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**Rhode Island Department of Business Regulation**

**Office of Cannabis Regulation**

**Application for Medical Marijuana**

**Compassion Center License**

**Publication Release Date:**

**July 17, 2020**

**Application Period: From July 17, 2020 through December 15, 2020**

**Interested parties should review the Application and submit any questions by email only to** [**DBR.mmpcompliance@dbr.ri.gov**](mailto:DBR.mmpcompliance@dbr.ri.gov) **with the subject line “Medical Marijuana Compassion Center Application Questions.” Your questions and the Department’s answers will be posted on the Department of Business Regulation website so that all Applicants will have access to the same information.**

**If you would like to be added to the interested parties list for updates to the Compassion Center Application process, please email** [**DBR.MMPCompliance@dbr.ri.gov**](mailto:DBR.MMPCompliance@dbr.ri.gov)**, with a subject line “New Compassion Center Application Interested Parties List.”**

**Department Business Hours: M–F, 8:30 am–4:00 pm**

**For additional information regarding the Application process, please visit the Department’s website at:** <https://dbr.ri.gov/>

**TABLE OF CONTENTS**

[Part 1 – Application Information and Instructions 3](#_Toc36106374)

[SECTION A: Application Period 3](#_Toc36106375)

[SECTION B: General Instructions 3](#_Toc36106376)

[SECTION C: Communications with the Department of Business Regulation – Application Questions 4](#_Toc36106377)

[SECTION D: Application Requirements and Procedures 5](#_Toc36106378)

[SECTION E: Important Notices/Disclaimers 7](#_Toc36106379)

[Part 2 – CHECKLIST FOR ALL FORMS, ANNEXES, EXHIBITS, DOCUMENTS, AND DELIVERABLES 9](#_Toc36106380)

[Part 3 – Three (3) Copies of Each Application Required – Digital and Paper – Some Redaction Required 11](#_Toc36106381)

[Part 4 – Compassion Center Required Application Forms 13](#_Toc36106382)

[CC FORM 1 – GENERAL CONTACT INFORMATION, TAXPAYER IDENTIFICATION AND AFFIRMATIONS 13](#_Toc36106383)

[CC FORM 2 18](#_Toc36106384)

[Disclosure of Owners and Other Interest Holders 18](#_Toc36106385)

[CC FORM 3 26](#_Toc36106386)

[Owners and Interest Holders Certification Statement Form 26](#_Toc36106387)

[CC FORM 4 29](#_Toc36106388)

[CERTIFICATION REGARDING NONPROFIT STATUS AND COMPLIANCE 29](#_Toc36106389)

[CC FORM 5 32](#_Toc36106390)

[BUSINESS LICENSE IDENTIFICATION FORM 32](#_Toc36106391)

[Part 5 – Compassion Center Application Required Exhibits 34](#_Toc36106392)

[CC Exhibit A – Disclosure of Material Financial Interests/Divestiture Plan 34](#_Toc36106393)

[CC Exhibit B – Compliance Plan 35](#_Toc36106394)

[CC Exhibit C– Business Plan 36](#_Toc36106395)

[CC Exhibit D- Security and Safety Plan 37](#_Toc36106396)

[CC Exhibit E – Operations Manual Required Content 40](#_Toc36106397)

[CC Exhibit F – Compassion Center Premises Requirements 44](#_Toc36106398)

[Appendix A – CC Form 2 Organizational Chart Example 46](#_Toc36106399)

[Appendix B – CC Form 2 Sample Schedule of Effective Ownership Interests 47](#_Toc36106400)

# Part 1 – Application Information and Instructions

The Office of Cannabis Regulation within the Rhode Island Department of Business Regulation (the “Department” or the “Office”) is accepting Applications from qualified Applicants interested in being issued a Medical Marijuana Compassion Center License.

Pursuant to The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, Rhode Island General Laws § 21-28.6-1 *et seq*., as amended by Rhode Island Public Laws 2019, ch. 088, Article 15 (as so amended, the “Act”), the Department is responsible for licensing medical marijuana compassion centers for the licensed dispensing of medical marijuana to registered cardholders. The Medical Marijuana Program allows a patient cardholder or authorized purchaser who is registered with the Department of Health or a primary caregiver who is registered with the Department of Business Regulation to purchase medical marijuana from a licensed compassion center. Licensed compassion centers may acquire medical marijuana in accordance with the Act and *Rules and Regulations Related to the Medical Marijuana Program Administered by the Office of Cannabis Regulation at the Department of Business Regulation*, 230-RICR-80-5-1 (the “Regulations”). **Please thoroughly review the Regulations which can be found on the Secretary of State’s website:** [**https://rules.sos.ri.gov/regulations/part/230-80-05-1**](https://rules.sos.ri.gov/regulations/part/230-80-05-1)**.**

## SECTION A: Application Period

**The period for submission of applications will be from 10:00 a.m. on July 17, 2020, through 3:00 p.m. on December 15, 2020 (the “Application Submission Deadline”).** Updates regarding the application period will be posted on the Department’s website: <https://dbr.ri.gov/>.

If you would like to be added to the interested parties list for the Compassion Center Application process, please email [DBR.MMPCompliance@dbr.ri.gov](mailto:DBR.MMPCompliance@dbr.ri.gov), with a subject line “New Compassion Center Application Interested Parties List.”

It is Applicant’s responsibility to ensure that its application is complete and submitted before the close of the Application Submission Deadline. Incomplete applications will be deficient and will not be accepted for review and evaluation, and the application fee will not be refunded. The Department will not accept or consider applications tendered after the Application Submission Deadline.

## SECTION B: General Instructions

Read this Application carefully. Answer each question completely. Do not leave blank spaces.

* **All application materials that require a signature must be signed by an “authorized signatory” of Applicant. An “authorized signatory” means a person that is authorized by the corporation/company to attest to the accuracy of all application information, materials and content submitted to the Department of Business Regulation.**
* If a question does not apply, write “N/A.” If the correct answer to a particular question is “None” write “None.”
* All Forms, Annexes, Exhibits, Documents and Deliverables on the Checklist are mandatory and must be submitted **at the time of filing this Application** in order for your Application to be complete and eligible for review.
* Applicant is under **a continuing duty to promptly notify** the Department of Business Regulation if there is a change in the information provided to the Department.
* All entries on the Application Forms, Annexes, Exhibits, Documents and Deliverables should be single spaced and typed in 12-point Calibri or Times New Roman font.
* Do not misstate or omit any material fact(s).
* The submittal of an Application constitutes acceptance of the requirements, administrative stipulations, and all of the terms and conditions of this Application. All costs and expenses incurred in submitting an Application will be borne by Applicant.
* **Definitions:** Please refer to the “Definitions” set forth in R.I. Gen. Laws § 21-28.6-3 and the “Definitions” in the Regulations, § 1.1.1, which are applicable to all compassion center license applications.

**Application Delivery Location**

It is Applicant’s responsibility to ensure timely delivery of its Application to the Department by the 3:00 p.m., December 15, 2020 Submission Deadline. Late Applications will not be accepted.

Rhode Island Department of Business Regulation  
Attn: Office of Cannabis Regulation

1511 Pontiac Avenue, Building 68-1  
Cranston, RI 02920  
401-462-9500

## SECTION C: Communications with the Department of Business Regulation – Application Questions

All questions about the Application or Application process must be sent to the Department of Business Regulation **by email** **only** at [DBR.mmpcompliance@dbr.ri.gov](mailto:DBR.mmpcompliance@dbr.ri.gov) with the subject line “**Medical Marijuana Compassion Center Application Question**.”

Questions and the Department’s answers will be posted on the Department of Business Regulation’s website so that all Applicants will have access to the same information. The Department reserves the right to not respond to questions concerning matters that are already addressed in the Application, the Act and/or the Regulations or which are immaterial or inappropriate.

For questions received after 4:00 p.m. on December 1, 2020, the Department may not respond prior to the December 15, 2020 Application Submission Deadline. Applicants and therefore encouraged to identify and submit any questions as soon as possible.

## SECTION D: Application Requirements and Procedures

Applicants should review the Act and the Regulations for further information regarding application requirements and procedures.

**Zones – Procedures and Limitations**

In accordance with R.I. Gen. Laws § 21-28.6-12(c)(3) and §§ 1.2(C) & 1.15 of the Regulations, DBR evaluated the overall health needs of qualifying patients and safety of the public including the factors set forth therein and determined the following “application zones” where six (6) new compassion centers shall be licensed:

|  |  |  |
| --- | --- | --- |
| **ZONE** | **Geographic Boundaries** | **Number of New Licenses Available in the Zone** |
| 1 | Burrillville, Cumberland, Glocester, North Smithfield, Smithfield, and Woonsocket | 1 |
| 2 | Central Falls, Johnston, Lincoln, North Providence, and Providence | 1 |
| 3 | Coventry, Foster, Scituate, West Greenwich, and West Warwick | 1 |
| 4 | Cranston, East Greenwich, North Kingstown, and Warwick | 1 |
| 5 | Charlestown, Exeter, Hopkinton, Narragansett, Richmond, South Kingstown, and Westerly | 1 |
| 6 | Barrington, Bristol, East Providence, Jamestown, Little Compton, Middletown, Newport, New Shoreham, Pawtucket, Portsmouth, Tiverton, and Warren | 1 |

An Applicant who applies for a compassion center license may only submit one application per zone. A person or entity cannot be an interest holder (as defined in the Regulations) with respect to more than one applicant/application for a compassion center license per zone. An Applicant may apply for a license in more than one zone provided, however, that if an Applicant is selected for a license in more than one zone, the Applicant must select a single zone in which Applicant will proceed with licensing in accordance with § 1.2(E) of the Regulations, forfeiting their license eligibility in the other zone. Another Applicant will then be selected for the zone or zones which were not selected. Applicants who apply in more than one zone must submit a separate application and separate application fee for each zone they apply to and indicate in each application all applications it has submitted and in which zones. Pursuant to R.I. Gen. Laws § 21-28.6-12 (c)(1)(i), the application fees are nonrefundable, even in instances where an Applicant submits applications in more than one zone.

Pursuant to § 1.2(E)(4) of the Regulations, a selected Applicant may not change or alter its proposed location to another location within the same zone without prior Department approval. A selected Applicant may not relocate or change its proposed location outside of the zone for which they were selected.

**Review and Evaluation Criteria**

The Department of Business Regulation shall review and evaluate the submitted Applications based upon the criteria set forth in R.I. Gen. Laws § 21-28.6-12(c)(3) and § 1.2 of the Regulations. All Applicants that are deemed “qualified” by the Department shall be eligible for selection.

The Department may require an initial inspection of the proposed licensed premises in order to verify information contained in an Application before deeming an Applicant “qualified” and eligible for inclusion in the selection process.

**Final Inspection, Requirements and Deadlines**

Selected Applicants must schedule and receive a final pre-license inspection prior to the Department’s issuance of a compassion center license. Additionally, all registry identification card requirements, including completion of national criminal background checks, payment of the $500,000 licensing fee, and all other licensing conditions and requirements under the Act and Regulations must be satisfied prior to the Department’s issuance of a license. Selected Applicants will have nine (9) months from the date of Application approval to complete the pre-requisites for issuance of the license as described in the Regulations. Once a license is issued, a licensee shall have a period of three (3) months to take reasonable and documented efforts to “launch compassion center activities” as defined in the Regulations. If a selected Applicant or compassion center licensee is unable to meet either of these deadlines, the Department of Business Regulation may rescind its selection/approval and/or revoke the license as described in the Regulations.

**Divestiture of Prohibited Financial Interests**

Pursuant to § 1.2(F)(7) of the Regulations, a compassion center and any interest holders/key persons thereof may not have any “material financial interest or control” in another Rhode Island compassion center, a cultivator, or a licensed cooperative cultivation or vice versa. Accordingly, disclosure of any such interests and a divestiture plan must be made as required in CC Form 3, Question 4, and Exhibit A.

**Merger of Cultivator License**

Pursuant to R.I. Gen. Laws § 21-28.6-12(b)(10), if a selected Applicant holds a cultivation license, the cultivation license shall merge into the compassion center license and Applicant shall provide the documents required under § 1.2(F)(3)(b)(7) of the Regulations.

**Prohibited Business Relationships**

A compassion center licensee and any cardholders under the compassion center license are prohibited from entering into a business relationship with any medical practitioner who provides written certifications of qualifying patients’ medical conditions in connection with the Medical Marijuana Program.

**Denial or Disqualification of Application**

The Department of Business Regulation may disqualify or deny any Application or decline to issue a license under any of the following circumstances:

* Applicant fails to submit a complete Application, hard copies, and electronic copies including all Forms, Annexes, Exhibits, Documents and Deliverables set forth on the Checklist in Part 2 and the copies with required redactions set forth in Part 3 of this Application.
* The Application contains a material misstatement, omission, misrepresentation, or untruth.
* Applicant fails to submit the Application by the Application Submission Deadline.
* Applicant fails to pay the $10,000 Application fee prior to the Application Submission Deadline.
* The payment of taxes due in any jurisdiction is in arrears.
* Applicant fails to demonstrate to the Department’s satisfaction that it adequately meets the qualifications and requirements outlined in this application, the Act, and the Regulations.
* Applicant fails to pay the $500,000 license fee pursuant to R.I. Gen. Laws § 21-28.6-12(c)(5)(ii)(A).
* Applicant fails to implement policies, procedures or actions indicated in its Application.

**Inventory Limits**

If an Application is approved and a compassion center license is issued to Applicant, Applicant will not be permitted to possess or cultivate medical marijuana seedlings or plants unless a variance request is submitted to, and approved by, the Department in accordance with § 1.6.4 of the Regulations. Applicant may include in its Application information about past cultivation experience and may propose to conduct cultivation activities and/or a licensing of premises for cultivation provided, however, that any such cultivation proposals will not be evaluated or considered by the Department as part of initial licensing. Any such cultivation proposal will only be evaluated and considered by the Department at a later date as determined by the Department in accordance with § 1.6.4 of the Regulations. Pursuant to the Act and § 1.6.4 of the Regulations, a licensed compassion center must limit its inventory of medical marijuana and medical marijuana products to reflect the needs of qualifying patients.

## SECTION E: Important Notices/Disclaimers

* This Application is an **OFFICIAL DOCUMENT** of the Rhode Island Department of Business Regulation. It **MAY NOT**be altered or changed in any fashion except to fill in the areas provided with the information that is required. Should any alteration or revision of a question occur, the Department reserves the right to deny the Application in its entirety or deem void that specific response and treat that section as unanswered.
* The burden of proving an Applicant’s qualifications at all times rests on Applicant. Applicant accepts any and all risk of adverse public notice, criticism, emotional distress, or financial loss that may result from any action with respect to this Application. Applicant expressly waives any and all claims for damages as a result thereof.
* After the Application has been submitted, Applicant may withdraw the submitted Application after written notice to the Department. The Application fee will not be refunded.
* Applicants are generally prohibited from submitting additional information after the Application is submitted unless the Department requests more information, and except in the event that the Applicant must disclose any changes in ownership, interest holders, and/or CC Form 2, Form 3, Form 4 and Form 5 disclosures throughout the entirety of the application and licensure periods.
* The Department may request any additional information or request an inspection of proposed location if it determines it is necessary to process and fully evaluate an Application. Applicant shall provide the additional information, documentation, materials and/or certifications within the time prescribed and at the Applicant’s own expense. If Applicant does not provide the requested information within the prescribed time period, the Department may remove the Application from the evaluation process.
* **Applicant is under a continuing duty to promptly disclose to the Department any changes in ownership, interest holders, and/or CC Form 2 Disclosures throughout the entirety of the application and licensure periods.**
* **Proposed changes to interest holders and key persons require the Department’s approval pursuant to the variance procedure outlined in the Regulations, provided, however, that no variance which affects a majority change in ownership, control, financial interest and/or compensation/remuneration will be approved prior to conclusion of the first year of licensed activities except upon the Department’s determination that public, health, safety or welfare requires such variance.**
* All notices regarding an Application submission will be sent to Applicant’s Compliance Officer email address provided on the Application Information Sheet, CC Form 1. Applicant must immediately notify the Department if Applicant’s email address changes. Further, Applicant is responsible for ensuring that the email address provided in Form 1 of this application is and remains operational to ensure that all e-mail communications from the Department of Business Regulation are received; e-mails sent by the Department will be presumed to have been received by Applicant.
* All Application submissions become the property of the Department and will not be returned.
* **The Department of Business Regulation’s decision to approve, disqualify, or deny an Application is final.**

# Part 2 – CHECKLIST FOR ALL FORMS, ANNEXES, EXHIBITS, DOCUMENTS, AND DELIVERABLES

All Forms, Annexes, Exhibits, Documents, and Deliverables set forth below must be included in an Application for Medical Marijuana Compassion Center License. Pursuant to § 1.2(C)(5) of the Regulations, only applications which the Department determines to be complete, including delivery of all completed Forms, Annexes, Exhibits, Documents, and Deliverables, as set forth below, shall be eligible for further evaluation and review. Incomplete applications will be deficient and will not be considered further, and the application fee will not be refunded.

|  |  |  |
| --- | --- | --- |
| **FORM/Exhibit #** | **Name/Description** | **Included**  **Yes** |
| **CC Form 1** | Application Information Sheet, Taxpayer Status, Notices and Affirmations executed by a duly authorized signatory of Applicant. |  |
| **CC Form 2** | Disclosure of Owners and Other Interest Holders executed by a duly authorized signatory of Applicant |  |
|  | Attached Organizational chart |  |
|  | Attached Schedule of effective ownership interests and compensation/remuneration as described in Section III of the CC Form 2, in compliance with § 1.2(C)(4)(h) of the Regulations |  |
| **CC Form 3** | Interest Holder Certification Statement executed by a duly authorized signatory of Applicant. |  |
| **CC Form 4** | Certification Regarding Nonprofit Status and Compliance executed by a duly authorized signatory of Applicant. |  |
|  | Attached Annex A – Nonprofit Documents |  |
|  | Attached Annex B – Management Companies |  |
|  | Attached Annex C – Vendors |  |
|  | Attached Annex D – Contracts |  |
|  | Attached Annex E – Related Party Transactions |  |
|  | Attached Annex F – Real Estate |  |
|  | Attached Annex G – Equipment |  |
|  | Attached Annex H – Annual Compensation |  |
| **CC Form 5** | Disclosure executed by a duly authorized signatory of Applicant of all applications, licenses and/or registrations in any jurisdiction, and any withdrawals, denials, suspensions, revocations, consents orders/agreements and/or other enforcement or regulatory actions in any jurisdiction, including copies thereof in compliance with § 1.2(C)(4)(m)(1) and (2) of the Regulations |  |
| **Application Fee** | $10,000 nonrefundable Application Fee, payable to the General Treasurer, State of Rhode Island, in the form of a cashier's check or money order only in compliance with § 1.2(C)(4)(a) of the Regulations |  |
| **CC Exhibit A** | Disclosure of any material financial interests or control in another compassion center, cultivator, cooperative cultivation or other marijuana establishment licensee, and a plan of divestiture in compliance with §§ 1.2(C)(4)(i) and 1.2(F)(7) of the Regulations |  |
| **CC Exhibit B** | Evidence of appointment of a Compliance Officer for the proposed Compassion Center and including Applicant’s legal and operational compliance plan in accordance with § 1.2(C)(4)(l) of the Regulations |  |
| **CC Exhibit C** | Applicant’s Business Plan for the Compassion Center with all information and in compliance with § 1.2(C)(4)(c) of the Regulations |  |
| **CC Exhibit D** | Applicant’s Security and Safety Plan with all information and in compliance with § 1.2(C)(4)(d) of the Regulations |  |
| **CC Exhibit E** | Applicant’s Operations Manual for the Compassion Center with all information and in compliance with § 1.2(C)(4)(e) of the Regulations |  |
| **CC Exhibit F** | Per § 1.2(C)(4)(f)(1) – (5) of the Regulations, a description of the proposed Licensed Premises, including street address, plat/lot number and zoning district |  |
| **Submission of Required Electronic and Paper Copies of Entire Application** | | |
| **Version A – Paper** | Complete unredacted signed paper copy of the entire Application |  |
| **Version A - Electronic** | Complete electronic copy of the Version A paper application on a USB thumb drive |  |
| **Version B - Paper** | Complete paper copy of entire application redacted as instructed in Part 3 of this Application |  |
| **Version B – Electronic** | Complete electronic copy of entire application redacted as instructed in Part 3 of this Application on a USB thumb drive |  |
| **Version C – Paper** | Complete paper copy of entire application redacted as instructed in Part 3 of this Application |  |
| **Version C – Electronic** | Complete electronic copy of entire application redacted as instructed in Part 3 of this Application on a USB thumb drive |  |

All Forms must be completed in their entirety; if a question or field is “not applicable” Applicant must insert “N/A.” If the correct answer to a particular question is “None” write “None.”

# Part 3 – Three (3) Copies of Each Application Required – Digital and Paper – Some Redaction Required

Applicant must submit a hard copy and an electronic copy of three different versions of the Application.

* Version A is the unredacted application.
* Version B includes certain redactions for purposes of public records disclosures.
* Version C will be used for the initial review without identifying information. If this information adequately displays Applicant’s qualifications and their ability to meet the license requirements under the Act and the Regulations, then the Department will review the rest of the Application.

It is the responsibility of Applicant to redact all necessary information in accordance with the following instructions.

**Application Version A – Unredacted Application:**

(1) A complete, signed paper copy of the completed Application with all completed Forms, Annexes, Exhibits, Documents and Deliverables; and

1. An electronic copy of item (A)(1) (immediately above) on a USB thumb drive.

**Application Redacted Version B – Application with Redacted Personal, Financial and Security Information**:

(1) A paper copy of the completed Application with all completed Forms, Annexes, Exhibits, Documents and Deliverables, redacted as described below to be posted on the Department’s website; and

(2) An electronic copy of item (B)(1) (immediately above) on a USB thumb drive.

* + Leave names of all Owners, Interest Holders and Key Persons visible in the Application.
  + Redact any reference to patient, caregiver or authorized purchaser registration names, addresses, card numbers or cards.
  + Redact any social security numbers and/or federal employer identification numbers
  + Redact all dates of birth and home street addresses as to individual natural persons
  + Redact any bank account numbers and bank account information on any check or other document that is submitted
  + Redact all ownership percentages and dollar amounts, including in the Form 2, Form 4 and schedules/annexes attached thereto
  + Redact all of CC Exhibit C, Applicant’s Business Plan
  + Redact all of CC Exhibit D, Applicant’s Security and Safety Plan
  + Redact any financial and proprietary information in CC Exhibit E, Applicant’s Operations Manual
  + In CC Exhibit F, redact any floor plans/diagrams of the proposed facilities

**Application Redacted Version C - Application with Redacted Personal and Interest Holder Information including Names**:

(1) A paper copy of completed Application with all completed Forms, Annexes, Exhibits, Documents and Deliverables, redacted as described below; and

(2) An electronic copy of item (C)(1) (immediately above) on a USB thumb drive.

* + Redact Applicant’s name and all names and addresses of all Owners, Interest Holders and Key Persons.
  + Redact any reference to all names, addresses, registry identification card numbers of all patients, caregivers and authorized purchasers.
  + Redact any social security numbers and/or federal employer identification numbers
  + Redact all dates of birth and home street addresses as to individual natural persons
  + Redact any bank account numbers and bank account information on any check or other document that is submitted

Other than the redacted material, the information provided in the (A), (B) and (C) versions of the Application must be identical.

# Part 4 – Compassion Center Required Application Forms

## CC FORM 1 – GENERAL CONTACT INFORMATION, TAXPAYER IDENTIFICATION AND AFFIRMATIONS

|  |  |  |
| --- | --- | --- |
| **1** | **COMPANY NAME**  **(legal name, and any d/b/a name(s), if applicable)** | Company Name |
|  | **Application ZONE#** | **(note separate applications and application fees are required to apply to multiple zones)** |
| **2** | **BUSINESS STREET ADDRESS** | Street Address |
| **3** | **CITY, STATE, ZIP** | City, State, Zip |
| **4** | **STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF MEDICAL MARIJUANA** | Street Address |
| **5** | **CITY, STATE, ZIP** | City, State, Zip |
| **6** | **PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF MEDICAL MARIJUANA** |  |
| **7** | **SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALE OF MARIJUANA** |  |
| **8** | **FEIN:**  (Federal Employer Identification Number) |  |
| **9** | **TELEPHONE NUMBER** | **AREA CODE NUMBER EXTENSION**  **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_** |
| **10** | **FAX NUMBER (if not applicable, put “N/A”)** | **AREA CODE NUMBER EXTENSION**  **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_** |
| **11** | **TOLL FREE NUMBER (if not applicable, put “N/A”)** | **AREA CODE NUMBER EXTENSION**  **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_** |
| **12** | **COMPLIANCE OFFICER Identification and Contact Information** | **Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Department reserves the right to contact and/or send notices and other correspondence to Applicant by email and/or post mail. It is Applicant’s responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.** |
|  | **Name:** | Name |
|  | **Title:** | Title |
|  | **Mailing Address:** | Address |
|  | **Email Address:** | Email Address |
|  | **Phone Number** | **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_**  **AREA CODE NUMBER EXTENSION** |
|  | **Fax Number (if not applicable, put “N/A”)** | **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_**  **AREA CODE NUMBER EXTENSION** |

**TAXPAYER STATUS**

All persons and entities applying for or renewing any license, registration, permit, or other authority (hereinafter called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by R.I. Gen. Laws Chapter 5-76, except as noted below.

**PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE**

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

I am currently pursuing administrative review of taxes owed to the state.

I am in federal bankruptcy. (Case # )

I am in state receivership. (Case # )

I have been discharged from Bankruptcy. (Case # )

Name of Taxpayer/Entity Social Security or Federal Tax Identification Number

**CC Form 1 - AFFIRMATIONS**

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

1. The burden of proving an Applicant’s qualifications rests on the party applying for the license.
2. The Department of Business Regulation may deny an Application that contains a material misstatement, omission, misrepresentation, or untruth.
3. An Application shall be complete in every material detail.
4. The Department of Business Regulation may rescind its approval of a Compassion Center License if Applicant has not completed the pre-requisites for issuance of the license as described in the Regulations within nine (9) months of their approval.
5. Regarding the location of the licensed premises, Applicant commits to the following:
   1. The premises and operations of Applicant shall conform to local zoning requirements.
   2. The Compassion Center License shall be conspicuously displayed at the licensed premises.
6. Regarding manufacturing, Applicant commits to having any form of manufacturing that uses a heat source or flammable/combustible material approved by the State Fire Marshal and/or the local fire department.
7. Applicant commits to not using any compressed, flammable gas as a solvent in any solvent extraction process, manufacturing or for any other purpose.
8. Applicant commits to not acquiring medical marijuana from anyone other than a licensed cultivator in accordance with the Act and the Regulations.
9. Applicant commits to the limitations set forth in the Act and the Regulations and understands that they are limited to possessing marijuana only as permitted in the Act and the Regulations.
10. Applicant understands that the licensed premises may not be within 1,000 feet of the property line of a preexisting public or private school.
11. Applicant hereby acknowledges that its employees covered by the National Labor Relations Act or the Rhode Island State Labor Relations Act have the right to form, attempt to form or join a union in the workplace. Applicant acknowledges that its covered employees may be fairly represented by a union if one is formed. Applicant also acknowledges that its employees have the right to refuse to do any or all of these things and that Applicant may not interfere with, restrain or coerce employees in the exercise of these rights.
12. Applicant understands that a licensed compassion center and any interest holders/key persons thereof may not have any material financial interest or control in another Rhode Island licensed compassion center, licensed cultivator or a licensed cooperative cultivation or in a Rhode Island Department of Health approved third party testing provider and vice versa.

|  |  |
| --- | --- |
| **SIGNATURE FOR CC FORM 1**  **The undersigned attests that Applicant organization understands and will adhere to the all requirements of the Act and the Regulations, including but not limited to those listed above, and that they have the authority to bind Applicant organization to all requirements.**  **The undersigned Authorized Signatory of Applicant hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes to the entirety of this Application for Medical Marijuana Compassion Center License and shall provide written notice to the Department within thirty (30) days of any change of the information provided herein including all Forms, Annexes, Exhibits, Documents and Deliverables submitted in connection with or as part of the application process; each such notice shall include an updated Form, Annex, Exhibit, Document or Deliverable, as the case may be.**  **Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct and accurate.** | |
| **AUTHORIZED SIGNATORY SIGNATURE** | |
| **SIGNATURE:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name:**  **Print Title:** | **DATE:**  Click here to enter a date. |

## CC FORM 2

## Disclosure of Owners and Other Interest Holders

**Name of Applicant/Licensee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: Owners** **and Other Interest Holders** | | | | | | | | |
| List (A.) all persons and/or entities with any ownership interest with respect to applicant/licensee, **and** (B.) all officers, directors, members, managers or agents of applicant/licensee, **and** (C.) all persons or entities with managing or operational control with respect to applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, **and** (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, **and** (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant/licensee, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an “Interest Holder” and collectively referred to as “Interest Holders”).  To the extent that any Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. Attach a separate sheet(s) if necessary. | | | | | | | | |
| 1. **LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN APPLICANT/LICENSEE (including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if applicant/licensee is a subsidiary of another entity).**   To the extent that any Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| 1. **LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| 1. **LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Role, interest, etc. | | | | |  | |
| 1. **LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT/LICENSEE, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | |
| 1. **LIST all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant/licensee, its operations, the license and/or the licensed facilities.**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Name | Title | | | SSN/FEIN | | DOB | App submitted? Yes No | | Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | | Business Associated with (Applicant, parent business or sub-entity) | | Interest | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section II:** List all persons (including individuals, firms, partnerships, corporations, limited liability companies, trusts), besides the owners and other Interest Holders previously listed in this Form [2], who/that will loan, give, or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary.If any such person is an entity, list all persons with any ownership in or control of that entity. | | | |
| **Name** | **Date of Birth** | **SSN/FEIN** | **Interest/Dollar Amount** |
|  |  |  |  |
|  |  |  |  |
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| --- |
| **Section III:**   1. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2. 2. Attach a list of all Interest Holders identified in Section I(A) and I(D) of Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder’s interest with respect to Applicant/Licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage. 3. Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) of Form 2 and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to Applicant/Licensee, its operations, the license and/or licensed facilities for the last five years.   **The organizational chart and accompanying lists should follow the form and structure of the sample charts and lists included with this form.** |

**CERTIFICATION AS TO CC FORM 2**

The undersigned duly authorized signatory of Applicant/Licensee, in his/her capacity as such, for and on behalf of Applicant/Licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the “Department” or “DBR”) that it/he/she has disclosed to the Department in this Form 2:

1. With respect to Applicant/Licensee, all persons and entities that:
2. Are owners, members, officers, directors, managers, or agents of Applicant/Licensee; and
3. Have/will have managing or operational control with respect to Applicant/Licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and

(iii) Are investors or have any other financial interest therein; and

(iv) Hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to Applicant/Licensee, its operations, the proposed license, and/or the licensed facilities (any person or entity in the foregoing (i), (ii) and (iii) being herein individually referred to as an “interest holder” and all such persons and entities in the foregoing (i), (ii), (iii), and (iv) being collectively referred to as the “interest holders”); and

1. To the extent that any interest holder described in (A) above is an entity, all interest holders in that entity until all such interest holders are identified and disclosed down to the individual person level.

The undersigned, after due inquiry, further certifies to the Department that, except for the license that is the subject of this Form 2 and except as permitted under R.I. Gen. Laws § 21-28.6-12(b)(10), no “interest holder” disclosed herein is an “interest holder” with respect to any other license issued by, or license application made to, the Department as to a “marijuana establishment licensee” as defined in R.I. Gen. Laws § 21-28.6-3(17).

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct, and accurate.

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC FORM 3

## Owners and Interest Holders Certification Statement Form

On behalf of Applicant, and with respect to Applicant and each of the Interest Holders/Key Persons described in Form 2, the undersigned certifies as follows:

|  |  |  |
| --- | --- | --- |
| 1. Has the Applicant or any Owner or Interest Holder or any marijuana business entity or its equivalent in which such persons hold or have held an interest or a medical marijuana or other marijuana or cannabis license, registration or authorization in another state or jurisdiction, ever been disciplined (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization) by any state or jurisdiction? If “Yes” provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/authorization authority. | Yes | No |
| 2. Has the Applicant and/or any Owner or Interest Holder ever been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Rhode Island or any other state or jurisdiction (discipline includes without limitation any denial, suspension, revocation, fines or other sanction of the license, registration or authorization)? If “Yes” provide a brief explanation, copies of all documentation and name/address/phone number/contact person for the licensing/registration/authorization authority. | Yes | No |
| 3. Is any Owner or Interest Holder employed by the State of Rhode Island? If “Yes” please describe below. | Yes | No |
|  | | |
| 4. Does the Applicant, or any Owner or Interest Holder have any “material financial interest or control” (as defined in § 1.1.1(A)(30) of the Regulations) in another Rhode Island licensed cultivator, a compassion center, a licensed cooperative cultivation, or a Rhode Island DOH-approved third party testing provider or vice versa. If “Yes” describe below: | Yes | No |
|  | | |
| 5. Applicant acknowledges that it fully understands that: | | |
| a. Marijuana is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 *et seq.);* | Yes | No |
| b. The manufacturing, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; | Yes | No |
| c. Any activity regarding marijuana that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and | Yes | No |
| d. Applicant must comply with the requirements of R.I. Gen. Laws § 21-28.6-12(c)(7) and § 1.4(C) of the Regulations pertaining to criminal identification records checks prior to licensure. | Yes | No |
| 6. Applicant acknowledges that Application Fees are non-refundable. | Yes | No |
| 7. Applicant acknowledges that in filing an Application for a license, the following:   1. The Department of Business Regulation is vested with certain authority and discretion under the Act and Regulations with respect to review and approval of a Compassion Center License; and 2. The Department of Business Regulation’s decision in approving or denying an Application shall be final subject to the provisions of the Administrative Procedures Act codified in R.I. Gen. Laws § 42-35-1 *et seq.* | Yes    Yes | No    No |

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the information provided and the certifications made in this Form 3 and that each such notice shall include an updated Form 3.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 3 are complete, true, correct, and accurate.

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC FORM 4

## CERTIFICATION REGARDING NONPROFIT STATUS AND COMPLIANCE

The undersigned duly authorized signatory of Applicant/Licensee, in his/her capacity as such, for and on behalf of Applicant/Licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the “Department” or “DBR”) as follows:

1. Nonprofit Status and Operation
2. The Applicant/Licensee is and shall be operated on a not-for-profit basis for the mutual benefit of its patients in compliance with The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, Chapter 21-28.6 of the Rhode Island General Laws and the regulations promulgated thereunder.
3. Compassion centers shall not be organized, structured or operated in a manner that violates R.I. Gen. Laws § 21-28.6-12(f), or which would cause medical marijuana and medical marijuana products to be priced at unreasonable rates, as determined by DBR, in accordance with R.I. Gen. Laws § 21-28.6-12(d)(2)(iii).
4. The Applicant/Licensee is a nonprofit corporation organized, existing and in good standing under the laws of the State of Rhode Island, including the Rhode Island Nonprofit Corporation Act, R.I. Gen. Laws Chapter 7-6, as evidenced in Annex A attached hereto, which includes the following documents:
   1. A written overview of Applicant’s corporate structure as a nonprofit entity, a listing of all board members, officers, and other key persons along with copies of their resumes, job descriptions, roles and duties.
   2. Applicant’s nonprofit Articles of Incorporation filed with RI Secretary of State (SOS) in accordance with R.I. Gen. Laws Chapter 7-6;
   3. Applicant’s corporate Bylaws;
   4. Applicant’s Certificate of Good Standing from the RI SOS; and
   5. If applicable, documentation evidencing tax-exempt organization status under US Internal Revenue Code.
5. Management Companies and Vendors
6. All contracts and agreements, including any loan or other financing agreements, with all management companies and vendors shall be on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject services, supplies, equipment, and other goods.
7. Attached hereto as Annex B is a list of all management companies used/to be used to supply services, supplies, equipment and/or other goods to the compassion center Applicant/Licensee. This list must also include a list of all persons (names and addresses) who have any ownership or financial interest (officers, directors, stockholders of 5% or more, LLC managers or members, and/or partners) in or operations or managerial control over the management company.
8. Attached hereto as Annex C is a list of all anticipated vendors used/to be used to supply services, supplies, equipment and/or other goods to the compassion center Applicant/Licensee of $100,000 or more per calendar year. This list must also include a list of all persons (names and addresses) who have any ownership or financial interest (officers, directors, stockholders of 5% or more, LLC managers or members, and/or partners) in or operations or managerial control over the management company.
9. Attached hereto as Annex D are copies of any/all agreements, contracts and proposals with management companies, vendors, or other contractors, including copies of any proposed management agreements, leases, loans, contracts, or any other documentation reflecting the terms and conditions of any relationships and/or interests between the nonprofit entity and these agents, persons, or entities. Applicant must include any subsidiaries/parent companies associated with these agents, persons, or entities in the overview and organizational chart and/or any other entities engaged in similar cannabis activities which have shared owners, officers, directors or key persons.
10. Related Party Transactions
11. Attached hereto as Annex E is a list of all financial transactions between Applicant/Licensee, on the one hand, and any immediate family member(s)[[1]](#footnote-1) (whether directly or through an entity in which such family member(s) has an interest) of an officer, director, manager or other person having managerial or operational control of Applicant/Licensee, on the other hand.
12. All such financial transactions are on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject matter thereof.
13. Real Estate and Equipment
14. Attached hereto as Annex F is a list of all real estate to be purchased or leased by Applicant/Licensee; and
15. Attached hereto as Annex G is a list of all equipment to be purchased or leased by Applicant/Licensee involving compensation/remuneration of $100,000 or more per calendar year.
16. Such purchase and lease transactions are on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject matter thereof.
17. Compensation of Officers, Directors and Employees
18. Attached hereto as Annex H is a schedule of annual compensation as to:
    1. All officers, directors, managers, and other persons having managerial or operational control of Applicant/Licensee; and
    2. The ten (10) other persons with the highest-level annual compensation.
19. Applicant/Licensee is in compliance with the compensation, dividend and loan provisions of the Rhode Island Nonprofit Corporation Act, R.I. Gen. Laws Chapter 7-6, including §§ 7-6-26.1, 7-6-31, and 7-6-32.
20. Revenue Sharing

Applicant/Licensee is not and shall not become a party to any revenue or profit-sharing agreements or other arrangements involving sharing of, or compensation/remuneration based upon a percentage of, the compassion center’s revenues or profits.

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the information provided and the certifications made in this Certification and that each such notice shall include an updated Certification and all annexes hereto.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on this Certification are complete, true, correct and accurate and all applicable information and deliverables required by this form are attached in Annexes A through H.

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

**INSTRUCTIONS FOR CC FORM 4 ANNEXES**

**Attach separate pages for each Annex, A through H, to CC Form 4. If the information to be provided on any Annex is “none”, put “none” on that Annex page.**

**The materials must demonstrate Applicant’s understanding of and ability to comply with the requirements under the Act and the Regulations.**

## CC FORM 5

## BUSINESS LICENSE IDENTIFICATION FORM

Applicant hereby state(s) as follows:

With respect to Applicant and any Owner or Interest Holders described in Form 2, Section I, such persons have either applied for or are currently or have been previously licensed, registered or authorized to produce or otherwise deal in the manufacture or distribution of marijuana in any form, in the below states or jurisdictions and corresponding agency or authority.

|  |  |  |  |
| --- | --- | --- | --- |
| **State & Name of Agency** | **Type of License** | **Name of Licensee** | **License or Registration #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Applicant disclosed and provided any and all denial, suspension, revocation, fines, or other sanction of the license, registration or authorization listed above as instructed in CC FORM 3.

Applicant hereby authorizes: (1) the Rhode Island Department of Business Regulation to contact the agencies indicated above for information regarding Applicant and the licenses/registrations listed above; and (2) such other state agencies to provide any and all information requested by the Department regarding the licenses/registrations. If requested by the Department, Applicant will provide any additional authorization required by any of the state agencies in order to provide information requested by the Department.

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the information provided and the statements made in this Form 5 and that each such notice shall include an updated Form 5.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 5 are complete, true, correct, and accurate.

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

# Part 5 – Compassion Center Application Required Exhibits

## CC Exhibit A – Disclosure of Material Financial Interests/Divestiture Plan

Attach hereto as CC Exhibit A is Applicant’s complete disclosure statement of any material financial interests or control in another Rhode Island compassion center, cultivator, cooperative cultivation, or other marijuana establishment licensee and a plan of divestiture in compliance with §§ 1.2(C)(4)(i) & 1.2(F)(7). Please review the definition of “material financial interest or control” in § 1.1(A)(30) of the Regulations.

The materials must demonstrate Applicant’s understanding of and ability to comply with the requirements under the Act and the Regulations.

**[ATTACH AND SIGN BELOW – If None, state “None” and Sign]**

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC Exhibit B – Compliance Plan

Attach hereto as CC Exhibit B evidence of appointment of a Compliance Officer for the proposed Compassion Center including Applicant’s legal and operational compliance plan in accordance with § 1.2(C)(4)(l) of the Regulations.

The compliance plan must include, without limitation, a written description of Applicant’s policies, procedures, and plan with regard to patient privacy, sales to out-of-state patients, procedures for access to restricted areas, affiliations with local patient and community organizations, employee/workplace drug use policies/procedures, compliance testing policies/procedures, and Applicant’s proposed policies/procedures/mechanisms to ensure compliance with prohibited financial interests and, if applicable, the additional requirements for establishing and maintaining its nonprofit status.

The plan and materials must demonstrate Applicant’s understanding of and ability to comply with the requirements under the Act and the Regulations.

**[ATTACH AND SIGN BELOW]**

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC Exhibit C– Business Plan

Attach hereto as CC Exhibit C Applicant’s Business Plan for the Compassion Center with all information and in compliance with § 1.2(C)(4)(c) of the Regulations.

The business plan must demonstrate Applicant’s understanding of and ability to comply with the requirements under the Act and the Regulations, likelihood of success, and include without limitation:

* 1. Applicant’s experience running a non-profit organization or other business, and applicant’s experience running a medical marijuana business, as applicable;
  2. Detailed description of amount and source of equity, debt and operating capital for the proposed compassion center, including financial statements or other documentation establishing the source of any funds;
  3. Start-up funding and long-term financial feasibility plan;
  4. Detailed timeline for initiating operations;
  5. Funds for capital improvements and operating needs;
  6. Financial capability;
  7. Financial oversight and compliance plan;
  8. Services for hardship patients and charity care;
  9. Three (3) year projected income statement;
  10. Number and category description of FTEs (full time equivalents) and associated payroll expenses (with benefits) required for staffing;
  11. Description of products and services;
  12. Marketing, promotional and sales plan including pricing strategy;
  13. Industry and market assessment and analysis; and
  14. Segment and customer profile.

**[ATTACH AND SIGN BELOW]**

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC Exhibit D- Security and Safety Plan

Attach hereto as CC Exhibit D Applicant’s Security and Safety Plan for the Compassion Center with all information in compliance with § 1.2(C)(4)(d) of the Regulations.

The security and safety plan must demonstrate Applicant’s understanding of, and ability to, comply with the requirements under the Act and the Regulations and shall include without limitation a description of:

1. Security equipment including hardware, software applications, and compliance with industry standards and specifications;
2. Applicant’s security and safety plan with regard to third-party vendors;
3. Applicant’s security and safety plan with regard to Standard Operating Procedures;
4. Applicant’s security and safety plan with regard to cash management and/or electronic payment processing, as applicable;
5. Applicant’s security and safety plan with regard to confirmation of a secured deposit banking account or proposed plan to obtain such account prior to beginning the proposed licensed activities;
6. How Applicant would train all employees and registered Compassion center agents on security procedures;
7. How Applicant would train all employees and registered Compassion Center agents on safety procedures, including but not limited to responding to a (1) medical emergency, (2) a fire, and (3) a chemical spill;
8. How Applicant would train all employees and registered Compassion Center agents on safety procedures including responding to threatening events, such as an armed robbery, an invasion, a burglary, and any other criminal incident;
9. How Applicant would secure the licensed premises and facility to prevent unauthorized entry in accordance with the Regulations;
10. How the premises and facility will be equipped with a security alarm system that:
11. secures and monitors the entire perimeter;
12. is continuously monitored; and
13. is capable of detecting power loss/interruption in accordance with the Regulations;
14. How the premises and facility will be protected by a video surveillance recording system to ensure surveillance of the entire licensed premises and adherence to the video surveillance requirements in accordance with the Regulations;
15. How a video surveillance system will be supported by adequate security lighting in accordance with the Regulations;
16. How Applicant would maintain a security alarm system that covers all perimeter entry points and portals at all premises;
17. How the security system will be:
    1. Continuously monitored,
    2. Capable of detecting smoke and fire, and
    3. Accessible via remote feed to the Department of Business Regulation in accordance with the Regulations.
18. How security footage and equipment will be stored and secured in accordance with the Regulations.
19. How Applicant will maintain a video surveillance recording system at all premises that:
20. Records all activity in images of high quality and high resolution capable of clearly revealing facial detail;
21. Operates 24-hours a day, 365 days a year without interruption; and
22. Provides a date and time stamp for every recorded frame.
23. How the surveillance camera(s) will be located and operated to capture each exit from the premises;
24. How the surveillance camera(s) will capture activity at each entrance to an area where medical marijuana and medical marijuana products are located;
25. How the recording of security video surveillance shall be made available to the Department of Business Regulation or law enforcement in accordance with the Regulations;
26. How Applicant will, when visitors are admitted to a non-public area of the licensed premises:
27. Log the visitor in and out;
28. Continuously visually supervise the visitor while on the premises; and
29. Ensure that the visitor does not touch any medical marijuana or medical marijuana products.
30. Applicant’s policies and procedures for maintenance of a log of all visitors;
31. The process Applicant will follow in reporting a theft or diversion to:
32. the Department of Business Regulation; and
33. Rhode Island State Police in accordance with the Regulations.
34. How Applicant will ensure that it, or a registered agent thereof, will not distribute any medical marijuana or medical marijuana products to any person if the licensee or registered agent knows, or may have reason to know, that the distribution does not comply with the Act or the Regulations;
35. How Applicant will record and execute the transfer of medical marijuana from licensed medical marijuana cultivators in accordance with the Regulations; and
36. How Applicant will record and execute the transfer of medical marijuana to a patient cardholder, caregiver cardholder, or authorized purchaser cardholder in accordance with the Regulations.

**[ATTACH AND SIGN BELOW]**

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC Exhibit E – Operations Manual Required Content

Attach hereto as CC Exhibit E Applicant’s Operations Manual for the Compassion Center with all information and in compliance with § 1.2(C)(4)(e) of the Regulations.

The Operations Manual must include, without limitation, a written description of Applicant’s policies, procedures and plans regarding:

* Patient intake and identification checks, patient education, patient feedback/product selection, any other proposed services to be provided at the Compassion Center:
* Point of sale tracking;
* Advertising;
* Vehicle/foot traffic impact and mitigation of community impact;
* Packaging and labelling;
* Complaints;
* Returns/refunds; and
* Product recalls.

The Operations Manual must demonstrate Applicant’s understanding of and ability to comply with the requirements under the Act and the Regulations and include without limitation a description of:

1. The Applicant’s biography including experience, knowledge, and training as it relates to:
2. The marijuana industry in Rhode Island or any other state;
3. Current role or participation in the Rhode Island Medical Marijuana Program;
4. Past experience running a business or nonprofit;
5. Familiarity with medical marijuana products and patients’ utilization of products to treat qualifying conditions;
6. Product testing and the use of seed to sale inventory tracking; and
7. Any other background information or documentation Applicant believes demonstrates its qualifications to hold a compassion license.

If Applicant is currently a caregiver, licensed cultivator, or part of a licensed cooperative cultivation entity in Rhode Island, Applicant must include their registration ID number and how long they have been a caregiver or operating as a licensed cultivator or cooperative cultivation.

1. A list of proposed medical marijuana varieties and product types proposed to be offered.
2. A pricing model for how the price of products will be determined. Applicant must do this for products that will be procured from licensed cultivators as well as for products which may be manufactured by the compassion center if approved and/or applicable. This must include price ranges by categories of products (edibles, tinctures, vape cartridges, topicals, *etc.*) and/or any price structures which are based on levels of specific cannabinoids (THC, THCa, CBD, *etc.*). Applicant must state whether the compassion center would utilize pricing tiers for flower or any other categories of products and, if so, describe the general product requirements of each product as well as the price range per tier.
3. Any programs the compassion center would adopt to provide patients with discounted or free medicine. Applicant must include any qualifying factors it plans to use, if any, such as patient income, disability status, terminal diagnosis, or any other need-based criteria which the center may adopt.
4. How the Applicant would train all employees and registered compassion center agents on Federal and State medical marijuana laws and regulations as well as other laws and regulations pertinent to the compassion center agents’ responsibilities.
5. How the Applicant would train all employees and licensed compassion center agents on standard operating procedures.
6. How the Applicant would train all employees and registered compassion center agents on detection and prevention of diversion of medical marijuana and medical marijuana products.
7. How the Applicant would establish written standard operating procedures for receipt of medical marijuana material and/or products, including how Applicant will inspect products for defects, contamination, and compliance with Regulations.
8. How the Applicant will use a perpetual inventory control system that identifies and tracks Applicant’s stock of medical marijuana products from the time the medical marijuana is obtained by, or delivered to, a registered compassion center to the time it is sold or transferred to a patient cardholder, caregiver cardholder, or authorized purchaser in accordance with the Regulations. Applicant must address the situation in which it has access to the state approved Medical Marijuana Program Tracking System and the situation in which Applicant does not have access to the System (as specified in the Regulations).
9. How, as soon as is practical, if the Applicant does not have access to the state approved Medical Marijuana Program Tracking System, Applicant will, for each medical marijuana unit or product:
10. Create a unique identifier;
11. Enter information regarding the product/unit into an alternate inventory control system;
12. Create a label with the unique identifier and batch number; and
13. Securely attach the label to each unit/product.
14. How the Applicant will notify the Department of Business Regulation of an inventory or supply discrepancy if Applicant discerns a discrepancy between the inventory and the medical marijuana program tracking system.
15. How the Applicant will quarantine and not release any medical marijuana product if notified the product fails to meet all criteria for production or patient consumption in accordance with the Regulations.
16. In the case where faulty products have been sold or transferred to customers, how the Applicant will institute a recall and notify customers about the faulty products and what they should do if they still possess them.
17. How the Applicant will hold medical marijuana and medical marijuana products in secure and segregated storage.
18. How the Applicant, as a licensed compassion center, would establish procedures to receive, organize, store, and respond to all oral, written, electronic, or other complaints regarding medical marijuana and adverse events.
19. How the Applicant will ensure it does not transport medical marijuana or medical marijuana products to, or receive any medical marijuana or medical marijuana products from, any place outside of Rhode Island.
20. How the Applicant will have a standard operating procedure to require an employee or compassion center agent to report any personal health condition that could pose a threat to customers or compromise the cleanliness or quality of the medical marijuana products the employee/agent might handle.
21. How the Applicant will provide for disposal and segregated storage of any medical marijuana or product that is outdated, damaged, deteriorated, misbranded, or adulterated.
22. How the packaging and labeling of medical marijuana finished products will be in compliance with all applicable Regulations.
23. How a package of medical marijuana finished product will bear any allergen warning required by law.
24. How the Applicant will assure that a package of medical marijuana finished product does not bear any resemblance to the trademarked, characteristic, or product-specialized packaging of any commercially available candy, snack, baked good, or beverage.
25. How the Applicant will assure that a package of medical marijuana finished product does not bear any statement, artwork, or design that could mislead any person to believe that the package contains anything other than a medical marijuana finished product.
26. How the Applicant will assure that a package of medical marijuana finished product does not bear any cartoon, color scheme, image, graphic, or feature that might make the package attractive to children.
27. How the Applicant will ensure compliance with state and federal health and safety protocols, requirements and guidance with respect to the COVID-19 health pandemic.

**Exhibit E Signature page**

**[ATTACH AND SIGN BELOW]**

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant/Licensee:

## CC Exhibit F – Compassion Center Premises Requirements

Attach hereto as CC Exhibit F, per § 1.2(C)(4)(f) of the Regulations, is all the information responsive to paragraphs (i) through (vi) below.

Is the applicant proposing **alternative locations** in the same zone under this application?

**Yes**  **No**

If “Yes”, then Application must provide a complete response to paragraphs (i) through (vi) below for each proposed location.

Applicant’s response must demonstrate its understanding of, and ability to comply with, the requirements under the Act and the Regulations and include without limitation:

* 1. A description of the proposed Licensed Premises, including street address, plat/lot number and zoning district.
  2. Evidence of compliance for the location(s) with the local zoning laws in the form of a certificate or letter from an authorized zoning official;
  3. Evidence that the physical location is not located within one thousand feet (1,000’) of the property line of a preexisting public or private school in compliance with R.I. Gen. Laws § 21-28.6-12(f)(2) as demonstrated by a GIS Map or other similar municipal map showing Applicant’s property, and the 1,000 foot distance from the property line of any schools;
  4. A draft diagram, shown to scale, no smaller than 8.5” by 11” and no larger than 11" X 17", of the proposed facilities showing:
     1. Where medical marijuana will be stored, processed, packaged, manufactured and dispensed;
     2. The restricted-access areas, limited-access areas, walls, partitions, entrances, exits and location of security alarms, cameras, and surveillance recording equipment locations;
     3. Patient access areas including areas designated for patient enrollment, waiting, and education;
     4. Any public transportation services nearby,
     5. A diagram of all proposed on-site and off-site parking capacity (including spaces for persons with disabilities);
     6. How the facility will provide ADA-compliant access for persons with disabilities; and
     7. The location of the facility relative to streets and other public areas, and any other relevant information;
  5. A description of objective parameters (such as distances from streets and public areas) and/or proposed measures (such as black-out window shades) that ensure that marijuana at the premises shall not be visible from the street or other public areas; and
  6. Documents evidencing either ownership of property or lease agreement with owner of property to allow the operation of a compassion center on the property, if property has already been purchased or leased at the time of the application or a signed letter of intent for such a sale or lease.

**Exhibit F Signature page**

**[ATTACH AND SIGN BELOW]**

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

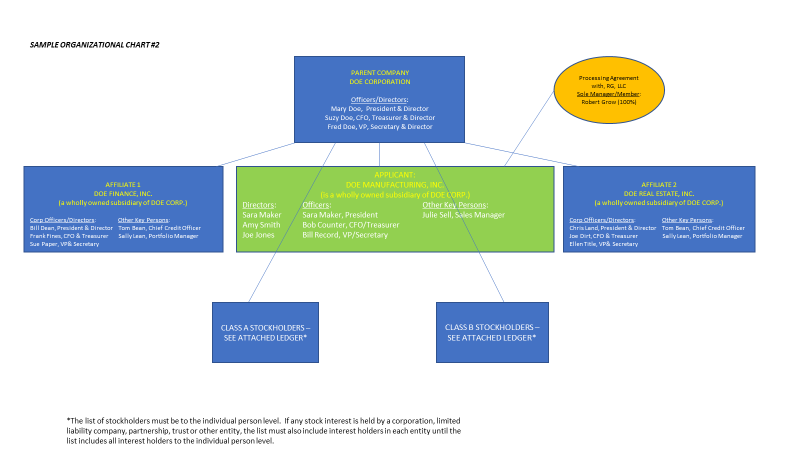
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Print Title:

Print Name of Applicant/Licensee:

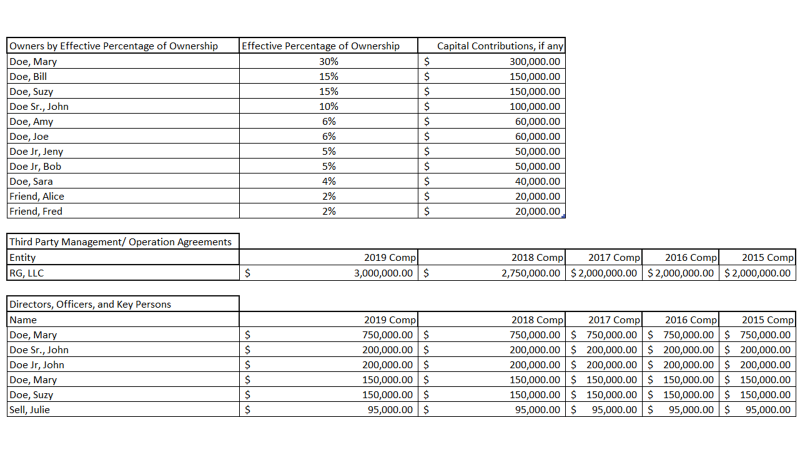
# Appendix A – CC Form 2 Organizational Chart Example





# Appendix B – CC Form 2 Sample Schedule of Effective Ownership Interests

(shown in landscape only to increase font size of example)



1. “Family members” means and includes a spouse, parent, grandparent, child, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law and includes adopted, half and step members. [↑](#footnote-ref-1)