



The Cannabis Office (CO) State Licensing System Quick Reference Guide (QRG)

Disclaimer: The purpose of this Quick Reference Guide (QRG) is to help licensees in navigating the state's online Cannabis Licensing Portal. The guide is not a substitution for thoroughly reviewing the regulatory requirements of licensure, [available here](#) for the cannabis program and [available here](#) for the hemp program. While the Cannabis Control Commission and its Cannabis Office strive to make the information contained in this guide as accurate and up-to-date as possible, they make no claims, promises or guarantees about the accuracy, completeness or adequacy of the contents of this guide, and expressly disclaim any liability for errors and omissions herein.

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Commercial Identification Cards

The following individuals are required to apply for and receive a Commercial Identification Card before commencing work in Rhode Island's cannabis, hemp, and CBD industries:

- Owners
- Officers
- Shareholders (excluding those owning less than 5% of the outstanding shares of publicly traded companies)
- Directors
- Board Members
- Managers
- Employees (excluding those employed by a Licensed CBD Retailer)
- Agents
- Volunteers

Individuals are exempted from this requirement if they will be present on site at the licensed premises fewer than five (5) times per calendar year.

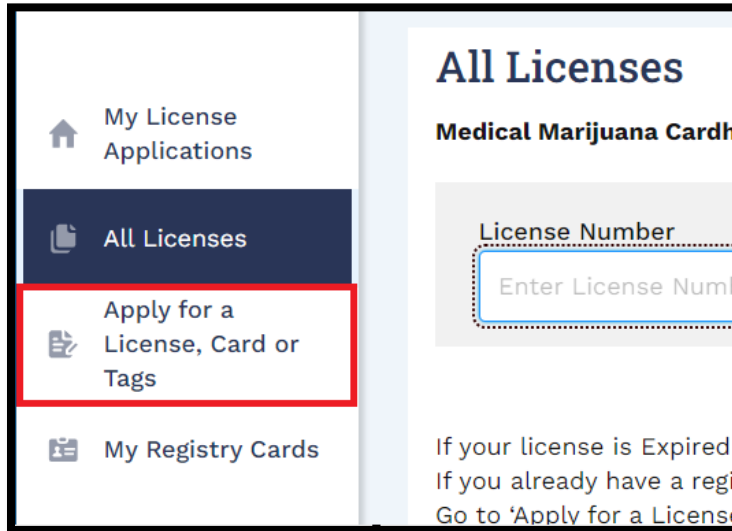
Additionally, all the above individuals, with the exception of Employees and Volunteers, are required to complete a National Criminal Background Check at their local law enforcement office, the Rhode Island State Police, or the Rhode Island Department of the Attorney General with the results forwarded to the Cannabis Control Commission. **New Commercial Identification Cards will not be issued until the CO receives the results of this background check. In cases where the application has been approved but the background check has not been completed, the portal will show the status as “Pending BCI” on the “My Applications” page.** This status does not apply to renewals, which may be approved regardless of BCI status. Individuals outside of Rhode Island should maintain copies of documentation related to BCI submission as some agencies may take a long time to process requests.

Requirements for, and distribution of, Commercial Identification Cards by the CO are pursuant to the [Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, the Cannabis Act](#), and the Rules and Regulations related to Cannabis Establishment Applications, Licensing and Renewals, [560-RICR-10-10-1.3.5](#), as well as the Hemp Growth Act, R.I. Gen. Laws Chapter [2-26-1 et seq.](#) and the Rules and Regulations Related to the Rhode Island Industrial Hemp Program Administered by the CO, 560-RICR-10-20-1.

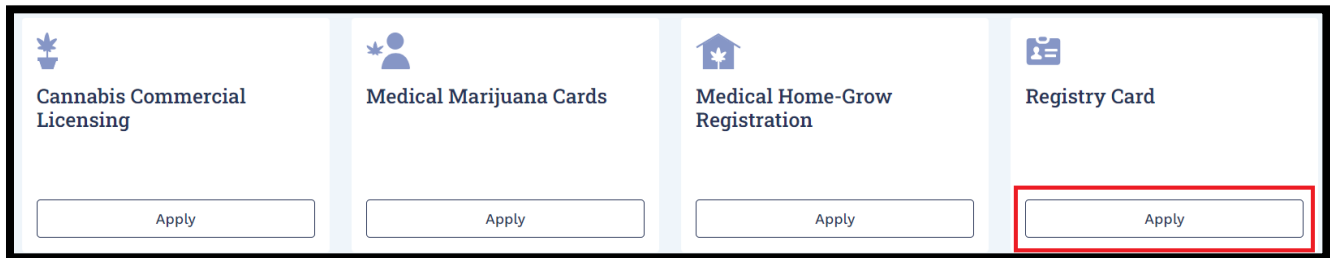
Initial Commercial Identification Card Application and Reactivation

****Note** This set of instructions applies to individuals applying for Commercial Identification Cards for the first time, individuals who held a Commercial Identification Card prior to the introduction on the Cannabis Licensing Portal (Portal) who are renewing in the Portal for the first time, and individuals seeking to reactivate their cards after it was previously deactivated.**

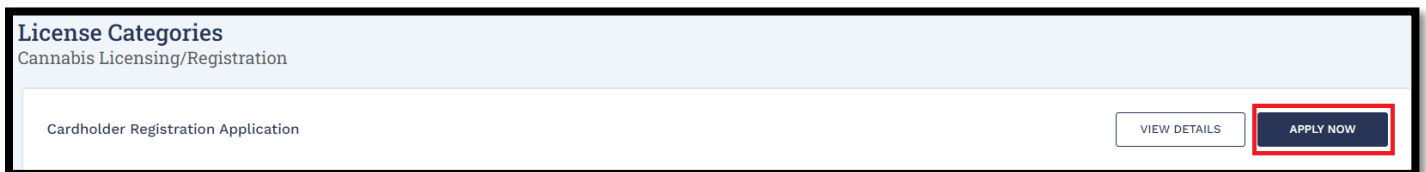
1. Once you have logged into the Portal, select “Apply for a License, Card, or Tags” from the menu on the left.



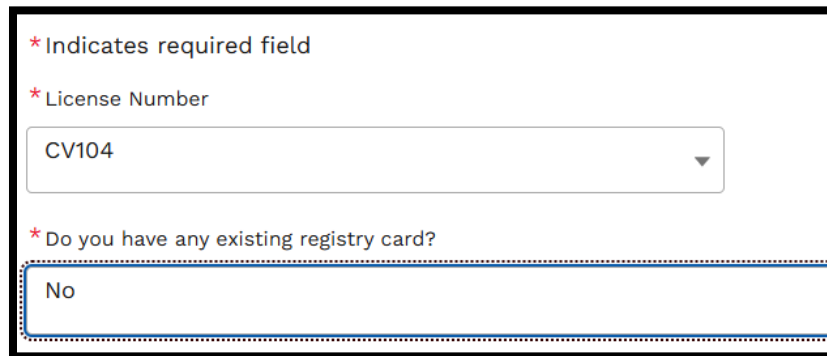
2. Select “Apply” under the “Registry Card” box, the option furthest to the right.



3. Select “Apply Now” on the following screen.



4. Select the relevant license number from the dropdown
5. If you are applying for a Commercial Identification Card and *never* possessed a state issued card by the CO, select “No” from the drop-down menu underneath “Do you have an existing registry card?”



* Indicates required field

* License Number

CV104

* Do you have any existing registry card?

No

If you are either applying for a card after previously holding one *for the same license* prior to the implementation of the Portal or reactivating a card, select “Yes” from the drop-down menu and enter the “Registry Badge Number” *exactly* as it appears on the “My Registry Cards” page of the Portal.

6. Select “Next” at the bottom of the page.
7. Select the “Add New” from the “New Applicant or Existing Cardholder” drop-down menu.
8. Select the relevant position for the Applicant from the following drop-down menu. In this example the applicant is an Owner of the licensed entity.



Cardholder Registration Form

* Indicates required field

* New Applicant or Existing Cardholder

Add New

* Select position of Applicant

Owner

9. Enter the Applicant’s personal information and mailing address in the relevant boxes.

****Note** It is best practice to use a business email address rather than personal. Each email address *MUST* be unique to the individual rather than being used for multiple employees. Additionally, if the employee has Metrc access the emails used for both accounts *MUST* align to avoid issues.**

10. Enter the date the Applicant’s background check was submitted in final box.

****Note** Applicants classified as Employees or Volunteers do not need to complete a background check and may leave this box blank.**

11. Select “Next” at the bottom of the page.
12. Select “Next” at the bottom of the following “National Criminal Information Center” page.
13. Upload the Applicant’s Government Issued Photo ID and Photograph in the labeled boxes by selecting “Upload/Choose file” in the relevant row.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Govt issued photo ID ⓘ	-	Upload/Choose file

****Note**** The photograph must meet the following specifications to be accepted for use on a Commercial Identification Card:

- Be in a commonly accepted digital format such as .jpeg and .png
- Is on a plain background
- Is from the shoulders up
- Does not include hats
- Does not include non-prescription glasses or sunglasses
- Is unfiltered
- Is taken in upright, rather than landscape, orientation

14. Select “Next” at the bottom of the page once the documents have been uploaded.

Attachments

* Indicates required field

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Govt issued photo ID ⓘ Govt Issued ID John Smith.jpg 4/3/2024, 2:24 PM	Uploaded	Delete Upload/Choose file
Attachments	* Photograph ⓘ Digital Photograph John Smith.jpg 4/3/2024, 2:24 PM	Uploaded	Delete

BACK NEXT

15. Click the button that says “Sign the Document,” followed by “OK” in the popup window to be brought to Adobe Sign where you will sign a required attestation.

****Note**** Once you click “OK” the popup window will disappear but it may take a few moments for the portal to bring you to the Adobe Sign page. Please *do not* select “Sign the Document” again or navigate away from the page.

16. Select “Next” when you have been brought back to the Portal.

17. Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.
****Note** You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

The screenshot shows a 'Payment' page with the following details:

- Selected License Type:** Compassion \$100.00
- Table:**

DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$100.00	Pending
- Additional Processing Fee Will Apply**
- Select payment option:**
 - Pay Online
- Buttons:** BACK, PAY & SUBMIT

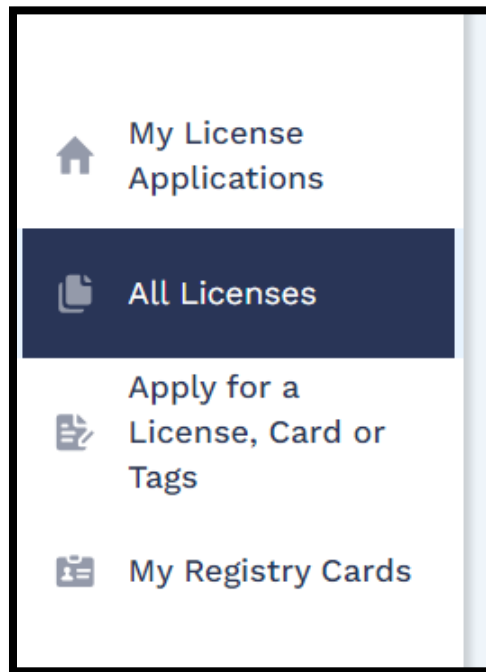
18. After payment has been completed the application will be submitted and reviewed by the CO.

****Note** Employees may begin working once the Commercial Identification Card shows as “Issued” in the licensing portal, even if the physical card has not yet been received.**

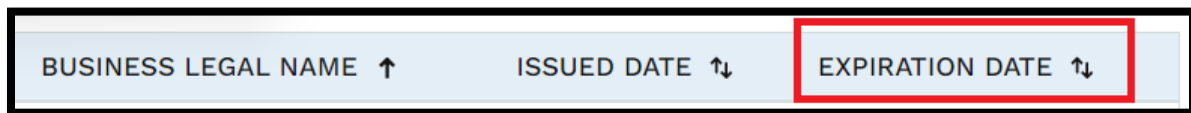
Commercial Identification Card Renewal

****Note** It is the LICENSEE’S RESPONSIBILITY to track expiration dates for their employee’s Commercial Identification Cards. The system WILL NOT notify you when a card is approaching or past its expiration date and, as such, it is a best practice to have an in-house system for tracking the expiration dates of cards.**

1. You may begin to renew a Commercial Identification Card sixty (60) days prior to its expiration date. Begin by referring to the “All Licenses” section of the Portal to confirm the identity of individuals whose cards needs to be renewed. **No changes may be made to the Commercial Identification Card during this renewal period. Any changes of mailing address or name must be made either prior to this period or following renewal.**



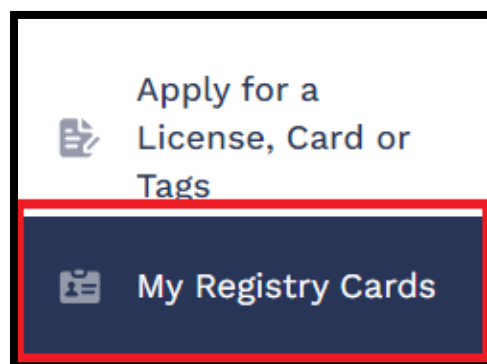
2. Select the heading marked "Expiration Date" to sort the list by which Commercial Identification Cards will require the soonest renewals.



3. Note the "License Number" of the expiring card you wish to renew.

ACTIONS	LICENSE NUMBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION DATE
Renew More Options: ▾	RCH567	Registry Card Holder License	Active	TestCo, LLC	4/15/2023	4/15/2024

4. Navigate to the "My Registry Cards" section of the Portal.



5. Match the "License Number" from the "All Licenses" section with the "Issuance" record displayed in the "My Registry Cards" section to confirm the individual to whom the expiring

card belongs.

SALESFORCE REFERENCE # ↑↓	REGISTRY BADGE NUMBER ↑↓	STATUS ↑↓	ISSUANCE ↑↓	CARDHOLDER FIRST NAME ↑↓	CARDHOLDER LAST NAME ↑↓	ACTIONS
RC-3352	MMPC037-501	Active	RCH568	John	Smith	Remove
RC-3351	MMPC037-500	Active	RCH567	Linda	Proudfoot	Remove

****Note**** A status of “Active” in the “My Registry Cards” page **DOES NOT MEAN THAT THE CARD IS UNEXPIRED**, it only refers to the existence of the card within the system. It is a licensee’s responsibility to keep accurate records of the expiration dates of all registry cards, including BCI dates.

- After confirming the individual’s identity, return to the “All Licenses” section to complete the renewal.

****Note**** Licensees *must* notify the CO upon termination of an individual’s employment with their business and return their Commercial Identification Card to the CO. This requirement may be met by sending a monthly email, as applicable, to CCC.CannabisCompliance@CCC.ri.gov.

- Once a card is within the 60-day renewal period, you will see the option to “Renew” the card under “Actions.” Begin by selecting this option.

ACTIONS	LICENSE NUMBER ↑↓
Renew More Options: ▼	RCH567
Change Request More Options: ▼	RCH568

- Select “Next” at the bottom of the pages titled “Instructions and Documentation,” “Cardholder Registration Form,” and “National Criminal Information Center”
- Upload the Applicant’s Government Issued Photo ID and Photograph in the labeled boxes by selecting “Upload/Choose file” in the relevant row.

****Note**** The Photograph must meet the following specifications to be accepted for use on a Commercial Identification Card:

- Be in a commonly accepted digital format such as .jpeg and .png
- Is on a plain background
- Is from the shoulders up
- Does not include hats

- Does not include non-prescription glasses or sunglasses
- Is unfiltered
- Is taken in upright, rather than landscape, orientation.

You may reuse the picture from the previous year.

10. Select “Next” at the bottom of the page once the documents have been uploaded.
11. Type the name of the individual completing the application in the box labeled “Signature” and then select “Next” at the bottom of the page.
12. Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

****Note** You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

The screenshot shows a 'Payment' page with the following elements:

- Selected License Type: Compassion \$100.00
- Table with columns: DESCRIPTION, AMOUNT, PAYMENT STATUS
- Table Row 1: License Fee, \$100.00, Pending
- Text: Additional Processing Fee Will Apply
- *Select payment option
- Pay Online
- Buttons: BACK, PAY & SUBMIT

13. After payment has been completed the application will be submitted and reviewed by the CO.

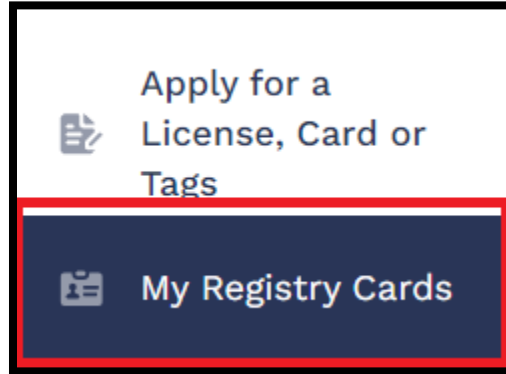
****Note** If you need to make an edit to an application following submission send an email to ccc.cannabiscompliance@ccc.ri.gov where it can be reopened and edited. *DO NOT* withdraw the application as that will cause you to lose your submission fee and begin a new application.**

Additionally, employees may continue working as long as the Commercial Identification Card shows as “Issued” in the licensing portal, even if the new card showing an updated expiration date has not yet been received.

Removal of a Terminated Employee

You must remove an employee in the portal within ten (10) days of when they cease to be employed by the licensee. To do this:

1. Navigate to the My Registry Cards section of the Portal.



2. Locate the employee who has ceased employment with the business and select “Remove” on the right side of the screen and then again in the popup box.

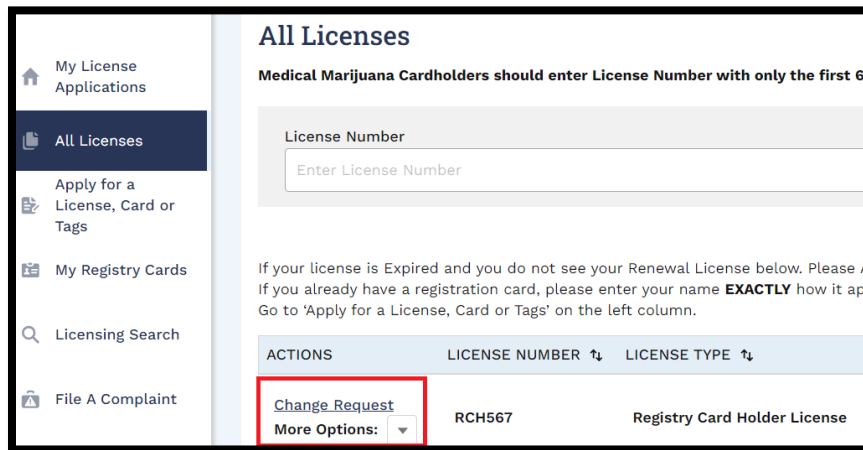
SALESFORCE REFERENCE #	REGISTRY BADGE NUMBER	STATUS	ISSUANCE	CARDHOLDER FIRST NAME	CARDHOLDER LAST NAME	ACTIONS
RC-3352	MMPPC037-501	Active	RCH568	John	Smith	Remove
RC-3351	MMPPC037-500	Active	RCH567	Linda	Proudfoot	Remove

****Note**** Licensees *must* notify the CO upon termination of an individual’s employment with their business and return their Commercial Identification Card to the CO. This requirement may be met by sending a monthly email, as applicable, to CCC.CannabisCompliance@CCC.ri.gov.

Requesting Changes to Commercial Identification Cards

Commercial Identification Cardholders seeking to change the mailing address or name associated with their Commercial Identification Card, as well as those requesting a replacement for a lost card must submit a Change Request through the Portal.

Regardless of the type of change requested, Applicants will begin by selecting “Change Request” in the “Actions” column of the “All Licenses” page of the Portal before selecting the change type from the drop-down list.



Change of Name

1. Select “Change of Name” from the drop-down list and then select “Apply.”



2. Select “Next” on the following page.
3. Enter the *NEW* name for the applicant in the boxes labelled “First Name” and “Last Name”

4. Select “Upload/Choose file” and upload a copy of the Applicant’s Government Issued Photo ID that shows the new name.

Change Request

* Indicates required field

* First Name * Last Name

Linda Forbin

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Copy of Government Issued ID Govt Issued ID_Linda Forbin.jpeg 4/4/2024, 10:42 AM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>

****Note**** The name on the uploaded ID must match the new name that was typed above.

5. Select “Next” at the bottom of the page.
6. Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

****Note**** You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.

Payment

* Indicates required field

DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$10.00	Pending
Additional Processing Fee Will Apply		

* Select payment option

Pay Online

7. After payment has been completed the application will be submitted and reviewed by the CO.

Change of Mailing Address

1. Select “Change of Mailing Address” from the drop-down list and then select “Apply.”
2. Select “Next” on the following page.

3. Enter the *NEW* address for the applicant in the relevant boxes.
4. Select “Upload/Choose file” and upload a copy of the Applicant’s Government Issued Photo ID.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Copy of Government Issued ID Govt Issued ID_John Smith.jpg 4/4/2024, 1:44 PM	Uploaded	Delete Upload/Choose file

5. Select “Next” at the bottom of the page.

6. Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment

* Indicates required field

DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$10.00	Pending
Additional Processing Fee Will Apply		

* Select payment option

Pay Online

BACK PAY & SUBMIT

****Note** You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

7. After payment has been completed the application will be submitted and reviewed by the CO.

Replacing Lost Cards

1. Select “Lost Card Request” from the drop-down list and then select “Apply.”

Select a Change Request X

* indicates required field

* Lost Card Request

Exit Apply

2. Select “Next” on the following page.

3. Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment

*Indicates required field

DESCRIPTION	AMOUNT	PAYMENT STATUS
License Fee	\$10.00	Pending
Additional Processing Fee Will Apply		

*Select payment option

Pay Online

BACK PAY & SUBMIT

****Note** You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

4. After payment has been completed the application will be submitted and a new Commercial Identification Card will be issued by the CO.

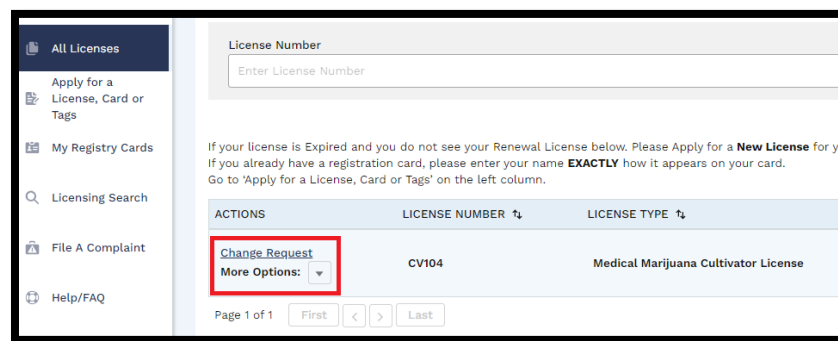
License Change Requests

In accordance with [560-RICR-10-10-1.3.3](#) Cannabis Business Licensees are required to submit a written request for a variance at least sixty (60) calendar days in advance of the following changes:

- A proposed change in ownership;
- A proposed change in the membership of a board of directors, board of trustees, or manager/members;
- A proposed change in corporate officer(s);
- A proposed merger, dissolution, entity conversion or amendment of corporate organization;
- Proposed entering into a management agreement, changing management companies, and/or material changes to an existing management agreement;
- Proposed change to interest holders/key persons
- Proposed change to the approved premises (i.e. moving to a new facility or adding a manufacturing location);
- Proposed change to approved premises floor plan, including but not limited to the locations of cameras and surveillance recording storage areas;
- Proposed expansion or modification of the premises, including expanding or modifying the scope or scale of licensed activity;
- Proposed changes to operations, including but not limited to implementation or modification of curbside pick-up, home delivery, or manufacturing plans and/or processes;
- Requests to receive additional funding;
- Requests for a temporary discontinuance of licenses without revocation; and
- Change of status of applications, licensure, disciplinary, or enforcement activity in other jurisdictions.
- Proposed changes to security and safety plans, operations manual, and business plans; and
- Proposed change in home delivery plans or processes.

Further, licensees must notify the CO in writing within ten (10) days of any changes in mailing address, email addresses, phone numbers, or other relevant contact information.

Regardless of the type of change requested, Applicants will begin by selecting “Change Request” in the “Actions” column of the “All Licenses” page of the Portal before selecting the change type from the drop-down list.



Additional Funding Request

**** NOTE** This variance request should only be completed for sources of funding that are not associated with a change in ownership. Any such changes in ownership must be disclosed using the Change in Ownership variance.**

1. Select “Additional Funding Request” from the drop-down list and then select “Apply.”



2. Review the instructions on the first page and select “Next.”
3. The following page allows licensees to disclose additional sources of funding for both individuals currently disclosed in Section D or Part 2 of the Form 2 as well as new individuals who have not previously provided financing or other resources to the business. **It is very important to read the instructions at the top of this page to determine whether the funder belongs in Section D or Part 2.**

If you are adding a new individual to Section D, select “Add New” in the first box and input the individual’s personal information.


PART-I		
STATUS	CONTACT TYPE	ACTION
3 Added	List D Persons or entities holding an interest through a consulting or shared management agreement	


****Note** If the investment is coming from a non-publicly-traded entity, you must include all owners of that entity down to the natural person.**

If you are receiving funding from someone already listed in Section D, select “Edit/Delete Contact” next to the relevant name and make any necessary changes.

ADDED CONTACTS		
NAME	CONTACT TYPE	ACTION
John Smith	Investors	 Edit/Delete Contact
Terry Kath	Investors	 Edit/Delete Contact
CTA	Investors Business	 Edit/Delete Contact

Likewise select either “Add New” or “Edit/Delete Contact” in the third and fourth boxes to add or revise an individual in Part 2 of the Form 2.

PART-II		
STATUS	CONTACT TYPE	ACTION
1 Added	Other Interest Holders	 Add New

ADDED CONTACTS		
NAME	CONTACT TYPE	ACTION
Rand Althor	Other Interest Holders	 Edit/Delete Contact

Once you have added all relevant individuals, select “Next” at the bottom of the page.

4. Include a brief summary of the investment and upload a copy of any relevant documentation on the following page (shown on following page) and select “Next.”
5. Type the name of the person completing the application in the Signature box and select “Submit” to complete the application.

* Please briefly describe the nature of the Additional Funding Request. If the funds are from individuals previously listed on your Form 2 disclosures, please also include the names of such individuals here.

Gift of \$10000 from parent Rand Althor

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Document Upload	* Loan agreement, line of credit, or other documents containing the terms of funding Parental Gift Documentation.pdf 9/27/2024, 1:33 PM	Uploaded	<div style="text-align: center;"> Delete UPLOAD/CHOOSE FILE </div>

Change of Form 2 Contacts

In accordance with [560-RICR-10-10-1.3.2](#) a person may invest in multiple licensed cannabis establishments. To facilitate this, a new option to search for existing Form 2 contacts from other licensees has been added to the Change of Ownership function. This functionality currently only exists for Cultivator Licensees and is being developed for other license types. This section has therefore been split in three – adding unassociated individuals, adding individuals currently associated with another licensee, and deleting or modifying existing Form 2 contact

Adding Unassociated Individuals

1. Select “Change of Ownership Request” from the drop-down list and then select “Apply.”

Select a Change Request ✕


* indicates required field

* Class B - 10,000 sq. ft. Max Change of Ownership Request ▼

Exit
Apply

****NOTE**** The “Change of Ownership Request” option captures *ANY CHANGES TO FORM 2 CONTACTS* including, but not limited to, investors, individuals with operational control, third party managers, and management agreements.

2. Select “Next” on the following two pages which show the license number and the company name respectively.
3. If you are adding individuals to the Form 2, you may do so based on their role within the organization by selecting “Add New” next to the relevant Form 2 section.

STATUS	CONTACT TYPE	ACTION
1 Added	List A Owners and Other Interest Holders	 Add New

4. Select whether the newly disclosed contact is either an individual or business in the popup window. In both cases, select “Add New,” confirm the applicability of the revealed prompt, enter all requested information, and continue to the “For All Form 2 Changes” section of this guide.

*** First Name**

*** Last Name**

*** Title** **SSN**

*** Date of Birth** **Background Check**

*** Street Address**

*** City** *** State**

*** Zip** *** Phone Number**

*** Email**

*** Business Associated with (Applicant, parent business or sub-entity)**

****NOTE**** If you include a Business on this page **YOU MUST INCLUDE THE OWNERS OF THAT BUSINESS DOWN TO THE INDIVIDUAL PERSON.** The only exceptions to this are publicly traded companies that must disclose all individuals holding 5% or more of the outstanding shares. The example on the following shows what this would look like for an Interest Holder in the licensee via third party management company with a sole owner. Please pay particular attention to the “Business Associated with” section where the appropriate response is the entity that the Contact is *directly* connected to. In the example below Jack Goodman is the Owner of ManagerCo, LLC which, in turn will have a management agreement with the licensee, TestCo, LLC. Therefore on Jack Goodman’s contact, the “business associated with” is ManagerCo, LLC, *not* the licensee.

LIST E THIRD PARTY MANAGERS
 E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT/LICENSEE, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.
 To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

* Business Name FEIN

ManagerCo, LLC **-***1684

* Street Address

849 Buffet Drive

* City * State

Dover Delaware

* Zip * Phone Number

19901 (555) 555-5555

Email

*** Business Associated with (Applicant, parent business or sub-entity)**

TestCo, LLC

* Interest

0.00%

LIST E THIRD PARTY MANAGERS
 E. LIST ALL PERSONS OR ENTITIES THAT HOLD INTEREST(S) ARISING UNDER SHARED MANAGEMENT COMPANIES, MANAGEMENT AGREEMENTS, OR OTHER AGREEMENTS THAT AFFORD THIRD-PARTY MANAGEMENT OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT/LICENSEE, ITS OPERATIONS, THE LICENSE AND/OR THE LICENSED FACILITIES.
 To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.

* First Name * Last Name

Jack Goodman

* Title SSN

Owner **-***-4652

* Date of Birth Background Check

Apr 10, 1992 Apr 12, 2024

* Street Address

25 Patience Circle

* City * State

Rancho Santa Fe California

* Zip * Phone Number

92067 (555) 555-5555

Email

*** Business Associated with (Applicant, parent business or sub-entity)**

ManagerCo, LLC

* Interest

100.00%

Adding Individuals Associated with Another License

1. Select “Change of Ownership Request” from the drop-down list and then select “Apply.”

****NOTE**** The “Change of Ownership Request” option captures *ANY CHANGES TO FORM 2 CONTACTS* including, but not limited to, investors, individuals with operational control, third party managers, and management agreements.

2. Select “Next” on the following two pages which show the license number and the company name respectively.
3. If you are adding individuals to the Form 2, you may do so based on their role within the organization by selecting “Add New” next to the relevant Form 2 section and selecting whether you are adding an individual or business.

STATUS	CONTACT TYPE	ACTION
1 Added	List A Owners and Other Interest Holders	Add New

4. Type the first and last name, as well as the birth date, of the person you would like to add, select search, choose the person’s name from the dropdown, and click “Save Contact”.

****NOTE**** The individual will only appear in the search bar if you enter their information *exactly* as it appears on the original license they are associated with.

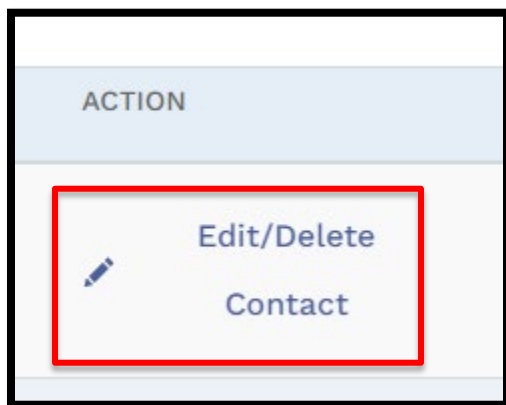
5. Select “Edit/Delete Contact” next to the added contact’s name in the Modified Form 2 Contacts table that now appears and complete any required fields before selecting “Save Contact.”

****NOTE**** While you may advance through the application if you do not complete this step, the contact will be missing critical information and the application will be marked incomplete which could delay approval.

6. Continue to the “For All Form 2 Changes” section of this guide.

Deleting or Modifying Individuals on a Form 2

1. If you are removing an individual from the Form 2 disclosures, scroll down to the “Existing Contacts” section of the page, select “Edit/Delete Contact” for the individual to be removed, and “Delete” in the popup box to remove them.



A screenshot of a form titled '* Select a Contact Type'. It has two radio buttons: 'Individual' (selected) and 'Business'. Below these is a red-bordered box containing the text 'LIST B OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS'. Underneath this box is a detailed instruction: 'B. LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A. To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level.' At the bottom, there are two input fields: '* First Name' with the value 'John' and '* Last Name' with the value 'Smith'.

****NOTE**** If an individual occurs in multiple sections of the Form 2, they will appear multiple times in the lower section of the page. You must select “Edit/Delete Contact” for each one and note the list to which each instance applies prior to deleting. This will ensure only the correct instance is deleted.

For All Form 2 Changes

1. Fill in the text box at the bottom of the page with all requested information.

* Please briefly describe the nature of the Change of Ownership request. Please include the name(s), title(s) and, if applicable, adjustment(s) to ownership interest(s) of pertinent individuals:

Addition of Mat Cauthon as Member with 5% ownership interest in TestCo, LLC. John Smith's ownership is reduced from 35% to 32%

2. Select “Next” at the bottom of the page.
3. Upload attachments in each of their relevant locations on the following page.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Updated Organizational Chart ⓘ TestCo LLC Updated Org Chart.pdf 4/12/2024, 3:14 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>
Attachments	* Membership/Operating Agreement ⓘ TestCo LLC Operating Agreement.pdf 4/12/2024, 3:15 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>
Attachments	* Corporate By Laws ⓘ TestCo LLC Annex A Corporate Bylaws.pdf 4/12/2024, 3:16 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>
Attachments	* Updated SOPs as applicable for ownership changes or license transfers ⓘ TestCo LLC Updated SOPs.pdf 4/12/2024, 3:16 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>
Attachments	* Corporate Documents – Current Articles of Incorporation ⓘ TestCo LLC Annex A Articles of Incorporation.pdf 4/12/2024, 3:16 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>

****NOTE**** You *must* include an attachment in each section to proceed through the application. If a specific attachment does not apply to the change being requested, such as an operating agreement in the case of a change request stemming from the promotion of someone to a managerial role, please include the most recent version of the requested documentation.

4. Select “Next” at the bottom of the page.
5. Type the name of the individual completing the application in the box labeled “Signature” and then select “Submit” at the bottom of the page to complete the application.

Change of Premises Location

1. Select “Change of Premises Location” from the drop-down list and then select “Apply.”

2. Select “Next” on the following page.
3. Enter the current measurements for each type of area on your licensed premises in the relevant boxes at the bottom of the page before selecting “Next.”

LICENSED PREMISE ADDRESS

* Street Address 1

Street Address 2

* City

* State

* Zip code

Assessor Plat and Lot

Please include the current measurements for each space in your licensed premises before proceeding.

Retail Space(Sq. Ft.)

Processing/Manufacturing Space(Sq. Ft.)

Canopy Area (Sq. Ft.)

****NOTE** The “Canopy Space” *must not* exceed the allowable canopy area granted by the Cultivator License Class.**

4. Enter the licensee’s mailing address and the address for the new premises on the following page. The mailing address should be entered in the top set of fields with the licensed address entered in the second set of fields.
5. Answer the questions using the dropdown boxes at the bottom of the page and enter in relevant area information. Select “Next” at the bottom of the page.

For the proposed location change, please include the proposed square footage for each space that will be changing.

* Will the proposed location include space for retail?

* Will the proposed location include space for processing/manufacturing?

* Proposed Manufacturing/Processing Space (Sq. Ft.)

* Floor Plan Included

* Will the proposed location include space for cultivation?

* Proposed Canopy Area (Sq. Ft.)

* Floor Plan Included

****NOTE** You must include floor plans covering each area that will be present in the new premises.**

6. Upload attachments in each of the required fields on the following page and select “Next.” **DO NOT UPLOAD PLACEHOLDER DOCUMENTS, even if they have not changed since your previous submission. In such cases upload the most recent version of the requested documentation.**
7. Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

Change of Floor and/or Operating Plan

**** NOTE**** Compassion Centers must complete a Change Request Application if there is any change to their **Business Plan, Operations Manual, or Safety and Security Plans**. The CO will not accept license changes submitted during the renewal process.

1. Select “Change of Floor Plan and/or Operating Plan” from the drop-down list and then select “Apply.”



Select a Change Request

* indicates required field

* Class B - 10,000 sq. ft. Max Change of Floor Plan and/or Operati...

Exit Apply

2. Select “Next” on the following page.
3. Select which type of change request is being submitted from the dropdown options, and describe the change being proposed in the associated text box.

****NOTE** Operating Plan Change Requests are *only* applicable to Compassion Centers and should be selected for any change to Business Plans, Operations Manuals, and Safety and Security Plans. Cultivators are only required to update the CO with Floor Plan Change Requests.**

4. Regardless of the change type, upload all required documentation in the spaces provided and select “Next.” **DO NOT UPLOAD PLACEHOLDER DOCUMENTS, even if they have not changed since your previous submission. In such cases, upload the most recent version of the requested documentation.**
5. Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

Temporary Discontinuance

1. Select “Temporary Discontinuance Request” from the drop-down list and then select “Apply.”

2. Select “Next” on the following page.
3. Input the date that you plan to temporarily cease operations and the anticipated date of re-opening the relevant boxes. Additionally, include the reason you are seeking the

discontinuance and select “Next” at the bottom of the page.

4. Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

****NOTE**** Following an approval of a Temporary Discontinuance, Licensees have an ongoing obligation to ensure that all operational and security requirements including, but not limited to, METRC data remains up-to-date and accurately reflects the absence of plants and inventory at the facility. Please see the CO’s [METRC Implementation Guide](#) for further information.

Change of Name or Mailing Address

1. Select “Change of Name or Mailing Address” from the drop-down list and then select “Apply.”

2. Select “Next” on the following page.

- Use the next page to update *only* the parts of your business name or contact information that are changing and select “Next” to proceed with the application.

Change Request

* Indicates required field

Please submit the requested change by editing the applicable field(s) below.

* COMPANY NAME (Please edit this section ONLY if you are requesting to change your entity's legal name. If you are disclosing a d/b/a, please provide that information in the appropriate section.)

TestCo, LLC

* Street Address 1

420 W Main St

Street Address 2

* City

Providence

* State

Rhode Island ▼

* Zip code

02909

* If you are disclosing a d/b/a, please provide that information below. In addition, upload a copy of the SOS corporate database filing/profile that displays their office accepted and applied the d/b/a to the incorporated entity listed above.

Good Leaves

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	<small>* SOS Documentation ⓘ</small> TestCo, LLC_DBA Updates.pdf 4/23/2024, 11:45 AM	Uploaded	🗑 Delete 📄 Upload/Choose file

BACK
NEXT

****NOTE** Only change the top field if the entity’s legal name is changing. If you are disclosing a d/b/a, enter the new information in the bottom field and upload a screenshot from the Secretary of State’s office displaying both the entity’s legal name and the new d/b/a name.**

- Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

Change of License Class


****NOTE** While a licensee may apply to lower their license class, any request to expand or modify the premises, scope, or scale of approved and/or licensed activity further requires explanation by the cultivator that the request to expand is justified as determined by the Cannabis Control Commission.**

1. Select “Change of License Class” from the drop-down list and then select “Apply.”

2. Select “Next” on the following page.
3. Select the new class form the “Requested New License Class” dropdown box and describe your reasoning in the “Purpose for Request” text box below.

4. Upload a new floor plan in the box at the bottom of the page by selecting “Upload/Choose file” before clicking “Next” at the bottom of the page.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Change Request	* Floorplan document  TestCo LLC Updated Floor Plan.pdf 4/26/2024, 11:34 AM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="Upload/Choose file"/>

5. Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

Signature


* Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, and that they have the authority to bind Applicant organization to all requirements.

The undersigned Authorized Signatory of Applicant hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes to the entirety of this Application and shall submit to DBR a written request for a variance for any proposed change of the information provided herein including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection with or as part of the application process at least sixty (60) calendar days prior to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

* Signature Date

John Smith Apr 23, 2024 

Change of Contact Person/Compliance Officer

****NOTE** Licensees will either have the option of selecting “Change of Contact Person” or “Change of Compliance Officer” based on whether they are a Cultivator or a Compassion Center respectively. The workflow for both will be the same and, as such, this section of the guide is applicable to both types of change request.**

1. Select “Change of Contact Person/Compliance Officer” from the drop-down list and then select “Apply.”

Select a Change Request ✕

* indicates required field

*

2. Select “Next” on the following two pages.
3. Fill in the information for the updated contact person in the boxes provided and select “Next” at the bottom of the page.

Change of Home Delivery Request

1. Select “Change of Home Delivery Request” from the drop-down list and then select “Apply.”

The screenshot shows a window titled "Select a Change Request" with a close button (X) in the top right corner. Below the title, there is a legend: "* indicates required field". A drop-down menu is present with a red asterisk to its left, and the selected text is "Compassion Center Change of Home Delivery Request". At the bottom right of the window, there are two buttons: "Exit" and "Apply".

2. Select “Next” on the following page.
3. Upload copies of the licensee’s Home Delivery Plan as well as copies of the delivery vehicle’s Registration and license plates in the relevant boxes and select “Next.” **If you are updating a previously approved Home Delivery Plan, the uploaded document must be a red-lined version that shows the changes.**
4. Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

Notification of Enforcement Action

****NOTE**** If a change in status of an enforcement action occurs during the 60-day renewal window please email the details of the enforcement action to CCC.CannabisCompliance@ccc.ri.gov prior to completing the renewal application

1. Select “Notification of Enforcement Action” from the drop-down list then select “Apply.”

Select a Change Request ✕

* indicates required field

* Class B - 10,000 sq. ft. Max Notification of Enforcement Action ▼

Exit
Apply

2. Upload any documentation from the relevant licensing authority notifying the licensee of enforcement action being taken in the first space. This can include letters, emails, or other forms of official correspondence, as applicable.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Documents	* Notice of Enforcement Action ⓘ	-	UPLOAD/CHOOSE FILE
Documents	* Resolution Documentation ⓘ	-	UPLOAD/CHOOSE FILE

NEXT

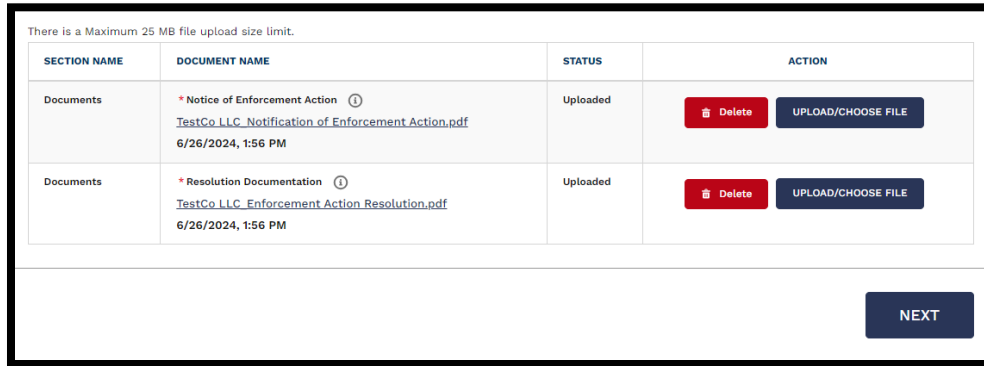
3. Upload additional documentation in the second space that provides details regarding the current status of the enforcement action. This can include, but is not limited to, consent agreements, corrective action plans, or a narrative description of the circumstances surrounding the action.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Documents	* Notice of Enforcement Action ⓘ	-	UPLOAD/CHOOSE FILE
Documents	* Resolution Documentation ⓘ	-	UPLOAD/CHOOSE FILE

NEXT

****Note**** If the enforcement action is still ongoing you *must* include a document attesting to the fact that it is yet to be resolved and provide the documentation listed above within sixty (60) days of such resolution.

- Once documents are uploaded in each box, select “Next.”



- Enter your name in the “Signature” box on the following page and select “Submit” to complete the submission.

Notification of Licensure

****Note**** The CO must be notified when there is a change in status for *any cannabis license* for which an owner or interest holder of a Rhode Island cannabis establishment is also an owner or interest holder. This applies to both newly issued cannabis licenses as well as licensees that surrender their license through non-renewal, enforcement action, or other means. For example, if one of the owners of *TestCo, LLC*, a Rhode Island licensed cultivator, has an interest in *GrowCo, LLC*, which has applied for a license to cultivate cannabis in Massachusetts, *TestCo, LLC* must inform the CO via this process if the Massachusetts application is approved. If such a change occurs during the 60-day renewal window licensees should notify the CO via email at CCC.CannabisCompliance@CCC.ri.gov.

- Select “Notification of Licensure” from the drop-down menu then select “Apply” to begin the application.



- Select “Next” on the following page.

- To add a new license, select the box labeled “Add Other License Details.”

Business License Identification

* Indicates required field

With respect to Licensee and any Owner or Interest Holders described in Form 2, Section 1, if such persons have become licensed, registered or authorized to produce or otherwise deal in the manufacture or distribution of marijuana in any form in a jurisdiction outside of the State of Rhode Island, please use the “Add Other License Details” to submit required details regarding the specific states or jurisdictions and corresponding agency or authority.

Add Other License Details

- Fill in information for the new license in the pop-up window and select “Save Licensee Details” to complete the addition.

License Removal Confirmation X

* Please provide an explanation for removal of this license:

Allowed to expire due to economic conditions

Cancel Delete

- To remove a license, first select “Edit/Delete Licensee” next to the relevant license in the “Added Licensee” section of the page.
- Select “Delete,” include the reason for deletion (including, but not limited to: revocation, surrender, or non-renewal) in the text box on the following screen, and then select “Delete” once more to confirm the removal.
- Select “Next,” enter the name of the individual completing the application in the signature box on the following page and select “Submit” to complete the application process.

Addition of Processing/Manufacturing Location

This section lays out the process by which licensees may add a second location to their license for the purpose of conducting processing and manufacturing operations.

- Select “Addition of Processing/Manufacturing Location” from the drop-down list and then select “Apply.”

Select a Change Request ✕

* indicates required field

*

2. Review the instructions on the first page of the workflow and select “Next.”
3. Enter the information for the new processing/manufacturing premises and select “Next” at the bottom of the page.
4. Upload the required attachments on the following page and select “Next.”

Attachments			
* Indicates required field			
There is a Maximum 25 MB file upload size limit.			
SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Facility Design/Floor Plan ⓘ Facility Floor Plan.pdf 5/12/2026, 2:55 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Evidence of Ownership/Lease ⓘ Evidence of Ownership.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Proof of Zoning Compliance ⓘ Evidence of Zoning Compliance.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Proof of Local Building/Fire Code Compliance ⓘ Evidence of Fire Code Compliance.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Geographic Location Compliance ⓘ Evidence of Location Compliance.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Public Visibility/Security Measure Compliance ⓘ Public Visibility and Security Compliance.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Contamination Mitigation Plan ⓘ Contamination Mitigation Plan.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	* Project Timeline ⓘ Project Timeline.pdf 5/12/2026, 2:56 PM	Uploaded	<input type="button" value="Delete"/> <input type="button" value="UPLOAD/CHOOSE FILE"/>
Attachments	Submission of Certificate of Occupancy ⓘ	-	<input type="button" value="UPLOAD/CHOOSE FILE"/>

****Note**** You must upload *all* the listed attachments other than the Certificate of Occupancy which may be uploaded prior to the final issuance of the request.

5. Enter the name of the individual completing the request in the “Signature” box and select “Submit” to complete the application.

Signature

* Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, and that they have the authority to bind Applicant organization to all requirements.

The undersigned Authorized Signatory of Applicant hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes to the entirety of this Application and shall submit to DBR a written request for a variance for any proposed change of the information provided herein including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection with or as part of the application process at least sixty (60) calendar days prior to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

* Signature Date

Business License Renewals

In accordance with [560-RICR-10-10-1](#) Cannabis Business Licenses are valid for a period of one (1) year following the date of first issuance and renewal occurs annually on that date unless and until the license is revoked or surrendered.

Licensees may begin the renewal submission between sixty (60) days prior and up to the expiration date by navigating to the “All Licenses” page of the licensing portal and selecting the “Renew” option next to the license to be renewed.

ACTIONS	LICENSE NUMBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION DATE
Renew More Options: ▾	CV104	Medical Marijuana Cultivator License	Active	TestCo, LLC	8/8/2023	8/8/2024

****Note** Licensees are unable to submit, or receive approval for, new variance requests during the sixty (60) day renewal period. Any such requests must be made either before the renewal period or following approval of the renewal application.** To that end, many fields are locked during the renewal application.

Compassion Center Renewals

1. Confirm the licensee information and select “Next” at the bottom of the first and second pages.
2. Confirm the taxpayer status on page three and once again select “Next” at the bottom of the page. If there has been any change to your taxpayer status you *must* reach out to the CO prior to completing the renewal application.
3. Type the name of the individual completing the application in the Signature Box on the following page and select “Next.”
4. While you may review the Form 2 information presented on the following page, it may not be edited during the renewal window. Once you have completed your review of this information, select “Next” at the bottom of the page.

Note, as part of an ongoing process to ensure licensees have appropriately completed their Form 2, CO staff may mark a renewal application as incomplete and direct licensees to update this page. Form 2 edits during renewal may only be made in this context and at the direction of CO staff.

5. Type the name of the individual completing the application in the Signature Box on the following page and select “Next.”
6. Confirm the certifications, check the boxes, upload any required documents, and type the name of the individual completing the application in the Signature Box on the following page and select “Next” on the following two pages to advance through the application.

7. Confirm the entity’s non- or for-profit status and upload all relevant documents on the following page. Complete the Signature Box and select “Next” to continue the application.
8. Complete the Signature Box on the following page and select “Next” to continue the application.
9. Ensure that all Mandatory Questions on the following page have up-to-date answers, complete the signature box, and select “Next” to continue with the application.
10. Complete the signature boxes and upload and required documentation on the following Exhibit pages. Select “Next” to continue with the application.
11. Select “Sign the Document” to be brought to an external Adobe Sign page and enter the name of the individual completing the application when prompted. You must also include the name of the individual completing the application in the “Signature” box once you have been brought back to the portal.

Signature

*Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, and that they have the authority to bind Applicant organization to all requirements.

The undersigned Authorized Signatory of Applicant hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes to the entirety of this Application and shall submit to DBR a written request for a variance for any proposed change of the information provided herein including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection with or as part of the application process at least sixty (60) calendar days prior to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

*Please sign the document.

*Signature

12. Select “Pay & Submit” on the following page to be brought to the payment portal and complete the submission of your renewal application.

Hybrid Retailer Fee Submission

As of May 1st, 2025 hybrid retailer fees have changed from a monthly fee to an annual fee of thirty-thousand dollars (\$30,000) that is due at the same time as a licensee’s annual renewal.


1. When in the “All Licenses” tab select the “License Number” header in the table showing the complete list of licenses associated with the account. This will sort the table by license number in descending order.

All Licenses

Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.

License Number

Enter License Number

If your license is Expired and you do not see your Renewal License below. Please  for a **New License** for your Renewal. If you already have a registration card, please enter your name **EXACTLY** how it appears on your card. Go to 'Apply for a License, Card or Tags' on the left column.

ACTIONS	LICENSE NUMBER ↕	LICENSE TYPE ↕
Change Request More Options: ▾	MMPC005	Compassion Center License
Take me to my Application	MMPC005-H	Hybrid Retail License

2. The Hybrid Retail license will now be listed second, third if the company also holds a CBD Retailer license. This can be confirmed by verifying the “License Type” column, shown in the table above, shows “Hybrid Retail License.” If you are not seeing your license, select “License Number” once more as the list may be in ascending, rather than descending, order.
3. Select the “Pay Now” button in the “Actions” column.
4. Select “Next” on the bottom of the instructions page to be brought to the payment stage.
5. Complete the payment stage to complete the application.
6. You may confirm the success of payment by checking that the application shows as “Submitted” in the “My Applications” tab of the portal.

Cultivator Renewals

1. Confirm the licensee information and select “Next” at the bottom of the first page.
2. Enter the name of the person completing the application in the “Signature” box on the bottom of the second page before selecting “Next” to continue.
3. Ensure the boxes are checked and confirm the affirmations by typing the name of the person completing the application in the “Signature” box on page three and once again select “Next” at the bottom of the page.
4. While you may review the Form 2 information presented on the following page, it may not be edited during the renewal window. Once you have completed your review of this information, select “Next” at the bottom of the page.

5. Ensure the box is checked and type the name of the individual completing the application in the Signature Box on the following page and select “Next.”
6. Confirm the text boxes are correct, the boxes are checked, an upload (either from the enforcement action or attesting that no such action has taken place) has been included, and type the name of the individual completing the application in the Signature Box on the following page and select “Next.”
7. Confirm each of the certifications on the following page and type the name of the person completing the application in the “Signature” box at the bottom.
8. Ensure that all Mandatory Questions, including dropdowns, on the following page have up-to-date answers on the following page, complete the signature box, and select “Next” to continue with the application.
9. Complete the “Signature” box on the following page.
10. Select “Pay & Submit” on the following page to be brought to the payment portal and complete the submission of your renewal application.

CBD Retailer and Distributor Renewals

1. Select “Next” at the bottom of the first and second pages to begin the renewal.
2. Confirm the licensee information on the following page, type the name of the individual completing the application in the “Signature” box at the bottom and select “Next.”
3. You may review disclosed individuals on the following page by selecting the “View” button but may not change any of the information during the renewal period. If you identify information that you believe to be incorrect, please reach out to the CO.
4. Upload the most recent versions of the requested documents on the following page by selecting “Upload/Choose File” in the corresponding row. If there have not been any updates to these documents, you may upload the same ones as the previous year.

ADDED CONTACTS		
NAME	CONTACT TYPE	ACTION
Regina Retailer	CBD Consulting	View

Page 1 of 1 [First](#) [<](#) [>](#) [Last](#)

****Note** If specific documentation related to zoning compliance is unavailable, licensees may provide a Sales at Retail Certificate issued by the Rhode Island Department of Taxation**

5. Type the name of the individual completing the application in the “Signature” box on the following two pages and select “Next.”
6. Select “Pay & Submit” on the following page to be brought to the payment portal and complete the application.

Hemp Program Grower, Handler, and Dual License Renewals

1. Select “Next” at the bottom of the first page to begin the renewal.
2. Confirm the licensee information on the following page and select “Next.”
3. Confirm the premises information and upload the most recent versions of the requested documents on the following page by selecting “Upload/Choose File” in the corresponding row. If there have not been any updates to these documents, you may upload the same ones as the previous year.

ADDED CONTACTS		
NAME	CONTACT TYPE	ACTION
Regina Retailer	CBD Consulting	View

Page 1 of 1 First < > Last

****Note** If specific documentation related to zoning compliance is unavailable, licensees may provide a Sales at Retail Certificate issued by the Rhode Island Department of Taxation**

4. You may review disclosed individuals on the following page by selecting the “View” button but may not change any of the information during the renewal period. If you identify information that you believe to be incorrect, please reach out to the CO. Select “Next” to continue the application.
5. Ensure the answers to all Mandatory Questions on the following page are up-to-date then select “Next” at the bottom of the page.
6. Utilize the dropdown boxes to complete the attestations and enter the name of the individual completing the application in the “Signature” box at the bottom of the page before selecting “Next”
7. Type the name of the individual completing the application in the “Signature” box on the following Licensing Agreement page and select “Next.”
8. Select “Pay & Submit” to be brought to the payment portal and complete the application.

Hemp Business Licensing

In accordance with [560-RICR-10-20-1](#) businesses and individuals seeking to cultivate, manufacture, distribute, or sell hemp and hemp-derived consumable products must apply for and receive a licensure from the CO *prior* to commencing operations. Below is an overview of the steps needed for *initial* hemp business licensing.

Regardless of the type of license being sought users must first navigate to the [State Licensing Portal](#) and create an account by selecting “Register New Account,” and entering the requested information.

Upon completing registration, users should log in to the portal to begin the license application process.

Industrial Hemp Program Application (Growers/Handlers/Dual Licenses)

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.
2. Select “Apply” in the “Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Industrial Hemp Program Application.”
3. Select “Next” on the following page to begin the application.
4. Enter the requested information for the applying entity and select whether you would like to apply for a grower license, handler license, or a dual license.

LICENSE TYPE

Are you applying for a Hemp Grower License, Hemp Handler License, or a Dual Hemp Grower and Handler License? Applicants who choose to apply for only a Grower or Handler License may apply to convert to a Dual License at a later date.

* License Type (Select One)

Dual (Grower and Handler) ▼

****Note** There is no difference in fee to apply for a dual license compared to individual grower or handler licenses.**

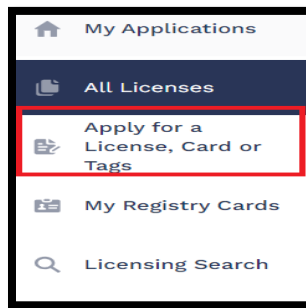
5. Input information and upload the required attachments concerning the location where hemp cultivation and/or processing will occur on the following page. Licenses are only valid for a single location. Therefore, individuals hoping to cultivate and process at separate locations must apply for, and receive, a license for each premises.
6. On the following page, please input answers to *all* Mandatory Questions before selecting “Next” to proceed.
7. Next, you must agree to each of the attestations as well as agreeing to the Licensing

Agreement on the subsequent page to proceed through the application.

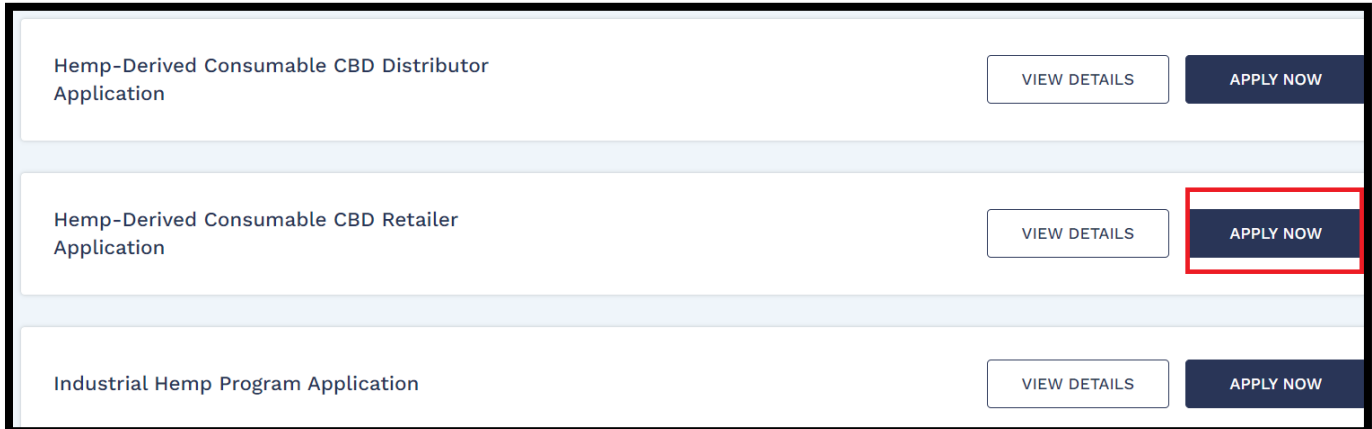
8. Lastly, select “Pay & Submit” to be brought to the payment portal where you can submit payment to the CO and complete the application.

Hemp-Derived Consumable CBD Retailer Licensing

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.




2. Select “Apply” in the “Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Hemp-Derived Consumable CBD Retailer Application.”



3. Select “Next” on the following pages to begin the application.
4. On the following page enter the requested information regarding the licensed entity, licensed premises, designated compliance officer, and any existing hemp licenses.
5. If applicable, please list any other individuals or businesses that partner with, or provide consulting services for, the applicant related to the sale of hemp-derived consumable CBD products on the next page. Do this by selecting “Add New” on the right side of the box and selecting whether the added contact is an individual or business entity. After, select “Next” at the bottom of the page.

- Upload the three required documents, related to purchase agreements, traceability plans, and zoning compliance, in the relevant boxes on the following page.

STATUS	CONTACT TYPE	ACTION
0 Added	Any person(s) or entity partnering or providing consulting services regarding the retail sale of hemp-derived consumable CBD products.	

****Note**** If any of your product is sourced from a state that does not yet regulate and/or license hemp processing or CBD entities, please fill out the required [Unlicensed Affirmation Document](#) and upload in place of, or in addition to, the required Purchase Agreement(s) as applicable.

- Type the name of the individual completing the application in the “Signature” box on the following page before selecting “Next” at the bottom of the page.
- Click the button that says “Sign the Document,” followed by “OK” in the popup window to be brought to Adobe Sign where you will sign a required attestation.

Signature

* Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the req including but not limited to those within the Application, and that they have the authority to b

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing ob of this Application and shall submit to DBR a written request for a variance for any proposed c including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection v to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on a including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are co

* Please sign the document.

****Note**** Once you click “OK” the popup window will disappear but it may take a few moments for the portal to bring you to the Adobe Sign page. Please *do not* select “Sign the Document” again or navigate away from the page during this time.

- Select the yellow “Sign” button on the attestation followed by “Finish” at either the top or the bottom of the page to complete the document and return to the portal. Select “Next” at the bottom of the portal page to proceed to payment.
- Select “Pay & Submit” at the bottom of the page to go taken to the payment portal and complete the application.

Hemp-Derived Consumable CBD Distributor Licensing

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.
2. Select “Apply” in the “Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Hemp-Derived Consumable CBD Distributor Application”
3. Select “Next” on the following two pages to begin the application.
4. On the following page enter the requested information regarding the licensed entity, licensed premises, designated compliance officer, and any existing hemp licenses.
5. If applicable, please list any other individuals or businesses that partner with, or provide consulting services for, the applicant related to the distribution of hemp-derived consumable CBD products on the next page. Do this by selecting “Add New” on the right side of the box and selecting whether the added contact is an individual or business entity. After, select “Next” at the bottom of the page.
6. Upload the three required documents, related to purchase agreements, traceability plans, and zoning compliance, in the relevant boxes on the following page.

****Note** If any your product is sourced from a state that does not yet regulate and/or license hemp processing or CBD entities, please fill out the required [Unlicensed Affirmation Document](#) and upload in place of, or in addition to, the required Purchase Agreement(s) as applicable.**

7. Type the name of the individual completing the application in the “Signature” box on the following page before selecting “Next” at the bottom of the page.
8. Click the button the says “Sign the Document” followed by “OK” in the popup window to be brought to Adobe Sign where you will sign a required attestation.

Signature

* Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the req including but not limited to those within the Application, and that they have the authority to b

The undersigned hereby acknowledges and agrees that Applicant/Licensee has a continuing ob of this Application and shall submit to DBR a written request for a variance for any proposed c including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection v to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on a including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are co

* Please sign the document.

****Note**** Once you click “OK” the popup window will disappear but it may take a few moments for the portal to bring you to the Adobe Sign page. Please *do not* select “Sign the Document” again or navigate away from the page during this time.

9. Select the yellow “Sign” button on the attestation followed by “Finish” at either the top or the bottom of the page to complete the document and return to the portal. Select “Next” at the bottom of the portal page to proceed to payment.
10. Select “Pay & Submit” at the bottom of the page to go taken to the payment portal and complete the application.

Institution of Higher Learning Application

****Note**** This application may only be completed by representatives of a Rhode Island institute of higher education and such approvals will only be issued to the institute. Hemp and Hemp-Derived Consumable CBD Products grown or produced under such approval may only be used for research purposes and *may not* enter the regular stream of commerce.

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.
2. Select “Apply” in the “Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Hemp – Institutions of Higher Education.”
3. Select “Next” on the “Instructions” page to begin the application.
4. Enter information for the applying institution as well the proposed licensed premises on the following page and select “Next” when complete.
5. On the following page, provide the information for the individual who will oversee the daily cultivation or handling of hemp. Then select “Next” at the bottom of the page.
6. Provide the information for the individual responsible for communicating with the CO on

Supervising Employee

* Indicates required field

In the space below, provide the name and contact information of the employee of the institution of higher education who will supervise the hemp growth, cultivation, research and any record-keeping related to those activities.

* First Name: Calvin

* Last Name: Cultivator

* Title: Director of Growth

* Street Address: 16 CalMag Rd

* City: Smithfield

* State: Rhode Island

* Zip Code: 02703

* Email: Calvin@rigrowth.edu

* Phone Number: (555) 555-5555

* Date of Birth: Aug 26, 1987

the next page.

****Note** It is not required for these positions to be filled by the same individual, though this is allowed at the applicant’s discretion.**

Research Plan

* Indicates required field

In the box below please upload a research plan outlining the research question, methodologies, and types of data collected that will be pursued by the Institute of Higher Education

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Research Plan	* Research Plan Growth Research Plan.pdf 8/26/2024, 2:29 PM	Uploaded	<div style="display: flex; gap: 10px;"> 🗑 Delete UPLOAD/CHOOSE FILE </div>

BACK
NEXT

- On the next page, please upload a copy of the Research Plan for the project. This plan must cover the research question, methodologies used, and types of data that is expected to be collected.

****Note** While Institutions of Higher Learning are exempt from many of the requirements for commercial licensees, the submitted research plan is a condition of licensure and changes to the information presented there must be approved by the CO in advance.**

- Enter the name of the individual completing the application in the “Signature” box on the following page and select “Submit” to complete the application.

Hemp Business Reporting

The below section lays out the processes for required end of year reporting for hemp businesses. Currently, only Retailers and Distributors are required to submit such reports through the licensing portal.

CBD Retailer and Distributor Reporting

1. Begin by selecting the “Change Request” option for the relevant license on the “All Licenses Screen.”
2. Select the “End of Year Reporting” option from the dropdown and “Apply” to begin the reporting process.



Select a Change Request ✕

* indicates required field

* End of Year Reporting ▼

Exit Apply

3. Select “Next” on the first page after confirming the accuracy of the license information. If anything appears inaccurate, reach out to CCC.HempCompliance@CCC.ri.gov
4. Please follow this [LINK](#) to download the fillable End of Year Reporting Excel sheet (shown below). Licensees must report all products sold during the previous year, including the sale price of each product and the total amount sold. Please also identify all locations where products were sold during the year. Upload the completed Excel file then select “Next.”

	A	B	C	D	E
1	Product	# Sold	Price Per Unit		Locations of Sales (Only list each location once)
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

- 5. Upload copies of all Certificates of Analysis and Transport Manifests for the previous year. **Each product listed on the previous page should be associated with both a Certificate of Analysis and Transport Manifest.** Select “Next” to continue with the application.
- 6. Type the name of the person completing the application on the following page to attest to the truthfulness of all submitted information and select “Submit” to complete the report.

Adult Use Retailer Licensing

The below section lays out the processes for submitting an application for a new Adult Use Retailer License. Applications may only be submitted during an open application period announced by the Cannabis Control Commission. **The current open application period will close on December 29th, 2025.** Applications will not be accepted after this date until the announcement of another open application period by the Commission.

Adult Use Retailer Application

Prior to beginning, download all required forms and application instructions, [available here](#).

1. Select “Apply for a License, Card, or Tags” from the menu on the left side of the portal’s home page.
2. Select “Apply” in the “Commercial Cannabis Licensing” box and then select the “Apply Now” option to the right of “Adult Use Retailer Application.”
3. Thoroughly review all instructions on the following page before clicking “Next” at the bottom of the page.
4. You must fill in *all* starred boxes, including information related to the location of your proposed retailer before selecting “Next” on the following page to proceed through the application.
5. Select which Adult Use Retailer license type (General, Workers’ Cooperative, Social Equity) you wish to apply for on the following page. Applicants for a Social Equity Adult Use Retailer License will be required to input their Social Equity Applicant Certification Number to proceed through the application. Selecting “Next” will cause the system to verify the Social Equity Applicant Certification Number, if one has been provided.

License Type and Social Equity Information

* Indicates required field

Please indicate your desired license type and, if applicable, your Social Equity Applicant Certification Number in the spaces below. If you select “Social Equity” as the license type you must verify a Social Equity Applicant Certification Number to proceed. Social Equity Applicant Certification Numbers will not be issued until the completion of the Social Equity Applicant Status Certification period and review of all Social Equity Applicant Status Certification applications.

Applicants *not* intending to apply as a Social Equity Applicant may submit their General or Workers’ Cooperative Adult Use Retailer license applications without a certification number.

Certified Social Equity Applicants will receive waivers of their application fee regardless of the license type that they apply for.

* Select License Type

Social Equity
▼

Social Equity Applicant Certification Number

49253

The Applicant name must match the name on the Social Equity Status Certification Application. Providing a Social Equity Applicant Certification Number for a different Applicant could lead to your application being disqualified

BACK
NEXT

****Note** Applicants for General or Workers’ Cooperatives who have been certified as Social Equity Applicants but do not wish to apply for the specific Adult Use Retailer licenses allocated for Social Equity Applicants may still input their Social Equity Applicant Certification Number to have application fees waived.**

- On the following three pages, you will be required to upload the three required versions of the applications, each split into three sections. The versions must be identical except for redactions done in accordance with the application instructions. There is a 25mb limit on all files submitted via the portal. Version A should be entirely unredacted.

Application Version A

* Indicates required field

Applicants must submit three (3) different electronic versions of the Application, each in turn split among three (3) files as described in the Application Information. It is the responsibility of the applicant to ensure that each file conforms to the 25mb file size limit.

APPLICATION VERSION A SHOULD HAVE NO REDACTIONS

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Application Version A	* Application Version A Forms Applicant LLC Forms Version A.pdf 9/29/2025, 3:52 PM	Uploaded	Delete UPLOAD/CHOOSE FILE
Application Version A	* Application Version A Exhibits Applicant LLC Narratives Version A.pdf 9/29/2025, 3:53 PM	Uploaded	Delete UPLOAD/CHOOSE FILE
Application Version A	* Application Version A Premises Applicant LLC Premises Version A.pdf 9/29/2025, 3:53 PM	Uploaded	Delete UPLOAD/CHOOSE FILE

- Upload Version B of the application on the following page. Version B should have personal, financial, and security information redacted.
- Upload Version C of the application on the next page. Version C should have personal and interest holder information redacted.
- Click the button that says “Sign the Document,” followed by “OK” in the popup window to be brought to Adobe Sign where you will sign a required attestation.

****Note** Once you click “OK” the popup window will disappear but it may take a few moments for the portal to bring you to the Adobe Sign page. Please *do not* select “Sign the Document” again or navigate away from the page.**

- Select “Next” when you have been brought back to the Portal.
- Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check. **You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**
- Upon payment the application will be submitted and you will be informed of any next steps

in the licensing process.