

**Maine Adult Use Marijuana Establishment**

**Active License Application**

MARIJUANA TESTING FACILITY

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

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| Legal Business Name | | License Number | | | | |
| Trade Name/DBA (if applicable) | | Federal Taxpayer ID/EIN | | | | |
| Address | | City | State | | | ZIP |
| **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. | | | | | | |
| Primary Contact Name | Title | | | | | |
| Primary Contact Phone Number | Primary Contact Email Address | | | | | |
| Address | | City | | State | ZIP | |

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| **SECTION 3: Maine Adult Use Marijuana Establishment – Physical Address**  Provide the locally approved address for the marijuana establishment. |

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| Physical Address | City | State | ZIP |

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| **SECTION 4: Maine Adult Use Marijuana Establishment – Principals; Material Changes**  The application must still meet all applicable requirements for conditional licensure. Adding or removing principals at this supplemental phase of the application process could affect the general licensing requirements outlined in statute and rule. Changes to principals after OMP has received local authorization will cause OMP to reissue the conditional license and require a new local authorization form. 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. |
| 1. Have there been any material changes from the conditional license application, including without limitation, any new arrests or criminal charges of the applicant or if the applicant is a business entity, any officer, director, manager or general partner of the business entity?   Yes  No |
| 1. Describe all material changes made with respect to each officer, director, manager, and general partner. If principals are being added, in addition to the description, complete the sections below. |

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| Legal Name | Title | | SSN | DOB | IIC Number |
| Legal Name | Title | | SSN | DOB | IIC Number |
| 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. | | | |

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| **SECTION 5: Maine Adult Use Marijuana Establishment – Ownership; Material Changes**  The application must still meet all applicable requirements for conditional licensure. Adding or removing owners at this supplemental phase of the application process could affect the general licensing requirements outlined in statute and rule. Changes to ownership after OMP has received local authorization will cause OMP to reissue the conditional license and require a new local authorization form. |
| 1. Have there been any material changes from the conditional license application, including without limitation, any changes related to ownership?   Yes  No |
| 1. Describe all material changes made with respect to each owner. If owners are being added, in addition to the description, complete the sections below. |

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| **Section 5(a): Natural Persons**  When totaled (natural persons and business entities), percentage of ownership must equal 100%. | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Legal Name | | | | DOB | | | | Address | City | | State | ZIP | | Phone Number | | 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 5(b): Business Entities** | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Legal Name of Business Entity | | Trade Name/DBA (if applicable) | | | Federal Taxpayer ID/EIN | | | Physical Address Business Entity | City | | | State | ZIP | Phone Number | | 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 6: Maine Adult Use Marijuana Establishment – Other Financial Interests Held by Private Persons/Entities and Financial Institutions**  The application must still meet all applicable requirements for conditional licensure. Adding or removing financial interests at this supplemental phase of the application process could affect the general licensing requirements outlined in statute and rule.  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   If more than one financial interest holder has been added, attach a separate document with all required fields. | | | |
| Legal Name or Name of Business Entity | | | |
| 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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| **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: Accreditation and Certification Status** | | | | | | | |
| **International Organization for Standardization Status and Maine Center for Disease Control Certification Status.** Note that Section 9 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 9 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. |  |  |  | |  |  |  |
| Residual solvents, poisons and toxins. |  |  |  | |  |  |  |
| Pesticides, fungicides, insecticides, and growth regulators. |  |  |  | |  |  |  |
| Other harmful chemicals. |  |  |  | |  |  |  |
| Dangerous molds and mildew. |  |  |  | |  |  |  |
| Harmful microbes. |  |  |  | |  |  |  |
| THC potency, homogeneity and cannabinoid profiles. |  |  |  | |  |  |  |
| Water activity. |  |  |  | |  |  |  |

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| **SECTION 9: Supplemental Documents**  Please attach the following required documents. This application is not complete without each of the documents. |
| Plans of Record:  Updated Operating Plan  Facility Plan  Security Plan    Evidence of compliance with all applicable electrical inspection and permitting requirements  Proof of registration with the State Tax Assessor  Full or provisional certification by the CDC as described in Rules for the Certification of Marijuana Testing Facilities, 18-691 CMR, ch. 5  Proof of ISO/IEC 17025:2017 accreditation  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. |

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| **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. |

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| **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: |