

Office of Cannabis Regulation (OCR) State Licensing System Quicky Reference Guide (QRG)

PURPOSE

The purpose of this QRG is to help licensees in navigating the state licensing system.

Disclaimer: The guide is not a substitution for understanding the regulatory requirements of licensure, <u>available here</u>.

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REGISTRY IDENTIFICATION CARDS

The following individuals are required to apply for and receive a Registry Identification Card before commencing work in Rhode Island's cannabis, hemp, and CBD industries:

- Owners
- Officers
- Shareholders (excluding those owning less than 5% of the outstanding shares of publicly traded companies)
- Directors
- Board Members
- Managers
- Employees (excluding those employed by a Licensed CBD Retailer)
- Agents
- Volunteers

Additionally, all the above individuals, with the exception of Employees and Volunteers, are required to complete a National Criminal Background Check at their local law enforcement office with the results forward to the Rhode Island Office of the Attorney General. **The Registry Identification Card will** *not* **be issued until OCR receives the results of this background check.**

Requirements for, and distribution of, Registry Identification Cards by OCR are pursuant to the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws Chapter <u>21-28.6-12(c)(6)</u> and <u>21-28.6-16(b)</u>, and the Rules and Regulations Related to the Medical Marijuana Program Administered by the OCR at the Department of Business Regulation, <u>230-RICR-80-05-1.4</u>, as well as the Hemp Growth Act, R.I. Gen. Laws Chapter <u>2-26-5</u> and <u>2-26-6</u>, and the Rules and Regulations Related to the Rhode Island Industrial Hemp Program Administered by the OCR at the Department of Business Regulation, <u>230-RICR-80-10-1.10</u>.

INITIAL REGISTRY IDENTIFICATION CARD APPLICATION

1. Once you have logged into the Cannabis Licensing Portal (Portal), select "Apply for a License, Card, or Tags" from the menu on the left.



2. Select "Apply" under the "Registry Card" box, the option furthest to the right.

* Cannabis Commercial Licensing	*	Medical Home-Grow Registration	Registry Card
Apply	Apply	Apply	Apply

3. Select "Go to Apply" on the following screen.

License Categories Cannabis Licensing/Registration	
Cardholder Registration Application	VIEW DETAILS GO TO APPLY

 Enter the complete License Number for the licensed entity *exactly as it* appears on the business' License Certificate in the upper box. Any deviation will prevent the system from pulling the correct license information.

State of Rhode Island				
DEPARTMENT OF	3	BUSINESS REGULATION		
Office of Medical Marijua	f Cannabis Re ana Program MEDICA	gulation		
COMPASSION CENTER LICENSE				
LICEN	NSE NUMBER MMPC	C037		
	This is to certify that			
TESTCO, LLC				
has made application to engag	has made application to engage in the business of compassion center operation at			
in accordance with Chapter 28.6 of Title 21 of the General Laws of 1956, as amended, and Regulations promulgated thereunder, and has complied with all other requirements of said Chapter and Regulations,				

5. Select "No" from the drop-down menu underneath "Do you have an existing registry card?"

Instructions and Documentation
*Indicates required field
* License Number (Example: MMPCC####, IHP####, CV####, LCR#####, LCD####, LTM####)
MMPCC037
*Do you have any existing registry card?
No

- 6. Select "Next" at the bottom of the page.
- 7. Select the "Add New" from the "Select Contact" drop-down menu.

8. Select the relevant position for the Applicant from the following drop-down menu. In this example the applicant is an Owner of the licensed entity.

Cardholder Registration Form			
*Indicates required field			
*Select Contact			
Add New			
* Select position of Applicant			
Owner 🔹			

9. Enter the Applicant's personal information and mailing address in the relevant boxes.

* First Name	*Last Name
John	Smith
* DOB:	*Email
Jul 10, 1990	testcollc123@gmail.com
MAILING ADDRESS	
* Street Address	
420 W Main St	
* City	*State
Providence	Rhode Island 👻
*Zip code	*Telephone Number
02909	(555) 555-5555
Date of Most Recent Background Check (Both 'Employees' and 'Volunteers' are Exempt from this Requirement)	
Apr 1, 2024	

10. Enter the date the Applicant's background check was submitted in final box.

Note Applicant's classified as Employees or Volunteers do not need to complete a background check and may leave this box blank.

- 11. Select "Next" at the bottom of the page.
- 12. Select "Next" at the bottom of the following "National Criminal Information Center" page.
- 13. Upload the Applicant's Government Issued Photo ID and Photograph in the labeled boxes by selecting "Upload/Choose file" in the relevant row.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Govt issued photo ID 👔	-	Upload/Choose file

Note The Photograph must meet the following specifications to be accepted for use on a Registry Identification Card:

- -Be in a commonly accepted digital format such as .jpeg and .png
- Is on a plain background
- Is from the shoulders up
- Does not include hats
- Does not include non-prescription glasses or sunglasses
- Is unfiltered
- Is taken in upright, rather than landscape, orientation
- 14. Select "Next" at the bottom of the page once the documents have been uploaded.

Attachme	ents		
*Indicates require	d field		
There is a Maximum 25 M	IB file upload size limit.		
SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Govt issued photo ID () Govt Issued ID John Smith.jpg 4/3/2024, 2:24 PM	Uploaded	Delete Upload/Choose file
Attachments	* Photograph ① Digital Photograph John Smith.jpg 4/3/2024, 2:24 PM	Uploaded	🛱 Delete
			BACK

15. Select "Sign the Document" and "OK" on the pop-up warning to be brought to DocuSign where you must affirm the truthfulness of the information entered in the application.

Note It may take up to two minutes for DocuSign to load. While this is happening DO NOT navigate away from or refresh the Portal page or you may lose your progress.

16. Select the yellow "Continue" box at the top of the page to access the signable document.



17. Select the yellow "Sign" box on the signature line of the document.



 Enter your full name and initials in the pop-up box and select "Adopt and Sign." **Note** If you have previously completed a DocuSign signature, this may auto populate with the last used signature. If a different person is completing this application, you must select the signature, click "Change" and then "Add" so that the signature matches the person completing the application.

Full Name*	Initials*
John Smith	JS
SELECT STYLE DRAW UPLOAD	
PREVIEW	Change Style
John Smith JS	
By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation when I (or my agent) use them on documents, including legally binding contracts.	on of my signature and initials for all purposes
ADOPT AND SIGN CANCEL	

- 19. Once the document is signed, select "Finish" at either the top or bottom of the page.
- 20. Select "Next" when you have been brought back to the Portal.
- 21. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

ected License Type			
Compassion \$100.00	*		
DESCRIPTION		AMOUNT	PAYMENT STATUS
License Fee		\$100.00	Pending
Additional Processing Fee Will Apply			
Select payment option			
Pay Online			

Note You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment. 22. After payment has been completed the application will be submitted and reviewed by OCR.

REGISTRY IDENTIFICATION CARD RENEWAL

Note It is the LICENSEE'S RESPONSIBILITY to track expiration dates for their employee's Registry Identification Cards. The system WILL NOT notify you when a card is approaching or past its expiration date and, as such, it is a best practice to have an in-house system for ensuring cards.

 You may renew a Registry Identification Card within sixty (60) days of its expiration date. Begin by referring to the "All Licenses" section of the Portal to confirm the confirming the identity of individuals whose cards needs to be renewed. No changes may be made to the Registry Identification Card during this renewal period. Any changes of mailing address or name must be made either prior to this period or following renewal.



2. Select the heading marked "Expiration Date" to sort the list by which Registry Identification Cards will require the soonest renewals.

	•			
BUSINESS LEGAL NAME	т	ISSUED DATE 1	EXPIRATION DATE 1	

3. Note the "License Number" of the expiring card you wish to renew.

ACTIONS	LICENSE NUMBER 1	LICENSE TYPE 1	STATUS ↑↓	BUSINESS LEGAL NAME 1	ISSUED DATE 14	EXPIRATION DATE
Renew More Options: 👻	RCH567	Registry Card Holder License	Active	TestCo, LLC	4/15/2023	4/15/2024

4. Navigate to the "My Registry Cards" section of the Portal.



5. Match the "License Number" from the "All Licenses" section with the "Issuance" record displayed in the "My Registry Card" section to confirm the individual to whom the expiring card belongs.

SALESFORCE REFERENCE # 14	REGISTRY BADGE NUMBER 14	STATUS 14	ISSUANCE t	CARDHOLDER FIRST NAME 14	CARDHOLDER LAST NAME 1	ACTIONS
RC-3352	MMPCC037-501	Active	RCH568	John	Smith	Remove
RC-3351	MMPCC037-500	Active	RCH567	Linda	Proudfoot	Remove

Note A status of "Active" in the My Registry Card DOES NOT MEAN THAT THE CARD IS UNEXPIRED, it only refers to the existence of the card within the system. It is a licensee's responsibility to keep accurate records of the expiration dates of all registry card holders, including BCI dates. 6. After confirming the individual's identity, return to the "All Licenses" section to complete the renewal.

Note Licensees *must* notify OCR upon termination of an individual's employment with their business and destroy their Registry Identification Card. In accordance with Medical Marijuana Program Bullet 2023-3, this requirement may be met by sending a monthly email, as applicable, to <u>dbr.mmpcompliance@dbr.ri.gov</u> using the template included at the end of this guide as Attachment 1.

ACTIONS	LICENSE NUMBER 1
Renew More Options:	RCH567
<u>Change Request</u> More Options:	RCH568

- 7. Once a card is within the 60-day renewal period, you will see the option to "Renew" the card under "Actions." Begin by selecting this option.
- Select "Next" at the bottom of the pages titled "Instructions and Documentation," "Cardholder Registration Form," and "National Criminal Information Center
- 9. Upload the Applicant's Government Issued Photo ID and Photograph in the labeled boxes by selecting "Upload/Choose file" in the relevant row.

Note The Photograph must meet the following specifications to be accepted for use on a Registry Identification Card:

- -Be in a commonly accepted digital format such as .jpeg and .png
- Is on a plain background
- Is from the shoulders up
- Does not include hats
- Does not include non-prescription glasses or sunglasses
- Is unfiltered
- Is taken in upright, rather than landscape, orientation.

You may reuse the picture from the previous year.

Attachments						
*Indicates required	field					
There is a Maximum 25 MB	file upload size limit.					
SECTION NAME	DOCUMENT NAME	STATUS	ACTION			
Attachments	* Govt issued photo ID (j) Govt Issued ID Linda Proudfoot.jpg 4/3/2024, 3:28 PM	Uploaded	Delete Upload/Choose file			
Attachments	* Photograph (j Digital Photograph Linda Proudfoot.jpg 4/3/2024, 3:28 PM	Uploaded	â Delete			

- 10. Select "Next" at the bottom of the page once the documents have been uploaded.
- 11. Type the name of the individual completing the application in the box labeled "Signature" and then select "Next" at the bottom of the page.

12. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment				
Selected License Type				
Compassion \$100.00	•			
DESCRIPTION		AMOUNT	PAYMEN	T STATUS
License Fee		\$100.00	Pending	
Additional Processing Fee Will Apply				
*Select payment option Pay Online 				
			ВАСК	PAY & SUBMIT

Note You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.

13. After payment has been completed the application will be submitted and reviewed by OCR.

REMOVAL OF A TERMINATED EMPLOYEE

You must remove an employee in the portal within ten (10) days of when they cease to be employed by the licensee. To do this:

1. Navigate to the My Registry Cards section of the Portal.



2. Locate the employee who has ceased employment with the business and select "Remove" on the right side of the screen and then again in the popup box.

SALESFORCE REFERENCE # 14	REGISTRY BADGE NUMBER 14	STATUS †4	ISSUANCE 1	CARDHOLDER FIRST NAME 14	CARDHOLDER LAST NAME 14	ACTIONS
RC-3352	MMPCC037-501	Active	RCH568	John	Smith	Remove
RC-3351	MMPCC037-500	Active	RCH567	Linda	Proudfoot	Remove

Note Licensees *must* notify OCR upon termination of an individual's employment with their business and destroy their Registry Identification Card. In accordance with Medical Marijuana Program Bullet 2023-3, this requirement may be met by sending a monthly email, as applicable, to <u>dbr.mmpcompliance@dbr.ri.gov</u> using the template included at the end of this guide as Attachment 1.

REQUESTING CHANGES TO REGISTRY IDENTIFICATION CARDS

Registry Identification Cardholders seeking to change the mailing address or name associated with their Registry Identification Card, as well as those requesting a replacement for a lost card must submit a Change Request through the Portal.

Regardless of the type of change requested, Applicant's will begin by selecting "Change Request" in the "Actions" column of the "All Licenses" page of the Portal before selecting the change type from the drop-down list.

		All Licenses		
A	My License Applications	Medical Marijuana Ca	dholders should enter Lic	ense Number with only the first 6
٤	All Licenses	License Number		
Ŀ	Apply for a License, Card or Tags	Enter License Nu	mber	
iii	My Registry Cards	If your license is Expir If you already have a r Go to 'Apply for a Lice	ed and you do not see you egistration card, please er nse, Card or Tags' on the l	ur Renewal License below. Please A Iter your name EXACTLY how it ap eft column.
Q	Licensing Search	ACTIONS	LICENSE NUMBER ঝ	LICENSE TYPE 1
Â	File A Complaint	Change Request More Options: 🔻	RCH567	Registry Card Holder License

CHANGE OF NAME

1. Select "Change of Name" from the drop-down list and then select "Apply."

Select a Change Request	×
*indicates required field	
* Change of Name	•
	Exit Apply

- 2. Select "Next" on the following page.
- 3. Enter the *NEW* name for the applicant in the boxes labelled "First Name" and "Last Name"
- 4. Select "Upload/Choose file" and upload a copy of the Applicant's Government Issued Photo ID that shows the new name.

Change Request					
*Indicates required	field				
* First Name	* Last Name				
Linda	Forbin				
There is a Maximum 25 MB	file upload size limit.				
SECTION NAME	DOCUMENT NAME	STATUS	ACTION		
Change Request	* Copy of Government Issued ID Govt Issued ID Linda Forbin.jpg 4/4/2024, 10:42 AM	Uploaded	Delete Upload/Choose file		

Note The name on the uploaded ID must match the new name that was typed above.

- 5. Select "Next" at the bottom of the page.
- 6. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment		
*Indicates required field		
DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$10.00	Pending
Additional Processing Fee Will Apply		
* Select payment option Pay Online 		
		BACK PAY & SUBMIT

Note You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.

7. After payment has been completed the application will be submitted and reviewed by OCR.



1. Select "Change of Mailing Address" from the drop-down list and then select "Apply."

Select a Change Request					
*indicates required field					
* Change of Mailing Address	•				
	Exit Apply				

- 2. Select "Next" on the following page.
- 3. Enter the NEW address for the applicant in the relevant boxes.
- 4. Select "Upload/Choose file" and upload a copy of the Applicant's Government Issued Photo ID.

Change Re	equest			
*Indicates required	field			
MAILING ADDRESS				
*Street Address		* City		
701 Ashbury St		Warwick		
* State		*Zip Code		
Rhode Island	•	02889		
There is a Maximum 25 MB	file upload size limit.			
SECTION NAME	DOCUMENT NAME	STATUS	ACTION	
Change Request	* Copy of Government Issued ID Govt Issued ID John Smith.jpg 4/4/2024, 1:44 PM	Uploaded	Delete Upload/Choose file	
			BACK	

- 5. Select "Next" at the bottom of the page.
- 6. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment		
*Indicates required field		
DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$10.00	Pending
Additional Processing Fee Will Apply		
* Select payment option Pay Online 		
		BACK PAY & SUBMIT

Note You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.

7. After payment has been completed the application will be submitted and reviewed by OCR.

REPLACING LOST CARDS

1. Select "Lost Card Request" from the drop-down list and then select "Apply."

S	elect a Change Request		×
*	ndicates required field		
*	Lost Card Request		•
		Exit	Apply

- 2. Select "Next" on the following page.
- 3. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment		
*Indicates required field		
DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$10.00	Pending
Additional Processing Fee Will Apply		
*Select payment option Pay Online 		
		BACK PAY & SUBMIT

Note You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.

4. After payment has been completed the application will be submitted and a new Registry Identification Card will be issued by OCR.

ATTACHMENT 1 – TERMINATION OF REGISTRY IDENTIFICATION CARD EMAIL TEMPLATE

	REGISTRATION IDENTIFICATION CARD CERTIFICATION
I, [NAME AN	D TITLE OF CERTIFIER], certify that on
	[DATE], [CARDHOLDER NAME]
ceased work w Office of Can	ith [NAME OF LICENSEE] and that their Registration Identification Card(s) issued by the nabis Regulation was/were destroyed on [DATE].
	Date:
Name:	
Title:	

LICENSE CHANGE REQUESTS

In accordance with <u>230-RICR-80-05-1.2</u> and <u>230-RICR-80-05-1.3</u> Cannabis Business Licensees are required to submit a written required for a variance at least sixty (60) calendar days in advance of the following changes:

- A proposed change in ownership;
- A proposed change in the membership of a board of directors, board of trustees, or manager/members;
- A proposed change in corporate officer;
- A proposed merger, dissolution, entity conversion or amendment of corporate organization;
- Proposed entering into a management agreement, changing management companies, and/or material changes to an existing management agreement;
- Proposed change to the approved premises (i.e. moving to a new facility);
- Proposed change to approved premises floor plan including the locations of cameras and surveillance recording storage areas;
- Proposed expansion of modification of the premises, including expanding or modifying the scope or scale of licensed activity;
- Requests to receive additional funding;
- Requests for a temporary discontinuance of licenses without revocation; and
- Change of status of applications, licensure or disciplinary or enforcement activity in other jurisdictions.

The following additional variance requests apply to Compassion Centers only:

- Proposed changes to security and safety plans, operations manual, and business plans; and
- Proposed change in home delivery request;

Further, licensees must notify DBR in writing within ten (10) days of any changes in mailing address, email addresses, phone numbers, or other relevant contact information.

Regardless of the type of change requested, Applicant's will begin by selecting

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"Change Request" in the "Actions" column of the "All Licenses" page of the Portal before selecting the change type from the drop-down list.

٤	All Licenses	License Number		
È	Apply for a License, Card or Tags			
	My Registry Cards	If your license is Expired and you do not see your Renewal License below. Please Apply for a New License for yo If you already have a registration card, please enter your name EXACTLY how it appears on your card. Go to 'Apply for a License, Card or Tags' on the left column.		
Q	Licensing Search	ACTIONS	LICENSE NUMBER 1	LICENSE TYPE 1
Â	File A Complaint	Change Request More Options:	CV104	Medical Marijuana Cultivator License
Ð	Help/FAQ	Page 1 of 1 First < >	Last	

ADDITIONAL FUNDING REQUEST

** NOTE** If your investment is coming from a business with multiple owners, you *must also* submit a Change of Ownership variance request where all owners of the investing entity down to the individual level are disclosed under Form 2 Section (D). OCR will only review Requests for Additional Funding after the associated Change of Ownership is submitted.

 Select "Additional Funding Request" from the drop-down list and then select "Apply."

Select a Change Request	×
*indicates required field	
* Class B - 10,000 sq. ft. Max Additional Funding Request	•
Exit	Apply

- 9. Select "Next" on the following two pages.
- 10. Select whether the funding will be coming from an individual or a business in the "Select a Contact Type" dropdown.

FINANCIAL INFORMATION		
* Financier/Lender Name	* Date of Birth	
Gerald Moneylender	Apr 1, 1999 i	
SSN	* Street Address	
***_**-2182	75 Wall St	
* City	*State	
New York	New York	•
*Zip	* Phone Number	
10002	(555) 555-5555	
* Email		
gerald@investerco.com		
LENDER INFORMATION		
* If Lender is an Entity, Name of Principal Officer	FEIN	
InvestorCo, LLC	**_***7123	
* Email	* Phone Number	
gerald@investorco.com	(555) 555-5555	
*Amount of Loan/Gift	Source of Funding	
\$100,000.00	Loan	•
Other	* Interest Rate	
	3.00%	
* Percentage Invested		
0.00%		

NOTE If you are adding a business as the Additional Funding Source, please use the space marked "Financial Information" to provide an individual contact at the lending entity and the "Lender Information" to provide information about the entity itself. The box labeled "Percentage Invested" should only be above zero if there is the possibility for investment to be converted to an ownership interest in the Licensee. 11. Select "Upload/Choose file" and upload a copy of documentation relating to the investment.

Attachments					
*Indicates required field					
There is a Maximum 2	25 MB file upload size limit.				
SECTION NAME	DOCUMENT NAME	STATUS	ACTION		
Attachments	* Loan agreement/MPN/other document outlining terms of financing <u>TestCo LLC Loan Agreement with InvesterCo LLC.pdf</u> 4/19/2024, 11:08 AM	Uploaded	Delete Upload/Choose file		
			BACK		

- 12. Select "Next" at the bottom of the page.
- 13. Enter the name of the individual completing the application in the "Signature" box and select "Submit"

Signature		
*Indicates required field		
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.		
*Signature Date		
John Smith	Apr 19, 2024	

NOTE If your investment is coming from a business with multiple owners, you *must* submit a Change of Ownership variance request where all owners of the investing entity, down to the individual level, are disclosed under Form 2 Section (D). OCR will only review Requests for Additional Funding after the associated Change of Ownership is submitted.

CHANGE OF FORM 2 CONTACTS

8. Select "Change of Ownership Request" from the drop-down list and then select "Apply."



NOTE The "Change of Ownership Request" option captures ANY CHANGES TO FORM 2 CONTACTS including, but not limited to, investors, individuals with operational control, third party managers, and management agreements.

- 9. Select "Next" on the following two pages which show the license number and the company name respectively.
- 10. If you are adding individuals to the Form 2, you may do so based on their role within the organization by selecting "Add New" next to the relevant Form 2 section.

STATUS	CONTACT TYPE	ACTION	1
1 Added	List A Owners and Other Interest Holders	💄 Add New	

11. Select whether the newly disclosed contact is either an individual or business in the popup window. In both cases, select "Add New" from the dropdown list, confirm the applicability of the revealed prompt, and enter all requested information.

Created: 5/23/2024

* First Name	*Last Name
Jane	Smith
* Title	SSN
Manager	***-**-6789
* Date of Birth	Background Check
Apr 11, 1978	Apr 7, 2024 🛗
* Street Address	
420 W Main St	
* City	* State
Providence	Rhode Island 👻
* Zip	* Phone Number
02909	(555) 555-5555
* Email	
testcollc123@gmail.com	
* Business Associated with (Applica	ant, parent business or sub-entity)
TestCo, LLC	

NOTE If you include a Business on this page YOU MUST INCLUDE THE OWNERS OF THAT BUSINESS DOWN TO THE INDIVIDUAL PERSON. The only exceptions to this are publicly traded companies that must disclose all individuals holding 5% or more of the outstanding shares. The example on the following shows what this would look like for an Interest Holder in the licensee via third party managerment company with a sole owner. Please pay particular attention to the "Business Associated with" section where the appropriate response is the entity that the Contact is *directly* connected to. In the example below Jack Goodman is the Owner of ManagerCo, LLC which, in turn will have a management agreement with the licensee, TestCo, LLC. Therefore on Jack Goodman's contact, the business associated with is ManagerCo, LLC, *not* the licensee.

LIST E THIRD PARTY MANAGERS		LIST E THIRD PARTY MANAGERS		
E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER		E. LIST ALL PERSONS OR ENTITIES I	E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER	
SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER		SHARED MANAGEMENT COMPANIE	S, MANAGEMENT AGREEMENTS, OR OTHER	
AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL		CONTROL WITH DESPECT TO ADD A	APARTY MANAGEMENT OR OPERATIONAL	
CONTROL WITH RESPECT TO APPLIC	ANT/LICENSEE, ITS OPERATIONS, THE LICENSE	CONTROL WITH RESPECT TO APPLIC	CANT/LICENSEE, ITS OPERATIONS, THE LICENSE	
AND/OR THE LICENSED FACILITIES.		AND/OR THE LICENSED FACILITIES.		
To the extent that any such Interest Holder	is an entity (cornoration, nurthership, LLC, etc.), list all	To the extent that any such Interest Holder	r is an entity (corporation, partnership, LLC, etc.), list all	
Interact Holdars in that antity until all such	Interact Holders are identified and disclosed down to	Interest Holders in that entity until all such	n interest Holders are identified and disclosed down to	
the individual array load	interest rioters are identified and doctosed down to	the individual person level.	to and the set	
the individual person level.		- First Name	- Last Name	
* Business Name	FEIN	Jack	Goodman	
ManagerCo, LLC	**-***1684	* Title	SSN	
* Street Address		Owner	***-**-4652	
849 Buffet Drive		* Date of Birth	Background Check	
* City	* State	Apr 10, 1992	苗 Apr 12, 2024 苗	
Dover	Delaware 👻	* Street Address		
* Zip	* Phone Number	25 Patience Circle		
19901	(555) 555-5555	* City	* State	
Email		Rancho Santa Fe	California 👻	
		* Zip	* Phone Number	
* Business Associated with (Applic	ant, parent business or sub-entity)	92067	(555) 555-5555	
		Email		
TestCo, LLC				
* Interest		t Duringen Annehisted with (Applie		
		Business Associated with (Applic	and, parent business or sub-entity)	
0.00%		ManagerCo, LLC		
		* Interest		
		100.00%		

12. If you are removing an individual from the Form 2 disclosures, scroll down to the "Added Contacts" section of the page, select "Edit/Delete Contact" for the individual to be removed, and "Delete" in the popup box to remove them.

ACTIC	DN	* Select a Contact Type Individual Business LIST B OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS
1	Edit/Delete Contact	B. 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. * First Name * Last Name John Smith

Created: 5/23/2024

NOTE If an individual occurs in multiple sections of the Form 2, they will appear multiple times in the lower section of the page. You must select "Edit/Delete Contact" for each one and note the list to which each instance applies prior to deleting. This will ensure only the correct instance is deleted.

13. Select "Next" at the bottom of the page.

14. Upload attachments in each of their relevant locations on the following page.

There is a Maximun	There is a Maximum 25 MB file upload size limit.				
SECTION	DOCUMENT NAME	STATUS	ACTION		
Attachments	* Updated Organizational Chart (j) <u>TestCo LLC Updated Org Chart.pdf</u> 4/12/2024, 3:14 PM	Uploaded	音 Delete Upload/Choose file		
Attachments	* Membership/Operating Agreement () <u>TestCo LLC Operating Agreement.pdf</u> 4/12/2024, 3:15 PM	Uploaded	音 Delete Upload/Choose file		
Attachments	* Corporate By Laws () <u>TestCo LLC Annex A Corporate Bylaws.pdf</u> 4/12/2024, 3:16 PM	Uploaded	音 Delete Upload/Choose file		
Attachments	* Updated SOPs as applicable for ownership changes or license transfers <u>TestCo LLC Updated SOPs.pdf</u> 4/12/2024, 3:16 PM	Uploaded	音 Delete Upload/Choose file		
Attachments	* Corporate Documents - Current Articles of Incorporation ① <u>TestCo LLC Annex A Articles of Incorporation.pdf</u> 4/12/2024, 3:16 PM	Uploaded	🝵 Delete Upload/Choose file		

NOTE You *must* include an attachment in each section to proceed through the application. If a specific attachment does not apply to the change being requested, such as an operating agreement in the case of a change request stemming from the promotion of someone to a managerial role, please include the most recent version of the requested documentation.

15. Select "Next" at the bottom of the page.

16. Type the name of the individual completing the application in the box labeled "Signature" and then select "Submit" at the bottom of the page to complete the application.

Signature				
*Indicates required field				
The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, 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 Application and shall submit to DBR a written request for a variance for any proposed 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 at least sixty (60) calendar days prior to the proposed effective date of the change. 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.				
* Signature	Date			
John Smith	Apr 12, 2024			
	BACK			

CHANGE OF PREMISES LOCATION

1. Select "Change of Premises Location" from the drop-down list and then select "Apply."



2. Select "Next" on the following page.

3. Enter the current measurements for each type of area on your licensed premises in the relevant boxes at the bottom of the page before selecting "Next."

LICENSED PREMISE ADDRESS	
* Street Address 1	Street Address 2
420 W Main St	
* City	* State
Providence	Rhode Island
*Zip code	Assessor Plat and Lot
02909	
Please include the current measurements for each space in your licer Retail Space(Sq. Ft.) 0 Processing/Manufacturing Space(Sq. Ft.)	sed premises before proceeding.
7500	
Cultivation Space(Sq. Ft.)	
2500	
	BACK

NOTE The combined area of the "Processing/Manufacturing Space" and "Cultivation Space" *must not* exceed the allowable area granted by the Cultivator License Class.

Change Request				
*Indicates required field *COMPANY NAME(legal name, and any d/b/a name(s), if applicable)				
TestCo, LLC				
* Street Address 1	Street Address 2			
87 Bagend Dr.				
* City	*State			
Providence	Rhode Island 👻			
*Zip code	Assessor Plat and Lot			
02909				
LICENSED PREMISE ADDRESS				
* Street Address 1	Street Address 2			
87 Bagend Dr.				
* City	* State			
Providence	Rhode Island 👻			
*Zip code	Assessor Plat and Lot			
02909				

- 4. Enter the licensee's mailing address and the address for the new premises on the following page. The mailing address should be entered in the top set of fields with the licensed address entered in the second set of fields.
- 5. Answer the questions using the dropdown boxes at the bottom of the page and enter in relevant area information. Select "Next" at the bottom of the page.

For the proposed location change, please include the proposed square * Will the proposed location include space for retail?	footage for each space that will be changing.
No	v
\star Will the proposed location include space for processing/manufacture	ing?
Yes	•
*Proposed Manufacturing/Processing Space (Sq. Ft.)	* Floor Plan Included
1000	Floor Plan Included
\star Will the proposed location include space for cultivation?	
Yes	•
* Proposed Cultivation Space (Sq. Ft.)	* Floor Plan Included
9000	Floor Plan Included
	BACK

NOTE You must include floor plans covering each area that will be present in the new premises.

6. Upload attachments in each of the required fields on the following page and select "Next."

NOTE DO NOT UPLOAD PLACEHOLDER DOCUMENTS, even if they have not changed since your previous submission. In such cases upload the most recent version of the requested documentation.

Attachments					
*Indicates red	*Indicates required field				
There is a Maximum	There is a Maximum 25 MB file upload size limit.				
SECTION NAME	DOCUMENT NAME	STATUS	ACTION		
Attachments	* Facility Design/Floor Plan () <u>TestCo LLC New Premises Floor Plan.pdf</u> 4/25/2024, 1:48 PM	Uploaded	Delete Upload/Choose file		
Attachments	Evidence of Ownership/Lease () <u>TestCo LLC New Premises Lease.pdf</u> 4/25/2024, 1:49 PM	Uploaded	🔒 Delete Upload/Choose file		
Attachments	Proof of Zoning Compliance <u>1</u> <u>TestCo LLC New Premises Zoning Compliance,pdf</u> 4/25/2024, 1:49 PM	Uploaded	Delete Upload/Choose file		
Attachments	Proof of Local Building/Fire Code Compliance (j) <u>TestCo LLC New Premises Building and Fire Code Compliance.pdf</u> 4/25/2024, 1:49 PM	Uploaded	Delete Upload/Choose file		
Attachments	* Geographic Location Compliance () <u>TestCo LLC New Premises Geographic Location Compliance.pdf</u> 4/25/2024, 1:49 PM	Uploaded	🛱 Delete Upload/Choose file		
Attachments	Public Visibility/Security Measure Compliance ① TestCo LLC New Premises Public Visibility and Security Compliance.pdf 4/25/2024, 1:49 PM	Uploaded	Delete Upload/Choose file		
Attachments	* Contamination Mitigation Plan () <u>TestCo LLC New Premises Contamination Plan.pdf</u> 4/25/2024, 1:49 PM	Uploaded	Delete Upload/Choose file		
Attachments	Project Timeline ① <u>TestCo LLC New Premises Timeline.pdf</u> 4/25/2024, 1:50 PM	Uploaded	Delete Upload/Choose file		
Attachments	Patient Analysis Report (j)	-	Upload/Choose file		
Attachments	Submission of Certificate of Occupancy	-	Upload/Choose file		

7. Enter the name of the individual completing the request in the "Signature" box and select "Submit" to complete the application.

CHANGE OF FLOOR AND/OR OPERATING PLAN

** NOTE** Compassion Centers must complete a Change Request Application if there is any change to their Business Plan, Operations Manual, or Safety and Security Plans. OCR will not accept license changes submitted during the renewal process.

1. Select "Change of Floor Plan and/or Operating Plan" from the drop-down list and then select "Apply."

Select a Change Request	×
*indicates required field	
* Class B - 10,000 sq. ft. Max Change of Floor Plan and/or Operati	•
Exit	pply

- 2. Select "Next" on the following page.
- 3. Select which type of change request is being submitted from the dropdown options, and describe the change being proposed in the associated text box.

Change Request	
*Indicates required field	
* Change Request Type	
Floorplan Change Request	
* Please Describe the Proposed Changes	
Movement of interior wall to reallocate more space for flowering plants and reduce space for vegetative plants.	
	/i

NOTE Operating Plan Change Requests are *only* applicable to Compassion Centers and should be selected for any change to Business Plans, Operations Manuals, and Safety and Security Plans. Cultivators are only required to update OCR with Floor Plan Change Requests.

4. Regardless of the change type, upload all required documentation in the spaces provided and select "Next."

There is a Maximur	n 25 MB file upload size limit.		
SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Floorplan/Operation Plan () <u>TestCo LLC Updated Floor Plan.pdf</u> 4/25/2024, 3:49 PM	Uploaded	Delete Upload/Choose file
Change Request	 Approximate calculation of square footage of the proposed facility/expansion <u>TestCo LLC Updated Square Footage Calculation.pdf</u> 4/25/2024, 3:49 PM 	Uploaded	Delete Upload/Choose file
Change Request	* Evidence of compliance with local zoning laws <u>TestCo LLC Updated Zoning Compliance.pdf</u> 4/25/2024, 3:49 PM	Uploaded	Delete Upload/Choose file
Change Request	 Evidence that the physical location(s) are not within 1000 feet of public or private schools <u>TestCo LLC Updated Setback Compliance.pdf</u> 4/25/2024, 3:49 PM 	Uploaded	2 Delete Upload/Choose file
Change Request	Draft diagram of proposed growing area/ facility floor map. This must include GPS location <u>TestCo LLC Updated Diagram.pdf</u> 4/25/2024, 3:50 PM	Uploaded	🖀 Delete Upload/Choose file
Change Request	Proof of Local Permit Approvals	-	Upload/Choose file
			BACK

NOTE DO NOT UPLOAD PLACEHOLDER DOCUMENTS, even if they have not changed since your previous submission. In such cases, upload the most recent version of the requested documentation.

5. Enter the name of the individual completing the request in the "Signature" box and select "Submit" to complete the application.

Signature				
* Indicates required field				
The undersigned attests that Applicant organization understands an including but not limited to those within the Application, and that th	d will adhere to all the requirements of the Act and the Regulations, ey 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 Application and shall submit to DBR a written request for a variance for any proposed 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 at least sixty (60) calendar days prior to the proposed effective date of the change. Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application				
* Signature	Date			
John Smith	Apr 23, 2024			
	BACK			

TEMPORARY DISCONTINUANCE

5. Select "Temporary Discontinuance Request" from the drop-down list and then select "Apply."



- 6. Select "Next" on the following page.
- 7. Input the date that you plan to temporarily cease operations and the anticipated date of re-opening the relevant boxes. Additionally, include the reason you are seeking the discontinuance and select "Next" at the bottom of the page.

Change Request			
*Indicates required field			
* Proposed Date of Discontinuance		*Anticipated Date of Re-opening	
Apr 23, 2024	亩	Jun 23, 2024	
* Please provide a reasonable basis for the request:			_
Construction to upgrade facility infrastructure.			
			10
		BACK	

8. Enter the name of the individual completing the request in the "Signature" box and select "Submit" to complete the application.

Signature			
*Indicates required field			
The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, 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 Application and shall submit to DBR a written request for a variance for any proposed 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 at least sixty (60) calendar days prior to the proposed effective date of the change. Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application is a positive to the proposed to the proposed to the proposed to the proposed of the change.			
*Signature	Date		
John Smith	Apr 23, 2024		
	BACK		

NOTE Following an approval of a Temporary Discontinuance, Licensees have an ongoing obligation to ensure that all operational and security requirements including, but not limited to, METRC data remains up-to-date and accurately reflects the absence of plants and inventory at the facility. Please see OCR's <u>METRC Implementation Guide</u> for further information.

CHANGE OF NAME OR MAILING ADDRESS

1. Select "Change of Name or Mailing Address" from the drop-down list and then select "Apply."

Select a Change Request	×
*indicates required field	
* Class B - 10,000 sq. ft. Max Change Of Name Or Mailing Address	•
Exit	Apply

Created: 5/23/2024

- 2. Select "Next" on the following page.
- 3. Use the next page to update *only* the parts of your business name or contact information that are changing and select "Next" to proceed with the application.

Change Requ	uest		
*Indicates required fiel	d		
Please submit the requested ch * COMPANY NAME (Please provide that information	ange by edititng the applicable field(s) below. edit this section ONLY if you are requesting to in the appropriate section.)	change your entity	's legal name. If you are disclosing a d/b/a, please
TestCo, LLC			
*Street Address 1		Street Address 2	
420 W Main St			
* City		* State	
Providence		Rhode Island	*
*Zip code			
02909			
* If you are disclosing a d/l that displays their office	o/a, please provide that information below. In accepted and applied the d/b/a to the incorpo	addition, upload a o prated entity listed	copy of the SOS corporate database filing/profile above.
Good Leaves			
There is a Maximum 25 MB file u	pload size limit.		
SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* SOS Documentation (j) <u>TestCo LLC DBA Updates.pdf</u> 4/23/2024, 11:45 AM	Uploaded	Delete Upload/Choose file
			BACK

NOTE Only change the top field if the entity's legal name is changing. If you are disclosing a d/b/a, enter the new information in the bottom field and upload a screenshot from the Secretary of State's office displaying both the entities legal name and the new d/b/a name.

4. Enter the name of the individual completing the request in the "Signature" box and select "Submit" to complete the application.

CHANGE OF LICENSE CLASS

NOTE While A licensee may apply to lower their license class, any request to expand or modify the premises, scope, or scale of approved and/or licensed activity further requires explanation by the cultivator that the request to expand is justified by the projected needs of qualifying patients as determined by DBR and in accordance with R.I. Gen. Laws § 21-28.6-16(d).

1. Select "Change of License Class" from the drop-down list and then select "Apply.

Select a Change Request	×
*indicates required field	
* Class B - 10,000 sq. ft. Max Change Of License Class	•
Exit	Apply

- 2. Select "Next" on the following page.
- 3. Select the new class form the "Requested New License Class" dropdown box and describe your reasoning in the "Purpose for Request" text box below.

Change Request	
*Indicates required field	
*Current License Class	*Requested New License Class
Class B - 10,000 sq. ft. Max.	Class A - 5,000 sq. ft. Max.
* Purpose for Request	
Downsizing to reduce licensing <u>costs</u>	

4. Upload a new floor plan in the box at the bottom of the page by selecting "Upload/Choose file" before clicking "Next" at the bottom of the page.

There is a Maximum 25 MB file upload size limit.			
SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Floorplan document () <u>TestCo LLC Undated Floor Plan.pdf</u> 4/26/2024, 11:34 AM	Uploaded	🝵 Delete Upload/Choose file
			BACK

5. Enter the name of the individual completing the request in the "Signature" box and select "Submit" to complete the application.

Signature			
*Indicates required field			
The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, 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 Application and shall submit to DBR a written request for a variance for any proposed 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 at least sixty (60) calendar days prior to the proposed effective date of the change. Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including of Loczee. Accounts, Desumes the add Deliverables extension is an extension to the provide account of the provided terms of the constitution of the provided terms of the constitution of the submitted in the application including of Loczee. Accounts, Desumes the add Deliverable or submitted berowithe account to the provided terms of ter			
*Signature	Date		
John Smith	Apr 23, 2024 💼		
	BACK		

CHANGE OF CONTACT PERSON/COMPLIANCE OFFICER

NOTE Licensees will either have the option of the selecting "Change of Contact Person" or "Change of Compliance Officer" based on whether they are a Cultivator or a Compassion Center respectively. The workflow for both will be the same and, as such, this section of the guide is applicable to both types of change request. 1. Select "Change of Contact Person/Compliance Officer" from the drop-down list and then select "Apply."

Select a Change Request	
*indicates required field	
* Class B - 10,000 sq. ft. Max Change Of Contact Person	•
Exit	Apply

- 2. Select "Next" on the following two pages.
- 3. Fill in the information for the updated contact person in the boxes provided and select "Next" at the bottom of the page.

CHANGE OF HOME DELIVERY REQUEST

1. Select "Change of Home Delivery Request" from the drop-down list and then select "Apply."



- 2. Select "Next" on the following page.
- Upload copies of the licensee's Home Delivery Plan as well as copies of the delivery vehicle's Registration and license plates in the relevant boxes and select "Next"

Change Request			
*Indicates require	d field		
There is a Maximum 25 Mi	B file upload size limit.		
SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Home Delivery Plan () <u>TestCo LLC Home Delivery Plan.pdf</u> 4/30/2024, 11:19 AM	Uploaded	🛱 Delete Upload/Choose file
Change Request	* Copy of the Registration. <u>TestCo LLC Home Delivery Registration.pdf</u> 4/30/2024, 11:19 AM	Uploaded	📅 Delete Upload/Choose file
Change Request	* Copy of the license plates. <u>TestCo LLC Home Delivery Plates.pdf</u> 4/30/2024, 11:19 AM	Uploaded	🛱 Delete Upload/Choose file
			BACK

NOTE If you are updating a previously approved Home Delivery Plan, the uploaded document must be a red-lined version that shows the changes.

4. Enter the name of the individual completing the request in the "Signature" box and select "Submit" to complete the application.