



**STATE OF NEW MEXICO**  
**MICHELLE LUJAN GRISHAM, GOVERNOR**  
**Linda M. Trujillo, Superintendent**  
**Clay Bailey, Deputy Superintendent**

## **CANNABIS CONSUMPTION AREA WITH ON-SITE RETAIL LICENSE APPLICATION**

Annual Licensing Fee: \$2,500.00. 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.

Cannabis Consumption Area with On-Site Retail shall mean and include a licensed cannabis retail premise where cannabis may be purchased (for on-site consumption only), and, unless licensed by the Lynn and Erin Compassionate Use Act, consumed by persons 21 years of age and over.

A cannabis consumption area must be limited to one of the following uses:

1. Consumption of cannabis by smoking, vaping, and ingesting edible products; or
2. Consumption of cannabis edible products by ingestion only.

Smoking in a cannabis consumption area on a licensed premises shall be allowed only if the cannabis consumption area is in a designated smoking area or in a standalone building from which smoke does not infiltrate other indoor workplaces or other indoor public places where smoking is otherwise prohibited pursuant to the Dee Johnson Clean Indoor Air Act.

**SECTION 1 - APPLICANT INFORMATION: Please provide the below business information for your cannabis business. \*\*\*THE APPLICANT MUST BE AN OWNER\*\*\***

Business Organizational Structure: (check one):

Sole Proprietorship

Limited Liability Company

General Partnership

Corporation

Limited Partnership

Limited Liability Partnership

Name (individual or sole proprietor first and last; all other business types use legal business name)

Doing Business As (DBA)

Primary Business Address

City

State

Zip Code

Mailing Address (if different than primary address) City

State

Zip Code

Business Website (if any)

Email Address

Phone Number

Applicant SS#, TIN, or FEIN

Applicant Retail Establishment License Number

Days and Hours of Operation:

**NOTE: Attach a detailed premises plan, including entrance, exit, video cameras, fire safety, consumption area, and lighting.**

SECTION 2 - PRIMARY CONTACT PERSON This will be the contact person for any questions regarding the application.

Name	Title	Phone Number	Email Address
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SECTION 3 – ATTESTATION/CERTIFICATION.

Applicant will adhere to cannabis consumption area requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules;

Applicant will adhere to waste procedures for cannabis or cannabis products;

Applicant will adhere to cannabis transport requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules;

Applicant will adhere to security requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules, including requirements relating to safety and security procedures, security devices to be used, placement of security devices, personal safety, and crime prevention techniques;

Applicant will adhere to quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules;

Applicant 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;

Applicant will ensure that qualified patients who are minors are accompanied by their primary caregiver at all times while on the premises of a cannabis consumption area;

Applicant attest that any person that directly offers, sells, or serves cannabis or cannabis products shall hold a cannabis server permit;

Applicant attests that access to cannabis consumption area will be limited to qualified patients and, if applicable, their primary caregivers, reciprocal participants, and persons 21 years of age and over;

Applicant attests that consumption of cannabis in the cannabis consumption area will not be visible from any public place or from outside the cannabis consumption area;

Under penalty of perjury, Applicant hereby declare that the information contained within and submitted with the application is complete, true and accurate. Applicant understand 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.

Applicant Signature

Printed Name

Date Signed

Completed application, premises diagram, and license fee must be sent, or delivered, to the CCD address below.

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**For Cannabis Control Division Use Only:**

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

Date payment was rec'd: \_\_\_\_\_ Check number: \_\_\_\_\_

Staff member processing application: \_\_\_\_\_

Request approved: Yes      No

Notes: \_\_\_\_\_

Approved date: \_\_\_\_\_

Director approval if required: Yes      No

Date approved: \_\_\_\_\_

Director's signature if required: \_\_\_\_\_