



CANNABIS COURIER LICENSE RENEWAL APPLICATION

*Please review the FAQ before completing this application. Also, you may contact the CCD Office if you have additional questions.

PRIMARY BUSINESS CONTACT INFORMATION		
LICENSE NUMBER		
BUSINESS LEGAL NAME		
DOING BUSINESS AS (DBA)		
PRIMARY PHYSICAL ADDRESS		
CITY	STATE	ZIP CODE
PHONE	E-MAIL ADDRESS	
BUSINESS WEBSITE		
<p>FEES – Fees shall be paid by Cashier’s Check made payable to the New Mexico Cannabis Control Division and must accompany the Renewal Application, which may be sent by mail or hand delivery to the following addresses: Mail – P.O. Box 25101 Santa Fe, NM 87507, or Hand Delivery – 1209 Camino Carlos Rey, Santa Fe, NM 87507</p>		
<p>Annual Fee \$250.00 Number of Premises to be Renewed _____ x \$100.00 for each Premise = _____ (Total Premise Fee) Total Fee (Annual Fee + Total Premise Fee) _____</p>		
<p>Please contact the CCD Office to verify the correct number of Premises and/or Total Fee Amount to avoid any delays.</p>		
ACKNOWLEDGEMENT		
<ol style="list-style-type: none"> 1) I acknowledge I am renewing my license exactly as is and I cannot make ANY amendments to my license through the renewal application process. 2) I acknowledge that if I submit my Renewal Application and Fee after the expiration date listed on my parent license, my Renewal Fees will not be refunded, and the license cannot be renewed pursuant to 16.8.2.8 (Q) NMAC. 3) I acknowledge that my Renewal Fee must be paid by Cashier’s Check ONLY made payable to the New Mexico Cannabis Control Division and must be submitted with this Renewal Application, and failure to do so could result in my license expiring. 		



ATTESTATION

- 1) I certify I will adhere to courier requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin 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 Compassionate Use Act, or division rules;
- 5) 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; and
- 6) I certify I am not licensed under the Liquor Control Act.

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 of a license issued.

Controlling Person Signature _____ Date _____

Print Name and Title _____

