



OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

MAINE ADULT USE MARIJUANA ESTABLISHMENT CONDITIONAL LICENSE APPLICATION MARIJUANA TESTING FACILITY

Section 1: Accreditation and Certification Status. This application is for Marijuana Testing Facilities only. A separate application is required for each marijuana establishment license. Applications for Cultivation, Products Manufacturing, and Marijuana Stores must be completed and submitted on the appropriate form.

International Organization for Standardization Status and Maine Center for Disease Control Certification Status. Note that Section 10 requires an attached document listing all fields of mandatory testing for which this applicant has sought and/or received ISO/IEC 17025:2017 accreditation. Section 10 also requires a list of all fields of testing for which this applicant has applied for or obtained provisional or full Maine Center for Disease Control certification. Sufficient documentation to prove accreditation and certification status is also required.

Check the boxes below to confirm the current status of the applicant's International Organization for Standardization (ISO) accreditation and Maine Center for Disease Control certification status:

Analyte Field:	Applied for ISO Accreditation:	Obtained ISO Accreditation:	Applied for CDC Provisional Certification:	Obtained CDC Provisional Certification:	Applied for CDC Full Certification:	Obtained CDC Full Certification:
Filth and foreign material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residual solvents, poisons and toxins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides, fungicides, insecticides, and growth regulators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other harmful chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous molds and mildew.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmful microbes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC potency, homogeneity and cannabinoid profiles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Maine Adult Use Marijuana Testing Facility – Applicant Information. This section is to be completed with information pertaining to the applicant, whether a sole proprietor or a business entity.

Applicant's Legal Name or Name of Business Entity		Federal Taxpayer ID/EIN
Trade Name/DBA (if applicable)		Website Address (if applicable)
Applicant Phone Number		Applicant Email Address
Type of Business Structure <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Other: _____		Is your business entity incorporated in the State of Maine or otherwise formed or organized under the laws of the State of Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Incorporation, Formation, or Organization: Date of Qualification to Conduct Business in Maine (Provide Certificate of Existence from the Maine Secretary of State's Division of Corporations):

Section 3: Maine Adult Use Marijuana Testing Facility – Primary Contact Person. This person will be the Office of Marijuana Policy’s main point of contact for all correspondence, including required information missing from this application or supplemental information required later in the application process.

Primary Contact Person	Title
Primary Contact Phone Number	Primary E-Mail Address (for receipt of official correspondence from OMP)
Primary Contact Address (city, state, zip)	

Section 4: Maine Adult Use Marijuana Testing Facility – Principals. List all persons with any controlling interest, including every officer, director, manager, and general partner of any business entity. Prior to processing this application, all persons listed in this section must have obtained an Individual Identification Card from the Office of Marijuana Policy.

Name	Role in Establishment	SSN	DOB
Address (Home)	City	State	ZIP Phone Number
Individual Identification Card Number (required)	Does this individual have a direct or indirect interest in a cultivation facility, products manufacturing facility, manufacturing facility, marijuana store, registered caregiver or registered dispensary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual a registered caregiver under the Medical Use of Marijuana Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Each principal listed in this section must complete a Principal Attestation form.		Each principal listed in this section must complete and attach an Authorization to Review and Disclose Status of Tax and Filing Obligations to the Maine Office of Marijuana Policy - PRINCIPALS. Note that Question 1 in Part IV of the form regarding residency will not be considered by the Office of Marijuana Policy pursuant to 28-B M.R.S. §202(2).	
Name	Role in Establishment	SSN	DOB
Address (Home)	City	State	ZIP Phone Number
Individual Identification Card Number (required)	Does this individual have a direct or indirect interest in a cultivation facility, products manufacturing facility, manufacturing facility, marijuana store, registered caregiver or registered dispensary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this individual a registered caregiver under the Medical Use of Marijuana Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Section 5: Maine Adult Use Marijuana Testing Facility – Ownership Structure. List all natural persons and business entities that hold any ownership interest in the organization applying for the marijuana testing facility license.

Section 5(a): Natural Persons. When totaled (natural persons and business entities), percentage of equity ownership must equal 100%.

Name		DOB		Phone Number	
Address (Home)		City		State	ZIP
What percentage of equity ownership does this individual have in the proposed Marijuana Establishment? _____%		Each natural person listed in this section must attach the ownership/shareholder agreement.			
Name		DOB		Phone Number	
Address (Home)		City		State	ZIP
What percentage of equity ownership does this individual have in the proposed Marijuana Establishment? _____%		Each natural person listed in this section must attach the ownership/shareholder agreement.			
Name		DOB		Phone Number	
Address (Home)		City		State	ZIP
What percentage of equity ownership does this individual have in the proposed Marijuana Establishment? _____%		Each natural person listed in this section must attach the ownership/shareholder agreement.			
Name		DOB		Phone Number	
Address (Home)		City		State	ZIP
What percentage of equity ownership does this individual have in the proposed Marijuana Establishment? _____%		Each natural person listed in this section must attach the ownership/shareholder agreement.			

Section 5(b): Business Entities. When totaled (natural persons and business entities), percentage of equity ownership must equal 100%.

Legal Name of Business Entity		Federal Taxpayer ID/EIN			
Trade Name/DBA (if applicable)		State and Date of Incorporation			
Physical Address Business Entity		City		State	ZIP
Primary Point of Contact (POC)		POC Phone Number		POC Email Address	
What percentage of equity ownership does this business entity have in the proposed Marijuana Establishment? _____%		Each business entity listed in this section must attach the ownership/shareholder agreement.			
Legal Name of Business Entity		Federal Taxpayer ID/EIN			
Trade Name/DBA (if applicable)		State and Date of Incorporation			
Physical Address Business Entity		City		State	ZIP
Primary Point of Contact (POC)		POC Phone Number		POC Email Address	
What percentage of equity ownership does this business entity have in the proposed Marijuana Establishment? _____%		Each business entity listed in this section must attach the ownership/shareholder agreement.			

Section 6: Maine Adult Use Marijuana Testing Facility – Other Financial Interests Held by Private Persons/Entities and Financial Institutions.

Identify all natural persons and business entities having a direct or indirect financial interest in the business entity applying for the license, and the nature and extent of the financial interests held by each person or entity, including banks, credit unions, or other state- and federally-chartered financial institution. Equity owners disclosed in Section 5 above do not need to be listed unless the natural person or business entity has another direct or indirect financial interest in the business entity applying for the license.

Legal Name or Name of Business Entity	Address	City	State	ZIP
Description of Instrument		Each natural person and/or business entity listed in this section must attach the financial instrument.		
Legal Name or Name of Business Entity	Address	City	State	ZIP
Description of Instrument		Each natural person and/or business entity listed in this section must attach the financial instrument.		
Legal Name or Name of Business Entity	Address	City	State	ZIP
Description of Instrument		Each natural person and/or business entity listed in this section must attach the financial instrument.		
Legal Name or Name of Business Entity	Address	City	State	ZIP
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Legal Name or Name of Business Entity	Address	City	State	ZIP
Description of Instrument		Each natural person and/or business entity listed in this section must attach the financial instrument.		
Legal Name or Name of Business Entity	Address	City	State	ZIP
Description of Instrument		Each natural person and/or business entity listed in this section must attach the financial instrument.		

Section 7: Maine Adult Use Marijuana Testing Facility – Quality Assurance Program.

Name of Primary Facility Director:	Name of Primary Quality Assurance Officer:
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Section 8: Maine Adult Use Marijuana Testing Facility – Other Marijuana Establishments.

Does the applicant intend to be located adjacent to another type of adult use marijuana establishment or a registered dispensary, registered caregiver, or products manufacturing facility?

Yes No If “no,” skip to Section 9.

Does the testing facility have a distinctly separate entrance from a public right of way as defined Maine’s Adult Use Marijuana Program Rules from the adjacent business which requires employees to return to the public right of way to travel between the two businesses?

Yes No

Does the signage meet the Rule requirement that it does not convey an impression that the two businesses are connected?

Yes No

Does the testing facility have environmental controls in place to protect against incidental contamination of testing equipment or samples as a result of its location adjacent to an adult use marijuana establishment, registered dispensary, registered caregiver, or manufacturing facility registered in accordance with 22 MRS §2423-F?

Yes No

Section 9: Maine Adult Use Marijuana Testing Facility – Additional Requirements for Issuance of a Conditional Testing Facility License.

Does the applicant intend to have an arrangement(s) under which the marijuana testing facility and/or other operational assets will be owned by or leased from a person or entity other than the applicant?

- Yes, owned by a person or entity other than the applicant.
 Yes, leased from a person or entity other than the applicant.
 No.

If “yes,” please provide a statement and/or explain the financial arrangements and attach supporting documentation as required by Section 10.

Does the marijuana testing facility intend to offer, in addition to mandatory testing for licensees, testing services for the following groups or individuals:

- Persons 21 years of age or older who intend to use the marijuana or marijuana product for personal use under 28-B MRS 503(1)(C), or
 Qualifying patients, caregivers, registered caregivers or registered dispensaries under 28-B MRS 503(1)(D).

Section 10: Supplemental Documents. Please attach the following documents.

- Preliminary Operating Plan
 Business organization

If the business entity is a corporation, a copy of its articles of incorporation or articles of organization.

If the business entity is a limited liability company, a copy of its articles of organization and its operating agreement.

If the business entity is a general partnership, limited partnership, limited liability partnership or limited liability limited partnership, a copy of the partnership agreement.

A list of all fields of testing for which this applicant has sought ISO/IEC 17025:2017 accreditation and sufficient documentation to prove ISO accreditation or application for accreditation.

A list of all fields of testing for which this applicant has applied for or obtained provisional or full Maine Center for Disease Control certification and sufficient documentation to prove certification status.

A written policy that, as indicated by signature, ensures management and personnel are free from any undue internal and external commercial, financial and other pressures, and influences that may adversely affect the quality of their work or diminish confidence in its competence, impartiality, judgement or operational integrity, as well as a signed disclosure by the owner(s) stating that there is no financial conflict with, interest in, investment in, landlord-tenant relationship with or loan to a cultivation facility, products manufacturing facility, marijuana store, registered caregiver or registered dispensary.

A description of the organization and management structure of the marijuana testing facility, its place in any parent organization and the relationships between quality assurance, technical operations and support services.

A management plan defining the responsibilities of key personnel in the organization who have any involvement or influence on the testing, and if the marijuana testing facility is part of an organization performing activities other than testing, identifying potential conflicts of interest.

Written policies and procedures that ensure the protection of its clients’ confidential information and proprietary rights, including procedures for protecting the electronic storage and transmission of results.

A written policy defining legal chain of custody protocols and including procedures to control access to certificate of analysis data and other testing data to prevent it from being falsified or manipulated.

Section 11: Fees.

Marijuana Testing Facility: \$250

Cash and personal checks are not accepted by the Office of Marijuana Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." **All fees are non-refundable.**

Application Fee: _____ **\$250**
Total Enclosed: _____

Section 12: Affirmation

I, _____, affirm that the entire Maine Adult Use Marijuana Establishment 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 Maine Adult Use Marijuana Establishment 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 Maine Adult Use Marijuana Establishment license. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Marijuana 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 Adult Use Marijuana 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 governing the Adult Use Marijuana Program and agree to comply with them, and all other applicable laws and regulations.

I understand that I must pay a fee to obtain a Maine Adult Use Marijuana Establishment license, as well as at the time of an annual renewal.

I understand the Department does not mail out a renewal application; therefore, I am responsible for obtaining and submitting an application to renew my Adult Use Marijuana Establishment license 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 Maine Adult Use Marijuana Establishment licenses are valid for one year from the date of issuance. The Maine Adult Use Marijuana Establishment license shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Maine Adult Use Marijuana Establishment license 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 Marijuana Policy, in writing, upon any change in name, residence address, mailing address, or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Marijuana Policy could result in not receiving my physical license, legal notices, and other correspondence.

I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Marijuana 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 Maine Adult Use Marijuana Establishment license issued by the Office of Marijuana Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for a Maine Adult Use Marijuana Establishment license rests at all times with the Applicant.

I understand in order to access or input data into the State's inventory tracking system, I must possess a valid Individual Identification Card and agree to follow all the rules and guidelines set forth for the use of this system.

I understand that this application is not complete and will not be processed until all required parties submit to have fingerprints taken and to a criminal history record check.

I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375.

Signature – This application cannot be accepted without a signature.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

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 correct and complete.

Authorizing Business Representative's Signature		Date

Printed Name:	Email Address:	Phone Number: