

## **2023 Registered Organization Application**

**The New York State Office of Cannabis Management (Office) is pleased to announce the application for the State of New York Registered Organization (RO).**

Applicants are allowed to begin the application as soon as the window opens, and applicants can save the application and continue later. Applications are due to the Office no later than 11:59 PM on December 19, 2023.

The Office shall only review information and documentation requested in the application and will consider the criteria set forth in Section 35 of the Cannabis Law and regulations at 9 NYCRR Part 113 in making its determination for registration. The applicant's submission should demonstrate how it meets the criteria outlined in the application instruction sheet.

Final approval must be provided in writing by State of New York Office of Cannabis Management for registration to be granted.

For more information on the 2023 RO Application, please visit the RO Application webpage.

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### **I. Business Entity Information**

1. Business Entity Name \*

2. Business Entity FEIN \*

do not include dashes

3. Business Entity Type \*

- For Profit
- Non Profit

4. Business Type \*

- Sole Proprietorship
- S-Corporation
- C-Corporation
- Limited Liability Corporation
- Limited Liability Partnership
- Limited Partnership
- General Partnership

5. Telephone Number \*

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6. Fax Number

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7.  
Webpage

8. Email Address \*

9. Business Mailing Address

Street Address 1 \*

Street Address 2

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State \*

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- WA
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- WV
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Zip Code \*

If entering a nine-digit zip code include a

dash

## I. Business Entity Information (Cont.)

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### 10. Primary Contact

First Name \*

Middle  
Initial

Last Name \*

Prefix/Suffix

Title \*

Business Mailing Address - Street \*

Business Mailing Address -  
Apt/Suite/Office

Business Mailing Address - City \*

State \*

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Zip \*

If entering a nine-digit zip code include a dash

Email Address \*

a summary of this application will be sent to this address

Telephone Number \*

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Fax Number

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Webpage

## II. Application Preparation

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11. Attach a financial statement and a description detailing any business transactions connected with the application. \*

Browse...

12. Attach copies of the all consulting contracts entered into for the completion of this application and its materials. \*

Browse...

13. Who prepared this application?

First Name \*

Middle  
Initial

Last Name \*

Prefix/Suffix

Title \*

Business Mailing Address - Street \*

Business Mailing Address -  
Apt/Suite/Office

Business Mailing Address - City \*

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Zip \*

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Email Address \*

will be sent to this address

a summary of this application

Telephone Number \*

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Fax Number

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Webpage

## II. Application Preparation (Cont.)

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14. While this application can be filled out by staff of [question('value'), id='2'], attestations and signatures below **must** be done by Legal Agent of [question('value'), id='2']. A legal agent is a person legally able to enter into contracts for [question('value'), id='2']. [question('value'), id='2'] designates the following Legal Agent: \*

Legal Agent for [question("value"), id="2"]

Legal Agent's Title with [question("value"), id="2"]

## II. Application Preparation (Cont.)

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15. The applicant has sent a non-refundable \$10,000 check to the following address:

State of New York Office of Cannabis Management

P.O. Box 2071

Albany, NY 12220

Attn: Licensing Department \*

- Confirmed by [question("option value"), id="444", option="11697"] the [question("option value"), id="444", option="11698"] of [question("value"), id="2"]

16. Attach a copy of the Certified Check that was mailed. \*

Browse...

## III. Ownership

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Please list all owners with an ownership stake in the applicant greater than one (1%) percent. Include ownership interest percentage and the entity in which such interest is held for each owner listed. All listed owners of the applicant should amount to one hundred (100%) percent of the ownership in aggregate.

Note: Criteria that will be considered regarding ownership include an owner's identity and past experiences. The selected owner(s) must have demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience and must be actively involved in the activity being measured. Such owners may be direct or indirect owners of the applicant. However, if an owner is an indirect owner, then there can only be one company that is not wholly-owned by the operating company between the applicant and the indirect owner.

17. How many individuals hold an ownership stake greater than 1% in [question("value"), id="2"]? \*

18. How many entities hold an ownership stake greater than 1% in [question("value"), id="2"]? \*

19. How many owners hold an ownership stake less than 1% each in [question("value"), id="2"]? \*

20. Using the Registered Organization Ownership Structure Template, please complete and attach this template with requested information for each owner holding at least 1% in the applicant and in the applicant's operating company. \*

Browse...

### III. Ownership (Cont.)

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**Page description:**  
**Individual Owners (real persons)**

21. Please provide the owner's name \*

First Name

Last Name

22. Entity in which interest is held \*

23. Ownership percentage in entity \*

### III. Ownership (Cont.)

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**Page description:**  
**Entity Owners (corporate persons)**

24. Please provide the name of the entity \*

25. Entity in which interest is held \*

26. Ownership percentage in entity \*

#### IV. Geographic Distribution

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The application instructions provide a table that describes three categories for medical dispensing site locations in the State of New York. The following 2 questions ask applicants to demonstrate their commitment to the geographic distribution of their proposed dispensing sites. No more than two (2) of the proposed dispensing sites may be located in the downstate counties of the state, which for the purposes of this application, include New York, Kings, Bronx, Queens, Richmond, and Westchester.

27. Please indicate how many of the first four medical dispensing sites the applicant intends to locate in each of the three location categories. \*

**Category A:** Proposed location is in a county (for NYC—a community district; Long Island—town) that does not already have an existing dispensary and **does not neighbor** any county with an existing dispensary.

**Category B:** Proposed location is in a county (for NYC—a community district; Long Island—town) that does not already have an existing dispensary **but does neighbor** a county with an existing dispensary.

**Category C:** Proposed location is in a county (for NYC—a community district; Long Island—town) that has an existing dispensary.

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0 out  
of 4  
Total

28. Based on your selections above, please list in which specific county, town, or community district you intend to locate each of your first four (4) dispensing sites. The geographic locations should be easily identifiable. \*

Dispensing Site 1

Dispensing Site 2

Dispensing Site 3

Dispensing Site 4

## V. Location

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29. Is this application being submitted with a \$2,000,000 bond or with proof of property? \*

- \$2,000,000 Bond
- Proof of Property

30. Please attach proof of the \$2,000,000 bond \*

Browse...

31. Attach copies of all applicable letters of intent, executed and proposed deeds, leases, rental agreements or executed option contracts showing right to use sufficient land, buildings, other premises, and equipment identified. \*

Browse...

32. I, [question('option value'), id='444', option='11697'] the [question('option value'), id='444', option='11698'] of [question('value'), id='2'] confirm that all real property, buildings, and facilities used in dispensing will not be within:

- a. five hundred (500) feet of school grounds
- b. two hundred (200) feet from a house of worship
- c. a 1,000-foot radius of a retail dispensary, microbusiness, or Registered Organization Dispensing (ROD) license issued in a municipality having a population of 20,000 or more
- d. a 2,000-foot radius of a retail dispensary, microbusiness, or ROD license issued in a municipality having a population of 20,000 or less

\*

initials

## V. Location (Cont.)

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**Page description:**  
**Manufacturing and Dispensing Facilities**

33. How many manufacturing facilities are being proposed (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling)? \*

enter at least (1)

34. How many dispensing facilities are being proposed? \*

enter a number between one (1) and four (4)

## V. Location (Cont.)

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**Page description:**  
**Proposed Manufacturing Facility**

35. Proposed Manufacturing Facility Name \*

36. Property Status \*

- Owned by the applicant
- Leased by the applicant
- Other - Write In (Required)

37. Proposed Manufacturing Facility Physical Address

Street Address 1 \*



Street Address 2

City \*

State \*

Zip Code \*

If entering a nine-digit zip code include a dash

County \*

- Albany
- Allegany
- Bronx
- Broome
- Cattaraugus
- Cayuga
- Chautauqua
- Chemung
- Chenango
- Clinton
- Columbia
- Cortland
- Delaware
- Dutchess
- Erie
- Essex
- Franklin
- Fulton
- Genesee
- Greene
- Hamilton
- Herkimer
- Jefferson
- Kings (Brooklyn)
- Lewis
- Livingston
- Madison
- Monroe
- Montgomery
- Nassau
- New York (Manhattan)
- Niagara
- Oneida
- Onondaga
- Ontario

Orange  
Orleans  
Oswego  
Otsego  
Putnam  
Queens  
Rensselaer  
Richmond (Staten Island)  
Rockland  
Saint Lawrence  
Saratoga  
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Schoharie  
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### 38. Proposed Manufacturing Facility Hours of Operation \*

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39. Is this proposed manufacturing facility intended to be used for cultivation? \*

- Yes
- No

40. Please indicate the desired cultivation type. \*

- Indoor
- Mixed-Light

41. All Registered Organizations are authorized for up to 100,000 square feet of canopy. Please indicate the anticipated Indoor cultivation tier. \*

- Tier 1 Indoor license: Not exceeding 5,000 square feet
- Tier 2 Indoor license: Greater than 5,000 square feet, not exceeding 12,500 square feet
- Tier 3 Indoor license: Greater than 12,500 square feet, not exceeding 25,000 square feet
- Tier 4 Indoor license: Greater than 25,000 square feet, but not exceeding 50,000 square feet
- Tier 5 Indoor license: Greater than 50,000 square feet, but not exceeding 100,000 square feet

42. All Registered Organizations are authorized for up to 100,000 square feet of canopy. Please indicate the anticipated Mixed-Light cultivation tier (for informational purposes only). \*

- Tier 1 Mixed-light license: Not exceeding 5,000 square feet
- Tier 2 Mixed-light license: Greater than 5,000 square feet, not exceeding 12,500 square feet
- Tier 3 Mixed-light license: Greater than 12,500 square feet, not exceeding 25,000 square feet
- Tier 4 Mixed-light license: Greater than 25,000 square feet, but not exceeding 50,000 square feet
- Tier 5 Mixed-light license: Greater than 50,000 square feet, but not exceeding 100,000 square feet

43. Has construction, lease, rental, or purchase of the manufacturing facility been completed? \*

- Yes
- No

44. Attach a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as the anticipated date that construction, lease, rental or purchase will be completed.

\*

Browse...

45. Attach a proposed manufacturing facility construction timeline. \*

Browse...

## V. Location (Cont.)

---

**Page description:**  
**Proposed Dispensing Facility**

46. Proposed Dispensing Facility Name \*

#### 47. Property Status \*

- Owned by the applicant
- Leased by the applicant
- Other - Write In (Required)

#### 48. Proposed Dispensing Facility Physical Address

Street Address 1 \*

Street Address 2

City \*

State \*

Zip Code \*

If entering a nine-digit zip code include a dash

County \*

Albany
Allegany
Bronx
Broome
Cattaraugus
Cayuga
Chautauqua
Chemung
Chenango
Clinton
Columbia
Cortland
Delaware

Dutchess  
Erie  
Essex  
Franklin  
Fulton  
Genesee  
Greene  
Hamilton  
Herkimer  
Jefferson  
Kings (Brooklyn)  
Lewis  
Livingston  
Madison  
Monroe  
Montgomery  
Nassau  
New York (Manhattan)  
Niagara  
Oneida  
Onondaga  
Ontario  
Orange  
Orleans  
Oswego  
Otsego  
Putnam  
Queens  
Rensselaer  
Richmond (Staten Island)  
Rockland  
Saint Lawrence  
Saratoga  
Schenectady  
Schoharie  
Schuyler  
Seneca  
Steuben  
Suffolk  
Sullivan  
Tioga  
Tompkins  
Ulster  
Warren  
Washington  
Wayne  
Westchester  
Wyoming  
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49. Proposed Dispensing Facility Hours of Operation \*

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50. Has construction, lease, rental, or purchase of the dispensing facilities been completed? \*

- Yes
- No

51. Attach a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as the anticipated date that construction, lease, rental or purchase will be completed.

\*

Browse...

52. Attach a proposed dispensing facility construction timeline. \*

Browse...

## VI. Legal Disclosures

---

### Page description:

“Controlling person” is defined as a person (individual or entity) who has the authority to order or direct the management, operations, managers, or policies of the applicant.

53. Has the applicant, any controlling person of the applicant, any manager, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? \*

- Yes
- No

54. Attach a statement providing details of such bankruptcy or insolvency. \*

Browse...

55. Does any controlling person (individual) of the applicant:  
(i) maintain a ten percent (10%) interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, **and**  
(ii) such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred (\$500) dollars or more within any one (1) year?

\*

- Yes
- No

56. Does any controlling person (entity) of the applicant:  
(i) maintain a ten percent (10%) interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, **and**  
(ii) such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred (\$500) dollars or more within any one (1) year?

\*

Yes

No

57. How many controlling persons, individuals or entities, of the applicant are above the aforementioned thresholds? \*

## VI. Legal Disclosures (Cont.)

---

58. Is this "controlling person" an individual or entity? \*

Individual

Entity

59. Please provide this individual's name \*

First Name

Last Name

60. Please provide the name of this entity. \*

61. Please provide their address

Street Address \*

Apt/Suite/Office

City \*

State \*

Zip \*

62. Please provide a description of any goods/services agreements and/or lease agreements. \*

63. Please provide the probable or estimated annual cost of this "controlling person" (individual or entity) to the applicant \*



64. Please attach documents outlining the agreements with this "controlling person" (individual or entity). \*

Browse...

## VI. Legal Disclosures (Cont.)

---

65. Does the applicant, parent companies, affiliates, or subsidiaries have any uncleared tax liens against its assets or its property? \*

- Yes
- No

66. Please describe \*

67. Attach any relevant uploads.

Browse...

68. Is the applicant a subsidiary or affiliate of another company? \*

- Yes
- No

69. Attach documentation detailing the parent or affiliate company including the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate and the extent to which the parent will be responsible for the financial and contractual obligations of the subsidiary or affiliate. \*

Browse...

70. Does any individual in the applicant's ownership structure have a current uncleared tax lien against its assets or its property? \*

Yes

No

71. Please describe \*

72. Attach any relevant uploads

Browse...

## VII. Organization and Operations

---

### 73. **Organizational and Operational Documentation**

Attach copies of all organizational charts of the applicant. The name of each attached document shall be clearly labeled so as to identify its contents.

*Label as [question('value'), id='2']\_Attachment A– Organizational Documentation-Organizational charts \**

Browse...

### 74. **Organizational and Operational Documentation**

Attach copies of all capitalization tables of the applicant. The name of each attached document shall be clearly labeled so as to identify its contents.

*Label as [question('value'), id='2']\_Attachment A– Organizational Documentation-Capitalization tables \**

Browse...

### 75. **Organizational and Operational Documentation**

Attach copies of all certificates of incorporation of the applicant. The name of each attached document shall be clearly labeled so as to identify its contents.

*Label as [question('value'), id='2']\_Attachment A– Organizational Documentation-Certificates of incorporation \**

Browse...

### 76. **Organizational and Operational Documentation**

Attach copies of all the agreements between partners or parties, including but not limited to, all agreements having an impact or effect on the operations, financing, funding, decision-making, voting power, or other control of the applicant not previously provided in this application. The name of each attached document shall be clearly labeled so as to identify its contents.

*Label as [question('value'), id='2']\_Attachment A– Organizational Documentation-Partnership agreements \**

Browse...

## 77. Organizational and Operational Documentation

Attach copies of all other organizational and operational documents of the applicant. The name of each attached document shall be clearly labeled so as to identify its contents.

*Label as [question('value'), id='2']\_Attachment A– Organizational Documentation-document type*

Browse...

## 78. Interested Party (IP) Disclosure and Agreement

Attach documentation which provides a list with role, ownership interest in the entity (where applicable), and contact information (Email & Phone number) for all real persons and business entities that are Interested Parties of RO Applicant [question('value'), id='2']. These individuals and entities will be asked to privately submit Personal and Entity History Disclosure forms.

Interested Parties include:

- Direct legal owners
- Executive leadership
- Non-passive investor stockholder
- All owners at all levels
- Right to receive revenue or profit
- Financial interest

- Control over licensee
- Responsibility for debts of licensee
- Spouse of direct legal owners
- Spouse of executive leadership
- Spouse of non-passive investor stockholders

Links to the IP Disclosures:

- Interested Party Entity History Disclosure
- Interested Party Personal History Disclosure

*Label as [question('value'), id='2']\_Attachment B – IP Disclosure and Agreement \**

Browse...

79. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'] hereby verify and affirm that [question('value'), id='2'] understands and acknowledges that any conflict of interest will be identified, including, without limitation, any relationship or affiliation of [question('value'), id='2'] that currently exists with any member, employee, consultant or agent of the Office or the Board. The conflict of interest may be actual or perceived. If any conflict of interest should arise during the term of the application process, [question('value'), id='2'] shall notify the Office in writing of such conflict. \*

Initial

## 80. Labor Peace Agreement

Attach the most recent labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent employees.

*Label as [question('value'), id='2']\_Attachment C – Labor Peace Agreement \**

Browse...

## 81. Financial Statement

Attach the most recent certified financial statement of the applicant, audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis, including a balance sheet as of the end of the applicant's last fiscal year and income statements for the past two (2) fiscal years, or such shorter period of time as the applicant has been in operation. If the applicant is an entity with no financial statements according to the aforementioned standard, the applicant must provide such documentation for its parent, subsidiary and affiliate companies.

*Label as [question('value'), id='2']\_Attachment D – Financial Statement 1, 2, 3, etc. \**

Browse...



## 82. **Business Plan**

Attach a business plan that includes a description of the activities to be conducted by the applicant.

*Label as [question('value'), id='2']\_Attachment E – Business Plan \**

Browse...

**83. Equipment Plan** Attach a list of all equipment to be used in all planned manufacturing, processing, transport, distribution and dispensing activities.

*Label as [question('value'), id='2']\_Attachment F– Equipment Plan \**

Browse...

## 84. **Quality Assurance Program Plan**

Attach a copy of a quality assurance program plan.

*Label as [question('value'), id='2']\_Attachment G – Quality Assurance Program*

\*

Browse...

## 85. Standard Operating Procedures

Attach a standard operating procedure manual for all proposed manufacturing activities.

*Label as [question('value'), id='2']\_Attachment H – SOPs \**

Browse...

## 86. Record Keeping

Attach a description of systems used for tracking, record keeping, record retention and reporting surveillance related to all activities involving medical cannabis

*Label as [question('value'), id='2']\_Attachment I – Record Keeping \**

Browse...

## 87. Staffing

Attach a staffing plan for staff involved in activities related to the cultivation of cannabis, the manufacturing and/or dispensing of approved medical cannabis products, and oversight responsibilities for such activities.

*Label as [question('value'), id='2']\_Attachment J – Staffing P \**

Browse...

## VIII. Public Interest

---

**Page description:**  
**Practitioner Outreach & Research**

For the following five (5) Practitioner Outreach and Research experience-based questions please identify an owner for each, if applicable. If the owner is an individual, they must have at least a 1% ownership stake in [question("value"), id="2"]. If the owner is an entity, they must have at least a 5% ownership stake in [question("value"), id="2"].

88. Are any of your current owners a certifying practitioner with a state medical cannabis program? \*

- Yes
- No

89. Are you selecting an individual or entity owner? \*

- Individual
- Entity

90. Selected Owner's Name (Individual) \*

First Name

Last Name

91. Selected Owner's Name (entity) \*

92. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

93. Attach documentation demonstrating certification by your state's medical program.

Label as [question('value'), id='2']\_Practitioner\_Medical\_Certification \*

Browse...

94. Have any of your current owners conducted, facilitated, led, produced, or organized any conference presentations for practitioners which involved any of the following:

1. medical (not cannabis related) education and/or research, **or**
2. cannabis related education and/or research

\*

Yes

No

95. Are you selecting an individual or entity owner? \*

Individual

Entity

96. Selected Owner's Name (Individual) \*

First Name

Last Name

97. Selected Owner's Name (entity) \*

98. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

99. Attach documentation demonstrating the above.

Label as [question('value'), id='2']\_Practitioner\_Outreach\_Conference\_1,2,3, etc. \*

Browse...

100. Have any of your current owners conducted, facilitated, led, produced, or organized any peer reviewed publication which involved any of the following:

1. medical (not cannabis related) education and/or research, **or**
2. cannabis related education and/or research

\*

- Yes
- No

101. Are you selecting an individual or entity owner? \*

- Individual
- Entity

102. Selected Owner's Name (Individual) \*

First Name

Last Name

103. Selected Owner's Name (entity) \*

104. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

105. Attach documentation of peer-reviewed publications.

Label as [question('value'), id='2']\_Practitioner\_PR\_Publications\_1,2,3, etc \*

Browse...

106. Have any of your current owners conducted, facilitated, led, produced, or organized any non-peer reviewed publication which involved any of the following:

1. medical (not cannabis related) education and/or research, **or**
2. cannabis related education and/or research

\*

- Yes
- No

107. Are you selecting an individual or entity owner? \*

- Individual
- Entity

108. Selected Owner's Name (Individual) \*

First Name

Last Name

109. Selected Owner's Name (entity) \*

110. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that this owner has prior experience this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

111. Attach documentation demonstrating the above.

Label as [question('value'), id='2']\_Practitioner\_NPR\_Publications\_1,2,3, etc. \*

Browse...



112. Have any of your current owners conducted, facilitated, led, produced, or organized any outreach events for practitioners which involved any of the following:

1. medical (not cannabis related) education and/or research, **or**
2. cannabis related education and/or research

\*

- Yes
- No

113. Are you selecting an individual or entity owner? \*

- Individual
- Entity

114. Selected Owner's Name (Individual) \*

First Name

Last Name

115. Selected Owner's Name (entity) \*

116. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

117. Attach documentation of outreach events.

Label as [question('value'), id='2']\_Practitioner\_Outreach\_Events\_1,2,3, etc. \*

Browse...

118. Does the applicant have a plan to conduct medical cannabis education or outreach opportunities for other practitioners or healthcare professionals in the State of New York? \*

Yes

No

119. Attach a plan providing details including but not limited to description of event or opportunity, intended scale, frequency of opportunities, and allocation of resources.

Label as *“(RO Applicant Name)\_Attachment K – Practitioner Outreach Plan* \*

Browse...

120. Does the applicant have a plan to engage in and promote medical cannabis research? \*

- Yes
- No

121. Attach documentation of future plans to engage in and promote medical cannabis research in the State of New York.

*Label as "(RO Applicant Name)\_ Attachment L – Medical Research Plan \**

Browse...

#### **VIII. Public Interest (Cont.)**

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122. Does [question("value"), id="2"] have any outstanding judgements or final Department of Labor Orders to Comply, or an equivalent for other states, for unpaid wages or benefits owing to employees? This question applies to any entity for which you could reasonably be considered a responsible party to the matter under state and federal labor laws. \*

- Yes
- No

123. Describe these outstanding judgements or final Department of Labor Orders to Comply, or an equivalent for other states, for unpaid wages or benefits owing to employees. \*

124. Attach relevant employment matter documents, if any.

Browse...

125. Is [question("value"), id="2"], select all that apply: \*

- a minority-owned business
- a woman-owned business
- a service-disabled veteran-owned business
- a distressed farmer-fwned business
- from a community(ies) disproportionately impacted
- none of the above

126. Attach any supporting documents.

Browse...

## IX. Environmental Plans

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127. Attach the Environmental Impact Plan that explains how the registered organization will minimize or eliminate adverse environmental impacts. The Environmental Impact Plan must be no more than seven (7) pages in length, with each section being no more than 600 words and must use 12-point font and 1.5 spacing. Please do not include diagrams, photos, or anything other than text in the page count of the plan.

Attach the required Environmental Sustainability Plan for medical cannabis product packaging. This plan must be more than three (3) pages in length and must use 12-point font and 1.5 line spacing. Please do not include diagrams, photos, or anything other than text in the page count of the plan.

Applicant should upload the Environmental Impact and Environmental Sustainability Plans within the same document. However, please make sure to distinguish plans from one another with page breaks and titles for each plan.

*Label as [question('value'), id='2']\_Environmental Plans - Attachment M*

\*

Browse...

128. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that the registered organization will provide an annual report of key metrics including, but not limited to, the total amount of packaging material, by: weight, quantity sold, quantity offered for sale, or distributed into New York State by the registered organization and the total costs of packaging material, with the first report submitted no later than twelve (12) months after registration and annually thereafter. \*

Initial

129. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"], of [question("value"), id="2"], attest that the registered organization shall make its books, records, manufacturing and dispensing site architectural and engineering design drawings, including a description of energy sources, type and location of engineering systems in use for heating, cooling, ventilation and electrical distribution, water supply and sewage, policies and procedures available to the Office or its authorized representatives within forty-eight (48) hours of notice. \*

Initial

130. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that the registered organization will ensure claims made about recyclable or recycled content packaging comply with Title 16 of the Code of Federal Regulations relating to Commercial Practices, Part 260, regarding Guides for the Use of Environmental Marketing Claims. \*

Initial

131. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that for registered organizations producing in excess of one half-ton of organic waste per week and located within 25 miles of an organic waste recycler, such waste will not be landfilled or combusted but composted, placed in an anaerobic digester, or used as an input in the manufacture of other products. \*

Initial  or N/A

132. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that the registered organization will participate in annual benchmarking of water and energy use, with the first report submitted no later than twelve (12) months after registration and annually thereafter. \*

Initial

133. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that the registered organization will adhere to all lighting standards for indoor cultivation areas as set forth by the Office. \*

Initial

134. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], attest that the registered organization will adhere to all standards for dehumidification equipment in new buildings as set forth by the Office. \*

Initial

135. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], hereby verify and affirm that all environmental sustainability practices and standards listed above will be met and carried out by the applicant should the applicant be granted a registration. \*

---

Sign name using mouse or touch pad

Signature of

## X. Diversity Plan

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136. Attach the Diversity Plan that explains how the applicant will promote racial, ethnic and gender diversity in their workforce. The attached plan must be no more than ten (10) pages in length and must use 12-point font and 1.5 line spacing. Please do not include diagrams, photos, or anything other than text in the page count of the plan.

*Label as [question('value'), id='2']\_Attachment N\**



137. I, [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] of [question("value"), id="2"], verify and affirm the implementation of the attached diversity plan and adherence to promoting racial, ethnic and gender diversity in their workforce. This attestation is made pursuant to the commitment of the registered organization to foster an inclusive and diverse work environment in accordance with the Laws of the State of New York and its regulations. \*

Initial

## **XI. Affordability Plan**

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138. Attach the Affordability Plan that must be no more than ten (10) pages in length and must use 12-point font and 1.5 line spacing. Please do not include diagrams, photos, or anything other than text in the page count of the plan.

*Label as [question('value'), id='2']\_Attachment O \**

Browse...

139. I, [question("option value"), id="444", option="11697"], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], verify and affirm the implementation and adherence to provide continuous and ongoing access to affordable cannabis and cannabis-derived products for all patients. This attestation is made pursuant to the commitment of the registered organization to foster affordability of cannabis and cannabis-derived products for all patients in accordance with the State of New York law and regulations. \*

Initial

## **XII. Cultural, Linguistic, and Medical Competencies**

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Some of the questions below are experience-based questions. For each experience-based question where prompted, please identify an owner for each, if applicable. If the owner is an individual, they must have at least a 1% ownership stake in [question("value"), id="2"]. If the owner is an entity, they must have at least a 5% ownership stake in [question("value"), id="2"].

#### 140. **Community Engagement**

Do any of your current owners have experience engaging with community members and organizations in medically underserved and underserved communities in the State of New York or comparable communities in other states to positively impact these communities in ways that address social, economic, political, environmental, or health factors? \*

- Yes
- No

141. Is the selected owner an individual or entity? \*

- Individual
- Entity

142. Selected Owner's Name (Individual) \*

First Name

Last Name

143. Selected Owner's Name (entity) \*

144. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

145. Describe the role of the applicant in providing services to unserved and underserved communities, a description of the services, an estimate of the total number of people served or impacted, and the number of years served. (Limit: 1000 words) \*

146. Attach supporting documents, if necessary

Browse...

### 147. Community Engagement

Have any of your current owners previously provided donations to or partnered with community organizations that provide outreach and services to patients in medically underserved and underserved areas in the State of New York or comparable communities in other states? \*

- Yes
- No

148. Is the selected owner an individual or entity? \*

- Individual
- Entity

149. Selected Owner's Name (Individual) \*

First Name

Last Name

150. Selected Owner's Name (entity) \*

151. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

152. Please describe. (Limit: 1000 words) \*

153. Attach documentation, including but not limited to receipt of donations and proof of CBO 501c3 status and participation in these partnerships, including but not limited to MOUs or similar agreements. \*

Browse...

#### 154. **Community Engagement**

Does the applicant have a plan to partner with community members and/or community-based organizations to provide impactful outreach and services to patients in medically unserved and underserved communities in the State of New York? \*

- Yes
- No

155. Please describe. (Limit: 1000 words) \*

156. Attach supporting documents, if necessary

Browse...

### 157. **Community Engagement**

Does the applicant have letters of support from anticipated community-based organization partners with whom they plan to conduct community engagement? \*

- Yes
- No

158. Attach the applicant's letters of support from anticipated community-based organization partners. \*

Browse...

### 159. Organizational Policies and Procedures

Do any of your current owners have experience in servicing or accommodating individuals with language barriers? \*

- Yes
- No

160. Is the selected owner an individual or entity? \*

- Individual
- Entity

161. Selected Owner's Name (Individual) \*

First Name

Last Name

162. Selected Owner's Name (entity) \*

163. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

164. Please describe. (Limit: 1000 words) \*

165. Attach documentation demonstrating these efforts.

Browse...

**166. Organizational Policies & Procedures**

Does the applicant have a plan to accommodate individuals with language barriers? \*

- Yes
- No

167. Please describe. (Limit: 1000 words) \*



### 168. Resource Allocation

Have any of your owners currently or historically allocated resources dedicated to incorporating cultural competency into the policies and practices of their respective organizations? \*

- Yes
- No

### 169. Is the selected owner an individual or entity? \*

- Individual
- Entity

### 170. Selected Owner's Name (Individual) \*

First Name

Last Name

### 171. Selected Owner's Name (entity) \*

172. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

173. Please describe. (Limit: 1000 words) \*

174. Attach documentation demonstrating these efforts.

Browse...

175. **Resource Allocation**

Does the applicant plan to allocate human or financial resources to ensure the ongoing development and execution of culturally, linguistically, and medically appropriate goals and policies of the organization? \*

- Yes
- No

176. Please describe. (Limit: 1000 words) \*

177. Attach documentation demonstrating these efforts, if necessary..

Browse...

### 178. **Education & Training**

Does the applicant have a plan to prepare and educate staff to execute the cultural, linguistic, and medical policies, practices, and procedures of the organization? \*

- Yes
- No

179. Please describe. (Limit: 1000 words) \*

### 180. **Medical Competency**

Do any of your current owners have experience in providing equitable and culturally competent medical care in medically unserved and underserved communities in the State of New York or comparable communities in other states? \*

- Yes
- No

181. Is the selected owner an individual or entity? \*

- Individual
- Entity

182. Selected Owner's Name (Individual) \*

First Name

Last Name

183. Selected Owner's Name (entity) \*

184. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

185. Please describe. (Limit: 1000 Words) \*

186. Attach supporting documents

Browse...

187. **Medical Competency**

Do any of your current owners have a brick-and-mortar location providing medical care in a medically unserved or underserved communities in the State of New York or comparable communities in other states? \*

- Yes
- No

188. Is the selected owner an individual or entity? \*

- Individual
- Entity

189. Selected Owner's Name (Individual) \*

First Name

Last Name

190. Selected Owner's Name (entity) \*

191. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

192. Attach documentation of operating at this location, including the address of the operating location. \*

Browse...

### 193. **Medical Competency**

Does the applicant have a plan to prepare dispensary pharmacists to consider the disproportionate impact of certain medical conditions on racial and ethnic minority groups when counseling patients? \*

Yes

No

194. Please describe. (Limit: 1000 words) \*

### 195. Community Health and Needs Assessments

Do any of your current owners have experience in performing a community health needs assessment covering topics including physical, mental, and social wellbeing; broad systemic factors impacting health; and structural challenges to community health? \*

- Yes
- No

196. Is the selected owner an individual or entity? \*

- Individual
- Entity

197. Selected Owner's Name (Individual) \*

First Name

Last Name

198. Selected Owner's Name (entity) \*

199. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

200. Please describe. (Limit: 1000 words) \*

201. Attach documentation demonstrating these efforts.

Browse...

## 202. **Community Health Assessments**

Does the applicant have a plan for how it will approach the creation and execution of a community health and/or needs assessment including plans for continuous, ongoing assessments, specific to the State of New York medical cannabis market? \*

- Yes
- No



203. Please describe. (Limit: 1000 words) \*

#### 204. **Community Impact Assessments**

Do any of your current owners have experience in performing a community impact assessment, specifically in the evaluation of its policies and services?

\*

Yes

No

205. Is the selected owner an individual or entity? \*

Individual

Entity

206. Selected Owner's Name (Individual) \*

First Name

Last Name

207. Selected Owner's Name (entity) \*

208. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that this owner has prior experience in this subject matter and the applicant has demonstrable authority over the applicant's activities that relate a particular subject matter to their past experience. \*

Initial

209. Please describe, including examples of how the collected data was used to inform programs and policies. (Limit: 1000 words) \*

210. Attach documentation supporting the applicant's experience in performing a community impact assessments.

Browse...

### 211. **Community Impact Assessments**

Does the applicant have a plan to conduct a community impact assessment to measure and evaluate the impact of the implementation of culturally, linguistically, and medically appropriate policies and services in medically unserved and underserved communities in the State of New York? \*

- Yes
- No

212. Please describe. (Limit: 1000 words) \*

### XIII. Attestations

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**Page description:**

**The processing of an application shall not constitute an acknowledgment that the requirements of the Cannabis Law and this subchapter have been satisfied.**

I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], understand that the Office of Cannabis Management will rely on each and every answer in this application and its accompanying documents in reaching its determination and I state under the penalty of perjury, that all statements and representations therein are true and correct to the best of my knowledge and belief, and

213. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that every applicant for a license who is an individual or sole proprietor must certify in a written statement under oath, duly sworn and subscribed, that as of the date the application is filed he or she is (or is not) under obligation to pay child support and that if he or she is under such an obligation, that he or she does (or does not) meet one of the following requirements:

1. he or she is not four months or more in arrears in the payment of child support;
2. he or she is making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties;
3. the child support obligation is the subject of a pending court proceeding;  
or,
4. he or she is receiving public assistance or supplemental security income.

Such written statement must be emailed to the Office at [AULicensing@ocm.ny.gov](mailto:AULicensing@ocm.ny.gov) in order for the license application to be considered complete. Persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their license. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to § 175.35 of the Penal Law of the State of New York. \*

Initial

214. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that [question("value"), id="2"] will not change ownership post-submission. If [question("value"), id="2"] is granted a registration, they are required to maintain this ownership structure, at a minimum, through the start of the operationalization of their registration. After registration is granted, any change in ownership must be submitted to the Office for review and may be subject to Board approval. \*

Initial

215. I, [question('option value'), id='444', option='11697'], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that [question('value'), id='2'] will comply with all applicable New York State and local laws and regulations relating to the activities in which it intends to engage under the registration. \*

Initial

216. I, [question("option value"), id="444", option="11697"], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], verify and affirm under penalty of perjury that all statements made in this application are true and accurate. [question("value"), id="2"] understands that any document that accompanies, or is provided to supplement, this application that is not an original document is a true copy of the original document. \*

Initial

217. If granted a registration, I, [question("option value"), id="444", option="11697"], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], hereby attest that [question("value"), id="2"] uses the Seed-to-Sale inventory management tracking system approved by the Office to record activities that [question("value"), id="2"] is permitted under the registration. \*

Initial

218. I, [question("option value"), id="444", option="11697"], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], hereby verify and affirm under penalty of perjury that all information, documentation, attestations, and assurances submitted to the Office are not fraudulent, false, or misleading. I understand that any false statements made on this application may be punishable as a Class A misdemeanor pursuant to § 210.45 of the Penal Law of the State of New York. \*

Initial

219. I, [question("option value"), id="444", option="11697"], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that [question("value"), id="2"] is aware that any approval of a registration does not constitute approval of operating plans or endorsement of standard operating procedures as compliant with applicable statutory or regulatory requirements. [question("value"), id="2"] is responsible for ensuring implemented operating plans and standard operating procedures are compliant with all applicable statutory and regulatory requirements. \*

Initial

220. I, [question("option value"), id="444", option="11697"], the [question('option value'), id='444', option='11698'] of [question('value'), id='2'], attest that, if granted a registration, [question("value"), id="2"] shall not be managed by or employ anyone who has been convicted within three (3) years of the date of hire, of any felony related to the functions or duties of operating a business, unless the Office determines that the manager or employee is otherwise suitable to be hired as set forth in Cannabis Law § 34(7). \*

Initial

221. Signed by [question("option value"), id="444", option="11697"], the [question("option value"), id="444", option="11698"] for [question("value"), id="2"], on [system("date")] at [system("time")] EST (UTC-5) \*

---

Sign name using mouse or touch pad

Signature of

#### **XIV. Executive Signature**

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222. Attach the following document that applicant's Chief Executive Officer, or an appropriate equivalent given the applicant's business structure, has signed and notarized which authorizes the release of any and all applicant information of a confidential or privileged nature to the Office and its agents.

<https://cannabis.ny.gov/registered-organization-notary-form> \*

Browse...

## Thank You!

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Thank you for submitting your application. The Office will be in contact shortly.