

**New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204**

To whom it may concern,

Our organization, Bikur Cholim D'Satmar, is a non-profit 501© 3 organizations that is intimately involved with the care, feeding and emotional health of the hospital bound and the ill in the Jewish community. We are contacting you to voice our support for New York Growing Partners' application to be one of the five licensed manufacturers and dispensers of Medical Marijuana in New York State. Approving their proposal, will greatly expand the relief options and ease the suffering of a number of the recipients of our services, thanks to the strict kosher supervision and cultural sensitive approach that this group proposes in order to assist Orthodox patients to benefit from this product when needed.

Among the spectrum of our services are: help with acquiring the best-quality medical attention for the needy; offering guidance with choice and access to medical experts; having volunteers visit daily patients at their hospital beds to console and comfort them, and offer emotional support; providing financial assistance to cover medical bills for low income individuals; providing kosher meals for patients and those staying with them in hospitals, rehab centers etc. and for the homebound; providing transport for families to visit those confined to hospitals, nursing homes and hospice care; and other critical related services etc.

As such, we are closely familiar with the suffering and pain of the sick throughout the Jewish community. Unfortunately, we are aware of a large number of patients – from young cancer patients to elderly Alzheimer patients, including many holocaust survivors etc. - who could have benefitted from the relief of pain and ease of sufferings by using Medical Marijuana.

*Continued on Page 2*

*Continued from Page 1*

Admittedly, it took us a while to recognize the benefits of this product, given the fear and stigma of using what's known as an illicit drug. It's exactly because of these reasons why many Orthodox patients avoid considering this option. In addition, people are weary of its kosher status.

During the over half a century of our organization, we extended a lot of efforts and succeeded to remove cultural barriers that prevented community members of benefitting from various medical services. We see it as our mission to help patients benefit from this new treatment option as well.

New York Growing Partners' plans took into account these issues, and they are setting out to remove the barriers for Orthodox patients to benefit from this newly available treatment. We are very impressed of their plan, and we know the proprietors of this endeavor and their long track-record of providing high-quality Health Care with a special emphasis to assure that they accommodate their patients' cultural needs, such as the religious and cultural needs of Jewish patients, including many holocaust survivors.

As such, our board of directors strongly feel that the introduction of their product will bring major relief to all communities, including Orthodox patients suffering from severe and painful illnesses. Thus, we ask you to please select them as one of the licensees, which will go a long way to reduce pain and bring comfort to the vulnerable in all communities throughout the state.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Shea Friedman', with a stylized, cursive script.

Shea Friedman

Administrator

**NY Growing Partners, LLC**

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**Medical Marijuana Program**

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**Application for Registration  
as a Registered Organization**

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**Attachments**

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**June 5, 2015**

# **Index**

**Attachment A: Identification of Real Property, Buildings and Facilities that will be used in Manufacturing and Dispensing Activities**

**Attachment B: Identification of Equipment that will be used to Carry Out the Manufacturing, Processing, Transportation, Distributing, Sale and Dispensing Activities Described in Application and Operating Plan**

- 1) Equipment List – Cultivation
- 2) Equipment List – Dispensary
- 3) Equipment List – Production

**Attachment C: Applicable Executed and Proposed Deeds, Leases, and Rental Agreements or Executed Option Contracts Related to Real Property**

**Manufacturing Facility Contract of Sale**

- 1) Saugerties (993-997 Kings Highway, Ulster County)  
Including Site Plan – Saugerties

**Dispensary Location Leases**

- 2) Glenville (8 Sarnowski Drive, Schenectady County)
- 3) Kingston (25-35 Barbarosa Lane, Ulster County)
- 4) Ridgewood (1080 Wyckoff Avenue, Queens County)
- 5) Melville (664 Walt Whitman Road (Route 110), Suffolk County)

**Attachment D: Operating Plan, including:**

Section 1 - Manufacturing (§ 1004.5(b)(4))

Section 2 - Transport and Distribution (§ 1004.5(b)(4))

Section 3 - Dispensing and Sale (§ 1004.5(b)(4))

Section 4 - Devices (§ 1004.5(b)(4)(i))

Section 5 - Security and Control (§ 1004.5(b)(4)(ii))

Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))

Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))

Section 8 - Returns, Complaints, Adverse Events and Recalls  
(§ 1004.5(b)(4)(v))

Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))

Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))

**Attachment D-1: Cultivation Manual**

**Attachment D-2: Dispensing Manual**

**Attachment D-3: Standard Operating Procedure (SOP) Manual**

**Attachment D-4: Use Case for Kosher Medical Marijuana**

**Attachment E: Organizational and Operational Documents**

- 1) Articles of Organization
- 2) Affidavit(s) of Publication
- 3) Operating Agreement

**Attachment F: Labor Peace Agreement**

Neutrality Agreement

**Attachment G: Financial Statement**

- 1) Financial Statement
- 2) Transaction by Account
- 3) Summary of Contracts

**Attachment H: Security Plan**

- 1) Security Plan
- 2) BioTrackTHC NY Elite Support
- 3) Smart Linx Overview and Time & Attendance

**Attachment I: Financial Statement Prepared in Accordance with Generally Accepted Accounting Principles (GAAP)**

**Attachment J: Staffing Plan**

- 1) Staffing Plan Regulations
- 2) Staffing Plan – Cultivation/Production
- 3) CP Facility Staff Organizational Plan
- 4) Dispensing Facility Staff Organizational Plan
- 5) Infused Production Organization Chart
- 6) Job Descriptions (Cultivation)
- 7) Job Descriptions (Dispensary)
- 8) CanCore Concepts Inc.

**Attachment K: Local Internet Service Provider(s) Proof Regarding Internet Connectivity**

- 1) **Time Warner Cable**
  - Saugerties (993-997 Kings Highway, Ulster County)
  - Kingston (25-35 Barbarosa Lane, Ulster County)
- 2) **Verizon**
  - Glenville (8 Sarnowski Drive, Schenectady County)
  - Ridgewood (1080 Wyck off Avenue, Queens County)
  - Melville (664 Walt Whitman Road (Route 110), Suffolk County)

**Attachment L: Timeline Demonstrating the Estimated Timeframe from Growing Marijuana to Production of a Final Approved Product**

**Attachment M: Statement Showing Compliance with State and Local Laws and Regulations Relating to the Activities under the Registration**

# **Attachment A**

**Identification of Real Property, Buildings and Facilities  
that will be used in Manufacturing and Dispensing Activities**

## **Manufacturing Facility**

### **NYGP-Cultivation**

993-997 Kings Highway  
Saugerties, NY 12477  
Ulster County

## **Dispensary Locations**

### **NYGP-Glenville Dispensary**

8 Sarnowski Drive  
Glenville, NY 12302  
Schenectady County

### **NYGP-Kingston Dispensary**

25-35 Barbarosa Lane  
Kingston, NY 12401  
Ulster County

### **NYGP-Ridgewood Dispensary**

1080 Wyckoff Avenue  
Ridgewood, NY 11385  
Queens County

### **NYGP-Melville Dispensary**

664 Walt Whitman Road (Route 110)  
Melville, NY 11747  
Suffolk County

## **Attachment B**

### **Identification of Equipment that will be used to Carry Out the Manufacturing, Processing, Transportation, Distributing, Sale and Dispensing Activities Described in Application and Operating Plan**

1. Equipment List – Cultivation
2. Equipment List – Dispensary
3. Equipment List – Production























































## **Attachment C**

### **Applicable Executed and Proposed Deeds, Leases, and Rental Agreements or Executed Option Contracts Related to Real Property Interests**

#### **Manufacturing Facility Contract of Sale**

1. Saugerties (993-997 Kings Highway, Ulster County) Including Site Plan – Saugerties

#### **Dispensary Location Leases**

2. Glenville (8 Sarnowski Drive, Schenectady County)
3. Kingston (25-35 Barbarosa Lane, Ulster County)
4. Ridgewood (1080 Wycoff Avenue, Queens County)
5. Melville (664 Walt Whitman Road, (Route 110)  
Suffolk County



CONTRACT OF SALE

Redacted pursuant to N.Y. Public Officers Law, Art. 6

 993-997 Kings Highway, in the Town of Saugerties, County of

Ulster and State of New York, 















































































Redacted pursuant to N.Y. Public Officers Law, Art. 6

*EXHIBIT 24*







**GENERAL NOTES:**

- The work is to be done in accordance with the City of Chicago Ordinance 422.000 and the City of Chicago Ordinance 422.010. The City of Chicago Ordinance 422.010 requires that the applicant provide a copy of the proposed subdivision map to the City of Chicago for review and approval.
- The applicant is responsible for obtaining all necessary permits and approvals from the City of Chicago and the State of Illinois.
- The applicant is responsible for providing all necessary information and documents to the City of Chicago and the State of Illinois.
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**Engineering Certificate:**

1. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

2. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

3. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

4. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

5. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

6. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

7. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

8. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

9. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.

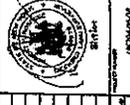
10. The undersigned hereby certifies that the above described subdivision map was prepared by him or under his direct supervision and that he is a duly licensed Professional Engineer in the State of Illinois.



**GRAPHIC SCALE**

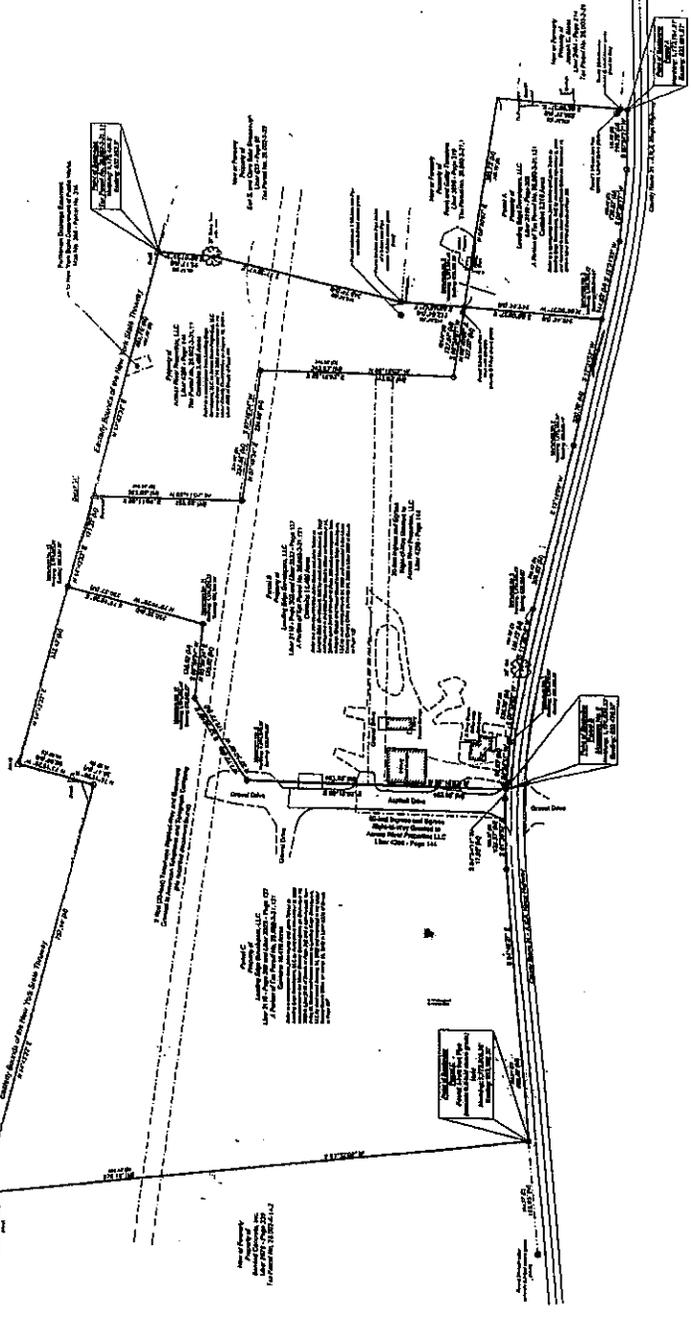
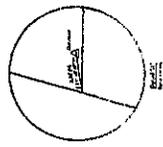
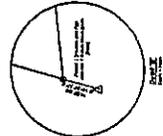
1" = 100' 0"

**Map Showing Proposed Subdivision**  
**Proposed Army Reserve Center**  
 Sheet 1 of 3

DATE	FILED	INDEXED	RECORDED
			
City of Chicago Department of Planning and Economic Development 121 N. LaSalle Street, 15th Floor Chicago, Illinois 60602			

John Johnson

- LEGEND:**
- 1. Proposed Subdivision
  - 2. Existing Subdivision
  - 3. Proposed Street
  - 4. Existing Street
  - 5. Proposed Lot
  - 6. Existing Lot
  - 7. Proposed Right-of-Way
  - 8. Existing Right-of-Way
  - 9. Proposed Easement
  - 10. Existing Easement
  - 11. Proposed Utility
  - 12. Existing Utility
  - 13. Proposed Structure
  - 14. Existing Structure
  - 15. Proposed Fence
  - 16. Existing Fence
  - 17. Proposed Boundary
  - 18. Existing Boundary
  - 19. Proposed Survey
  - 20. Existing Survey



Filed Subdivision Map # 09-253

Map showing proposed subdivision of land in the City of Chicago, Illinois. The map is subject to the provisions of the City of Chicago Ordinance 422.000 and the City of Chicago Ordinance 422.010. The map is subject to the provisions of the City of Chicago Ordinance 422.000 and the City of Chicago Ordinance 422.010. The map is subject to the provisions of the City of Chicago Ordinance 422.000 and the City of Chicago Ordinance 422.010.





**ZONING COMPLIANCE TABLE:**

	REQUIRED	PROPOSED	
		LOT #1	LOT #2
I - INDUSTRIAL ZONE			
MINIMUM LOT AREA	= 2 ACRES	12.534 ACRES	2.942 ACRES
MINIMUM LOT WIDTH	= 200'	630'	330'
MIN. FRONT YARD SETBACK	= 40'	78'	51'
MIN. SIDE YARD SETBACK	= 30'	35'	34'
MIN. REAR YARD SETBACK	= 50'	290'	200'
MAXIMUM LOT COVERAGE	= 30%	18%	4.4%
MAX. BUILDING HEIGHT	= 40'	40'	30'

**OFF STREET PARKING:**

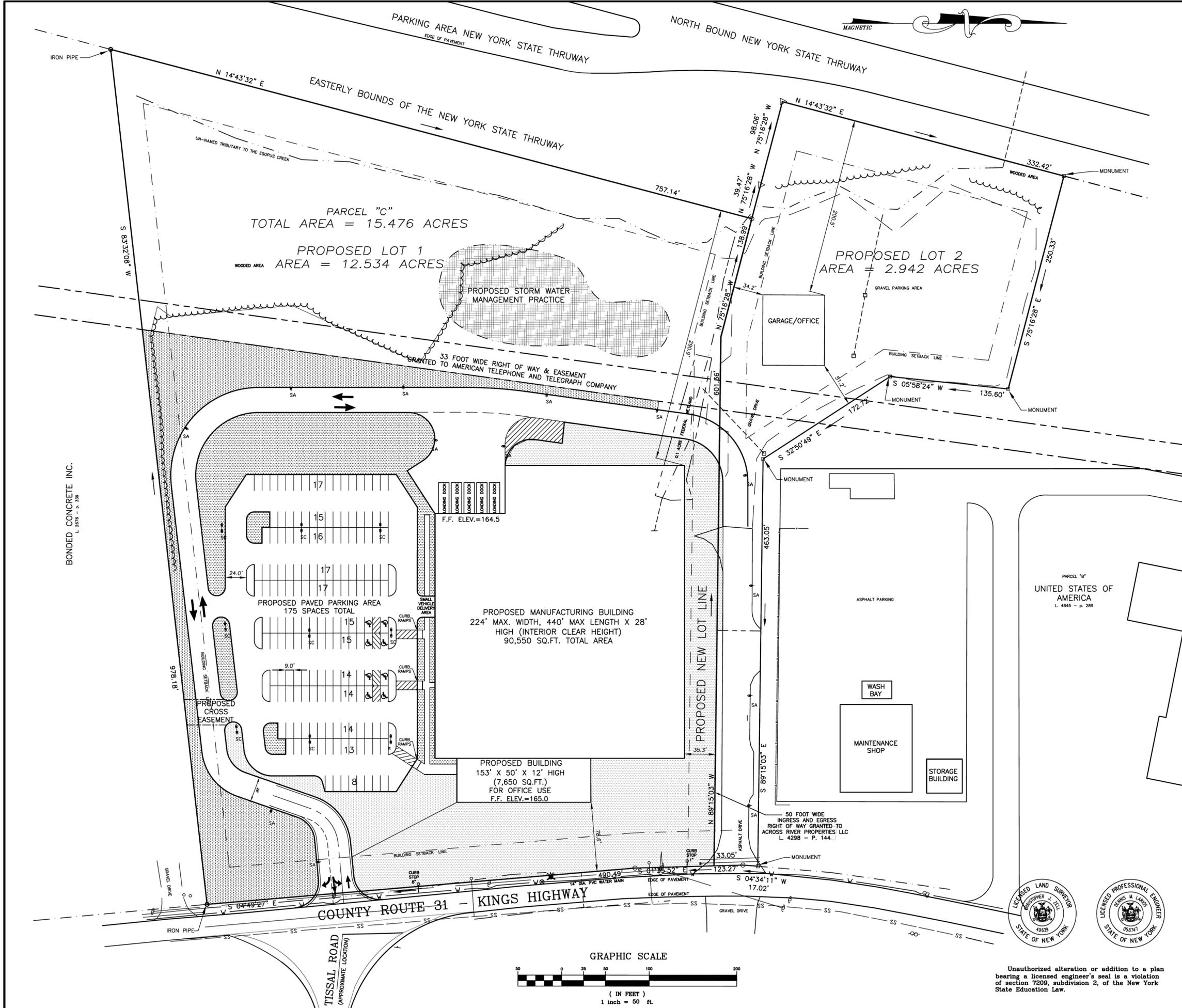
TYPE OF USE	PARKING SPACES REQUIRED
OFFICE	7,650 SQ.FT. @ 1 SPACE PER 250 SQ.FT. GFA = 31
INDUSTRIAL AND/OR HEAVY COMMERCIAL	65,550 SQ.FT. @ 1 SPACE PER 500 SQ.FT. GFA = 132
WAREHOUSE AND/OR STORAGE	25,000 SQ.FT. @ 1 SPACE PER 2500 SQ.FT. GFA = 10
TOTAL NUMBER OF REQUIRED PARKING SPACES	= 173
TOTAL NUMBER OF PARKING SPACES PROVIDED	= 175

**OFF STREET LOADING:**

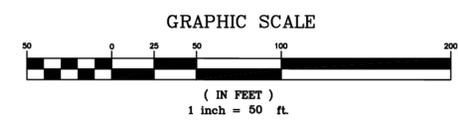
TYPE OF USE	MINIMUM NUMBER OF PARKING SPACES REQUIRED
INDUSTRIAL	1 BERTH FOR AN AREA BETWEEN 5,000 AND 15,000 SQ.F.T. GFA AND 1 BERTH FOR EACH ADDITIONAL 25,000 SQ.F.T. GFA TO BE 35 FEET LONG, 12 FEET WIDE AND 14 FEET HIGH.
	FIVE (5) LOADING DOCK AREAS ARE PROPOSED.

**LEGEND**

- PROPERTY LINE
- - - FEDERAL WETLAND BOUNDARY
- - - UG - EXISTING UNDERGROUND
- - - EXISTING OVERHEAD UTILITY
- - -240- EXISTING CONTOURS (2 FOOT INTERVALS)
- - -238- EXISTING SANITARY FORCE MAIN
- - - SS - EXISTING WATER MAIN
- v — EXISTING HYDRANT
- ==== EXISTING STORM SEWER
- - - EXISTING GRAVEL DRIVES & PARKING



BONDED CONCRETE INC. L. 2010 - P. 328



Unauthorized alteration or addition to a plan bearing a licensed engineer's seal is a violation of section 7209, subdivision 2, of the New York State Education Law.

**PROPOSED SITE IMPROVEMENTS**

<b>CONCEPT PLAN</b>	
PREPARED FOR <b>ULSTER COUNTY DEVELOPMENT CORPORATION</b>	
TOWN OF SAUGERTIES	ULSTER COUNTY NEW YORK
DATE	REVISION RECORD
<b>BRINNIER &amp; LARIOS, P.C.</b> ENGINEERS & LAND SURVEYORS 67 MAIDEN LANE KINGSTON, N.Y. Phone: 845-338-7622 Fax: 845-338-7660	
SCALE 1" = 50'	DATE JUNE 2012
DWG NDC	CHK NDC
SHEET NO. <b>3 OF 8</b>	



Commercial Lease Agreement



Sarnowski Drive, Glenville, NY 12302 (the "Building")



Redacted pursuant to N.Y. Public Officers Law, Art. 6





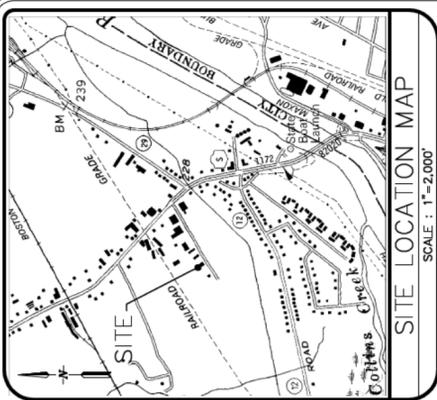












**DEED REFERENCES:**

- 1) CONVEYED BY RONALD E. PROVOST TO RAG, LLC BY DEED DATED APRIL 23, 1998 AND RECORDED IN THE SCHENECTADY COUNTY CLERK'S OFFICE ON APRIL 27, 1998 IN LIBER 1535 OF DEEDS AT PAGE 473.

**MAP REFERENCES:**

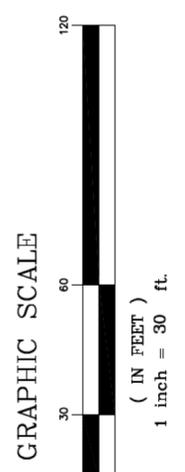
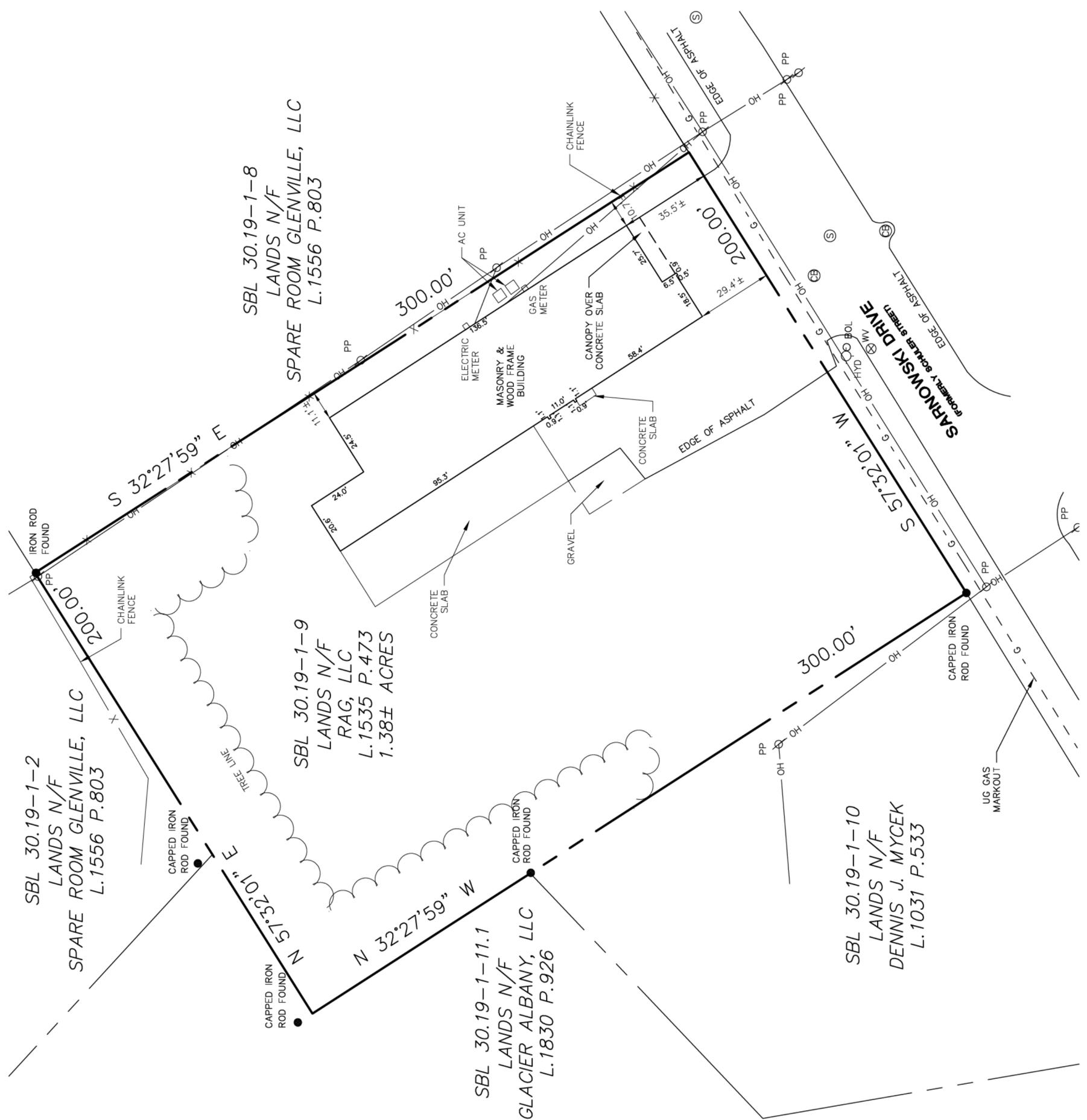
- 1) MAP ENTITLED "MAP OF GLEN SANDERS MANOR, SITUATE IN THE TOWN OF GLENVILLE, SCHENECTADY COUNTY, NY, BELONGING TO MARTIN SILBERKRAUS, FRED W. SILBERKRAUS, WILLIAM H. BROWN" AS PREPARED BY W. W. CHADSEY ON FEBRUARY 28, 1922 AND FILED IN THE SCHENECTADY COUNTY CLERKS OFFICE ON FEBRUARY 16, 1924 IN SMALL DRAWER 28 AS MAP NO. 1.

**NOTES:**

- 1) SURVEYED PARCEL: TOWN OF GLENVILLE - TAX MAP 30.19, BLOCK 1, PARCEL 9.
- 2) SURVEY PREPARED BY INGALLS & ASSOCIATES, LLP FROM A DECEMBER, 2011 FIELD SURVEY.
- 3) NORTH IS REFERENCED TO NAD 83 NEW YORK STATE PLANES, EAST ZONE.
- 4) SUBJECT TO ALL RIGHTS, EASEMENTS, COVENANTS OR RESTRICTION; RECORDED OR UNRECORDED.
- 5) SUBJECT TO ANY STATEMENT OF FACT CONTAINED IN COMMITMENT OF TITLE INSURANCE # MTANY-069788 AS PREPARED BY MADISON TITLE AGENCY, LLC FOR STEWART TITLE INSURANCE COMPANY AND HAVING AN EFFECTIVE DATE OF MARCH 21, 2012.
- 6) UNDERGROUND UTILITIES IF SHOWN HEREON ARE BASED ON VISIBLE PHYSICAL EVIDENCE. THEY SHOULD BE CONSIDERED SCHEMATIC ONLY AND ARE SHOWN TO DEPICT GENERAL UTILITY LOCATIONS AND CONNECTIONS RATHER THAN EXACT UNDERGROUND LOCATIONS. INGALLS & ASSOCIATES, LLP MAKES NO CERTIFICATION AS TO THE ACCURACY OF THE UNDERGROUND UTILITY LOCATIONS AND OTHER UTILITIES MAY EXIST THAT ARE NOT SHOWN ON THIS MAP.
- 7) SURVEY IS PREPARED IN ACCORDANCE WITH THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS CODE OF PRACTICE FOR LAND SURVEYS AS ADOPTED IN OCTOBER OF 1966 AND LAST REVISED ON JULY 18, 1997.

**CERTIFY TO:**

- 1) STARFIRE REALTY, LLC
- 2) MADISON TITLE AGENCY, LLC
- 3) STEWART TITLE INSURANCE COMPANY



UNAUTHORIZED ALTERATION OR ADDITION TO THIS DRAWING IS A VIOLATION OF SECTION 7209 SUBDIVISION 2, OF THE NEW YORK STATE EDUCATION LAW. ONLY COPIES MADE FROM THE ORIGINAL INKED DRAWING BEARING AN ORIGINAL INKED OR EMBOSSED SEAL AND SIGNATURE SHALL BE CONSIDERED TO BE VALID TRUE COPIES.

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**ia**  
 Ingalls & Associates, LLP  
 engineers / surveyors  
 2803 GULDBRAND AVENUE  
 SUITE 200  
 PHOENIX (AZ) 85028  
 PHOENIX (AZ) 360-2200  
 FAX: (616) 885-3761

**BOUNDARY SURVEY**  
 LANDS N/F OF RAG, LLC  
 8 SARNOWSKI DRIVE  
 TOWN OF GLENVILLE  
 COUNTY OF SCHENECTADY STATE OF NEW YORK  
 DRAWN BY: GMR  
 CHECKED BY: BKM  
 JOB NO. 11-166X  
 DATE: 12-30-2011  
 SCALE: 1" = 30'  
 SHEET 1 OF 1

NO.	DATE	CERTIFICATIONS	ADDED	REVISIONS
1	3-22-12	CERTIFICATIONS	ADDED	

GMR  
 BY:  
 12-30-2011



**TRIPLE NET LEASE**

25-35 Barbarosa Lane, Kinston, New York,

Redacted pursuant to N.Y. Public Officers Law, Art. 6



















































Commercial Lease Agreement

1080 Wyckoff Ave., Ridgewood, NY 11385,

Redacted pursuant to N.Y. Public Officers Law, Art. 6

















LEASE AGREEMENT

664 Walt Whitman Rd., Route 110, Melville, New York 11747,

Redacted pursuant to N.Y. Public Officers Law, Art. 6















## **Attachment D**

### **Operating Plan, including:**

- Section 1 - Manufacturing (§ 1004.5(b)(4))
- Section 2 - Transport and Distribution (§ 1004.5(b)(4))
- Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
- Section 4 - Devices (§ 1004.5(b)(4)(i))
- Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
- Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
- Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
- Section 8 - Returns, Complaints, Adverse Events and Recalls  
(§ 1004.5(b)(4)(v))
- Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
- Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))

**Attachment D-1: Cultivation Manual**

**Attachment D-2: Dispensary Manual**

**Attachment D-3: Standard Operating Procedures (SOP) Manual**

**Attachment D-4: Use Care for Kosher Medical Marijuana**







































# **Attachment H**

## **Security Plan**

1. Security Plan
2. BioTrackTHC NY Elite Support
3. Smart Linx Overview and Time & Attendance

Duplicate

Copy



**NY GROWING PARTNERS, LLC**  
**SECURITY PLAN**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

























































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































































# **Attachment E**

## **Organizational and Operational Documents**

1. Articles of Organization
2. Affidavit(s) of Publication
3. Operating Agreement



***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 21, 2015.

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

DC-08

140924000354

New York State Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code  
One Commerce Plaza, 99 Washington Avenue  
Albany, NY 12231  
www.dos.ny.gov

*(This form must be printed or typed in black ink)*

ARTICLES OF ORGANIZATION  
OF

NY Growing Partners, LLC

*(Insert name of Limited Liability Company)*

Under Section 203 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:

NY Growing Partners, LLC

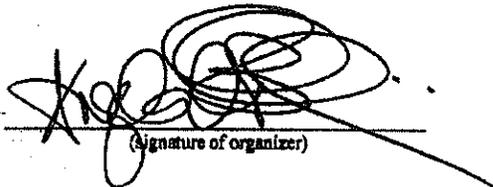
**SECOND:** The county within this state in which the office of the limited liability company is to be located is: Nassau

**THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Angela C. Bellizzi, Esq.

225 Crossways Park Drive

Woodbury, New York 11797

  
(Signature of organizer)

Angela C. Bellizzi, Esq.

(print or type name of organizer)

354

ARTICLES OF ORGANIZATION  
OF

NY Growing Partners, LLC

*(Insert name of Limited Liability Company)*

Under Section 203 of the Limited Liability Company Law

Filed by: Angela C. Bellizzi, Esq.

*(Name)*

225 Crossways Park Drive

*(Mailing address)*

Woodbury, New York 11797

*(City, State and ZIP code)*

NOTE: This form was prepared by the New York State Department of State for filing articles of organization for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$200 filing fee made payable to the Department of State.

DC-08

DRAWDOWN

RECEIVED

2014 SEP 24 AM 9:03

2014 SEP 24 AM 11:20

FILED

DOS-1336 (Rev. 04/14)

1CC  
STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED SEP 24 2014

TAXS \_\_\_\_\_

BY: \_\_\_\_\_

370



***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the  
Department of State, at the City of Albany,  
on May 21, 2015.



*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

DC-08

150115000 885

**CERTIFICATE OF PUBLICATION  
OF  
NY GROWING PARTNERS, LLC**

Under Section 206 of the Limited Liability Company Law

The undersigned is an authorized person of **NY GROWING PARTNERS, LLC**

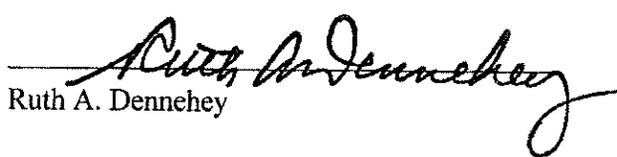
The published notices described in the annexed affidavits of publication contain all of the information required by the Section 206 of the Limited Liability Company Law.

The newspapers described in such affidavits of publication satisfy the requirements set forth in the Limited Liability Company Law and the designation made by the county clerk.

I certify the foregoing statements to be true under the penalties of perjury.

Dated:

1/13/15

  
Ruth A. Dennehey

150115000885

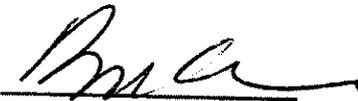
*Affidavit of Publication  
Under Section 206 of the  
Limited Liability Company*

*State of New York  
County of Nassau, ss.:*

The undersigned is the principal clerk of the publisher of the NEW YORK LAW JOURNAL, a Daily Newspaper published in New York, New York. A notice regarding NY GROWING PARTNERS, LLC was published in said newspaper once in each week for six successive weeks, commencing on 10/03/2014 and ending on 11/07/2014. The Text of the Notice as published in said newspaper is as set forth below. This newspaper has been designated by the Clerk of Nassau County for this purpose.

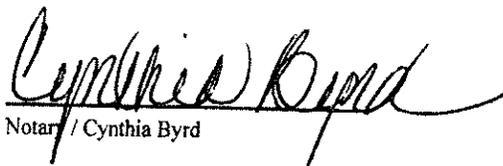
**NOTICE OF FORMATION of NY GROWING PARTNERS, LLC. Arts. of Org. filed with the Sect'y of State of NY (SSNY) on 9/24/2014. Office location, County of Nassau. SSNY has been designated as agent of the LLC upon whom process against it may be served. SSNY shall mail process to: Angela C. Bellizzi, Esq., 225 Crossways Park Dr., Woodbury, NY 11797. Purpose: any lawful act.**  
0000000616 o3-F n7

Hal Cohen, Publisher



By: Brenda Estrada, Authorized Designee of the Publisher

SWORN TO BEFORE ME, this 7th day of November, 2014



Notary / Cynthia Byrd

**Cynthia Byrd  
Notary Public, State of New York  
No. 01BY6056945  
Qualified in Kings County  
Commission Expires April 09, 2015**

Affidavit of Publication  
Under Section 206 of the Limited Liability Company Law  
Under Section of the Partnership Law

State of New York  
County of New York, ss.:

The undersigned is the publisher of The Jewish Week, a weekly newspaper published in New York, New York. A notice regarding NY GROWING PARTNERS, LLC was published in said newspaper once in each week for six successive weeks, commencing on 10/3/2014 and ending 11/7/2014. The text of the notice as published in said newspaper is set forth below. This newspaper has been designated by the Clerk of Nassau County for this purpose.

Gary Rosenblatt, Publisher

By Filomena Gindy  
Filomena Gindy, Authorized Designee of the Publisher

Sworn to before me this 17<sup>th</sup> day of November, 2014

EY  
Notary Public

EVELINA YUDIN  
Notary Public, State of New York  
Registration #01YU6016262  
Qualified in New York County  
Commission Expires Nov. 16, 2018

Notice of formation of NY GROWING PARTNERS, LLC. Arts. of Org. filed with the Sect'y of State of NY (SSNY) on 9/24/2014. Office location, County of Nassau. SSNY has been designated as agent of the LLC upon whom process against it may be served. SSNY shall mail process to: Angela C. Bellizzi, Esq., 225 Crossways Park Dr., Woodbury, NY 11797. Purpose: any lawful act.  
JW 10/3,10,17,24,31 11/7

CERTIFICATE OF PUBLICATION

885

OF

**NY GROWING PARTNERS, LLC**

Under Section 206 of the Limited Liability Company Law

STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED JAN 15 2015  
TAX \$ \_\_\_\_\_  
BY: MBR

Filer:

Colby Legal Advertising Company  
111 Washington Avenue, Suite 703  
Albany, NY 12210

**DC-08**  
**DRAWDOWN**

4

937





















































































# **Attachment F**

## **Labor Peace Agreement**





# **Attachment G**

## **Financial Statement**

1. Financial Statement
2. Transaction by Account
3. Summary of Contracts



















# **Attachment H**

## **Security Plan**

1. Security Plan
2. BioTrackTHC NY Elite Support
3. Smart Linx Overview and Time & Attendance

























































































































































# **Attachment I**

**Financial Statement  
Prepared in Accordance with  
Generally Accepted Accounting Principles (GAAP)**

**NY GROWING PARTNERS LLC**  
**INTERNAL FINANCIAL STATEMENTS**  
**Period Ended June 4, 2015**

NY GROWING PARTNERS LLC

BALANCE SHEET

ASSETS

June 4, 2015

**CURRENT ASSETS**

Cash and cash equivalent

\$ 344,814

**TOTAL CURRENT ASSETS**

344,814

Security Deposits

45,800

Start-up Costs

399,442

**TOTAL ASSETS**

\$ 790,056

LIABILITIES AND MEMBERS CAPITAL

**CURRENT LIABILITIES**

Accounts payable

\$ -

**TOTAL CURRENT LIABILITIES**

0

**TOTAL LIABILITIES**

0

**MEMBERS CAPITAL**

790,056

**TOTAL LIABILITIES AND MEMBERS CAPITAL**

\$ 790,056

NY GROWING PARTNERS LLC

STATEMENT OF INCOME AND MEMBERS' EQUITY

	Period Ended June 4, 2015 Amount
<b>OPERATING INCOME</b>	
Sales income	\$ -
Other income	0
<b>TOTAL OPERATING INCOME</b>	<u>0</u>
<b>OPERATING EXPENSES</b>	
Professional Fees	-
Other Expenses	-
<b>TOTAL OPERATING EXPENSES</b>	<u>0</u>
<b>NET INCOME</b>	0
<b>MEMBERS' EQUITY</b>	
Balance beginning of period	0
Member Contributions	790,056
<b>BALANCE, END OF PERIOD</b>	<u>\$ 790,056</u>

NY GROWING PARTNERS LLC

STATEMENT OF CASH FLOWS

	<b>Period Ended June 4, 2015</b>
<b>Cash Flows from Operating Activities</b>	
Net Income	\$0
Adjustments to reconcile Net Income to Cash	
Depreciation and Amortization	\$0
<b>Cash Provided by Operating Activities</b>	<u>\$0</u>
<b>Net Cash Provided (Used) by Operating Activities</b>	<u>\$0</u>
 <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
Security Deposits	(\$45,800)
Start Up Costs	(\$399,442)
<b>Net Cash Provided (Used) by Investing Activities</b>	<u>(\$445,242)</u>
 <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
Member Contributions	\$790,056
<b>Net Cash Provided (Used) by Financing Activities</b>	<u>\$790,056</u>
 <b>NET INCREASE/(DECREASE) IN CASH</b>	344,814
<b>CASH BEGINNING OF PERIOD</b>	<u>0</u>
<b>CASH END OF PERIOD</b>	<u><u>344,814</u></u>

# **Attachment J**

## **Staffing Plan**

1. Staffing Plan Regulations
2. Staffing Plan – Cultivation/Production
3. CP Facility Staff Organizational Plan
4. Dispensing Facility Staff Organizational Plan
5. Infused Production Organization Chart
6. Job Descriptions (Cultivation)
7. Job Descriptions (Dispensary)
8. CanCore Concepts Inc.















































































**CanCore Concepts Inc. 1000 S. McCaslin Blvd. Superior, CO 80027**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Executive Consulting Team:**

**Thomas Maloney, Director of Licensing**



Colorado, and he holds a Bachelor's of Arts degree in Public Relations from Southern Illinois University which he received in 1981.

**Erik Knutson, Operations Specialist**

Mr. Knutson received his Bachelor's Degree in Business Management from the University of Colorado in 2009. In addition to successfully adding in the licensing of



[REDACTED]

**Kelly Knutson, Extraction Specialist**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Dr. Stephen Holt M.D., Product Development Specialist**

Dr. Holt is a Distinguished Professor of Medicine and a medical practitioner in New York State. He has published many peer-review papers in medicine and he is a best-selling author with twenty books in national and international distribution. He has received several awards for teaching and research.

[REDACTED] Dr. Holt is a frequent lecturer at scientific meetings and healthcare facilities throughout the world. An honors graduate in medicine from Liverpool University Medical School, in England, UK, Dr. Holt holds sub-specialty qualifications in gastroenterology and internal medicine in the USA, Canada and Europe. He has practiced clinical medicine for four decades. Dr. Holt has held the rank of full professor of medicine and bioengineering (adjunct) for many years and he has received awards for medical teaching and research, in the United States, China, Indonesia, Great Britain, Malaysia, Thailand, Taiwan, South Korea and other countries, [REDACTED]. He now holds the highest academic rank as a Distinguished Professor of Medicine (Emeritus).

# **Attachment K**

## **Local Internet Service Provider(s) Proof Regarding Internet Connectivity**

### **1. Time Warner Cable**

- Saugerties (993-997 Kings Highway, Ulster County)
- Kingston (25-35 Barbarosa Lane, Ulster County)

### **2. Verizon**

- Glenville (8 Sarnowski Drive, Schenectady County)
- Ridgewood (1080 Wyckoff Avenue, Queens County)
- Melville (664 Walt Whitman Road (Route 110)  
Suffolk County)



Gmail



COMPOSE

(no subject)

Inbox

Inbox (8)

Starred

Important

Sent Mail

Drafts (3)

Circles

More

Angela



tryberg@twcb2b.com

to me

8:35 PM

This email is to verify that the following addresses are serviceable for internet:

25 Barbarosa Lane Kingston, NY 12401  
997 Kings Highway Saugerties, NY 12477

Emily,  
TWC



Click here to [Reply](#) or [Forward](#)

0.21 GB (0%) of 115 GB used  
[Manage](#)

[Terms](#) - [Privacy](#)

No recent chats  
[Start a new one](#)



## Cable, Internet and Home Phone Packages

Order online or call 855-892-1002

Jump to: [TV + Internet](#) | [TV + Internet + Phone](#) | [TV](#) | [Internet](#) | [Phone](#)

### TV + Internet

<p>Starter TV: <b>20+ Channels</b> &gt;</p>	<p>Standard Internet: <b>Up to 15Mbps</b> TWC WiFi® Hotspots</p>	<p><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</p>	<p><del>was \$49.99</del> <b>\$44.99</b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> &gt;</p>
<p>Starter TV: <b>20+ Channels</b> &gt;</p>	<p>Extreme Internet: <b>Up to 30Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<ul style="list-style-type: none"> <li><b>SPECIAL OFFER:</b> Premium channels just \$9.99/mo</li> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$64.99</b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> &gt;</p>
<p>Preferred TV: <b>200+ Channels</b> &gt; TWC TV®: Watch TV Online Free</p>	<p>Standard Internet: <b>Up to 15Mbps</b> TWC WiFi® Hotspots</p>	<ul style="list-style-type: none"> <li><b>SPECIAL OFFER:</b> Premium channels just \$9.99/mo</li> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$89.99</b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> &gt;</p>

<p>Preferred TV with Whole House HD-DVR Service: <b>200+ Channels</b> › HBO® &amp; More TWC TV®: Watch TV Online Free</p>	<p>Extreme Internet: <b>Up to 30Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<p><b>SPECIAL OFFER:</b> Premium channels just \$9.99/mo</p>	<p><b>\$129<sup>99</sup></b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> ›</p>
---	--	--	---	-----------------------



**TV + Internet + Phone**

<p>Preferred TV: <b>200+ Channels</b> › Includes one HD Box FREE Installation &amp; Phone Activation</p>	<p>Extreme Internet: <b>Up to 30Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<ul style="list-style-type: none"> <li>• <b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> <li>• Watch TV and movies anytime with the EPIX® app</li> </ul>	<p><b>\$89<sup>99</sup></b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> ›</p>
--	--	---	--	-----------------------

<p>Preferred TV: <b>200+ Channels</b> › Enhanced DVR with Whole House Service EPIX® and STARZ® FREE Installation &amp; Phone Activation</p>	<p>Ultimate Internet: <b>Up to 50Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<p>Watch TV and movies anytime with the EPIX® app and STARZ® Play</p>	<p><b>\$109<sup>99</sup></b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> ›</p>
---	---	---	---	-----------------------

<p>Preferred TV: <b>200+ Channels</b> › Enhanced DVR Box with Whole House Service Four Premiums FREE Installation &amp; Phone Activation</p>	<p>Ultimate Internet: <b>Up to 50Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<p>Get four popular premium channels</p>	<p><b>\$129<sup>99</sup></b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> ›</p>
--	---	--	---	-----------------------



**TV Plans**

<p><b>Starter TV</b></p>	<p><b>20+ Channels</b> ›</p>	<ul style="list-style-type: none"> <li>• Includes a variety of local channels, many in HD</li> </ul>	<p><b>\$19<sup>99</sup></b> per month for 12 months</p>	<p><b>Order</b> ›</p>
--------------------------	------------------------------	--	---	-----------------------

- **FREE** shipping if you qualify for a self-install Easy Connect Kit

[Details](#) ▾

<b>Standard TV</b>	<b>70+ Channels</b> ›	<ul style="list-style-type: none"> <li>• <b>Get 2 Years of Savings</b> – new low price for 12 months; \$44.99 per month for months 13-24</li> <li>• <b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$39</b><sup>99</sup> per month for 12 months</p> <p><a href="#">Details</a> ▾</p>	<a href="#">Order</a> ›
--------------------	--------------------------	--	--	----------------------------

<b>Preferred TV</b>	<b>200+ Channels</b> ›	<ul style="list-style-type: none"> <li>• Watch live TV on your tablet or PC with the TWC TV® app</li> <li>• <b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$49</b><sup>99</sup> per month for 12 months</p> <p><a href="#">Details</a> ▾</p>	<a href="#">Order</a> ›
---------------------	---------------------------	--	--	----------------------------



### Internet Plans

<b>Ultimate</b>	Up to <b>50Mbps</b> Home WiFi, TWC WiFi® Hotspots Upload up to 5Mbps	<p><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</p>	<p><del>was \$69<sup>99</sup></del></p> <p><b>\$64</b><sup>99</sup> per month for 12 months</p> <p><a href="#">Details</a> ▾</p>	<a href="#">Order</a> ›
-----------------	--	--	--	----------------------------

<b>Extreme</b>	Up to <b>30Mbps</b> Home WiFi, TWC WiFi® Hotspots Upload up to 5Mbps	<p><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</p>	<p><del>was \$59<sup>99</sup></del></p> <p><b>\$54</b><sup>99</sup> per month for 12 months</p> <p><a href="#">Details</a> ▾</p>	<a href="#">Order</a> ›
----------------	--	--	--	----------------------------

<b>Standard</b>	Up to <b>15Mbps</b> TWC WiFi® Hotspots Upload up to 1Mbps	<b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit	<del>was \$39.99</del>	<b>Order</b> >
			\$ <b>34</b> 99 per month for 12 months	
			<b>Details</b> ▾	



### Phone Plans

<b>Home Phone National</b>	Unlimited calls to the U.S., Canada, Mexico, China, Hong Kong, India and U.S. territories.		<del>was \$19.99</del>	<b>Order</b> >
		<b>NEW!</b> Unlimited calling to India	\$ <b>10</b> 00 per month for 12 months	
			<b>Details</b> ▾	



### Packages

Review our current offers and deals.

**See all packages** >



### TWC Stores

Shop, pay your bill, exchange equipment at select locations.

**Find a location near you** >



### Shop Now

Order TV, Internet and Home Phone services that fit you.

**Get started** >



### Contact TWC

Find answers to common questions, chat online or call us.

**Contact us** >

\*Additional charges apply for equipment, installation, taxes & fees, broadcast, sports programming, activation and other surcharges, Directory Assistance, Operator Services, International calls outside of the calling area and other one-time charges. By enrolling in this promotion, customer agrees to be bound by the terms of TWC's Subscriber Agreement which can be found at [http://help.twcable.com/html/twc\\_sub\\_agreement.html](http://help.twcable.com/html/twc_sub_agreement.html). Triple Play offers expire 09/18/15 and are available to residential new and existing Single Play customers. Triple Play price will increase \$20 per month for months 13-24. After 24 months, regular rates in effect at that time apply. Lease of at least one Whole House HD-DVR and one WH DVR compatible Set Top Box required. Standard TV for \$39.99 available for 12 months; in months 13-24, price will increase to \$44.99; after month 24, regular rates in effect at that time apply. TV & Internet offer expires 09/18/15 and is available to new residential customers who sign up for the Double Play (Starter TV/Standard Internet); offer may not be combined. After 1 year, regular rates in effect at that time apply. Offer expires 09/18/15 and is available to new residential customers who sign up for Extreme Internet and Starter TV

with Digital Transport Adapter. After 1 year, regular rates in effect at that time apply. HBO®, Cinemax®, SHOWTIME® and STARZ® premium bundle offer is available to new customers and current Time Warner Cable customers who already have or are adding TV service and a set-top box to their accounts. To qualify, current customers cannot already subscribe to two or more premiums. The rate for this offer is \$29.99 per month for 12 months. After 1 year, regular rates in effect at that time will apply. Free Installation applies to Easy Connect Kit through 12/31/15. Free Installation does not apply to National West and Former New Wave and Former Insight locations. All services not available in all areas. Not all equipment supports all services. Subject to change without notice. Some restrictions apply. Offers may not be combined.

[View more](#) ▾

## Product

- [Packages](#)
- [TV](#)
- [Internet](#)
- [Phone](#)
- [IntelligentHome](#)

## Services

- [Pay Your Bill Online](#)
- [Ways to Pay Your Bill](#)
- [Moving?](#)
- [My Account Login](#)
- [TWC Apps](#)
- [Check Email](#)
- [On Demand](#)

## Support

- [Browse Support](#)
- [Program Your Remote](#)
- [Channel Lineup](#)
- [Closed Captioning](#)
- [Welcome to TWC](#)
- [TV Parental Control](#)
- [Internet Safety](#)
- [Accessibility](#)

## Contact Us

- [TWC Forums](#)
- [Contact Us](#)
- [TWC Stores](#)
- [Channel Feedback](#)
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- [Careers](#)
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## Cable, Internet and Home Phone Packages

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### TV + Internet

<p>Starter TV: <b>20+ Channels</b> &gt;</p>	<p>Standard Internet: <b>Up to 15Mbps</b> TWC WiFi® Hotspots</p>	<p><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</p>	<p><del>was \$49.99</del> <b>\$44.99</b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> &gt;</p>
<p>Starter TV: <b>20+ Channels</b> &gt;</p>	<p>Extreme Internet: <b>Up to 30Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<ul style="list-style-type: none"> <li><b>SPECIAL OFFER:</b> Premium channels just \$9.99/mo</li> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$64.99</b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> &gt;</p>
<p>Preferred TV: <b>200+ Channels</b> &gt; TWC TV®: Watch TV Online Free</p>	<p>Standard Internet: <b>Up to 15Mbps</b> TWC WiFi® Hotspots</p>	<ul style="list-style-type: none"> <li><b>SPECIAL OFFER:</b> Premium channels just \$9.99/mo</li> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$89.99</b> per month for 12 months <b>Details</b> ▾</p>	<p><b>Order</b> &gt;</p>

<p>Preferred TV with Whole House HD-DVR Service: <b>200+ Channels</b> › HBO® &amp; More TWC TV®: Watch TV Online Free</p>	<p>Extreme Internet: <b>Up to 30Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<p><b>SPECIAL OFFER:</b> Premium channels just \$9.99/mo</p>	<p><b>\$ 129</b> 99</p>	<p>Order ›</p>
			<p>per month for 12 months</p>	<p><b>Details</b> ▾</p>



**TV + Internet + Phone**

<p>Preferred TV: <b>200+ Channels</b> › Includes one HD Box FREE Installation &amp; Phone Activation</p>	<p>Extreme Internet: <b>Up to 30Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<ul style="list-style-type: none"> <li>• <b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> <li>• Watch TV and movies anytime with the EPIX® app</li> </ul>	<p><b>\$ 89</b> 99 per month for 12 months</p>	<p>Order ›</p>
			<p><b>Details</b> ▾</p>	

<p>Preferred TV: <b>200+ Channels</b> › Enhanced DVR with Whole House Service EPIX® and STARZ® FREE Installation &amp; Phone Activation</p>	<p>Ultimate Internet: <b>Up to 50Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<p>Watch TV and movies anytime with the EPIX® app and STARZ® Play</p>	<p><b>\$ 109</b> 99 per month for 12 months</p>	<p>Order ›</p>
			<p><b>Details</b> ▾</p>	

<p>Preferred TV: <b>200+ Channels</b> › Enhanced DVR Box with Whole House Service Four Premiums FREE Installation &amp; Phone Activation</p>	<p>Ultimate Internet: <b>Up to 50Mbps</b> Home WiFi, TWC WiFi® Hotspots</p>	<p>Get four popular premium channels</p>	<p><b>\$ 129</b> 99</p>	<p>Order ›</p>
			<p>per month for 12 months</p>	<p><b>Details</b> ▾</p>



**TV Plans**

<p><b>Starter TV</b></p>	<p><b>20+ Channels</b> ›</p>	<ul style="list-style-type: none"> <li>• Includes a variety of local channels, many in HD</li> </ul>	<p><b>\$ 19</b> 99 per month for 12 months</p>	<p>Order ›</p>
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		<ul style="list-style-type: none"> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<a href="#">Details</a> ▾
<b>Standard TV</b>	<b>70+ Channels</b> ›	<ul style="list-style-type: none"> <li><b>Get 2 Years of Savings</b> – new low price for 12 months; \$44.99 per month for months 13-24</li> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$ 39<sup>99</sup></b> per month for 12 months</p> <p><a href="#">Details</a> ▾</p> <p><a href="#">Order</a> ›</p>
<b>Preferred TV</b>	<b>200+ Channels</b> ›	<ul style="list-style-type: none"> <li>Watch live TV on your tablet or PC with the TWC TV® app</li> <li><b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit</li> </ul>	<p><b>\$ 49<sup>99</sup></b> per month for 12 months</p> <p><a href="#">Details</a> ▾</p> <p><a href="#">Order</a> ›</p>



### Internet Plans

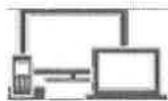
<b>Ultimate</b>	Up to <b>50Mbps</b> Home WiFi, TWC WiFi® Hotspots Upload up to 5Mbps	<b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit	<p><del>was \$69<sup>99</sup></del></p> <p><b>\$ 64<sup>99</sup></b> per month for 12 months</p> <p><a href="#">Details</a> ▾</p>	<a href="#">Order</a> ›
<b>Extreme</b>	Up to <b>30Mbps</b> Home WiFi, TWC WiFi® Hotspots Upload up to 5Mbps	<b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit	<p><del>was \$59<sup>99</sup></del></p> <p><b>\$ 54<sup>99</sup></b> per month for 12 months</p> <p><a href="#">Details</a> ▾</p>	<a href="#">Order</a> ›

<b>Standard</b>	Up to <b>15Mbps</b> TWC WiFi® Hotspots Upload up to 1Mbps	<b>FREE</b> shipping if you qualify for a self-install Easy Connect Kit	<del>was \$39.99</del>	Order >
			<b>\$34.99</b> per month for 12 months	
<b>Details</b> ▾				



**Phone Plans**

<b>Home Phone National</b>	Unlimited calls to the U.S., Canada, Mexico, China, Hong Kong, India and U.S. territories.		<del>was \$19.99</del>	Order >
			<b>\$10.00</b> per month for 12 months	
<b>NEW! Unlimited calling to India</b>				
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\*Additional charges apply for equipment, installation, taxes & fees, broadcast, sports programming, activation and other surcharges, Directory Assistance, Operator Services, International calls outside of the calling area and other one-time charges. By enrolling in this promotion, customer agrees to be bound by the terms of TWC's Subscriber Agreement which can be found at [http://help.twcable.com/html/twc\\_sub\\_agreement.html](http://help.twcable.com/html/twc_sub_agreement.html). Triple Play offers expire 09/18/15 and are available to residential new and existing Single Play customers. Triple Play price will increase \$20 per month for months 13-24. After 24 months, regular rates in effect at that time apply. Lease of at least one Whole House HD-DVR and one WH DVR compatible Set Top Box required. Standard TV for \$39.99 available for 12 months; in months 13-24, price will increase to \$44.99; after month 24, regular rates in effect at that time apply. TV & Internet offer expires 09/18/15 and is available to new residential customers who sign up for the Double Play (Starter TV/Standard Internet); offer may not be combined. After 1 year, regular rates in effect at that time apply. Offer expires 09/18/15 and is available to new residential customers who sign up for Extreme Internet and Starter TV

with Digital Transport Adapter. After 1 year, regular rates in effect at that time apply. HBO®, Cinemax®, SHOWTIME® and STARZ® premium bundle offer is available to new customers and current Time Warner Cable customers who already have or are adding TV service and a set-top box to their accounts. To qualify, current customers cannot already subscribe to two or more premiums. The rate for this offer is \$29.99 per month for 12 months. After 1 year, regular rates in effect at that time will apply. Free Installation applies to Easy Connect Kit through 12/31/15. Free Installation does not apply to National West and Former New Wave and Former Insight locations. All services not available in all areas. Not all equipment supports all services. Subject to change without notice. Some restrictions apply. Offers may not be combined.

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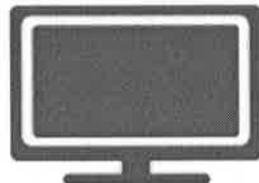
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# **Attachment L**

## **Timeline Demonstrating Estimated Timeframe from Growing Marijuana to Production of a Final Approved Product**

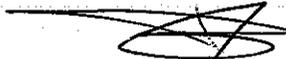


# **Attachment M**

**Statement Showing Compliance with  
State and Local Laws and Regulations  
Relating to the Activities under the Registration**

ATTACHMENT "M"

The applicant, NY GROWING PARTNERS, LLC, is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8).



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Pasquale DeBenedictis, Member

Dated: June 4, 2015