

State of Rhode Island
Department of Business Regulation

**Rhode Island Department of Business
Regulation**

1511 Pontiac Avenue
Cranston, RI 02920

Instructions and Application For

**Medical Marijuana Licensed
Cultivator**

Key Persons and Staff

Officer

Director

Manager/Member

Employee

Agent

Full Name

GENERAL INFORMATION

1. Requirements for licensure are established by Department of Business Regulation Medical Marijuana Program Emergency Regulation 1 - Licensed Cultivators (the "Regulations", available through the Department of Business Regulation's website at <http://www.dbr.ri.gov/>. Links for Public Laws and Statute are also available.
2. Should you have any questions regarding the license requirements or completion of the application form, contact the Rhode Island Department of Business Regulation, Medical Marijuana Program Personnel at (401) 462-9500 or DBR.mmpcompliance@dbr.ri.gov.

APPLICATION INSTRUCTIONS

1. Complete all application materials as instructed. Please answer all questions. Incomplete questions or incomplete applications will not be processed. Please mark "NA" on questions that are Not Applicable. Please use a ball-point type pen when completing these forms.
2. Do not detach any full pages from this form.
3. Sign the application and return it with a check or money order payable to the General Treasurer, State of Rhode Island.
4. Do not submit the application without all applicable information, documentation and fee(s).
5. Mail or deliver the completed application to:
RI Department of Business Regulation Medical Marijuana Compliance Program
1511 Pontiac Avenue, Building 68-1 Cranston, RI 02920

REQUIRED DOCUMENTATION

- Completed and signed Application for **each** officer, director, manager/member, agent or employee.
- **Each officer, director, manager/member, employee or agent** must be at least twenty-one (21) years old. Proof of age is required. (Proof must be in the form of a copy of a Rhode Island or other Government issued photo ID)
- A non-returnable, non-refundable application fee payable to General Treasurer, State of Rhode Island in the amount of one-hundred dollars (\$100.00) for **each** officer, director, manager/member, agent, or employee.

According to the Regulations, all licensed cultivator cardholder registrants shall apply for a national criminal background identification records check that shall include with fingerprints submitted to the federal bureau of investigation.

To obtain an NCIC/AFIS report, please contact the Rhode Island State Police at 401-764-5364 to schedule an appointment or contact the Attorney General's office.

Starting Monday, July 23, 2018, all in-person state and national background checks will **ONLY** be available at the Attorney General's **new Customer Service Center located at 4 Howard Avenue in Cranston** (located in the Pastore Center). Also, you may contact your local police department to see if they provide National background checks.

Background checks **will no longer be available at the Providence office starting July 23, 2018.**

Application for Licensed Cultivator Key Persons and Staff

Name:	<input type="text"/>
	First Name
	<input type="text"/>
	Middle Name
	<input type="text"/>
	Surname, (Last Name)
	<input type="text"/>

Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
	U.S. Social Security Number

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address Please provide your principal address of residence. It is your responsibility to notify the Department of all address changes.	<input type="text"/>				
	1st Line Address (Apartment/Suite/Room Number, etc.)				
	<input type="text"/>				
	Second Line Address (Number and Street)				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
	City	State	Zip Code		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
	Home Phone		Home Fax		
	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)				

Employer Address Please list the address of the licensed cultivator with which you are associated.	<input type="text"/>					
	Name of Licensed Cultivator					
	<input type="text"/>					
	1st Line Address (Apartment/Suite/Room Number, etc.)					
	<input type="text"/>					
	Second Line Address (Number and Street)					
	<input type="text"/>	<input type="text"/>	R I	<input type="text"/>	-	<input type="text"/>
	City	State	Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>		
Business Phone		Business Fax				
	<input type="text"/>	<input type="text"/>	-	<input type="text"/>		
	Email Address (Format for email address is Username@domain e.g. applicant@isp.com)					

	<input type="text"/>
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Employer Affidavit

Please have the employer sign this affidavit.

"I hereby affirm that the person named in this application is affiliated with the Licensed Cultivator listed in the Employer Address section of this application.

Printed Name of Principal Officer or Authorized Designee

Signature of Principal Officer or Authorized Designee

Date of Signature (MM/DD/YY)

Applicant: Print your complete last name >

Applicant Affidavit

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

"I hereby affirm that I am the applicant named in this application, that I have made or read the contents hereof of my knowledge and belief the foregoing statements and answers are true in substance and effect and ar faith." I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have eith due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

Notary Seal