



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION

P.O. Box 500135 Saipan, MP 96950
Email: compliance@cnmicannabis.org
web: www.cnmicannabis.org

APPLICATION NO.
(INTERNAL USE ONLY)

MARIJUANA PROCESSOR ENDORSEMENT APPLICATION
SUPPLEMENATRY FORM

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.

Applicants seeking a processor license must also include the proposed endorsements as part of the operating plan. This Supplemental Form is required for all applicants seeking a processor license or any licensee seeking an additional endorsement type for an existing processor license.

PART 1: ENDORSEMENT TYPE

New Applicant: Complete this section if also applying for a new Marijuana Processor License. Select all that apply.	Existing Licensee: Complete this section if also applying under an existing license. Select all that apply.
Associated Marijuana Processor Application No.: <input type="text"/> <input type="checkbox"/> Concentrates <input type="checkbox"/> Topicals <input type="checkbox"/> Extracts Note: An endorsement to process edibles is not available at this time.	Associated Marijuana Processor License No.: <input type="text"/> <input type="checkbox"/> Concentrates <input type="checkbox"/> Topicals <input type="checkbox"/> Extracts Note: An endorsement to process edibles is not available at this time.

PART 2: APPLICATION INFORMATION

1. Applicant Type: Corporation LLC Partnership Sole Proprietorship

2. Applicant Name:

3. Mailing Address:

4. 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:
first/middle/last

Position:

Email Address:

Phone:
(number must be 10 digits)

PART 4: PRODUCT DESCRIPTION

The applicant must disclose the following details: 1) Description of the types of product to be processed 2) Descriptions of equipment including all chemical compounds to be used. If additional space is required, attach **Marijuana Processor Endorsement Product Description Supplementary Form(s)** for submission with this application.

Product:
Describe each product to be processed.

Type:
Describe if the product is a concentrate, extracts, or topical.

Equipment Used:
List equipment/method used.

Compounds Used:
Describe all solvents, gases, chemicals, or other compounds used.

Product:
Describe each product to be processed.

Type:
Describe if the product is a concentrate, extracts, or topical.

Equipment Used:
List equipment/method used.

Compounds Used:
Describe all solvents, gases, chemicals, or other compounds used.

Product:
 Describe each product to be processed.

Type:
 Describe if the product is a concentrate, extracts, or topical.

Equipment Used:
 List equipment/method used.

Compounds Used:
 Describe all solvents, gases, chemicals, or other compounds used.

PART 5: DECLARATION

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: Position:
 Authorized signatory of the applicant

Name: Date:
 first/middle/last MM/DD/YYYY

PART 6: SUBMISSION INSTRUCTIONS

New Applicants: Complete this supplementary endorsement application form and submit it with the application for a new Marijuana Processor License.

Existing licensees: Complete this endorsement application form and submit it to the CNMI Cannabis Commission.

If you have any questions, email: compliance@cnmicannabis.org

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 the application outcome.

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