



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Cannabis Establishment License Application SAMPLE COLLECTOR

Section 1: Applicant Information.

This section is to be completed with information pertaining to the applying organization, whether a sole proprietor or a business entity. If the applicant is a business entity, all information provided in this section should match the information on file with the Maine Secretary of State, Bureau of Corporations. If the applicant is a sole proprietor, provide full legal name.

Applicant's Legal Business Name		Taxpayer ID/EIN	
Trade Name/DBA (if applicable)		Applicant Website Address	
Mailing Address		City	State ZIP
Applicant Phone Number		Applicant Email Address	
Type of Business Structure <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____			

Is the applicant business entity incorporated or otherwise formed or organized under the laws of the State of Maine? Yes No

Section 2: Primary Contact Person(s).

Licensing Contact Person

This person will be the Office of Cannabis Policy's main point of contact for all correspondence, including required information missing in this application or supplemental information required later in the application process.

Licensing Contact Person	Title
Licensing Contact Phone Number	Licensing Contact E-Mail Address
Licensing Contact Address (city, state, zip)	

Compliance Contact Person

This person will be the Office of Cannabis Policy's main point of contact for inspections and other compliance related correspondence and inquires.

Compliance Contact Person	Title
Compliance Contact Phone Number	Compliance Contact E-Mail Address
Compliance Contact Address (city, state, zip)	

Section 3: Principals.

A principal is a natural person who has controlling authority or is in a leading position in the business organization. It also includes any person who operates an adult use cannabis establishment as a sole proprietorship. Other examples include, without limitation, officers, directors, managers, and general partners, except that "manager" for the purposes of this definition does not include an employee of a licensee whose managerial responsibilities are limited to staff supervision related to the day-to-day operation of a cannabis establishment. Title 28-B requires that every sole proprietor, officer, director, manager and general partner of a business entity be a natural person who is a Maine resident, however OCP is currently not enforcing the residency requirement provision of the statute.

Name	Title within Establishment	DOB	IIC Number
Address (Home)	City State	ZIP	Phone
Name	Title within Establishment	DOB	IIC Number
Address (Home)	City State	ZIP	Phone

Name	Title within Establishment	DOB	IIC Number
Address (Home)	City	State	ZIP
			Phone

All persons listed as principals of the establishment must complete the following forms found on OCP's Adult Use Applications and Forms page.

- (1) Principal Attestation Form (completed form to be submitted to OCP)
- (2) Maine Revenue Services Authorization to Review and Disclose Status of Tax and Filing Obligations to the Maine Office of Cannabis Policy – Principals Form (completed form to be submitted to MRS)

Section 4: Ownership.

List all natural persons and/or business entities that hold any ownership interest in the organization applying for this license. Title 28-B requires that a majority of the shares, membership interests, partnership interests or other equity ownership interests as applicable to the business entity must be held or owned by natural persons who are residents or business entities whose owners are all natural persons who are residents of the State of Maine, however OCP is currently not enforcing the residency requirement provision of the statute.

Section 4(a): Natural Persons.

Name	DOB	Phone Number
Address (Home)	City	State ZIP
Percentage of ownership in the organization applying for this license:	%	State of Domicile

Name	DOB	Phone Number
Address (Home)	City	State ZIP
Percentage of ownership in the organization applying for this license:	%	State of Domicile

Name	DOB	Phone Number
Address (Home)	City	State ZIP
Percentage of ownership in the organization applying for this license:	%	State of Domicile

Section 4(b): Business Entities.

Each business entity listed in this section must attach the ownership/shareholder agreement for that entity to this application.

Legal Name of Business Entity	Federal Taxpayer ID/EIN
Trade Name/DBA (if applicable)	Phone Number
Physical Address Business Entity	City State ZIP
Percentage of ownership in the organization applying for this license:	% State of Incorporation

Section 4(c): Employee Stock Ownership Program.

A copy of the Employee Stock Ownership Program (ESOP) agreement must be attached to this application.

Legal Name of ESOP	
Percentage of ownership in the organization designated for the ESOP:	%
List of Persons Holding Interest in organization through the ESOP:	

Name	DOB	Phone Number
Address (Home)	City	State Zip

Name	DOB	Phone Number
Address (Home)	City	State Zip

Name	DOB	Phone Number
Address (Home)	City	State Zip

Section 5: Other Financial Interests Held by Private Persons, Entities and Financial Institutions.

List all natural persons and/or business entities having any direct or indirect financial interest in the organization applying for this license, and the nature and extent of the financial interest held by each natural person and/or business entity. Owners previously listed do not need to be duplicated here.

A list of common financial interest holders is provided below. Refer to the definition of Direct or Indirect Financial Interest in the Adult Use Cannabis Program Rules for further explanation.

- Royalty License Partners
- Employee, Contractor and Other Profit-Sharing Arrangements
- Capital Investors and Lenders (i.e. banks, credit unions, and other state- and federally- chartered financial institutions, and private lenders)
- Management Contractors or Consultants
- Franchise Agreements

The financial instrument for each financial interest held must be attached to this application.

Legal Name		Phone Number	
Address	City	State	Zip
Title and Description of Instrument			
Legal Name		Phone Number	
Address	City	State	Zip
Title and Description of Instrument			

Section 6: Establishment Information.

Physical Address	City	State	Zip
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Does the applicant intend to co-locate adult use and medical cannabis operations on the premises?

Yes No If yes, with who: Adult Use Establishment Licensee Name: Adult Use Establishment License Number:
Medical Registered Caregiver or Dispensary Name: Registry Card/Certificate Number:

Section 7: Supplemental Documents.

Please attach the following documents:

- Maine Adult Use Cannabis Establishment Release of Information form
- Principal Attestation Form for each principal listed
- Business organization documents, if applicable
 - If the business entity is a corporation, a copy of its bylaws and/or operating agreement and stock ledger; or
 - If the business entity is a limited liability company, a copy of its limited liability company agreement and/or operating agreement; or
 - If the business entity is any type of partnership, a copy of the partnership agreement.
- ESOP Agreement, if applicable
- Financial instruments, if applicable
- Official Plan of Record – Facility Plan

Section 8: Application Fees.

Sample Collector: \$100

Cash and personal checks are not accepted by the Office of Cannabis Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." **All fees are non-refundable.**

Total Enclosed: \$

Section 9: Affirmation.

I, _____, affirm that the entire Maine Adult Use Cannabis Establishment License Application for Sample Collector, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue a Maine Adult Use Cannabis Establishment License by the Department.

Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial or revocation of the Maine Adult Use Cannabis Establishment License. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Cannabis Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate.

I understand I am responsible for knowing and complying with all state laws and regulations governing Adult Use Cannabis pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations governing the Adult Use Cannabis Program and agree to comply with them, and all other applicable laws and regulations.

I understand that I must pay a fee to obtain a Maine Adult Use Cannabis Establishment License, as well as at the time of an annual renewal.

I understand that if I have not completed my Maine Adult Use Cannabis Establishment License Application within one year of first submission, that application is considered abandoned, and I must reapply.

I understand the Department does not mail out a renewal application; and therefore, I am responsible for obtaining and submitting an application to renew my Adult Use Cannabis Establishment License prior to its expiration. I understand that in order to avoid unnecessary delays in issuance of a renewal license, the renewal application should be submitted no later than 30 days prior to the expiration date.

I understand that Maine Adult Use Cannabis Establishment Licenses are valid for one year from the date of issuance. The Maine Adult Use Cannabis Establishment License shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Maine Adult Use Cannabis Establishment License to expire for even one day and then reapply, I must submit a new application along with the original application fee.

I understand I am responsible for notifying the Office of Cannabis Policy, in writing, upon any change in name, residence address, mailing address, or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Cannabis Policy could result in not receiving my physical license, legal notices, and other correspondence.

I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Cannabis Policy or its employees or investigators in exercising their official duties pursuant to the authority in Title 28-B and rules promulgated thereunder.

I understand that a Maine Adult Use Cannabis Establishment License issued by the Office of Cannabis Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for a Maine Adult Use Cannabis Establishment License rests at all times with the Applicant.

I understand in order to access or input data into the State's inventory tracking system, I must possess a valid Individual Identification Card and agree to follow all the rules and guidelines set forth for the use of this system.

I understand that this application is not complete and will not be processed until all required parties submit to have fingerprints taken and to a criminal history record check.

I understand that the licensee must operate in accordance with all applicable federal, state and local laws and regulations, including without limitation laws and regulations regarding waste management and disposal, food and beverage safety, pesticide application and workplace safety.

I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375.

I understand that no sample collector or owner, officer, director, manager, general partner or employee of a sample collector may have a direct or indirect financial interest in a cultivation facility, products manufacturing facility, testing facility, cannabis store, registered caregiver or registered dispensary.

I understand that no owner, officer, director, manager or general partner of a sample collector may be a registered caregiver.

I understand that no sample collector may collect samples for a registered caregiver that is an employee of that sample collector.

I understand samples of cannabis, cannabis concentrate and cannabis products may not be collected, transported, transferred or destroyed without entering the samples of cannabis, cannabis concentrate or cannabis products into the tracking system required by the Department by 11:59 that same day.

I understand samples of cannabis, cannabis concentrate and cannabis products may not be stored by the sample collector except during transport from the site where the samples were collected to the cannabis testing facility(ies) conducting mandatory analyses.

I understand samples of cannabis, cannabis concentrate and cannabis products may not be stored overnight by a sample collector except in exigent circumstances as described in Section 4.2.3 of this Rule

I understand that as of the Sample Collection Form, Sample Collection SOP with Best Practice Guidelines and By the Department are required and agree to follow all relevant statutory and regulatory guidance.

I understand that a Sample Collector must dispose of waste in accordance with the Adult Use Cannabis Program Rule.

I understand that a Sample Collector must employ security measures adequate to ensure that samples of cannabis, cannabis concentrate and cannabis products are not stolen or otherwise diverted during the course of sample collection, storage and transport.

Signature – This application cannot be accepted without a signature.

Any information contained within this application or otherwise found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Authorizing Business Representative's Signature		Date
Printed Name	Email Address	Phone Number