

Attn: Medical Marijuana Program
DHHS Division of Licensing and Regulatory Services
11 State House Station
Augusta, ME 04333



**Medical Marijuana Program
Application/Renewal Form
This application is for: **Registered Dispensary****



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Section 1 IDENTIFICATION INFORMATION

Legal Name of Dispensary _____ Charter Number _____

Date of Incorporation _____

Business Location

(street)

(city, state, zip code)

Telephone: (207) -

Mailing Address

(city, state, zip code)

Section 2 ORGANIZATIONAL INFORMATION

Name of Chief Executive Officer _____ Telephone number if different than above

(207) -

Mailing Address, if different than above

Schedule A, Board of Directors and Officers

Schedule B, Employees

Schedule C, Bylaws of the Non-Profit Corporation

Schedule D, Location of Grow Site, if different than Location of Dispensary

Schedule E, Policies and Procedures

Schedule E-1: Personnel

Schedule E-2: Growing and Cultivataion

Schedule E-3: Inventory Control

Schedule E-4: Food Preparation

Schedule E-5: Quality Control

Schedule E-6: Copies of Educational Materials

Schedule E-7: Critical Incident Reporting

Section 3 DISPENSARY INFORMATION

Distance to the property line of preexisting public or private school: (must be more than 500 feet):

Description of food products to be sold or furnished, if any:

Description of grounds and exterior lighting:

Description of intrusion monitoring system:

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Description of interior monitoring and safety features:



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Location of growing site:

Provide the names of patients you have identified at this time who plan to designate you as their dispensary: (use additional pages, if necessary)

Declaration: I understand and acknowledge my duties and responsibilities as chief executive officer to patients and primary caregivers in accordance with the provisions of the Maine Medical Use of Marijuana Act. I understand that my board members, officers and employees may not have disqualifying drug offenses. I will notify the Department of Health and Human Services promptly and return the registration cards when there has been a change in status of a registry card holder. I declare under penalty of perjury that the information provided on this form is true and correct. I certify that I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes. I agree to allow my facility to be inspected by representatives of the Maine Department of Health and Human Services. I agree to provide soil and product samples to representatives of the Maine Department of Health and Human Services for testing pursuant to the rules governing Maine's Medical Use of Marijuana Program. I further agree I will report sales for sales tax purposes related to the sale of marijuana and related product.

Printed name of Chief Executive Officer

Signature of Chief Executive Officer

_____ Date _____

This application shall be accompanied by a non-refundable check made payable to the Treasurer, State of Maine. This application will not be accepted as complete unless all Exhibits are attached. Please mail to:

Attn: Medical Use of Marijuana Program
Department of Health and Human Services
Division of Licensing and Regulatory Services
11 State House Station
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To check on the status of your application, call (207) 287-9300

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John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Name and Home Address

Title

Driver License
#

Date of Birth