

CANNABIS COURIER RENEWAL APPLICATION

BUSINESS LEGAL NAME DOING BUSINESS AS (DBA) PRIMARY PHYSICAL ADDRESS CITY STATE ZIP CODE BUSINESS WEBSITE APPLICANT INFORMATION APPLICANT NAME MAILING ADDRESS CITY STATE ZIP CODE PHONE E-MAIL ADDRESS DETAILS OF COURIER PREMISE TO BE RENEWED PREMISE ADDRESS PREMISE LICENSE NUMBER PREMISE LICENSE NUMBER	PRIMARY BUSINESS CONTACT INFORMATION			
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DEL	IVERY & SECURITY PLANS AND VEHICLE INFORMATION		
1)	Has your detailed plan for delivery and security that demonstrates compliance with the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act and division rules changed?		
	□ Yes □ No		
	If you answered YES to question one , please provide CCD with an updated plan for delivery and security that demonstrates compliance with the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act and division rules.		
	If you answered NO to question one, you do not need to do anything.		
2)	Has your plan for security, including a description of facilities and containers intended for use in storing and transporting of cannabis and cannabis products changed?		
	□ Yes □ No		
	If you answered YES to question two, please provide CCD with an updated plan for security, including a description of facilities and containers intended for use in storing and transporting of cannabis and cannabis products.		
	If you answered NO to question two, you do not need to do anything.		
3)	Have your vehicles that are used or intended to be used for the transport of cannabis and cannabis products changed?		
	□ Yes □ No		
	If you answered YES to question three , please provide CCD with an updated list (VIN, Year, Make, Model) of your vehicles that are used or intended to be used for the transport of cannabis and cannabis products.		
	If you answered NO to question three, you do not need to do anything.		
ATT	ESTATION		
	I certify I will adhere to courier requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin		
2)	Compassionate Use Act, or division rules; 2) I certify I will adhere to cannabis transport requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules;		
3)	I certify I will adhere to security requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules;		
4)	I certify I will adhere to quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin		
5)	Compassionate Use Act, or division rules; 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 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;		
	I certify I am not licensed under the Liquor Control Act; I certify I have made payment of any required fees as set forth in 16.8.11 NMAC.		
appl	est to the above under penalty of perjury. I hereby declare that the information contained within and submitted with the ication is complete, true and accurate. I understand that a misrepresentation of fact or violation of these rules may result in all of the renewal application or revocation or a license issued.		
App	licant's Signature Date		

