

HOME GROWN MARIJUANA REGISTRY APPLICATION PROCESS INSTRUCTIONS

1. Complete the **Homegrown Marijuana Registry Application** - gather required/supporting documents necessary to submit with the application.
2. Complete Part 1 & 2 of the **Homegrown Marijuana Registry Application - Payment Confirmation** and pay the fees at the locations indicated on the form.
3. Once fees are paid, submit the completed **Homegrown Marijuana Registry Application, completed Homegrown Marijuana Registry 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

APPLICATION FOR THE HOMEGROWN MARIJUANA REGISTRY

FOR OFFICIAL USE ONLY

Applicant: _____
Last Name First Name Middle Initial

Municipality: _____

Time Received: _____

Date Received: _____

Received By: _____

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION



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**HOMEGROWN MARIJUANA REGISTRY
(NON-COMMERCIAL) APPLICATION**

APPLICATION NO.
(INTERNAL USE ONLY)

Submitted to: CNMI CANNABIS COMMISSION

The undersigned hereby makes an application for the Homegrown Marijuana Registry. 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 § 53012 .

Homegrown Marijuana Registry (HMR): 4 CMC § 53012 authorizes persons who are 21 years of age or older to produce, process, keep, or store homegrown marijuana for personal (non-commercial) use at a household or cultivation site.

PART 1: APPLICATION INFORMATION

1. Applicant Name:

2. Date of Birth:

MM/DD/YYYY

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:

(number must be 10 digits)

Note: The applicant is responsible for reporting any changes to the Applicant Information to the CNMI Cannabis Commission.

PART 2: HOUSEHOLD/CULTIVATION SITE INFORMATION

Note: Only one HMR cardholder can be approved to cultivate homegrown marijuana at a household or cultivation site. For example, if more than one cardholder resides at the same household, the other cardholder(s) must be approved for cultivation at another location. e.g. farm

Check one: Household Cultivation Site

Check one: Rent Own

1. Village/
municipality of
household/cultivation
site:

2. Lot description:

3. Physical Address:

Include house/building number/unit or apartment number/street name and type of street (if applicable)

4. Phone:

(if different from Part 1) Must be 10 digits

MINORS:

Do minors reside at the household/cultivation site? Yes No

If yes, indicate how many minors reside at the household/cultivation site:

PART 3: SECURITY MEASURES

1. Describe proposed security measures to ensure marijuana is inaccessible by persons under the age of 21. For purposes of illustration and not limitation, cultivating and storing marijuana and marijuana items in an enclosed, locked space that persons under 21 years of age do not possess a key to, constitutes reasonable precautions.

2. Describe proposed security measures to ensure marijuana plants are cultivated in a location where the plants are not subject to public view. For purposes of illustration and not limitation, this means without the use of binoculars, aircraft, or other optical aids.

PART 4: GROWING OPERATIONS

1. Describe proposed growing operations including growing media (e.g. soil, compost, hydroponics, etc.) and equipment to be used in production (specify if methods described pertain to outdoor or indoor operations, or both).

PART 5: DOCUMENT CHECKLIST

The following documents must be submitted to the CNMI Cannabis Commission. The submission must be complete, clear and legible. Failing to include the required documents will delay the application process. Additional information or clarification regarding the details of the submission may be requested.

- **Map or drawing of the premises (household or cultivation site) including:**
 - Defined boundaries of premises
 - Village/municipality, street, relative location
- **Proof of right to occupy the premises:**

If the household is a rental unit, provide:

 - Agreement from the landlord or owner permitting the growing of marijuana on the premise
 - Signed rental agreement with the landlord or owner

PART 6: DECLARATION **Note:** This application should be submitted by an individual that is 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 the Homegrown Marijuana Registry Card 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: Date:
MM/DD/YYYY

Name:
first/middle/last

PART 7: PAYMENT INSTRUCTIONS

1. Complete Part 1 and Part 2 of the **Homegrown Marijuana Registry 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 **Homegrown Marijuana Registry Application** with the **Homegrown Marijuana Registry Application Payment Confirmation** form and the receipt of payment (provided by the agency receiving the fees) to the CNMI Cannabis Commission.

PART 8: 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 approval.

The Managing Director and/or their designee will issue a written decision to the applicant regarding this application.

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION**



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web: www.cnmicannabis.org

**HEMGROWN MARIJUANA REGISTRY APPLICATION
PAYMENT CONFIRMATION**

PART 1: APPLICATION TYPE

<input type="checkbox"/>	Homegrown Marijuana Registry Application	<u>FEE</u> \$75
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Note: You must pay the associated application fee to the Department of Finance (DOF) at any of the locations listed below:

PAYMENT LOCATIONS:

SAIPAN:

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

ROTA:

CNMI DOF - Taxation and Revenue

TINIAN:

CNMI DOF - Taxation and Revenue

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: 46531
(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