**FORM 6\***

**Mandatory Questions**

1. **Please provide a biography for the Applicant including experience, knowledge and training as it relates to (a) the marijuana industry in Rhode Island or any other state, (b) current role or participation in the Rhode Island Medical Marijuana Program, (c) horticultural production and agricultural production, (d) familiarity with product testing and the use of seed to sale inventory tracking, (e) any other background information or documentation the Applicant believes demonstrates their qualifications to hold a cultivator license. If the Applicant is currently a caregiver or part of a cooperative cultivation in Rhode Island they must include their registration ID number, how long they have been a caregiver or operating as a cooperative cultivation, how many plants they are currently growing, how much medicine they currently produce and what marijuana products, if any, they manufacture or produce. \***

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1. **Please provide a business plan that demonstrates the likelihood of success, a sufficient business ability and experience on the part of the Applicant. The business plan should also include (a) a description of the size of the cultivation (desired square footage/license class, number of mature plants to be grown, number of employees to be hired), (b) scope of proposed activities (cultivation, manufacturing methods, products to be produced, packaging/labeling), (c) budget and resource narratives, (d) timeline for initiating operations, (e) a description of the Applicant’s plan to ensure appropriate employee working conditions, benefits and training, and (f) any other information or documentation showing the Applicant’s ability to quickly and successfully enter the market as a licensed cultivator. If the Applicant proposes to have a management agreement in place, attach a copy of the management agreement or management agreement proposal.\***

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1. **Attach a diagram of the proposed facility to be licensed and outline or designate the area (including dimensions) which shows where marijuana will be cultivated, stored, processed and/or manufactured, the limited access areas, walls, partitions, entrances, exits and security alarms, cameras and surveillance recording equipment locations. This diagram must also show or describe the location and distance of the facility relative to streets and other public areas and proposed measures (such as black-out window shades) to ensure that marijuana at the premises will not be visible from the street or public areas. This diagram should be no larger than 8 1/2" X 11" (It does not have to be to scale). Include the proposed physical location of the licensed cultivator (by plat and lot number, mailing address, etc.), if a precise location has been determined. Attach evidence of ownership or, if the property is leased, agreement of the owner to allow the operation of a licensed cultivator on the property. If a precise physical location has not been determined, a description of the general location(s) where it may be sited, if approved, and the expected schedule for purchasing or leasing said location(s). Attach evidence of the location’s compliance or preliminary determination of compatibility with the local zoning laws. This should be in the form of a signed letter from an authorized municipal zoning official, if possible. If you are currently operating in location that has been approved/inspected/permitted for marijuana cultivation, please include copies of documentation to this effect. \***

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1. **Please describe adequate capitalization and/or deployed assets and infrastructure and attach relevant documentation. This may include bank statements, loan agreements, valuable assets and infrastructure already in place (grow rooms, grow lights, equipment already in place which will be used in the licensed cultivation facility). \***

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1. **Please certify that the applicant is eligible to do business in Rhode Island and attach relevant documentation. Attach the Applicant’s certificate of incorporation or organization in Rhode Island or certificate of authority to transact business in Rhode Island, articles of incorporation or organization, and bylaws or operating agreement. \***

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1. **Please certify that the Applicant is not in arrears regarding any tax obligation in Rhode Island and other jurisdictions and attach relevant documentation. \***

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1. **Please provide a list of proposed medical Marijuana varieties and products proposed to be grown and/or manufactured. \***

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1. **Please explain how the Applicant would train all employees and registered Cultivator agents on Federal and State medical Marijuana laws and regulations, as well as other laws and regulations pertinent to the Cultivator agent’s responsibilities. \***

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1. **Please explain how the Applicant would train all employees and registered Cultivator agents on standard operating procedures. \***

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1. **Please explain how the Applicant would train all employees and registered Cultivator agents on detection and prevention of diversion of medical Marijuana. \***

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1. **Please explain how the Applicant would train all employees and registered Cultivator agents on security procedures. \***

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1. **Please explain how the Applicant would train all employees and registered Cultivator agents on safety procedures, including responding to a (1) medical emergency, (2) a fire, and (3) a chemical spill. \***

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1. **Please explain how the Applicant would train all employees and registered Cultivator agents on safety procedures, including responding to threatening events including an armed robbery, an invasion, a burglary, and any other criminal incident. \***

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1. **Please explain how the Applicant would secure the licensed premises and facility for cultivation of medical Marijuana to prevent unauthorized entry in accordance with the Regulations. \***

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1. **Please describe how the premises and facility will be equipped with a security alarm system that (1) covers the entire perimeter, (2) is continuously monitored, and (3) is capable of detecting power loss/interruption in accordance with the Regulations. \***

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1. **Please describe how the premises and facility will be protected by a video surveillance recording system to ensure surveillance of the entire perimeter of the area of cultivation, manufacturing and storage and adherence to the video surveillance requirements in accordance with the Regulations. \***

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1. **Please explain how a video surveillance system will be supported by adequate security lighting in accordance with the Regulations. \***

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1. **Please describe how the Applicant would maintain a security alarm system that covers all perimeter entry points and portals at all premises. \***

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1. **Please describe how the security system will be (1) continuously monitored, (2) capable of detecting smoke and fire, and accessible via remote feed to the Department of Business Regulation in accordance with the Regulations. \***

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1. **Please describe how a security footage will be stored and secured in accordance with the Regulations. \***

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1. **Please describe how the Applicant will maintain a video surveillance recording system at all premises that (1) records all activity in images of high quality and high resolution capable of clearly revealing facial detail, (2) operates 24-hours a day, 365 days a year without interruption, and (3) provides a date and time stamp for every recorded frame. \***

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1. **Please explain how the surveillance camera(s) will be located and operated to capture each exit from the premises. \***

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1. **Please explain how the surveillance camera(s) will capture activity at each entrance to an area where medical Marijuana is grown, tested, cured, manufactured, processed, or stored. \***

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1. **Please describe how the any recording of security video surveillance shall be made available to the Department of Business Regulation or law enforcement in accordance with the Regulations. \***

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1. **Please explain how Applicant will, when visitors are admitted to a non-public area of the licensed premises (1) log the visitor in and out, (2) continuously visually supervise the visitor while on the premises, and (3) ensure that the visitor does not touch any plant or medical Marijuana. \***

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1. **Please explain how the Applicant will maintain a log of all visitors \***

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1. **Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including all aspects of the (1) irrigation, propagation, cultivation, and fertilization, (2) harvesting, drying, and curing, (3) processing or manufacturing, (4) packaging, labeling, and handling of medical Marijuana byproduct, and (5) waste products, and the control thereof, to promote good growing and handling practices. \***

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1. **Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requiring that each individual engaged in the cultivation, manufacturing, handling, and packaging, of medical Marijuana has the training, education, or experience necessary to perform assigned functions. \***

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1. **Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requiring that all registered Cultivator agents practice good hygiene and wear protective clothing as necessary to protect the products as well as themselves from exposure to potential contaminants. \***

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1. **Please describe how the Applicant would establish written standard operating procedures to promote good growing and handling practices including requirements for receipt of material, including how the Applicant will inspect material for defects, contamination, and compliance with Regulations. \***

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1. **Please describe how the Applicant would establish written standard operating procedures to promote good growing and maintain records of the type and amounts of, pesticides, fertilizer and any growth additives used. \***

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1. **Please describe how the Applicant plans to use pesticides in accordance with the Regulations and how the Applicant would establish written standard operating procedures to ensure their safe use in accordance with regulation and other applicable state law. \***

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1. **Please describe how the Applicant will seal or screen the premises to exclude contaminants. \***

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1. **Please explain how sanitation will be maintained through the facility in accordance with the Regulations. \***

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1. **Please describe how the Applicant will use a perpetual inventory control system that identifies and tracks the Applicant’s stock of medical Marijuana from the time the medical Marijuana is propagated from seed or cutting to the time it is delivered to a registered compassion center in accordance with the Regulations. Please address the situation in which the Applicant has access to the state approved Medical Marijuana Program Tracking System, and the situation in which the Applicant does not have access to the System (as specified in the Regulations). \***

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1. **Please describe how as soon as is practical, if the Applicant does not have access to the state approved Medical Marijuana Program Tracking System, the Applicant will, for each plant, (1) create a unique identifier for each plant, (2) assign each plant to a batch, (3) enter information regarding the plant into an alternate inventory control system, (4) create a label with the unique identifier and batch number, and (5) securely attach the label to a plant container, plant or plant material. \***

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1. **Please describe how the Applicant will notify the Department of Business Regulation of a meaningful discrepancy, if the Applicant discerns a discrepancy between the inventory of stock and inventory control outside of normal weight loss due to moisture loss and handling. \***

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1. **Please describe the process the Applicant will follow in reporting a theft or diversion to the (1) Department of Business Regulation and (2) Rhode Island State Police in accordance with the Regulations. \***

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1. **Please describe how the Applicant will ensure that the Applicant or a registered Cultivator agent thereof will not distribute any medical marijuana to any person if the licensee or registered Cultivator agent knows, or may have reason to know, that the distribution does not comply with the Act or the Regulations.\***

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1. **Please describe how the Applicant will record and execute the transfer of medical marijuana to and/or from compassion centers in accordance with the Regulations. \***

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1. **Please describe how the Applicant will record the cultivation process to ensure (1) consistency of the batch with the variety and (2) accuracy of the day-to-day production. \***

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1. **Please describe how the Applicant will not release any batch of medical Marijuana if the batch fails to meet all criteria for production or patient consumption in accordance with the Regulations. \***

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1. **Please describe how the Applicant will, during the process of cultivation, regularly inspect each plant to ensure proper growth and absence of pests and disease. \***

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1. **Please describe how the Applicant will hold medical marijuana in secure, segregated storage until released for distribution. \***

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1. **Please describe how the Applicant will create and implement an odor control and mitigation plan which shall be in compliance with the odor control and mitigation requirements set forth in the Regulations.\***

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1. **Please describe how the Applicant, as a Licensed Cultivator shall establish a procedure to receive, organize, store and respond to all oral, written, electronic or other complaints regarding medical marijuana and adverse events. \***

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1. **Please describe how the Applicant will ensure it does not transport medical marijuana to or receive any medical marijuana from any place outside of Rhode Island. \***

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1. **Please describe how an Applicant will have a standard operating procedure to require an employee or cultivator agent to report any personal health condition that might compromise the cleanliness or quality of the medical marijuana the employee/agent might handle. \***

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1. **Please describe how an Applicant procedure will provide for disposal and segregated storage of any medical marijuana that is outdated, damaged, deteriorated, misbranded, or adulterated. \***

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**MORE ON FOLLOWING PAGE**

**QUESTIONS 50-57 BELOW NEED ONLY BE COMPLETED BY APPLICANT’S WHOSE CULTIVATOR OPERATIONS WOULD INCLUDE MANUFACTURING, PROCESSING AND/OR PACKAGING**

1. **Please describe how the Applicant will require that any person involved in processing medical marijuana concentrates and medical marijuana-infused products is (1) appropriately trained in accordance to their job description to safely operate and maintain the system used for processing and attendance records are retained, (2) has direct access to applicable material safety sheets and labels, and (3) follows protocols for handling and storage of all chemicals.**

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1. **Please describe how, if the state approved Medical Marijuana Program Tracking System is not available, the Applicant will assign a unique lot number to each lot of medical marijuana concentrate or medical marijuana-infused product.**

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1. **Please describe how the Applicant will establish a standard operating procedure for the methods, equipment, solvents, and gases when processing medical marijuana concentrates and medical marijuana-infused products.**

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

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

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1. **Please describe how the packaging and labeling of medical marijuana finished products will be in compliance with all applicable Regulations.**

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1. **Please describe how a package of medical marijuana finished product will bear any allergen warning required by law.**

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1. **Please describe 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.**

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1. **Please describe how the Applicant will assure that a package of medical marijuana finished product does not bear any statement, artwork, or design that could be reasonably mislead any person to believe that the package contains anything other than a medical marijuana finished product.**

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1. **Please describe 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.**

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Authorized Signatory Date

Printed Name

Printed Name