

## **CANNABIS LICENSE APPLICATION PROCESS INSTRUCTIONS**

1. Complete the **Cannabis License Application** using the associated **Appendix** (checklist and instructions) for the specific license type; gather required/supporting documents necessary to submit with the application.
2. Complete Part 1 & 2 of the **Cannabis License Application - Payment Confirmation form** and pay the fees at the locations indicated.
3. Once fees are paid, submit the completed Cannabis License Application, completed Cannabis License Application - Payment Confirmation form, and a copy of the **receipt** issued by the Department of Finance to the CNMI Cannabis Commission for processing.
4. If you have any questions, email: **media@cnmicannabis.org**.



# COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS CANNABIS COMMISSION

P.O. Box 500135 Saipan, MP 96950  
Email: [media@cnmicannabis.org](mailto:media@cnmicannabis.org)  
web: [www.cnmicannabis.org](http://www.cnmicannabis.org)

**APPLICATION NO.**  
(INTERNAL USE ONLY)

## CANNABIS LICENSE APPLICATION

Submitted to: CNMI CANNABIS COMMISSION

The undersigned hereby makes an application for the following type of commercial license as required by 4 CMC § 53036 of the Commonwealth Code. Furthermore, the undersigned agrees to give the following information and pay the required fees in order for the Managing Director and/or their designee to review and consider this application in accordance with 4 CMC § 53036 of the Commonwealth Code and its rules and regulations.

**PART 1: LICENSE TYPE** (select one) **Note:** This application is to be completed using the corresponding appendix for the selected license type.

<p><b>Marijuana Producers</b></p> <p><input type="checkbox"/> Class 1 Producer - less than 750 sq. ft. under cultivation) (<i>Refer to Appendix A: Application Instructions</i>)</p> <p><input type="checkbox"/> Class 2 Producer - 750 - 2,999 sq. ft. under cultivation) (<i>Refer to Appendix A: Application Instructions</i>)</p> <p><input type="checkbox"/> Class 3 Producer - 3,000 - 5,000 sq. ft. under cultivation) (<i>Refer to Appendix A: Application Instructions</i>)</p> <p><input type="checkbox"/> Micro Producer - Production of no more than twenty-five (25) mature marijuana plants (<i>Refer to Appendix A(1) Application Instructions</i>)</p>	<p><b>Marijuana Lounges</b></p> <p><input type="checkbox"/> Class 1 Lounge - sale of marijuana items for on-site consumption (<i>Refer to Appendix C: Application Instructions</i>)</p> <p><input type="checkbox"/> Class 2 Lounge - permits on-site consumption (<i>Refer to Appendix C: Application Instructions</i>)</p>
<p><input type="checkbox"/> <b>Marijuana Processor</b> (<i>Refer to Appendix B: Application Instructions</i>)</p>	<p><input type="checkbox"/> <b>Marijuana Wholesaler</b> (<i>Refer to Appendix D: Application Instructions</i>)</p> <p><input type="checkbox"/> <b>Marijuana Retailer</b> (<i>Refer to Appendix E: Application Instructions</i>)</p>

## PART 2: APPLICATION INFORMATION

1. Applicant Type:  Corporation  LLC  Partnership  Sole Proprietorship

**Note:** Refer to the corresponding appendix for the application license type; submit all required supporting documents.

2. Applicant Name:

3. Mailing Address:

4. Physical Address:   
Include house/building number/unit or apartment number/street name and type of street (if applicable)

5. Email Address/Phone:    
(number must be 10 digits)

**PART 3: CONTACT PERSON** **Note:** The applicant authorizes the Contact Person to communicate with the Commission as the primary contact for the duration for the application process only.

Name:  Position:   
first/middle/last

Email Address:  Phone:   
(number must be 10 digits)

**PART 4: PREMISES** **Note:** The applicant is responsible for obtaining zoning approval (if applicable) for the proposed premises location in adherence to 4 CMC § 53021.

1. Premises (establishment) Name:   
(names are subject to the CNMI Cannabis Commission approval)

2. Physical Address:   
house/building number/unit or apartment number/street name and type of street (if applicable)

3. Lot Description:   
(This must include all areas as defined as "premises" consistent with 4 CMC § 53031)

4. Phone:   
(number must be 10 digits)

5. Primary Contact for the Premises:

6. Does the applicant own or lease (real property)?  Yes  No

7. Does the applicant have a right to occupy the premises?  Yes  No

8. Proposed Open Date:

9. Proposed Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Close	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** Premises hours of operation may be approved between 7:00 a.m. to 10:00 p.m. (unless otherwise restricted on your business license) with the exception of a Lounge - Class 1 license which may be approved for operating hours between 7:00 a.m. to 2:00 a.m.

## PART 5: DECLARATIONS

Note: This application should be submitted by an individual with the authority to bind the applicant and must be at least 21 years of age.

The applicant hereby certifies that all the information provided and all statements made on this application, as well as all documents submitted to support this application are unaltered and true. The applicant further agrees that any license issued in response to this application is accepted upon condition that full compliance with Title 4, Division 5, Chapter 21 of the Commonwealth Code and its rules and regulations now, or hereafter applicable, will be fully satisfied.

Signature:	<input type="text"/>	Position:	<input type="text"/>
	Authorized signatory of the applicant		
Name:	<input type="text"/>	Date:	<input type="text"/>
	first/middle/last		MM/DD/YYYY

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## PART 6: PAYMENT INSTRUCTIONS

1. Complete Part 1 and Part 2 of the **Commercial License Application Payment Confirmation** form. Bring this form and pay the required application fees at any of the locations indicated below. The agency receiving the fees will complete their section of this form.

In **Saipan** - DOF - Treasury, CNMI DOF - Taxation and Revenue, or CNMI DOF - Division of Customs, Seaport

In **Rota** - CNMI DOF - Taxation and Revenue

In **Tinian** - CNMI DOF - Taxation and Revenue

2. Submit the completed **Cannabis License Application** with the **Commercial License Application Payment Confirmation** form and the receipt of payment (provided by the agency receiving the fees) to the CNMI Cannabis Commission.
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## PART 7: DECISION

The CNMI Cannabis Commission Managing Director and/or their designee will review this application in its entirety, including, all documents received to support this application, and any other relevant information pertaining to the decision of license issuance.

The Managing Director and/or their designee will issue a written decision to the applicant approving or refusing to issue the cannabis license.



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## COMMERCIAL LICENSE APPLICATION - PAYMENT CONFIRMATION

### PART 1: APPLICATION TYPE

Select one of the following license application types and pay the associated application fee to the Department of Finance (DOF) at any of the locations listed below:

<u>LICENSE TYPE</u>	<u>FEE</u>	<u>PAYMENT LOCATIONS:</u>
<input type="checkbox"/> Class 1 Marijuana Producer License	\$500	<b>SAIPAN:</b> <b>DOF - Treasury, CNMI DOF - Taxation and Revenue, or CNMI DOF - Division of Customs, Seaport</b>  <b>ROTA:</b> <b>CNMI DOF - Taxation and Revenue</b>  <b>TINIAN:</b> <b>CNMI DOF - Taxation and Revenue</b>
<input type="checkbox"/> Class 2 Marijuana Producer License	\$750	
<input type="checkbox"/> Class 3 Marijuana Producer License	\$1000	
<input type="checkbox"/> Marijuana Wholesale License	\$250	
<input type="checkbox"/> Class 1 Marijuana Lounge License	\$1500	
<input type="checkbox"/> Class 2 Marijuana Lounge License	\$1500	
<input type="checkbox"/> Marijuana Micro Producer License	\$250	
<input type="checkbox"/> Marijuana Retail License	\$1000	
<input type="checkbox"/> Marijuana Processor License	\$1000	

### PART 2: PAYER DETAILS

Applicant Name:

Email Address:

Phone:

(number must be 10 digits)

**PART 3: OFFICE USE ONLY**

**OFFICIAL USE ONLY - PAYMENT CERTIFICATION**

The undersigned cashier certifies that the applicable fees have been paid and received as indicated below:

*Section to be completed by: CNMI DEPARTMENT OF FINANCE*

**TOTAL  
PAID:**

**Account Number: 46510**  
(for allocation of payment)

Verified by  
(Cashier Name):

Date:

MM/DD/YYYY

Receipt Number:

*Section to be completed by: CNMI CANNABIS COMMISSION*

Accepted by  
(Employee Name):

Date:

MM/DD/YYYY