

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

**1. Claimant's Legal Counsel -**  (If representing yourself (Pro Se) please check this box and proceed to section 2)

Rahman	Robbin	rrahman@barberlawfirm.com		
(last name)	(first name)	(email)		
425 W Capitol Ave., STE 3400	Little Rock	AR	72201	(501) 541-8022
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: \_\_\_\_\_ *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

**2. Claimant(s)**

Rock City Harvest, LLC				
(title/last name/first name or company)	(email)			
1510 Broadway St.	Little Rock	AR	72202	
(address)	(city)	(state)	(zip)	(primary phone)

**3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)**

Arkansas Alcoholic Beverage Control

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(state agency involved)

**4. Incident Date**

7/27/2021

**5. Claim Type**

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

On May 28, 2021, Rock City Harvest LLC (\RCH\) delivered a check (check no. 101141) in the amount of \$22,500 to the Arkansas Alcoholic Beverage Control (\ABC\) in connection with the renewal of its medical marijuana dispensary license (License No. 00267) for the period July 1, 2021 - June 30, 2022. Check No. 101141 was delivered via U.S. Mail to the address listed on the renewal application issued by the ABC. However, because the address listed on the renewal application was an old address, the check was not received by the ABC in a timely fashion. Moreover, because applicable law provides that failure to provide the license renewal fee prior to June 30 of each year automatically results in revocation of the license and, after consultation with the director of the ABC, a second check was issued to insure RCH's license was timely renewed and not revoked. In particular, on June 14, 2021, RCH issued a second check (Check No. 101147) in the amount of \$22,500 to the ABC on account of the 2021-2022 license renewal fee. The second check was hand delivered to the offices of the ABC and RCH's license was thereafter renewed. Based on conversations with the director, it was understood by RCH that only one of the two checks would be applied to RCH's license renewal fee and the other check would be returned or destroyed. However, on July 27, 2021 both checks issued by RCH (No. 101141 and 101147) inadvertently were presented to Central Bank for payment and both checks were honored. As a result, the ABC received a double payment by RCH for its license renewal fee. RCH should be reimbursed in the total amount of \$22,500.

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage.

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)

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(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury.

All personal injury claims require a copy of your medical insurance information in place at the time of the incident.

I do not have health insurance

8. Amount Sought: \$22,500.00

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(Signature)

(Date)

ARKANSAS STATE CLAIMS COMMISSION  
-Claim Form-

Arkansas  
State Claims Commission

AUG 23 2021

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

RECEIVED

1. Claimant's Legal Counsel -  (If representing yourself (Pro Se) please check this box and proceed to section 2)

Rahman Robbin rrahman@barberlawfirm.com  
(last name) (first name) (email)

425 W. Capitol Ave., STE 3400, Little Rock, AR 72201 501-541-8022  
(address) (city) (state) (zip) (primary phone)

Arkansas Bar Number: 2017268

*If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

2. Claimant

Rock City Harvest, LLC robbin@harvestcannabisarkansas.com  
(title/last name/first name or company) (email)

1200 Thomas G. Wilson Drive, Conway, AR 72032 501-541-8022  
(address) (city) (state) (zip) (primary phone)

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

Arkansas Medical Marijuana Commission

(state agency involved)

4. Incident Date

July 28, 2021

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

See Attached Addendum

5a. Check here if this claim involves damage to a motor vehicle.

5b. Check here if this claim involves damage to property other than a motor vehicle.

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3. An explanation why repair bill(s) or estimate(s) cannot be provided.



6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury.

All personal injury claims require a copy of your medical insurance information and relevant medical bills in place at the time of the incident.

I do not have health insurance

8. Amount Sought: \$22,500

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.



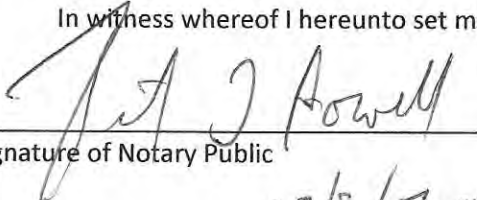
Claimant

ACKNOWLEDGEMENT

State of Ark  
County of Pulaski

On this the 23rd day of August, 2021, before me, the undersigned notary, personally appeared Rubbin Rahman known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

  
Signature of Notary Public

My Commission expires: 07/31/2025



Addendum to Claim Form – Rock City Harvest LLC

1. The Claimant, Rock City Harvest, LLC (“Harvest”), is the holder of a medical marijuana license, License No. 00268 (the “MMJ License”), and operates a medical marijuana dispensary in Conway Arkansas.
2. Pursuant to applicable rules, Harvest must renew its MMJ License by no later than June 30 of each year. The annual cost of the license is \$22,500, payable to the Arkansas Medical Marijuana Commission (the “MMC”).
3. The Arkansas Alcoholic Beverage Control (the “ABC”) is charged with all tasks associated with the license renewal process, including the preparation of all license renewal application forms (the “Renewal Application”) and the receipt of all license renewal fees.
4. On May 14, 2021, Harvest received the Renewal Application from the ABC to be used for the 2021-2022 license renewal process. The Renewal Application identified 1515 West Seventh Street, Suite 503, Little Rock, AR 72201 (the “Old ABC Address”) as the address to which the completed Renewal Application and payments should be delivered.
5. However, in the email transmitting the Renewal Application, the ABC reminded Harvest to send the completed Renewal Application and payments to the address of its new offices, 101 E. Capitol, Suite 401, Little Rock 72201 (the “New ABC Address”).
6. On May 28, 2021, Harvest delivered to the ABC via regular mail its completed Renewal Application together with a check (No. 101141) in the amount of \$22,500 (the “First Renewal Check”). However, the Renewal Application and check mistakenly were delivered to the ABC at the Old ABC Address.
7. After discussing the mistake with the ABC, on June 14, 2021, Harvest delivered via hand-delivery to the ABC at the New ABC Address a second completed Renewal Application and a second check (No. 101147) in the amount of \$22,500 (the “Second Renewal Check”) to ensure its license was timely renewed by the June 30, 2021 deadline
8. The intention of the parties was for only one of Harvest checks to be deposited, with the second check to be returned to Harvest.
9. On or about July 28, 2021, both the First Renewal Check and the Second Renewal Check were deposited into the MMC account on account of Harvest’s 2021-2022 license renewal. Copies of each deposited check (front and back) are attached hereto.
10. The amount of the First Renewal Check, \$22,500, should be returned to Harvest.



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

**ALCOHOLIC BEVERAGE CONTROL**  
101 East Capitol, Suite 401  
Little Rock, Arkansas 72201  
Phone: (501)682-1105  
Fax: (501) 682-2221  
[www.dfa.arkansas.gov/alcoholic-beverage-control](http://www.dfa.arkansas.gov/alcoholic-beverage-control)

October 6, 2021

Ms. Kathryn Irby  
State Claims Commission  
101 East Capitol Ave., Suite 410  
Little Rock, AR 72201-3823

RE: Rock City Harvest, LLC  
Claim #: 220153

Dear Ms. Irby:

Records of this office reflect that the referenced claimant paid the renewal fee twice in the amount of \$22,500.00 each. Therefore, the claimant is entitled to a refund of \$22,500.00.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads 'Doralee Chandler'.

Doralee Chandler, Director  
Alcoholic Beverage Control Division

DC/jkc

BUSINESS AREA: 0611  
FUND CODE:  
COST CENTER GROUP: 388203  
FUNDS CENTER:

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**ROCK CITY HARVEST, LLC**

**CLAIMANT**

**V.**

**CLAIM NO. 220153**

**ARKANSAS ALCOHOLIC BEVERAGE  
CONTROL DIVISION**

**RESPONDENT**

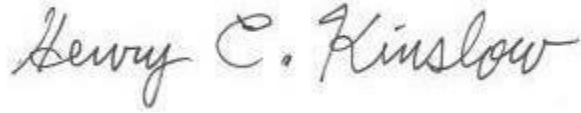
**ORDER**

This claim was filed by Rock City Harvest, LLC (the “Claimant”) against the Arkansas Alcoholic Beverage Control Division (the “Respondent”) for refund of Claimant’s marijuana dispensary license fee in the amount of \$22,500.00, which was double paid.

Respondent filed an answer on October 7, 2021, admitting liability in the amount of \$22,500.00.

As such, the Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$22,500.00 and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



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ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird  
Dexter Booth  
Henry Kinslow, Co-Chair  
Paul Morris, Co-Chair  
Sylvester Smith

DATE: October 29, 2021

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).