

State of Rhode Island

Office of Cannabis Regulation

1511 Pontiac Avenue, Bldg. 68-1

Cranston, RI 02920

**Medical Marijuana Licensee Additional Funding Application**

This application is required to approve funds loaned or gifted to a licensed cultivator or compassion center business.

If this financial consideration will result in an ownership or equitable interest and/or the right to receive any percentage of business profits or a change in the currently licensed ownership structure, please use the Change in Ownership application instead of this form.

Completed forms may be emailed to [DBR.MMPCompliance@dbr.ri.gov](mailto:DBR.MMPCompliance@dbr.ri.gov) or mailed to the above address.

|  |  |
| --- | --- |
| 1. **Licensed Cultivator/Compassion Center Contact Information** | |
| Entity Name  Click or tap here to enter text. | License Number  Click or tap here to enter text. |
| Point of Contact  Click or tap here to enter text. | |
| Email Address  Click or tap here to enter text. | Phone Number  Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 1. **Financier/Lender Information** | | |
| Financier/Lender Name  Click or tap here to enter text. | Date of Birth  Click or tap here to enter text. | Social Security/FEIN  Click or tap here to enter text. |
| Mailing Address  Click or tap here to enter text. | | Phone number  Click or tap here to enter text. |
| Email Address  Click or tap here to enter text. | | |
| If Lender is an Entity, Name of Principal Officer  Click or tap here to enter text. | | Social Security/FEIN  Click or tap here to enter text. |
| Email Address  Click or tap here to enter text. | | Amount of Loan/Gift and source  Click or tap here to enter text. |

**Attach additional sheets as necessary**

The undersigned Licensee hereby certifies to the Office of Cannabis Regulation (OCR) that, notwithstanding any provision in the loan or other documents between Licensee and the lender, that the lender will not have a lien on, or security interest in (i) any cultivator/compassion center or other license issued by OCR to Licensee, or (ii) any marijuana plants, usable marijuana and/or marijuana related products cultivated, manufactured or otherwise owned by Licensee or located at the Licensee’s premises; all of the foregoing described in (i) and (ii) being expressly excepted and excluded from any lien granted to lender under the loan or other documents between Licensee and lender.

Along with this Form, Licensee must submit an updated Form 2 adding the information as to lender in Part II.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. |  | Click or tap to enter a date. |
| Print Name |  |  | | Title | | Date |
|  | | | |  | |  |
| Signature (Licensee) |  |  | |  | |  |