

MAINE REVENUE SERVICES
Authorization to Review and Disclose Status
of Tax and Filing Obligations to the Maine
Office of Cannabis Policy - OFFICERS or
DIRECTORS - Medical Dispensary



This form is for use by an officer or director of a medical cannabis dispensary. "Officer and Director" means, when used with respect to any nonprofit, for-profit or other organization governed by this chapter, a director, manager, shareholder, board member, partner or other individual holding a management position or ownership interest in the organization. See 22 M.R.S. § 2421-A(36) for complete definition of "officer and director".

PART I:

Officer or Director Name:	Phone #:	FEIN/SSN:
Alternate Name You May Have Filed Under:	Home Address:	
Legal Name of Medical Cannabis Dispensary for Which You Are an Officer or Director		FEIN:

If you are a officer or director in more than one medical cannabis dispensary, check here and attach a sheet listing the name and FEIN of all dispensaries for which you are an officer or director.....

PART II:

List Names and FEINs of all businesses, other than the medical cannabis dispensaries listed above, for which you are an owner. Maine Revenue Services may require you to provide additional documentation to verify your relationship with the businesses listed.

Name	FEIN	Name	FEIN
Name	FEIN	Name	FEIN

If you need additional space, check here and attach a sheet listing the name and FEIN of any other businesses for which you are an owner.....

PART III:

I understand that taxpayer information is confidential under 36 M.R.S. § 191. By signing this form, I authorize Maine Revenue Services to review my confidential information and disclose the status of my Maine tax and filing obligations directly to the Maine Office of Cannabis Policy, pursuant to 36 M.R.S. § 191(2)(A). I further certify that if I am an owner, officer, director, manager, or general partner acting on behalf of the business entities listed in Part II and that I have authority to sign this form, and I authorize Maine Revenue Services to review the entities' confidential information and disclose the status of their Maine tax and filing obligations directly to the Maine Office of Cannabis Policy, pursuant to 36 M.R.S. § 191(2)(A). The disclosure will be limited to the information included in Part IV below.

Officer/Director Signature: _____ Date: _____

Forms must be sent to Maine Revenue Services at mrs.compliance.ocp@maine.gov, faxed to 207-287-6627, or mailed to:

Maine Revenue Services
Attn: Compliance Division
P.O. Box 1060
Augusta, ME 04332-1060

PART IV:

This section to be completed by Maine Revenue Services

- 1) The officer or director listed above has a Maine tax liability presently due and owing for taxes and fees administered by Maine Revenue Services:
- Yes No
- 1a) The officer or director is currently participating in a payment plan in connection with their Maine tax liability and they are in compliance with the terms of that payment plan.
- Yes No
- 2) Maine Revenue Services has filed liens in connection with a Maine tax liability owed by the officer or director during the calendar years checked below:
- 2023 2022 2021 2020 2019 2018
- 2a) The officer or director is currently participating in a payment plan in connection with the Maine tax liability associated with the liens indicated and is in compliance with the terms of that payment plan:
- Yes No
- 3) One or more of the businesses which the officer or director has identified above in Part II has a Maine tax liability presently due and owing for taxes and fees administered by Maine Revenue Services:
- Yes No
- 3a) The entity or entities are currently participating in a payment plan in connection with their Maine tax liability and are in compliance with the terms of that payment plan.
- Yes No

MRS Reviewer: _____ Date: _____

F107 Note: