# AUR Form 1 – General Contact Information, Taxpayer Identification and Affirmations

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| **1** | **APPLICANT NAME**  **(legal name, and any d/b/a name(s), if applicable)** | Company Name  You must attach the following documents to this Form:   * Articles of Incorporation filed with RI Secretary of State (SOS) * Certificate of Good Standing from the RI SOS * Evidence of filing a Fictious Business Name Statement with the SOS, if applicable |
|  | **APPLICATION ZONE#** | (Note separate applications and application fees are required to apply in multiple zones) |
| **2** | **BUSINESS STREET ADDRESS** | Street Address |
| **3** | **CITY, STATE, ZIP** | City, State, Zip |
| **4** | **STREET ADDRESS OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS** | Street Address |
| **5** | **CITY, STATE, ZIP** | City, State, Zip |
| **6** | **PLAT#/LOT# OF PROPOSED LICENSED PREMISES FOR RETAIL SALES OF CANNABIS** |  |
| **7** | **SQUARE FOOTAGE OF PROPOSED FACILITY FOR RETAIL SALES OF CANNABIS** |  |
| **8** | **FEIN:**  (Federal Employer Identification Number) |  |
| **9** | **TELEPHONE NUMBER** | **AREA CODE NUMBER EXTENSION**  **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_** |
| **11** | **TOLL FREE NUMBER (if not applicable, put “N/A”)** | **AREA CODE NUMBER EXTENSION**  **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_** |
| **12** | **COMPLIANCE OFFICER Identification and Contact Information** | **The Applicant must appoint a Compliance Officer to whom information, notices, and documents will be sent. The Commission reserves the right to contact and/or send notices and other correspondence to the Applicant by email and/or post mail. It is the Applicant’s responsibility to ensure that the Compliance Officer information is correct and up to date at all times following application and throughout licensure.** |
|  | **Name:** | Name |
|  | **Title:** | Title |
|  | **Mailing Address:** | Address |
|  | **Email Address:** | Email Address |
|  | **Phone Number** | **(\_\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_**  **AREA CODE NUMBER EXTENSION** |

## TAXPAYER STATUS

All persons and entities applying for or renewing any license, registration, permit, or other authority (hereinafter called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by R.I. Gen. Laws Ch. 5-76, except as noted below.

**PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE**

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

I am currently pursuing administrative review of taxes owed to the state.

I am in federal bankruptcy. (Case # )

I am in state receivership. (Case # )

I have been discharged from Bankruptcy. (Case # )

Name of Taxpayer/Entity Social Security or Federal Tax Identification Number

## AFFIRMATIONS

**Applicant hereby understands and affirms the following:**

1. The burden of proving an Applicant’s qualifications rests on the party applying for the license.
2. The Cannabis Control Commission may deny any Application that contains a material misstatement, omission, misrepresentation, or untruth.
3. An Application shall be complete in every material detail.
4. The Cannabis Control Commission may rescind its approval of an Adult-Use Cannabis Retail License if Applicant has not completed the pre-requisites for issuance of the license as described in the Regulations within nine (9) months of their approval.
5. Regarding the location of the licensed premises, Applicant commits to the following:
   1. The premises is in full compliance with local zoning laws and the Applicant is in receipt of all required zoning approvals.
   2. The operations of Applicant shall conform to local zoning requirements.
6. Applicant commits to not acquiring cannabis from anyone other than a licensed cultivator or licensed manufacturer in accordance with the Act and the Regulations.
7. Applicant commits to the limitations set forth in the Act and the Regulations and understands that they are limited to possessing cannabis only as permitted in the Act and the Regulations.
8. Applicant understands that the licensed premises may not be within 500 feet of the property line of a preexisting public or private school.
9. Applicant hereby acknowledges it shall enter into, maintain, and abide by the terms of a labor peace agreement, and shall submit to the Commission an attestation by a bona fide labor organization stating that the Applicant meets the requirements of Section 21-28.11-12.2 of the Cannabis Act.
10. Applicant understands that an Adult-Use Cannabis Retail licensee and any interest holders/key persons thereof may not have any material financial interest or control in Licensed Testing Facility or a Licensed Compassion Center and vice versa.
11. Applicant understands that an Adult-Use Cannabis Retail licensee and any interest holders/key persons thereof may not have any material financial interest or control in another Applicant in the same zone and vice versa.
12. Applicant understands that a person shall not be a majority owner in more than one (1) cannabis cultivator, cannabis product manufacturer, cannabis retailer, or compassion center. A person may invest in multiple licensed cannabis establishments provided that the investment does not qualify the person as a controlling person in more than one (1) cannabis establishment.

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| **SIGNATURE FOR AUR FORM 1**  The undersigned attests that the Applicant understands and will adhere to all requirements of the Act and the Regulations, including but not limited to those listed above, and that the undersigned has the authority to bind the Applicant to all such requirements.  The undersigned Authorized Signatory of the Applicant hereby acknowledges and agrees that the Applicant has a continuing obligation to disclose any changes to the entirety of this Application for an Adult-Use Cannabis Retail License and shall provide written notice to the Commission within sixty (60) days of any change to the information provided herein, including all Forms, Annexes, Exhibits, Documents and Deliverables submitted in connection with or as part of the application process; each such notice shall include an updated Form, Annex, Exhibit, Document or Deliverable, as the case may be.  Under penalty of perjury, the undersigned hereby declares and verifies that all statements and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith are complete, true, correct and accurate. | |
| **AUTHORIZED SIGNATORY SIGNATURE** | |
| **SIGNATURE:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print Name:**  **Print Title:** | **DATE:**  Click here to enter a date. |