



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES
Bureau of Business Management
Medical Use of Marijuana Program
Caregiver Application

SECTION 1: Caregiver Information			<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification to plant count
Legal Name:					
Date of Birth: (Must be at least 21)			Telephone Number: ()		
Home Address:					
City:		State:		Zip:	
Mailing Address:					
City:		State:		Zip:	
Email Address:			SSN or Federal Identification Number:		

SECTION 2A: Cultivating Location			*See Section 5--Attestation M		
Street Address:					
City:		State:		Zip:	
Indoor: Please Describe					
Outdoor: Please Describe					
If you do not own the property where you will be cultivating medical marijuana, please complete the following:					
Legal Name of Property Owner:					
Home Address:					
City:		State:		Zip:	

SECTION 2B: Dispensing Location (If different from addresses listed above)			*See Section 5—Attestation M		
Street Address:					
City:		State:		Zip:	

Submit completed application and applicable fees to the following address:

Maine Medical Marijuana Program (MMMP)

162 State House Station

Augusta, ME 04333-0162

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

E-mail dhhs.mmmp@maine.gov

Fax: (207) 287-2671

TTY users: Dial 711 (Maine relay)

Website: www.maine.gov/dafs/bbm/mmmp/

SECTION 3: Fees

Caregiver (cultivating and/or servicing patients) \$240 per 6/12.

Plant count: Maximum 30 mature/60 immature.

Mature	Immature	Fee	Check one
6	12	\$ 240	<input type="checkbox"/>
12	24	\$ 480	<input type="checkbox"/>
18	36	\$ 720	<input type="checkbox"/>
24	48	\$ 960	<input type="checkbox"/>
30	60	\$ 1200	<input type="checkbox"/>

Total plant count fee: \$ _____

Criminal background check \$31 (Required annually): \$ _____

Total bank check/money order enclosed: \$ _____

Make bank check/money order payable to "Treasurer, State of Maine". All Fees are non-refundable.

* We are unable to accept personal checks and cash.

The exceptions for the \$240 fee are found in 22 M.R.S. §2423 2-C.

If you are registering under Section 2-C, you may not sell marijuana plants at wholesale, operate as a retail store or organize as a business entity as per 22 M.R.S. §2423 2-C1. The 6/12 plants that did not require a fee and are designated to the designated household or family member, may not be used to sell wholesale.

If one of the exceptions apply, please identify the relationship: _____

SECTION 4: Submission

Remember to submit the following documents with your completed application:

- A bank check or money order made payable to "Treasurer, State of Maine".
- Copy of Government issued photo ID with proof of address.

SECTION 5: 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 card holder in the Maine Medical Marijuana Program (MMMP).
- B. I have reviewed rules & 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. My authorization to cultivate medical marijuana for out of state visiting patients and minor patients is contingent on possessing a designation form and required paperwork for each designated patient.
- F. 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.
- G. I will abide by packaging and labeling requirements as defined in rule and statute.
- H. I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- I. I may operate one retail store to sell harvested marijuana to qualifying patients for the patients' medical use.
- J. 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.
- K. I have provided my social security number or federal identification number for reporting to the Maine Revenue Service for tax purposes only.
- L. I will report sales tax related to my sales and transactions of medical marijuana.
- M. I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinances currently in place.
- N. I will submit to annual background checks as required in statute or as required by program policy.
- O. I must submit to the department annually, a report of the number of qualifying patients and visiting qualifying patients I have assisted.
- P. I must submit a new application each time I apply for a card and renew a card.
- Q. If any of my information changes after this application is processed, I must notify MMMP.
- R. I am a Maine resident.
- S. 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.

Caregiver Name-Print

Caregiver Name-Signature

Date