



CANNABIS INTEGRATED RENEWAL APPLICATION

Please check the appropriate box.
Integrated Microbusiness (MICB)
Vertically Integrated (VICE)

PRIMARY BUSINESS CONTACT INFORMATION		
LICENSE NUMBER		
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	
FUNCTIONS – Please select the functions you are renewing.		
<input type="checkbox"/> Retailer – Complete FORM A		
<input type="checkbox"/> Manufacturer – Complete FORM B		
<input type="checkbox"/> Producer – Complete FORM C		
PLANT COUNT		
Are you increasing or decreasing your plant count? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete FORM D .		



FEES – Fees shall be paid by Cashier’s Check made payable to the New Mexico Cannabis Control Division.

VICE Licenses

Annual Fee \$7,500.00

Number of Unique Premises to be renewed _____ x \$1,000.00 for each Premise = _____ (Total Premise Fee)

Total Number of Mature Plants _____ x \$5.00 for each Plant = _____ (Total Plant Fee)

Total Fee (Annual Fee + Total Premise Fee + Total Plant Count Fee) _____

MICB Licenses

Annual Fee (1 Function – 2 Functions) \$1,000.00 (3 Functions) \$1,500.00

ATTESTATION

- 1) 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, including the transport of unprocessed cannabis or cannabis products to other cannabis establishments.
- 2) I certify I will adhere to security requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and 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.
- 3) I certify I will adhere to quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules, including requirements relating to routine testing by a licensed testing laboratory, division inspection of licensed premises during normal business hours, and testing of cannabis.
- 4) 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.
- 5) I certify I have obtained a current local jurisdiction business license, or will prior to operation of the cannabis establishment, and I will adhere to local zoning ordinance.
- 6) I certify I am not licensed under the Liquor Control Act.
- 7) 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.
- 8) 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 NMAC: LICENSING AND OPERATIONAL REQUIREMENTS FOR CANNABIS ESTABLISHMENTS.
- 9) 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.
- 10) I certify that that my business is in good standing with the New Mexico Tax and Revenue Department.
- 11) I certify that I will notify the division in writing within seven days of any change of fact that would potentially result in any controlling person, being disqualified from holding a license pursuant to the Cannabis Regulation Act or division rules, including a felony conviction involving fraud, deceit, or embezzlement; a felony conviction for hiring, employing, or otherwise using a person younger than 18 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; or a felony conviction 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.

I attest to the above under penalty of perjury. I hereby declare that the information contained within and submitted with the application is complete, true and accurate. I understand that a misrepresentation of fact or violation of these rules may result in denial of the renewal application or revocation or a license issued.

Applicant’s Signature _____ Date _____

