

**MAINE REVENUE SERVICES**  
**Authorization to Review and Disclose**  
**Status of Tax and Filing Obligations to**  
**the Maine Office of Marijuana Policy -**  
**PRINCIPALS - Medical Dispensary**



This form is for use by a principal in a medical marijuana dispensary establishment. For purposes of this form, a “principal” means any person who is an officer, director, manager, or general partner in a medical marijuana dispensary establishment. It also includes any person who operates a medical marijuana dispensary establishment as a sole proprietorship.

**PART I:**

Principal Name:	Phone #:	FEIN/SSN:
Alternate Name You May Have Filed Under:	Home Address:	
Legal Name of Medical Marijuana Dispensary Establishment for Which You Are a Principal:	FEIN	

If you are a principal in more than one medical marijuana dispensary establishment, check here and attach a sheet listing the name and FEIN of all establishments for which you are a principal.....

**PART II:**

List Names and FEINs of all businesses, other than the a medical marijuana dispensary establishment(s) listed above, for which you are a principal. For purposes of this form, a “principal” means an owner, officer, director, manager, or general partner. 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 a principal.....

**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 Marijuana Policy, pursuant to 36 M.R.S. § 191(2)(A). I further certify that 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 Marijuana Policy, pursuant to 36 M.R.S. § 191(2)(A). The disclosure will be limited to the information included in Part IV below.

Principal’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms must be sent to Maine Revenue Services at [mrs.compliance.omp@maine.gov](mailto:mrs.compliance.omp@maine.gov), faxed to 207-287-6627, or mailed to:**

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

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**PART IV:**

**This section to be completed by Maine Revenue Services**

1) The principal listed above has a Maine tax liability presently due and owing for taxes and fees administered by Maine Revenue Services:

Yes       No

1a) The principal 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 principal during the calendar years checked below:

2020       2019       2018       2017       2016       2015

2a) The principal 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 principal has identified above 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: