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**Maine Medical Cannabis Program Application**

**Dispensary**

Notice: In order for this application to be considered complete by the Office of Cannabis Policy (OCP), the applicant must submit this form; a local authorization form for each physical location where the applicant intends to cultivate, manufacture and/or conduct retail sales to qualifying patients (limit 2 locations); the required dispensary application fee; and registry identification card applications and all required application and criminal history check fees for any person listed in this application as an officer or director of the dispensary.

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| **Section 1: Dispensary Applicant Information.**  This section is to be completed with information pertaining to the dispensary applicant. | | | | | |
| **Section 1(a): Entity information.**  This section is to be completed with information pertaining to the business entity applying for a dispensary registration certificate. | | | | | |
| Business Legal Name | | Federal Taxpayer ID/EIN | | Trade Name/DBA, if any | |
| Mailing address | | City | State | | Zip |
| Phone | E-mail Address | Website, if any | | | |
| Business Type | | Is this business entity incorporated in the State of Maine or otherwise formed or organized pursuant to the laws of the state of Maine?  Yes  No | | | |
| Sole Proprietor  Corporation  Limited Liability Company  General Partnership | Limited Partnership  Limited Liability Partnership  Limited Liability Limited Partnership  Other:      \_ |
| Date of Incorporation, Formation or Organization | | | |
| **Section 1(b): Dispensary Primary Contact Person information.** This section is to be completed with information pertaining to the primary contact person for the dispensary completing this application. All correspondence from OCP regarding this application will be sent to the primary contact person at the address listed below. | | | | | |
| Primary Contact Name | Phone | Primary Contact E-mail Address | | | |
| Title/Relationship to dispensary applicant | | | | | |
| Mailing Address | | City | State | | Zip |
| **Section 2: Dispensary ownership and management.** This section to be completed with information pertaining to all officers, directors, managers, shareholders, board members, partners, or other persons holding a management position or ownership interest in the entity listed in Section 1(a).  An application for a dispensary registration certificate will not be considered complete by OCP until OCP receives a complete registry identification card application (unless the individual has a current registry identification card with OCP) and sends to Maine Revenue Services a completed Maine Revenue Services Authorization to Review and Disclose Status of Tax and Filing Obligations form for every natural person listed in Sections 2(a) and 2(b).  OCP reserves the right to request additional information to clarify the nature of the interests and responsibilities of the individuals listed in Section 2. | | | | | |

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| **Section 2(a): Entity Officers**. This section to be completed with information pertaining to all officers of any governing body (i.e. board of directors, partners, etc.) responsible for oversight of the entity listed in Section 1(a). Use additional pages if necessary. | | | | |
| Name | Date of birth | Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc) | | |
| Residential address | | City | State | Zip |
| Name | Date of birth | Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc) | | |
| Residential address | | City | State | Zip |
| Name | Date of birth | Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc) | | |
| Residential address | | City | State | Zip |
| Name | Date of birth | Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc) | | |
| Residential address | | City | State | Zip |
| **Section 2(b): Entity other officers, directors, managers, board members, partners**.  This section to be completed with information pertaining to all other members of any governing body (i.e. board of directors, partners, etc.) responsible for oversight of the entity listed in Section 1(a) and any other natural person identified in the entity’s organizing documents. Use additional pages if necessary. | | | | |
| Name | Date of birth | Role within governing body or organization (i.e. other officer, director, manager, board member, partner) | | |
| Residential address | | City | State | Zip |
| Name | Date of birth | Role within governing body or organization (i.e. other officer, director, manager, board member, partner) | | |
| Residential address | | City | State | Zip |
| Name | Date of birth | Role within governing body or organization (i.e. other officer, director, manager, board member, partner) | | |
| Residential address | | City | State | Zip |
| Name | Date of birth | Role within governing body or organization (i.e. other officer, director, manager, board member, partner) | | |
| Residential address | | City | State | Zip |
| **Section 2(c): All equity interest holders.**  This section to be completed with information pertaining to all natural persons and entities holding an equity interest in the entity listed in Section 1(a). The sum of the percentage of equity interests held by individuals and entities listed in this section must equal 100. | | | | |
| In the space below or attachments to this application, provide OCP with a narrative description of all natural persons and entities holding an equity interest in the entity listed in Section 1(a). | | | | |
| **Section 3. Dispensary authorized activities.** An appropriately registered dispensary may conduct the following activities in accordance with the requirements and restrictions of the Maine Medical Use of Cannabis Act, Title 22, ch. 558-C, the *Maine Medical Use of Cannabis Program Rule*, 18-691 CMR, ch. 2, and the rules regarding *Cannabis Manufacturing Facilities*, 18-691 CMR, ch. 4. The applicant must indicate below all authorized activities intended to conducted by the registered dispensary and provide additional information about such authorized activities in Section 4 of this application. | | | | |
| **Section 3(a). Location(s) where authorized activities will be conducted.** List no more than two physical locations where the applicant intends to conduct authorized activities. In order for this application to be considered complete, the applicant must return a completed local authorization form for each location of authorized activities listed in this section. Please note that the applicant may only conduct retail sales to patients at one location. | | | | |

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| **Location 1** | | | | | |
| Physical address | City | | State | Zip | |
| Mailing address (if different) | City | | State | Zip | |
| Is the premises to be registered as a dispensary at least 500 feet from the property line of any preexisting public or private school?  Yes  No | | | | | |
| Attach a tax map or other rendering that clearly indicates the distance between the proposed registered premises and the nearest preexisting public or private school. | | | | | |
| Indicate all authorized activities the applicant intends to conduct at the registered premises to be located at Location 1. Check all that apply.    Cultivation of cannabis (Note: A registered dispensary must ensure that any employee or agent applying pesticides to cannabis for medical use is appropriately licensed as a pesticide applicator by the Board of Pesticide Control).  Manufacturing harvested cannabis without the use of inherently hazardous substances (Note: A registered dispensary must obtain an appropriate Food Establishment License from the Department of Agriculture, Conservation and Forestry to manufacture edible cannabis products).  Manufacturing harvested cannabis with inherently hazardous substances (Note: A registered dispensary must obtain a separate inherently hazardous substance registration manufacturing facility registration certificate to use inherently hazardous substances to manufacture harvested cannabis).  Providing harvested cannabis to a registered manufacturing facility for the production of cannabis concentrate or cannabis products.  Accepting from, or transferring to, registered caregivers or other registered dispensaries cannabis plants or harvested cannabis in wholesale transactions.  Consulting with, assisting, and/or dispensing cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.  Operating a dispensary retail space for the conduct of sales or transfers of cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.  Delivery of cannabis plants or harvested cannabis to a qualifying patient.  Co-location with an adult use licensee  Cultivation facility, license #:  Manufacturing facility, license #: | | | | | |
| **Location 2** | | | | | |
| Physical address | City | | State | Zip | |
| Mailing address (if different) | City | | State | Zip | |
| Is the premises to be registered as a dispensary at least 500 feet from the property line of any preexisting public or private school?  Yes  No | | | | | |
| Attach a tax map or other rendering that clearly indicates the distance between the proposed registered premises and the nearest preexisting public or private school. | | | | | |
| Indicate all authorized activities the applicant intends to conduct at the registered premises to be located at Location 1. Check all that apply.    Cultivation of cannabis (Note: A registered dispensary must ensure that any employee or agent applying pesticides to cannabis for medical use is appropriately licensed as a pesticide applicator by the Board of Pesticide Control).  Manufacturing harvested cannabis without the use of inherently hazardous substances (Note: A registered dispensary must obtain an appropriate Food Establishment License from the Department of Agriculture, Conservation and Forestry to manufacture edible cannabis products).  Manufacturing harvested cannabis with inherently hazardous substances (Note: A registered dispensary must obtain a separate inherently hazardous substance registration manufacturing facility registration certificate to use inherently hazardous substances to manufacture harvested cannabis).  Providing harvested cannabis to a registered manufacturing facility for the production of cannabis concentrate or cannabis products.  Accepting from, or transferring to, registered caregivers or other registered dispensaries cannabis plants or harvested cannabis in wholesale transactions.  Consulting with, assisting, and/or dispensing cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.  Operating a dispensary retail space for the conduct of sales or transfers of cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.  Delivery of cannabis plants or harvested cannabis to a qualifying patient.  Co-location with an adult use licensee  Cultivation facility, license #:  Manufacturing facility, license #: | | | | | |
| **Section 3(b). Local authorization by municipalities**. If applicable, attach an executed copy of the required local authorization form for each location listed in Section 3(a) above. Attach a copy of the local ordinance or warrant article authorizing the operation of a registered dispensary within the municipality where the registered premises will be located. | | | | | |
| Location 1, check all that apply:  Executed local authorization form attached; or  Local authorization and approval not required because the registered premise is located in the unorganized or deorganized territories | | | | | |
| Location 2, check all that apply  Executed local authorization form attached; or  Local authorization and approval not required because the registered premise is located in the unorganized or deorganized territories | | | | | |
| **Section 4. General compliance.**  Provide, as applicable, the supporting information and documents listed below to demonstrate compliance with the requirements of the laws and rules governing the registration and operation of registered dispensaries. | | | | | |
| **Section 4(a). General dispensary documents.** | | | | | |
| Provide the following documents to demonstrate compliance with 18-691 CMR, ch. 2, § 7(W):  A copy of the dispensary’s articles of incorporation and bylaws or operating agreement, as applicable; and  A copy of the dispensary’s liability insurance policy. | | | | | |
| **Section 4(b). Registered premises.** | | | | | |
| Provide, as applicable, the following information regarding each location where a registered premise will be located. OCP encourages applicants to use a computer assisted design (CAD) program to create any required diagrams and reserves the right to request additional diagrams, information or clarification to assist OCP staff in determining whether the registered premises are in compliance with 18-691 CMR, ch. 2 § 7(N):  A facility diagram (or diagrams), with sufficient detail and clarity to indicate the following:  A floor plan showing the proposed size (in square feet) and layout of the registered premises, including an indication of the primary activities to be conducted in each area of the registered premises;  An indication of where any on-site parking will be located and all points of ingress and egress to that parking area and the registered premises from a public right-of-way;  An indication of all external windows and doors;  All points of ingress and egress within the registered premises;  The location of all security devices required to prevent and deter unauthorized entrance into areas containing marijuana and the theft of marijuana at the registered premises, including:   * Exterior lighting sufficient to deter nuisance activity and facilitate surveillance; * Monitored alarm system; * Interior electronic monitoring sensors; * Interior video cameras; * Interior panic buttons; and * Any other interior or exterior security devices;   A clear indication of any areas of the registered premises where qualifying patients, caregivers and/or the public will be assisted or otherwise served by the registered dispensary. | | | | | |
| **Section 4(c). Required procedures and plans.** In accordance with the laws and rules governing registered dispensaries, registered dispensaries must maintain and conduct authorized activities in accordance with certain required procedures and plans. Registered dispensaries must available to OCP upon request a copy of all current required procedures and plans. A registered dispensary must maintain a copy of current, up-to-date and revised procedures and plans at all registered premises where authorized activities occur, which must include an effective and/or revision date for every procedure and plan. | | | | | |
| The applicant affirms that a copy of the following documents is available for review by OCP upon request:  A board member conflict of interest policy in accordance with 18-691 CMR, ch. 2, § 7(O)(2), if the entity is a non-profit organization;  Job descriptions and employment contract policies in accordance with 18-691 CMR, ch. 2, § 7(O)(3);  Policies and procedures for ensuring accurate, up-to-date and appropriate patient education materials in accordance with 18-691 CMR, ch. 2, § 7(O)(4);  Policies and procedures for ensuring the creation and maintenance of personnel files in accordance with 18-691 CMR, ch. 2, § 7(O)(6);  Policies and procedures for ensuring the creation and maintenance of business records in accordance with 18-691 CMR, ch. 2, § 7(O)(7), including the following:  A transaction record to be used to record sales and transfers to qualifying patients and caregivers;  An acquisition record to be used to record the acquisition of cannabis plants and harvested cannabis from registered caregivers and other registered dispensaries in accordance with the laws and rules governing registered dispensaries;  A sample collection and transfer record to be used to record samples of harvested cannabis provided to a cannabis testing facility for research and development, quality control or other purposes;  A cannabis disposal record to be used to record the disposal of cannabis plants and harvested cannabis;  A visitor log and visitor identification badges to be issued to any visitor to restricted access areas of the registered dispensary (such as the cultivation or manufacturing area);  Forms used for inventory tracking and recordkeeping in accordance with 18-691 CMR, ch. 2, § 7(P) and (R); and  A trip ticket to be used by the registered dispensary in accordance with 18-691 CMR, ch. 2, § 7(Q);  Policies and procedures regarding the production of cannabis concentrate and cannabis products in accordance with 18-691 CMR, ch. 4; and  Policies and procedures for reporting of incidents and illegal activity in accordance with 18-691 CMR, ch. 2, § 7(T) and (U). | | | | | |
| Authorized Agent Signature | | Date | | |
| **Section 4(d). Licenses, registrations, or other proof of authorized conduct from other state agencies.** | | | | | |
| Provide, as applicable, copies of any required licenses, registrations, or other proof of authorized conduct from other state agencies; including, but not limited to:  Pesticide applicator license obtained from the Department of Agriculture, Conservation and Forestry, Board of Pesticides Control;  Licenses for food manufacturing and sale obtained from the Department of Agriculture, Conservation and Forestry, Division of Quality Assurance & Regulations, including without limitation:  A Home Food Processing License;  A Commercial Food Processing License;  A Beverage Plant License; and/or  A Retail Food Establishment License;  Scale certification in accordance with 10 MRS, ch. 501.  Sales tax registration obtained from Maine Revenue Services. | | | | | |
| **Section 5. Registration Fees.**  This application will not be considered complete until the registration fee is remitted by the applicant. Fees may only be remitted by cashier's check or money order made payable to “Treasurer, State of Maine”. **All fees are nonrefundable.** | | | | |
| There is an annual registration fee of $5,000 in addition to any fees required for dispensary officer or director registry identification cards, criminal history record checks and/or other required registration certificate fees. | | | | |
| **Section 6. Acknowledgement and signature.** This application must be acknowledged and signed by an agent of the applicant who is authorized to represent and legally bind the applicant. | | | | | |
| I understand and acknowledge that the applicant and its agents, officers, directors and employees are responsible for knowing and complying with all state laws and rules governing the Maine Medical Use of Cannabis Program.  Agree  Disagree | | | | | |
| I further understand and agree to provide documents, if requested, to clarify or support information provided in this application and supporting documents. I understand and agree that federal, state and local officials or other persons and organization may verify the information I have given, except as limited by the confidentiality provisions of 22 MRS § 2425-A. Additionally, I affirm that if I have given incorrect or incomplete information in this application, my application for a dispensary registration certificate may be denied. I understand the questions and requirements of this application and the consequences of providing inaccurate, incomplete, or falsified information in this application and attachments hereto. I certify that all answers and supporting information provided in this application are true, accurate and complete to the best of my abilities and knowledge. | | | | | |
| Authorized Agent Signature | Date | | | | |