
RIDOH
Division of Healthcare
Quality and Safety
Cannabis Licensing Portal
User Guide
March 2023





Purpose

This user guide will help applicants who want to use the Cannabis Licensing Portal to apply for or renew registrations for the Medical Marijuana Program.



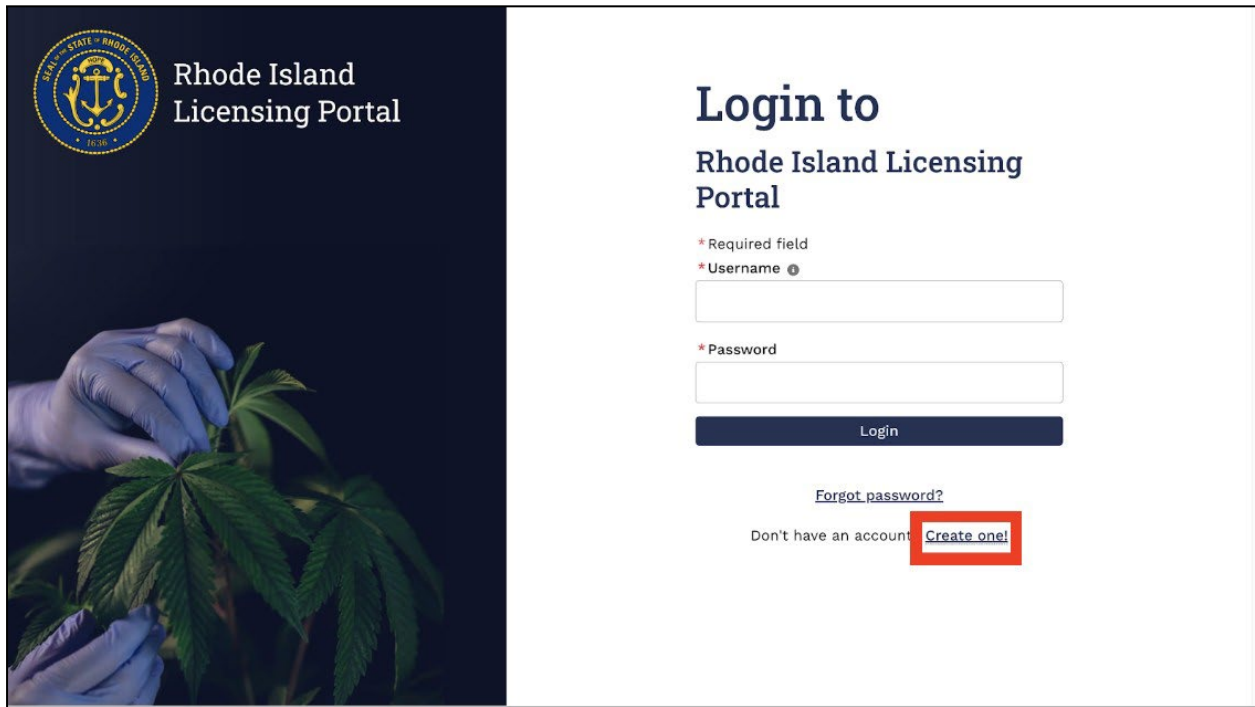
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Register to log in

1. Click [here](#) to open the Licensing Portal.
2. To create an account, click on **Create One!**.
If you already have an account, enter your user name and password and click on [Login](#).





RIDOH Cannabis Licensing Portal User Guide

3. Enter the required information, check the *I'm not a robot* box and click on *Register*.

**Rhode Island
Licensing Portal**

* Confirm Password
.....

Mailing Address

* Street Address 1 Street Address 2
Mailing Address

* City * State
City Rhode Island

* Zip/Postal Code
02908

I'm not a robot reCAPTCHA
Privacy - Terms

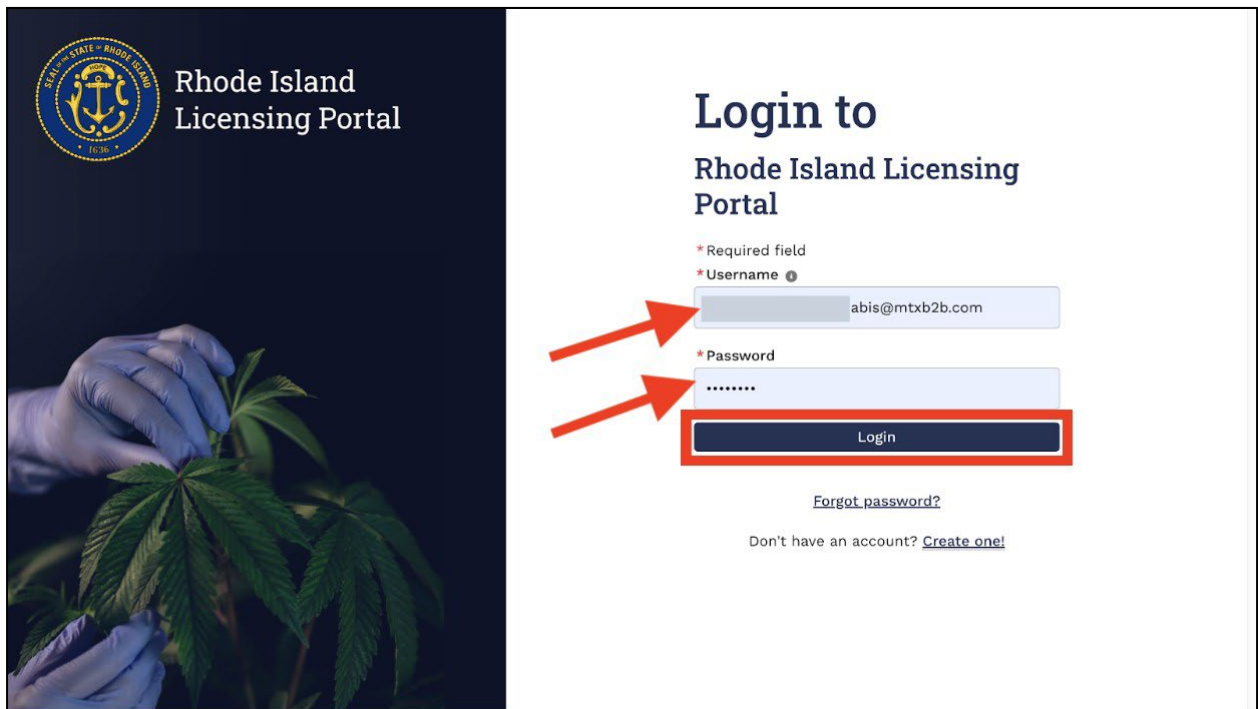
Register

Already have an account? [Log in now](#)



Login to Cannabis Licensing Portal

1. Click [here](#) to log in to the Cannabis Licensing Portal.
2. Enter your **Username** and **Password**.
3. Click on **Login**.
4. If you forgot your password, click on **Forgot password?** and follow the steps.





RIDOH Cannabis Licensing Portal User Guide

5. Once you are logged in, you will see this **Apply for Licenses** page.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Apply for Licenses

[Go to License Dashboard](#) →

Cannabis Commercial Licensing

Apply

Medical Marijuana Cards

Apply

Medical Home-Grow Registration

Apply

Registry Card

Apply

[File a Complaint](#)

Office of Rhode Island News and Announcements

123 State Capitol
Providence, Rhode Island 02884



Edit profile

1. On the **Apply for Licenses** page, click on *My Account* and select *View Profile* to edit your profile information.
2. Review your information and click on **Edit** to update any of the information.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Personal Information

* Indicates required field

* First Name: Rahuk

Middle Name: Enter Middle Name

* Last Name: Inavolu

* Email Address: rahul.inavolu+ricannabis@mtxb2b.com

* Date of Birth: Nov 22, 1991

[Change My Name](#) [Change My DOB](#)

Mailing Address

* Address Line 1: this

Address Line 2: Enter Address Line 2

* Mailing City: newport

* State: Rhode Island

* Zip Code: 55667-7889

* Telephone Number: (950) 253-6367

Edit



RIDOH Cannabis Licensing Portal User Guide

3. Edit any information that is incorrect and click on **Save**.

Note: The applicant needs to provide a reason for changing information or for editing **Change My Name** and **Change My DOB**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

* First Name: Rahuk Middle Name: Enter Middle Name

* Last Name: Inavolu * Email Address: rahul.inavolu+ricannabis@mtxb2b.com

* Date of Birth: Nov 22, 1991

[Change My Name](#) [Change My DOB](#)

Mailing Address

* Address Line 1: this Address Line 2: Enter Address Line 2

* Mailing City: newport * State: Rhode Island

* Zip Code: 55667-7889

* Telephone Number: (950) 253-6367

Save **Cancel**

4. To go back to the main page, click on **My Account** and select **Apply for a License**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Personal Information

* indicates required field

* First Name: Rahuk Middle Name: Enter Middle Name

* Last Name: Inavolu * Email Address: rahul.inavolu+ricannabis@mtxb2b.com

* Date of Birth: Nov 22, 1991 **Text**

[Change My Name](#) [Change My DOB](#)

Mailing Address

* Address Line 1: this Address Line 2: Enter Address Line 2

* Mailing City: newport * State: Rhode Island

* Zip Code: 55667-7889

* Telephone Number:

My Account

- View Profile
- Apply for a License**
- Log Out

<https://dbrri-usat.sandbox.my.site.com/ricannabis/landing-naoe>



Search for your application

1. On the **Apply for Licenses** page, click on **Go to License Dashboard**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

[Go to License Dashboard](#) →

Apply for Licenses

- Cannabis Commercial Licensing
[Apply](#)
- Medical Marijuana Cards
[Apply](#)
- Medical Home-Grow Registration
[Apply](#)
- Registry Card
[Apply](#)

[File a Complaint](#)



RIDOH Cannabis Licensing Portal User Guide

2. Click on the **My License Applications** tab to see a list of all applications you have submitted.
3. To search for an application, enter the **Application Number**, select **Status** and **License** from the dropdown options, then click on **Search**.
4. Click on the application number of the one you want to see.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My License Applications

Application Number: Enter Application Number

Status: Select a Status

License: Select a License

Search Clear

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000003981	Medical Marijuana Card Patient Application	License Application	Submitted	3/10/2023, 4:23 AM	Withdraw
S-000003975	Cardholder Registration Application	License Application	Issued	3/10/2023, 2:50 AM	No Action Available.
S-000003979	Hemp-Derived Consumable CBD Retailer Application	License Application	Draft	3/10/2023, 2:23 AM	Delete
S-000003972	CBD Distributor Change of	Change	Submitted	3/10/2023, 1:54 AM	Withdraw



RIDOH Cannabis Licensing Portal User Guide

5. This screen will tell you the status of each of your applications.
6. To delete an application that you have not finished and submitted, click on **Delete**.
7. To withdraw an application that you have already submitted, click on **Withdraw**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My License Applications

Application Number: Status:

License:

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000003981	Medical Marijuana Card Patient Application	License Application	Submitted	3/10/2023, 4:23 AM	Withdraw
S-000003975	Cardholder Registration Application	License Application	Issued	3/10/2023, 2:50 AM	No Action Available.
S-000003979	Hemp-Derived Consumable CBD Retailer Application	License Application	Draft	3/10/2023, 2:23 AM	Delete
S-000003972	CBD Distributor Change of	Change	Submitted	3/10/2023, 4:54 AM	Withdraw



Apply for a Registration Card or a License

1. On the *My License Applications* page, select **Apply for a License**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My License Applications

Application Number: Status:

License:

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000003979	Hemp-Derived Consumable CBD Retailer Application	License Application	Draft	3/10/2023, 2:23 AM	Delete
S-000003975	Cardholder Registration Application	License Application	Submitted	3/10/2023, 2:16 AM	Withdraw
S-000003973	CBD Distributor Change of Name or Mailing Address	Change Request	Submitted	3/10/2023, 1:54 AM	Withdraw

imagecredit: void(0);

2. You will then go to the **Apply for Licenses** page.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Apply for Licenses

[Go to License Dashboard](#) →

Cannabis Commercial Licensing

Medical Marijuana Cards

Medical Home-Grow Registration

Registry Card

[File a Compliant](#)



RIDOH Cannabis Licensing Portal User Guide

3. RIDOH is the State agency that issues Medical Marijuana Cards. If you want to apply for a Medical Marijuana Card, click on **Apply**. The other types of licenses are issued by the Department of Business Regulation.

The screenshot displays the 'STATE OF RHODE ISLAND Cannabis Licensing Portal' interface. At the top left is the state seal, and at the top right is a 'My Account' link with a user icon. The main content area is titled 'Apply for Licenses' and includes a link to 'Go to License Dashboard'. Below this are four white cards, each with an icon and an 'Apply' button. The 'Medical Marijuana Cards' card is highlighted with a red border. The other cards are 'Cannabis Commercial Licensing', 'Medical Home-Grow Registration', and 'Registry Card'. A 'File a Complaint' link is visible in the bottom right corner.



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- Next, you will see this screen that shows the two different kinds of Medical Marijuana Registration Cards you can apply for. The Medical Marijuana Card Patient is for Rhode Islanders age 18 or older. The Medical Marijuana Card Minor is for Rhode Islanders younger than 18.
- To learn about what you need to apply for each kind of Card, click on **VIEW DETAILS**.
- To apply for a Card, click on **GO TO APPLY**.

The screenshot displays the Rhode Island Cannabis Licensing Portal interface. At the top, the header includes the State of Rhode Island logo, the text "STATE OF RHODE ISLAND Cannabis Licensing Portal", and a "My Account" link. A left-hand navigation menu lists various services: My License Applications, All Licenses, Apply for a License, My Registry Cards, Licensing Search, File A Complaint, and Help/FAQ. The main content area is titled "License Categories Cannabis Licensing/Registration". It features two application cards. The first card is for "Medical Marijuana Card Patient Application" and includes a "VIEW DETAILS" button (highlighted with a red arrow) and a "GO TO APPLY" button (highlighted with a red box). The second card is for "Medical Marijuana Card Minor Patient Application" and includes "VIEW DETAILS" and "GO TO APPLY" buttons.



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7. When you decide to apply for a registration card or license, you will get a **Submission Number** that is in the upper left corner of the screen.
8. At any time during the application process, you can click on **Save and Exit** to save the application.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient
Application
S-000003981

STATUS: Draft | LAST MODIFIED: 3/10/2023, 2:55 AM

Save and Exit

1 Application Information

2 Patient Form

3 Practitioner Information

4 Attachments

5 Caregiver Information

6 Authorized Purchaser Information

7 Signature

8 Confirmation

Application Information

REQUIREMENTS FOR PATIENTS

- Complete and Sign a Patient Form.
- A current copy of a RI Driver's License or RI State ID. Please submit one of the following acceptable documents along with a copy of your ID: vehicle registration, voter's registration, correspondence from another state agency with a current date or a current car insurance bill. Your name, current address and a current date must appear on the document you submit as proof of residency.
- Submit a Practitioner Form - Practitioner Written Certification Form must be completed and signed by one of the following practitioner types: Advanced Practice Nurse, Physician Assistant or Physician (MD, DO) licensed to practice in RI or Physician (MD, DO) licensed to practice in MA or CT.
- Practitioner Written Certification form for the use with Autism Spectrum Disorder Diagnosis (if applicable)



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9. If you try to save and exit your application before you are finished, you will see an exit warning message.
10. If you click on **OK**, your application will be saved as a draft.
11. If you want to go back and finish your application later, you can return to the draft application by entering the **Submission Record ID** on the **My License Applications** screen.

The screenshot displays the Rhode Island Cannabis Licensing Portal interface. At the top left is the State of Rhode Island logo. The header includes the text "STATE OF RHODE ISLAND Cannabis Licensing Portal". A red error banner at the top right reads "Error Please fill all the required fields." with a close button. The main content area shows a form for a "Hemp-Derived Consumable CBD Distributor Application" with ID "S-000003982". A sidebar on the left lists navigation options: Application Overview, How to Apply, Application Information, Contact Information, Attachments, Affirmations, Signature, and Payment. The "Application Information" section is active, showing a "Public Contact Information" checkbox and "Street Address 1" and "Street Address 2" fields. A white "Exit Warning" dialog box is centered on the screen, containing the text: "As all fields are required, if you click 'OK' and have **not** completed all the required fields, including uploading all required documents, your application will be saved as a draft, but all information inputted will be lost. Click Cancel if you wish to leave and exit without saving as draft." The dialog has "Cancel" and "OK" buttons.



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- If you want to continue working on your application, scroll down through the content in the **Application Information** section and click on **NEXT**.
- Each kind of application may have a different number of steps.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

compassion center. An authorized purchaser may assist no more than one patient, and is prohibited from consuming marijuana obtained for the use of the qualifying patient

GENERAL INFORMATION

Please fill out the entire application and upload all required documentation.
The application process takes 2-4 weeks from the date it is accepted.
If you are intending on growing marijuana in the next year you must apply separately.
Once you are issued the registration you can use it at any of the licensed compassion centers in Rhode Island.
Rules and Regulations for the program and forms are available on our website at:
<http://www.health.ri.gov/healthcare/medicalmarijuana>
Changes of Information - (once registered) After you (and your caregiver and/or authorized purchaser) receive your registration cards, you can change information by completing a "Change Form" on the Rhode Island Licensing Portal. If you have any questions regarding the patient, caregiver, or authorized purchaser applications please call 401-222-3752 or email doh.mmp@health.ri.gov.
Lost Card (s) There is a ten-dollar (\$10.00) fee to reprint a new card.

- Medical Marijuana Minor Form: <https://health.ri.gov/forms/registration/MedicalMarijuanaMinor.pdf>
- Medical Marijuana Practitioner Written Certification Form:
<https://health.ri.gov/forms/registration/MedicalMarijuanaPractitionerForm.pdf>
- Medical Marijuana Practitioner Written Certification Form for use with Autism Spectrum Disorder Diagnosis:
<https://health.ri.gov/forms/registration/MedicalMarijuanaPractitionerFormWithAutism.pdf>

NEXT

- On the **Patient Form** screen, type in your name, address, and date of birth.
- Select **Patient Type** from drop-down options.

Note: Any box marked with an asterisk (*) is mandatory.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

1 Application Information
2 **Patient Form**
3 Practitioner Information
4 Attachments
5 Caregiver Information
6 Authorized Purchaser Information
7 Signature
8 Confirmation

Patient Form

* Indicates required field

PATIENT DETAILS

* First Name Middle Name
Jim

* Last Name Suffix (i.e., Jr., Sr., II, III)
B

* Patient Type * Date of Birth
Patient Jan 1, 1991

HOME ADDRESS AND CONTACT INFORMATION

It is your responsibility to notify the department of all address changes.



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16. If you do not enter all of the required information before you go to the next step of the application, you will get an error message on your screen.

The screenshot shows the RIDOH Cannabis Licensing Portal interface. At the top left, it says "RHODE ISLAND DEPARTMENT OF HEALTH" and "licensing Portal". A red error banner at the top center reads "Error Please fill all the required fields." with a close button. On the top right, there is a "My Account" link with a user icon. Below this is a dark blue header for the "na Card Patient Application". It displays "STATUS Draft" and "LAST MODIFIED 3/10/2023, 7:10 AM". A "Save and Exit" button is on the right. The main content area is titled "Patient Form" and includes a legend: "*Indicates required field". Under "PATIENT DETAILS", there are four input fields: "* First Name" (with a red border and "Complete this field." below it), "Middle Name", "* Last Name" (with a red border and "Complete this field." below it), and "Suffix (i.e., Jr., Sr., II, III)".



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17. If you are receiving Chemotherapy or Eligible Hospice Care, select **Yes** from the dropdown options. If you are not, select **No**.
18. If you want to grow marijuana in the coming year, select **Yes** from the dropdown options. If you are not planning to grow marijuana, select **No**.
19. Click on the Checkbox if you would like to be notified of any clinical studies about marijuana's risk of efficacy.
20. Once all the required information is entered and all of the questions are answered, click **NEXT**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

* City
newport

* State
Rhode Island

* Zip Code
55667-7889

* Are you receiving Chemotherapy or Eligible Hospice Care?
No

* Do you intend to grow marijuana in the coming year?
No

If Yes, an application for a Home Grow License will be required once your current application has been approved. [Link to homegrow application to be added when its completed]

Check the checkbox if you would like to be notified of any clinical studies about marijuana's risk of efficacy.
Once you have checked the checkbox for the above question, this email will be shared with whoever is conducting a study.

BACK NEXT



21. On the **Practitioner Information** page, enter all of the required information. Any box marked with an asterisk (*) is mandatory.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

- 1 Application Information
- 2 Patient Form
- 3 **Practitioner Information**
- 4 Attachments
- 5 Caregiver Information
- 6 Authorized Purchaser Information
- 7 Signature
- 8 Confirmation

Practitioner Information

* Indicates required field

Practitioner means a person who is licensed with authority to prescribe drugs pursuant to chapter 37, chapters 34, 37 and 54 of title 5 or a physician licensed with authority to prescribe drugs in Massachusetts or Connecticut.

PRACTITIONER DETAILS

* Is Practitioner licensed in Massachusetts or Connecticut?	* Physician Number
<input type="text"/>	<input type="text"/>
* First Name	* Last Name
<input type="text"/>	<input type="text"/>

OFFICE ADDRESS

Street Address 1 (Apartment/Suite/Room Number, etc.)	Street Address 2 (Number and Street)
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>



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22. To attach required documents, click on **Upload/Choose File**.

Note: You will need to have an electronic version of the required documents already saved on your computer.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

Authorized Proxy First Name Authorized Proxy Last Name

Please note that the Authorized Proxy should be signing on the further pages.

* Patient/Proxy Signature * Signature Date

* Does attached Practitioner form reflect the diagnosis of "Autism Spectrum Disorder?"

If Yes, Practitioner Written Certification Form for Use with Autism Spectrum Disorder Diagnosis form is required.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Practitioner Information	* Practitioner Written Certification Form ⓘ	-	<input type="button" value="Upload/Choose file"/>
Practitioner Information	Practitioner Written Certification Form for Use with Autism Spectrum Disorder Diagnosis Form ⓘ	-	<input type="button" value="Upload/Choose file"/>

23. You will see a **Document Upload** pop-up.

24. Click on **Upload Files**, select the documents from where they are saved on your computer, and click on **Upload**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

Authorized Proxy First Name Authorized Proxy Last Name

Please note that the Authorized Proxy should be signing on the further pages.

* Patient/Proxy Signature * Signature Date

* Does attached Practitioner form reflect the diagnosis of "Autism Spectrum Disorder?"

If Yes, Practitioner Written Certification Form for Use with Autism Spectrum Disorder Diagnosis form is required.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Practitioner Information	* Practitioner Written Certification Form ⓘ	-	<input type="button" value="Upload/Choose file"/>
Practitioner Information	Practitioner Written Certification Form for Use with Autism Spectrum Disorder Diagnosis Form ⓘ	-	<input type="button" value="Upload/Choose file"/>

Document Upload [X]

or drop files



RIDOH Cannabis Licensing Portal User Guide

25. You will see each document you attach on your screen.
26. If you want to remove an attachment after you upload it, click on **Delete**.
27. Click on **NEXT** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

* Patient/Proxy Signature: WB

* Signature Date: Mar 10, 2023

* Does attached Practitioner form reflect the diagnosis of *Autism Spectrum Disorder?
No

If Yes, Practitioner Written Certification Form for Use with Autism Spectrum Disorder Diagnosis form is required.

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Practitioner Information	* Practitioner Written Certification Form (8).png 3/10/2023, 4:02 AM	Uploaded	Delete Upload/Choose file
Practitioner Information	Practitioner Written Certification Form for Use with Autism Spectrum Disorder Diagnosis Form (6).png 3/10/2023, 4:02 AM	Uploaded	Delete Upload/Choose file

BACK **NEXT**

28. On the **Attachments** page, you need to upload all of the required documents.
Note: You will need to have an electronic version of the required documents already saved on your computer.
29. Click on **Upload/Choose File**.

Medical Marijuana Card Patient Application
S-000003981

STATUS: Draft | LAST MODIFIED: 3/10/2023, 2:59 AM | Save and Exit

1 Application Information
2 Patient Form
3 Practitioner Information
4 **Attachments**
5 Caregiver Information
6 Authorized Purchaser Information
7 Signature
8 Confirmation

Attachments

* Indicates required field

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Proof of RI Residency	-	
Attachments	* Rhode Island Driver's License or State ID	-	
Attachments	* Photograph	-	

BACK **NEXT**



RIDOH Cannabis Licensing Portal User Guide

30. You will see a **Document Upload** pop-up.

31. Click on **Upload Files**, select the documents from where they are saved on your computer, and click on **Upload**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient
Application
S-000003981

STATUS: Draft | LAST MODIFIED: 3/10/2023, 2:59 AM | Save and Exit

Document Upload [X]

Upload Files | Drop files

Cancel | Upload

ACTION

Attachments	Document Name	Status	Action
* Rhode Island Driver's License or State ID	-	-	Upload/Choose file
* Photograph	-	-	Upload/Choose file

32. You will see each document you attach on your screen.

33. If you want to remove an attachment after you upload it, click on **Delete**.

34. Click on **NEXT** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Application Information

2 Patient Form

3 Practitioner Information

4 Attachments

5 Caregiver Information

6 Authorized Purchaser Information

7 Signature

8 Confirmation

Attachments

* Indicates required field

There is a Maximum 25 MB file upload size limit.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Proof of RI Residency dbri--uat.sandbox.my.site.com_ricannabis_s_my-licenses(Desktop) (8).png 3/10/2023, 4:06 AM	Uploaded	Delete Upload/Choose file
Attachments	* Rhode Island Driver's License or State ID dbri--uat.sandbox.my.site.com_ricannabis_s_(Desktop) (3).png 3/10/2023, 4:06 AM	Uploaded	Delete Upload/Choose file
Attachments	* Photograph dbri--uat.sandbox.my.site.com_ricannabis_s_intake-application_sid=a0w3S000000ACw3QAG(Desktop) (4).png 3/10/2023, 4:06 AM	Uploaded	Delete

BACK | **NEXT**



- 35. On the **Caregiver Information** screen, if you want to designate a Caregiver, select **Yes** on drop-down and then type in all of the required information in the **Caregiver Details** section.
- 36. If you do not want to designate a Caregiver, select **No** from the drop-down.
- 37. Click on **NEXT** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Caregiver Information

* Indicates required field

* Do you want to nominate a Caregiver?

Yes

Caregiver information is ALWAYS provided by the Patient.

Caregivers Must be Rhode Island residents and must submit proof of residency. The following are acceptable documents: a copy of a RI Driver's License, RI State ID, vehicle registration, voter registration, correspondence from another state agency with a current date, or a current car insurance bill. Note: Your name, current address, and current date must appear on the document you submit as proof of residency.

Caregivers MUST be twenty-one (21) years of age to apply for caregiver registration.

National Criminal Information Center (NCIC). To obtain the background check you must contact your local police department, the department of the attorney general (401-274-4400), or by appointment with the state police (401-444-1000). Please contact them directly with questions and fees related to this process. Caregiver must retain a copy of the records check results in case you wish to become a caregiver for additional patient(s). Your copy will be considered valid for up to 2 years.

Note: Caregivers can be disqualified for a variety of felony charges and not just felony drug convictions.

CAREGIVERS DETAILS

* First Name	Middle Name
<input type="text"/>	<input type="text"/>
* Last Name	* Date of Birth
<input type="text"/>	<input type="text"/>



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38. On the **Authorized Purchases Information** screen, if you want to designate an Authorized Purchaser, select **Yes** on drop-down and then type in all of the required information in the **Authorized Purchaser Details** section.
39. If you do not want to designate an Authorized Purchaser, select **No** from the drop-down.
40. Click on **NEXT** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Authorized Purchaser Information

* Indicates required field

* Do you want to nominate a Purchaser?

Yes

Authorized Purchaser information is ALWAYS provided by the Patient.
Authorized Purchaser MUST be twenty-one (21) years of age to apply for registration.
National Criminal Information Center (NCIC). To obtain the background check you must contact your local police department, the department of the attorney general (401-274-4400), or by appointment with the state police (401-444-1000). Please contact them directly with questions and fees related to this process. Attached is a form for your convenience. Authorized Purchaser must retain a copy of the records check results. Your copy will be considered valid for up to 2 years.
Note: Authorized Purchasers can be disqualified for a variety of felony charges and not just felony drug convictions.

AUTHORIZED PURCHASER DETAILS

* First Name Middle Name

* Last Name * Date of Birth

* Email Address (Format for email address is Username@domain e.g. applicant@isp.com)



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41. On the **Signature** screen, read the information.

42. If the statement is true, click on **Sign the Document** and you go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient
Application
S-000003981

STATUS: Draft | LAST MODIFIED: 3/10/2023, 2:59 AM | Save and Exit

- 1 Application Information
- 2 Patient Form
- 3 Practitioner Information
- 4 Attachments
- 5 Caregiver Information
- 6 Authorized Purchaser Information
- 7 **Signature**
- 8 Confirmation

Signature

*Indicates required field

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form; attest to; and sign this statement. I also agree to notify the Department of Health, Division of Healthcare Quality and Safety, Medical Marijuana Program, via the Rhode Island Licensing Portal Change Request process within ten (10) days of any changes to the information provided.

*Signature

Sign the Document

BACK SUBMIT

43. Before you go on to the next step, you will see a warning pop-up on your screen. Click on **OK** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

Warning!

You will now be transferred to the DocuSign page to complete your application. It may take a few moments to load. Please DO NOT use your browsers back or refresh buttons or else you will lose your progress. Click "OK" to proceed.

- 1 Application Overview
- 2 How to Apply
- 3 Application Information
- 4 Contact Information
- 5 Attachments
- 6 Affirmations
- 7 Signature
- 8 Payment
- 9 Confirmation

including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and a

*Please sign the docusign

OK

Sign the Document




RIDOH Cannabis Licensing Portal User Guide

44. Read the content on the screen.
45. Click on **Sign Here** to add your official electronic signature to the document.
46. Click on **Finish**.

Dorsel Select Finish to send the completed document. FINISH OTHER ACTIONS ▾


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 STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
Medical Marijuana Program Room 305A - 3
Capitol Hill Providence, RI 02905-5997

APPLICATION ATTESTATION

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form, attest to, and sign this statement. I also agree to notify the Department of Health, Division of Healthcare Quality and Safety, Medical Marijuana Program, via the Rhode Island Licensing Portal Change Request process within ten (10) days of any changes to the information provided.

Submission No.: S-000003081
License Type: Medical Marijuana Card Patient Application

Signature: 
Signed Date: 3/10/2023
Name: RAHUA Inevolu

Ready to Finish? FINISH
You've completed the required fields. Review your work, then select **FINISH**.



RIDOH Cannabis Licensing Portal User Guide

47. You will go back to the **Signature** page. Once you add your electronic signature, you will not be able to click on **Sign the Document**.

48. Click on **Submit**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient Application
S-000003981

STATUS: Draft | LAST MODIFIED: 3/10/2023, 4:20 AM

Save and Exit

- 1 Application Information
- 2 Patient Form
- 3 Practitioner Information
- 4 Attachments
- 5 Caregiver Information
- 6 Authorized Purchaser Information
- 7 **Signature**
- 8 Confirmation

Signature

* Indicates required field

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form; attest to; and sign this statement. I also agree to notify the Department of Health, Division of Healthcare Quality and Safety, Medical Marijuana Program, via the Rhode Island Licensing Portal Change Request process within ten (10) days of any changes to the information provided.

* Signature

Sign the Document

Document is Signed.

BACK SUBMIT

49. You will get a confirmation that your application has been successfully submitted.

50. If you want to go back and see a submitted application, click on **Navigate To My Applications**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Hemp-Derived Consumable CBD Distributor Application
S-000003971

STATUS: Submitted | LAST MODIFIED: 3/10/2023, 12:51 AM

- 1 Application Overview
- 2 How to Apply
- 3 Application Information
- 4 Contact Information
- 5 Attachments
- 6 Affirmations
- 7 Signature
- 8 Payment
- 9 **Confirmation**

Confirmation

Your application has been submitted successfully.

NAVIGATE TO MY APPLICATIONS



Resubmit an unfinished application

1. Click **My License Applications** to see search options.
2. Enter **Submission Number** or select **Incomplete** from the **Status** drop-down options.
3. Click on **Search**.

STATE OF RHODE ISLAND Cannabis Licensing Portal

My License Applications

Application Number: Status:

License:

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000003979	Hemp-Derived Consumable CBD Retailer Application	License Application	Incomplete	3/10/2023, 7:05 AM	Withdraw
S-000004012	CBD Distributor Change of Authorized Representative Request	Change Request	Draft	3/10/2023, 6:21 AM	Delete
S-000003994	Change of Address for Patient	Change Request	Withdrawn	3/10/2023, 6:20 AM	No Action Available.
S-000004000	Medical Marijuana Card Patient Application	License Application	Draft	3/10/2023, 5:49 AM	Delete

4. Click the Application number. (The application number is the same as the Submission Record ID.)

STATE OF RHODE ISLAND Cannabis Licensing Portal

My License Applications

Application Number: Status:

License:

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000004000	Medical Marijuana Card Patient Application	License Application	Incomplete	3/10/2023, 7:27 AM	Withdraw

Page 1 of 1



RIDOH Cannabis Licensing Portal User Guide

5. Follow the steps that are described in the section [Apply for a registration card or a license](#) step 12 to step 48 of the Guide.
6. Once you have successfully re-submitted an application, the status of the application number will change to **Re-Submitted**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My License Applications

Application Number: Status:

License:

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000004000	Medical Marijuana Card Patient Application	License Application	Re-Submitted	3/10/2023, 7:36 AM	Withdraw
S-000003979	Hemp-Derived Consumable CBD Retailer Application	License Application	Re-Submitted	3/10/2023, 7:22 AM	Withdraw
S-000004012	CBD Distributor Change of Authorized Representative Request	Change Request	Draft	3/10/2023, 6:21 AM	Delete
S-000003994	Change of Address for Patient	Change Request	Withdrawn	3/10/2023, 6:20 AM	No Action Available.
S-000003993	Medical Marijuana Card Patient Application Renewal	License Renewal	Issued	3/10/2023, 4:51 AM	No Action Available.



Renew a registration card or license

1. Click on **All Licenses** to see search options.
2. Enter **License Number** or select **Expired** from **Status** drop-down options.
3. Click on **Search**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My Licenses

Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.

License Number: MMP521494

Status: Expired

Search Clear

LICENSE NUMBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION D
MMP521494	Patient License	Expired		3/9/2022	3/9/2023
LCD0081	Distributor License	Active	Stark Industries	3/9/2022	3/9/2024
RCH0051	Registry Card Holder License	Active	Stark Industries	3/10/2023	3/10/2024
MMP573820	Patient License	Active		3/6/2023	3/6/2024



RIDOH Cannabis Licensing Portal User Guide

4. You will see the search results.
5. Scroll to the right and click on **Renew**. You will be able to click on **Renew** two months before your registration card expires.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My Licenses

Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.

License Number: Status:

LICENSE NUMBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION DATE	ACTIONS
MMP521494	Patient License	Expired		3/9/2022	3/9/2023	<input type="button" value="Renew"/>

Page 1 of 1

6. You will get a **Submission Record ID** in the upper left corner of the screen. Write down and save this **Submission Record ID**.
7. Click on **Save and Exit** to save the application and continue your registration using a **Submission Record ID**.
8. Click on **NEXT** to start the renewal process.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient Application Renewal

S-000003993

STATUS: Draft | LAST MODIFIED: 3/10/2023, 4:39 AM

Application Information

REQUIREMENTS FOR PATIENTS

- Complete and Sign a Patient Form.
- A current copy of a RI Driver's License or RI State ID. Please submit one of the following acceptable documents along with a copy of your ID: vehicle registration, voter's registration, correspondence from another state agency with a current date or a current car insurance bill. Your name, current address and a current date must appear on the document you submit as proof of residency.
- Submit a Practitioner Form - Practitioner Written Certification Form must be completed and signed by one of the following practitioner types: Advanced Practice Nurse, Physician Assistant or Physician (MD, DO) licensed to practice in RI or Physician (MD, DO) licensed to practice in MA or CT.



RIDOH Cannabis Licensing Portal User Guide

9. Follow the steps that are described in the section [Apply for a registration card or a license](#) step 12 to step 40 of the Guide.
10. Read the information on the **Signature** page.
11. If the statement is true, click on **Sign the Document** and you go to the next step.

The screenshot displays the 'Signature' page within the Rhode Island Cannabis Licensing Portal. The page header includes the state logo, 'STATE OF RHODE ISLAND Cannabis Licensing Portal', and a 'My Account' link. The main content area shows the application title 'Medical Marijuana Card Patient Application Renewal' with ID 'S-000003993'. A sidebar on the left lists steps 1 through 8, with '7 Signature' highlighted. The main content area contains a 'Signature' section with a red box around the 'Sign the Document' button. A 'Save and Exit' button is located in the top right corner. At the bottom right, there are 'BACK' and 'SUBMIT' buttons.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient
Application Renewal
S-000003993

STATUS: Draft | LAST MODIFIED: 3/10/2023, 4:46 AM

Save and Exit

1 Application Information
2 Patient Form
3 Practitioner Information
4 Attachments
5 Caregiver Information
6 Authorized Purchaser Information
7 **Signature**
8 Confirmation

Signature

* Indicates required field

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form; attest to; and sign this statement. I also agree to notify the Department of Health, Division of Healthcare Quality and Safety, Medical Marijuana Program, via the Rhode Island Licensing Portal Change Request process within ten (10) days of any changes to the information provided.

* Signature

Sign the Document

BACK SUBMIT




RIDOH Cannabis Licensing Portal User Guide

12. Read the content on the screen.
13. Click on **Sign Here** to add your official electronic signature to the document.
14. Click on **Finish**.

Don't Select Finish to send the completed document. FINISH OTHER ACTIONS ▾


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 STATE OF RHODE ISLAND
DEPARTMENT OF HEALTH
Medical Marijuana Program Room 105A - 3
Capitol Hill Providence, RI 02908-5997

APPLICATION ATTESTATION

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form, attest to, and sign this statement. I also agree to notify the Department of Health, Division of Healthcare Quality and Safety, Medical Marijuana Program, via the Rhode Island Licensing Portal Change Request process within ten (10) days of any changes to the information provided.

Submission No.: S-000003993
License Type: Medical Marijuana Card Patient Application Renewal

Signature: 
Signed Date: 3/10/2023
Name: Robert Invernizzi

Ready to Finish?
You've completed the required fields. Review your work, then select **FINISH**. FINISH



RIDOH Cannabis Licensing Portal User Guide

15. You will go back to the **Signature** page. Once you add your electronic signature, you will not be able to click on **Sign the Document**.

16. Click on **Submit**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient
Application Renewal
S-000003993

STATUS: Draft | LAST MODIFIED: 3/10/2023, 4:47 AM

Save and Exit

1 Application Information
2 Patient Form
3 Practitioner Information
4 Attachments
5 Caregiver Information
6 Authorized Purchaser Information
7 **Signature**
8 Confirmation

Signature

* Indicates required field

I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form; attest to; and sign this statement. I also agree to notify the Department of Health, Division of Healthcare Quality and Safety, Medical Marijuana Program, via the Rhode Island Licensing Portal Change Request process within ten (10) days of any changes to the information provided.

* Signature
Sign the Document
Document is Signed.

BACK SUBMIT

17. You will get a confirmation that your application has been successfully submitted.

18. If you want to go back and see a submitted application, click on **Navigate To My Applications**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Medical Marijuana Card Patient
Application Renewal
S-000003993

STATUS: Submitted | LAST MODIFIED: 3/10/2023, 4:47 AM

✔ Your Application has been submitted successfully.

1 Application Information
2 Patient Form
3 Practitioner Information
4 Attachments
5 Caregiver Information
6 Authorized Purchaser Information
7 Signature
8 **Confirmation**

Confirmation

Your application has been submitted successfully.

NAVIGATE TO MY APPLICATIONS



RIDOH Cannabis Licensing Portal User Guide

19. Your renewal application will now be on the list on the **My License Applications** screen.
20. If you want to withdraw an application after it is successfully submitted, click on **Withdraw**.

The screenshot displays the 'My License Applications' page in the RIDOH Cannabis Licensing Portal. The page header includes the State of Rhode Island logo and the text 'STATE OF RHODE ISLAND Cannabis Licensing Portal'. A navigation sidebar on the left contains links for 'My License Applications', 'All Licenses', 'Apply for a License', 'My Registry Cards', 'Licensing Search', 'File A Complaint', and 'Help/FAQ'. The main content area features a search filter with fields for 'Application Number', 'Status', and 'License', along with 'Search' and 'Clear' buttons. Below the filter is a table of applications with columns for 'APPLICATION NUMBER', 'LICENSE', 'LICENSE TYPE', 'STATUS', 'LAST MODIFIED DATE', and 'ACTION'. A red arrow points to the application number 'S-000003993' in the first row of the table.

APPLICATION NUMBER	LICENSE	LICENSE TYPE	STATUS	LAST MODIFIED DATE	ACTION
S-000003993	Medical Marijuana Card Patient Application Renewal	License Renewal	Submitted	3/10/2023, 4:49 AM	Withdraw
S-000003981	Medical Marijuana Card Patient Application	License Application	Issued	3/10/2023, 4:29 AM	No Action Available.
S-000003975	Cardholder Registration Application	License Application	Issued	3/10/2023, 2:50 AM	No Action Available.
S-000003970	Hemp-Derived Consumable	License	Draft	3/10/2023, 9:03 AM	Delete



Change of information request

If you need to change any information on an active registration card or license:

1. Click on **All Licenses**.
2. Enter **License Number** and select **Active** from **Status** drop-down options.
3. Click **Search**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My Licenses

Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.

License Number:

Status:

LICENSE NUMBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION D
MMP521494	Patient License	Active		3/10/2023	3/10/2024
LCD0081	Distributor License	Active	Stark Industries	3/9/2022	3/9/2024
RCH0051	Registry Card Holder License	Active	Stark Industries	3/10/2023	3/10/2024
MMP573820	Patient License	Active		3/6/2023	3/6/2024



RIDOH Cannabis Licensing Portal User Guide

4. You will see the search results.
5. Scroll to the right and click on **Change Request**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My Licenses

Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.

License Number: MMP521494
Status: Active

Search Clear

MBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION DATE	ACTIONS
	Patient License	Active		3/10/2023	3/10/2024	Change Request

Page 1 of 1 First < > Last

6. You will see a **Select a Change Request** pop-up.
7. Select what information you want to change from the drop-down and click on **Apply**.
8. You will only have the choice to **Add Authorized Purchaser** and/or **Add Caregiver** if you did not add them when you submitted your application the first time.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

My Licenses

Medical Marijuana Cardholders should enter License Number with only the first 6 digits. Example MMP123456, MMC123456, MAP123456, & MMM123456.

License Number: MMP521494
Status: Active

Search Clear

Select a Change Request

- Add Authorized Purchaser
- Add Caregiver
- Change of Address for Patient
- Change of Practitioner for Patient
- Change of Name for Patient
- Patient Request Original Application

MBER	LICENSE TYPE	STATUS	BUSINESS LEGAL NAME	ISSUED DATE	EXPIRATION DATE	ACTIONS
	Patient License	Active		3/10/2023	3/10/2024	Change Request

Page 1 of 1 First < > Last



RIDOH Cannabis Licensing Portal User Guide

9. You will get a **Submission Record ID** that is in the upper left corner of the screen.
10. At any time during this process, you can click on **Save and Exit** to save the application. When you go back to finish this process, you enter your Medical Marijuana Card Number.
11. Read the **General Information** page.
12. Click on **NEXT** to go to next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Change of Address for Patient

S-000003994

STATUS: Draft | LAST MODIFIED: 3/10/2023, 4:55 AM

Save and Exit

1 General Information
2 Change of Address
3 Attachments
4 Attestation
5 Payment
6 Confirmation

General Information

Please complete all required fields below. The Rhode Island Medical Marijuana Program will review the submitted Application and will reach out directly with any questions or concerns. If you have any questions regarding the Application please contact the Rhode Island Medical Marijuana Program at doh.mmp@health.ri.gov or by phone 401-222-3752. Must be a Valid Rhode Island resident and must submit proof of residency. The following are acceptable documents: copy of a RI Driver's License, RI State ID, vehicle registration, voters registration, correspondence from another state agency for benefits with a current date Note: Your name and current address must appear on the document you submit as proof of residency.

Patient's MM Card Number

MMP52149480335

NEXT



13. On the **Change of Address** screen, type in your new information.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

1 Personal Information

2 Change of Address

3 Attachments

4 Attestation

5 Payment

6 Confirmation

Change of Address

* Indicates required field

PATIENT DETAILS

* First Name Middle Name

* Last Name Suffix (i.e., Jr., Sr., II, III)

HOME ADDRESS AND CONTACT INFORMATION

It is your responsibility to notify the department of all address changes.

HOME ADDRESS

* Street Address 1 (Apartment/Suite/Room Number, etc.)

Street Address 2 (Number and Street)

14. Click on **NEXT** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

* Zip Code

MAILING ADDRESS

* Street Address 1 (Apartment/Suite/Room Number, etc.)

Street Address 2 (Number and Street)

* City * State

* Zip Code



RIDOH Cannabis Licensing Portal User Guide

15. On the **Attachments** page, click on **Upload/Choose file** to upload the required files from your computer.
16. Click on **NEXT** to go to the next step.

The screenshot shows the 'Attachments' page for a 'Change of Address for Patient' application (ID: S-000003994). The page header includes the Rhode Island Department of Health logo, the application title, status (Draft), last modified date (3/10/2023, 4:55 AM), and a 'Save and Exit' button. A sidebar on the left lists navigation steps: 1. General Information, 2. Change of Address, 3. Attachments (highlighted), 4. Attestation, 5. Payment, and 6. Confirmation. The main content area is titled 'Attachments' and includes a note: '* Indicates required field' and 'There is a Maximum 25 MB file upload size limit.' Below this is a table with columns: SECTION NAME, DOCUMENT NAME, STATUS, and ACTION. The table contains one row: Attachments, * Proof of RI Residency (with a required field icon), -, and an 'Upload/Choose file' button. At the bottom right of the form area are 'BACK' and 'NEXT' buttons.

SECTION NAME	DOCUMENT NAME	STATUS	ACTION
Attachments	* Proof of RI Residency ⓘ	-	Upload/Choose file

17. On the **Attestation** page, read the statement, type your name in the **Signature** box, and click on **NEXT** to go to next step.

The screenshot shows the 'Attestation' page for the same application. The header and sidebar are identical to the previous page. The main content area is titled 'Attestation' and includes a note: '* Indicates required field'. Below this is a certification statement: 'I hereby certify that all of the information provided on this change form is true and accurate to the best of my knowledge. I understand that there is a (NON-REFUNDABLE) fee per form for changes. If I am incapable of completing or signing my name to this form, I have authorized my proxy to complete this form; attest to; and sign this statement.' Below the statement are two fields: '* Signature' and 'Date'. The 'Date' field is pre-filled with 'Mar 10, 2023'. A red arrow points to the 'Signature' input box. At the bottom right of the form area are 'BACK' and 'NEXT' buttons.



RIDOH Cannabis Licensing Portal User Guide

18. On the Payment screen, you will see how much it will cost to change your information.
19. To pay, click on **PAY & SUBMIT**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

0003994 Draft 3/10/2023, 4:55 AM Save and Exit My Account

- 1 General Information
- 2 Change of Address
- 3 Attachments
- 4 Attestation
- 5 **Payment**
- 6 Confirmation

Payment

* Indicates required field

DESCRIPTION	AMOUNT	PAYMENT STATUS
Application Fee	\$10.00	Pending

Additional Processing Fee Will Apply

* Select payment option

Pay Online

BACK **PAY & SUBMIT**

20. You will go to the **Payment Processing** screen.
21. In the **Payment Type** drop-down, choose how you will pay.
22. Click on **Next**.

State of Rhode Island
Payment Processing

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Payment

Payment Type

Payment Type *

Credit/Debit Card

Next >

Customer Information

Payment Information

Cancel

Transaction Summary

Application Fee	\$10.00
Payment Processing Fee	\$2.20
RI Interactive Price	\$12.20

Need Help?

Select Payment Method and Continue to proceed with payment.



RIDOH Cannabis Licensing Portal User Guide

23. Enter the required customer information. Anything that has an * is required.
24. Click on **Next**.

State of Rhode Island
Payment Processing

First Name: Tony ✓ Last Name: S ✓

Address *: Quartz ✓

Address 2:

City *: Newport ✓ State *: Select State

ZIP/Postal Code *: 556677889 ✓

Phone Number:

Email:

Next >

Transaction Summary

Application Fee	\$10.00
Payment Processing Fee	\$2.20
RI Interactive Price	\$12.20

Need Help?
Please complete the Customer Information Section.

25. Type in your credit card number, card expiration date, and the name on the credit card.
26. Click on **Next**.

State of Rhode Island
Payment Processing

Payment Information

Credit Card Number *: ✓

Credit Card Type: American Express VISA DISCOVER ACCESSORIS BUSINESS

Expiration Month *: ✓

Expiration Year *: ✓

Name on Credit Card *: Tony S ✓

Next >

Cancel

Transaction Summary

Application Fee	\$10.00
Payment Processing Fee	\$2.20
RI Interactive Price	\$12.20

Need Help?
Please complete your payment below.

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RIDOH Cannabis Licensing Portal User Guide

27. Check to make sure that you typed in all information correctly.
28. Click on **Submit Payment**.

State of Rhode Island
Payment Processing

Customer Information ✓

Address
Tony S
Quartz
Newport, RI 056677889

Country: United States Email Address

Payment Information ✓

Credit Card: Visa ****1111 Name on Credit Card: Tony S
Exp. 03/2026

Buttons: Cancel, **Submit Payment**

Transaction Summary

Application Fee	\$10.00
Payment Processing Fee	\$2.20
RI Interactive Price	\$12.20

Need Help?
Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

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29. When the payment is approved, you will see a **Payment Receipt Confirmation** screen.
30. If you want to print a copy of the receipt, click on **Print**.

State of Rhode Island
Payment Processing

Payment Receipt Confirmation

Your payment was successfully processed. Please print this receipt page for your records.

Buttons: **Print**

Transaction Summary

Description	Amount
Online payment	\$10.00
Payment Processing Fee	\$2.20
RI Interactive Price	\$12.20



31. Scroll down to the bottom of the screen and click on **Continue** to go back to the application screen.

State of Rhode Island
Payment Processing

Customer Information

Customer Name	Tony S	Receipt Date	3/10/2023
Local Reference ID	a0w3S000000AOz7QAG-1678442884370	Receipt Time	05:11:39 AM EST

Payment Information

Payment Type	Credit Card	Credit Card Number	*****1111
Credit Card Type	VISA	Order ID	66968144

Billing Information

Billing Address	Quartz
Billing City, State	Newport, RI
ZIP/Postal Code	556677889
Country	US

[Continue](#)

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32. You will see the **Confirmation** screen.

33. If you want to go back to see applications you have submitted, click on **NAVIGATE TO MY APPLICATIONS**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Change of Address for Patient
S-000003994

STATUS: Submitted | LAST MODIFIED: 3/10/2023, 4:55 AM

1 General Information
2 Change of Address
3 Attachments
4 Attestation
5 Payment
6 Confirmation

Confirmation

Your application has been submitted successfully.

[NAVIGATE TO MY APPLICATIONS](#)



File a complaint

1. Click on **File a Complaint**.
2. Type in your name, address, and phone number.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Complaint Form

Fill required details to file a complaint

INSTRUCTIONS: Please complete this form and return to the above address/email if you have reason to believe that a licensee regulated by the Department of Business Regulation has violated the law or failed to meet his/her responsibilities and obligation to the public and/or if you believe a person/entity is performing unlicensed work. Please print or type. This form will NOT be accepted unless signed by complainant. Include any documents related to your matter if applicable.

* indicates required field

* Complainant Name	* E-mail Address
<input type="text" value="Rahul I"/>	<input type="text" value="rahuLinavolu+ricannabis@mtxb2b.com"/>
* Street Address 1	Street Address 2
<input type="text" value="This"/>	<input type="text" value="Enter Street Address 2"/>
* City	* State
<input type="text" value="That"/>	<input type="text" value="Rhode Island"/>
* Zip Code	* Daytime Telephone
<input type="text" value="99988-8777"/>	<input type="text" value="(999) 888-7776"/>

3. Select the registration card/license type from the drop-down

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

* Please select the appropriate option to indicate the license type that you are filing a complaint against

Marijuana

Enter Street Address 2

* City

* State

* Zip Code

* Phone

Other Federal, State Municipal, Local Agencies, or Legal Counsel you have contacted, including results of contacts



RIDOH Cannabis Licensing Portal User Guide

4. Type your name in the **Signature** box to sign the complaint, and type in the date.
5. Click on **Next** to go to the next step.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

* Below, please explain as fully as possible the exact nature of your complaint against the licensee or regulated activity. Be sure to include specific information such as dates and services, name, address, telephone of offending licensee, account numbers, etc. Also, on the next page, Attach any documentation which you feel will help support your allegations including sales slips, photographs, contracts, canceled checks, emails, other correspondence, etc. If you know the section of the law that your complaint pertains to, please indicate it as well. Once a complaint has been submitted, it gets assigned to an inspector for investigation.

INSTRUCTIONS: Please note: The Department does not have the statutory authority to remedy any harm you may have suffered as a result of any deficient work performed or services provided by a licensed or unlicensed entity. The Department's authority is limited to investigating your complaint to determine whether there has been a statutory or regulatory violation and then imposing an administrative penalty and/or suspending or revoking the license. Please be assured that we will investigate all issues. You may be able to pursue additional civil remedies against the licensee through other legal action and you may want to consult an attorney.
The undersigned swears to and/or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

* Signature:

* Date:

Next **Cancel**

6. Click on **Upload Files** to upload any documents that you think help prove the complaint you are making.
7. Click on **Save**.

STATE OF RHODE ISLAND
Cannabis Licensing Portal

My Account

Complaint Form

Fill required details to file a complaint

Upload Document

There is a Maximum 25 MB file upload size limit.

Upload Files or drop files

Back **Save**

- My License Applications
- All Licenses
- Apply for a License
- My Registry Cards
- Licensing Search
- File A Complaint**
- Help/FAQ



RIDOH Cannabis Licensing Portal User Guide

- When your documents are saved, you will see a confirmation message at the top of the screen.
- You cannot view complaints that have been submitted online.
- You will get a complaint number and you will get an update on the status of the complaint sent to the email that you used when you filed the complaint.

