GET STARTED

To apply online
Login or Register with NY.gov

If you are having difficulty registering your business please call the NYS Business Information Center at 518-485-5000. Monday through Friday 8:30am – 4:30pm for assistance
Select the business you are applying for

Please select the business you are applying for from the options listed below. When selecting an existing business, we will use your previously entered Business Profile information to streamline your application process. Updates can be made to the existing profile upon selection. Select “My Business is not listed” if the business for which you are applying is not displayed in the list. For more information on Business Profiles, click here.

Your Businesses (Displaying 2 of 2)

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Entity Type</th>
<th>ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual (Sole Proprietor)</td>
<td></td>
</tr>
</tbody>
</table>

My business is not listed

Start Application
Entity Type

Note: Throughout the application a Red Asterisk * is used to show which fields are required.

Type of entity or organization.*

- Select One -

Tip
This is how most businesses are legally organized.

Individual/Sole Proprietor - This applies to a person who has no separate legal existence from the business. The owner has unlimited liability for the business.

Partnership - A business where two or more persons join together to carry on a trade or business. The general partner or partners generally control the business and are liable for debts and obligations of the partnership. For registration purposes, the term partnership includes a joint venture that is carrying on a trade or business.

Corporation - Non-Profits - Click here for more information. A legal entity
**Business Identification**

Your Legal Name should be same as your First Name, Middle Initial (if you have one), Last Name and suffix. Please enter your Name as it exists on your ID card.

- **First Name**: [ ]
- **M.I.**: [ ]
- **Last Name**: [ ]
- **Suffix**: [ ]

- **Legal Name**: [ ]

DBA or trade name (if different from legal name above)

- **Do you have or intend to have employees?**
  - [ ] Yes
  - [ ] No

**Enter one of the following ID's.**

- **Federal Employer Identification Number (EIN)**: [ ]

Sole proprietors with employees must obtain a Federal Employer Identification Number (EIN) from the IRS.

Sole Proprietors without employees are still encouraged to obtain an EIN. An EIN is a unique number assigned by the IRS that identifies your business to the IRS and New York State.

- **Get an EIN here**

  - [ ] I do not have a Federal Employer Identification Number (EIN)

If you do not have an EIN, please enter the owner's Social Security Number below.

- **Sole Proprietor’s Social Security Number (SSN)**
  - [ ] - [ ] - [ ]

- **Save & Continue**

- **Back**

Exit Application
**Business Addresses**

Next we will be collecting three basic types of addresses for your business. These addresses will be available for use on all future applications. Please include all of your business locations and mailing addresses. If you would like to have mail sent to any physical addresses you are entering, please click the checkbox, "This is also a mailing address". The three types of addresses are:

- **Business Physical Address(es):** This is the primary location for business operations.
- **Additional Physical Location(s):** Enter any physical location(s) where the business operates.
- **Mailing Address(es):** Enter any established address where the business can receive its mail.

[Back] [Next]
**Business Physical Address**

Enter the primary location for business operations.

Please note if you do not have a permanent place of business, for example, a show vendor or operate a portable stand or pushcart, you must enter the home address of the owner or one of the partners, members, or officers of the business.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATIN (C/O)</td>
<td>Enter the actual street address of your business. Do not enter a PO Box number.</td>
</tr>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>State / Province</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Zip + 4</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>

Use **Validate Address** to ensure the entered address is correct.

This is also the mailing address.
Additional Physical Location(s)

If you have additional physical locations to enter, please use the "Add Another Location" button for each location you would like to enter. Each time you select "Add Another Location" the new set of fields will appear below the previously entered locations, at the bottom of the screen.

Total Records: 0

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>THIS IS ALSO THE MAILING ADDRESS</th>
<th>EDIT</th>
<th>DELETE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There are no rows to display.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>+ADD ANOTHER LOCATION</td>
<td></td>
</tr>
</tbody>
</table>

PRIMARY PHYSICAL LOCATION

DBA:
ATTN/C/O: Test Applications
Address: 1220 Washington Ave
Albany, NY 12226-1800
Albany County
United States (US)

[Back] [Save & Continue]
Mailing Address(es)

Please be aware all correspondence, including your license/permit, will be sent to the physical address listed. If your business and/or mail box is not established, the United States Postal Service may deem your correspondence as undeliverable.

Enter all of your business mailing addresses in this section.

If you have multiple Mailing Addresses to enter, please use the "Add Another Address" button for each address you would like to enter. Each time you select "Add Another Address" the new set of fields will appear below the previously entered addresses, at the bottom of the screen.

Total Records: 0

ADDRESS
There are no rows to display.

+ ADD ANOTHER ADDRESS

PHYSICAL LOCATIONS THAT ARE ALSO A MAILING ADDRESS

DBA:
ATTN(C/O): Test Applications
Address: 1220 Washington Ave
Albany, NY 12226-1800
Albany County
United States (US)

Back  Save & Continue

Exit Application
Contact Information

Telephone Number *

Remove

Mobile Phone Number

Fax Number

Remove

E-mail Address *

Remove

Business Website

Back Save & Continue

Exit Application
Industry Classification

NAICS Code Selection

Enter a NAICS Code or description of your business in the Primary NAICS Code box below to identify the correct NAICS for your business. You will see a list of possible NAICS Codes and descriptions below as you type. Select and click the correct NAICS code from the list. Both the code and the description will then appear in the Primary NAICS Code field.

If you do not see your NAICS Code when typing into the Primary NAICS Code box below, use the Filter by Category link located below the Primary NAICS Code field. This will allow you to filter through the NAICS categories. Select the Industry Sector, followed by the Sub Sector, Industry, and finally the Industry Classification. Once the correct NAICS code and description is displayed, click the Select button to choose your NAICS code. The Reset button will clear the fields.

If you are still unable to find your NAICS Code, click here and use the 2017 NAICS Search in the upper left-hand corner of the page.

Primary NAICS Code

Enter NAICS to Search*

My Business Industry

OR Filter by Category

Do you have a secondary NAICS Code?*

Yes    No

Can't find your NAICS Code? Click here for help.
Owner/Business Principal

We are almost done building your Business Profile that will be available for all future transactions for this business!

In this section you will be asked to provide the following details regarding the owner(s), principal(s), or other responsible persons associated to the business: name, title, address, phone number, date of birth, social security number or federal employer identification number, ownership percentage, and profit distribution percentages.
Sole Proprietor/Owner Information

Please enter your owner’s information. You can also enter a Non-Owner who will be included on the application.

If you have additional people to enter, please use the “Add New” button for each person you would like to enter.

Total Records: 0

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>DOB</th>
<th>US RESIDENT?</th>
<th>SSN</th>
<th>PHONE</th>
<th>E-MAIL</th>
<th>PROFIT DISTRIBUTION</th>
<th>ADDRESS</th>
<th>EDIT</th>
<th>DELETE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are no rows to display.

+ Add New

Back  Save & Continue
Applicant Type

Does the applicant or an affiliated non-profit organization qualify under the Conditional Adult-Use Retail Dispensary (CAURD) nonprofit eligibility criteria? Applicants eligible under the qualifying business criteria should select No.

[Yes] [No]

Tip Box:
Applicants applying under the qualifying nonprofit eligibility criteria do not need to be organized as a nonprofit organization, as long as it is at least 30% owned and controlled by a qualifying nonprofit organization.

For more information on the nonprofit eligibility criteria please visit: cannabis.ny.gov/licensing.

Is the applicant organized as a nonprofit?

[Yes] [No]

Is the applicant organized as a corporation, partnership, or LLC?

[Yes] [No]

Tip Box:
For more information on the CAURD nonprofit eligibility criteria please visit cannabis.ny.gov/licensing.
Corporation Business Type

Is the applicant a publicly traded company?

- [X] Yes
- [ ] No

Does the applicant have any passive investors?

- [X] Yes
- [ ] No

One of the requirements for the CAURD license is that 51% of the applicant is owned by justice-involved individuals. Is any passive investor’s ownership interest being used to count toward the 51% justice-involved requirement?

- [X] Yes
- [ ] No

Tip Box:
Justice involved means someone who has been convicted of a marihuana-related offense in New York State before March 31, 2021, or is the parent, spouse, child, guardian, or dependent of someone who has been convicted of a marihuana-related offense in New York State before March 31, 2021.

Spouses include those individuals who were in a legal, registered domestic partnership because they were not legally permitted to marry in New York State prior to the enactment of the Marriage Equality Act (June 24, 2011).

Individuals who can provide evidence they (or their parent, spouse, child, legal guardian, or dependent) were arrested for a marihuana-related offense before March 31, 2021, are still considered justice involved if they were ultimately convicted of another offense, such as non-drug offense, violation, or misdemeanor.

For the justice-involved criteria, unless otherwise prohibited under Cannabis Law section 137, a marihuana-related offense is defined as:

- An offense described under article 221 of the New York State Penal Law (Offenses Involving Marihuana) prior to its repeal on March 31, 2021;
- An offense described under article 220 or section 240.36 of the Penal Law where the substance involved was marihuana, that occurred prior to the creation of article 221 in 1977; or
- An arrest for an offense as described above that ultimately led to a conviction for another offense, such as non-drug offense, violation, or misdemeanor, by means of a plea deal or other mechanism.

Tip Box:
Passive investor means a person that has an aggregate ownership interest of no more than five percent of the outstanding shares of an applicant or licensee whose shares are publicly traded, and such person does not have control over the applicant or licensee.
Ownership Interest

The applicant must disclose 100% of the ownership and equity structure of the applicant’s business, except for those persons holding less than 5% ownership interest IF the applicant is a publicly traded corporation.

If the applicant is affiliated with a nonprofit organization that qualifies under the CAURD nonprofit eligibility criteria, please add the parent nonprofit organization as a “New Business” in the table below.

### BUSINESS OWNERS (individuals)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Ownership Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Smith</td>
<td>55 Central Ave, Albany</td>
<td>555-555-555</td>
<td>10</td>
</tr>
</tbody>
</table>

### BUSINESS OWNERS (BUSINESS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Ownership Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAURD LLC</td>
<td>123 N Main Ave, Albany</td>
<td>1234-567-890</td>
<td>50</td>
</tr>
</tbody>
</table>

### Passive Investors who are Justice Involved

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Ownership Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Smith</td>
<td>55 Central Ave, Albany</td>
<td>555-555-555</td>
<td>10</td>
</tr>
</tbody>
</table>

**Entered Ownership Percentage:**

- Percentage of ownership that is passive investors: 10%
- Total Ownership: 100%

**Tip Box:**

Examples of aggregate ownership interest include, but are not limited to, when shares of a single entity are held by an investor and their spouse, or when an investor has an interest in multiple entities holding shares of a single license. If the aggregate ownership interest held by an investor in a single license exceeds 5% ownership interest in the licensed entity, the investor no longer qualifies as a passive investor in that entity.
Below are the entities and individuals that you indicated have direct or indirect ownership of the applicant. Please identify the individual with sole control of the applicant. This individual must be justice involved with a qualifying business, and have at least 30% ownership or 30% proportional ownership of the applicant. If the applicant qualifies under the CAURD nonprofit eligibility criteria, please select the nonprofit organization with sole control over the applicant.

**Direct Individual Ownership**

**Title:** Member  
**Name:** Faith Test  
**Address:** 123 Main St  
**Albany, NY 12205**  
**United States (US)**  
**Phone Number:** 555-555-5555  
**Ownership Percentage:** 50%

**Indirect Ownership (Individuals)**

**Indirect Owners**

**Name:** Mary Jane  
**Address:** 25 Central Ave  
**Albany, NY 12205**  
**United States (US)**  
**Phone Number:** 555-555-5555  
**Proportional Ownership Percentage:** 10%

Total of 1st Level Ownership: 55%  
Add New Individual

Total of 2nd Level Ownership: 10%  
Add New Business Owner

I attest that the selected individual has sole control of the applicant and that I shall submit documents to evidence this control before final licensure.
Nonprofit Ownership Interest & Sole Control Selection

Below are the entities you indicated have direct or indirect ownership of the applicant. Please select the nonprofit entity with sole control over the applicant.

Please Note: at least 51% of the applicant must be owned by the organization that qualified under the nonprofit eligibility criteria, or by multiple eligible nonprofit organizations and/or justice-involved people. If multiple groups make up the 51% minimum, at least 30% must be owned by one nonprofit organization that qualifies under the nonprofit eligibility criteria, who must also have sole control of the applicant.

Direct Ownership

<table>
<thead>
<tr>
<th>Nonprofit Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Member</td>
</tr>
<tr>
<td>Name: Faith Test</td>
</tr>
<tr>
<td>Address: 123 Main St</td>
</tr>
<tr>
<td>Albany, NY 12206</td>
</tr>
<tr>
<td>United States (US)</td>
</tr>
<tr>
<td>Phone Number: 555-555-5555</td>
</tr>
<tr>
<td>Ownership Percentage: 50</td>
</tr>
</tbody>
</table>

Total of 1st Level Ownership 55%

☐ I attest that the selected nonprofit has sole control of the applicant and that I shall submit documents to evidence this control before final licensure.

Upload a letter from the parent or affiliated nonprofit organization verifying the relationship between the entities.

☐ I attest the information has been submitted with the awareness and consent of the qualifying nonprofit organization.

[Back] [Save & Continue]
Title: Member  
Name: Faith Test  
Address: 123 Main St  
Albany, NY 12205  
Albany  
United States (US)  
Phone Number: 555-555-5555  
Ownership Percentage: 50

I attest that the business principal with sole control over the CAURD applicant has significant presence in New York State. Significant presence can be established through physical presence or residency in New York State, holding assets in New York State, maintaining a bank account in New York State, owning real estate or property in New York State, or as otherwise determined by the Office.

The Office reserves the right to ask the applicant to submit additional documentation to verify this attestation.
Justice Involved Owner(s) Selection

A justice-involved individual is an applicant or an individual with ownership interest in an applicant that has been convicted of a marijuana-related offense in New York State before March 31, 2021, or a parent, spouse, child, guardian, or dependent of someone who has been convicted of a marijuana-related offense in New York State before March 31, 2021.

Spouses include those individuals who are in a legal, regulated domestic partnership because they were not legally permitted to marry in New York State prior to the enactment of the Marriage Equality Act (June 24, 2011).

Individuals who have provided evidence that they are a legal, regulated domestic partner (because they were not legally permitted to marry in New York State prior to the enactment of the Marriage Equality Act (June 24, 2011))

Individuals who have provided evidence that they are a legal, regulated domestic partner (because they were not legally permitted to marry in New York State prior to the enactment of the Marriage Equality Act (June 24, 2011)) who were married in a legal, regulated domestic partnership because they were not legally permitted to marry in New York State prior to the enactment of the Marriage Equality Act (June 24, 2011).

Qualifying Businesses for JI Owners

Qualifying Businesses

Non-Profit Presence in NYS

Qualifying Nonprofit Eligibility

Justice Involved – Nonprofit

Qualifying Nonprofit

Qualifying Nonprofit (Social Enterprise)

Applicant Overview

Geographic Preference

True Parties of Interest (All Businesses)

True Parties of Interest (All Individuals)

Financial disclosures

Financial Institutions and Financiers

Trade Secrets

Primary Contact

Payment

Serving Process

Authorization

Under 21

Attestation

Justice Involved Owner(s)

Justice Involved Owner(s) Selection

Back

Add New Individual

Add New Passive Investor

Add New Business Owner

Direct Ownership

Business Owners (Individuals)

Title: Member

Name: Faith Test

Address: 123 Main St

Albany, NY 12205

Albany

United States (US)

Phone Number: 555-555-5555

Ownership Percentage: 50

Add New Individual

Indirect Ownership (Individuals)

Owners of CAURD LLC

Name: Mary Jane

Address: 35 Central Ave

Albany, NY 12205

Albany

United States (US)

Phone Number: 555-555-5555

Ownership Percentage: 5

Total Justice Involved Ownership: 60%

Next

Save & Continue
Justice Involved Owner(s) cont.

Applicants are only required to enter one marihuana-related offense to be eligible but may enter all relevant convictions.

Note that for the charges below, Cannabis/ Marihuana/ Concentrated Cannabis (hashish) MUST BE in the accusatory instrument.

- PL 240.36 Loitering in the First Degree
- PL 220 Controlled Substances Offenses
- An arrest for one of the below marihuana-related offenses that ultimately led to a conviction for a non-drug offense, violation, or misdemeanor supported by documentation

Select all applicable convictions.

- PL 221.05 Unlawful Possession of Marihuana in the Second Degree
- PL 221.10 Unlawful Possession of Marihuana in the First Degree
- PL 221.10(2) Criminal Possession of Marihuana in the Fifth Degree
- PL 221.15 Criminal Possession of Marihuana in the Fourth Degree
- PL 221.20 Criminal Possession of Marihuana in the Third Degree
- PL 221.25 Criminal possession of Marihuana in the Second degree
- PL 221.30 Criminal Sale of Marihuana in the First Degree
- PL 221.35 Criminal Sale of Marihuana in the Fifth Degree
- PL 221.40 Criminal Possession of Marihuana in the Fourth Degree
- PL 221.45 Criminal sale of Marihuana in the Third Degree
- PL 221.50 Criminal sale of Marihuana in the Second Degree
- PL 221.55 Criminal sale of Marihuana in the First Degree
- PL 240.36 Loitering in the First Degree
- PL 220 Controlled Substances Offenses
- A conviction occurred where one of the above marihuana-related offenses was dropped and the individual was convicted of a non-drug offense, violation, or misdemeanor
### Justice Involved Owner Detail 1

#### Name of the Convicted Individual
- First Name: [Enter Name]
- Middle Name: [Enter Name]
- Last Name: [Enter Name]
- Street 1: [Enter Address]
- Street 2: [Enter Address]
- City: [Enter City]
- State: [Enter State]
- Zip: [Enter Zip]
- Phone Number: [Enter Phone]

#### Year of Incident
- Year: [Enter Year]

#### Name of the convicted individual at the time of the incident if different from current legal name
- First Name: [Enter Name]
- Middle Name: [Enter Name]
- Last Name: [Enter Name]

#### Geographical Preference
- [Enter Preference]

#### Applicant Overview
- [Enter Information]

#### Qualifying Nonprofit (Social Enterprise)
- [Enter Information]

#### Qualifying Nonprofit
- [Enter Information]

#### Justice Involved – Nonprofit
- [Enter Information]

#### Qualifying Nonprofit Eligibility
- [Enter Information]

#### Non-Profit Presence in NYS
- [Enter Information]

#### Qualifying Businesses
- [Enter Information]

#### Qualifying Businesses for JI Owners
- [Enter Information]

#### Justice Involved Owner Detail 1
- [Enter Information]

#### Justice Involved Owner Detail 2
- [Enter Information]

#### Justice Involved Owner Detail 3
- [Enter Information]

#### Justice Involved Owner Detail 4
- [Enter Information]

#### Justice Involved Owner(s)
- [Enter Information]

#### Individual OwnershipInterest & Sole Control Selection
- [Enter Information]

#### Ownership Percentage: 50

#### Phone Number: 555-555-5555

#### Address: 123 Main St, Albany, NY

#### Name: Faith Test

#### Title: Member

#### Residential Address at Time of Incident
- [Enter Address]

#### Home Address
- [Enter Address]

#### Work Address
- [Enter Address]

#### Residency:
- [Enter Information]

#### Supporting documents may include but are not limited to:
- [Enter Information]
Justice Involved Owner Detail 2

What is the relationship of the above-named justice-involved owner to the applicant?

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marihuana-related offense.

Please provide proof of residency that is dated from the relative time of the conviction for the marihuana-related offense.

Residential Address at Time of Incident

Please provide a listing of all of the individuals that the applicant or the justice-involved owner(s) claimed as dependents at the time of the conviction for the marihuana-related offense.

Please provide proof of any other proof of residency as determined by the Office.

Please provide proof of the arrest or conviction, including supporting documentation.

Please provide proof of any other proof of residency including supporting documentation.

Please provide proof of the arrest or conviction, including supporting documentation.

Please provide proof of the arrest or conviction, including supporting documentation.
Justice Involved Owner Detail 3

New York State Department of Financial Services
Office of Financial Institutions

Applicant Overview
Qualifying Nonprofit (Social Enterprise)
Justice Involved – Nonprofit
Non-Profit Presence in NYS
Qualifying Businesses
Qualifying Businesses for JI Owners
Justice Involved Owner Detail 4
Justice Involved Owner Detail 2
Justice Involved Owner Detail 1
New York Presence for Sole Control
Business Principal Ownership Structure
Ownership Interest
Applicant Type

Name of the Convicted Individual

First Name
Middle Name
Last Name
Suffix

Full Name

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of the above-named justice-involved owner.

Relationship of above-named justice-involved owner to the applicant:

Other (parent, spouse, dependent, guardian, child)

Date of Incident

Year of Incident

The applicant must submit at least one piece of acceptable documentation to provide proof of the marihuana-related offense. Please note each piece of acceptable documentation must be uploaded below.

The supporting documents that may include:
- A Certificate of Disposition
- Official Criminal Justice Records
- An abstract of a record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- An arrest record that indicates the existence of a conviction;
- A record of judgment and conviction;
- A record of plea, verdict and sentence;
- A docket entry from court records that indicates the existence of a conviction;
- Minutes of a court proceeding or a transcript of a hearing that indicates the existence of a conviction;
- A record of conviction prepared by DOCCS;
- A record of conviction or sentence from a court of record; or
- A docket entry from court records that indicates the existence of a conviction.

Supporting documents may include but are not limited to:
- A Governor's Commutation letter;
- A post-conviction CPL-440 Motion to vacate a criminal conviction or to re-open a criminal case;
- Submitted Application to Destroy Expunged Marihuana Conviction Record;
- Acknowledgement of Application to Destroy Expunged Marihuana Conviction Record (DCJS);
- Notarized attorney letters that indicate the existence of a conviction;
- Health records that indicate the existence of a conviction;
- An arrest record that indicates the existence of a conviction;
- Any other evidence that reasonably indicates the existence of a criminal conviction may be admissible as evidence thereof;
- A Certificate of Disposition prepared in any of the following formats as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.

Supporting documents may include but are not limited to:
- Any other evidence that reasonably indicates the existence of a conviction;
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- A record of conviction prepared by the court in which the conviction was entered, or by a state official that includes the date of conviction, the offense for which the conviction was entered, the sentence, and any other information verifying a marihuana-related offense as approved by the Office.
## Justice Involved Owner Detail 4

### Applicant Overview
- **Geographic Preference**:
- **True Parties of Interest**:
  - **All Businesses**
  - **All Individuals**
- **Financial Institutions and Financiers**
- **Primary Contact**
- **Serving Process**
- **Authorized Person**
- **Under 21**
- **Attestation**
- **Payment**

### Justice Involved Owner Detail 4

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith Test</td>
<td>Member</td>
<td>123 Main St, Albany, NY 12205</td>
<td>555-555-5555</td>
</tr>
</tbody>
</table>

### Residency

- **Residential Address at Time of Incident**
  - Please provide the primary residential address of the individual who was convicted of a marihuana-related offense at the time of the arrest or conviction, including supporting documentation.

### Qualifying Convictions

- **Year of Incident**: [ ]

### Supporting Documents

- **Proof of Residency**
  - Supporting documents may include but are not limited to:
    - Copy of the certificate of disposition with arraignment charges and conviction of the marihuana-related offense
    - Any other proof of residency as determined by the Office

###Tip Box:

- Proof of being a guardian, dependent, spouse, parent, or child of someone who was convicted of a marihuana-related offense.
  - Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marihuana-related offense.

### Additional Information

- **Application Type**
- **Ownership Interest**
- **Business Principal Ownership Structure**
- **New York Presence for Sole Control**
- **Justice Involved Owner(s)**
  - **Justice Involved Owner Detail 1**
  - **Justice Involved Owner Detail 2**
  - **Justice Involved Owner Detail 3**
  - **Justice Involved Owner Detail 4**

---

1 A conviction occurred where a marihuana-related offense was dropped and the individual was convicted of a non-drug offense, violation, or misdemeanor.

2 The convicted individual did not have permanent housing at the time of the incident.

3 The convicted individual was living in housing provided by a public housing authority recognized by the United States Department of Housing and Urban Development.

4 The convicted individual was living in housing provided by a public housing authority recognized by the United States Department of Housing and Urban Development.

5 The convicted individual was a resident of the temporary housing establishment during the time in question.

6 The convicted individual was a resident of the temporary housing establishment during the time in question.

7 The convicted individual did not have permanent housing at the time of the incident.

8 The convicted individual was a resident of the temporary housing establishment during the time in question.

9 The convicted individual was a resident of the temporary housing establishment during the time in question.

10 The convicted individual was a resident of the temporary housing establishment during the time in question.

11 The convicted individual was a resident of the temporary housing establishment during the time in question.

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36 The convicted individual was a resident of the temporary housing establishment during the time in question.

37 The convicted individual was a resident of the temporary housing establishment during the time in question.

38 The convicted individual was a resident of the temporary housing establishment during the time in question.

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DRAFT SUBJECT TO CHANGE
Qualifying Business Requirement

The applicant must satisfy the qualifying business requirement to be eligible for CAURD.

To satisfy the qualifying business requirement:

- The individual with sole control and 30% ownership of the applicant, must currently hold or have held in the past for a minimum of two years, at least 10% ownership interest in, and have exercised control over, a qualifying business; and
- that business must have had a net profit for at least 2 years during the time that the individual held the ownership interest in the business.

Business Owners (Individuals)

<table>
<thead>
<tr>
<th>Title</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Faith Test</td>
</tr>
<tr>
<td>Address</td>
<td>123 Main St</td>
</tr>
<tr>
<td>City</td>
<td>Albany</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code</td>
<td>12205</td>
</tr>
<tr>
<td>Phone Number</td>
<td>555-555-5555</td>
</tr>
<tr>
<td>Ownership Percentage</td>
<td>50</td>
</tr>
</tbody>
</table>

Please confirm that this individual satisfies the qualifying business requirement.
The applicant must satisfy the qualifying business requirement to be eligible for CAURD.

Does the individual with sole control and 30% ownership of the applicant currently hold or has this individual held in the past, for a minimum of two years, at least 10% ownership interest in, and exercised control over, a qualifying business for at least two years?

- Yes
- No

Did this qualifying business have net profits for at least 2 years while the individual with sole control over the applicant held their ownership?

- Yes
- No

In the table below enter the information about each qualifying business for the above named owner.

<table>
<thead>
<tr>
<th>Qualifying Business Name</th>
<th>FEIN/SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME</td>
<td>ENTITY TYPE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are no rows to display.

+ Add Qualifying Business

Tip Box:
For more information on the CAURD qualifying business criteria and acceptable documentation please visit cannabis.ny.gov/licensing.
Qualifying Business Details

Applicant Type
Ownership Interest
Business Principal Ownership Structure
New York Presence for Sole Control
Justice Involved Owner(s)
Qualifying Businesses for JI Owners
Non-Profit Presence in NYS
Qualifying Nonprofit Eligibility
Serving Process
Authorized Person
Under 21
Attestation
Payment

Qualifying Business

Title Menter
Name: Faith Test
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50%

Did this qualifying business have a net profit for at least 2 years?
Yes [ ] No [ ]

What percentage of the qualifying business did the above-named individual own?

What was the largest number of W2 employees on the qualifying business's payroll when the above-named individual was an at least 10% owner?

How many years did the business operate while the above-named justice-involved individual was an at least 10% owner?

Upload two years of state, federal, or city tax documents from when the above-named qualifying business had a positive net profit and the above-named justice involved-individual was at least a 10% owner.

Was the qualifying business denied a bank loan in its first two years of operation while the above-named justice-involved individual was an owner?

Did the above-named qualifying business have retail operations selling goods directly to the consumer while the above-named justice-involved individual was an at least 10% owner?

Did the above-named qualifying business have a physical location where the customers have visited while the above-named justice-involved individual was an at least 10% owner?

Please provide proof of operating at the location, such as utility bill, rental agreement, title or deed to property.

Did the justice-involved owner of the qualifying business, or the qualifying business itself, have an uncleared tax lien against its assets or its property?

Select file to upload [ ]

Describe the operations of the qualifying business.

Describe Other [ ]

Describe the applicant's interest in the qualifying business.

Qualifying Business Details 16 / 38

DRAFT SUBJECT TO CHANGE
Nonprofit Presence in NYS

☐ I attest that:

- The qualifying nonprofit organization affiliated with the CAURO applicant is incorporated or otherwise organized under the laws of New York State, OR
- The majority of board members of the nonprofit organization that qualifies under the CAURO eligibility criteria are residents of New York State and have been physically present in the state for at least 180 calendar days during the current year, or 540 calendar days over the course of three years, OR
- The applicant has its principal corporate location in New York State. The principal corporate location is where a corporation's or an association's officers, directors, or managers conduct the corporation's or association's business.

The Office reserves the right to ask the applicant to submit additional documentation to verify this attestation.
Qualifying Nonprofit Eligibility

One of the following three questions must be yes:

- Was the qualifying nonprofit organization affiliated with the applicant intentionally serving formerly imprisoned individuals before January 1, 2022?
  - Yes
  - No

- Was the qualifying nonprofit organization affiliated with the applicant a recognized 501(c)(3) organization by the Internal Revenue Service as of January 1, 2022?
  - Yes
  - No

- Choose a File: Select file to upload:

Please provide a description or upload a file explaining how the nonprofit served formerly imprisoned individuals.

Select file to upload: Choose a File

Does the qualifying nonprofit organization affiliated with the applicant have a history of creating vocational opportunities for formerly incarcerated individuals, including justice-involved individuals, before January 1, 2022?

- Yes
- No

Please provide a description or upload a file explaining how the nonprofit served formerly incarcerated individuals.

Select file to upload: Choose a File

Was the qualifying nonprofit organization affiliated with the applicant fiscally sponsored by a 501(c)(3) as of January 1, 2022?

- Yes
- No

Was the qualifying nonprofit organization affiliated with the applicant a wholly-owned subsidiary of a 501(c)(3) as of January 1, 2022?

- Yes
- No

Choose a File: Select file to upload:

Please provide a description or upload a file explaining how the nonprofit served formerly incarcerated individuals.

Select file to upload: Choose a File

Has the qualifying nonprofit organization affiliated with the applicant been creating vocational opportunities for justice-involved people?

- Years

Did the qualifying nonprofit organization affiliated with the applicant have at least five full-time employees as of January 1, 2022?

- Yes
- No

HELP TIP: Full-time employees do not include volunteers, seasonal, or part-time employees.

Save & Continue

Back

For more information on the eligibility criteria for nonprofit organizations, please visit cannabis.ny.gov/licensing.

For more information on what qualifies as a social enterprise, please visit cannabis.ny.gov/licensing.

One of the following three questions must be yes:

- Choose a File: Upload a copy of the organization's federal or state tax filings for the qualifying two years.

- Choose a File: Upload a copy of the qualifying nonprofit organization affiliated with the applicant's IRS Exemption Determination Letter.

- Choose a File: Add Additional Board Members

Tip Box:
For more information on the CAURD eligibility criteria for nonprofit organizations, please visit cannabis.ny.gov/licensing.

Tip Box:
For more information on what qualifies as a social enterprise, please visit cannabis.ny.gov/licensing.

NP Eligibility 18 / 38

DRAFT SUBJECT TO CHANGE

18 / 38
Justice-Involved - Nonprofit

The applicant must submit at least one piece of acceptable documentation to provide proof of the marijuana-related offense. Please note each selection below will require a corresponding upload.

- An arrest record that indicates the existence of a conviction;
- Any other evidence that reasonably indicates the existence of a criminal conviction may be admissible as evidence thereof;
- Any other information verifying a marijuana-related offense as approved by the Office.

When did the justice-involved individual join the qualifying nonprofit organization affiliated with the applicant as a boardmember, officer, governing committee member, or advisory committee member?

What is the relationship of the above-named justice-involved individual to the individual that was convicted?

Name of Convicted Individual

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marijuana-related offense.

Please disclose the following details about the qualifying conviction.

Name of Convicted Individual

Last Name

First Name

Middle Name

Suffix

Date of Birth

Year of Incident

Name of Nature of Incident

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marijuana-related offense.

Supplemental Documentation

- Results from a criminal history background check;
- Responsive records that may be maintained by local or state correctional facilities (e.g., DOCCS inmate or parolee files);
- A Governor’s Pardon letter;
- A post-conviction CPL-440 Motion to vacate a criminal conviction or to re-open a criminal case;
- Submitted Application to Destroy Expunged Marihuana Conviction Record;
- Acknowledgment of Application to Destroy Expunged Marihuana Conviction Record (DCJS);
- Notarized attorney letters that indicate the existence of a conviction;
- Health records that indicate the existence of a conviction;
- A police file that indicates the existence of a conviction;
- An arrest record that indicates the existence of a conviction;
- Any other evidence that reasonably indicates the existence of a criminal conviction may be admissible as evidence thereof;
- Any other information verifying a marijuana-related offense as approved by the Office.

Select the marijuana-related offenses. The applicant must submit at least one piece of acceptable documentation to provide proof of the marijuana-related offense. Please note each selection below will require a corresponding upload.

- PL 220 Controlled Substances Offenses
- PL 221.15 Criminal Possession of Marihuana in the Fourth Degree
- PL 221.10(2) Criminal Possession of Marihuana in the Fifth Degree
- PL 221.10 Unlawful Possession of Marihuana in the First Degree
- PL 221.05 Unlawful Possession of Marihuana in the Second Degree
- PL 220.50 Criminal Possession of Tobacco in the First Degree
- PL 220.45 Criminal Possession of Tobacco in the Second Degree
- PL 240.36 Loitering in the First Degree
- PL 221.40 Criminal Possession of Marihuana in the Third Degree
- PL 221.35 Criminal Sale of Marihuana in the Fifth Degree
- PL 221.30. Criminal possession of Marihuana in the First Degree
- PL 221.25 Criminal possession of Marihuana in the Second Degree
- PL 221.20 Criminal Possession of Marihuana in the Third Degree
- PL 221.15 Criminal Possession of Marihuana in the Fourth Degree
- PL 221.10 Unlawful Possession of Marihuana in the First Degree
- PL 221.10 Unlawful Possession of Marihuana in the Second Degree

For each conviction, provide proof not only that the conviction occurred when the individual was under 21 or under the age of majority of the state in which the conviction occurred, but also that the individual was convicted in New York State.

What is the relationship of the above-named justice-involved individual to the individual that was convicted?

Name of Convicted Individual

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marijuana-related offense.

Please disclose the following details about the qualifying conviction.

Name of Convicted Individual

Last Name

First Name

Middle Name

Suffix

Date of Birth

Year of Incident

Name of Nature of Incident

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marijuana-related offense.

Supplemental Documentation

- Results from a criminal history background check;
- Responsive records that may be maintained by local or state correctional facilities (e.g., DOCCS inmate or parolee files);
- A Governor’s Pardon letter;
- A post-conviction CPL-440 Motion to vacate a criminal conviction or to re-open a criminal case;
- Submitted Application to Destroy Expunged Marihuana Conviction Record;
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- Health records that indicate the existence of a conviction;
- A police file that indicates the existence of a conviction;
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For each conviction, provide proof not only that the conviction occurred when the individual was under 21 or under the age of majority of the state in which the conviction occurred, but also that the individual was convicted in New York State.

What is the relationship of the above-named justice-involved individual to the individual that was convicted?

Name of Convicted Individual

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marijuana-related offense.

Please disclose the following details about the qualifying conviction.

Name of Convicted Individual

Last Name

First Name

Middle Name

Suffix

Date of Birth

Year of Incident

Name of Nature of Incident

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marijuana-related offense.

Supplemental Documentation

- Results from a criminal history background check;
- Responsive records that may be maintained by local or state correctional facilities (e.g., DOCCS inmate or parolee files);
- A Governor’s Pardon letter;
- A post-conviction CPL-440 Motion to vacate a criminal conviction or to re-open a criminal case;
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- Health records that indicate the existence of a conviction;
- A police file that indicates the existence of a conviction;
- An arrest record that indicates the existence of a conviction;
- Any other evidence that reasonably indicates the existence of a criminal conviction may be admissible as evidence thereof;
- Any other information verifying a marijuana-related offense as approved by the Office.
Qualifying Nonprofit (Social Enterprise)

Did the social enterprise operated by the qualifying nonprofit organization have retail operations selling directly to consumers?

Yes  No

Did the social enterprise operated by the qualifying nonprofit organization have a physical retail location where customers could visit?

Yes  No

Please provide proof of operating at the location, such as utility bill, rental agreement, title or deed to property.

Choose a File:

Tip Box: A physical location does not have to be a storefront, but could be a mobile location or a home, as long as customers visited.

Did the social enterprise operated by the qualifying nonprofit organization employ people who were formerly incarcerated?

Yes  No

Consider all years the social enterprise operated. During any one year, what was the largest number of employees who worked for the social enterprise?

Please provide proof in the form of tax documents, such as a W3 form, receipts from insurance or health care, or similar documentation.

Choose a File:

Exclude in-kind expenses, what was the net revenue of the social enterprise for its most recent profitable year?

Please provide an upload of tax documentation, audited or certified financial statements, or other acceptable proof.

Choose a File:

Does the social enterprise operated by the qualifying nonprofit organization reinvest revenue into its community?

Yes  No

Upload supporting documentation or provide a description of the investments size and scope or describe here.

Choose a File:

How many years has the qualifying nonprofit operated the social enterprise?

years

Note: The Office reserves the right to request supporting documentation for any above questions.
Applicant Overview

Does the applicant or does the applicant intend to apply for New York State certified Minority-Own Business, Woman-Owned Business, Minority-Woman-Owned Business or Service Disabled Veteran-Owned Business status?

Yes  No

Upload certificate or proof of certification.

Select file to upload:  Choose a File

Up to 2 additional images.

Upload the applicant's most up-to-date organizational documents.

Select file to upload:  Choose a File

Describe any and all ownership changes between the formation of the applicant and the date the application is submitted.

Select file to upload:  Choose a File

Up to 2 additional images.

Upload an organizational chart indicating the first name, last name, and name of position within the organization of all persons who have decision-making authority, control and management over the applicant, or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant.

Select file to upload:  Choose a File

Please list all subsidiary companies, affiliate companies, predecessors, and successors of the applicant including information or diagrams explaining how the subsidiary and affiliate companies, predecessors and successors are related to the applicant. If no such relationship(s) exist, this question is not required.

Select file to upload:  Choose a File

Up to 2 additional images.

Upload a copy of any management agreement, contract, arrangement, or other type of formal understanding between a contractor and an applicant where the contractor will or does provide administrative, operational, financial, advisory, and/or management services to an applicant in exchange for remuneration and a list of all the persons that are contained in these agreements.

Select file to upload:  Choose a File

Up to 2 additional images.

Upload a list of each vendor with which the applicant has entered into a contract, term sheet, agreement, or side letter. Include the business entity name of the vendor and a description of the agreement or arrangement for goods and services.

Select file to upload:  Choose a File

Up to 2 additional images.

Did you enter into an agreement with any person who was granted a financial interest in the applicant’s business?

Yes  No

Provide a description of the financial interest or upload a summary.

Select file to upload:  Choose a File

Upload a copy of each agreement between the applicant and any person with a financial interest in the applicant’s business as described above.

Select file to upload:  Choose a File

What is your plan in case the applicant, owners, or True Parties of Interest decide to leave the business, there is a material change in the applicant’s ability to operate the business, or the applicant becomes otherwise unable to operate the business?

Select file to upload:  Choose a File

Up to 2 additional images.

Did any law firm, counsel, or consultant assist you with this application?

Yes  No

Helpful Tip
Documents that should be uploaded include but are not limited to certificates of incorporation, certificates of limited partnership, articles of organizations, charter, by-laws, partnership agreement, agreements between two or more persons of the applicant that restrict the transfer of interest in the applicant, any agreement or arrangement with a third party, or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant.

Helpful Tip
Changes including, but not limited to, events such as asset sales and purchases, stock sales and purchases, mergers, business combinations, or consolidations involving the applicant, including all former names of the applicant. If there are no changes, enter Not Applicable or N/A in the text box.

Helpful Tip
If the applicant does not currently have a management service agreement or similar arrangement with a third party, this question is not required. If the applicant does enter into a management service agreement or similar arrangement, disclosure of this arrangement and all parties that are involved is required before final licensure.

Helpful Tip
If you do not currently have this information the question is not required. Please note that any such agreements must be disclosed on the final application.

Helpful Tip
If you do not currently have this information the question is not required. Please note that any such agreements must be disclosed on the final application.

Helpful Tip
More information about who is considered a True Party of Interest can be found here: https://channel9.org/Marketing
Applicant Overview (page 2)

Has the applicant or any of its holding, parent, or management companies if applicable, ever received or resolved any violations, penalties, fines or fees assessed against them or had any license, registration, or permit cancelled, denied, suspended, revoked or otherwise sanctioned?

Yes
No

Select file to upload

Choose a File

Tip Box:
Please upload a copy of an official decision letter from the regulating agency and/or an explanation of the circumstances surrounding the action. The Office may inquire for additional details if necessary.

Did the applicant make any charitable contributions in the last five years?

Yes
No

Upload receipts of any charitable contributions.

Choose a File

Tip Box: Please upload a copy of an official decision letter from the regulating agency and/or an explanation of the circumstances surrounding the action. The Office may inquire for additional details if necessary.

Does the applicant hold any stocks, mutual funds or bonds?

Yes
No

Upload summary of stocks, mutual funds, and bonds held by the applicant.

Choose a File

Tip Box: Please upload a copy of an official decision letter from the regulating agency and/or an explanation of the circumstances surrounding the action. The Office may inquire for additional details if necessary.

Did the applicant have a copy of audited financial statements for the fiscal year ending one year prior to the date the application is submitted?

Yes
No

Upload a copy of the applicant’s audited financial statements for the fiscal year ending one year prior to the date the application is submitted.

Choose a File

Tip Box: If you do not currently have this information the question is not required. Note that this must be provided before final approval.

Is there any proposed or executed contract, term sheet, agreement, or side letter between the applicant or financier and another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed licensee or comparable documents?

Yes
No

Upload if not previously uploaded.

Choose a File

Tip Box: If you do not currently have this information the question is not required. Note that this must be provided before final approval.

Help Tip:
If you do not currently have this information this question is not required. Note that this must be provided before final approval.

Applicant Overview P2 23 / 38
DRAFT SUBJECT TO CHANGE
Geographic Preference

Please select up to five geographic regions, in order of preference, where the applicant would prefer to operate a CAURD license. Applicants will only be considered for one region at a time.

Preference 1
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 2
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 3
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 4
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 5
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Tip Box:
Applicants will be considered for their "Preference 1" region. Applicants will only be considered for their "Preference 2" region where there are more available licenses in a region than the number of applicants who have ranked such region as their first preference.

Regions are comprised of counties. Please identify your region in the map at the following link: https://esd.ny.gov/file/esd-regional-mapping. Please note New York City as a region has been subdivided into the five boroughs.
True Parties of Interest

All True Parties of Interest (TPI) of the applicant must be disclosed. The following TPI must have already been entered into the application:

- applicant’s sole proprietor, partner (whether limited or general), member, manager, president, vice president, secretary, treasurer, officer, board member, trustee, director, and a person with equivalent title to each of the foregoing;
- stockholder of applicant or licensee, other than a passive investor (unless the passive investor is being used to meet the 51% justice-involved requirement);
- each person that makes up the ownership structure of each level of ownership for an applicant or licensee that has a multilevel ownership structure.

Please review to ensure that all necessary individuals and/or businesses that contribute to the above description of TPI have been entered.

If you need to enter any of such additional TPI based on the above list that you have not done so yet please select the “Add New Business Owner Individual” or “Add New Business Owner Business” depending on whether the TPI are an individual or a business.

Additional True Parties of Interest (Business)
Enter all additional businesses that qualify as a True Party of Interest

Business Name | Address | Contact Name | Contact Phone | Contact Email
---|---|---|---|---
MJ LLC | 123 Main St | Joe Smith | 555-555-5555 | joe.smith@abc.com

+ Add TPI

Add Additional True Parties of Interest (Business)
Enter all additional businesses that qualify as a True Party of Interest

Business Name | Address | Contact Name | Contact Title | Contact Phone Number | Contact Email
---|---|---|---|---|---

Additional True Parties of Interest (Individual)
Enter all additional individuals that qualify as a True Party of Interest

First Name | Middle Name | Last Name | Address | City | Zip | Phone | Email
---|---|---|---|---|---|---|---
Sue Smith

+ Add TPI

Enter Additional True Parties of Interest (Individual)
## True Parties of Interest (All Businesses)

### CAURD LLC

**Address:**

123 Main St

**Percentage:** 50%

### Business Contact Information

- **Name:**
- **Title:**
- **Phone:**
- **Email:**

**Basis for ownership/role of the position:**

- Subsidiary Company
- Manager
- General Partner
- Manager
- Partner
- General Partner
- Limited Partner
- Guarantor or Co-signer
- Right to Receive Profit or Revenue
- Control Over the Applicant
- Right to Ownership
- Right to Investment
- Right to Compensation Arrangement

Describe other:

**Is this business a part of a business entity that is recognized as a TPI on the application? If so then select the business and relationship?**

- Yes
- No

**Upload a complete copy of the Entity History Disclosure form for the entity listed at the top of this screen.**

Select file to upload:

Choose a File

**Upload if not previously uploaded with this party:**

Choose a File

**Does the applicant have any compensation agreements with this party, whether the agreement is directly with this party or indirectly through an intermediate entity?**

- Yes
- No

**Upload if not previously uploaded:**

Choose a File

**Does this party have any proposed or executed contract, term sheet, agreement, or side letter with the applicant or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed licensee or comparable documents?**

- Yes
- No

**Upload if not previously uploaded with this party:**

Choose a File

**Does the applicant have a management or service agreement with this party?**

- Yes
- No

Please specify the type of agreement:

**If not previously provided, please upload a copy of any management agreement, contract, arrangement, or other type of formal understanding between the party and an applicant where the contractor will or does provide administrative, operational, financial, advisory, and/or management services to an applicant in exchange for remuneration and a list of all the parties that are contained in those agreements.**

Select file to upload:

Choose a File

**Please list all subsidiary companies, affiliate companies, predecessors, and successors of the party including information or diagrams explaining how the subsidiary and affiliate companies, predecessor and successor are related to the party. If no such relationship exists, this question is not required.**

Select file to upload:

Choose a File

**Is this entity a True Party of Interest on any other application or license issued by the Office of Cannabis Management? If yes please disclose the name of the applicant entity or the licensee.**

- Yes
- No

**Upload a New York State Department of Tax and Finance Clearance Form for the entity listed at the top of this screen.**

Select file to upload:

Choose a File
### True Parties of Interest (All Individuals)

**Path Test**

123 Main St
50%

**Basis for ownership/nature of the position (check as many as applicable):**

- [ ] President
- [ ] Director
- [ ] Stockholder
- [ ] Vice President
- [ ] Manager
- [ ] LLC Member
- [ ] Secretary
- [ ] Partner
- [ ] LLC Manager
- [ ] Treasurer
- [ ] General Partner
- [ ] Guarantor or Co-signer
- [ ] Chairman
- [ ] Limited Partner
- [ ] Officer
- [ ] Sole Proprietor
- [ ] Joint Account Holder
- [ ] Trustee
- [ ] Right to Receive Profit or Revenue
- [ ] Control Over the Applicant
- [ ] Right to Ownership
- [ ] Right to Investment
- [ ] Right to Compensation Arrangement
- [ ] Spouse of President, Vice President, Secretary, Treasurer, Chairman, Officer, Director, Manager, Partner, General Partner, Limited Partner, Sole Proprietor, Stockholder, LLC Member, LLC Manager, Trustee
- [ ] Other (describe):

**Describe other:**

If this individual is a True Party of Interest on any other application or license issued by the Office of Cannabis Management? If yes please disclose the name of the applicant entity or the licensee.

**Yes**

**No**

### Tip Box

**A compensation agreement guarantees that an individual or entity will receive compensation for certain actions. It can include compensation for an individual or entity getting paid as an employee, a commission that a worker is entitled to receive, or compensation for a Non-Compete Agreement.**

Upload the front and back of a valid photo ID issued by a local, state or federal government.

Select file to upload: Choose a File

Upload a completed copy of the Personal Disclosure Questionnaire available at https://cannabis.ny.gov/licensing

Select file to upload: Choose a File

Upload a New York State Department of Tax and Finance Clearance Form for the individual listed at the top of this screen. The form is available at cannabis.ny.gov/licensing

Select file to upload: Choose a File

Does the applicant have any compensation agreements with this party, whether the agreement is directly with this party or indirectly through an intermediate entity?

**Yes**

**No**

Upload if not previously uploaded: Choose a File

Does this party have any proposed or executed contract, term sheet, agreement, or side letter with the applicant or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed licensee or comparable documents?

**Yes**

**No**

Upload if not previously uploaded with this party: Choose a File

In this individual a True Party of Interest on any other application or license issued by the Office of Cannabis Management? If yes please disclose the name of the applicant entity or the licensee.

**Yes**

**No**

Name of the applicant entity or the licensee:
Financial Disclosure

Please enter all cash, borrowed funds and expenses for the business. Enter any financial institution or financier that has provided funds. A financier provides capital as a gift, provided a grant, or loaned capital pursuant to a secured or unsecured financing agreement. A financier may not receive an ownership interest, control of the business, a share of revenue, gross profits or net profits, a profit sharing interest, or a percentage of the profits in exchange for a gift, grant or loan, unless the financier receives prior approval from the Office.

Please note any person who possesses an ownership interest, control of the business, a share of revenue, gross profits or net profits, a profit sharing interest, or a percentage of the profits in exchange for a gift, grant or loan is a True Party of Interest and must be entered on the True Party of Interest screens in this application.

Note: Financial institution means any bank, mutual savings bank, consumer loan company, credit union, savings and loan association, trust company, or other lending institution under the jurisdiction of the Department of Financial Services. A list of these institutions can be found on the Department of Financial Services financial institution portal: https://myportal.dfs.ny.gov/web/guest-applications/who-we-supervise

Cash

Please enter the cash on-hand

Cash includes funds on hand that do not need to be repaid. For example, cash includes checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for EACH source of cash.

<table>
<thead>
<tr>
<th>Source of funds</th>
<th>Total Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>+ Cash</td>
</tr>
</tbody>
</table>

Borrowed

Please enter the borrowed funds

Borrowed funds include funds that must be repaid. For example, borrowed funds includes loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for EACH source of borrowed funds.

<table>
<thead>
<tr>
<th>Source of funds</th>
<th>Total Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borrowed</td>
<td>+ Borrowed</td>
</tr>
</tbody>
</table>

Expenses

Enter all actual or anticipated costs over the coming year. Common applicant expenses include costs related to preparing the CAURD application. Selected applicants will be able to update this field before final licensing.

<table>
<thead>
<tr>
<th>Type</th>
<th>Party</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Add Expense</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Investment: $$$$$
Financial Disclosure

Add Record

CASH

Source of Funds

Financier

Financial Institutions (Show all TPIs)

Other

Source of Funds

Is the financier an individual or an entity?

Individual

Entity

First Name

Last Name

Address line 1

123 N Main Ave

Address line 2

City

Albany

Country

United States

Zip Code

12205

Total Cash Received To-Date

Total Cash Expected Over the Course of the Agreement:

Total Cash

If available, please upload a document describing the nature, type, terms, covenants and priorities in connection with the cash provided to open or operate the proposed conditional adult-use retail dispensary.

Select file to upload: Choose a File:

Upload financier cap table

Select file to upload: Choose a File:
Financial Disclosure

BORROWED

Source of Funds

Financier

Financial Institution (Show all TPIs)

Other

Source of Funds

Is the financier an individual or an entity?

Individual

Entity

First Name*  Last Name*

Address line 1*

123 N Main Ave

Address line 2

City*

Albany

Country*  State*

United States  New York

Zip Code*

12205

Total Borrowed Funds To-Date

Total Borrowed Funds Expected Over the Course of the Agreement:

Total Borrowed Funds

Upload a document describing the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with opening or operating the proposed conditional adult-use retail dispensary.

Select file to upload:

Choose a File:

Upload financier cap table

Select file to upload:

Choose a File:
Financial Disclosure

EXPENSES

Enter all actual or anticipated costs over the coming year.

- **Actual**
- **Anticipated**

**Name of Party in Agreement with Licensee**

- **First Name:**
- **Last Name:**
- **Address line 1:**
- **Address line 2:**
- **City:**
- **State:**
- **Zip Code:**

**Type of expense:**
- professional services and business services
- other

**Describe other:**

Upload a copy of the agreement

Select file to upload: **Choose a File**

**Explain the nature of agreement**

**Estimated Expenses to Date**

**Estimated Total Expenses Over the Term of the Agreement (Including Expenses Paid to Date)**

**Total Expenses**

**Estimated Total Expense Over The Coming Year**
Trade Secrets

A trade secret is any practice or process of a company that is generally not known outside of the company. Information considered a trade secret gives the company a competitive advantage over its competitors and is often a product of internal research and development.

To be legally considered a trade secret in the United States, a company must make a reasonable effort in concealing the information from the public, and the secret must intrinsically have economic value. The economic value of the information can be actual or potential. Trade secrets are a part of a company's intellectual property. A trade secret is not publicly known.

Examples of trade secrets could include formulas, patterns, compilations, programs, devices, methods, techniques, processes, customer lists, and manufacturing processes.

Competitive Advantage:

Competitive advantage refers to factors that allow a company to produce goods or services better or more cheaply than its rivals. Competitive advantage is what makes a customer choose your business over another one. By understanding, and promoting such advantage, companies can win a greater amount of market share.

(Examples: team leadership, unique access to technology or production methods, a product that no-one else can offer, ability to produce and sell at a lower cost, brand and reputation.)

Do you have any trade secrets?

Yes  [ ]  No  [ ]

Please Describe

Tip Box:
Of the information that you have submitted via this portal and application process, what information do you consider a trade secret or commercial information that, if disclosed, would cause substantial injury to the competitive position of your commercial enterprise, such that you do not want that information shared on the OCM website or otherwise publicly disclosed? Please specify any such information, and please provide your explanation for considering the information a trade secret or commercial information that, if disclosed, would cause substantial injury to the competitive position of your commercial enterprise.

Please be aware that documents submitted to the Office are subject to potential release on the Office's website or otherwise as public information pursuant to laws and regulations such as the Freedom of Information Law. Certain exemptions are available. In order to determine what information could potentially be exempt from public disclosure requirements, please respond to the following questions.
Primary Contact

Primary Contact Information

Select or enter the individual to be the primary person of contact for this application:

First Name* Last Name*

Address line 1*

City*

Country* State*

Zip Code*

Phone Number*

Email Address*

The Primary Contact will serve as the recipient of official communications from the office on questions related to the cannabis application.

Back Save & Continue
Person upon whom process can be served

Select or enter the individual on whom service of process shall be made and who will accept such service of process should the applicant be issued a license.

This person will receive notice of hearings and orders pursuant to the Civil Practice Laws and Rules (article three), or other legal or compliance notices.

- Faith Test
- Joe Smith
- Sue Jones

[Click here to add/update individuals to your ownership profile]
Person Submitting This Application

This application must be submitted by the applicant (if an individual), by a managing member (if a limited liability company), by an officer (if a corporation), or by all partners (if a partnership).

One of the above-titled individuals must be the person submitting this application. If the person filling out this application is not listed below, please go back to the Business Profile “Ownership Information” and enter their information.

Select the authorized person for this application

- Faith Test
- Joe Smith
- Sue Jones

For the individual selected above:

Please ensure the name selected above exactly matches the drivers license or other form of valid ID issued by a state, local or federal government uploaded below.

Upload the front of a valid photo ID issued by a local, state or federal government

Select file to upload:  

Upload the back of a valid photo ID issued by a local, state or federal government

Select file to upload:  

Click here to add/update individuals to your ownership profile

Authorized Person

Under 21

Attestation

Payment
21 Years of Age or Older Requirement

NO PERSON UNDER THE AGE OF 21 IS ALLOWED TO OWN OR HAVE AN INTEREST IN ANY ADULT-USE CANNABIS LICENSE.

☐ I understand that each principal of the business applying MUST be 21 years of age or older.

All owners of the applicant are required be at least 21 years of age. You may not continue with this application because the business principal(s) listed below is under 21 years of age.

Title: Member
Name: Faith Test
DOB: 07/05/2003
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50
The authorized person must initial each attestation below.

I, [Name], [title] and true party of interest, attest that:

1. I am not currently the subject of any criminal proceeding and acknowledge that an adult-use cannabis license would prevent the denial of any other (non-related) license in the future.

2. I have no involvement in the cultivation, processing, or distribution of adult-use cannabis, and shall not hold any interest in any license authorized for the cultivation, processing, or distribution of adult-use cannabis, nor a licensed or permitted testing laboratory.

3. I am not an unlicensed member of the medical marijuana caregiver program.

4. I have not been convicted of any offense that could prevent me from obtaining a license if convicted.

5. I have not been convicted of any offense that could prevent me from obtaining a license if convicted.

6. I have not been convicted of any offense that could prevent me from obtaining a license if convicted.

7. I have not been convicted of any offense that could prevent me from obtaining a license if convicted.

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49. I have not been convicted of any offense that could prevent me from obtaining a license if convicted.

50. I have not been convicted of any offense that could prevent me from obtaining a license if convicted.

I, the authorized person, initial this box [Signature]
Payment Instructions

After submitting this application, you must pay a non-refundable application and license fee of $2,000.

You must remit payment via check sent directly to the office at:
Attn: Licensing Division
New York State Office of Cannabis Management
P.O. Box 2071
Albany, NY 12220

After submission you will receive a confirmation email that contains your application number. You must print the confirmation email and include a copy with your payment.

You should also write your application number in the notes portion of the submitted check, in case the receipt is inadvertently separated from the payment.

No application will be fully processed and approved without full payment of the application and license fee.

By clicking “Submit Application” below, you acknowledge and agree to the electronic submission of this application to the Office of Cannabis Management.

If you have any questions, please reach out to licensing@omny.gov

Back  Submit Application

Exit Application