



**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Maine Center for Disease Control and Prevention**  
**Medical Use of Marijuana Program**  
**Employee Application**

<b>SECTION 1: Applicant Information</b>	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 Number: (     )	
Home Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:

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

*Submit completed application and applicable fees to the following address:*

Department of Health and Human Services  
 Maine Center for Disease Control and Prevention  
 Maine Medical Use of Marijuana Program  
 286 Water Street 11 State House Station  
 Augusta, ME 04333-0011

Tel: (207) 287-8016

Fax: (207) 287-2671

TTY users: Dial 711 (Maine relay)

Email: [DHHS.MMMP@maine.gov](mailto:DHHS.MMMP@maine.gov)

Website: [www.mainepublichealth.gov/mmm](http://www.mainepublichealth.gov/mmm)

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

<b>SECTION 3: Employer Information</b>			
Legal Name of Employer:			
Mailing Address:			
City:	State:	Zip:	County:
Telephone Number: (    )		Caregiver Employer DOB:	

<b>SECTION 4: Submission</b>
<p>Submit the following documents with your completed application:</p> <ul style="list-style-type: none"> <li>• A bank check or money order made payable to “Treasurer, State of Maine”</li> <li>• Copy of the employees current Maine Driver’s License or Other Maine Issued Photographic Identification Card</li> </ul>

<b>SECTION 5: Declaration</b>		
<ul style="list-style-type: none"> <li>• I UNDERSTAND and acknowledge my duties, rights and responsibilities as a card holder under the laws and regulations governing the Maine Medical Use of Marijuana Program (MMMP).</li> <li>• I AGREE that in the event that law enforcement questions my status as an employee cardholder, I must provide my registry identification card and current Maine State issued photo ID.</li> <li>• I UNDERSTAND that if I do not comply with these requirements, the Department of Health and Human Services may revoke the registry identification card.</li> <li>• I DECLARE under penalty of perjury that the information provided on this form is true and correct.</li> <li>• I UNDERSTAND that I must submit a new application each time I apply for a card and/or renew a card.</li> <li>• I CERTIFY that I will not sell, furnish, or give marijuana to a person who is not allowed to possess marijuana for medical purposes.</li> <li>• 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.</li> <li>• I UNDERSTAND that if my employer terminates my employment, I am no longer protected under the Act and I must submit my registry identification card to the MMMP.</li> <li>• I UNDERSTAND that all fees are nonrefundable (Section 7.1 MMMP Rules).</li> </ul>		
_____	_____	_____
<b>Print name of Employee</b>	<b>Signature of Employee</b>	<b>Date</b>
_____	_____	_____
<b>Print name of Employer</b>	<b>Signature of Employer</b>	<b>Date</b>