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**Maine Medical Cannabis Program**

**Inherently Hazardous Substance Registration for Dispensary Applicants**

An applicant for a dispensary registration certificate must apply for an inherently hazardous substances manufacturing facility registration certificate using this form. All applicants should apply using the form applicable to their current or applied-for registration type. **If the applied-for inherently hazardous substance registration certificate is to be held by an entity that is not the applicant for a dispensary registration certificate, do not complete this form.**

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| **Section 1. Applicant information.** Please provide the following information as it appears in Section 1 of the applicant’s Maine Medical Cannabis Program Application for a Dispensary Registration Certificate.  |
| **Section 1(a): Entity Information.** This section is to be completed with information pertaining to the business entity applying for a dispensary registration certificate and an inherently hazardous substance registration certificate.  |
| Business Legal Name      | Trade Name/DBA, if any      |
| Phone      | E-mail Address      |
| Physical Address of Inherently Hazardous Substance Manufacturing Facility      | City      | State      | Zip      |
| Mailing Address      | City      | State      | Zip      |
| **Section 1(b). Applicant primary contact.** This section is to be completed with information pertaining to the primary contact person for the dispensary completing this application. All correspondence from the Office of Cannabis Policy regarding this application will be sent to the primary contact person at the address listed below |
| Primary Contact Name      | Phone      | Primary Contact E-mail Address      |
| Mailing Address      | City      | State      | Zip      |
| **Section 2. Inherently hazardous substance information.**  |
| **Section 2(a). Inherently hazardous substances and equipment to be used.** This section is to be completed with information pertaining to the inherently hazardous substances and equipment to be used to conduct manufacturing activities using inherently hazardous substances. |
| List all inherently hazardous substances to be used      |
| List all equipment to be used to conduct manufacturing activities using inherently hazardous substances      |
| **Section 2(b). Inherently hazardous substances use within registered dispensary premises.**  |
| Attach separately or include in the registered dispensary applicant’s required facility diagram, a diagram of the premises where manufacturing activity which includes:[ ]  An indication of which areas of the registered premise will be used for manufacturing activities, including:* An indication of the particular manufacturing activities that will occur in each area;
* An indication of any areas of the premises where any solvent, chemical and inherently hazardous substances will be stored;
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| **Section 2(b). Inherently hazardous substances use within registered dispensary premises (continued).** |
| * If the property is also used as a residence, the location of that residence within the property and plans for complete separation of that residence from the facility including:
* An entirely separate entrance from a public right of way; and
* Acknowledgement that no solvent extraction will occur in the same building or structure where the residence is located; and

[ ]  The location of all security measures required by 18-691 CMR, chs. 2 and 4.  |
| **Section 2(c). Required documents.**  |
| The applicant must provide, at a minimum, the following documents, in accordance with 18-691 CMR, ch. 4, in addition to this application form:[ ]  Standard operating procedures which include detailed, step-by-step instructions of each required process to manufacture cannabis concentrate or cannabis products, including but not limited to methods, use of equipment in accordance with manufacturer’s instructions, and applicable sanitary rules and safety measures;[ ]  Certification by a professional engineer licensed in the State of Maine pursuant to 32 MRS, chapter 19 of the safety and location of the professional grade closed loop equipment used for cannabis extraction and the professional engineer's approval of the standard operating procedures for the cannabis extraction;[ ]  Certification by a professional engineer licensed in the State of Maine pursuant to 32 MRS, chapter 19, or a State or authorized local official, that the equipment used for cannabis extraction and the location of the equipment comply with state law and all applicable local and state building codes, electrical codes and fire codes, including the chapters of the most recent National Fire Protection Association Fire Code relating to cannabis extraction facilities; [ ]  Documentation from the manufacturer of the cannabis extraction system, or certification by a professional engineer licensed in the State of Maine, showing that a professional grade, closed-loop extraction system that is capable of recovering the solvents used to produce cannabis concentrate is used by the person or entity;[ ]  Documentation of employee qualifications as required by 18-691 CMR, ch. 4;[ ]  Emergency response procedures, including in case of a fire, chemical spill or other emergency; and[ ]  A separate local authorization form from the municipality where the dispensary’s registered premises wherein inherently hazardous substances will be used is located. |
| **Section 3. Acknowledgement and signature.**  This application must be acknowledged and signed by an agent of the applicant who is authorized to represent and legally bind the applicant. |
| I understand and acknowledge that the applicant and its agents, officers, directors and employees are responsible for knowing and complying with all state laws and rules governing the Maine Medical Use of Cannabis Program.[ ]  Agree [ ]  Disagree |
| I further understand and agree to provide documents, if requested, to clarify or support information provided in this application and supporting documents. I understand and agree that federal, state and local officials or other persons and organization may verify the information I have given, except as limited by the confidentiality provisions of 22 MRS § 2425-A. Additionally, I affirm that if I have given incorrect or incomplete information in this application, my application for a dispensary registration certificate may be denied. I understand the questions and requirements of this application and the consequences of providing inaccurate, incomplete, or falsified information in this application and attachments hereto. I certify that all answers and supporting information provided in this application are true, accurate and complete to the best of my abilities and knowledge.  |
| Authorized agent signature | Date       |