**Rhode Island Department of Business Regulation**

**Application for Hemp-Derived Consumable CBD Distributor License**



**Publication Release Date: April 15, 2022**

**Business Days: M–F, 8:30 am–4:00 pm**

**For additional information regarding the Application process, please visit the Department’s website at:** [https://www.dbr.ri.gov](https://www.dbr.ri.gov/)

**Questions about the Application and the Application process must be submitted to the Department by email only to** DBR.HempCompliance@dbr.ri.gov**.**

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**Application Overview and Timeline**

**Application Overview:**

The application for Hemp-Derived Consumable CBD Distributor will be posted to the website on October 15, 2021. The application will continue to be available and does not have an anticipated closing date.

This Application form is an **OFFICIAL DOCUMENT** of the Rhode Island Department of Business Regulation (“the Department”) and the Office of Cannabis Regulation (“OCR”). It **MAY NOT**be altered or changed in any fashion except to fill-in the areas provided with the information that is required. Should any alteration or revision of a question occur, the Department reserves the right to deny the Application in its entirety, or the Department may deem void that specific response and treat that section as unanswered.

The burden of proving an Applicant’s qualifications at all times rests on the Applicant. The Applicant accepts any and all risk of adverse public notice, criticism, emotional distress, or financial loss that may result from any action with respect to this Application. The Applicant expressly waives any and all claims for damages as a result thereof.

The Department may deny an Application that contains a misstatement, omission, misrepresentation, or untruth.

An Application must be completed in every material detail, including all of the mandatory sections that are marked with an asterisk (\*).

The Department of Business Regulation may request any additional information that it determines is necessary to process and fully vet an Application. The Applicant shall provide all information, documents, materials, and certifications at the Applicant’s own expense.

All questions about the Application or Application process must be forwarded to the Department of Business Regulation **by email** **only** at DBR.HempCompliance@dbr.ri.gov with the subject line **“Hemp-Derived Consumable** **CBD Distributor Application Question**.”

**Decision Notification:**

The Department will notify an Applicant in writing of the Department’s approval or rejection of their Application.

**How to Apply**

It is recommended that all potential Applicants thoroughly review R.I. Gen. Laws § 2-26-1 et seq. (“the Act”) and 230-RICR-80-10-1, the Rhode Island Industrial Hemp Program (“the Regulations”) governing Hemp-Derived Consumable CBD Distributor procedures and license requirements. The Act and Regulations are available on the Department’s website at: <https://rules.sos.ri.gov/regulations/part/230-80-10-1/11359>.

Applicants must submit a complete Application to the Department of Business Regulation. The Application package will consist of the following:

1. A signed hard copy of the Applicant’s completed Application with all completed Forms delivered to the Department of Business Regulation:

Attn: Office of Cannabis Regulation
Rhode Island Department of Business Regulation
560 Jefferson Blvd.
Warwick, RI 02886

401-462-9500

1. A digital copy of the Application sent to DBR.HempCompliance@dbr.ri.gov

**PLEASE NOTE**: If an Application is approved, there will be an annual license fee of $500 for the Hemp-Derived Consumable CBD Distributor license for licensees who do not possess a hemp grower, handler or dual license.

The Application is only considered complete if all of these components are submitted. The Applicant is responsible for delivery of all of the Application materials to the Department of Business Regulation. Only applications which the Department has determined to be complete shall be eligible for review. An applicant who submits an incomplete Application shall receive written notification from the Department regarding the specific deficiencies and shall be allowed to resubmit additional material to address these deficiencies within a reasonable timeframe.

**APPLICANT INFORMATION SHEET**

|  |  |  |
| --- | --- | --- |
| **1** | **COMPANY NAME****(legal name, and any d/b/a name(s), if applicable)** | Company Name |
| **2** | **STREET ADDRESS** | Street Address |
| **3** | **CITY, STATE, ZIP** | City, State, Zip |
| **4** | **STREET ADDRESS OF PROPOSED LICENSED PRESMISES** | Street Address |
| **4** | **LICENSE TYPE** | Distributor: [x]  |
| **5** | **CITY, STATE, ZIP** | City, State, Zip |
| **6** | **TELEPHONE NUMBER** |
| **AREA CODE**Area Code | **NUMBER:**Number | **EXTENSION:**Extension |
| **7** | **TOLL FREE NUMBER** |
| **AREA CODE**Area Code | **NUMBER:**Number | **EXTENSION:**Extension |

|  |  |
| --- | --- |
| **8** | **Applicant’s contact person who will supervise, manage, and direct the distribution of hemp-derived consumable CBD products and** **provide information to OCR, notices, sign documents, and ensure compliance with the Act and Regulations.** |
| **Name:** Name |
| **Title:**  Title |
| **Address:** Address |
| **Email Address:** Email Address |
|  | **CONTACT PERSON SIGNATURE:** |
| **10** | **Any person(s) or entity partnering or providing consulting services regarding the distribution of hemp-derived consumable CBD products. Please attach a separate sheet of paper if more space is needed.**  |
| **Name(s):** Name |
| **Title(s):**  Title |
| **Address(es):** Address |
| **Email Address(es):** Email Address |
|  |  |

|  |  |
| --- | --- |
| **11** | **Are you a currently licensed Rhode Island Industrial Hemp grower/handler dual?** **Yes** [ ]  **No** [ ]  |
| **12** | **If Yes to Question 11, please list your tradename and license number.** **Tradename** Click or tap here to enter text.**License Number** Click or tap here to enter text. |

**FORM 1**

**Affirmation Section**

**The Applicant understands the following:**

|

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. The applicant assures that they have read, understand and will comply with [The Hemp Growth Act, RI Gen. Laws § 2-26-1, et seq.](http://webserver.rilin.state.ri.us/Statutes/TITLE2/2-26/INDEX.HTM) and the regulations of the Rhode Island Industrial Hemp Program, [230-RICR-80-10-1.](https://rules.sos.ri.gov/regulations/part/230-80-10-1)
 | [ ]  | [ ]  |
|  |

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|  |  |  |  |  |

The undersigned attests that the Applicant organization/individual understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that they have the authority to bind the Applicant organization to all requirements.

 Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

****

**FORM 4**

**TAX PAYER STATUS AFFIDAVIT / IDENTITY FORM**

All persons 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 state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**LICENSEE DECLARATION**

**PLEASE 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 # )

[ ] I am in state receivership. (Case # )

[ ] I have been discharged from Bankruptcy. (Case # )

Type of License you’re applying for:

Print Full Name Social Security or Federal Tax Identification Number

 Click here to enter a date.

Signature Date

**Notice Pertaining to Registry Identification Cards and National Criminal Background Checks**

If an Application is approved, all officers, directors and managers and members of the Licensed Hemp- Derived Consumable CBD Distributor Applicant (“Applicant”) must apply for a registry identification card and submit to a national criminal background check. Such individuals may be hired, appointed, or retained prior to receiving a registry identification card, but may not begin engagement in Hemp-Derived Consumable CBD retail sales until receipt of the card. Upon review of the CBD Distributor Application, the Department may also require that any other persons who have authority to make decisions concerning the operation of, exercise control over, or are otherwise involved in the management of, and/or have an ownership interest in the CBD Distributor Applicant (“key persons”) apply for a registry identification card and submit to a national background check.

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

 Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Affirmation for Hemp-Derived CBD Consumable Products from Unlicensed Source**

I hereby affirm that all products distributed and/or sold at retail in Rhode Island or to Rhode Island customers shall be “Certified” in compliance with Section 1.5(E) of the Regulations, 230-RICR-80-10-1, as defined below:

“Certified” means

[1.] With respect to hemp including hemp derivatives, is produced from plants that were tested within thirty (30) days of harvest or after processing as applicable and found to produce industrial hemp having a THC concentration that does not exceed three tenths of one percent (0.3%) on a dry weight basis or per volume basis regardless of moisture content as demonstrated through relevant documentation; and

[2.] With respect to hemp-derived consumable CBD products, is compliant with the Act and these Regulations as demonstrated through relevant documentation and/or as approved by DBR.

**I hereby attest and affirm that I understand the above requirements and will comply with same** [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Mandatory Attachments**

|  |  |
| --- | --- |
| **Please include the below as Attachments to this Application** | **Attached** |
| **1** | **If the Applicant has the applicant and/or its agents have entered into a purchase agreement with a licensed hemp grower, handler, and/or CBD distribution, please attach such documentation..**  | [ ]  |
| **2** | **Please attach policies and procedures as a separate document as to how the Applicant intends to track hemp-derived CBD products from purchase to sale, including Applicant’s policies and procedures for handling mandatory and voluntary recalls of all hemp-derived consumable CBD products.**  | [ ]  |
| **3** | **Please attach documentation demonstrating that the Distributor’s activities comply the city/town’s applicable zoning ordinances.** | [ ]  |