



## CANNABIS CONSUMPTION AREA 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		
<b>FEES</b> – 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		
Annual Fee \$2,500.00		
ACKNOWLEDGEMENT		
<ol style="list-style-type: none"><li>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, except a change in plant count using the Plant Count Increase or Decrease Form.</li><li>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.</li><li>3) I acknowledge that mature plant count increase requests must be in accordance with 16.8.8.9 (C) and (D) NMAC.</li><li>4) 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.</li><li>5) I acknowledge I have read, and I am in compliance with all requirements defined in the most current Cannabis Regulation Act and Rules promulgated thereto and fully understand that I bind myself to be governed by them.</li></ol>		



## ATTESTATION

- 1) I certify I will adhere to cannabis consumption area requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules
- 2) I certify I will adhere to retail requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) I certify that access to cannabis consumption area will be limited to persons 21 years of age and older and to qualified patients who are minors and accompanied by their primary caregiver at all times while on the premises of a cannabis consumption area.
- 7) I certify that consumption of cannabis in the cannabis consumption area will not be visible from any public place or from outside the cannabis consumption area.
- 8) 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.
- 9) 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.
- 10) I certify I am not licensed under the Liquor Control Act.
- 11) 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.
- 12) 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.
- 13) 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.
- 14) I certify that that my business is in good standing with the New Mexico Tax and Revenue Department.
- 15) 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 of a license issued.

Controlling Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

