

State of Rhode Island

Office of Cannabis Regulation

1511 Pontiac Avenue, Bldg. 68-1

Cranston, RI 02920

**Variance Request Guide and Checklist**

The following forms and information must be completed and provided to the Department of Business Regulation (DBR) in connection with each variance request type.All licensed cultivators and compassion centers must seek pre-approval from the Department of Business Regulation by means of a written request for a variance at least sixty (60) calendar days prior to the proposed effective date of the change.

Completed forms may be emailed to [DBR.MMPCompliance@dbr.ri.gov](mailto:DBR.MMPCompliance@dbr.ri.gov) or mailed to the above address.

*Submit your request in the form of a letter and include the following completed attachments. The request letter and all forms and certifications must be signed by a responsible officer of the applicant/licensee*:

**I need to…**

**…request a change in licensee name and/or location:**

|  |  |
| --- | --- |
| **Licensee Name/Mailing Address Change** | |
|  | Change in Licensee Name/Mailing Address form |
|  | Name change – Complete sections I and II |
|  | Location change – Complete sections I and III |

**…request a change in ownership:**

|  |  |
| --- | --- |
| **Change in Governance/Ownership (change in board members, corporate officers, mergers/dissolutions, etc.)** | |
|  | Change in Licensee Governance/Ownership form |
|  | Form 1 – Affirmation and Acknowledgements |
|  | Form 2 – Disclosure of Owners and Other Interest Holders |
|  | Organizational Chart (including Schedule of Interests) |
|  | Form 3 – Business License Identification Form |
|  | Form 4 – Taxpayer Affidavit Form |
|  | Form 5 – Investors, Owners, Managers & Controlling Parties Certification Statement |
|  | Corporate Documents – Current Articles of Incorporation |
|  | Corporate Documents – Current Bylaws/Operating Agreement |
|  | Corporate Documents – Confirmation of Good Standing from the Rhode Island Secretary of State |
|  | Updated Response to Form 6 – Question 1 (interest holders’ biography(ies), experience, knowledge, training, roles, qualifications, etc.) |
|  | Updated Response to Form 6 – Questions 2 and 4 (business plan, capitalization, source of funds, etc.) |
|  | Documentation of any material operational changes that will be occasioned by the proposed change |
|  | National Criminal Background Checks for all new proposed interest holders/Key Persons |
|  | Key Person and Staff ID application(s) per each proposed additional interest holder, $100 fee per application |
|  | Sale, Financing, or other agreement pertinent to the proposed change in ownership, if applicable |

**…request an approval for changes and/or expansion to the premises:**

|  |  |
| --- | --- |
| **Request for Change in Premises Floor Plan** | |
|  | Change in Approved Premises Floor Plan form |
|  | Approximate calculation of square footage of the proposed facility/expansion |
|  | Evidence of compliance with local zoning laws |
|  | Evidence that the physical location(s) are not within 1000’ of public or private schools |
|  | Draft diagram of the proposed facility or expansion |
|  | A description of objective parameters to ensure that marijuana will not be visible from the street or other public areas |
|  | Evidence of ownership of the property or agreement by the owner to allow the operation on his/her property |
|  | Revised answers to “Mandatory Questions” on Form 6 – Questions 2, 3, 4, 14-18 (as applicable) |
|  | Key Person and Staff ID application(s) to reflect the updated address |

For updates in information other than the categories requiring sixty (60) calendar days prior notice, the licensee has a continuing obligation to update, amend and/or correct any information requested and/or submitted in the application process within ten (10) business days after any change in the information submitted and/or any material change in circumstances related to the application.

**I need to…**

**…request an approval for additional funding:**

|  |  |
| --- | --- |
| **Request for Additional Funding** | |
|  | Additional Funding Application |
|  | Name change – Complete sections I and II |
|  | Location change – Complete sections I and III |
|  | Written statement to DBR to notify of change request |

**…request a cultivation license renewal at a lower class:**

|  |  |
| --- | --- |
| **Request for Lowered Cultivation Class** | |
|  | Renewal of Cultivation License at a Lower Class form |
|  | Name change – Complete sections I and II |
|  | Location change – Complete sections I and III |
|  | Written statement to DBR to notify of change request |

**…request a name or mailing address change for a REGISTERED CARDHOLDER:**

|  |  |
| --- | --- |
| **Request a name/mailing address change for a Registered Cardholder:** | |
|  | Email notification to DBR documenting the change request |
|  | New Key Person and Staff ID application |
|  | $10 fee per individual |

**…report a change in my security system’s IP address:**

|  |  |
| --- | --- |
| **Report a Change in my Security System’s IP Address** | |
|  | Email notification to DBR documenting the change request |
|  | Updated credentials for security system access, if applicable |