



CANNABIS COURIER LICENSE APPLICATION

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

BUSINESS INFORMATION		
BUSINESS LEGAL NAME		
DOING BUSINESS AS (DBA)		
BUSINESS PHYSICAL ADDRESS		
CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (Check Box if Same as Physical Address <input type="checkbox"/>)		
CITY	STATE	ZIP CODE
PHONE	E-MAIL ADDRESS	
BUSINESS WEBSITE		
STATE TAX ID NUMBER	FEIN	
BUSINESS ORGANIZATIONAL STRUCTURE (Chek one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership		
DAYS AND HOURS OF OPERATION		
CONTROLLING PERSON INFORMATION For the purposes of your cannabis business license, a controlling person means a person that controls a financial or voting interest of ten percent or more of, or an officer or board member of a cannabis establishment and does not include a bank or licensed lending institution. (See NMSA 1978, Section 26-2C-2. U). All controlling persons should be added to the application. Do not add anybody who is not a controlling person.		
PRIMARY CONTROLLING PERSON NAME		
TITLE		



DESIGNATED POSITION (Check all that apply.) <input type="checkbox"/> Financial Interest <input type="checkbox"/> Voting Interest <input type="checkbox"/> Officer <input type="checkbox"/> Board Member		PERCENTAGE OF CONTROLLING OR FINANCIAL INTEREST (May NOT be less than 10%)	
DOB		SSN	
MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE		E-MAIL ADDRESS	
<p>FELONY CONVICTIONS (Has this controlling person ever been convicted of the following crimes?)</p> <input type="checkbox"/> Felony Conviction Involving Fraud, Deceit, or Embezzlement <input type="checkbox"/> Felony Conviction for Hiring, Employing or Otherwise Using a Person Younger Than 18 Years of Age to: <ul style="list-style-type: none"> <input type="checkbox"/> Prepare for Sale, Transport or Carry a Controlled Substance; or <input type="checkbox"/> Sell, Give Away or Offer to Sell a Controlled Substance to Any Person <input type="checkbox"/> Felony Offense for the Possession, Use, Manufacture, Distribution or Dispensing or Possession with the Intent to Manufacture, Distribute or Dispense a Controlled Substance (Not Including Cannabis)			
<p>Please provide an explanation that includes: 1) the date of conviction; 2) dates of incarceration, probation and parole; 3) a description of the crime/offense; and 4) an explanation as to your rehabilitation since the conviction.</p>			
<p>Attach documentation regarding the criminal case and disposition (e.g. decision and order, settlement, plea, etc.) and other supporting documents.</p>			
SECONDARY CONTROLLING PERSON NAME (Check box if only 1 Controlling Person <input type="checkbox"/> and Proceed to Fees.)			
TITLE			
DESIGNATED POSITION (Check all that apply.) <input type="checkbox"/> Financial Interest <input type="checkbox"/> Voting Interest <input type="checkbox"/> Officer <input type="checkbox"/> Board Member		PERCENTAGE OF CONTROLLING OR FINANCIAL INTEREST (May NOT be less than 10%)	
DOB		SSN	
MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE		E-MAIL ADDRESS	



FELONY CONVICTIONS (Has this controlling person ever been convicted of the following crimes?)

- Felony Conviction Involving Fraud, Deceit, or Embezzlement
- 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
- Felony Offense for the Possession, Use, Manufacture, Distribution or Dispensing or Possession with the Intent to Manufacture, Distribute or Dispense a Controlled Substance (Not Including Cannabis)

Please provide an explanation that includes: 1) the date of conviction; 2) dates of incarceration, probation and parole; 3) a description of the crime/offense; and 4) an explanation as to your rehabilitation since the conviction.

Attach documentation regarding the criminal case and disposition (e.g. decision and order, settlement, plea, etc.) and other supporting documents.

Add additional sheet if business has more than 2 Controlling Persons. Additional sheets shall include all requested information in the fields above.

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

Annual Fee \$250.00
Number of Premises to be Licensed _____ x \$100.00 for each Premise = _____ (Total Premise Fee)
Total Fee (Annual Fee + Total Premise Fee) _____

APPLICATION REQUIREMENTS - Each listed item must be included with this application and submitted to the CCD for the application to be considered complete.

- 1) Detailed plan for delivery and security that demonstrates compliance with the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act and division rules.
- 2) Plan for security, including a description of facilities and containers intended for use in storing and transporting of cannabis and cannabis products.
- 3) Description of all vehicles used or intended to be used for the transport of cannabis and cannabis products.
- 4) Proof that each controlling person is at least 21 years of age, which shall include identification issued by a federal or state government that includes the name, date of birth, and picture of the applicant or controlling person.
- 5) Criminal history screening document for each controlling person as set forth in 16.8.2.9 NMAC and the Cannabis Regulation Act (Authorization for Release of Information Form).
- 6) Social and Economic Equity Plan.



ACKNOWLEDGEMENT

- 1) I acknowledge that all licensing fees are non-refundable pursuant to 16.8.2.8 (Q) NMAC.
- 2) I acknowledge that my Annual Fee must be paid by Cashier’s Check ONLY made payable to the New Mexico Cannabis Control Division and must be submitted with this Application, and failure to do so could delay my application review time and issuance of my license.
- 3) I acknowledge I have read the most current Cannabis Regulation Act and Rules promulgated thereto and fully understand that I bind myself to be governed by them.

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.
- 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 application or revocation of a license issued.

Controlling Person Signature _____ Date _____

Print Name and Title _____

FOR CANNABIS CONTROL DIVISION USE ONLY

Date Application Received: _____

Date Payment Received: _____ Application Fee: \$ _____ Check Number: _____

Staff Member Processing Application: _____

Date Application Approved: _____

Director Signature and Date (if required): _____
Signature Date

