

STATE OF NEW MEXICO MICHELLE LUJAN GRISHAM, GOVERNOR Linda M. Trujillo, Superintendent

Clay Bailey, Deputy Superintendent

Proposed Change of Controlling Person Application

To propose changing a Controlling Person to an already issued license, complete and submit the information below and return by email to ccd.licensing@state.nm.us or mail to Cannabis Control Division 1209 Camino Carlos Rey Santa Fe, NM 87507.

License Number(s):	License Type(s):		
A Controlling Person means a person that officer or board member of, a cannabis est This form cannot be used to change any de	controls a financial or voting i ablishment; and does not inclu	interest of ten percent or more of, or an ide a bank or licensed lending institution.	
If a Controlling Person is proposed to b controlling person is at least 21 years of government that includes the name, date	age, which shall include ide	entification issued by a federal or state	
Name of Proposed Controlling Person: _			
Mailing Address:			
Email (required) Phone No:			
Is Proposed Controlling Person a New M	Iexico resident? □Yes □N	No	
Preferred Gender Pronoun: □He □Sh			
Has Proposed Controlling Person ever legor school? □Yes □No If yes, list additional names used:			
Please specify race: (Check all that apply) White	Native Hawaiian	Japanese Chamorro	
Black or African American	Filipino	Other Asian	
American Indian or Alaska Native	Korean	Other Pacific Islander	
Chinese	Samoan	Some Other Race	
Vietnamese	Asian Indian	Prefer not to answer	
Please specify ethnicity: (Check all that ap Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin Another Hispanic, Latino or Spanish origin Mexican, Mexican American, Chicano Puerto Rican Prefer not to answer	in		

Gender: ☐Male	□Female	□Non-binary	□Non-conforming	□Prefer not to answer	
associated b cannabis lice by any state	een: (1) denied ensing authority licensing auth	a license or had; or (2) had any a ority, against the	a license suspended o administrative orders, o	ch the Proposed Controlling Person was revoked by the division or any other state or sanctions for unlicensed cannabis activity person within the three years immediately Yes*	
description suspension activity be which the	on, as an attachi on of a cannabi oy any state lice	ment to this applies license, revocate ensing authority, and arrolling person when the state of	cation, of any administ ion of a cannabis licen against the proposed co	lling Person(s) must provide a detailed rative orders, civil judgements, denial or se, or sanctions for unlicensed cannabis ontrolling person, or a business entity in son within the three years immediately	
A felonyA felonyto:a. Prb. SeA felony	conviction invo conviction for larger for sale, ell, give away of offense for the	olving fraud, dece hiring, employing transport or carry or offer to sell a co possession, use, r	it, or embezzlement; s, or otherwise using a p a controlled substance ontrolled substance to a manufacture, distribution		
applicatio convictio rehabilita	on, a detailed n; dates of incation, including	description of ar	ny criminal conviction ion, or parole; descript , personal or professio	n must provide, as an attachment to this as, including for each: the date of the tion of the offense; and any evidence of nal references, completion of treatment,	
-	_		_	round screening request, including ar ico state criminal history report.	
Submitted by	7.				
Signature:	ignature: Printed Name:				
Date:					
For Cannabis	Control Division	ı Use Only:			
Decision by l	Director □App	oroved Disappro	oved,		
Signed by Di	rector:		Date:		
Processed by	::		Date:	, with copy by: □Email □Mail	

