



# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## Maine Adult Use of Cannabis Program Principal Attestation Form

Every principal of an Adult Use Establishment, as defined in Title 28-B, Section 102-A(50), must complete this Principal Attestation Form.

### Section 1: Principal Information.

Legal Name:		IIC Number:	
SSN:	DOB:	Title in Establishment:	
Name of AU Establishment Completing For:		Facility License Number:	
Are you an owner of the above establishment: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is your pay based on revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Addresses:			
Mailing Street Address:	City:	State:	ZIP:
Residential Street Address:	City:	State:	ZIP:
Provide prior addresses, if have been at above address less than 5 years, until a full five years of history is provided:			
Residential Street Address:	City:	State:	ZIP:
Residential Street Address:	City:	State:	ZIP:

### Section 2: Employment.

1. Are you an employee of the Department of Administrative or 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 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 3: Tax Compliance.

1. Have you paid income or 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 any other jurisdiction within the past five years?  
 Yes  No If yes, explain here:

**Section 4. Criminal History**

- 1. Have you had a federal criminal history record check completed with the Office in the past 24 months?  
 Yes  No If no, you must complete the criminal history records check process described on the Office’s website before you may be approved as a principal for this establishment. See [www.maine.gov/dafs/ocp/adult-use/application-process/criminal-history](http://www.maine.gov/dafs/ocp/adult-use/application-process/criminal-history)
- 2. Have you ever faced penalties under the Maine Adult Use of Cannabis Program?  
 Yes  No If yes, explain here:
- 3. Have you ever faced penalties under the Maine Medical Use of Cannabis Program?  
 Yes  No If yes, explain here:
- 4. Have you had an individual identification card issued under the Maine Adult Use of Cannabis Program revoked, suspended or denied within in the previous two years?  
 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 Program revoked, suspended or denied within the past two years?  
 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, explain here:

**Section 5: Cannabis Industry Involvement.** Identify each cannabis establishment or license, including those outside of Maine, in which you hold a Direct or Indirect Financial Interest, as defined in Title 28-B, Section 102-A(27). Attach a separate sheet if necessary.

License Holder Name	License Number	Jurisdiction/State	Description of Interest (ownership, principal, interest by contract, revenue sharing, etc.)

**Section 6: Acknowledgement and Signature.**

I understand that I am responsible for knowing and complying with all state laws and regulations governing the Adult Use of Cannabis Program pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder.

Agree  Disagree

I understand that providing false information or not disclosing all information on this form may result in the establishment license, as well as my individual identification card, being subject to denial, revocation or suspension.

Agree  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 form and the penalty for hiding or giving false information or breaking any of the rules. I certify under penalty of perjury that my answers are true and accurate.

Agree  Disagree

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_