**Renewal Application and Instructions for Medical Marijuana Compassion Center License**

|  |  |
| --- | --- |
| **Compassion Center Name:** | Click or tap here to enter text |
| **License Number:** | **MMP CC** Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |

**NOTE: Changes and updates have been made to this application in accordance with new provisions contained in the amended Regulations. (*e.g.*, the requirement of a Compliance Officer). Applicant must review its Renewal Application thoroughly to ensure it responds appropriately to each question.**

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

Questions about the Renewal Application and the renewal process should be submitted to the Department by email to [DBR.mmpcompliance@dbr.ri.gov](file:///C:\Users\samuel.kovachorr\Desktop\DBR.mmpcompliance@dbr.ri.gov).

**\*\* The Office of Cannabis Regulation is relocating to the new address listed above. Beginning in January 2021, all printed materials must be sent or delivered to the new address.**

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# GENERAL INFORMATION

1. Requirements for licensure are established by R.I. Gen. Laws Chapter 21-28.6 (the “Act”) and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation (230-RICR-80-05-1) (the “Regulations”), available here:

<https://rules.sos.ri.gov/regulations/part/230-80-05-1>. A link to the Act is also available at

<http://webserver.rilin.state.ri.us/Statutes/TITLE21/21-28.6/INDEX.HTM>.

1. Should you have any questions regarding the licensing requirements or completion of the forms, contact the Department of Business Regulation at (401) 889-5607.

# INSTRUCTIONS

1. Complete all applications materials as instructed. Please answer all questions unless the section is marked “To be completed by DBR upon Inspection”. Incomplete questions or incomplete applications will not be processed. Please mark “N/A” on questions that are Not Applicable. Please use a ball-point type pen or word processor when completing these forms. If more space is required to respond to a section, you may alter this form to allow for more room or attach additional pages with the complete response. You may not otherwise alter any sections of this document.
2. Do not detach any full pages from this form. Sign and return renewal application with the required payment. Check or Money Order made payable to the General Treasurer, State of Rhode Island.
3. Do not submit the renewal application without all applicable information, documentation and fee(s).
4. Please call DBR to schedule a licensing inspection after these renewal application materials have been submitted.
5. Mail or hand deliver the completed application to:

**State of Rhode Island**

**Department of Business Regulation**

**ATTN: Office of Cannabis Regulation**

**560 Jefferson Boulevard, Suite 204**

**Warwick, RI 02886**

# REQUIRED DOCUMENTATION CHECKLIST

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.

* One (1) completed and signed paper copy and one (1) electronic copy of the Renewal Application for Medical Marijuana Compassion Center with all Forms, Annexes, Exhibits, documents and deliverables. Electronic copies must be submitted on a USB thumb drive.
* Renewal Fee payable to General Treasurer, State of Rhode Island in the amount of Five Hundred Thousand Dollars ($500,000.00) pursuant to R.I. Gen. Laws § 21-28.6-12(c)(5)(ii)(A).
* Updated and completed CC Renewal Forms 1, 2, 3, 4, 5, and 6.
* CC Renewal Form 1 - General Information
* CC Renewal Form 2 – Disclosure of Owners & Interest Holders
* CC Renewal Form 3 – Owners & Interest Holders Certification Statement
* CC Renewal Form 4 – Nonprofit Status & Compliance Certification
  + Annex A – Nonprofit Documents
  + Annex B – Management Companies & Vendors
  + Annex C - Vendors
  + Annex D - Contracts
  + Annex E – Related Party Transactions
  + Annex F – Real Estate
  + Annex G - Equipment
  + Annex H – Annual Compensation
  + Annex I – Employee Contract
  + Annex J – Current Certificate of Occupancy
  + Annex K – Video Feed Login Information
* CC Renewal Form 5 – Regulatory Disclosures
* CC Renewal Form 6 – Mandatory Questions
* CC Renewal Exhibit A – Disclosure of Material Financial Interests or Control
* CC Renewal Exhibit B – Compliance Plan & Appointment of Compliance Officer
* CC Renewal Exhibit C – If applicable, updated Business Plan ( N/A)
* CC Renewal Exhibit D – If applicable, updated Security & Safety Plan ( N/A)
* CC Renewal Exhibit E – If applicable, updated Operations Manual ( N/A)

**NOTE:** Any additional documents that must be maintained under DBR Regulations must be produced during the licensing inspection conducted by DBR.

# CC RENEWAL FORM 1 - GENERAL CONTACT INFORMATION,

# TAXPAYER IDENTIFICATION, & AFFIRMATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **COMPANY NAME**  (legal name, and any d/b/a name(s), if applicable) | Company Name | |
| **2** | **BUSINESS ADDRESS(ES)** | Street Address  City, Zip | Compassion Center  Cultivation Facility (*if applicable*) |
| Street Address  City, Zip | Compassion Center  Cultivation Facility (*if applicable*) |
| **3** | **FEIN:**  (Federal Employer Identification Number) | Click or tap here to enter text. | |
| **4** | **TELEPHONE NUMBER** | **AREA CODE NUMBER EXTENSION**  Click to enter text. **Ext.** Click to enter text. | |
| **5** | **FAX NUMBER (if not applicable, put “N/A”)** | **AREA CODE NUMBER EXTENSION**  Click to enter text. **Ext.** Click to enter text. | |
| **6** | **TOLL FREE NUMBER (if not applicable, put “N/A”)** | **AREA CODE NUMBER EXTENSION**  Click to enter text. **Ext.** Click to enter text. | |
| **7** | **COMPLIANCE OFFICER Identification and Contact Information** | **Pursuant to Section 1.2(C)(4)(l) of the Regulations, 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** | **AREA CODE NUMBER EXTENSION**  Click to enter text. **Ext.** Click to enter text. | |
|  | **Fax Number (if not applicable, put “N/A”)** | **AREA CODE NUMBER EXTENSION**  Click to enter text. **Ext.** Click to enter text. | |

## 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.

**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 #Click or tap here to enter text. )

I am in state receivership. (Case #Click or tap here to enter text. )

I have been discharged from Bankruptcy. (Case #Click or tap here to enter text. )

Click or tap here to enter text. Click or tap here to enter text.

Name of Taxpayer/Entity Social Security or Federal Tax

Identification Number

## CC Renewal 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 renewal.
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. 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.
5. 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.
6. Applicant commits to not using any compressed, flammable gas as a solvent in any solvent extraction process, manufacturing or for any other purpose.
7. Applicant commits to not acquiring medical marijuana from anyone other than a licensed cultivator in accordance with the Act and the Regulations.
8. 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.
9. Applicant understands that the licensed premises may not be within 1,000 feet of the property line of a preexisting public or private school.
10. 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.
11. 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 RENEWAL 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 Renewal 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:** Click or tap here to enter text.  **Print Title:** Click or tap here to enter text. | **DATE:**  Click here to enter a date. |

# CC RENEWAL FORM 2 – DISCLOSURE OF OWNERS & OTHER INTEREST HOLDERS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | **Own. % Business Associated with:**  Click to enter text. | | | | | | **Effective Own. % in Applicant:**  Click to enter text. | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | **Own. % Business Associated with:**  Click to enter text. | | | | | | **Effective Own. % in Applicant:**  Click to enter text. | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | **Own. % Business Associated with:**  Click to enter text. | | | | | | **Effective Own. % in Applicant:**  Click to enter text. | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | **Own. % Business Associated with:**  Click to enter text. | | | | | | **Effective Own. % in Applicant:**  Click to enter text. | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | **Own. % Business Associated with:**  Click to enter text. | | | | | | **Effective Own. % in Applicant:**  Click to enter text. | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | **Own. % Business Associated with:**  Click to enter text. | | | | | | **Effective Own. % in Applicant:**  Click to enter text. | | | |
| 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:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Title (director, manager, *etc.*)**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Title (director, manager, *etc.*)**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Title (director, manager, *etc.*)**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):** Click to enter text. | | | | **Title (director, manager, *etc.*)**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Title (director, manager, *etc.*)**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Title (director, manager, *etc.*)**  Click to enter text. | | | | | | | | |
| 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:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Role, interest, *etc.*:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Role, interest, *etc.*:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Role, interest, *etc.*:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Role, interest, *etc.:***  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Role, interest, *etc.*:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Role, interest, *etc.*:**  Click to enter text. | | | | | | | | |
| 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:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| 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:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **Name:**  Click to enter text. | | **Title:**  Click to enter text. | | | **SSN/FEIN:**  Click to enter text. | | | **DOB:**  Click to enter a date. | | | **Registry ID Card/Background Check current?**  Yes No | |
| **Address (*residence if an individual*):**  Click to enter text. | | **City:**  Click to enter text. | | **State:**  Click to enter text. | | | **Zip Code:**  Click to enter text. | | **Phone Number:**  Click to enter text. | | | |
| **Business Associated with (Applicant, parent business or sub-entity):**  Click to enter text. | | | | **Interest:**  Click to enter text. | | | | | | | | |
| **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 CC Renewal 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** | |
| Click to enter text. | Click to enter a date. | | | | | Click to enter text. | | | | Click to enter text. | |
| Click to enter text. | Click to enter a date. | | | | | Click to enter text. | | | | Click to enter text. | |
| Click to enter text. | Click to enter a date. | | | | | Click to enter text. | | | | Click to enter text. | |

|  |
| --- |
| **Section III:**   1. Attach an organizational chart that clearly depicts all Interest Holders identified in this CC Renewal Form 2. 2. Attach a list of all Interest Holders identified in Section I(A) and I(D) of CC Renewal 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 Renewal 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 CC Renewal Form 2:

1. With respect to Applicant/Licensee, all persons and entities that:

(i) Are owners, members, officers, directors, managers, or agents of Applicant/Licensee; and

(ii) 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 CC Renewal Form 2, 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 CC Renewal Form 2 are complete, true, correct, and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

# CC RENEWAL FORM 3 – OWNERS & INTEREST HOLDERS CERTIFICATION STATEMENT FORM

On behalf of Applicant, and with respect to Applicant and each of the Interest Holders/Key Persons described in CC Renewal 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.  Click or tap here to enter text. | | **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.  Click or tap here to enter text. | | **Yes** | **No** |
| 3. Is any Owner or Interest Holder employed by the State of Rhode Island? If “Yes” please describe below.  Click or tap here to enter text. | | **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:  Click or tap here to enter text. | | **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. [*Intentionally Omitted*] | |  |  |
| 7. Applicant acknowledges that in filing an Application for a license, the following: | | | |
| a. 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 | **Yes** | **No** |
| b. 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** | **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 CC Renewal Form 3 and that each such notice shall include an updated CC Renewal 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 to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

# CC RENEWAL 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;
5. Applicant’s nonprofit Articles of Incorporation filed with RI Secretary of State (“SOS”) in accordance with R.I. Gen. Laws Chapter 7-6;
6. Applicant’s corporate Bylaws;

iv. Applicant’s Certificate of Good Standing from the RI SOS; and

v. Articles of Incorporation and Bylaws for any other legal entities that have an interest in the Compassion Center (**\*NEW REQUIREMENT\*)**; and

vi. If applicable, documentation evidencing tax-exempt organization status under US Internal Revenue Code.

1. Management Companies and Vendors
2. 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.
3. 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.
4. 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.
5. 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.
6. Related Party Transactions
7. 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.
8. All such financial transactions are on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject matter thereof.
9. Real Estate and Equipment
10. Attached hereto as Annex F is a list of all real estate to be purchased or leased by Applicant/Licensee **and in addition,** if Applicant leases any property, a copy of each lease including any amendments and extensions (\***NEW REQUIREMENT\*)**; and
11. 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.
12. Such purchase and lease transactions are on commercially reasonable terms and provide for compensation/remuneration at fair market value for the subject matter thereof.
13. Compensation of Officers, Directors and Employees
14. Attached hereto as Annex H is a schedule of annual compensation as to:

i. All officers, directors, managers, and other persons having managerial or operational control of Applicant/Licensee; and

ii. The ten (10) other persons with the highest-level annual compensation.

B. Attached hereto as Annex I is a copy of the current employee contract/agreement used by the Compassion Center. (\***NEW REQUIREMENT\*)**

C. 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.

1. 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.

7. Safety & Security (\***NEW REQUIREMENTS\*)**

A. Attached hereto as Annex J is a copy of Applicant’s current Certificate of Occupancy (or equivalent document) to demonstrate compliance with the provisions of the Fire Safety Code, R.I. Gen. Laws Chapter 23-28.1, for each physical address to be utilized as a compassion center or for the secure cultivation of medical marijuana.

B. Attached hereto as Annex K is the security login information and instructions for DBR’s remote access to security cameras.

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 K.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

## Instructions for CC RENEWAL FORM 4 Annexes

**Attach separate pages for each Annex, A through H, to CC Renewal 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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

# CC RENEWAL FORM 5 - BUSINESS LICENSE IDENTIFICATION FORM

Applicant hereby state(s) as follows:

With respect to Applicant and any Owner or Interest Holders described in CC Renewal 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 #** |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. | Click to enter text. | Click to enter text. |

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 Renewal 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 CC Renewal Form 5 and that each such notice shall include an updated CC Renewal Form 5.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

# CC RENEWAL FORM 6 – MANDATORY QUESTIONS

The following questions must be answered completely in order to demonstrate compliance with program regulations and the statutory requirements for compassion center initial application and renewal. Please contact the Department of Business Regulations if you have any questions as how to best answer the questions contained within this section.

1. **If applicable, provide:**
   1. The current total square footage of all growing areas, a current inventory of all mature plants, immature plants, seedlings, and usable marijuana products; and
   2. The total volume and/or weight of all medical marijuana cultivated under the registration within the last year.

Click or tap here to enter text.

1. **Provide:**
   1. The total sales conducted by Applicant in the last year, both in monetary value and in quantity/volume of product; and
   2. The total number and quantity of flower sales and total number and quantity of alternative dosage sales.

Click or tap here to enter text.

1. **Provide an overview of Applicant’s pricing structure for medical marijuana products including:**
   1. Price ranges by categories of products (edibles, tinctures, vape cartridges, topical, *etc.*) and/or any price structures which are based on levels of specific cannabinoids (THC, THCa, CBD, *etc.*).
   2. Advise whether Applicant utilizes pricing tiers for flower or any other categories of products (if so, describe the general product requirements of each as well as the price range per tier).

Click or tap here to enter text.

1. **If applicable, provide a description of any product sales or promotional discounts Applicant has offered in the last year, including use of discount coupons, specific days of the week/month when product prices are reduced, customer loyalty point systems, new patient discounts, buy one get one promotions, *etc.***

Click or tap here to enter text.

1. **Does Applicant have a policy, program, or other mechanism to provide discounted or donated medical marijuana to vulnerable patient populations?** 
   1. If discounted or donated medicine is available, explain the criteria patients must meet to obtain discounted and/or free medicine.
   2. Include the total quantity of discounted or donated medicine dispensed in the last year and how many vulnerable patients received discounted or free medicine. *NOTE: these figures should not include discounts that are available to the entire patient population such as those addressed in question 4.*

Click or tap here to enter text.

1. **How does Applicant ensure it is adequately providing patients with access to medical marijuana at reasonable rates in accordance with R.I. Gen. Laws § 21-28.6-12(d)(2)(iii)?**

Click or tap here to enter text.

1. **Provide the total quantity of medical marijuana flower and alternative dosage products procured from licensed cultivators in the last year. Include the total amount paid to cultivators for these products and the total revenue from the sales of these products.**

Click or tap here to enter text.

1. **Submit an income statement (statement of revenue and expenses) accounting for all expenditures and receipts over the last year.** 
   1. Revenue totals must be clearly segregated to distinguish between sales of medical marijuana products and sales of other non-cannabis products or services.
   2. Expenditures should be clearly segregated by vendor, contractor, consultant, utility, or other entity paid.
   3. Include the yearly total expenditures for Applicant’s payroll and submit separately the total annual salary, wages, or other compensation of each employee/cardholder or key person.
   4. Identify any charitable contributions made on behalf of Applicant.

Click or tap here to enter text.

1. **Describe how Applicant:**
   1. Promotes good growing and handling practices including how product is inspected material for defects, contamination;
   2. Requires all agents practice good hygiene and wear protective clothing as necessary to protect the products as well as themselves from exposure to potential contaminants; and
   3. Maintains records of the type and amounts of, pesticides, fertilizer and any growth additives used.

Click or tap here to enter text.

1. **Describe how Applicant uses pesticides in accordance with the DBR Regulations and how it ensures their safe use in accordance with regulation and other applicable state law.**

Click or tap here to enter text.

1. **For the compassion center and any additional growing site, if applicable, describe how Applicant seals and screens the premises to exclude contaminants**

Click or tap here to enter text.

1. **Provide a list of all registry identification card holders associated with Applicant and their title. Specify if they are an agent, officer, director, employee, or volunteer. If they are an agent, describe the nature of their business on behalf of the Applicant.**

Click or tap here to enter text.

1. **Provide a statement describing how Applicant ensures compliance with the advertising requirements contained in Section 1.10 of the Regulations.**

Click or tap here to enter text.

1. **Disclose any and all breaches of security and/or violations of compassion center policies within the last year. Note if the breach or violation resulted in law enforcement or emergency response. Also note what, if any, corrective or disciplinary actions were taken.**

Click or tap here to enter text.

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 CC Renewal Form 6 and that each such notice shall include an updated CC Renewal Form 6.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this CC Renewal Form 6 are complete, true, correct, and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

# EXHIBITS & APPENDICES

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

Attach hereto as CC Renewal 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 to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

## CC Renewal Exhibit B – Compliance Plan

**\*NEW REQUIREMENT\***

Attach hereto as CC Renewal Exhibit B evidence of appointment of a Compliance Officer for the Compassion Center including Applicant’s legal and operational compliance plan in accordance with § 1.2 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 to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

## CC Renewal Exhibit C – Business Plan

Attach hereto as CC Renewal 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. Detailed description of any material changes in amount and source of equity, debt and operating capital for the compassion center, including financial statements or other documentation establishing the source of any funds;
  2. Any changes in long-term financial feasibility plan;
  3. Description of any plans and funding of capital improvements and operating needs;
  4. Financial oversight and compliance plan;
  5. Services for hardship patients and charity care;
  6. Three (3) year projected income statement;
  7. Number and category description of FTEs (full time equivalents) and associated payroll expenses (with benefits) required for staffing;
  8. Description of products and services;
  9. Marketing, promotional and sales plan including pricing strategy;
  10. Industry and market assessment and analysis; and
  11. Segment and customer profile.

**[ATTACH AND SIGN BELOW]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

## CC Renewal Exhibit D - Security and Safety Plan

|  |  |  |
| --- | --- | --- |
| Has Applicant made any changes to its Security and Safety plan since its last renewal? |  | Yes |
|  | No |

If changes have been made, attach hereto as CC Renewal 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 maintaining a secured deposit banking account;
6. How Applicant trains all employees and registered Compassion center agents on security procedures;
7. How Applicant trains 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 trains 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 secures the licensed premises and facility to prevent unauthorized entry in accordance with the Regulations;
10. How the premises and facility is 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 is 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 is supported by adequate security lighting in accordance with the Regulations;
16. How Applicant maintains a security alarm system that covers all perimeter entry points and portals at all premises;
17. How the security system is:
    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 is stored and secured in accordance with the Regulations.
19. How Applicant maintains 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) is located and operated to capture each exit from the premises;
24. How the surveillance camera(s) captures activity at each entrance to an area where medical marijuana and medical marijuana products are located;
25. How the recording of security video surveillance is made available to the Department of Business Regulation or law enforcement in accordance with the Regulations;
26. How Applicant, when visitors are admitted to a non-public area of the licensed premises:
27. Logs the visitor in and out;
28. Continuously visually supervises the visitor while on the premises; and
29. Ensures 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 follows 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 ensures 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 records and execute the transfer of medical marijuana from licensed medical marijuana cultivators in accordance with the Regulations; and
36. How Applicant records and executes 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 to enter a date.

Signature of Authorized Signatory Date

Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

## CC Renewal Exhibit E – Operations Manual Required Content

|  |  |  |
| --- | --- | --- |
| Has Applicant made any changes to its Operations Manual since its last renewal? |  | Yes |
|  | No |

If changes have been made, attach hereto as CC Renewal 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 to enter a date.

Signature of Authorized Signatory Date

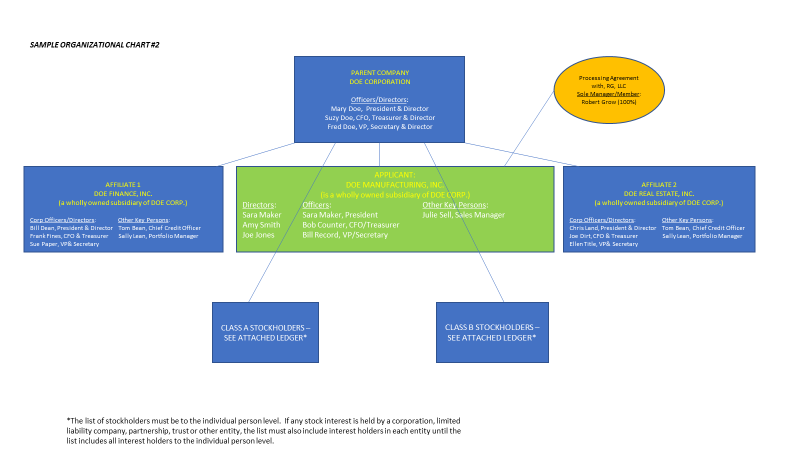
Printed Name: Click to add text

Printed Title: Click to add text

Printed Name of Applicant/Licensee: Click or tap here to enter text

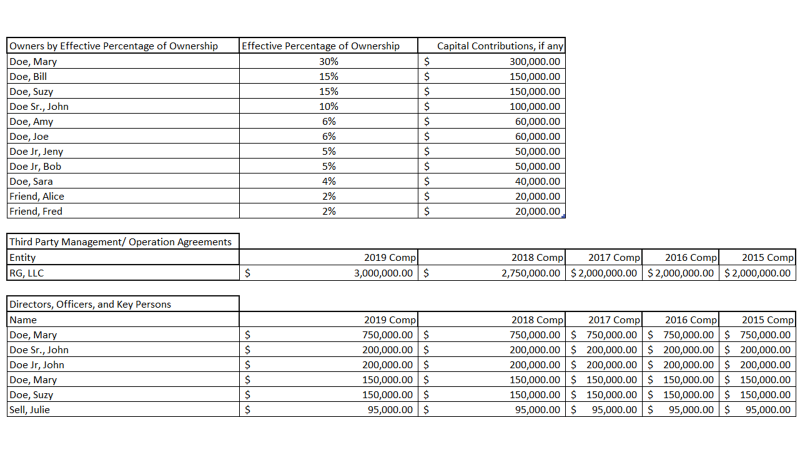
## Appendix A – CC Renewal Form 2 Organizational Chart Example





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

(shown in landscape 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)