

Office of Cannabis Regulation
Department of Business Regulation

1511 Pontiac Ave. Bldg. 68-1
Cranston, RI 02920

**Cardholder Registration Application for Key Persons,
Interest Holders, and Staff of Medical Marijuana
Establishment Licensees, Industrial Hemp Licensees,
And Testing Laboratories**

- **Medical Marijuana Program** requirements for licensure and registration of cardholders are established by the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws Chapter 21-28.6, and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Office of Cannabis Regulation at the Department of Business Regulation, 230-RICR-80-05-1.
- **Industrial Hemp Program** requirements for licensure and registration of cardholders are established by the Industrial Hemp Growth Act, R.I. Gen. Laws Chapter 2-26, and the Department's regulations entitled, "Rhode Island Industrial Hemp Agricultural Pilot Program," 230-RICR-80-10-1.
- More information and links to applicable laws are available here:
<https://dbr.ri.gov/divisions/medicalmarijuana/>.
- Should you have any questions regarding the cardholder registration requirements or the completion of the application form, contact the Office of Cannabis Regulation at the Department of Business Regulation, (401) 462-9500, or email at:
- DBR.mmpcompliance@dbr.ri.gov for Medical Marijuana Program Questions, or
- DBR.HempCompliance@dbr.ri.gov for Industrial Hemp Program Questions.

Application Instructions

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark "NA" on questions that are Not Applicable.
2. Do not detach any full pages from this form.
3. Sign the application and return it with the required documentation described herein and a check or money order payable to the General Treasurer, State of Rhode Island.
4. Do not submit the application without all applicable information, documentation and fee(s).
5. Mail or deliver the completed application to:

**RI Department of Business Regulation
Office of Cannabis Regulation
1511 Pontiac Ave. Bldg. 68-1
Cranston, RI 02920**

Required Documentation

1. **Completed Application:** Completed and signed Application for **each** officer, director, manager/member, agent, employee or volunteer.
(Note volunteers are only permitted at Compassion Centers).
2. **Copy of ID:** Proof that each officer, director, manager/member, employee, agent or volunteer is at least twenty-one (**21**) years old. (Proof must be in the form of a copy of a Rhode Island or other Government issued photo ID such as a Driver's License, Passport or State ID.)
3. **Fee:** A non-returnable, non-refundable application fee made payable to **General Treasurer, State of Rhode Island** in the amount in the below amount for **each** officer, director, manager/member, agent, employee, or volunteer.

Medical Marijuana Compassion Center or Cultivator: \$100.00

Industrial Hemp Program: \$50.00

Testing Laboratories: \$100.00

4. **National Criminal Background Check*:** All owners, members, officers, directors, managers and agents of marijuana establishment licensees, industrial hemp licensees, or Testing Laboratories, shall apply for a national criminal background identification records check that shall include fingerprints submitted to the Federal Bureau of Investigation.
*Employees and volunteers are not required to get background checks.

To obtain a National Criminal Background Check report, please contact:

- The Rhode Island State Police at (401) 444-1110 and schedule an appointment; or
- The Rhode Island Attorney General's Office, BCI Division, 4 Howard Ave, Cranston, RI 02920, (401) 274-4400. (On the Pontiac Avenue side of the Pastore Complex.)
<http://www.riag.ri.gov/BCI/index.php#>

Cardholder Registration Application Form

Initial Application: or Renewal Application:

For (select one): **Medical Marijuana Licensed Compassion Center**

Medical Marijuana Licensed Cultivator

Testing Lab

Industrial Hemp

Name of Licensed Facility:

Select position of Applicant:

Officer Director Manager Member Employee Agent

Volunteer (compassion centers only)

Full Name of Applicant

Date of Birth

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

MM / DD / YYYY

Mailing Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Street Address (Street and Number)

Apt/Suite

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City/ Town

State

Zip Code

Contact Information

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Phone Number

Email

Licensee Information

Please list the name and title of the principal officer or authorized designee of the Medical Marijuana Establishment Licensee, Industrial Hemp Licensee or Testing Laboratory who can be contacted to confirm the affiliation of the applicant.

Name of Marijuana Establishment Licensee, Industrial Hemp Licensee, Or Testing Lab

Principal Officer/ Designee First Name

Principal Officer/ Designee Last Name

Principal Officer / Designee Title

Email address of Principal Officer or Authorized Designee

Applicant

Declaration By signing this application, I, the applicant named above, hereby declare and verify under the penalty of perjury that to the best of my knowledge all statements in this application are complete, true, correct and accurate.

Printed Name of Applicant

Signature of Applicant

Date Signed

Check Info

Check Number
(Check number is required
for payment verification)

- Compassion Center or Cultivator **\$100.00**
- Industrial Hemp Grower/ Handler/ Dual **\$50.00**
- Testing Laboratory **\$100.00**

Select One

Date of Most Recent BCI

"Employees" are Exempt from this Requirement

For Office Use Only

Date Entered _____ **Name of DBR Staff Member** _____