



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
 Bureau of Business Management
Medical Use of Marijuana Program
 Assistant Application

SECTION 1: Applicant Information			<input type="checkbox"/> Dispensary	<input type="checkbox"/> New	<input type="checkbox"/> Assistant
			<input type="checkbox"/> Caregiver	<input type="checkbox"/> Renewal	<input type="checkbox"/> Director <input type="checkbox"/> Officer
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"/> Applicant Fee \$20	\$ 20.00
<input type="checkbox"/> Criminal Background Check \$31 (Required annually)	\$ _____
Make Bank check/money order payable to "Treasurer, State of Maine". All fees are non-refundable.	
*We are unable to accept personal checks and cash.	
Total bank check/money order enclosed:	\$ _____

Submit completed application and applicable fees to the following address:

Maine Medical Use of Marijuana Program (MMMP)
 162 State House Station
 Augusta, ME 04333-0162

Tel: (207) 287-9330 or 287-3282
 E-mail dhhs.mmmp@maine.gov

Fax: (207) 287-2671 TTY users: Dial 711 (Maine relay)
 Website: www.maine.gov/dafs/bbm/mmmp/

SECTION 3: Employer Information		
Legal Name of Licensed Dispensary: or Legal Name of Registered Caregiver:		
Mailing Address:		
City:	State:	Zip:
Telephone Number: ()	Caregiver Employer DOB:	

SECTION 4: Submission
Submit the following documents with your completed application: <ul style="list-style-type: none"> • A bank check or money order payable to “Treasurer State of Maine”. • Copy of assistant’s current government issued photo ID with proof of address.

SECTION 5: Attestation

I have read and attest to the following:

- A. All information on this application is true and correct. Misrepresentation on this application may jeopardize my status as a card holder in the Maine Medical Marijuana Program (MMMP).
- B. I have reviewed rule and statute to allow me to execute my duties, rights and responsibilities as an assistant, director or officer under the laws and regulations governing the MMMP.
- C. In the event that law enforcement, MMMP staff, and/or their representatives question my status as a card holder, I must provide my registry identification card and current government issued photo ID.
- D. As a registered assistant, director, or officer, I am not authorized to conduct myself as my employer with all benefits and responsibilities associated with such designation.
- E. If my employer terminates my employment, I am no longer protected under the Act and I must submit my identification card to the MMMP.
- F. I will submit to annual background checks as required in statute or as required by program policy.
- G. I must submit a new application each time I apply for a card and/or renew a card.
- H. If any of my information changes after this application is processed, I must notify MMMP.
- I. I am a Maine resident.
- J. If I do not comply with these requirements, the Department of Administrative and Financial Services may revoke my registry identification card.

_____	_____	_____
Applicant Name-Print	Applicant Name-Signature	Date
_____	_____	_____
Employer Name-Print	Employer Name-Signature	Date