

**DO NOT** SUBMIT A MARIJUANA EDUCATIONAL RESEARCH LICENSE APPLICATION UNLESS YOUR MARIJUANA ESTABLISHMENT WILL BE READY TO PASS AN INSPECTION WITHIN 60 DAYS OF APPLICATION SUBMISSION.

Failure to pass an inspection within 60 days of application submission may result in the denial of your license application.

## MARIJUANA EDUCATIONAL RESEARCH LICENSE APPLICATION

### *Marijuana Educational Research License Application*

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### *Supporting Documents*

- Research Plan, including but not limited to:
  - Brief description of the research that will be conducted
  - Documentation of affiliation with a degree or certificate program offered by an institute of higher learning accredited by the Higher Learning Commission
  - Plan for documenting all individuals who will have access to the location and the marijuana or marijuana products
  - Plan to ensure secure delivery and receipt of marijuana at the licensed location
  - Plan to ensure the safe storage of marijuana at the licensed location
  - Plan for the tracking of marijuana quantities at the licensed location
  - Plan for the disposal of marijuana after research
  - Partnerships with other licensees
- Floor Plan of the Location
- Copy of Certificate of Use and Occupancy
- DBA Documentation (if applicable)
- Certificate of Assumed Name (if applicable)

All applicable items on the checklist are required to be provided at the time of application submission.  
Failure to submit any of the applicable items may result in the denial of your application.

## DEMOGRAPHIC INFORMATION

Please provide the following information regarding the applicant.

<b>Applicant Name</b> (as appears on official documents)	<b>SSN or FEIN</b>	<b>Date of Birth</b> (mm/dd/yyyy)
<b>Mailing Address</b>	<b>Phone</b>	
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>E-mail Address</b>	

## PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

<b>Name</b> (First, Middle, Last)	<b>Date of Birth</b> (mm/dd/yyyy)
<b>Mailing Address</b>	<b>Phone</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>E-mail Address</b>

## INSTITUTION INFORMATION

Please provide the following information regarding the institution of higher learning accredited by the Higher Learning Commission.

<b>Name of Institution</b>	<b>Applicant's Affiliation with Institution</b> (e.g., Faculty, Research Administrator)
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**ATTESTATION 6-A**

**ACKNOWLEDGMENT & CONSENT TO INVESTIGATIONS, STATUTE & RULE COMPLIANCE**

**(To be completed and submitted by the applicant)**

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant

acknowledge that I am the person responsible for submitting this application and supporting documents.

I hereby acknowledge that the Cannabis Regulatory Agency (Agency) may require supplemental materials to carry out its statutory duties. I agree to submit such supplemental materials as requested in a timely manner. I understand that if the Agency identifies a deficiency in an application, the agency shall notify the applicant and the applicant shall submit the missing information or proof that the deficiency has been corrected to the agency within 5 days of the date the applicant received the deficiency notice. I acknowledge that failure to provide requested disclosures and documentation or to correct any notice of deficiency within 5 days of its receipt may result in the **denial** of an application.

I attest that the application information related to the governing municipality for the marijuana establishment which is the subject of this application is complete and accurate. Further, I attest that the use of the premises described therein complies with all covenants, easements, restrictions, and other matters of record including the use provisions of any applicable zoning ordinance and all other governmental requirements.

I hereby consent to investigations of compliance, regular inspections, examinations, searches, seizures, and auditing of books and records as provided in MRTMA Section 7 and the MRTMA Administrative Rules.

I understand that in failing to cooperate with an investigation process, the Agency may impound, seize, assume physical control of, or remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored. Failure to assist in an investigation may also result in denial, suspension, revocation, or restriction of a license. I understand that sanctions may be imposed for violations on a licensee while licensed or after the marijuana license has expired.

I acknowledge that I shall have a physical structure ready for inspection so that I may receive a passing inspection by the 60<sup>th</sup> day after my complete application is submitted. In the event I do not have a passing inspection by the 60<sup>th</sup> day, I acknowledge that my application may be denied.

I attest that I shall apply for and obtain the necessary registration from the United States Drug Enforcement Administration (DEA) after the issuance of a license and will provide proof of registration to the Agency before engaging in any licensed activity.

I understand that I am required to notify and report to the Agency in writing within 24 hours of becoming aware of loss of institutional affiliation, loss of institutional accreditation, loss or restriction of DEA registration, or theft, loss, diversion, or criminal activity at the licensed location.

I attest that I shall prohibit marijuana or marijuana products grown, produced, or obtained under the license to be consumed or sampled on the licensed premises unless I am approved to engage in a research study under the Administrative Rules or I obtain express written permission from the Agency.

**ATTESTATION 6-B**  
**CONFIRMATION OF SECTION 6 COMPLIANCE**  
**(To be completed and submitted by the applicant)**

Name of Applicant: \_\_\_\_\_

Address of Proposed Research Location: \_\_\_\_\_

Municipality of Proposed Research Location: \_\_\_\_\_

Name of Municipal Clerk/Designee: \_\_\_\_\_

Phone Number of Municipal Clerk/Designee: \_\_\_\_\_

Email Address of Municipal Clerk/Designee: \_\_\_\_\_

Mailing Address of Municipal Clerk/Designee: \_\_\_\_\_

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant

am authorized to sign this attestation on behalf of the proposed marijuana educational research license identified above and attest to and confirm the following:

1. The municipality in which the proposed marijuana educational research is to be conducted has not adopted an ordinance prohibiting adult-use marijuana establishments.
2. I am in compliance with all ordinances the municipality has adopted relating to marijuana establishments, including zoning regulations.
3. I will report to the Cannabis Regulatory Agency (CRA) any changes that occur with municipal ordinances or zoning regulations that relate to the proposed marijuana educational research license.
4. I will report to the CRA any municipal establishment approvals.
5. I will report to the CRA any violations of a municipal or zoning regulation.

## ACKNOWLEDGMENT OF ATTESTATIONS

**(To be signed and submitted by the applicant)**

Do not sign until notary is present

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Name of Applicant Name & Title of Individual Authorized to Sign on Behalf of Applicant

hereby swear, acknowledge, and consent to the following attestations (check all that apply to indicate the applicant's acknowledgment and consent):

- Attestation 6-A: Acknowledgment & Consent to Investigations, Statute & Rule Compliance
- Attestation 6-B: Confirmation of Section 6 Compliance

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

\_\_\_\_\_  
 Signature of Individual Authorized to Sign on Behalf of Applicant

\_\_\_\_\_  
 Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Authorized Individual Name) (Date)

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 (Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the county of \_\_\_\_\_, \_\_\_\_\_.  
(county) (state)

My commission expires: \_\_\_\_\_.



**(1) BUSINESS SPECIFICATIONS**

**A. Establishment Ownership Information:** Provide the following information regarding ownership of the marijuana establishment to be licensed:

\_\_\_\_\_  
Property Tax ID Number

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Property Street Address (including suite number, if applicable)

\_\_\_\_\_  
Type of Ownership or Use Interest (e.g., own, rent, land contract)

**B. Establishment Location Zoning Category** (e.g., agriculture, commercial, residential): \_\_\_\_\_

**(2) MUNICIPALITY INFORMATION**

**A.** Name of municipality in which the marijuana establishment will be located: \_\_\_\_\_

**B.** City, state, and zip code of municipality: \_\_\_\_\_

**C.** County of municipality: \_\_\_\_\_