



STATE OF MAINE
Office of Marijuana Policy
Medical Use of Marijuana Program
Caregiver Application

SECTION 1: Caregiver Information.

New
Renewal of CGR _____
Modification to plant count for CGR _____
Change to canopy-based cultivation for CGR _____

Legal Name:

Date of Birth:

Telephone Number:

Home Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Email Address (required):

SSN or Federal EIN:

Sales Tax Registration Number:

SECTION 2A: Cultivation Location.

Street Address:

City:

State:

Zip:

Indoor OR Outdoor. Please describe:

SECTION 2B: Property Owner.

Legal Name of Property Owner:

Street Address:

City:

State:

Zip:

SECTION 3: Caregiver Retail Store.

Legal Business Name:

Doing Business as Name, if applicable:

Street Address:

City:

State:

Zip:

SECTION 4: Registered Caregiver Authorized Activities. Please check all that apply.

- Standard caregiver cultivation activities
- Standard caregiver processing and manufacturing activities (no inherently hazardous substance extraction)
- Processing or manufacturing of marijuana from a patient, caregiver, or dispensary
- Processing or manufacturing marijuana using inherently hazardous substances
- Manufacturing edible marijuana products
- Standard caregiver transfer, donation and/or sale of medical marijuana, concentrate and products to patients
- Operation of one caregiver retail store
- Purchase or other receipt of wholesale marijuana from other caregivers or dispensaries
- Sale or other transfer of wholesale marijuana to other caregivers or dispensaries

SECTION 5: Fees. The fee is \$240 for each group of up to six (6) mature marijuana plants cultivated by a caregiver.

Caregiver cultivating/servicing patients

(Elect either plant count or canopy.)

Plants	Fee
6 mature/12 immature plants	\$240
12 mature/24 immature plants	\$480
18 mature/36 immature plants	\$720
24 mature/48 immature plants	\$960
30 mature/60 immature plants	\$1200

Canopy

500 Sq. Ft. Canopy/60 immature plants \$1500

Caregiver non-cultivating/servicing patients

(Purchasing from a registered caregiver or dispensary)

Harvested marijuana from:	Fee
6 mature/12 immature plants	\$240
12 mature/24 immature plants	\$480
18 mature/36 immature plants	\$720
24 mature/48 immature plants	\$960
30 mature/60 immature plants	\$1200

Application Fee:

Background Check Fee:

\$31.00

Total Enclosed:

SECTION 6: Local Authorization.

Pursuant to Title 22, Section 2429-D, municipalities may regulate caregivers and caregiver retail stores. Accordingly, you may wish to contact the communities in which you will be operating to ensure compliance with local ordinances and/or licensing requirements.

SECTION 7: Required Submissions.

- A cashier's check or money order made payable to "Treasurer, State of Maine." **All fees are non-refundable.**
- Copy of State of Maine-issued photographic identification.
- Copy of food establishment/processing license, if applicable.

SECTION 8: Attestation.

I have read and attest to the following:

- A. All information on this application is true and correct. Misrepresentation on this application may jeopardize my status as a registered caregiver in the Maine Medical Use of Marijuana Program (MMMP).
- B. I have reviewed the rules and statute to allow me to execute my duties, rights and responsibilities as a caregiver under the laws and regulations governing the MMMP.
- C. In the event that law enforcement, MMMP staff, and/or their representatives question my status as a card holder, I must provide my registry identification card and current government-issued photo ID.
- D. I will comply with inspections, as required, and refusal of entry could jeopardize my status as a caregiver.
- E. I will comply with applicable regulations and requirements if I am producing edibles with medical marijuana or using pesticides in the cultivation of medical marijuana.
- F. I will abide by packaging and labeling requirements as defined in MMMP rules and statute.
- G. I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- H. I may operate one retail store to sell harvested marijuana to qualifying patients for the patients' medical use.
- I. I may employ assistants to assist in performing the duties of the caregiver and they must be registered with the State of Maine in accordance with state law.
- J. I have provided my social security number or federal identification number for reporting to the Maine Revenue Service for tax purposes only.
- K. I will collect and remit sales tax related to my sales and transactions of medical marijuana.
- L. I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinances currently in place.
- M. I will submit to annual background checks as required in statute or as required by program policy.
- N. I must submit to the department annually, a report of the number of qualifying patients and visiting qualifying patients I have assisted.
- O. I must submit a new application each time I apply for a card and renew a card.
- P. If any of my information changes after this application is processed, I must notify MMMP.
- Q. I am a Maine resident.
- R. If I do not comply with these requirements, the Department of Administrative and Financial Services may revoke authorization to serve as a caregiver under the Maine law.

Signature - This application cannot be accepted without a signature.

I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature

Date

Submit completed application, supporting documentation and applicable fees (personal checks are not accepted) to the following address:

Medical Use of Marijuana Program
 Office of Marijuana Policy
 162 State House Station
 Augusta, ME 04333-0162
 Tel: (207) 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine Relay)
 E-mail: licensing_omp@maine.gov
 Website: <https://www.maine.gov/dafs/omp/medical-use/>