



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Medical Use of Cannabis Program Dispensary Registration Certificate Application

New or Renewal of DSP

Section 1: Dispensary Applicant Information.			
Section 1(a): Entity information.			
Business Entity Legal Name:		FEIN:	
Mailing address:	City:	State:	Zip:
Trade Name/DBA, if any:		Website, if any:	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLLP <input type="checkbox"/> Non-Profit Entity <input type="checkbox"/> Other:		Is this business entity incorporated in the State of Maine or otherwise formed or organized pursuant to the laws of the state of Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 1(b): Dispensary Primary Contact Person information. All correspondence from OCP regarding this application will be sent to the primary contact person at the email address listed below.			
Primary Contact Name:		Phone:	
Title/Relationship:		E-mail Address:	
Mailing Address:	City:	State:	Zip:
Section 1(c): Acknowledgement and signature.			
By signing below, I acknowledge that I understand that the applicant and its agents, officers, directors and employees are responsible for knowing and complying with all state laws and rules governing the Maine Medical Use of Cannabis Program.			
I further understand and agree to provide documents, if requested, to clarify or support information provided in this application and supporting documents. I understand and agree that federal, state and local officials or other persons and organization may verify the information I have given. Additionally, I affirm that if I have given incorrect or incomplete information in this application, the application for a dispensary registration certificate may be denied. 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.			
Authorized Agent Signature:			Date:

Section 2: Dispensary ownership and management. OCP reserves the right to request additional information to clarify the nature of the interests and responsibilities of the individuals and entities listed in Section 2.

Section 2(a): Individual Officers or Directors. This section to be completed with information pertaining to all officers, directors, managers, shareholders, board members, partners, or other individuals holding a management position or ownership interest in the organization listed in Section 1(a). Use additional pages if necessary.

Each individual listed in this Section is required to have a current registry identification card (RIC) with OCP, submit to a criminal history record check, and send Maine Revenue Services a completed Maine Revenue Services Authorization to Review and Disclose Status of Tax and Filing Obligations form

Name:	RIC #: RIC
Role/Title:	% of Ownership, if any:
Has this person submitted to a criminal background check for the MMCP within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	RIC #: RIC
Role/Title:	% of Ownership, if any:
Has this person submitted to a criminal background check for the MMCP within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	RIC #: RIC
Role/Title:	% of Ownership, if any:
Has this person submitted to a criminal background check for the MMCP within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	RIC #: RIC
Role/Title:	% of Ownership, if any:
Has this person submitted to a criminal background check for the MMCP within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	RIC #: RIC
Role/Title:	% of Ownership, if any:
Has this person submitted to a criminal background check for the MMCP within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	RIC #: RIC
Role/Title:	% of Ownership, if any:
Has this person submitted to a criminal background check for the MMCP within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2(b): Entity Owners. This section is to be completed with information pertaining to business entities that have an ownership interest in the organization listed in Section 1(a). Use additional pages if necessary.

Entity Name:	% of Ownership:
Entity Name:	% of Ownership:
Entity Name:	% of Ownership:
Entity Name:	% of Ownership:

The percentage of ownership in Sections 2(a) and 2(b) must equal 100%, unless entity listed in 1(a) is a non-profit entity.

Section 3: Dispensary locations and authorized activities. List no more than two physical locations where the applicant intends to conduct authorized activities. Please note that an applicant may only cultivate, manufacture or operate a retail space at one location per license.

Section 3(a). Location 1

Physical address:	City:	State:	Zip:
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Indicate all authorized activities the applicant intends to conduct at the registered premises located at Location 1.

- Cultivation of cannabis.
- Manufacturing harvested cannabis without the use of inherently hazardous substance extraction. *
- Manufacturing harvested cannabis using inherently hazardous substance extraction. *
- Manufacturing edible cannabis products. *
- Purchase or other receipt of wholesale cannabis from other caregivers or dispensaries.
- Sale or other transfer of wholesale cannabis to other caregivers or dispensaries.
- Operating a dispensary retail space to consult with or transfer, donate or sell medical cannabis, concentrate or products to qualifying patients.
- Delivery of cannabis plants or harvested cannabis to a qualifying patient.
- Co-location with an adult use licensee: Cultivation, license #: _____ Manufacturing, license #: _____

Section 3(b): Location 2

Physical address:	City:	State:	Zip:
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Indicate all authorized activities the applicant intends to conduct at the registered premises located at Location 1.

- Cultivation of cannabis.
- Manufacturing harvested cannabis without the use of inherently hazardous substance extraction. *
- Manufacturing harvested cannabis using inherently hazardous substance extraction. *
- Manufacturing edible cannabis products. *
- Purchase or other receipt of wholesale cannabis from other caregivers or dispensaries.
- Sale or other transfer of wholesale cannabis to other caregivers or dispensaries.
- Operating a dispensary retail space to consult with or transfer, donate or sell medical cannabis, concentrate or products to qualifying patients.
- Delivery of cannabis plants or harvested cannabis to a qualifying patient.
- Co-location with an adult use licensee: Cultivation, license #: _____ Manufacturing, license #: _____

*Manufacturing means the production, blending, infusing, compounding or other preparation of cannabis concentrate and cannabis products. Cannabis extraction or preparation by means of inherently hazardous substances extraction requires an inherently hazardous substances manufacturing facility registration certificate. The harvesting, trimming, and packaging of raw cannabis, including raw pre-rolls, is considered part of cultivation activities.

Section 4: General compliance.

Section 4(a): General dispensary documents.

Provide the following documents to demonstrate compliance with 18-691 CMR, ch. 2, § 7(W):

- A copy of the applicant business entity's partnership agreement, bylaws, or operating agreement, as appropriate;
- A copy of the partnership agreement, bylaws or operating agreement, of any business entity owner listed in Section 2(b);
- Proof of the dispensary's liability insurance policy, such as a Certificate of Insurance; and
- A signed Dispensary Officer Release of Information Form for each person listed in Section 2(a).

Section 4(b): Registered premises.

Provide, as applicable, the following information regarding each location where a registered premise will be located. OCP encourages applicants to use a computer assisted design (CAD) program to create any required diagrams and reserves the right to request additional diagrams, information or clarification to assist OCP staff in determining whether the registered premises are in compliance with 18-691 CMR, ch. 2 § 7(N):

- A facility diagram (or diagrams), with sufficient detail and clarity to indicate the following:
 - A floor plan showing the proposed size (in square feet) and layout of the registered premises, including an indication of the primary activities to be conducted in each area of the registered premises;
 - An indication of all external windows and doors;
 - All points of ingress and egress within the registered premises;
 - The location of all security devices required to prevent and deter unauthorized entrance into areas containing marijuana and the theft of marijuana at the registered premises, including:
 - Exterior lighting sufficient to deter nuisance activity and facilitate surveillance;
 - Monitored alarm system;
 - Interior electronic monitoring sensors;
 - Interior video cameras;
 - Interior panic buttons; and
 - Any other interior or exterior security devices;
 - A clear indication of any areas of the registered premises where qualifying patients, caregivers and/or the public will be assisted or otherwise served by the registered dispensary.
- Executed local authorization form attached for each location; or
- Local authorization and approval not required because the registered premise is located in the unorganized or deorganized territories.

Section 4(c): Required procedures and plans.

The applicant affirms that a copy of the following documents is available for review by OCP upon request:

- A board member conflict of interest policy in accordance with 18-691 CMR, ch. 2, § 7(O)(2), if the entity is a non-profit organization;
- Job descriptions and employment contract policies in accordance with 18-691 CMR, ch. 2, § 7(O)(3);
- Policies and procedures for ensuring accurate, up-to-date and appropriate patient education materials in accordance with 18-691 CMR, ch. 2, § 7(O)(4);
- Policies and procedures for ensuring the creation and maintenance of personnel files in accordance with 18-691 CMR, ch. 2, § 7(O)(6);
- Policies and procedures for ensuring the creation and maintenance of business records in accordance with 18-691 CMR, ch. 2, § 7(O)(7), including the following:
 - A transaction record to be used to record sales and transfers to qualifying patients and caregivers;
 - An acquisition record to be used to record the acquisition of cannabis plants and harvested cannabis from registered caregivers and other registered dispensaries in accordance with the laws and rules governing registered dispensaries;

- A sample collection and transfer record to be used to record samples of harvested cannabis provided to a cannabis testing facility for research and development, quality control or other purposes;
- A cannabis disposal record to be used to record the disposal of cannabis plants and harvested cannabis;
- A visitor log and visitor identification badges to be issued to any visitor to restricted access areas of the registered dispensary (such as the cultivation or manufacturing area);
- Forms used for inventory tracking and recordkeeping in accordance with 18-691 CMR, ch. 2, § 7(P) and (R); and
- A trip ticket to be used by the registered dispensary in accordance with 18-691 CMR, ch. 2, § 7(Q);
- Policies and procedures regarding the production of cannabis concentrate and cannabis products in accordance with 18-691 CMR, ch. 4; and
- Policies and procedures for reporting of incidents and illegal activity in accordance with 18-691 CMR, ch. 2, § 7(T) and (U).

Section 4(d): Licenses, registrations, or other proof of authorized conduct from other state agencies.

Provide, as applicable, copies of any required licenses, registrations, or other proof of authorized conduct from other state agencies; including, but not limited to:

- Pesticide applicator license obtained from the Department of Agriculture, Conservation and Forestry, Board of Pesticides Control;
- Licenses for food manufacturing and sale obtained from the Department of Agriculture, Conservation and Forestry, Division of Quality Assurance & Regulations, including without limitation:
 - A Home Food Processor License;
 - A Commercial Food Processor License;
 - A Beverage Plant License; and/or
 - A Retail Food Establishment License;
- Scale certification in accordance with 10 MRS, ch. 501.
- Maine Revenue Services Resale Certificate.
- Maine Revenue Services Retail Certificate.

Section 5: Fees

Annual Fee: **\$5,000.00**

Criminal Background Check Fees: **\$31.00 X** = \$

*Please enter the number of individuals in Section 2(a) that you checked “No” to them having received a background check in the last 24 months. _____

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(s) made payable to: “Treasurer, State of Maine.” Include the dispensary name and license number, if applicable, on the payment.

All fees are non-refundable.