



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Cannabis Establishment Supplemental Information for Issuance of Active License Application Cannabis Testing Facility

Section 1: Applicant/Licensee Information.

Applicant's Legal Business Name		Maine Adult Use Cannabis Establishment License Number		
Trade Name/DBA (if applicable)	Federal Taxpayer ID/EIN	Sales Tax ID Number	Excise Tax ID Number (Cultivation only)	
Mailing Address		City	State	ZIP
Applicant Phone Number		Applicant Email Address		

Section 2: Material Changes

There have been no material changes from the Maine Adult Use Cannabis Establishment Conditional License Application, including but not limited to, changes related to the primary contact person(s), principals, ownership, or financial interests.

If this selection is made, skip to Section 8.

OR

There have been material changes from the Maine Adult Use Cannabis Establishment Conditional License Application, including but not limited to, no changes related to the primary contact person(s), principals, ownership, or financial interests.

If this selection is made, indicate which type(s) of material changes have occurred and complete the corresponding section(s), before proceeding to Section 8.

- Primary Contact Person(s), Section 3
- Principals, Section 4
- Ownership, Section 5
- Financial Interests, Section 6
- Other, Section 7

Section 3: 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)	

Primary Facility Director

Facility Director Name	
Facility Director Phone Number	Facility Director E-Mail Address
Facility Director Address (city, state, zip)	

Primary Quality Assurance Officer

Quality Assurance Officer Name	
Quality Assurance Officer Phone Number	Quality Assurance Officer E-Mail Address
Quality Assurance Officer Address (city, state, zip)	

Section 4: 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 5: 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 5(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 5(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 5(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 6: 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 7: Other Material Changes.

Please describe the material changes:

The Department will be in contact if further information about the changes is needed.

Section 8: Track & Trace Administrator.

Identify the individual that will serve as your Track & Trace Administrator. An email detailing next steps with respect to training and credentialing with the State's track and trace vendor will be sent to the applicant's point of contact's email address.

Legal Name of Establishment's Track & Trace Administrator	Establishment's Track & Trace Administrator's IIC Number
Establishment's Track & Trace Administrator's Phone Number	Establishment's Track & Trace Administrator's Email Address

Section 9: Accreditation and Certification Status.

International Organization for Standardization Status and Maine Center for Disease Control Certification Status. Note that Section 10 requires an attached document listing all fields of mandatory testing for which this applicant has sought and/or received ISO/IEC 17025:2017 accreditation. Section 10 also requires a list of all fields of testing for which this applicant has applied for or obtained provisional or full Maine Center for Disease Control certification. Sufficient documentation to prove accreditation and certification status is also required.

Check the boxes below to confirm the current status of the applicant's International Organization for Standardization (ISO) accreditation and Maine Center for Disease Control certification status:

Analyte Field:	Applied for ISO Accreditation:	Obtained ISO Accreditation:	Applied for CDC Provisional Certification:	Obtained CDC Provisional Certification:	Applied for CDC Full Certification:	Obtained CDC Full Certification:
Filth and foreign material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residual solvents, poisons, and toxins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides, fungicides, insecticides, and growth regulators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other harmful chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous molds and mildew.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harmful microbes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC potency, homogeneity, and cannabinoid profiles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Supplemental Documents.

Please attach the following documents:

All Applicants:

- Official Plan of Record – Facility Plan
- Proof of Sales Tax Id
- Proof of compliance with electrical requirements

Applicants with Material Changes:

- Principal Attestation Form for any newly added principal under Section 4
- Business organization documents, if there were any material changes under Section 5(a) or Section 5(b)
 - 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 there were any material changes under Section 5(c)
- Financial instruments, if there were any changes under Section 6

Other Required Documents, as applicable based on facility type and proposed operations:

- Premises lease, if applicant does not own the premises
- Full or provisional certification by the CDC as described in Rules for the Certification of Cannabis Testing Facilities, 18-691 CMR, ch. 5.
- Proof of ISO/IEC 17025:2017 accreditation.
- A written policy that, as indicated by signature, ensures management and personnel are free from any undue internal and external commercial, financial and other pressures, and influences that may adversely affect the quality of their work or diminish confidence in its competence, impartiality, judgement or operational integrity, as well as a signed disclosure by the owner(s) stating that there is no financial conflict with, interest in, investment in, landlord-tenant relationship with or loan to a cultivation facility, products manufacturing facility, cannabis store, registered caregiver or registered dispensary.
- A description of the organization and management structure of the cannabis testing facility, its place in any parent organization and the relationships between quality assurance, technical operations and support services.
- A management plan defining the responsibilities of key personnel in the organization who have any involvement or influence on the testing, and if the cannabis testing facility is part of an organization performing activities other than testing, identifying potential conflicts of interest.
- Written policies and procedures that ensure the protection of its clients' confidential information and proprietary rights, including procedures for protecting the electronic storage and transmission of results.
- A written policy defining legal chain of custody.

Section 11: Affirmation.

I, _____, affirm that the entire Maine Adult Use Cannabis Establishment Supplemental Information for Issuance of Active License Application, 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 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 I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375.

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