



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES
Medical Use of Marijuana Program
Employee Application

| | | | |
|--|-------------------------------------|----------------------------------|--|
| SECTION 1: Employee Information | Dispensary <input type="checkbox"/> | New <input type="checkbox"/> | Employee <input type="checkbox"/> |
| | Caregiver <input type="checkbox"/> | Renewal <input type="checkbox"/> | Board Member <input type="checkbox"/> |
| | | | Principal Officer <input type="checkbox"/> |

| | | |
|--------------------------------------|------------------------|------|
| Legal Name: | | |
| Date of Birth: (Must be at least 21) | Telephone No.: () | |
| Home Address: | | |
| City: | State: | Zip: |
| Mailing Address: | | |
| City: | State: | Zip: |

| SECTION 2: Fees | |
|---|-----------------|
| <input type="checkbox"/> Employee Fee: \$20 | \$ <u>20.00</u> |
| <input type="checkbox"/> Criminal Background Check: \$31.00 (Mandatory Annually) | \$ <u>31.00</u> |
| All fees are non-refundable (SECTION 7.1 MMMP RULES) | |
| Make bank check or money order payable to "Treasurer, State of Maine". We are unable to accept personal checks, cash and credit cards. | |
| Total Bank Check/Money Order enclosed: | \$ <u>51.00</u> |

| SECTION 3: Renewals Only |
|---|
| 1. Registration # _____ Control # _____ |

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Maine Medical Use of Marijuana Program
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011
Tel: (207) 287-4325 Fax: (207) 287-2671
Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: DHHS.MMMP@maine.gov Website: <http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>

| |
|--|
| <i>Office Use Only:</i> |
| Check# _____ MO # _____ Amount \$ _____ Initials: _____ License# _____ |

SECTION 4: Employer Information

Legal Name of Employer:

Mailing Address:

City:

State:

Zip:

County:

Telephone No.: ()

Caregiver Employer DOB (must be at least 21):

SECTION 5: Submission

Submit the following documents with your completed application:

- A bank check or money order made payable to "Treasurer, State of Maine"
- Copy of the employees current Maine Driver's License or Other Maine Issued Photographic Identification Card

SECTION 6: Declaration

- I UNDERSTAND and acknowledge my duties as an employee under the laws and regulations governing the Maine Medical Use of Marijuana Program.
- I AGREE that in the event that law enforcement questions my status as an employee, I must provide my state issued MMMP card.
- I UNDERSTAND that if I do not comply with these requirements, the Department of Health and Human Services may revoke the MMMP identification card.
- I DECLARE under penalty of perjury that the information provided on this form is true and correct.
- I UNDERSTAND that I must submit a new employee application each time I apply for a card and/or renew a card.
- I CERTIFY that I will not sell, furnish, or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- I UNDERSTAND that as a registered employee, I am not authorized to conduct myself as a caregiver with all benefits and responsibilities associated with such designation.
- I UNDERSTAND that all fees are nonrefundable (Section 7.1 MMMP Rules)

Print name of Employee_____
Signature of Employee_____
Date