

**Maine Medical Use of Cannabis Program**

**Caregiver Application**

New or  Renewal of CGR

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| **Section 1: Caregiver Information.** | | | | | | | | |
| Applicant’s Legal Name | | | SSN or Federal EIN | | | Date of Birth | | |
| Trade Name/DBA (if applicable) | | | Sales Tax Registration Number | | | | | |
| Mailing Address | | | City | | State | | | ZIP |
| Residential Street Address | | | City | | State | | | ZIP |
| Applicant Phone Number | | | Applicant Email Address | | | | | |
| Applicant Website Address (if applicable) | | | | | | | | |
| **Section 2: Registered Caregiver Authorized Activities.** | | | | | | | | |
| Please select all activities in which caregiver will engage, for example, if selecting “Cultivation activities”, also indicate which activity or activities best describes what happens to harvested cannabis.  Cultivation activities.  Manufacturing of cannabis without the use of inherently hazardous substance extraction.  Manufacturing of cannabis using inherently hazardous substances.  Manufacturing edible cannabis products.  Transfer, donation and/or sale of medical cannabis, concentrate and products to patients.  Operation of one caregiver retail store.  Purchase or other receipt of wholesale cannabis from other caregivers or dispensaries.  Sale or other transfer of wholesale cannabis to other caregivers or dispensaries.  Please note: Manufacturing means the production, blending, infusing, compounding or other preparation of cannabis concentrate and cannabis products, including, but not limited to, cannabis extraction or preparation by means of chemical synthesis. The harvesting, trimming, and packaging of that raw cannabis, including raw pre-rolls, is considered part of cultivation activities. | | | | | | | | |
| **Section 3: Location(s).** | | | | | | | | |
| **Section 3a: Cultivation Location(s).** | | | | | | | | |
| Street Address | | | City | | State | | | ZIP |
| Is this location for:  Mature Plants and/or  Immature Plants | | | At this location, are you cultivating:  Indoors and/or  Outdoors | | | | | |
| Property Owner Name (if caregiver, put “Self”) | | | Property Owner Phone Number | | | | | |
|  | | | | | | | | |
| Street Address | | | City | | State | | | ZIP |
| Is this location for:  Mature Plants and/or  Immature Plants | | | At this location, are you cultivating:  Indoors and/or  Outdoors | | | | | |
| Property Owner Name (if caregiver, put “Self”) | | Property Owner Phone Number | | | | | | |
| **Section 3b. Manufacturing Location.** | | | | | | | | |
| Street Address | | City | | | State | | | ZIP |
| Property Owner Name (if caregiver, put “Self”) | | Property Owner Phone Number | | | | | | |
| **Section 3c. Caregiver Retail Store Location.** | | | | | | | | |
| Street Address | | City | | | State | | | ZIP |
| Property Owner Name (if caregiver, put “Self”) | | Property Owner Phone Number | | | | | | |
| **Section 4: Plant Count** | | | | | | | | |
| Select the appropriate plant count level: | | | | | | | | |
| **Caregiver cultivating/servicing patients**  (Select either a plant count or canopy) | | **Caregiver non-cultivating/servicing patients**  (Select plant count receiving from a registered caregiver or dispensary) | | | | | | |
| **Plants**  6 mature / 12 immature plants  12 mature / 24 immature plants  18 mature / 36 immature plants  24 mature / 48 immature plants  30 mature / 60 immature plants  **Canopy**  500 Sq. Ft. Mature Canopy /  1,000 Sq. Ft. Immature Plant Canopy | **Fee**  $240  $480  $720  $960  $1,200  $1,500 | **Harvested Cannabis From:**  6 mature / 12 immature plants  12 mature / 24 immature plants  18 mature / 36 immature plants  24 mature / 48 immature plants  30 mature / 60 immature plants | | | | | **Fee**  $240  $480  $720  $960  $1,200 | |
| **Section 5: Supplemental Documents.** | | | | | | | | |
| Please attach the following documents:  Copy of State of Maine-issued photographic identification.  Scale certification(s).  Pesticide Applicator’s License, if cultivating.  Commercial or Home Food Establishment License and/or Beverage Plant License, if producing edible cannabis products.  Retail Food Establishment License, if selling edible cannabis products.  Retail Tobacco License, if selling tobacco products (which includes vape cartridges, whether or not they contain tobacco).  Local Authorization from the municipality where retail location is located showing you are authorized to operate there.  Business organization documents, if sales tax id is registered in a business name:  If the business entity is a corporation, a copy of its bylaws and/or operating agreement and stock ledger; or  If the business entity is a limited liability company, a copy of its limited liability company agreement and/or operating agreement; or  If the business entity is any type of partnership, a copy of the partnership agreement. | | | | | | | | |
| **Section 6: Affirmations.** | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that the entire Maine Medical Cannabis Caregiver Application, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue a Caregiver Registry Identification Card by the Department.  Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial or revocation of the Caregiver Registry Identification Card. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Cannabis Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate.  I understand I am responsible for knowing and complying with all state laws and regulations governing Medical Use Cannabis pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my Caregiver Registry Identification Card.  I understand that I must pay a fee to obtain a Caregiver Registry Identification Card, as well as at the time of an annual renewal.  I understand the Department does not mail out a renewal application; and therefore, I am responsible for obtaining and submitting an application to renew my Maine Medical Cannabis Caregiver Registry Identification Card prior to its expiration. I understand that in order to avoid unnecessary delays in issuance of a renewal license, the renewal application should be submitted no later than 30 days prior to the expiration date.  I understand that Caregiver Registry Identification Cards are valid for one year from the date of issuance. The Caregiver Registry Identification Card shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Caregiver Registry Identification Card to expire for even one day and then reapply, I must submit a new application along with the original application fee.  I understand I am responsible for notifying the Office of Cannabis Policy, in writing, upon any change in name, residence address, mailing address, address(es) of caregiver activities or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Cannabis Policy could result in not receiving my physical registry identification card and other correspondence.  I understand that in the event law enforcement, Office of Cannabis Policy staff, and/or their representatives question my status as a Caregiver Registry Identification Cardholder, I must provide my card and current government-issued photo identification.  I understand that I must comply with inspections, as required, and refusal of entry could jeopardize my status as a Caregiver Registry Identification Cardholder.  I understand that I must comply with applicable regulations and requirements if I am producing edibles with medical cannabis or using pesticides in the cultivation of medical cannabis.  I understand that I must abide by packaging and labeling requirements as defined by the Maine Medical Cannabis Program rule and statues.  I understand that I may not sell, furnish, or give cannabis to a person who is not allowed to possess cannabis for medical purposes.  I understand that I may operate only one retail store to sell harvested cannabis to qualifying patients for the patients’’ medical use.  I understand that I may employ assistants to assist in performing the duties of the caregiver and they must be registered with the State of Maine, Office of Cannabis Policy in accordance with state law.  I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinance currently in place.  I am a Maine resident.  I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Cannabis Policy or its employees or investigators in exercising their official duties pursuant to the authority in Title 28-B and rules promulgated thereunder.  I understand that a Caregiver Registry identification Card issued by the Office of Cannabis Policy is a revocable privilege, and that the burden of proving an Applicant’s qualifications for a Caregiver Registry Identification Card rests at all times with the Applicant.  I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375. | | | | | | | | |
| **Section 7: Fees.** | | | | | | | | |
| **Application Fee (from Section 4): $**  **Criminal Background Check $31 (required annually):**  **$**  **\_\_\_\_\_\_\_\_\_**  **Total Enclosed: $**  Cash and personal checks are not accepted by the Office of Cannabis Policy. Please submit a bank/cashier’s check or money order made payable to  “Treasurer, State of Maine.” **All fees are non-refundable.** | | | | | | | | |
| **Signature – This application cannot be accepted without a signature.** | | | | | | | | |
| I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above. | | | | | | | | |
| Applicant’s Signature | | | | Date | | | | |
| Printed Name: | | | | | | | | |

***Submit completed application, State of Maine-issued photographic identification and applicable fees (personal checks are not accepted) to the following address:***

Office of Cannabis Policy

162 State House Station

Augusta, ME 04333-0162

Tel: (207)287-3282; Fax: (207)287-2671; TTY users: Dial 711 (Maine Relay)

Email: [licensing.ocp@maine.gov](mailto:licensing.ocp@maine.gov)

Website: https://www.maine.gov/dafs/ocp