

State of Rhode Island

Office of Cannabis Regulation

560 Jefferson Boulevard  
Warwick, RI 02886

**Hemp Variance Request Guide and Checklist**

The following forms and information must be completed and provided to the Department of Business Regulation (DBR) in connection with each variance request type.

Completed forms may be emailed to [DBR.HempCompliance@dbr.ri.gov](mailto:DBR.HempCompliance@dbr.ri.gov) or mailed to the above address.

*Submit your request in the form of a letter and include the following completed attachments. The request letter and all forms and certifications must be signed by a responsible officer of the applicant/licensee*:

**I need to…**

**…request a change in licensee name and/or location:**

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| --- | --- |
| **Licensee Name/Mailing Address Change** | |
|  | Change in Licensee Name/Mailing Address form |
|  | Name change – Complete sections I and II |
|  | Location change – Complete sections I and III |

**…request a change in ownership:**

|  |  |
| --- | --- |
| **Change in Governance/Ownership (change in board members, corporate officers, mergers/dissolutions, etc.)** | |
|  | Change in Licensee Governance/Ownership form |
|  | Form 1 – Affirmation and Acknowledgements |
|  | Form 2 – Disclosure of Owners and Other Interest Holders |
|  | Organizational Chart (including Schedule of Interests) |
|  | Form 3 – Business License Identification Form |
|  | Form 4 – Taxpayer Affidavit Form |
|  | Form 5 – Investors, Owners, Managers & Controlling Parties Certification Statement |
|  | Corporate Documents – Current Articles of Incorporation |
|  | Corporate Documents – Current Bylaws/Operating Agreement |
|  | Corporate Documents – Confirmation of Good Standing from the Rhode Island Secretary of State |
|  | Updated Response to Form 6 – Question 1 (interest holders’ biography(ies), experience, knowledge, training, roles, qualifications, etc.) |
|  | Updated Response to Form 6 – Questions 2 and 4 (business plan, capitalization, source of funds, etc.) |
|  | Documentation of any material operational changes that will be occasioned by the proposed change |
|  | National Criminal Background Checks for all new proposed interest holders/Key Persons |
|  | Key Person and Staff ID application(s) per each proposed additional interest holder, $100 fee per application |
|  | Sale, Financing, or other agreement pertinent to the proposed change in ownership, if applicable |

**…request an approval for changes and/or expansion to the premises:**

|  |  |
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| **Request for Change in Premises Floor Plan** | |
|  | Change in Approved Premises Floor Plan form |
|  | Approximate calculation of square footage of the proposed facility/expansion |
|  | Evidence of compliance with local zoning laws |
|  | Evidence that the physical location(s) are not within 1000’ of public or private schools |
|  | Draft diagram of the proposed facility or expansion |
|  | A description of objective parameters to ensure that marijuana will not be visible from the street or other public areas |
|  | Evidence of ownership of the property or agreement by the owner to allow the operation on his/her property |
|  | Revised answers to “Mandatory Questions” on Form 6 – Questions 2, 3, 4, 14-18 (as applicable) |
|  | Key Person and Staff ID application(s) to reflect the updated address |

**…request a name or mailing address change for a REGISTERED CARDHOLDER:**

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| **Request a name/mailing address change for a Registered Cardholder:** | |
|  | Email notification to DBR documenting the change request |
|  | New Key Person and Staff ID application |
|  | $10 fee per individual |

**…report a change in my security system’s IP address:**

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| **Report a Change in my Security System’s IP Address** | |
|  | Email notification to DBR documenting the change request |
|  | Updated credentials for security system access, if applicable |