



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Cannabis Establishment Principal Attestation

Section 4(a)(1): Maine Adult Use Cannabis Establishment – Principals. Each person listed in Section 4(a) of the application must complete this Principal Attestation and must attest under penalty of perjury to the accuracy of the information provided in this Principal Attestation form.

Notice: This License Application for Maine Adult Use Cannabis Establishment is an official document. If you provide false information on your application, and/or do not disclose all information the application asks, the license is subject to denial, and you may be subject to criminal prosecution.

Legal Name	Title within the Organization	SSN	DOB	IIC Number

Section 4(a)(1). State of Residency. Title 28-B requires that every officer, director, manager and general partner of a business entity be a natural person who is a Maine resident, however OCP is currently not enforcing the residency requirement provision of the statute.

1. In which state do you currently claim residency?

2. List every municipality and state in which you have resided during the previous five years:

Section 4(a)(2). Employment.

1. Are you an employee of the Department of Administrative and Financial Services or any other state agency with regulatory authority over Adult Use Cannabis in Maine?

Yes No

2. Are you an employee of the State of Maine?

Yes No If "yes," by which agency are you employed:

3. Are you a member of law enforcement, a corrections officer, or a person subject to the provisions found in Title 25, Chapter 341 of the Maine Revised Statutes?

Yes No

Section 4(a)(3). Tax Compliance.

1. Have you paid income and other taxes owed to the State of Maine, to another jurisdiction, if applicable, and to the United States Internal Revenue Services over the two years immediately preceding the year in which the application was filed?

Yes No If "no," explain here:

2. Do you have any outstanding tax liens imposed or levied in the State of Maine or in another jurisdiction within the five years immediately preceding the year in which the application was filed?

Yes No If "yes," explain here:

Section 4(a)(4). Prior Drug Convictions.

1. Have you ever been convicted for a violation of a state or federal controlled substance law that is a crime punishable by imprisonment for one year or more?

Yes No

2. If you answered "yes" to question 1 above, was the offense for which the sentence, including any term of probation, incarceration or supervised release, was completed 5 or more years prior to the submission of an application for a license under this Rule?

Yes No

3. If you answered "yes" to question 1 above, was the offense regarding conduct that is now authorized under the Personal Adult Use of Cannabis and Cannabis Products; Home Cultivation of Cannabis for Personal Use?

Yes No

Section 4(a)(5). Character and Fitness Requirements.

1. Have you ever been convicted of, or currently facing prosecution for, any state or federal offense involving dishonesty, deception, misappropriation, or fraud?

Yes No If "yes," explain here:

2. Have you ever faced penalties under the Maine adult use cannabis program?

Yes No If "yes," explain here:

3. Have you had an individual identification card issued under the Adult Use Cannabis Program revoked within the previous two years?

Yes No If "yes," explain here:

4. Have you ever been subject to two or more individual identification card revocations that were issued under the Adult Use Cannabis Program?

Yes No If "yes," explain here:

5. Have you had a registry identification card or registration certificate issued under the Maine Medical Use of Cannabis Act subject to revocation, suspension, limitation, or any other penalization?

Yes No If "yes," explain here:

6. Have you ever been subject to an enforcement action in any other jurisdiction's cannabis program?

Yes No If "yes," list and describe each enforcement action here:

7. Do you have outstanding court-ordered payments?

Yes No If "yes," explain here:

8. Do you have past due taxes or fees?

Yes No If "yes," explain here:

9. Do you have other tax delinquencies?

Yes No If "yes," explain here:

Section 4(a)(6). Other Cannabis Establishments. Identify any other cannabis establishments, including those outside of Maine, in which you hold a Direct or Indirect Financial Interest as defined in the Adult Use Cannabis Program Rule. Attach a separate sheet if necessary.

Name of Cannabis Establishment	
Location of Cannabis Establishment	
Description of Financial Interest	
Acknowledgment and Signature.	
I understand I am responsible for knowing and complying with all state laws and regulations governing Adult Use Cannabis pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder.	
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
I understand and agree to provide documents, if requested, to prove what I have stated in this Principal Attestation form. I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. If I have given incorrect information, my application may be denied, and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those related to drug offenses are true and complete.	
Principal's Signature	Date