

NATALIE M. LAPRADE

MMCC



MARYLAND MEDICAL
CANNABIS COMMISSION

Medical Cannabis Grower License Application

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MEDICAL CANNABIS GROWER LICENSE APPLICATION

PREFACE – Application Checklist

Each Applicant must complete the following:

- 1. Pay the required \$2,000 Application fee
- 2. Complete all questions in Part D of the Application.
- 3. Complete all information in the identified Pass/Fail sections (Parts A, B, and C), including any letter(s) of intent (Attachment K) for each employee and contractor identified in Part C.
- 4. Complete all Yes/No questions with the appropriate responses.
- 5. Redact all identifying information specified in the *Instructions* document.
- 6. Include all required Attachments described in the Grower Initiation Form.
- 7. Ensure that each required affidavit, authorization form, and consent form have the required signature(s).
- 8. Submit the Application and required attachments in the required PDF format.
- 9. Label any electronic Application documents with the correct file names.
- 10. Submit the Application on or before the submission deadline.

PART A – Applicant Identification and Facility Information

(Scoring Method: Pass/Fail)

Section 1 – Applicant Name, Address and Contact Information

Business Name and Principal Address

| | | |
|--------------------------|---------------|------------------|
| Business Name | | |
| Business Address: | | |
| City: | State: | Zip Code: |

Primary Contact

The Primary Contact to provide information, sign documents, and ensure actions are compliant with COMAR 10.62.

| | | |
|-----------------|---------------|------------------|
| Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| County: | Phone: | |
| Email: | | |

Section 2 – Facility Information

| | | |
|---|------------------------------|-----------------------------|
| By checking “Yes,” you affirm that you possess the ability to obtain in an expeditious manner the right to use sufficient land, buildings, and other premises and equipment to properly carry on the activity described in the medical cannabis grower license Application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

PROPOSED GROWER LOCATION

Please indicate the location where the Applicant intends to locate the proposed grower facility.

| | | |
|---|----------------------|------------------|
| City: | State: | Zip Code: |
| County: | Municipality: | |
| <input type="checkbox"/> Owned by the Applicant <input type="checkbox"/> Leased by the Applicant <input type="checkbox"/> Option for the Applicant to Buy/Lease | | |

PART B –Owners, Equity Investors, and Managing Directors

(Scoring Method: Pass/Fail)

FOR THIS PART THE APPLICANT IS REQUIRED TO PROVIDE CONTACT INFORMATION FOR ANY OWNER, EQUITY INVESTOR AND MANAGING DIRECTOR

Please list all Owners, Equity Investors, and Managing Directors

| Name and Residential Address | | | |
|--|-----------------|--------------------------------|-----------|
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | Date of Birth: | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Percentage of ownership interest: | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | Date of Birth: | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Percentage of ownership interest: | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | Date of Birth: | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Percentage of ownership interest: | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | Date of Birth: | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Percentage of ownership interest: | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | Date of Birth: | |

| | | | | | |
|--|--|-----------------|--------------------------------|-----------|---------|
| City: | | State: | | Zip Code: | |
| Phone: | | Email: | | | |
| Percentage of ownership interest: | | | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | | | |
| Name and Residential Address | | | | | |
| First: | | Middle Initial: | Last: | | Suffix: |
| Occupation: | | | Title in Applicant's business: | | |
| Address: | | | Date of Birth: | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Email: | | | |
| Percentage of ownership interest: | | | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | | | |
| Name and Residential Address | | | | | |
| First: | | Middle Initial: | Last: | | Suffix: |
| Occupation: | | | Title in Applicant's business: | | |
| Address: | | | Date of Birth: | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Email: | | | |
| Percentage of ownership interest: | | | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | | | |
| Name and Residential Address | | | | | |
| First: | | Middle Initial: | Last: | | Suffix: |
| Occupation: | | | Title in Applicant's business: | | |
| Address: | | | Date of Birth: | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Email: | | | |
| Percentage of ownership interest: | | | | | |
| Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman | | | | | |

Important: If more space is required, please submit the required information described above on any additional individual(s) in a separate document entitled "Owners, Equity Investors, and Managing Directors (Cont'd)."

PART C – Employees and Contractors

(Scoring Method: Pass/Fail)

Please provide the following information for any employees and contractors that the Applicant intends to hire or has hired prior to licensure. Each Applicant must also provide a Letter of Intent (Attachment K) for each employee and contractor who intends to work for the Applicant if the Applicant becomes licensed. **Important:** An employee or a contractor may commit to working for only one grower Applicant as part of this licensing Application process.

Please list all Employees and Contractors

| Name and Residential Address | | | |
|------------------------------|------------------------|---|------------------|
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in the Applicant's business: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in the Applicant's business: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |
| Name and Residential Address | | | |
| First: | Middle Initial: | Last: | Suffix: |
| Occupation: | | Title in Applicant's business: | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone: | Email: | | |

If more space is required, please submit the required information as described above on any additional individual(s) in a separate document entitled "Employees and Contractors (Cont'd)."

PART D – Application

Important: All responses in Part D may not include the following identifying information:

1. The Applicant's name;
2. The Applicant's Business/Organization name;
3. The name of any owner, investor, managing director, agent, employee, contractor, or consultant; or
4. The name of any corporate parent, subsidiary, and affiliate.

The Commission shall deny or disqualify any Application that includes any of the above identifying information in Part D.

I. Operational Factors

(Scoring: 20 points)

1. Operational Plan (10 points) (*Answer may not exceed 15,000 characters*)

Please provide a detailed operational plan for the cultivation of medical cannabis, including summaries of policies and procedures for:

- (a) Irrigation, propagation, cultivation, and fertilization;
- (b) Harvesting, drying, and curing;
- (c) Rework or processing;
- (d) Packaging, labeling, and handling of medical cannabis, medical cannabis products, and byproducts; and
- (e) Monitoring and regulating:
 - (i) Temperature;
 - (ii) Humidity;
 - (iii) Ventilation;
 - (iv) Lighting that affects the growth of medical cannabis plants (if necessary); and
 - (v) Water quality testing.

Please complete the question using the text box on the next page (page 9).

2. **Medical Cannabis Varieties** (2 points) *(Answer may not exceed 6,000 characters)*

Please provide a list of proposed medical cannabis varieties proposed to be grown that includes a description of:

- (a) The proposed cannabinoid profiles;
- (b) The medical benefits of each of the medical cannabis varieties; and
- (c) The manner in which medical cannabis strains will be selected.

3. **Horticultural Controls** (2 points) (*Answer may not exceed 3,000 characters*)

Please describe how the grower Applicant, as part of a standard operating procedure, will:

- (a) Conduct water quality testing;
- (b) Adopt and implement a nutrient management plan;
- (c) Use fertilized or hydroponic solution of a type and formulation, including the rate of application, to support healthy growth of medical cannabis; and
- (d) Use pesticides, if any, including the type and rate at which any pesticides will be used.

4. **Equipment** (2 points) *(Answer may not exceed 3,000 characters)*

Please describe how the grower Applicant will maintain equipment that comes into contact with medical cannabis to prevent contamination.

5. **Packaging and Labeling** (2 points) *(Answer may not exceed 3,000 characters)*

Please describe how the grower Applicant will comply with all the medical cannabis shipment, packaging, and labeling requirements codified in COMAR 10.62.13.

6. **Operational Recordkeeping** (2 points) *(Answer may not exceed 3,000 characters)*
Please provide a summary of the operational recordkeeping plan that will be in place at the proposed grower premises. The plan should include at a minimum a system to record:
- (a) Temperature;
 - (b) Humidity;
 - (c) Ventilation;
 - (d) Lighting that affects the growth of medical cannabis plants (if necessary);
 - (e) Water quality testing;
 - (f) Cleaning and equipment maintenance; and
 - (g) The type and amounts of fertilizer, pesticides, and any growth additives used.

II. Safety and Security Factors

(Scoring: 20 points)

1. Safety and Security Training (4 points) *(Answer may not exceed 10,000 characters)*

Please explain how the grower Applicant will train all registered grower agents on:

- (a) Detection and prevention of medical cannabis diversion;
- (b) Security procedures, including responding to a threatening event such as (1) an armed robbery, (2) an invasion of the premises, (3) a burglary, or (4) any other criminal incident; and
- (c) Safety procedures, including responding to (1) a medical emergency, (2) a fire, and (3) a chemical spill.

2. Security Features and Procedures (6 points)

(Answer may not exceed 10,000 characters)

Please describe how the grower Applicant will secure the premises to comply with all legal requirements established in COMAR 10.62.10 to prevent unauthorized entry, theft and diversion, including:

- (a) Fencing and gates;
- (b) A security alarm system;
- (c) A motion-activated video surveillance recording system;
- (d) Adequate security lighting; and
- (e) Storage of all recordings of security video surveillance.

3. **Premises Accessibility** (2 points) *(Answer may not exceed 2,000 characters)*

Please describe how the grower Applicant will restrict and monitor access to any non-public area of the premises, including to:

- (a) Log any visitor in and out;
- (b) Retain with the log a photocopy of the visitor's government-issued identification;
- (c) Ensure the visitor does not touch any medical cannabis plant or medical cannabis;
and
- (d) Maintain a log of all visitors to non-public areas for two years.

4. **Diversion Prevention** (4 points) *(Answer may not exceed 3,000 characters)*

Please provide a summary of (1) the procedures that the grower Applicant will implement at the proposed grower premises to prevent the unlawful diversion of medical cannabis seeds, immature medical cannabis plants, medical cannabis plants, medical cannabis, and medical cannabis products, and (2) the investigative and reporting process if evidence of theft or diversion is identified.

5. **Transportation** (4 points) *(Answer may not exceed 3,000 characters)*

Please describe how the grower Applicant will transport medical cannabis and medical cannabis products to licensed processors and dispensaries. For example, explain whether the grower Applicant plans to maintain a transportation operation or use a third-party secure transportation company.

- (a) If the grower Applicant chooses to use its own transportation operation, please provide (1) the number and type of vehicles that will be used to transport medical cannabis and medical cannabis products, (2) the training that will be provided to any registered grower agent who will transport medical cannabis and medical cannabis products, and (3) any additional measures that the grower applicant will take to prevent diversion during transport.
- (b) If the grower Applicant will be using a third-party secure transportation company for transporting medical cannabis and medical cannabis products, please explain the steps the grower Applicant will take to ensure the third-party secure transportation company will comply with the transportation requirements established in COMAR 10.62.18.

III. Commercial Horticultural and Agricultural Factors

(Scoring: 15 points)

1. Horticultural and Agricultural Experience and Knowledge (10 points)

(Answer may not exceed 15,000 characters)

Please describe any experience, knowledge and training of the grower Applicant, including any owner, officer, director, employee, or contractor in horticultural and agricultural production. **Important:** Applicants may attach a redacted CV/résumé for any owner, officer, director or employee with horticultural/agricultural experience, knowledge, and training.

2. Commercial Horticultural or Agricultural Training Standards (5 points)

(Answer may not exceed 6,000 characters)

Please describe how the grower Applicant will ensure that each individual engaged in the cultivation, manufacturing, handling, and packaging of medical cannabis has the training, education, or experience necessary to perform the assigned functions.

IV. Production Control Factors

(Scoring: 15 points)

1. Standard Operating Procedures (3 points)

(Answer may not exceed 10,000 characters)

Please describe the written standard operating procedures to promote good growing and handling practices, including:

- (a) The management and disposal of any waste products, including green waste;
- (b) Requirements that all registered grower agents practice good hygiene and wear protective clothing as necessary to protect the product as well as themselves from exposure to potential contaminants; and
- (c) Requirements for receipt of material, including how the grower Applicant will inspect material for defects, contamination, and compliance with the required specifications.

2. **Inventory Control** (3 points) *(Answer may not exceed 6,000 characters)*

Please describe how the grower Applicant will:

- (a) Upon completion of the drying and curing process, weigh each batch of medical cannabis and update METRC;
- (b) At least once per month, conduct a physical inventory of the stock and compare the physical inventory of the stock with METRC; and
- (c) Ensure the grower Applicant or a registered grower agent does not distribute medical cannabis to any person if the Applicant or registered grower agent knows, or may have reason to know, that the distribution of the medical cannabis does not comply with any provision of Health-General Article, Title 13, Subtitle 33, Annotated Code of Maryland or COMAR 10.62.

3. **Cultivation Activities and Process Controls** (1.5 points)

(Answer may not exceed 2,000 characters)

Please describe the scope of the cultivation activities (cultivation methods, products to be produced, and packaging/labeling) how the grower Applicant will:

- (a) Cultivate each plant and produce each batch of medical cannabis in conformity with the standard operating procedures; and
- (b) Record the cultivation process in accordance to the standard operating procedures to ensure (1) consistency of the batch with the variety, and (2) accuracy of the day-to-day production.

4. **Product Complaint** (1.5 points) *(Answer may not exceed 2,000 characters)*
Please describe how the grower Applicant will establish a standard operating procedure to receive, review, organize, store, and respond to all oral, written, electronic, or other complaints regarding medical cannabis and adverse events.

5. **Serious Adverse Events** (3 points) *(Answer may not exceed 6,000 characters)*

In the event of an occurrence of a serious adverse event as defined in COMAR 10.62.01.01B.(34), please describe how the grower Applicant will promptly:

- (a) Determine the batch number or lot number of the medical cannabis or medical cannabis product;
- (b) Investigate the record and circumstances of the production of the batch and lot to determine (1) if there was a deviation from the standard operating procedure, and (2) if the sample meets specification by submitting parts of the retention samples of the batch and lot to an independent testing laboratory;
- (c) Order a recall of all products derived from or included in the batch or lot;
- (d) Notify the Commission, and all patients, caregivers, and dispensaries who may have obtained medical cannabis products from such a batch or lot of the recall;
- (e) Offer and pay reimbursement for any returned medical cannabis;
- (f) Store and segregate recalled material until disposal is authorized by the Commission; and
- (g) Dispose of the recalled material according to the standard operating procedure.

6. **Pest Monitoring and Control** (3 points) *(Answer may not exceed 6,000 characters)*

Please describe the integrated pest management practices and techniques the grower Applicant will use to identify and manage plant pathogen and pest problems, including:

- (a) A door control system sufficient to prevent pest entry;
- (b) Regular visual inspection of plants and growing areas for the presence of pests;
- (c) The use of sticky cards in growing areas;
- (d) Identification and recording of all pests or pathogens detected and the measures taken for control; and
- (e) The manner in which any pesticide applicators and applications used will comply with federal and State pesticide requirements.

V. Business and Economic Factors

(Scoring: 15 points)

1. **Business History** (2.5 points) *(Answer may not exceed 10,000 characters)*

Please describe the business history and ability of the grower Applicant, including any owner, officer, director, employee, or contractor to plan and maintain a successful and financially sustainable medical cannabis grower operation. **Important:** An Applicant may upload a redacted CV/résumé for any owner, officer, director, employee, or contractor to supplement the response.

2. **Business Plan** (7.5 points) (*Answer may not exceed 15,000 characters*)

Please provide a business plan that describes how the grower Applicant plans to operate on a long-term basis. The business plan should include:

- (a) A description of the proposed premises;
- (b) A description of the size of the grower facility (desired square footage, number of mature plants to be grown, number of employees to be hired);
- (c) The budget and resource narratives, including detailed costs for physical structures and operating expenses;
- (d) A timeline for initiating operations;
- (e) A description of the plan to ensure appropriate employee working conditions, benefits and training;
- (f) Any other information demonstrating the ability of the grower Applicant to quickly and successfully enter the market; and
- (g) A description of how the grower Applicant intends to create a long-term sustainable business model.

Please complete the question using the text box on the next page (Page 28).

3. **Capitalization** (2.5 points) *(Answer may not exceed 3,000 characters)*

Please certify and provide adequate documentation of sources of capitalization to demonstrate to the Commission that the entity or individual(s) filing the Application has sufficient liquid assets to successfully carry out the activities described in this Application. The Commission requires evidence that an owner/investor has sources of capitalization founded on legal sources that are adequate to sustain business operations. If an Applicant is a newly formed entity, it is still required to demonstrate proof of adequate capitalization. Capitalization that is contingent upon the award of a Pre-Approval could be a documented source of capitalization

Examples of documentation of capitalization include the following: (1) Personal tax returns for the past five years; (2) Tax returns for any business in which the owner/investor holds a majority interest for the past five years; (3) An independent financial statement; (4) Credit history; (5) Lines of credit; (6) Promissory notes; (7) Deeds, appraisals, and equity in real estate; and (8) Bank statements.

Important: Applicant shall upload documentation of sources of capitalization.

4. **Training** (2.5 points) *(Answer may not exceed 6,000 characters)*

Please explain how the grower Applicant will train all registered grower agents on the:

- (a) Federal and State medical cannabis laws and regulations; and
- (b) Standard operating procedures of the grower Applicant.

VI. Diversity & Social and Economic Equity Factors

(Scoring Method: 15 points)

Applicants seeking to qualify as Disadvantaged Equity Applicants, Members of the Most Disadvantaged Groups in the Medical Cannabis Industry, and Economically Disadvantaged Applicants have the burden of proving membership in a disadvantaged group and/or ownership interest.

Bona fide status as a member of a minority group can be established on the basis of the individual's claim that he or she is a member of such a group through an affidavit. However, the Commission is not required to accept this claim if it determines the claim to be invalid based on the totality of the evidence.

In determining ownership interest, all the facts in the record will be considered as a whole, including the origin of all assets and how and when they were used in obtaining the business. All transactions for the establishment and ownership must be in the normal course of business, reflecting commercial and arm's-length practices.

The ownership interest, including the contribution of capital or expertise to acquire the ownership interest must be real, substantial, and continuing, going beyond pro forma ownership of the business as reflected in the ownership documents. Proof of contribution of capital must be submitted at the time of the Application.

Please see the *General Instructions* document for additional information and examples of sufficient and insufficient ownership interests.

SPACE INTENTIONALLY LEFT BLANK

1. Diversity Plan (5 points)

In accordance with COMAR 10.62.08.05I(6)(a), an Applicant shall include with its Application a Diversity Plan that promotes and ensures the involvement of diverse participants and groups in ownership, management, employment, and contracting opportunities. Diverse participants include individuals from diverse racial, ethnic, and cultural backgrounds and communities, small businesses, women, veterans, and individuals with disabilities. Diverse groups include businesses that have been certified by a third-party certifying organization as a disadvantaged business; minority-owned business; woman-owned business; service-disabled veteran-owned small business; or veteran-owned small business. The Commission will determine whether the stated goals in the Diversity Plan are reasonable and represent a good faith effort to meet the goals.

DIVERSITY PLAN – EQUAL OPPORTUNITY AND ACCESS IN EMPLOYMENT

In narrative form, please provide a detailed written plan, including objectives, timetables, and evaluation metrics, that describes the steps the Applicant will take to ensure that the business will promote meaningful inclusion of diverse participants in ownership, management, employment, and contracting to ensure that the participants are afforded equality of opportunity. To the extent available, include the following:

1. The diversity status of each owner, investor, employee, and contractor;
2. Strategies for obtaining a diverse group of owners, investors, employees, including executive and managerial positions, and contractors;
3. Internal diversity goals adopted by the Applicant;
4. A plan for diversity-related outreach or events the Applicant will conduct to support its diversity goals in ownership, investment, management, employment, and contracting;
5. Proposed timelines and benchmarks for achieving the diversity goals outlined in the plan; and
6. Any other information that demonstrates the Applicant’s commitment to ownership, investment, management, employment, and contracting diversity.

Important: Please refer to the Guidance for Diversity and Socioeconomic Equity Questions for guidelines on the Diversity Plan.

| | | |
|---|------------------------------|-----------------------------|
| By checking “Yes,” the Applicant affirms that it has a Diversity Plan that establishes a goal of opportunity and access in employment and contracting by the Applicant organization. The Applicant also affirms that it will make a good faith effort to meet the diversity goals outlined in the Diversity Plan. Changes to the Diversity Plan must be approved by the Commission. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| By checking “Yes,” the Applicant agrees to report participation level and involvement of diverse participants and groups in the form and frequency required by the Commission, and to provide any other information the Commission considers appropriate regarding ownership, management, employment, and contracting opportunities by diverse participants and groups. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Diversity Plan may not exceed 15,000 characters.

2. Disadvantaged Equity Applicant/Members of the Most Disadvantaged Groups in the Medical Cannabis Industry (5 Points)

| | | |
|---|---|---|
| <p>Part I (3 points)</p> <p>(a) (i) Please check “yes” or “no” whether the Applicant has at least 51 percent of its ownership interest held by one or more individuals who are Disadvantaged Equity Applicants as defined in COMAR 10.62.01.01B(10); and</p> <p>(ii) If “no”, please check whether the Applicant made good faith efforts to have at least 51 percent of its ownership interest held by individuals who qualify as Disadvantaged Equity Applicants.</p> <p>(b) Each Applicant who responds “yes” to Part I(a)(i) above shall submit documentation demonstrating that at least 51 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Member(s) of a qualifying minority group (Attachment B – Affidavit of Certification of Disadvantaged Equity Applicant Status); and</p> <p>(ii) Do not exceed the personal net worth cap (Attachment C –Personal Net Worth Statement OR Proof of certification as disadvantaged owner of an MBE).</p> <p>(c) Each Applicant who responds “yes” to Part I(a)(ii) for having made good faith efforts to have at least 51 percent of its ownership interest held by individuals who qualify as Disadvantaged Equity Applicants shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> |
| <p>Part II (2 points)</p> <p>(a) (i) Please check “yes” or “no” whether the Applicant has at least 51 percent of its ownership interest held by one or more individuals who are members of the most disadvantaged groups in the medical cannabis industry; and</p> <p>(ii) If “no,” please check whether the Applicant has made good faith efforts to have at least 51 percent of its ownership interest held by members of the most disadvantaged groups in the medical cannabis industry.</p> <p>(b) Each Applicant who responds “yes” to Part II(a)(i) above shall submit documentation that at least 51 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Members of the most disadvantaged groups in the medical cannabis industry (Attachment E – Affidavit of Certification of</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> |

| | | |
|--|------------------------------|-----------------------------|
| <p>Membership in One of the Most Disadvantaged Groups in the Medical Cannabis Industry); and</p> <p>(ii) Do not exceed the personal net worth cap (Attachment C –Personal Net Worth Statement OR Proof of certification as a disadvantaged owner of an MBE).</p> <p>(c) Each Applicant who responds “yes” to having made good faith efforts (Part II(a)(ii)) to have at least 51 percent of its ownership interest held by individuals who are members of the most disadvantaged groups in the medical cannabis industry shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p> <p>Part III (1 point)</p> <p>(a) (i) Please check “yes” or “no” whether the Applicant has between 25 percent and 50 percent of its ownership interest held by one or more individuals who are members of the most disadvantaged groups in the medical cannabis industry; and</p> <p>(ii) If “no,” please check whether the Applicant has made good faith efforts to have between 25 and 50 percent of its ownership interest held by members of the most disadvantaged groups in the medical cannabis industry.</p> <p>(b) Each Applicant who responds “yes” to Part III (a)(i) above shall submit documentation that at least 25 percent and not more than 50 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Members of the most disadvantaged groups in the medical cannabis industry (Attachment E – Affidavit of Certification of Membership in One of the Most Disadvantaged Groups in the Medical Cannabis Industry); and</p> <p>(ii) Do not exceed the personal net worth cap (Attachment C – Personal Net Worth Statement OR Proof of certification as a disadvantaged owner of an MBE).</p> <p>(c) Each Applicant who responds “yes” to having made good faith efforts (Part III(a)(ii)) to have at least 25 percent and not more than 50 percent of its ownership interest held by individuals who are members of the most disadvantaged groups in the medical cannabis industry shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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3. Economically Disadvantaged Applicant (5 Points)

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| <p>(a) Please check “yes” or “no” for each of the of the following criteria:</p> <p>(i) At least 51 percent of its ownership interest is held by one or more individuals who have lived in an economically disadvantaged area for at least 5 of the preceding 10 years;</p> <p>(ii) A majority of the current employees live in an economically disadvantaged area;</p> <p>(iii) A majority of the current contractors live in an economically disadvantaged area;</p> <p>(iv) At least 51 percent of its ownership interest is held by one or more individuals who are a member of a household that earns no more than 80 percent of the State median income;</p> <p>(v) The Applicant has significant past experiences in or business practices that promote economic development and empowerment in economically disadvantaged areas.</p> <p>(b) If the Applicant responded “yes” to three or more of the criteria set forth immediately above, please provide supporting documentation as described by the Economically Disadvantaged Applicant guidelines provided in the <i>Guidance for Diversity and Socioeconomic Equity Questions</i> document.</p> <p>Each Applicant who responded “yes” to three or more of the criteria will score points in accordance with the Scoring Methodology section for Economically Disadvantaged Applicants as described in the <i>General Instructions</i> document.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> |
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AFFIRMATION SECTION

The undersigned attests that the grower Applicant will adhere to the statutory/regulatory requirements established in Health-General Article, Title 13, Subtitle 33, Annotated Code of Maryland, and the Code of Maryland Regulations, Title 10, Subtitle 62, and that the signatory has the authority to bind the grower Applicant to the statutory and regulatory requirements.

Signature

Date

Printed Name

APPLICATION FEE

The Applicant **must submit a two thousand dollar (\$2,000) nonrefundable Stage One Application fee**. Payment must be received by the Commission prior to the Application deadline. For further information about Application and license fees refer to the Fee Schedule in COMAR 10.62.35.

The Applicant may submit payment via **cashier's check or money order** made payable to "MMCC" or "Maryland Medical Cannabis Commission." The cashier's check or money order may be mailed, or hand delivered to the Commission offices at:

Maryland Medical Cannabis Commission
849 International Drive, 4th Floor
Linthicum, MD 21090

- By checking the box the Applicant affirms that payment of a \$2,000, nonrefundable Stage One Application Fee is due via cashier's check or money order to the Maryland Medical Cannabis Commission prior to the Application deadline. Failure to submit timely payment will result in the disqualification of the Application.

END OF APPLICATION