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**APPLICATION FOR HYBRID**

**CANNABIS CULTIVATOR LICENSE**

**Introduction:** Pursuant to the Rhode Island Cannabis Act, 2022 P.L. Ch. 031 & 032, subject to compliance with Chapter 21-28.11 of the R.I. General Laws, licensed medical marijuana cultivators are exclusively eligible to produce cannabis as hybrid cannabis cultivators for adult use after August 1, 2022 and until the expiration of the moratorium period as provided in § 21-28.11-7. An Application for a Hybrid Cannabis Cultivator License may be submitted **only** by a licensed medical marijuana cultivator or licensed vertically integrated compassion center.

**Instructions:**

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark “N/A” on questions that are Not Applicable. If more space is required to respond to a section, you may alter this form to allow for more space or attach additional pages with the complete response. You may not otherwise alter any sections of this document.
2. Sign and return Hybrid Cannabis Cultivator Application with Application fee. Payment may be made by check or money order payable to the General Treasurer, State of Rhode Island.
3. Three (3) copies of the Application must be submitted as follows:
   1. E-mail to [**DBR.HybridLicensing@dbr.ri.gov**](mailto:DBR.HybridLicensing@dbr.ri.gov)two (2) copies of the completed Application: **one unredacted version** and **one redacted version** for purposes of public records disclosures.
   2. Mail or hand deliver one (1) **paper copy** of the Application along with required payment to:

**State of Rhode Island**

**Department of Business Regulation**

**ATTN: Office of Cannabis Regulation**

**560 Jefferson Boulevard, Suite 204**

**Warwick, RI 02886**

**APPLICATION INFORMATION SHEET**

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| **1** | **COMPANY NAME**  **(legal name, and any d/b/a name(s), if applicable)** | Company Name |
| **2** | **STREET ADDRESS** | Street Address |
| **3** | **CITY, STATE, ZIP** | City, State, Zip |

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| --- | --- | --- |
| **4** | **STREET ADDRESS OF LICENSED PREMISES (SAME AS THE ADDRESS LISTED ON EXISTING LICENSE)** | Street Address |
| **5** | **CITY, STATE, ZIP** | City, State, Zip |
| **6** | **PLAT/LOT # OF LICENSED PREMISES** |  |
| **7A** | **Medical Marijuana License Number:** | **MMP CV:**  **(this is the number referenced on the License issued by the Department)**  **MMP License Class:** |
| **7B** | **Corresponding**  **Hybrid License Class**  **(Select one):** | **Micro-license (Application fee: $500)**  **Class A (Application fee: $2,000)**  **Class B (Application fee: $3,500)**  **Vertically Integrated Compassion Center (Application fee: $3,500)** |

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| --- | --- | --- | --- |
| **8** | **TELEPHONE NUMBER** | | |
| **AREA CODE**  Area Code | **NUMBER:**  Number | **EXTENSION:**  Extension |

|  |  |
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| **9** | **Contact Person for providing information, notices, signing documents, or ensuring actions are taken per the Act and Regulations** |
| **Name:** Name |
| **Title:**  Title |
| **Address:** Address |
| **Email Address:** Email Address |

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| --- | --- | --- | --- |
| **10** | **TELEPHONE NUMBER FOR CONTACT PERSON** | | |
|  | **AREA CODE**  Area Code | **TELEPHONE NUMBER:**  Number | **EXTENSION:**  Extension |

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| **11** | **AUTHORIZED SIGNATORY**  **Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all documents and deliverables submitted herewith, are complete, true, correct and accurate.** | |
|  | **SIGNATURE:** | **DATE:**  Click here to enter a date. |

**Affirmation Section**

**The Applicant understands and affirms the following:**

|  | **Yes** | **No** |
| --- | --- | --- |
| 1. The Department of Business Regulation may deny a Hybrid Cannabis Cultivator Application that contains a misstatement, omission, misrepresentation, or untruth. |  |  |
| 1. The Hybrid Cannabis Cultivator Application shall be complete in every material detail. |  |  |
| 1. The Applicant affirms its commitment to separating its medical use marijuana inventory transactions from its adult use marijuana inventory transactions. |  |  |
| 1. The Applicant affirms that is in good standing with the Department of Business Regulation, Office of Cannabis Regulation. |  |  |
| 1. The Applicant affirms that it will make a good faith effort to ensure that its medical use marijuana program and patient needs are not adversely affected by the introduction of adult use marijuana production. |  |  |
| 1. The Applicant affirms that it will continue to comply with The Edward O. Hawkins and Thomas C. Slater Medial Marijuana Act, Rhode Island General Laws § 21-28.6-1 *et seq*, and the *Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation*, 230-RICR-80-05-1, and that such compliance and maintenance of its license thereunder is a condition to hybrid licensing. |  |  |

The undersigned attests that the Applicant organization understands and will adhere to the requirements of The Rhode Island Cannabis Act, 2022 P.L. Ch. 031 & 032, including Chapter 21-28.11 of the R.I. General Laws and any regulations promulgated thereunder, and that the undersigned has the authority to bind the Applicant organization to all requirements.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Mandatory Questions**

**1. Please describe how the Applicant will continue to meet the needs of patients and the Medical Marijuana Program (MMP). Please include specific measures the Applicant will take to ensure that adult use marijuana production will cause no significant adverse effects to the MMP and/or patient needs. These measures may include, but are not limited to, specific strains or product types reserved for the patient population, potential discounts or pricing differences for patients, etc.**

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| Click here to enter text. |

**2. Please complete and attach the Current Inventory Document.**

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| --- | --- |
| **Attached:** |  |

**3. Please certify that the Applicant has no enforcement action(s) or matters of noncompliance currently pending before the Department of Business Regulation, Office of Cannabis Regulation.**

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| --- | --- |
| **I certify the above is true:** |  |

**4. If not, please explain below.**

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| --- |
| **Click here to enter text.** |

**5. Please certify that the Applicant has filed all required tax returns and is not in arrears regarding any tax obligation in Rhode Island and other jurisdictions.**

|  |  |
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| **I certify the above is true:** |  |

**6. Please certify that the Applicant has established and submitted a copy of a plan to distinguish between sales of marijuana or finished marijuana products at wholesale based on designation for medical or adult use sales. Please note that transport manifest guidance and documents will be updated to reflect this requirement.**

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| --- | --- |
| **I certify the above is true:** |  |
| **Attached:** |  |

**7. Please certify that the Applicant has/will not release(ed) any batch of medical use and/or adult use marijuana if the batch fails to meet all criteria for production or patient consumption in accordance with the applicable regulations.**

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| --- | --- |
| **I certify the above is true:** |  |

**8. Please certify that the Applicant has/will ensure(ed) it does not transport medical use marijuana or adult use marijuana to or receive(ed) any medical use marijuana or adult use marijuana from any place outside of Rhode Island.**

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| --- | --- |
| **I certify the above is true:** |  |

**THE QUESTION BELOW NEED ONLY BE COMPLETED BY APPLICANTS WHOSE CULTIVATOR OPERATIONS INCLUDES MANUFACTURING, PROCESSING AND/OR PACKAGING (If not applicable, please note “N/A”)**

**9. Please certify that the packaging and labeling of medical use and adult use marijuana finished products has and will continue to be in compliance with all applicable regulations.**

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| --- | --- |
| **I certify the above is true:** |  |

**If not, please explain below.**

|  |
| --- |
| Click here to enter text. |

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name