**FORM 1\***

**Affirmation Section**

**The Applicant understands the following:**

|  | YES | NO |  | |  | |  | | Yes | | No | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. The burden of proving an Applicant’s qualifications rests on the party applying for the license. |  |  |  | |  | |  | |  | |  | |
| 1. The Department of Business Regulation may deny an Application that contains a misstatement, omission, misrepresentation, or untruth. |  |  | |  | |  | |  | | ☐ | | ☐ | |
| 1. An Application shall be complete in every material detail. |  |  | |  | |  | |  | |  | |  | |
| 1. The Department of Business Regulation may rescind its approval of a Cultivator License if the Cultivator has not completed the pre-requisites for issuance of the license as described in the Regulations within 9 months of their approval. |  |  | |  | |  | |  | |  | |  | |
| 1. In regards to the location of the licensed premises, the   Licensee commits to the following: |  | | |  | |  | |  | |  | |  | |
| * 1. The premises and operations of a Licensee shall   conform to local zoning requirements. |  |  | |  | |  | |  | |  | |  | |
| * 1. The Cultivator License shall be conspicuously displayed   at the licensed premises. |  |  | |  | |  | |  | |  | |  | |
| 1. In regards to manufacturing, the licensee commits to having any form of manufacturing that uses a heat source or flammable/combustible material approved by the State Fire Marshall and/or the local fire department. |  |  | |  | |  | |  | |  | |  | |
| 1. The licensee commits to not using any compressed, flammable gas as a solvent in any solvent extraction process, manufacturing or for any other purpose. |  |  | |  | |  | |  | |  | |  | |
| 1. The licensee commits to not supplying medical marijuana to anyone other than a registered compassion center in accordance with the Act and the Regulations. |  |  | |  | |  | |  | |  | |  | |
|  |  | | |  | |  | |  | |  | |  | |
| 1. The licensee 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. |  |  | |  | |  | |  | |  | |  | |
| 1. The licensee understands that the licensed premises may not be within 1,000 feet of the property line of a preexisting public or private school. |  |  | |  | |  | |  | |  | |  | |
| 1. The licensee understands that a licensed cultivator may not have any material financial interest or control in another licensed cultivator, in a compassion center or a licensed cooperative cultivation or in a Rhode Island Department of Health approved third party testing provider and vice versa. |  |  | |  | |  | |  | |  | |  | |

The undersigned attests that the 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 the Applicant organization to all requirements.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Notice Pertaining to Testing:**

Compassion centers and licensed cultivators will be required to comply with the DOH Testing Regulations (as defined in the Regulations) to be hereafter promulgated by the Rhode Island Department of Health. The DOH Testing Regulations may require compassion centers and/or licensed cultivators to pay the costs associated with testing their products. I understand that medical marijuana testing will be required under the DOH Regulations and that this testing may come at an additional expense.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Notice Pertaining to the Use of an Inventory Tracking System:**

Upon direction by the Department of Business Regulation, all licensed cultivators shall be required to use the state approved Medical Marijuana Program Tracking System (as defined and described in the Regulations). Licensed cultivators may be required to pay costs associated with use of the Medical Marijuana Program Tracking System, which may be assessed on an annual, monthly, per use, or per volume basis and payable to the state or to its approved vendor.

I understand that I will be required to use the state approved Medical Marijuana Program Tracking System in accordance with the Regulations and that access to and use of this system may come at an additional expense.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Notice Pertaining to Criminal Background Checks**

If an Application is approved, all officers, directors, managers/members, employees, and agents of the Licensed Cultivator Applicant (“Applicant”) must apply for a registry identification card and

submit to a national criminal background check. Such individuals may be hired, appointed, or retained prior to receiving a registry identification card, but may not begin engagement in medical marijuana cultivation, storage, processing, packaging, manufacturing, transport, or other medical marijuana activities requiring a licensed cultivator license pursuant to the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act until receipt of the card. Upon review of the cultivator application, DBR may also require that any other persons who have authority to make decisions concerning the operation of, exercise control over, or are otherwise involved in the management of, and/or have an ownership interest in the cultivator Applicant or proposed cultivator activities (“key persons”) apply for a registry identification card and submit to a national background check.

The undersigned attests that the Applicant organization understands that all relevant parties must apply for a registry identification card and pass a criminal background check in accordance with the Act and the Regulations before engaging in cultivator activities.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name