



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES
BUREAU OF BUSINESS MANAGEMENT
Medical Use of Marijuana Program
Employee Application

SECTION 1: Applicant Information			Dispensary <input type="checkbox"/>	New <input type="checkbox"/>	Employee <input type="checkbox"/>
			Caregiver <input type="checkbox"/>	Renewal <input type="checkbox"/>	Board Member <input type="checkbox"/>
					Principal Officer <input type="checkbox"/>
Legal Name:					
Date of Birth: (Must be at least 21)			Telephone Number: ()		
Home Address:					
City:		State:		Zip:	
Mailing Address:					
City:		State:		Zip:	

SECTION 2: Fees	
<input type="checkbox"/> Employee Applicant Fee: \$20	\$ _____
<input type="checkbox"/> Criminal Background Check: \$31.00 (Mandatory Annually)	\$ _____
All FEES ARE NON-REFUNDABLE	
Make bank check or money order payable to "Treasurer, State of Maine". We are unable to accept personal checks, cash and credit cards.	
Total Bank Check/Money Order enclosed:	\$ _____

Submit completed application and applicable fees to the following address:

Department Administrative & Financial Services
Bureau of Business Management Maine Medical
Use of Marijuana Program
#162 State House Station
Augusta, ME 04333-0162

Tel: (207) 287-3282 or 287-9330

Fax: (207) 287-2671

TTY users: Dial 711 (Maine relay)

Email: DHHS.MMMP@maine.gov

Website: www.mainepublichealth.gov/mmm

Office Use Only:		
Check/MO# _____	Amount \$ _____	Initials: _____

SECTION 3: Employer Information			
Legal Name of Employer:			
Mailing Address:			
City:	State:	Zip:	County:
Telephone Number: ()		Caregiver Employer DOB:	

SECTION 4: Submission
<p>Submit the following documents with your completed application:</p> <ul style="list-style-type: none"> • A bank check or money order made payable to “Treasurer, State of Maine” • Copy of the employees current Maine Driver’s License or Other Maine Issued Photographic Identification Card

SECTION 5: Declaration						
<ul style="list-style-type: none"> • I UNDERSTAND and acknowledge my duties, rights and responsibilities as a card holder under the laws and regulations governing the Maine Medical Use of Marijuana Program (MMMP). • I AGREE that in the event that law enforcement questions my status as an employee cardholder, I must provide my registry identification card and current Maine State issued photo ID. • I UNDERSTAND that if I do not comply with these requirements, the Department of Health and Human Services may revoke the registry identification card. • I DECLARE under penalty of perjury that the information provided on this form is true and correct. • I UNDERSTAND that I must submit a new application each time I apply for a card and/or renew a card. • I CERTIFY that I will not sell, furnish, or give marijuana to a person who is not allowed to possess marijuana for medical purposes. • I UNDERSTAND that as a registered employee, I am not authorized to conduct myself as a caregiver with all benefits and responsibilities associated with such designation. • I UNDERSTAND that if my employer terminates my employment, I am no longer protected under the Act and I must submit my registry identification card to the MMMP. • I UNDERSTAND that all fees are nonrefundable. 						
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-top: 1px solid black; padding-top: 5px;">Print name of Employee</td> <td style="width: 33%; border-top: 1px solid black; padding-top: 5px;">Signature of Employee</td> <td style="width: 33%; border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; padding-top: 5px;">Print name of Employer</td> <td style="border-top: 1px solid black; padding-top: 5px;">Signature of Employer</td> <td style="border-top: 1px solid black; padding-top: 5px;">Date</td> </tr> </table>	Print name of Employee	Signature of Employee	Date	Print name of Employer	Signature of Employer	Date
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