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**APPLICATION FOR HYBRID**

**CANNABIS RETAILER LICENSE**

**Release Date: Thursday, October 6, 2022**

**Introduction:** Pursuant to the Rhode Island Cannabis Act, 2022 P.L. Ch. 031 & 032, subject to compliance with Chapter 21-28.11 of the R.I. General Laws, licensed compassion centers are exclusively eligible to sell adult use cannabis as hybrid cannabis retailers beginning December 1, 2022. An Application for a Hybrid Cannabis Retailer License may be submitted **only** by a licensed compassion center.

**Instructions:**

1. Complete all application materials as instructed. Please answer all questions. Incomplete answers or incomplete applications will not be processed. Please mark “N/A” on questions that are Not Applicable. If more space is required to respond to a section, you may alter this form to allow for more space or attach additional pages with the complete response. You may not otherwise alter any sections of this document.
2. Sign and return Hybrid Cannabis Retailer Application with Application fee of $125,000.00. Payment may be made by cashier’s check payable to the General Treasurer, State of Rhode Island.
3. Three (3) copies of the Application must be submitted as follows:
   1. Email to [DBR.HybridLicensing@dbr.ri.gov](mailto:DBR.HybridLicensing@dbr.ri.gov) two (2) copies of the competed Application: **one unredacted version** and **one redacted version** for purposes of public records disclosures.
   2. Mail or hand deliver one (1) **paper copy** of the Application along with required payment to:

**State of Rhode Island**

**Department of Business Regulation**

**ATTN: Office of Cannabis Regulation**

**560 Jefferson Boulevard, Suite 204**

**Warwick, RI 02886**

**APPLICATION INFORMATION SHEET**

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| **1** | **COMPANY NAME**  **(legal name, and any d/b/a name(s), if applicable)** | Company Name |
| **2** | **STREET ADDRESS** | Street Address |
| **3** | **CITY, STATE, ZIP** | City, State, Zip |

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| **4** | | **STREET ADDRESS OF LICENSED PREMISES (SAME AS THE ADDRESS LISTED ON EXISTING LICENSE)** | | Street Address | |
| **5** | | **CITY, STATE, ZIP** | | City, State, Zip | |
| **6** | | **PLAT/LOT # OF LICENSED PREMISES** | |  | |
| **7A** | | **SQUARE FOOTAGE OF LICENSED RETAIL FACILITY**  **SQUARE FOOTAGE OF LICENSED CULTIVATION FACILITY (IF APPLICABLE)** | | **RETAIL FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SQ. FT.**  **CULTIVATION FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SQ. FT.** | |
| **7B** | | **Medical Marijuana License Number:** | | **MMP CC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(This is the number referenced on the License)** | |
| **8** | **TELEPHONE NUMBER** | | | | |
| **AREA CODE**  Area Code | | **NUMBER:**  Number | | **EXTENSION:**  Extension |

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| **9** | **Compliance Officer Contact Information** |
| **Name:** Name |
| **Title:**  Title |
| **Address:** Address |
| **Email Address:** Email Address |
|  | **Phone Number:** Number |

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| **11** | **AUTHORIZED SIGNATORY**  **Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all documents and deliverables submitted herewith, are complete, true, correct and accurate.** | |
|  | **SIGNATURE:** | **DATE:**  Click here to enter a date. |

**AFFIRMATIONS**

Applicant hereby understands and affirms the following:

|  | **Yes** | **No** |
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| 1. The Department of Business Regulation may deny or revoke a Hybrid Cannabis Retailer License based upon a misstatement, omission, misrepresentation, or untruth in the Application. |  |  |
| 1. The Hybrid Cannabis Retailer Application shall be complete in every material detail. |  |  |
| 1. The Applicant affirms its commitment to separating its medical use marijuana inventory from its adult use marijuana inventory. |  |  |
| 1. The Applicant affirms that it will enter, maintain, and abide by the terms of a Labor Peace Agreement pursuant to § 21-28.11-12.2 of The Rhode Island Cannabis Act. |  |  |
| 1. The Applicant affirms that is in good standing with the Department of Business Regulation, Office of Cannabis Regulation. |  |  |
| 1. The Applicant affirms that it will make a good faith effort to ensure that its medical use marijuana program and patient needs are not adversely affected by the introduction of adult use marijuana sales and/or production. |  |  |
| 1. The Applicant affirms that it will continue to comply with The Edward O. Hawkins and Thomas C. Slater Medial Marijuana Act, Rhode Island General Laws § 21-28.6-1 *et seq*, and the *Rules and Regulations Related to the Medical Marijuana Program Administered by the Department of Business Regulation*, 230-RICR-80-05-1, and that such compliance and maintenance of its license thereunder is a condition to hybrid licensing. |  |  |

The undersigned attests that the Applicant organization understands and will adhere to the requirements of The Rhode Island Cannabis Act, 2022 P.L. Ch. 031 & 032, including Chapter 21-28.11 of the R.I. General Laws and any regulations promulgated thereunder, and that the undersigned has the authority to bind the Applicant organization to all requirements.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**MANDATORY QUESTIONS**

* 1. **Please provide comprehensive policies and procedures detailing the Applicant’s plans to maintain a sufficient quantity and variety of medical marijuana products, and if Applicant proposes to make substitutions of medical marijuana products with adult use marijuana products, Applicant must provide a justification for those substitutions. Applicant must designate and identify the individual primarily responsible for maintenance of Medical Marijuana Program (MMP) services levels and ongoing compliance with existing program requirements, rules, and regulations.**

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| **Attached:** |  |

* 1. **Please provide plans and descriptions detailing Applicant’s methods, protocols, and practices for the physical separation of medical and adult use inventory, storage, and customer-facing floor and display areas for available products.**

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| **Attached:** |  |

* 1. **Please provide descriptions and visual renderings of Applicant’s plans to physically separate sales areas for adult use and medical sales, which may be provided by a temporary or semi-permanent physical barrier (e.g., tri-fold privacy screens, movable partitions, and room dividers).**

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| **Attached:** |  |

* 1. **Please provide descriptions and visual renderings of the Applicant’s plans to provide and maintain a patient consultation area that will allow privacy for confidential consultation with qualifying patients (e.g., office space with door).**

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| **Attached:** |  |

* 1. **Please provide descriptions of the Applicant’s plans to prioritize patient and caregiver identification verification and physical entry into retail areas in the event of capacity or other constraints. These plans may include, but are not limited to, employee greeters to escort qualified patients, priority lines and/or entrances for qualified patients, reserved hours of operation for qualified patient access, etc.**

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| **Attached:** |  |

* 1. **Please certify that the Applicant is in compliance with and submit a copy of Applicant’s attestation from a bona fide labor organization stating that Applicant meets the § 21-28.11-12.2 requirements relating to Labor Peace Agreements.**

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| **I certify the above is true:** |  |
| **Attached:** |  |

* 1. **Please submit Applicant’s updated standard operating procedures that encompass both adult use and medical marijuana service. Applicant should submit a redlined version of its current MMP operations manual with updated procedures for the management of adult use sales.**

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| **Attached:** |  |

* 1. **If Applicant has an approved variance to offer home delivery services as part of its participation in the MMP, please submit an updated, redlined version of changes to Applicant’s home delivery plan for adult use retail sales.**

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| **Attached:** |  |
| **Not Applicable:** |  |

* 1. **Please certify that Applicant has no enforcement action(s) or matters of noncompliance currently pending before the Department of Business Regulation, Office of Cannabis Regulation.**

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| **I certify the above is true:** |  |

* 1. **Please certify that Applicant has filed all required tax returns and is not in arrears regarding any tax obligation in Rhode Island and other jurisdictions.**

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| **I certify the above is true:** |  |

* 1. **Please advise if Applicant will elect to transition from a not-for-profit corporation to a for-profit corporation pursuant to § 21-28.11-12(d), and, if so, submit Applicant’s written plans and timetable for such transition, and include copies of proposed articles of merger and/or other corporate documents pursuant to which such transition will be effected.**

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| **Yes; See Attached:** |  |
| **Not Applicable:** |  |

**THE QUESTION BELOW NEED ONLY BE COMPLETED BY APPLICANTS WHOSE OPERATIONS INCLUDES CULTIVATION, MANUFACTURING, PROCESSING AND/OR PACKAGING (If not applicable, please note “N/A”)**

* 1. **Please certify that the packaging and labeling of medical use and adult use marijuana finished products has and will continue to be in compliance with all applicable regulations.**

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| **I certify the above is true:** |  |
| **Not Applicable:** |  |

**THE QUESTION BELOW NEED ONLY BE COMPLETED BY APPLICANTS SEEKING APPROVAL OF AN ADJUNCT LOCATION PURSUANT TO § 21-28.11-10.1(d)(1) OF THE RHODE ISLAND CANNABIS ACT (If not applicable, please note “N/A”)**

* 1. **Please certify and provide written descriptions detailing the constraints present at Applicant’s premises which prevent Applicant from meeting the requirements identified in Questions 2-5 at Applicant’s current licensed premises or describe the undue hardship that would result from Applicant’s efforts to satisfy same. Please also submit documentation confirming how Applicant meets the following minimum conditions that apply to and must be satisfied by all proposed adjunct retail locations:**

1. **The adjunct location must be physically located within the same municipality and geographic zone as the Applicant’s licensed premises;**
2. **The adjunct location must comply with all municipal zoning requirements and Applicant must obtain and submit to OCR a copy of municipal approval (Note: zoning applications will not satisfy this requirement);**
3. **The approval of any adjunct location will not cause undue hardship upon another licensed cannabis retailer; and**
4. **If approved by the Office of Cannabis Regulation, the hybrid cannabis retailer shall not be permitted to engage in the sale of cannabis for adult use at more than one premises.**

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| **I certify the above is true:** |  |
| **Attached:** |  |
| **Not Applicable** |  |

**METRC SYSTEM REQUIREMENTS**

**As a reminder, Metrc will go live for all Rhode Island cannabis licensees on November 1, 2022.**

**BEGINNING October 18th until November 21st, licensees will be able to participate in the Metrc New Business Training. This is a pre-recorded virtual training that is required by every administrator in order to use Metrc services. Additional training resources will also be available.**

**BEGINNING November 1st, Metrc RFID tags for both plants and inventory will be available for order and licensees shall begin uploading plant and inventory information to the Metrc system.**

**NO LATER THAN December 1st, all licensees must transition to the Metrc system. Licensees will not be permitted to enter inventory into the system from outside of Metrc. If you choose to use a third-party vendor in addition to Metrc, please ensure that they are validated and that all required documents have been received by OCR prior to December 1st.**

**Please certify that the Applicant will:**

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| A. Have their disclosed Metrc Administrator credentialed by Metrc no later than **November 11, 2022.** |  |
| B. Work with their third-party provider to submit all required documents regarding API validation/security to OCR and ensure their third-party provider is a validated integrator for Metrc use in RI no later than **November 11, 2022.** |  |
| C. Import all current inventory into Metrc no later than **November 21, 2022** |  |
|  |  |
| D. Adhere/label all existing product with medical or adult-use Metrc RFID Tags and all plants with Metrc RFID Tags (plants do not have to be separated into medical or adult-use) no later than **November 21, 2022.** |  |
| E. Once the above prerequisites (A-D) have been completed, schedule an inspection with OCR to take place no later than **November 21, 2022.** |  |

**Please provide Applicant’s Metrc Administrator:**

Applicant’s Metrc Administrator (First and Last Name):

Metrc Administrator’s Email Address:

**Please provide Applicant’s third-party cannabis tracking vendor:**

Company Name:

Contact Person (First and Last Name):

Contact’s Phone Number:

Contact’s Email Address:

**Please provide Applicant’s Point of Sale vendor:**

Company Name:

Contact Person (First and Last Name):

Contact’s Phone Number:

Contact’s Email Address:

**DIVISION OF TAXATION REQUIREMENTS**

All applicants must register as an adult use retailer with the Rhode Island Division of Taxation. To register, applicants may contact:

Theriza Iafrate [Theriza.Iafrate@tax.ri.gov](mailto:Theriza.Iafrate@tax.ri.gov)

Chief of Excise/Estate Tax (401) 574-8934

Shanlee Crowell [Shanlee.Crowell@tax.ri.gov](mailto:Shanlee.Crowell@tax.ri.gov)

(401) 574-8709

Please certify that Applicant will register as an adult use retailer with the Division of Taxation and maintain ongoing compliance with all tax-related provisions of the Rhode Island Cannabis Act, 2022 P.L. Ch. 031 & 032, and any Regulations promulgated thereunder.

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| **I certify the above is true:** |  |

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**[END OF APPLICATION]**