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# Commonwealth of Massachusetts

## **Application for Chair of the Cannabis Control Commission**

**for Appointment to be made by the**

**Massachusetts Treasurer and Receiver-General**

Thank you for your interest in the position of Chair of the Cannabis Control Commission.[[1]](#footnote-2)

We are currently accepting applications for an appointment to be made by the Treasurer and Receiver-General. The position requires experience in corporate management, finance or securities. *See* G.L. c. 10, § 76.

This application may be downloaded from the website of the Massachusetts Office of the State Treasurer and Receiver General ([www.masstreasury.org](http://www.masstreasury.org)). Please download the application and key in your responses, keeping the language of the questions intact and responding sequentially. Please submit your completed application in PDF form via email to HR@tre.state.ma.us.

Your completed application may be subject to the public records law (G.L. c. 66).

Finally, please note that candidates progressing to a second-round interview will be required to complete and submit a supplemental application, which shall be provided separately.

**I. Personal Information.**

1. Full name:
2. Have you ever used or been known by any other name?

Yes \_\_\_\_\_ No 

If your answer is yes, please identify:

1. Residential Address:

1. Telephone numbers: (a) Home:

(b) Work:
(c) Cell:

1. E-mail address: (a) Home:

(b) Work:

1. Please indicate which phone number, e-mail, and mailing address you prefer the appointing authority to use by placing an asterisk (\*) next to it.
2. Social Security Number (last 4 digits): XXX-XX-\_\_\_\_\_\_

[I understand I may be asked to supply the remaining digits and I agree to supply the same.]

1. Date of birth: Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current Employment:
	1. Employer’s Name:
	2. Office Address:
	3. Office Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Nature of Business:
	5. Title:

10. Spouse/Domestic Partner’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Spouse/Domestic Partner’s Maiden/Birth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Spouse/Domestic Partner’s Current Employment:

* 1. Employer’s Name:
	2. Office Address:
	3. Office Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Nature of Business:
	5. Title:

13. By law, each Cannabis Control Commissioner shall be a resident of the Commonwealth within 90 days of appointment. G.L. c. 10, § 76. Are you currently a permanent Massachusetts resident?

Yes  No 

If your answer is no, will you become a permanent Massachusetts resident within 90 days if you are appointed?

Yes  No 

14. By law, a person convicted of a felony is not eligible to serve on the Commission. G.L. c. 10, § 76. Have you ever been convicted of a felony?

 Yes  No 

15. By law, a person may not hold or be a candidate for federal, state, or local elected office; hold an appointed office in a federal, state, or local government; or serve as an official in a political party while serving on the Commission. G.L. c. 10, § 76.

 Do you currently hold (or are you a candidate for) such office, hold an appointed office, or serve as such an official?

 Yes  No 

 If appointed a Cannabis Control Commissioner, will you withdraw your candidacy; resign your office; and/or not serve as an official in a political party?

Yes  No 

16. By law, no more than three Cannabis Control Commissioners may be from the same political party. G.L. c. 10, § 76.[[2]](#footnote-3)

 Please state your party affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Educational History.**

17. Please (i) list all high schools, colleges, and graduate schools that you have attended, the name you used while attending each institution, dates attended, and degrees conferred; and (ii) describe honors or awards received, and describe any significant activities and any offices or leadership positions held. You may provide a resume if it provides the responsive information.

18. Have you ever been dismissed from an institute of higher learning? If your answer is yes, please provide details.

19. Have you ever withdrawn from an institute of higher learning in order to avoid dismissal due to alleged or actual misconduct? If your answer is yes, please provide details.

**III. Employment History. You may provide a resume if it provides information responsive to the questions 20 – 23 below.**

20. In chronological order, please list the full name of each of your prior employers (exclusive of employment during school years) and their respective addresses, the start and end dates of your employment, and the positions you held. Under each prior employer’s listing, briefly describe the nature of (i) that employer’s business; (ii) your position within that business; and (iii) your responsibilities. Provide the name, along with the current address, telephone number, and e-mail address (“contact information”) of a person, preferably your supervisor, who can verify your employment with that employer. Please include any military service in your answer.

21. Have you ever been discharged from employment (including from the military, under Other than Honorable conditions) for any reason or have you ever resigned after being informed that your employer intended to discharge you? If your answer is yes, please explain.

22. Do you have any professional licenses or registrations? If your answer is yes, please identify all licenses and registrations, including the numbers, licensing authorities, and status.

23. Please list any professional or trade associations or organizations in which you are a member, indicating whether you hold any office in the organization.

24. Please describe three specific examples from your employment history that demonstrate how your experience and skill set best qualify you for appointment as Chair of the Cannabis Control Commission.

**IV. Questions Specific to Appointment as Chair of the Cannabis Control Commission.**

25. Why do you want to become Chair of the Cannabis Control Commission?

26. What do you believe should be the fundamental mission of the Cannabis Control Commission and how would you set out to achieve its goals?

27. What are the attributes or qualities you believe should be given the greatest weight in evaluating applicants for Chair of the Cannabis Control Commission, and how do you assess yourself in terms of those attributes?

28. What is the greatest challenge confronting the Cannabis Control Commission and how would you address it?

29. Please describe with specificity, in addition to the above information, how your educational history, employment, and experience will guide you if appointed to be Chair of the Cannabis Control Commission ***and*** demonstrates your experience in the area of corporate management, finance or securities.

**V. Potential Conflicts of Interest with the Cannabis Industry.**

30. Are you employed by a(n) corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

31. Do you own or hold stock or interest in any corporation association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

32. Do you have any professional services or business contract with or for any partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

33. Do you have any direct or indirect financial or pecuniary interest in (including the ownership of shares in a mutual, exchange traded fund (ETF), equity, money market, or other fund) any corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or is an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

34. If not already identified in your responses to the questions above, do you have any other connection with any corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or is an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

35. Within the past ten years, have you received any gift with a face value greater than $250.00 from any cannabis-related licensee, applicant, close associate, affiliate, or other person or entity subject to the jurisdiction of the Cannabis Control Commission?

I**X. References.**

36. Please provide three (3) written, original recommendations. At least two of the recommendations must address your professional experience and qualifications. At least one must reflect -- based on personal knowledge -- your reputation for good character, honesty, and integrity. Those making the recommendations should include contact information, and none may be family members or relatives.

You may also provide a list of five (5) additional names as references the appointing authority may contact.

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**Please note that prior to appointment to the commission, a background investigation shall be conducted into the financial stability, integrity, and responsibility of a candidate, including the candidate’s reputation for good character, honesty, and integrity.** **To advance through the appointment process, you must agree to the Treasury’s conducting such a background check.** **G.L. c. 23K, § 3.**

**Further, each candidate for employment as a state employee is required by the appointing authority as part of the application process to disclose, in writing, the names of any state employee who is related to the candidate as spouse, parent, child or sibling or as the spouse of your parent, child or sibling. To advance through the appointment process, you must agree to make such a disclosure. G.L. c. 268A, § 6B.**

**CERTIFICATION AND WAIVER**

I hereby swear or affirm under penalties of perjury that the information provided within this application is true and complete to the best of my knowledge and belief.

I understand the submission of this application expresses my willingness to accept appointment to the Cannabis Control Commission, if tendered by the appointing authority, and further, my willingness to abide by Conflict of Interest laws, G.L. c. 268A and 268B, as well as any Code of Conduct adopted by the Cannabis Control Commission, if appointed.

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**Date Signature of Applicant**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

1. The Cannabis Control Commission was established by “An Act to ensure safe access to medical and adult-use of marijuana in the Commonwealth,” which was signed into law on July 28, 2017. 2017 Mass. Acts ch. 55. [↑](#footnote-ref-2)
2. Please note that the appointing authority will verify your stated party affiliation and that it has been continuously during the two years immediately preceding the date of appointment. *See* G.L. c. 4, § 12. [↑](#footnote-ref-3)