



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Medical Use of Cannabis Program Supplemental Application after Denial or Revocation

If you are completing a Maine Medical Use of Cannabis Program (MMUCP) Caregiver Application within two years of a registered caregiver application denial or caregiver registration revocation, you must complete this Supplemental Application after Denial or Revocation. See the MMUCP Rule, 18-691 C.M.R. ch. 2, Section 10(G)(2)).

Your MMUCP Caregiver Application will not be deemed complete by the Office of Cannabis Policy (OCP) until this completed supplemental application is received by OCP. See 22 M.R.S. Section 2422(1-G)(A).

Section 1: Rules and Statutes

As a registered caregiver you are responsible for knowing and complying with all state laws and regulations governing Maine's medical use of cannabis pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder and you agree to comply with them, and all other applicable laws and regulations, upon issuance of you Caregiver Registry Identification Card.

Explain how you have reviewed the rules and statutes that affect the MMUCP:

Explain how you will stay up to date on changes to the rules and statutes that affect the MMUCP:

Section 2: Business Practices

Explain how you will ensure that your operations will be compliant with Title 22 M.R.S. Ch. 558-C and the associated MMUCP Rule, 18-691 C.M.R. ch. 2, by answering the following:

1. Explain how you will ensure any cannabis, including plants, seeds, tissue cultures or products are acquired from a registered source?
2. If you have requested authorization to cultivate and choose the canopy option, show by pictures and drawn plan how you will keep your mature canopy within 500 square feet.

3. Explain how you will keep business records of every medical cannabis transfer.

4. Explain how you will ensure no cannabis is sold, furnished or given to a person who is not allowed to possess cannabis for medical purposes.

5. Explain how you will ensure all assistants are validly registered before engaging in cannabis related activity.

Section 3: Local/Town/Municipal Compliance

Explain what you have done to confirm that your registered caregiver activities, at your intended location(s), are not prohibited or restricted by any local/town/municipal ordinance currently in place.

Section 4: Compliance

Explain how you have come into compliance with the provisions that were the basis for your denial or revocation, if not already addressed above. For example, provide photos showing any illegal cultivation has been removed with an explanation of how the illegal cannabis plants were disposed of.

Section 5: Signature.

I understand and agree to provide documents, if requested, to clarify or support information provided in this supplemental application. 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 supplemental application, my individual registration card may be denied or revoked. 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.

Signature:

Date:

Printed Name: