- Updated Plans Review Questionnaire -

FD-98
(rev. 11/24)

PLANS REVIEW QUESTIONNAIRE FOR MEDICAL MARIJUANA DISPENSARIES

Date submitted to Cannabis Program: 02.03.2026

I. Basic Facility/Contact Information.

Name of Establishment: Crescent City Therapeutics, LLC dba NOLA Cannabis Company

Physical Address of Establishment: 1407 S Carrollton Ave.,
New Orleans, LA 70118

Mailing Address of Establishment: 425 W CAPITOL AVE, STE 1400
LITTLE ROCK, AR 72201

Class of Ownership:

Note: All corporations, regardless of where the corporation is domiciled, must have an in-state Agent for Service of Process registered as such with the Louisiana Secretary of State.

- ○ Sole Proprietorship
- ○ Corporation
- ◉ Limited Liability Corporation
- ○ Partnership
- ○ Limited Liability Partnership

Name of Proprietor:	
Name of Agent for Service of Process:	Andrew Kolb
List of Partners:	

Contact Person

Name John B. Davis Title Owner's Managing Officer (OMO)

Mailing Address 18350 Petroleum Dr, Baton Rouge, LA 70809

Business Phone _____ Cell Phone 225-938-3305

Email address jdavis@gooddayfarm.com

Owner of the Real Property (if different from Owner of Establishment)

Name CREDC Bourbon Street, LLC Title _____

Mailing Address 425 W. Capitol Ave., Suite 1400 Little Rock AR 72201

Business Phone _____ Cell Phone (501) 551-0502

Email address reetheridge@gooddayfarm.com

II. Plans/Facility Size and Scope. New facilities need to provide a plot plan or blueprint drawing showing the proposed building, sewage treatment facility (if applicable), plumbing plan, electrical plan, HVAC plan, schedule of materials for finished floors, walls, and ceilings, and the surrounding grounds. Plans should specify the measures employed to secure areas where marijuana products are stored on the premises from entry/access by unauthorized personnel. Existing facilities need to provide a plot plan or blueprint drawing showing proposed renovations, and any information listed in the previous sentence that may change as a result of proposed renovations.

List the existing square footage: < 5,000
proposed change (if applicable): NA
new total: < 5,000

Estimated (or actual) total number of employees in facility per shift: 25

III. Plumbing Information.

Existing plumbing includes

Item	Number
Ladies' Water Closets	0
Men's Water Closets	0
Urinals	0
Ladies' Hand Lavatories	0
Men's Hand Lavatories	0
Prep Area Hand Lavatories (if applicable)	1
Water fountains/dispensers	2

Item	Yes	No
Restrooms mechanically-vented to atmosphere?	X	
Restroom doors self-closing?	X	
Floor drains in restrooms?	X	

*** Unisex Water Closets - 2
Unisex Hand Lavatories - 2
Breakroom Hand Lavatories - 1

Name of public water system servicing facility: Orleans Parish

(Note: Facilities using non-community water supplies must have well plans approved by the local Parish Health Unit or OPH Regional engineering staff. New supplies must also provide copies of lab results from tests for coliform bacterial contamination and chemical contaminants delineated in 40 CFR 141 [National Primary Drinking Water Regulations] showing negative results for coliform and results in compliance with maximum contaminant levels for chemicals. Also, please note that new wells must be registered with the Louisiana Department of Transportation and Development [DOTD], Office of Public Works.)

Name of public sewer system servicing facility: Orleans Parish

(Note: Facilities utilizing onsite wastewater treatment systems must have plans approved by the local Parish Health Unit or OPH Regional engineering staff. Existing facilities utilizing onsite wastewater treatment systems more than two years old must provide a copy of a pumpout receipt and one-year maintenance contract with a licensed maintenance provider.)

IV. Refuse Disposal Information.

Name of garbage/refuse disposal company contracted: Municipal garbage & recycling (IV Waste)

(Facilities must contract with a commercial waste disposal operation to remove garbage and/or refuse in accordance with the provisions of Chapter 5, Subpart 2 of Part XXIX, Title 51 of the Louisiana Administrative Code. Exemptions for the use of a municipal waste removal pickup may be granted to small operations on a case-by-case basis. Speak to your inspector for further details.)

V. Additional Documentary Requirements.

Provide the following information regarding the proposed facility:

- If the facility is currently operating, provide a current registered patient count (note that this must be sent to the department on a quarterly basis, per 51.XXIX.303(C)): 25,540 active patients

- If the facility is currently operating, provide the number on the permit issued by the Louisiana Board of Pharmacy: 01-LDH-04MM

- Provide the name of the point-of-sale system in use to track marijuana purchases: Dutchie

- Confirm that this system interfaces with Metrc (the Louisiana Medical Marijuana Tracking System): ☒

- List the firm's proposed/current hours of operation: M-Sa 9am - 9pm, Su 10am - 7pm

- Provide the name, email address, and telephone number of the registered pharmacist who will be available to this firm below:

  Lynette B. Evans, levans@nolacannabisdispensary.com, 504-800-6420

  Megan McKay, mmckay@nolacannabisdispensary.com, 504-739-8351

- Attach a sworn affidavit indicating that the firm meets the distance requirements specified in R.S. 40: 1040(G)(6) and any applicable local zoning requirements.

- Provide a separate list of the categories of other goods and services provided/to be provided by the firm.

PLEASE NOTE THAT INCOMPLETE PACKETS WILL BE RETURNED WITHOUT PROCESSING. IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING OR SUBMITTING THIS PACKET, PLEASE CALL 225-342-4339 OR EMAIL US AT LACANNABISPROGRAM-MEDICALMARIJUANA@LA.GOV.