



Office of Cannabis Regulation (OCR) State Licensing System Quick 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, [available here](#) for the cannabis program and [available here](#) for the hemp program

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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. **New Registry Identification Card will *not* be issued until OCR receives the results of this background check. In cases where the application has been approved but the background check has not been completed, the portal will show the status as "Pending BCI" on the "My Applications" page.** This status does not apply to renewals, which may be approved regardless of BCI status. Individuals outside of Rhode Island should maintain copies of documentation related to BCI submission as some agencies may take a long time to process requests.

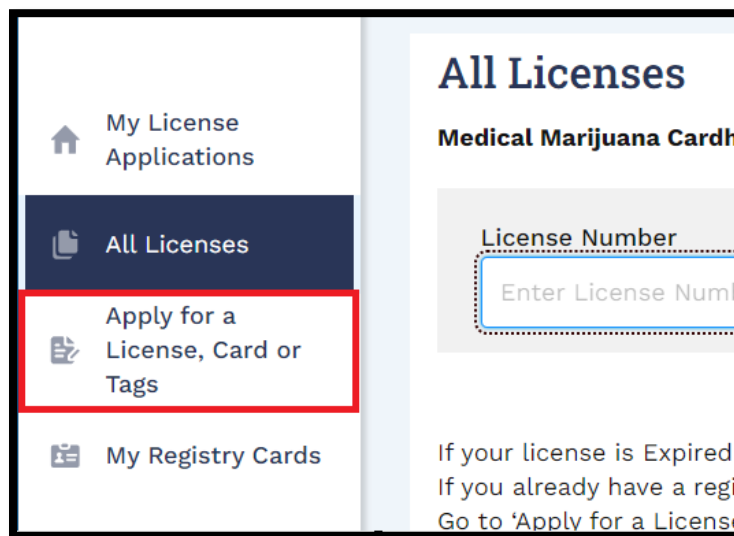
Requirements for, and distribution of, Registry Identification Cards by OCR are pursuant to the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws Chapter [21-28.6-12\(c\)\(6\)](#) and [21-28.6-16\(b\)](#), and the Rules and Regulations Related to the Medical Marijuana Program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

Related to the Rhode Island Industrial Hemp Program Administered by the OCR at the Department of Business Regulation, [230-RICR-80-10-1.10](#).

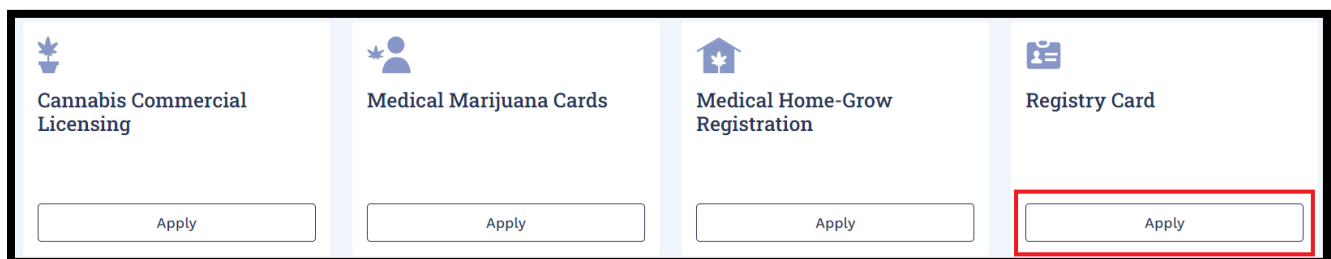
INITIAL REGISTRY IDENTIFICATION CARD APPLICATION AND REACTIVATION

****Note** This set of instructions applies to individuals applying for Registry Identification Cards for the first time, individuals who held a Registry Identification Card prior to the introduction on the Cannabis Licensing Portal (Portal) who are renewing in the Portal for the first time, and individuals seeking to reactivate their cards after it was previously deactivated.**

1. Once you have logged into the 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.



3. Select "Apply Now" on the following screen.

License Categories
Cannabis Licensing/Registration

Cardholder Registration Application

[VIEW DETAILS](#) [APPLY NOW](#)

4. 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.



5. If you are applying for a Registry Identification Card and *never* possessed a state issued by DBR, 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

If you are either applying for a card after previously holding one *for the same license* prior to the implementation of the Portal or reactivating a card, select “Yes” from the drop-down menu and enter the “Registry Badge Number” *exactly* as it appears on the “My Registry Cards” page of the Portal.

6. Select “Next” at the bottom of the page.
7. Select the “Add New” from the “New Applicant or Existing Cardholder” 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

* New Applicant or Existing Cardholder

Add New

* Select position of Applicant

Owner ▼

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

****Note** It is best practice to use a business email address rather than personal and each email address *MUST* be unique to the individual rather than being used for multiple employees. Additionally, if the employee has Metrc access the emails used for both accounts *MUST* align to avoid issues.**

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

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

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

14. Select “Next” at the bottom of the page once the documents have been uploaded.

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 ⓘ Govt issued ID -John Smith.jpg 4/3/2024, 2:24 PM	Uploaded	Delete Upload/Choose file
Attachments	* Photograph ⓘ Digital Photograph -John Smith.jpg 4/3/2024, 2:24 PM	Uploaded	Delete

[BACK](#)
[NEXT](#)

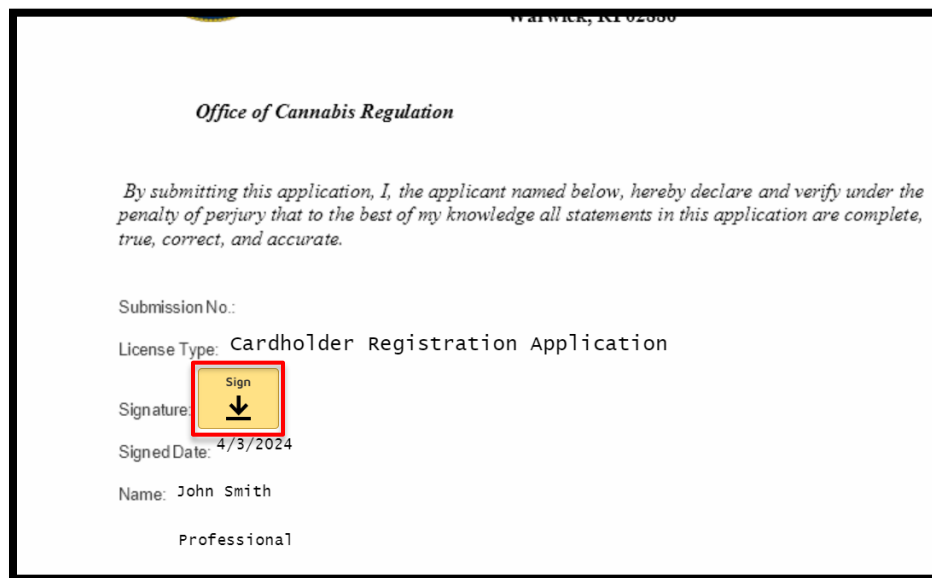
15. Select “Sign the Document” and “OK” on the pop-up warning to be brought to DocuSign where you must affirm the truthfulness of the information entered in the application.

****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.



18. 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.

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.

****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.**

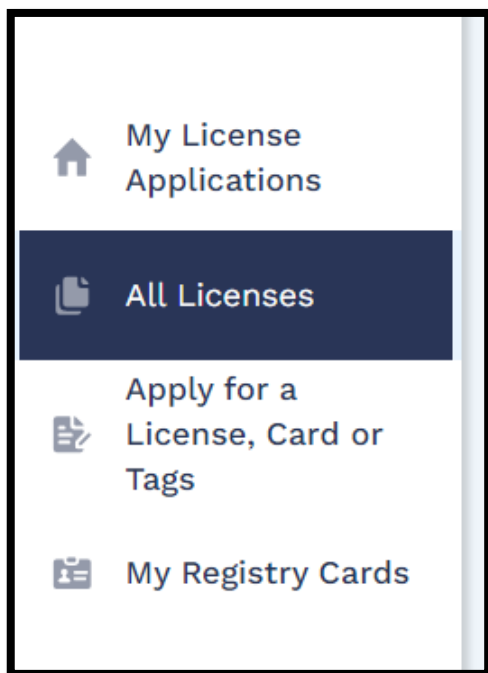
22. After payment has been completed the application will be submitted and reviewed by OCR.

****Note**** Employees may begin working once the Registry Identification Card shows as “Issued” in the licensing portal, even if the physical card has not yet been received.

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 tracking cards.

1. 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 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.**



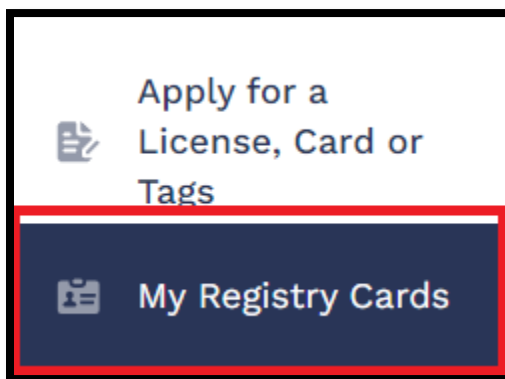
2. Select the heading marked "Expiration Date" to sort the list by which Registry Identification Cards will require the soonest renewals.

BUSINESS LEGAL NAME ↑	ISSUED DATE ↑↓	EXPIRATION DATE ↑↓
-----------------------	----------------	--------------------

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

ACTIONS	LICENSE NUMBER ↑	LICENSE TYPE ↑	STATUS ↑	BUSINESS LEGAL NAME ↑	ISSUED DATE ↑	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 Cards" section to confirm the individual to whom the expiring card belongs.

SALESFORCE REFERENCE # ↑	REGISTRY BADGE NUMBER ↑	STATUS ↑	ISSUANCE ↑	CARDHOLDER FIRST NAME ↑	CARDHOLDER LAST NAME ↑	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 Cards" page 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. Expired**

BCIs will not prevent a card from being renewed but may still be a violation.

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 dbr.mmpcompliance@dbr.ri.gov using the template included at the end of this guide as Attachment 1.**

6. 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.

ACTIONS	LICENSE NUMBER ↑↓
Renew More Options: ▼	RCH567
Change Request More Options: ▼	RCH568

7. Select "Next" at the bottom of the pages titled "Instructions and Documentation," "Cardholder Registration Form," and "National Criminal Information Center"
8. 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.

9. Select "Next" at the bottom of the page once the documents have been uploaded.

Attachments

* Indicates required field

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	<p><small>* Govt issued photo ID ⓘ</small></p> <p>Govt Issued ID Linda Proudfoot.jpg</p> <p>4/3/2024, 3:28 PM</p>	Uploaded	<div>Delete</div> <div>Upload/Choose file</div>
Attachments	<p><small>* Photograph ⓘ</small></p> <p>Digital Photograph Linda Proudfoot.jpg</p> <p>4/3/2024, 3:28 PM</p>	Uploaded	<div>Delete</div>

10. Type the name of the individual completing the application in the box labeled "Signature" and then select "Next" at the bottom of the page.

11. 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.

The screenshot shows a 'Payment' page with the following elements:

- Selected License Type:** A dropdown menu showing 'Compassion \$100.00'.
- Table:**

DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$100.00	Pending
- Additional Processing Fee Will Apply**
- *Select payment option**
 - ☒ Pay Online
- Buttons:** 'BACK' and '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.**

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

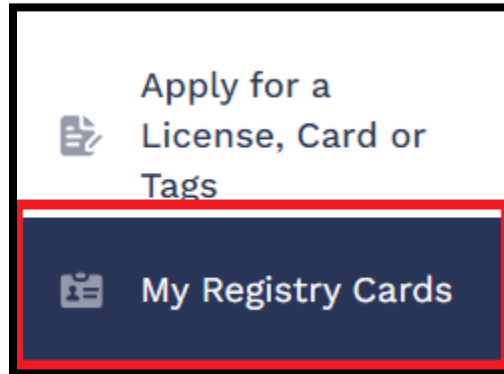
****Note** If you need to make an edit to an application following submission send an email to dbr.mmpcompliance@dbr.ri.gov where it can be reopened and edited. *DO NOT* withdraw the application as that will cause you to lose your submission fee and begin a new application.**

Additionally, employees may continue working as long as the Registry Identification Card shows as "Issued" in the licensing portal, even if the new card showing an updated expiration date has not yet been received.

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 # ↑↓	REGISTRY BADGE NUMBER ↑↓	STATUS ↑↓	ISSUANCE ↑↓	CARDHOLDER FIRST NAME ↑↓	CARDHOLDER LAST NAME ↑↓	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 dbr.mmpcompliance@dbr.ri.gov using the template included at the end of this guide section.**

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

Medical Marijuana Cardholders should enter License Number with only the first 6

License Number

Enter License Number

If your license is Expired and you do not see your Renewal License below. Please A
If you already have a registration card, please enter your name **EXACTLY** how it ap
Go to 'Apply for a License, Card or Tags' on the left column.

ACTIONS	LICENSE NUMBER ↑↓	LICENSE TYPE ↑↓
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 X

* 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

Linda

* Last Name

Forbin

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	<div>* Copy of Government Issued ID</div> <div>Govt Issued ID_Linda Forbin.jpg</div> <div>4/4/2024, 10:42 AM</div>	Uploaded	<div>Delete</div> <div>Upload/Choose file</div>

****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

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

Electronic Check.

****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.

CHANGE OF MAILING ADDRESS

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 Request

* Indicates required field

MAILING ADDRESS

* Street Address

* City

* State

* Zip Code

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	<p>* Copy of Government Issued ID</p> <p>Govt Issued ID - John Smith.jpg</p> <p>4/4/2024, 1:44 PM</p>	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>

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

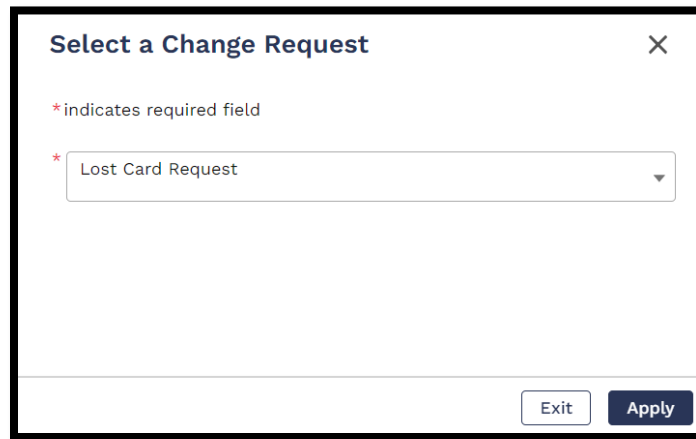
☒ Pay Online

****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.**

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

REPLACING LOST CARDS

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



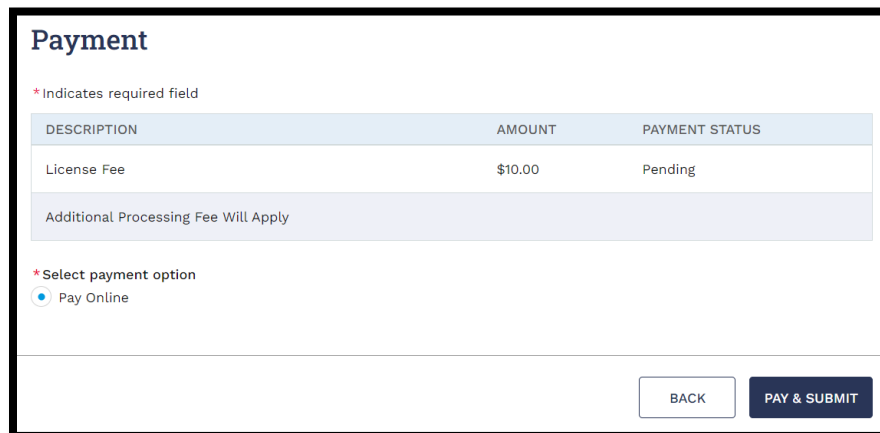
Select a Change Request [X]

* indicates required field

* Lost Card Request [v]

Exit Apply

- Select "Next" on the following page.
- 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.

TERMINATION OF REGISTRY IDENTIFICATION CARD EMAIL TEMPLATE

REGISTRATION IDENTIFICATION CARD CERTIFICATION

I, [NAME AND TITLE OF CERTIFIER], certify that on

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

ceased work with [NAME OF LICENSEE] and that their Registration Identification Card(s) issued by the Office of Cannabis Regulation was/were destroyed on [DATE].

_____ Date: _____

Name:

Title:

LICENSE CHANGE REQUESTS

In accordance with [230-RICR-80-05-1.2](#) and [230-RICR-80-05-1.3](#) Cannabis Business Licensees are required to submit a written request 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 or 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, 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

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

ADDITIONAL FUNDING REQUEST

**** NOTE** This variance request should only be completed for sources of funding that are not associated with a change in ownership. Any such changes in ownership must be disclosed using the Change in Ownership variance.**

1. Select “Additional Funding Request” from the drop-down list and then select “Apply.”

2. Review the instructions on the first page and select “Next.”

- The following page allows licensees to disclose additional sources of funding for both individuals currently disclosed in Section D or Part 2 of the Form 2 as well as new individuals who have not previously provided financing or other resources to the business. **It is very important to read the instructions at the top of this page to determine whether the funder belongs in Section D or Part 2.**

If you are adding a new individual to Section D, select “Add New” in the first box and input the individual’s personal information.




****Note** If the investment is coming from a non-publicly-traded entity, you must include all owners of that entity down to the natural person.**

PART-I

STATUS	CONTACT TYPE	ACTION
3 Added	List D Persons or entities holding an interest through a consulting or shared management agreement	 Add New


If you are receiving funding from someone already listed in Section D, select “Edit/Delete Contact” next to the relevant name and make any necessary changes.

ADDED CONTACTS


NAME	CONTACT TYPE	ACTION
John Smith	Investors	 Edit/Delete Contact
Terry Kath	Investors	 Edit/Delete Contact
CTA	Investors Business	 Edit/Delete Contact

Likewise select either “Add New” or “Edit/Delete Contact” in the third and fourth boxes to add or revise an individual in Part 2 of the Form 2.

PART-II

STATUS	CONTACT TYPE	ACTION
1 Added	Other Interest Holders	

ADDED CONTACTS

NAME	CONTACT TYPE	ACTION
Rand Althor	Other Interest Holders	


Once you have added all relevant individuals, select “Next” at the bottom of the page.

4. Include a brief summary of the investment and upload a copy of any relevant documentation on the following page and select “Next.”

* Please briefly describe the nature of the Additional Funding Request. If the funds are from individuals previously listed on your Form 2 disclosures, please also include the names of such individuals here.

Gift of \$10000 from parent Rand Althor

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Document Upload	<p>* Loan agreement, line of credit, or other documents containing the terms of funding</p> <p>Parental Gift Documentation.pdf</p> <p>9/27/2024, 1:33 PM</p>	Uploaded	<div></div> <div>UPLOAD/CHOOSE FILE</div>

5. Type the name of the person completing the application in the Signature box and select “Submit” to complete the application.

CHANGE OF FORM 2 CONTACTS

1. Select "Change of Ownership Request" 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 Ownership Request

Exit 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.**

2. Select "Next" on the following two pages which show the license number and the company name respectively.
3. 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 Added	List A Owners and Other Interest Holders	 Add New

4. 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.

Go to the individual person level

* First Name	* Last Name
<input type="text" value="Jane"/>	<input type="text" value="Smith"/>
* Title	SSN
<input type="text" value="Manager"/>	<input type="text" value="***-**-6789"/>
* Date of Birth	Background Check
<input type="text" value="Apr 11, 1978"/>	<input type="text" value="Apr 7, 2024"/>
* Street Address	
<input type="text" value="420 W Main St"/>	
* City	* State
<input type="text" value="Providence"/>	<input type="text" value="Rhode Island"/>
* Zip	* Phone Number
<input type="text" value="02909"/>	<input type="text" value="(555) 555-5555"/>
* Email	
<input type="text" value="testcollc123@gmail.com"/>	
* Business Associated with (Applicant, parent business or sub-entity)	
<input type="text" value="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 management 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
E. 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.

* Business Name FEIN
ManagerCo, LLC **-***1684

* Street Address
849 Buffet Drive

* City * State
Dover Delaware

* Zip * Phone Number
19901 (555) 555-5555

Email

* Business Associated with (Applicant, parent business or sub-entity)
TestCo, LLC

* Interest
0.00%

LIST E THIRD PARTY MANAGERS
E. 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.

* First Name * Last Name
Jack Goodman

* Title SSN
Owner ***-**-4652

* Date of Birth Background Check
Apr 10, 1992 Apr 12, 2024

* Street Address
25 Patience Circle

* City * State
Rancho Santa Fe California

* Zip * Phone Number
92067 (555) 555-5555


Email

* Business Associated with (Applicant, parent business or sub-entity)
ManagerCo, LLC

* Interest
100.00%

5. 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.

ACTION

 **Edit/Delete Contact**

* Select a Contact Type
☒ Individual
☐ Business

LIST B OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS
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

****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.**

- Fill in the text box at the bottom of the page with all requested information.


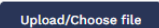

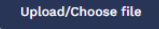

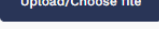



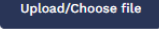
* Please briefly describe the nature of the Change of Ownership request. Please include the name(s), title(s) and, if applicable, adjustment(s) to ownership interest(s) of pertinent individuals:

Addition of Mat Cauthon as Member with 5% ownership interest in TestCo, LLC. John Smith's ownership is reduced from 35% to 32%

- Select “Next” at the bottom of the page.

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

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Updated Organizational Chart ⓘ TestCo LLC Updated Org Chart.pdf 4/12/2024, 3:14 PM	Uploaded	 Delete 
Attachments	* Membership/Operating Agreement ⓘ TestCo LLC Operating Agreement.pdf 4/12/2024, 3:15 PM	Uploaded	 Delete 
Attachments	* Corporate By Laws ⓘ TestCo LLC Annex A Corporate Bylaws.pdf 4/12/2024, 3:16 PM	Uploaded	 Delete 
Attachments	* Updated SOPs as applicable for ownership changes or license transfers ⓘ TestCo LLC Updated SOPs.pdf 4/12/2024, 3:16 PM	Uploaded	 Delete 
Attachments	* Corporate Documents – Current Articles of Incorporation ⓘ TestCo LLC Annex A Articles of Incorporation.pdf 4/12/2024, 3:16 PM	Uploaded	 Delete 

****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.**

9. Select "Next" at the bottom of the page.
10. 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

BACK

SUBMIT

CHANGE OF PREMISES LOCATION

- 1. Select “Change of Premises Location” 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 Premises Location

Exit

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

Change Request

* indicates required field

* COMPANY NAME(legal name, and any d/b/a name(s), if applicable)

TestCo, LLC

* Street Address 1

87 Bagend Dr.

Street Address 2

* City

Providence

* State

Rhode Island

* Zip code

02909

Assessor Plat and Lot

LICENSED PREMISE ADDRESS

* Street Address 1

87 Bagend Dr.

Street Address 2

* City

Providence

* State

Rhode Island

* Zip code

02909

Assessor Plat and Lot

Updated: 9/27/2024

34

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

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 footage for each space that will be changing.

* Will the proposed location include space for retail?

No

* Will the proposed location include space for processing/manufacturing?

Yes

* Proposed Manufacturing/Processing Space (Sq. Ft.)

1000

* Floor Plan Included

Floor Plan Included

* Will the proposed location include space for cultivation?

Yes

* Proposed Cultivation Space (Sq. Ft.)

9000

* Floor Plan Included

Floor Plan Included

BACK NEXT

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


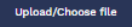

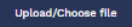

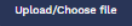

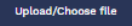

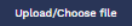

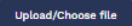

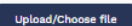

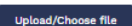


6. Upload attachments in each of the required fields on the following page and select “Next.”

****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 required field

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Facility Design/Floor Plan ① TestCo LLC New Premises Floor Plan.pdf 4/25/2024, 1:48 PM	Uploaded	 Delete 
Attachments	* Evidence of Ownership/Lease ① TestCo LLC New Premises Lease.pdf 4/25/2024, 1:49 PM	Uploaded	 Delete 
Attachments	* Proof of Zoning Compliance ① TestCo LLC New Premises Zoning Compliance.pdf 4/25/2024, 1:49 PM	Uploaded	 Delete 
Attachments	* Proof of Local Building/Fire Code Compliance ① TestCo LLC New Premises Building and Fire Code Compliance.pdf 4/25/2024, 1:49 PM	Uploaded	 Delete 
Attachments	* Geographic Location Compliance ① TestCo LLC New Premises Geographic Location Compliance.pdf 4/25/2024, 1:49 PM	Uploaded	 Delete 
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 
Attachments	* Contamination Mitigation Plan ① TestCo LLC New Premises Contamination Plan.pdf 4/25/2024, 1:49 PM	Uploaded	 Delete 
Attachments	* Project Timeline ① TestCo LLC New Premises Timeline.pdf 4/25/2024, 1:50 PM	Uploaded	 Delete 
Attachments	Patient Analysis Report ①	-	
Attachments	Submission of Certificate of Occupancy	-	

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 X

* indicates required field

* Class B - 10,000 sq. ft. Max Change of Floor Plan and/or Operati... ▼

Exit Apply

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.

****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."

License Change Requests

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Floorplan/Operation Plan ① TestCo LLC Updated Floor Plan.pdf 4/25/2024, 3:49 PM	Uploaded	Delete Upload/Choose file
Change Request	* Approximate calculation of square footage of the proposed facility/expansion TestCo LLC Updated Square Footage Calculation.pdf 4/25/2024, 3:49 PM	Uploaded	Delete Upload/Choose file
Change Request	* Evidence of compliance with local zoning laws TestCo LLC Updated Zoning Compliance.pdf 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 TestCo LLC Updated Setback Compliance.pdf 4/25/2024, 3:49 PM	Uploaded	Delete Upload/Choose file
Change Request	* Draft diagram of proposed growing area/ facility floor map. This must include GPS location ① TestCo LLC Updated Diagram.pdf 4/25/2024, 3:50 PM	Uploaded	Delete Upload/Choose file
Change Request	Proof of Local Permit Approvals	-	Upload/Choose file

BACK 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.**

- 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 all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

* Signature Date

BACK SUBMIT

TEMPORARY DISCONTINUANCE

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

The screenshot shows a modal window titled "Select a Change Request" with a close button (X) in the top right corner. Inside the modal, there is a red asterisk followed by the text "* indicates required field". Below this, there is a dropdown menu with a red asterisk to its left. The dropdown menu is open, showing the selected option: "Class B - 10,000 sq. ft. Max Temporary Discontinuance Request". At the bottom right of the modal, there are two buttons: "Exit" and "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.

The screenshot shows a form titled "Change Request". At the top, there is a red asterisk followed by the text "* Indicates required field". Below this, there are two date input fields. The first field is labeled "* Proposed Date of Discontinuance" and contains the date "Apr 23, 2024". The second field is labeled "* Anticipated Date of Re-opening" and contains the date "Jun 23, 2024". Below these fields, there is a text area labeled "* Please provide a reasonable basis for the request:" containing the text "Construction to upgrade facility infrastructure." At the bottom right of the form, there are two buttons: "BACK" and "NEXT".

- 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 all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

* Signature

Date

****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 [METRC Implementation Guide](#) for further information.**

CHANGE OF NAME OR MAILING ADDRESS

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

Select a Change Request

* indicates required field

*

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 Request

* Indicates required field

Please submit the requested change by editing the applicable field(s) below.

* COMPANY NAME (Please edit this section ONLY if you are requesting to change your entity's legal name. If you are disclosing a d/b/a, please provide that information in the appropriate section.)

TestCo, LLC

* Street Address 1

420 W Main St

Street Address 2

* City

Providence

* State

Rhode Island

* Zip code

02909

* If you are disclosing a d/b/a, please provide that information below. In addition, upload a copy of the SOS corporate database filing/profile that displays their office accepted and applied the d/b/a to the incorporated entity listed above.

Good Leaves

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	<small>* SOS Documentation</small> TestCo, LLC_DBA Updates.pdf 4/23/2024, 11:45 AM	Uploaded	<div>Delete</div> <div>Upload/Choose file</div>

BACK

NEXT

****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."

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

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	<p>* Floorplan document ⓘ</p> <p>TestCo LLC Updated Floor Plan.pdf</p> <p>4/26/2024, 11:34 AM</p>	Uploaded	<p>Delete</p> <p>Upload/Choose file</p>

BACK NEXT

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 all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

* Signature

Date

BACK SUBMIT

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."



Select a Change Request

* indicates required field

* Compassion Center Change of Home Delivery Request

Exit Apply

2. Select "Next" on the following page.
3. 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 required field

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Home Delivery Plan ¹ TestCo LLC Home Delivery Plan.pdf 4/30/2024, 11:19 AM	Uploaded	Delete Upload/Choose file
Change Request	* Copy of the Registration. TestCo LLC Home Delivery Registration.pdf 4/30/2024, 11:19 AM	Uploaded	Delete Upload/Choose file
Change Request	* Copy of the license plates. TestCo LLC Home Delivery Plates.pdf 4/30/2024, 11:19 AM	Uploaded	Delete Upload/Choose file

BACK
 NEXT

****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.

NOTIFICATION OF ENFORCEMENT ACTION

****NOTE** If a change in status of an enforcement action occurs during the 60-day renewal window please email the details of the enforcement action to dbr.mmpcompliance@dbr.ri.gov prior to completing the renewal application**

1. Select "Notification of Enforcement Action" from the drop-down list then select "Apply."

Select a Change Request

* indicates required field

*

Class B - 10,000 sq. ft. Max Notification of Enforcement Action

Exit

Apply

2. Upload any documentation from the relevant licensing authority notifying the licensee of enforcement action being taken in the first space. This can include letters, emails, or other forms of official correspondence, as applicable.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Documents	* Notice of Enforcement Action ⓘ	-	<div>UPLOAD/CHOOSE FILE</div>
Documents	* Resolution Documentation ⓘ	-	<div>UPLOAD/CHOOSE FILE</div>

NEXT

3. Upload additional documentation in the second space that provides details

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Documents	* Notice of Enforcement Action ⓘ	-	<div>UPLOAD/CHOOSE FILE</div>
Documents	* Resolution Documentation ⓘ	-	<div>UPLOAD/CHOOSE FILE</div>

NEXT

regarding the current status of the enforcement action. This can include, but is not limited to, consent agreements, corrective action plans, or a narrative description of the circumstances surrounding the action.

****Note** If the enforcement action is still ongoing you *must* include a document attesting to the fact that it is yet to be resolved and provide the documentation listed above within sixty (60) days of such resolution.**

4. Once documents are uploaded in each box, select "Next."

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Documents	* Notice of Enforcement Action ⓘ TestCo LLC Notification of Enforcement Action.pdf 6/26/2024, 1:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Documents	* Resolution Documentation ⓘ TestCo LLC Enforcement Action Resolution.pdf 6/26/2024, 1:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>

5. Enter your name in the "Signature" box on the following page and select "Submit" to complete the submission.

NOTIFICATION OF LICENSURE

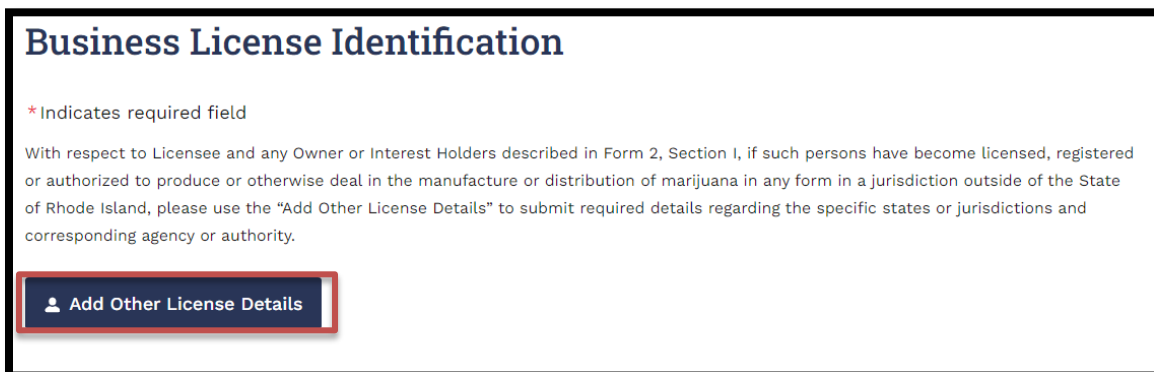
****Note** OCR must be notified when there is a change in status for *any cannabis license* for which an owner or interest holder of a Rhode Island cannabis establishment is also an owner or interest holder. This applies to both newly issued cannabis licenses as well as licensees that surrender their license through non-renewal, enforcement action, or other means. For example, if one of the owners of *TestCo, LLC*, a Rhode Island licensed cultivator, has an interest in *GrowCo, LLC*, which has applied for a license to cultivate cannabis in Massachusetts, *TestCo, LLC* must inform OCR via this process if the application is approved. If such a change occurs during the 60-day renewal window licensees should notify DBR via email at dbr.mmpcompliance@dbr.ri.gov.**

1. Select "Notification of Licensure" from the drop-down menu then select "Apply" to begin the application.



The screenshot shows a modal window titled "Select a Change Request" with a close button (X) in the top right corner. Below the title, there is a note: "* indicates required field". A dropdown menu is displayed with the selected option "Class B - 10,000 sq. ft. Max Notification of Licensure". At the bottom right of the modal, there are two buttons: "Exit" and "Apply".

2. Select "Next" on the following page.
3. To add a new license, select the box labeled "Add Other License Details."



The screenshot shows a section titled "Business License Identification". Below the title, there is a note: "* Indicates required field". A paragraph of text follows: "With respect to Licensee and any Owner or Interest Holders described in Form 2, Section I, if such persons have become licensed, registered or authorized to produce or otherwise deal in the manufacture or distribution of marijuana in any form in a jurisdiction outside of the State of Rhode Island, please use the 'Add Other License Details' to submit required details regarding the specific states or jurisdictions and corresponding agency or authority." Below this text, there is a button labeled "Add Other License Details" with a person icon, which is highlighted with a red rectangular border.

4. Fill in information for the new license in the pop-up window and select "Save Licensee Details" to complete the addition.

Add Licensee Details

* Indicates required field

* State

Massachusetts

* Name Of Agency

Cannabis Control Commission

* Type Of License

Cultivator

* Name Of Licensee

GrowCo, LLC

* License Or Registration #

875309

Cancel

Save Licensee Details

5. To remove a license, first select "Edit/Delete Licensee" next to the relevant license in the "Added Licensee" section of the page.

ADDED LICENSEE					
LICENSE OR REGISTRATION #	NAME OF AGENCY	NAME OF LICENSEE	TYPE OF LICENSEE	STATE	ACTION
875309	Cannabis Control Commission	GrowCo, LLC	Cultivator	Massachusetts	Edit/Delete Licensee
403-123456	Marijuana Enforcement Division	GrowCo, LLC	Cultivator	Colorado	Edit/Delete Licensee

6. Select "Delete," include the reason for deletion (including, but not limited to: revocation, surrender, or non-renewal) in the text box on the following screen, and then select "Delete" once more to confirm the removal.

License Removal Confirmation

* Please provide an explanation for removal of this license:

Allowed to expire due to economic conditions

Cancel

Delete

7. Select "Next," enter the name of the individual completing the application in the signature box on the following page and select "Submit" to complete the application process.

BUSINESS LICENSE RENEWALS

In accordance with [230-RICR-80-05-1.2\(K\)](#) and [230-RICR-80-05-1.3\(J\)](#) Cannabis Business Licenses are valid for a period of one (1) year following the date of first issuance and renewal occurs annually on that date unless and until the license is revoked or surrendered.

Licensees may begin the renewal submission process within sixty (60) days of this date by navigating to the “All Licenses” page of the licensing portal and selecting the “Renew” option next to the license to be renewed.

ACTIONS	LICENSE NUMBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION DATE
Renew More Options: ▾	CV104	Medical Marijuana Cultivator License	Active	TestCo, LLC	8/8/2023	8/8/2024

****Note** Licensees are unable to submit, or receive approval for, new variance requests during the sixty (60) day renewal period. Any such requests must be made either before the renewal period or following approval of the renewal application.** To that end, many fields are locked during the renewal application.

COMPASSION CENTER RENEWALS

1. Confirm the licensee information and select “Next” at the bottom of the first and second pages.
2. Confirm the taxpayer status on page three and once again select “Next” at the bottom of the page. If there has been any change to your taxpayer status you *must* reach out to DBR prior to completing the renewal application.
3. Type the name of the individual completing the application in the Signature Box on the following page and select “Next.”
4. While you may review the Form 2 information presented on the following page, it may not be edited during the renewal window. Once you have completed your review of this information, select “Next” at the bottom of the page.

5. Type the name of the individual completing the application in the Signature Box on the following page and select "Next."
6. Confirm the certifications, check the boxes, upload any required documents, and type the name of the individual completing the application in the Signature Box on the following page and select "Next" on the following two pages to advance through the application.
7. Confirm the entity's non- or for-profit status and upload all relevant documents on the following page. Complete the Signature Box and select "Next" to continue the application.
8. Complete the Signature Box on the following page and select "Next" to continue the application.
9. Ensure that all Mandatory Questions on the following page have as up-to-date answers as possible, complete the signature box, and select "Next" to continue with the application.
10. Complete the signature boxes and upload and required documentation on the following Exhibit pages. Select "Next" to continue with the application.
11. Select "Sign the Document" to be brought to an external DocuSign page and

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.

* Please sign the document.

* Signature

enter the name of the individual completing the application when prompted. You must also include the name of the individual completing the application in the “Signature” box once you have been brought back to the portal.

12. Select “Pay & Submit” on the following page to be brought to the payment portal and complete the submission of your renewal application.

HYBRID RETAILER FEE SUBMISSION

1. When in the “All Licenses” tab select the “License Number” header in the table showing the complete list of licenses associated with the account. This will sort the table by license number in descending order.

The screenshot shows the 'All Licenses' page. At the top, there is a header 'All Licenses' and a note: 'Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.' Below this is a search bar labeled 'License Number' with the placeholder text 'Enter License Number'. A red arrow points to the 'License Number' header in the table below. The table has three columns: 'ACTIONS', 'LICENSE NUMBER', and 'LICENSE TYPE'. The first row shows 'Change Request' and 'More Options:' in the actions column, 'MMPCC005' in the license number column, and 'Compassion Center License' in the license type column. The second row shows 'Take me to my Application' in the actions column, 'MMPCC005-H' in the license number column, and 'Hybrid Retail License' in the license type column.

ACTIONS	LICENSE NUMBER	LICENSE TYPE
Change Request More Options: <input type="button" value="v"/>	MMPCC005	Compassion Center License
Take me to my Application	MMPCC005-H	Hybrid Retail License

2. The Hybrid Retail license will now be listed second, third if the company also holds a CBD Retailer license. This can be confirmed by verifying the “License Type” column, shown in the table above, shows “Hybrid Retail License.” If you are not seeing your license, select “License Number” once more as the list may be in ascending, rather than descending, order.
3. Select the “Pay Now” button in the “Actions” column.
4. Select “Next” on the bottom of the instructions page to be brought to the payment stage.

5. Complete the payment stage to complete the application.
6. You may confirm the success of payment by checking that the application shows as "Submitted" in the "My Applications" tab of the portal.

CULTIVATOR RENEWALS

1. Confirm the licensee information and select "Next" at the bottom of the first page.
2. Enter the name of the person completing the application in the "Signature" box on the bottom of the second page before selecting "Next" to continue.
3. Ensure the boxes are checked and confirm the affirmations by typing the name of the person completing the application in the "Signature" box on page three and once again select "Next" at the bottom of the page.
4. While you may review the Form 2 information presented on the following page, it may not be edited during the renewal window. Once you have completed your review of this information, select "Next" at the bottom of the page.
5. Ensure the box is checked and type the name of the individual completing the application in the Signature Box on the following page and select "Next."
6. Confirm the text boxes are correct, the boxes are checked, an upload (either from the enforcement action or attesting that no such action has taken place) has been included, and type the name of the individual completing the application in the Signature Box on the following page and select "Next."
7. Confirm each of the certifications on the following page and type the name of the person completing the application in the "Signature" box at the bottom.
8. Ensure that all Mandatory Questions, including dropdowns, on the following page have as up-to-date answers as possible on the following page,

complete the signature box, and select “Next” to continue with the application.

- 9. Complete the “Signature” box on the following page.
- 10. Select “Pay & Submit” on the following page to be brought to the payment portal and complete the submission of your renewal application.

CBD RETAILER AND DISTRIBUTOR RENEWALS

- 1. Select “Next” at the bottom of the first and second pages to begin the renewal.
- 2. Confirm the licensee information on the following page, type the name of the individual completing the application in the “Signature” box at the bottom and select “Next.”
- 3. You may review disclosed individuals on the following page by selecting the “View” button but may not change any of the information during the renewal period. If you identify information that you believe to be incorrect, please reach out to DBR.

ADDED CONTACTS		
NAME	CONTACT TYPE	ACTION
Regina Retailer	CBD Consulting	<div>View</div>
Page 1 of 1 First < > Last		

- 4. Upload the most recent versions of the requested documents on the following page by selecting “Upload/Choose File” in the corresponding row. If there have not been any updates to these documents, you may upload the same ones as the previous year.

****Note** If specific documentation related to zoning compliance is unavailable, licensees may provide a Sales at Retail Certificate issued by the Rhode Island Department of Taxation**

5. Type the name of the individual completing the application in the “Signature” box on the following two pages and select “Next.”
6. Select “Pay & Submit” on the following page to be brought to the payment portal and complete the application.

HEMP PROGRAM GROWER, HANDLER, AND DUAL LICENSE RENEWALS

1. Select “Next” at the bottom of the first page to begin the renewal.
2. Confirm the licensee information on the following page and select “Next.”
3. Confirm the premises information and upload the most recent versions of the requested documents on the following page by selecting “Upload/Choose File” in the corresponding row. If there have not been any updates to these documents, you may upload the same ones as the previous year.

ADDED CONTACTS		
NAME	CONTACT TYPE	ACTION
Regina Retailer	CBD Consulting	View

Page 1 of 1 [First](#) [<](#) [>](#) [Last](#)

****Note** If specific documentation related to zoning compliance is unavailable, licensees may provide a Sales at Retail Certificate issued by the Rhode Island Department of Taxation**

4. You may review disclosed individuals on the following page by selecting the “View” button but may not change any of the information during the renewal period. If you identify information that you believe to be incorrect, please reach out to DBR. Select “Next” to continue the application.

5. Ensure the answers to all Mandatory Questions on the following page are up-

to-date then select "Next" at the bottom of the page.

6. Utilize the dropdown boxes to complete the attestations and enter the name of the individual completing the application in the "Signature" box at the bottom of the page before selecting "Next"
7. Type the name of the individual completing the application in the "Signature" box on the following Licensing Agreement page and select "Next."
8. Select "Pay & Submit" to be brought to the payment portal and complete the application.

HEMP BUSINESS LICENSING

In accordance with [230-RICR-80-10-1](#) businesses and individuals seeking to cultivate, manufacture, distribute, or sell hemp and hemp-derived consumable products must apply for and receive a licensure from DBR *prior* to commencing operations. Below is an overview of the steps needed for *initial* hemp business licensing.

Regardless of the type of license being sought users must first navigate to the [State Licensing Portal](#) and create an account by selecting “Register New Account,” and entering the requested information.

Upon completing registration, users should log in to the portal to begin the license application process.

INDUSTRIAL HEMP PROGRAM APPLICATION (GROWERS/HANDLERS/DUAL LICENSES)

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.
2. Select “Apply” in the Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Industrial Hemp Program Application.”
3. Select “Next” on the following page to begin the application.
4. Enter the requested information for the applying entity and select whether you would like to apply for a grower license, handler license, or a dual license.

LICENSE TYPE

Are you applying for a Hemp Grower License, Hemp Handler License, or a Dual Hemp Grower and Handler License? Applicants who choose to apply for only a Grower or Handler License may apply to convert to a Dual License at a later date.

* License Type (Select One)

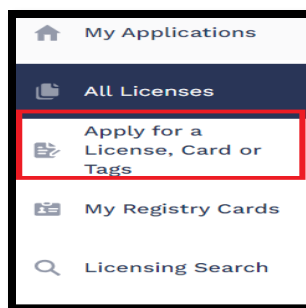
Dual (Grower and Handler) ▼

****Note** There is no difference in fee to apply for a dual license compared to individual grower or handler licenses.**

5. Input information and upload the required attachments concerning the location where hemp cultivation and/or processing will occur on the following page. Licenses are only valid for a single location. Therefore, individuals hoping to cultivate and process at separate locations must apply for, and receive, a license for each premises.
6. On the following page, please input answers to *all* Mandatory Questions before selecting “Next” to proceed.
7. Next, you must agree to each of the attestations as well as agreeing the Licensing Agreement on the subsequent page to proceed through the application.
8. Lastly, select “Pay & Submit” to be brought to the payment portal where you can submit payment to DBR and complete the application.

HEMP-DERIVED CONSUMABLE CBD RETAILER LICENSING

6. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.



7. Select “Apply” in the “Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Hemp-Derived Consumable CBD Retailer Application.”

Hemp-Derived Consumable CBD Distributor Application	VIEW DETAILS	APPLY NOW
Hemp-Derived Consumable CBD Retailer Application	VIEW DETAILS	APPLY NOW
Industrial Hemp Program Application	VIEW DETAILS	APPLY NOW

8. Select "Next" on the following pages to begin the application.
9. On the following page enter the requested information regarding the licensed entity, licensed premises, designated compliance officer, and any existing hemp licenses.
10. If applicable, please list any other individuals or businesses that partner with, or provide consulting services for, the applicant related to the sale of hemp-derived consumable CBD products on the next page. Do this by selecting "Add New" on the right side of the box and selecting whether the added contact is an individual or business entity. After, select "Next" at the bottom of the page.

STATUS	CONTACT TYPE	ACTION
0 Added	Any person(s) or entity partnering or providing consulting services regarding the retail sale of hemp-derived consumable CBD products.	Add New

11. Upload the three required documents, related to purchase agreements, traceability plans, and zoning compliance, in the relevant boxes on the following page.

****Note**** If any your product is sourced from a state that does not yet regulate and/or license hemp processing or CBD entities, please fill out the required [Unlicensed Affirmation Document](#) and upload in place of, or in

addition to, the required Purchase Agreement(s) as applicable.

12. Type the name of the individual completing the application in the "Signature" box on the following page before selecting "Next" at the bottom of the page.
13. Click the button that says "Sign the Document," followed by "OK" in the popup window to be brought to DocuSign where you will sign a required attestation.

****Note** Once you click "OK" the popup window will dissapear but it may take a few moments for the portal to bring you to the DocuSign page. Please *do not* select "Sign the Document" again or navigate away from the page during this time.**

14. Select the yellow "Sign" button on the attestation followed by "Finish" at either the top or the bottom of the page to complete the document and return to the portal. Select "Next" at the bottom of the portal page to proceed to payment.
15. Select "Pay & Submit" at the bottom of the page to go taken to the payment portal and complete the application.

HEMP-DERIVED CONSUMABLE CBD DISTRIBUTOR LICENSING

1. Select "Apply for a License, Card, or Tags" from the menu on the left side of the portal's home page.
2. Select "Apply" in the "Commercial Cannabis Licensing" box and then select the

“Apply Now” option to the right of “Hemp-Derived Consumable CBD Distributor Application”

3. Select “Next” on the following two pages to begin the application.
4. On the following page enter the requested information regarding the licensed entity, licensed premises, designated compliance officer, and any existing hemp licenses.
5. If applicable, please list any other individuals or businesses that partner with, or provide consulting services for, the applicant related to the distribution of hemp-derived consumable CBD products on the next page. Do this by selecting “Add New” on the right side of the box and selecting whether the added contact is an individual or business entity. After, select “Next” at the bottom of the page.
6. Upload the three required documents, related to purchase agreements, traceability plans, and zoning compliance, in the relevant boxes on the following page.

****Note** If any your product is sourced from a state that does not yet regulate and/or license hemp processing or CBD entities, please fill out the required [Unlicensed Affirmation Document](#) and upload in place of, or in addition to, the required Purchase Agreement(s) as applicable.**

7. Type the name of the individual completing the application in the “Signature” box on the following page before selecting “Next” at the bottom of the page.

8. Click the button the says “Sign the Document” followed by “OK” in the popup window to be brought to DocuSign where you will sign a required attestation.

Signature

* Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the req including but not limited to those within the Application, and that they have the authority to b

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing ob of this Application and shall submit to DBR a written request for a variance for any proposed c including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection v to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on a including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are co

* Please sign the document.

Sign the Document

****Note**** Once you click “OK” the popup window will dissapear but it may take a few moments for the portal to bring you to the DocuSign page. Please **do not** select “Sign the Document” again or navigate away from the page during this time.

9. Select the yellow “Sign” button on the attestation followed by “Finish” at either the top or the bottom of the page to complete the document and return to the portal. Select “Next” at the bottom of the portal page to proceed to payment.
10. Select “Pay & Submit” at the bottom of the page to go taken to the payment portal and complete the application.

INSITUTION OF HIGHER LEARNING APPLICATION

****Note**** This application may only be completed by representatives of a Rhode Island institute of higher education and such approvals will only be issued to the institute. Hemp and Hemp-Derived Consumable CBD Products grown or produced under such approval may only be used for research purposes and *may not* enter the regular stream of commerce.

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.

2. Select "Apply" in the "Commercial Cannabis Licensing" box and then select the "Apply Now" option to the right of "Hemp – Institutions of Higher Education."
3. Select "Next" on the "Instructions" page to begin the application.
4. Enter information for the applying institution as well the proposed licensed premises on the following page and select "Next" when complete.
5. On the following page, provide the information for the individual who will oversee the daily cultivation or handling of hemp. Then select "Next" at the bottom of the page.

Supervising Employee

* Indicates required field

In the space below, provide the name and contact information of the employee of the institution of higher education who will supervise the hemp growth, cultivation, research and any record-keeping related to those activities.

<small>* First Name</small>	<small>* Last Name</small>
Calvin	Cultivator
<small>* Title</small>	
Director of Growth	
<small>* Street Address</small>	
16 CalMag Rd	
<small>* City</small>	<small>* State</small>
Smithfield	Rhode Island
<small>* Zip Code</small>	<small>* Email</small>
02703	Calvin@rigrowth.edu
<small>* Phone Number</small>	<small>* Date of Birth</small>
(555) 555-5555	Aug 26, 1987

6. Provide the information for the individual responsible for communicating with DBR on the next page.

****Note** It is not required for these positions to be filled by the same**

individual, though this is allowed at the applicant's discretion.

Research Plan

* Indicates required field

In the box below please upload a research plan outlining the research question, methodologies, and types of data collected that will be pursued by the Institute of Higher Education

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Research Plan	* Research Plan Growth Research Plan.pdf 8/26/2024, 2:29 PM	Uploaded	<div>Delete</div> <div>UPLOAD/CHOOSE FILE</div>

BACK

NEXT

- On the next page, please upload a copy of the Research Plan for the project. This plan must cover the research question, methodologies used, and types of data that is expected to be collected.

****Note** While Institutions of Higher Learning are exempt from many of the requirements for commercial licensees, the submitted research plan is a condition of licensure and changes to the information presented there must be approved by DBR in advance.**

- Enter the name of the individual completing the application in the "Signature" box on the following page and select "Submit" to complete the application.

HEMP BUSINESS REPORTING

The below section lays out the processes for required end of year reporting for hemp businesses. Currently, only Retailers and Distributors are required to submit such reports through the licensing portal.

CBD RETAILER AND DISTRIBUTOR REPORTING

1. Begin by selecting the "Change Request" option for the relevant license on the "All Licenses Screen."
2. Select the "End of Year Reporting" option from the dropdown and "Apply" to begin the reporting process.



Select a Change Request [X]

* indicates required field

* End of Year Reporting ▼

Exit Apply

3. Select "Next" on the first page after confirming the accuracy of the license information. If anything appears inaccurate, reach out to DBR.HempCompliance@dbr.ri.gov
4. Complete both boxes on the following field, ensuring that all requested information is included and select "Next" to proceed with the report.

Sales

* Indicates required field

* In the box below, please list each type of product you have sold in the previous year and for each product provide the quantity sold as well as the price per unit.

HempCo Infused CBD Selzters, 400 units, \$5.00 per unit
DawgPound Edibles 10mg, 100 units, \$10.00 per unit
Horn of Valere Infused Chips, 50 Units, \$8.00 per unit

* Please provide a list of venues, festivals, events, and/or other physical locations other than the licensed location where certified hemp-derived products were sold during the previous year. This includes any farmers markets or other such recurring events.

Providence Farmers Market
Hemp Fest RI

5. Upload copies of all Certificates of Analysis and Transport Manifests for the previous year. **Each product listed on the previous page should be associated with both a Certificate of Analysis and Transport Manifest.** Select "Next" to continue with the application.
6. Type the name of the person completing the application on the following page to attest to the truthfulness of all submitted information and select "Submit" to complete the report.