

RI Dept. Of Business Regulation

Office of Cannabis Regulation

560 Jefferson Blvd., Suite 204

Warwick, RI 02886

**Change of Location**

Use this form to request a change in the licensee’s physical premises location in accordance with R.I. Gen. Laws Chapter 21-28.6 (the “Act”) and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation 230-RICR-80-05-1 (the “Regulations”). This document should not replace a thorough reading of the Regulations found here: <https://rules.sos.ri.gov/regulations/part/230-80-05-1>.

Completed forms may be emailed to [DBR.MMPCompliance@dbr.ri.gov](mailto:DBR.MMPCompliance@dbr.ri.gov) or mailed to the above address.

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| **I. License Information** | |
| Licensee Tradename | Click or tap here to enter text. |
| License Number | Click or tap here to enter text. |
| Submission Date | Click or tap here to enter text. |

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| **II. Current Location** | | |
| Street Address | Click or tap here to enter text. | |
| City | Click or tap here to enter text. | |
| Zip Code | Click or tap here to enter text. | |
|  | **Sq Footage** | **Floor Plans Included** |
| Retail Space (if applicable) | Click or tap here to enter text. |  |
| Processing/Manufacturing Space | Click or tap here to enter text. |  |
| Cultivation Space | Click or tap here to enter text. |  |

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| **III. Proposed Location** | | |
| Street Address or Assessor’s Plat and Lot | Click or tap here to enter text. | |
| City | Click or tap here to enter text. | |
| Zip Code | Click or tap here to enter text. | |
|  | **Sq Footage** | **Floor Plans Included** |
| Retail Space (if applicable) | Click or tap here to enter text. |  |
| Processing/Manufacturing Space | Click or tap here to enter text. |  |
| Cultivation Space | Click or tap here to enter text. |  |

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| **IIII. Required Documentation** | **Attached** |
| A draft diagram of the proposed facilities, including where within the facility the medical marijuana will be stored, processed, packaged, manufactured, and dispensed, and where security alarms and cameras and surveillance recording storage will be located, patient access areas, limited access areas, patient parking capacity and access for persons with disabilities in accordance with applicable law, and showing the location of the facility relative to streets and other public areas. |  |
| Evidence of ownership of the proposed property or agreement by the owner to allow operation on his/her property. If property is leased, a copy of the lease must be submitted. |  |
| Evidence that the proposed property is compliant with local zoning laws in the form of a certificate or letter from an authorized zoning official. |  |
| Evidence that the proposed property is compliant with all local building and fire codes for its intended use. |  |
| Evidence that the physical location is not within 1000 feet of the property line of a preexisting public or private school. |  |
| A description of objective parameters (such as distances from streets and public areas) and/or proposed measures (such as black-out window shades) that ensure that marijuana at the premises shall not be visible from the street or other public areas. |  |
| A renovation plan that specifically addresses quality control procedures for the protection of medical marijuana and medical marijuana products from any contamination during the construction/change of location process. |  |
| A detailed project timeline for the proposed change of location. |  |
| If the variance request contemplates an expansion or modification of the scope or scale of licensed activities, an analysis justifying the expansion or modification based on the projected needs of qualifying patients is required to be submitted. |  |

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief and that any change of location is subject to OCR inspection and approval.

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| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap to enter a date. | |
| Print Name |  |  | Title | |  | Date | |
|  |  | |  | | |  | |
| Signature (Licensee) |  |  |  |  | | | |