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**Maine Adult Use Marijuana Establishment License Application**

**Active Sample Collector License**

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| **SECTION 1: Maine Adult Use Marijuana Establishment – Applicant/Licensee Information** |

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| Applicant’s Legal Business Name | | | | | | | | | | | | | | | | | | | | |
| Trade Name/DBA (if applicable) | | Federal Taxpayer ID/EIN | | | | | | | | | Sales Tax Identification Number | | | | | | | | | |
| Applicant’s Address | | | | | | City | | | | | | | | | State | | | | Zip | |
| Applicant Phone Number | | | | | | | Applicant Email Address | | | | | | | | | | | | | |
| Type of Organization  Sole Proprietor  Corporation  Limited Liability Company  General Partnership  Limited Partnership  Limited Liability Partnership  Limited Liability Limited Partnership  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Is your business entity incorporated in the State of Maine or otherwise formed or organized under the laws of the State of Maine?  Yes  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 Office) | | | | | | | | | |
| **SECTION 2: Maine Adult Use Marijuana Establishment – Primary Contact Person**  This person will be the Office of Marijuana’s main point of contact for all correspondence, including required information missing in this application or supplemental information required later in the application process. | | | | | | | | | | | | | | | | | | | | |
| Point of Contact Name | | | | | | Point of Contact Title | | | | | | | | | | | | | | |
| Point of Contact Phone Number | | | | | | Point of Contact E-Mail Address | | | | | | | | | | | | | | |
| Point of Contact Address | | | | | | City | | | | | | | | | State | | | | ZIP | |
| **SECTION 3: Maine Adult Use Marijuana Establishment – Principals**  A principal is natural person who has controlling authority or is in a leading position in the business organization. It also includes any person who operates an adult use marijuana establishment as a sole proprietorship. Other examples include without limitation, officers, directors, managers, and general partners, except that "manager" for the purposes of this definition does not include an employee of a licensee whose managerial responsibilities are limited to staff supervision related to the day-to-day operation of a marijuana establishment. Title 28-B requires that every sole proprietor, officer, director, manager and general partner of a business entity be a natural person who is Maine resident, however OMP is currently not enforcing the residency requirement provision of the statute. | | | | | | | | | | | | | | | | | | | | |
| Legal Name | | Title within the Organization | | | | | | | | SSN | | | | | | DOB | | | IIC Number | |
| Address | | | | | | City | | | | | | | | | | State | | | ZIP | |
| Legal Name | | Title within the Organization | | | | | | | | SSN | | | | | | DOB | | | IIC Number | |
| Address | | | | | | City | | | | | | | | | | State | | | ZIP | |
| Legal Name | | Title within the Organization | | | | | | | | SSN | | | | | | DOB | | | IIC Number | |
| Address | | | | | | City | | | | | | | | | | State | | | ZIP | |
| Legal Name | | Title within the Organization | | | | | | | | SSN | | | | | | DOB | | | IIC Number | |
| Address | | | | | | City | | | | | | | | | | State | | | ZIP | |
| All persons listed as principals of the organization must complete and attest to the accuracy of the information provided on the *Principal Attestation Form* found on OMP's Adult Use Applications and Forms page. It is the responsibility of each individual principal to supply the completed form to you, the Authorized Business Representative. | | | | | | Each principal must download, print, and sign the *Maine Revenue Services Authorization to Review and Disclose Status of Tax and Filing Obligations to the Maine Office of Marijuana Policy - Principals Form*. Each principal must submit the completed form to Maine Revenue Services. This form may be found on OMP's Adult Use Applications and Forms page. | | | | | | | | | | | | | | |
| **SECTION 4: Maine Adult Use Marijuana Establishment –Ownership**  List all natural persons and/or business entities that hold any ownership interest in this organization applying for the license. Title 28-B requires that a majority of the shares, membership interests, partnership interests or other equity ownership interests as applicable to the business entity must be held or owned by natural persons who are residents or business entities whose owners are all natural persons who are residents, however OMP is currently not enforcing the residency requirement provision of the statute. | | | | | | | | | | | | | | | | | | | | |
| **Section 4(a): Natural Persons.** | | | | | | | | | | | | | | | | | | | | |
| Legal Name | | | | | | | | | | | | | | | | | | DOB | | |
| Address | | | | | City | | | | | | | | | State | | | | ZIP | | |
| Percentage of ownership in the organization applying for this license:  % | State of Domicile | | | | | | | | | Each natural person listed in this section must attach the ownership/shareholder agreement. | | | | | | | | | | |
| Legal Name | | | | | | | | | | | | | | | | | | DOB | | |
| Address | | | | | | City | | | | | | | State | | | | | ZIP | | |
| Percentage of ownership in the organization applying for this license:  % | | State of Domicile | | | | | | | Each natural person listed in this section must attach the ownership/shareholder agreement. | | | | | | | | | | | |
| Legal Name | | | | | | | | | | | | | | | | | | DOB | | |
| Address | | | | | City | | | | | | | | | State | | | | ZIP | | |
| Percentage of ownership in the organization applying for this license:  % | State of Domicile | | | | | | | | | Each natural person listed in this section must attach the ownership/shareholder agreement. | | | | | | | | | | |
| Legal Name | | | | | | | | | | | | | | | | | | DOB | | |
| Address | | | | | | City | | | | | | | State | | | | | ZIP | | |
| Percentage of ownership in the organization applying for this license:  % | | State of Domicile | | | | | | | Each natural person listed in this section must attach the ownership/shareholder agreement. | | | | | | | | | | | |
| **Section 4(b): Business Entities.** | | | | | | | | | | | | | | | | | | | | |
| Legal Name of Business Entity | | | Trade Name/DBA (if applicable) | | | | | | | | | Federal Taxpayer ID/EIN | | | | | | | | |
| Physical Address of Business Entity | | | | | | | | City | | | | | | | | | State | | | ZIP |
| Percentage of ownership in the organization applying for this license:  % | | | | State of Incorporation | | | | | | | | Each business entity listed in this section must attach the ownership/shareholder agreement. | | | | | | | | |

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| Legal Name of Business Entity | Trade Name/DBA (if applicable) | | | | Federal Taxpayer ID/EIN | | | | |
| Physical Address of Business Entity | | | | City | | | State | | ZIP |
| Percentage of ownership in the organization applying for this license:  % | | State of Incorporation | | | Each business entity listed in this section must attach the ownership/shareholder agreement. | | | | |
| Legal Name of Business Entity | Trade Name/DBA (if applicable) | | | | Federal Taxpayer ID/EIN | | | | |
| Physical Address of Business Entity | | | | City | | | State | | ZIP |
| Percentage of ownership in the organization applying for this license:  % | | State of Incorporation | | | Each business entity listed in this section must attach the ownership/shareholder agreement. | | | | |
| Legal Name of Business Entity | Trade Name/DBA (if applicable) | | | | Federal Taxpayer ID/EIN | | | | |
| Physical Address of Business Entity | | | | City | | | State | | ZIP |
| Percentage of ownership in the organization applying for this license:  % | | State of Incorporation | | | Each business entity listed in this section must attach the ownership/shareholder agreement. | | | | |
| **SECTION 5: Maine Adult Use Marijuana Establishment – Other Financial Interests Held by Private Persons/Entities and Financial Institutions**  List all natural persons and/or business entities having any direct or indirect financial interest in the organization applying for this license, and the nature and extent of the financial interest held by each natural person and/or business entity. Owners previously listed do not need to be duplicated here.  A list of common financial interest holders is provided below. Refer to the definition of Direct or Indirect Financial Interest in the Adult Use Program Rule for further explanation.   * Royalty License Partners * Employee, Contractor and Other Profit Sharing Arrangements * Capital Investors and Lenders (i.e., banks, credit unions, and other state- and federally-chartered financial institutions, and private lenders) * Management Contractors and Consultants | | | | | | | | | |
| Legal Name | | | | | | Phone Number | | | |
| Address | | | City | | | State | | ZIP | |
| Title and Description of Instrument | | | | | | Each natural person and/or business entity listed in this section must attach the financial instrument. | | | |
| Legal Name | | | | | | Phone Number | | | |
| Address | | | City | | | State | | ZIP | |
| Title and Description of Instrument | | | | | | Each natural person and/or business entity listed in this section must attach the financial instrument. | | | |
| Legal Name | | | | | | Phone Number | | | |
| Address | | | City | | | State | | ZIP | |
| Title and Description of Instrument | | | | | | Each natural person and/or business entity listed in this section must attach the financial instrument. | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Legal Name | | | | Phone Number | | |
| Address | | City | | State | | ZIP |
| Title and Description of Instrument | | | | Each natural person and/or business entity listed in this section must attach the financial instrument. | | |
| **SECTION 6: Establishment Information** | | | | | | |
| Physical Address | City | | State | | ZIP | |

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| **SECTION 7: Maine Adult Use Marijuana Establishment – Track & Trace**  Identify the individual that will serve as your Track & Trace Administrator. An email detailing next steps with respect to training and credentialing with the State’s track and trace vendor will be sent to the applicant’s point of contact’s email address. |

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| Legal Name of Establishment’s Track & Trace Administrator | | Establishment’s Track & Trace Administrator’s IIC Number | | |
| Establishment’s Track & Trace Administrator’s Phone Number | | Establishment’s Track & Trace Administrator’s Email Address | | |
| **SECTION 8: Supplemental Documents**  Please attach the following documents. The Office of Marijuana Policy must be in receipt of this documentation before your application will be deemed complete. | | | | |
| 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  Maine Adult Use Marijuana Establishment Release of Information found on the Office of Marijuana Policy’s website  Operating Plan | | | | |
| **SECTION 9: Application Fee** | | | | |
| **Sample Collector** $100  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:**  $      \_\_  **Total Enclosed:** \_\_$     \_\_\_ | | | | |
| **SECTION 10: 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; and 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.  I understand that no sample collector or owner, officer, director, manager, general partner or employee of a sample collector may have a direct or indirect financial interest in a cultivation facility, products manufacturing facility, manufacturing facility, marijuana store, registered caregiver or registered dispensary.  I understand that no owner, officer, director, manage or general partner of a sample collector may be a registered caregiver.  I understand that no sample collector may collect samples for a registered caregiver that is an employee of that sample collector.  I understand samples of marijuana, marijuana concentrate and marijuana products may not be collected, transported, transferred or destroyed without entering the samples of marijuana, marijuana concentrate or marijuana products into the tracking system required by the Department by 11:59 that same day.  I understand samples of marijuana, marijuana concentrate and marijuana products may not be stored by the sample collector except during transport from the site where the samples were collected to the marijuana testing facility(ies) conducting mandatory analyses.  I understand samples of marijuana, marijuana concentrate and marijuana products may not be stored overnight by a sample collector except in exigent circumstances as described in Section 4.2.3 of this Rule  I understand that use of the Sample Collection Form, Sample Collection SOP and Best Practices Guide published by the Department are required and agree to follow all relevant statutory and regulatory guidance.  I understand that a Sample Collector must maintain records in accordance with the Adult Use Program Rule.  I understand that a Sample Collector must dispose of waste in accordance with the Adult Use Program Rule.  I understand that a Sample Collector must employ security measures adequate to ensure that samples of marijuana, marijuana concentrate and marijuana products are not stolen or otherwise diverted during the course of sample collection, storage and transport. | | | | |
| **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: | |