**RI Office Of Cannabis Regulation**

**Guide to the Online Hemp Application**

**Part 1:** The below listed forms are attached and should be used when uploading the appropriate documents:

Form 1: Statement Regarding Ownership/Consent to Use of Licensed Premises (Use for responding to: Landlord Consent Statement)

Form 2: Disclosure of Owners and Other Key Persons (Use for responding to: Employee List)

Form 3: Business License Identification Form (Use for responding to: Operations In Other Jurisdictions)

Form 4: Tax Payer Status Affidavit / Identity Form   
  
**Part 2:** Please upload a description of Applicant’s cultivation and production methods, as applicable. Please be as detailed as possible.

**Part 3:** Please provide a detailed description of Applicant’s research proposal as a participant in the Agricultural Pilot Program. (This is no longer a requirement for the program and will be removed in a future release. Please disregard this question.)

**Part 4:** Please describe the intended end use for all industrial hemp to be grown or produced including parts and derivatives of any hemp plants or hemp that will be grown or produced by the Applicant.

**Part 5:** Please describe the documentation and any other procedures that the Applicant will implement and follow in order to ensure that Applicant will sell or otherwise transact with another licensee or such other persons who are in compliance with applicable laws regarding the possession, processing and sale of industrial hemp.

**Part 6:** Please describe the documentation and any other procedures that the Applicant will implement and follow in order to ensure that hemp seeds, plants and/or other hemp materials for cultivation and production are from a certified source and are of a type and variety that do not exceed the maximum concentration of delta-9 THC as set forth in the Act.

**Part 7:** Please provide a detailed description of the inventory tagging, control and seed to sale tracking system to be used by the Applicant as required under § 1.10 of the Regulations and the plan for tracking and monitoring all hemp grown and produced by the Applicant.

**Part 8:** Please describe the emergency plan, procedures (including notification procedures) and employee training that Applicant will implement and follow to prevent and mitigate consequences of theft or burglary, fire, natural disasters, other emergencies, including cybersecurity and data breach procedures to prevent a compromise of the integrity of the Agricultural Pilot Program Tracking System.

**Part 9:** Please describe the Applicant’s record keeping procedures with respect to certified source documentation, cultivation and production methods, hemp sales and safety measures.

**Part 10:** Please describe food safety protocols and procedures that Applicant will implement and follow in connection with production of any product or substance that is intended for human consumption.

**Part 11:** Please describe the best practices that will be implemented and followed by the Applicant to limit contamination of industrial hemp and hemp products including but not limited to mold, mildew, fungus, bacterial diseases, rot, pests, pesticides and any other contaminant identified as posing potential harm. \*

**Part 12:** Please provide a detailed description of Applicant’s use of pesticides on hemp plants and the protocols and procedures, including training, Applicant will implement and follow to ensure compliance with § 1.10 of the Regulations.

**Part 13:** Please describe how the packaging and labeling of hemp finished products intended for consumption will be in compliance with the Regulations, including inclusion of required warnings.

**Part 14:** Please provide a detailed description of any extraction or manufacturing methods to be used by the Applicant (including equipment, solvents and gases to be used) and intended production of hemp concentrates, extracts and infused products, and describe the standard operating procedures that will be implemented and followed for each of the methods.

**Part 15:** If the Applicant uses solvent extraction, please describe how the standard operating procedures of Applicant will use best practices to ensure worker and product safety.

**Part 16:** Please describe how, if the Applicant uses solvent extraction, the standard operating procedure of Applicant will require following all applicable federal, state, and local fire, safety, and building codes in the processing and storages of the solvents.

**See Next Pages for Required Forms**

**FORM 1\***

**Statement Regarding Ownership/Consent to Use of Licensed Premises**

Please check the box below which describes the status of the proposed licensed premises:

Check below to select (1) or (2):

|  |  |  |
| --- | --- | --- |
|  | 1. | The Applicant is the owner of the proposed licensed premises described in this application, including the growing area, land area and any building to be used for cultivation, production or handling of industrial hemp.  *(If this #1 is selected, the Applicant must sign this Form below*) |
|  | 2. | The person/entity named below is the owner of the proposed licensed premises described in this application, including the growing area, land area and any building to be used for cultivation, production or handling of industrial hemp, and such owner has consented to Applicant’s use of the premises for such purpose.  *(If this #2 is selected, the Applicant and the Owner must sign this Form below).* |

The undersigned hereby acknowledge and agree to the foregoing.

Applicant:

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

Owner:

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**FORM 2\***

**Disclosure of Owners and Other Interest Holders**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part I: Owners** **and Other Interest Holders** | | | | | | | | |
| List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, **and** (B.) all officers, directors, members, managers or agents of the applicant/licensee, **and** (C.) all persons or entities with managing or operational control with respect to the 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 the 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 THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the 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 THE 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 THE 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 THE 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 the 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 | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Part II: Who, besides the owners and other Interest Holders listed in this Form 2 (including persons, firms, partnerships, corporations, limited liability companies, trusts), 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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| --- |
| Part III: Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2.  Attach a list of all Interest Holders identified in Part I(A) and Part I(D) that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder’s interest with respect to the applicant/licensee, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage.  Attach a list of all Interest Holders identified in Part I(A), Part I(B), Part I(C) and Part I(E) and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to the 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. |

**See Last 3 pages for Organization Chart Sample**

CERTIFICATION AS TO FORM 2

The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the 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 the applicant/licensee, all persons and entities that:
2. Are owners, members, officers, directors, managers or agents of the applicant/licensee, and/or
3. Have/will have managing or operational control with respect to the applicant/licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not, and/or

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

(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 the 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 the 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.

Authorized Signatory Date

Printed Name

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

**FORM 3\***

**BUSINESS LICENSE IDENTIFICATION FORM**

The undersigned on behalf of the Applicant hereby state(s) as follows:

With respect to the Applicant and the Key Persons described in Form 2, Part I, such persons have either applied for and/or are currently or have been previously licensed or authorized to cultivate, produce or otherwise handle industrial hemp and/or hemp derivatives, in the following states or jurisdictions with/by the below corresponding agency or authority. If None, please indicate “None”.

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

I/we have disclosed in the space provided below any instance where the Applicant or any Key Person has had an application and/or license to cultivate, produce or otherwise handle industrial hemp denied, suspended or revoked or otherwise been disciplined by any state/jurisdiction. If None, please indicate “None”.

I/we have disclosed in the space provided below if the Applicant or any Key Person currently possesses a license to cultivate, produce or otherwise handle medical marijuana in this state. If None, please indicate “None”.

I/we hereby authorize the Rhode Island Department of Business Regulation to contact the state agencies/jurisdictions indicated above for information regarding the Applicant and the licenses/registrations listed above and by our signature below, authorize such state agencies/jurisdictions to provide any and all information requested by the Department regarding the licenses/registrations. If hereafter requested by the Department, I/we will provide any additional authorization required by any of the state agencies/jurisdictions in order to provide information requested by the Department.

Click here to enter a date.

Name- Authorized Signatory Date

Name- Printed

Name- Printed

**FORM 4\***

**TAX PAYER STATUS AFFIDAVIT / IDENTITY FORM**

All persons 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 state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**LICENSEE DECLARATION**

**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 # )

Type of License you’re applying for:

Print Full Name Social Security or Federal Tax Identification Number

Click here to enter a date.

Signature Date





