



CANNABIS RESEARCH LICENSE AND RENEWAL APPLICATION

The division may license cannabis research laboratories to perform three classes of research.

Tier I: Research that involves the production of cannabis for division-approved clinical, agricultural, or market research studies; pertaining to federally legal cannabis products; or to conduct division-approved clinical, agricultural, or market research studies.

Tier II: Research that involves the production of cannabis not meant for ingestion by a human or animal; the purchase of cannabis to be ingested by human or animal subjects for division-approved clinical, agricultural, or market research studies; or to conduct division-approved clinical, agricultural, or market research studies.

Tier III: May not produce cannabis but may purchase cannabis or cannabis products from licensed cannabis research laboratories Tier I and Tier II, as appropriate for approved clinical, agricultural, or market research studies; and may conduct clinical, agricultural, or market research studies.

Annual Licensing Fee: \$2,500.00.

Premise Fee, for each premise held under the license: \$1,000.00 per premise

All fees are non-refundable and must be paid via a cashier's check made out to the Cannabis Control Division. Forms not completed in their entirety will be deemed incomplete by the division. No person with a direct or indirect interest in any cannabis establishment other than a cannabis research laboratory may hold an interest in a Cannabis Testing Laboratory.

New Application

Renewal Application

SECTION 1 – BUSINESS INFORMATION

Business Organizational Structure: (check one):

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Domestic NM LLC | <input type="checkbox"/> Domestic NM Profit Corporation |
| <input type="checkbox"/> Domestic NM Nonprofit Corporation | <input type="checkbox"/> Domestic NM Cooperative Association |
| <input type="checkbox"/> Foreign Limited Liability Company | <input type="checkbox"/> Foreign Profit Corporation |
| <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Foreign Cooperative Association |
| <input type="checkbox"/> Foreign Business Trust | |

Legal Business Name: _____

Doing Business As (DBA): _____

SS#, TIN, or FEIN: _____

Physical Business Address: _____

City: _____ State: _____ Zip Code: _____

By checking this box, I affirm that the address listed above is not located within the exterior boundaries of a federally recognized Indian Nation, Tribe or Pueblo located wholly or partially in the state.

Mailing Address (if different than primary address): _____

City: _____ State: _____ Zip Code: _____

Business Website (if any): _____

Email Address: _____ Phone Number: _____

Business Days and Hours of Operation: _____

License Type Sought: Tier I Tier II Tier III

SECTION 2 – APPLICANT/CONTROLLING PERSON INFORMATION:

First fill out the requested information for the applicant for licensure. Then, for each controlling person, please fill out the controlling person addendum that can be found at the end of this application.

*Applicant means any person who is seeking to become licensed pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules.

*Controlling Person means a person that controls a financial or voting interest of ten percent or more of, or an officer or board member of, a cannabis establishment; and does not include a bank or licensed lending institution.

*Person means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, or any other legal or commercial entity.

The Cannabis Control Division (CCD) is required to collect and publish annually a report describing demographic data on license applicants, controlling persons and employees of cannabis establishments. To accomplish this mandate, CCD is requesting the demographic information below.

APPLICANT INFORMATION

Check the Applicant's type of person:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Association |
| <input type="checkbox"/> Joint venture | <input type="checkbox"/> Any other legal or commercial entity |

Applicant's Name: _____

SS#, TIN, or FEIN: _____

Preferred Gender Pronoun: He She
 They Not Applicable

Is Applicant a Controlling Person? Yes No Not Applicable

Has Applicant ever legally changed their name or used a different name for licensure, employment or school?

Yes No Not Applicable

If yes, list additional names used: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Is Applicant a New Mexico resident? Yes No Not Applicable

Please specify race, if applicable (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Some Other Race |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Not applicable |

Please specify ethnicity (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Another Hispanic, Latino or Spanish origin | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Mexican, Mexican American, Chicano | |

Gender

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-conforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Not applicable |

SECTION 3 - CONTROLLING PERSON(S) BACKGROUND INFORMATION:

*Controlling Person means a person that controls a financial or voting interest of ten percent or more of, or an officer or board member of, a cannabis establishment; and does not include a bank or licensed lending institution.

Has any Controlling Person, or a business entity in which the Controlling Person was associated been: (1) denied a license or had a license suspended or revoked by the division or any other state cannabis licensing authority; or (2) had any administrative orders, or sanctions for unlicensed cannabis activity by any state licensing authority, against the applicant or controlling person within the three years immediately preceding the date of the application:

Yes No

*If the answer to the question above is yes, Controlling Person(s) must provide a detailed description, as an attachment to the application, of any administrative orders, civil judgements, denial or suspension of a cannabis license, revocation of a cannabis license, or sanctions for unlicensed cannabis activity by any state licensing authority, against the applicant, controlling person, or a business entity in which the applicant or controlling person was a controlling person within the three years immediately preceding the date of the application.

Has a Controlling Person(s) ever been convicted of the following crimes:

- A felony conviction involving fraud, deceit, or embezzlement;
- A felony conviction for hiring, employing, or otherwise using a person younger than eighteen years of age to:
 - Prepare for sale, transport or carry a controlled substance; or,
 - Sell, give away or offer to sell a controlled substance to any person;
- A felony offense for the possession, use, manufacture, distribution or dispensing or possession with the intent to manufacture, distribute or dispense a controlled substance, which no longer includes cannabis.

Yes

No

*If the answer to the question above is yes, Controlling Person(s) must provide a detailed description of any criminal convictions, including for each: the date of the conviction; dates of incarceration, probation, or parole; description of the offense; and any evidence of rehabilitation, including court documents, personal or professional references, completion of treatment, employment records, and other relevant information.

SECTION 4 - PRIMARY CONTACT PERSON

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Section 5 – RESEARCH LABORATORY ACTIVITIES INFORMATION

Research License Type Sought:

Tier I

Tier II

Tier III

What type of research studies will be conducted?

Clinical

Agricultural

Market Research

Other: _____

Has the applicant received a license from the Drug Enforcement Administration (DEA) to conduct research?

Yes

No

Has the applicant received a license or conditional approval from the Drug Enforcement Administration (DEA) to bulk manufacture cannabis for research?

Yes

No

Will the applicant be conducting research involving human subjects?

Yes

No

Will the applicant partner with any private or public with higher education institutions, other cannabis research laboratories, or private businesses?

Yes

No

Will the applicant produce edible and topical cannabis products?

Yes

No

Section 6 – DOCUMENTATION

- 1) Copy of approved identification as proof of age for the applicant, if applicable, and each controlling person. Approved proof of age includes identification issued by a federal or state government that includes the name, date of birth, and picture of the applicant or controlling person.
- 2) Applicant’s social and economic equity plan to encourage economic and social diversity in employment, including race, ethnicity, gender, age, and residential status of licensee, controlling persons, and employees of applicant and whether the applicant, controlling persons, employees or the locations where the cannabis products are produced are located in an underserved rural community, including tribal, acequia, land grant-merced, federally designated opportunity zone, or other rural historic communities.
- 3) If applicable, a detailed research plan, including but not limited to the applicant’s plan for recruiting research subjects, producing or acquiring cannabis, dispensing cannabis, plans for continuing research, and the forms of usable cannabis and cannabis-derived products to be examined. The research plan should detail whether the applicant is conducting clinical, agricultural, or market research studies.
- 4) If applicable, a detailed description of any private or public partnership with higher education institutions, other cannabis research laboratories, or private business.
- 5) If applicable, the applicant’s Drug Enforcement Administration (DEA) license to conduct research.
- 6) If applicable, proof of prior approval by the New Mexico Regulation and Licensing Department (RLD) for the use of any compressed gas extraction equipment to be utilized by the cannabis research applicant.
- 7) If applicable, the applicant’s DEA license or any conditional approval from the DEA to bulk manufacture cannabis for research, or the applicant’s plan for seeking such licensure in the future.
- 8) If applicable, documentation that any research involving human subjects has received institutional review board (IRB) approval, as defined and described in 45 CFR Part 46, federal policy for the protection of human subjects
- 9) Evidence that the applicant has obtained all necessary permits required for the production of edible and topical cannabis products from the New Mexico Environment Department (NMED) and that such permits are valid at the time the license application is submitted.

SECTION 7 – ATTESTATION/CERTIFICATION.

- 1) I consent to undergo a national criminal history background check and department of public safety (DPS) statewide criminal history screening background check. I understand for purposes of this rule, background checks shall be required for: (1) each partner of a limited partnership; (2) each member of a limited liability company; (3) each director, officer, or trustee of a corporation or trust; and (4) any controlling person of the applicant.
- 2) I certify I will adhere to cannabis research laboratory requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 3) I certify I will adhere to cannabis transport requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 4) I certify I will adhere to New Mexico department of agriculture (NMDA) pesticide registration, licensing, and use requirements to ensure a safe product and environment.
- 5) I certify I will adhere to security requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 6) I certify I will adhere to the quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 7) I certify I will adhere to applicable federal, state and local laws governing the protection of public health and the environment, including occupational health and safety, food safety, environmental impacts, natural resource protections, air quality, solid and hazardous waste management, and wastewater discharge.
- 8) I certify I have never been denied a license or had a license suspended or revoked by the division or any other state cannabis licensing authority or a detailed description of any administrative orders, civil judgements, denial or suspension of a cannabis license, revocation of a cannabis license, or sanctions for unlicensed medical or commercial cannabis activity by any state licensing authority, against the applicant, controlling person, or a business entity in which the applicant or controlling person was a controlling person within the three years immediately preceding the date of the application.
- 9) I certify that a premises diagram shall be kept at each licensed premises at all times and made available for in person inspection by the Cannabis Control Division or its agents upon request. This premises diagram will conform to the requirements set forth in 16.8.2.60 NMAC: Premises Diagram.
- 10) I certify that I will not use dimethylsulfoxide (DMSO) in the production of cannabis products and will not possess DMSO on the premises of the cannabis research laboratory.
- 11) Applicant is not licensed under the Liquor Control Act.
- 12) Under penalty of perjury, Applicant hereby declares that the information contained within and submitted with the application is complete, true and accurate. Applicant understands that a misrepresentation of fact or violation of the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules may result in denial of the license application or revocation of a license issued.
- 13) If applicable, I certify that I have obtained all necessary permits required for the production of edibles and topicals from the New Mexico environment department and that such permits are valid at this time.

14) I certify that that my business is in good standing with the New Mexico Secretary of State, including all documents filed with the New Mexico Secretary of State.

15) I certify I have obtained a current local jurisdiction business license, or will prior to operation of the cannabis establishment, and shall adhere to local zoning ordinances.

Applicant Signature

Printed Name

Date Signed

CONTROLLING PERSON ADDENDUM:

A copy of this addendum shall be filled out for each controlling person associated with the application for licensure.

*Applicant means any person who is seeking to become licensed pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules.

*Controlling Person means a person that controls a financial or voting interest of ten percent or more of, or an officer or board member of, a cannabis establishment; and does not include a bank or licensed lending institution.

*Person means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, or any other legal or commercial entity.

Controlling Person's Name (first and last): _____

Preferred Gender Pronoun He She They

Has Controlling Person ever legally changed their name or used a different name for employment or school?

Yes No

If yes, list additional names used: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Is Controlling Person a New Mexico resident? Yes No

Please specify race (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Some Other Race |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Korean | |

Please specify ethnicity (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Another Hispanic, Latino or Spanish origin | <input type="checkbox"/> Prefer not to answer |

Please specify gender

- | | |
|---|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Non-binary | |
| <input type="checkbox"/> Non-conforming | |



The below section for CCD official use only

Date application was rec'd: _____ Application fee: \$ _____

Date payment was rec'd: _____ Check number: _____

Staff member processing application: _____

Request approved: Yes No Approved date: _____

License number: _____

BioTrack UBI number: _____ BioTrack license: _____

Notes: _____

