



## Rhode Island Kratom Application Requirements

The Rhode Island Kratom Act (RI General Law § 21-28.12) allows for licenses to sell and manufacture kratom and kratom products. The law makes it illegal to sell kratom and kratom products to anyone under the age of 21 and requires all products to meet specific labeling and packaging standards. All individuals who sell kratom or kratom products must first complete training on the legal requirements for kratom sales. This training must cover what qualifies as a kratom product, the legal age of sale, acceptable forms of identification, how to refuse sales to underage individuals or those attempting secondary purchases, and all applicable laws governing kratom sales and distribution.

The Rhode Island Department of Health (RIDOH) Center for Food Protection (CFP) is responsible for overseeing and enforcing these requirements. Below is an outline of application requirements and product limitations. Licensure shall be based upon Satisfactory Compliance with all applicable laws and regulations.

Individuals can [apply online](#) for kratom licenses.

A completed application must include the following:

- License Type (distributor, importer, manufacturer, or retailer)
- Fee Associated with License Type
- Facility Name, Contact Name, Mailing Information and Location
- Type of Operation
- Ownership Type, Name and Address Information
- Information Regarding Water Supply, Sewage System and Chain Operations (Upload Documentation)
- Location in Proximity to a School
- Distribution List and/or Vendor List (Upload Documentation)
- Product Labels (Upload Documentation)
- Social Security or Federal Employer Identification Number
- Confirm Other Kratom Restrictions
- Signed Affidavit

**To complete the online application, follow all instructions and provide all requested documentation. Please review the instructions below carefully.**

## **NEW USERS**

For initial applications, please select “Register A Facility,” which will bring you to a new page. Under “Initial Kratom Applicants,” select the HERE button to begin a new application.

On this page, enter Contact Information consisting of: Facility Name, Owner Name, and Federal Employee Identification Number (FEIN). Facility Name is the name of the facility (as known to the public) for which you are applying for this license.

Applicants will then need to create a User ID and Password. User IDs and Passwords may contain letters and numbers, but no special characters. Select “Register” upon completion.

## **EXISTING USERS**

If an applicant already has a User ID and Password, then they may log in with this information and proceed to apply for a license.

## **KRATOM APPLICATION**

Once registered or logged in, applicants will select “Apply for a License” in the left-hand corner. Under “Profession,” please select Kratom.

Under “License Type,” select the license you are applying for. The license type definitions are as follows:

**Retailer:** means any person, whether located within or outside of Rhode Island, who sells or distributes kratom or kratom products to a consumer in this state.

**Manufacturer:** means any person who manufactures, fabricates, assembles, processes, or labels a kratom product.

**Distributor:** means any person:

- i. whether located within or outside of this state, other than a retailer, who sells or distributes kratom or kratom products within or into the state; and
- ii. engaged in this state in the business of manufacturing kratom products or any person engaged in the business of selling kratom or kratom products to dealers, or to other persons, for the purpose of resale only; provided that, 75% of all kratom and kratom products sold by that person in this state are sold to retailers or other persons for resale and selling kratom and kratom products directly to at least 20 dealers or other persons for resale; or
- iii. maintaining one of more regular places of business in this state for that purpose; provided that, 75% of the sold kratom and kratom products are purchased directly from the manufacturer and selling kratom and kratom products directly to at least 20 retailers or other persons for resale.

**Importer:** means any person who imports into the United States, either directly or indirectly, kratom or kratom product for sale or distribution

For Retailer applications, please select from the following “Secondary Type” that best suits your business model: Convenience Store, Department Store, Liquor Store, Pharmacy, Smoke Shop, Supermarket, or Other.

Under “Obtained by Method,” please select “Application” then select “Continue.”

This will bring you to an All Licenses page, where you will see the Kratom license number and status set to Pending. Please select “Continue” to move on to the remainder of the application then select “Begin a New License Application” on the following page.

### **MAILING ADDRESS INFORMATION**

Complete the information related to the mailing address information:

**Full Name:** This is the facility name and will pre-populate from the registration of your username and password.

**Contact Person:** Please provide the name and telephone number of a person we can contact concerning this facility.

**FEIN Number:** Federal Employee Identification Number

**Line 1:** Address line in United States Postal Service format

**Line 2:** Address line, if required

**Line 3:** Address line, if required

**City:** City line in United States Postal Service format

**State:** State abbreviation line in United States Postal Service format

**ZIP Code:** ZIP Code line in United States Postal Service format

**County:** County in which the facility is in. A county box will appear on the right with selection choices based on your response.

**Country:** Country in which the facility is in

**Phone:** Telephone number for the establishment

**Fax:** Fax number for the establishment

**Email:** Email address for the establishment

When finished, please select the “Continue” button. You will be prompted to review your mailing address and other information. If the information shown on the page is correct, please select the “Complete” button to proceed to the next section. If you need to correct or add any information, please select the “Edit” button.

### **BUSINESS LOCATION ADDRESS INFORMATION**

Complete the information related to the business location address information (this is the address where the business, establishment or facility is physically located):

**Line 1:** Address line in United States Postal Service format

**Line 2:** Address line, if required

**Line 3:** Address line, if required

**City:** City line in United States Postal Service format

**State:** State abbreviation line in United States Postal Service format

**Country:** Country in which the facility is in

**ZIP Code:** ZIP Code line in United States Postal Service format

**County:** County in which the facility is in. A county box will appear on the right with selection choices based on your response.

**Phone:** Telephone number for the establishment

**Fax:** Fax number for the establishment

**Email:** Email address for the establishment

When finished, please select the “Continue” button. You will be prompted to review your business location information. This is the address where the business, establishment or facility is physically located. If the information shown on the page is correct, please select the “Complete” button to proceed to the next section. If you need to correct or add any information, please select the “Edit” button.

### **ADDITIONAL INFORMATION**

Information regarding water supply, sewage system and chain operations.

**Water Supply:** Please check the box if your facility uses a portion of its water from an on-site well. If you are on municipal water, please do not check.

**Sewage System:** Please check the box if you are serviced from a private sewage system (e.g., septic). Please do not check if you are connected to the town sewer.

**Chain Operations:** Please check the box if you are part of a chain operation. Please do not check if you are not.

**Facility Location to School:** Please check the box if the facility location is within five hundred (500’) feet of any school. The distribution and/or redemption of free kratom or kratom products or coupons or vouchers redeemable for free or discounted kratom or kratom products to any individual under twenty-one (21) years of age is prohibited. The distribution and/or redemption of free kratom or kratom products or coupons or vouchers redeemable for free or discounted kratom or kratom products shall be prohibited regardless of age of the individual to whom the products, coupons, or vouchers are distributed within five hundred (500’) feet of any school. If the facility location is not within five hundred (500’) feet of any school, please do not check the box.

When finished, please select the “Complete” button at the bottom of the page. You will be prompted to review the additional information section. If no information appears, that means you did not check any boxes to the above questions. If the information shown on the page is correct, please select the “Complete” button to proceed to the next section. If you need to correct or add any information, please select the “Edit” button.

### **ATTESTATION**

Please answer all questions.

If you respond “Yes” to any questions, **STOP!** You are **NOT** eligible for this license.

Please select “Yes” or “No” under the Answer drop down for each question:

1. Is the applicant (or any owner with a direct or indirect interest in the business) delinquent in any tax filings for one (1) month or more? **If Yes:** You are **not eligible** to apply for or renew a license until all delinquent tax filings have been resolved.
2. Has the applicant (or any owner) had a license under this chapter revoked within the past two (2) years? **If Yes:** You are **not eligible** to apply for or renew a license until two (2) years have passed since the revocation date.
3. Does the applicant (or any owner) have any unpaid fines, fees, or other charges related to any current or prior license? **If Yes:** You are **not eligible** to apply for or renew a license until all outstanding fines, fees, and charges are paid in full.
4. Are there any prior licenses associated with this business location that have not been officially terminated, or that have unpaid or unresolved fines, fees, or other charges?  
**If Yes:** You are **not eligible** to apply for a new license at this location until all prior licenses are officially terminated and all related fines, fees, or charges are paid or resolved.
5. Is the applicant (or any owner) acting as an agent for a prior licensee with unresolved fines, fees or other charges? This includes a direct familial relationship and/or employment, contractual, or other formal financial or business relationship with the prior license.  
**If Yes:** You are **not eligible** to apply unless RIDOH determines that you are **not acting as an agent** for the prior licensee who still owes fines, fees, or other charges.
6. Is the applicant (or any owner) applying for a new license at this location to avoid payment of fines, fees, or other charges related to a prior license for the same location?  
**If Yes:** You are **not eligible** to apply for a new license until all outstanding fines, fees, or charges related to the prior license are paid in full.
7. Has the applicant (or any owner) been convicted of violating any criminal law related to tobacco products, electronic nicotine-delivery system products, kratom and/or kratom products, taxes, or fraud?  
**If Yes:** You are **not eligible** to apply for or renew a license.
8. Has the applicant (or any owner) been ordered to pay civil fines exceeding twenty-five thousand dollars (\$25,000) for violations of any civil law related to tobacco products, electronic nicotine-delivery system products, kratom and/or kratom products, taxes, or fraud?  
**If Yes:** You are **not eligible** to apply for or renew a license.

Select the “Submit Answers” button to review and save your answers. RIDOH will contact you if additional information is required.

By completing this section and signing the affidavit, you agree to the following:

“I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.

I agree to adhere to all the product limitations and sales restrictions as stated in the Rhode Island Kratom Act, RI General Laws Chapter 28.12. All kratom products will be kept behind the sales counter only accessible to store employees. I acknowledge that the sale or distribution of kratom or kratom products to any individual under the age of twenty-one (21) years is strictly prohibited and valid photo identification for proof of age is required for all kratom purchases. I affirm that each issued license and required signs will be prominently displayed on the premises in accordance with applicable law. Any person or entity that violates the provisions of the Rhode Island Kratom Act may be subject to fines, license suspension or revocation by RIDOH, and additional penalties for adulterating kratom products as outlined in R.I. Gen. Laws §§21-28.12-9, 21-28.12-13, and 21-28-4.01.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.”

By selecting the “I Agree” button you hereby swear or affirm under the penalties of perjury that you agree with the above Attestation.

### **DOCUMENT UPLOAD**

You are required to upload an image of the following documents:

- **Copies of Product Labels for each Kratom product.** Product labels must be uploaded for review to ensure that they meet product limitations listed below:
  - A kratom product that is a conventional food or beverage or labeled as a conventional food or beverage product.
  - A kratom product that contains any substance that is poisonous, harmful or injurious to health.
  - A kratom product that contains a substance other than a non-psychoactive substance necessary for the preparation, processing, or manufacturing of said product.
  - A kratom extract that contains levels of residual solvents higher than is allowed in the U.S. Pharmacopeia 467.
  - A kratom product containing any synthetic alkaloids including synthetic mitragynine, synthetic 7-hydroxymitragynine, or any other synthetically derived compounds of the kratom plant.

- A kratom product that contains a heavy metal that exceeds any of the following limits in parts per million: arsenic <2, cadmium <0.82, lead <1.2, mercury <0.4
- A kratom product in any form that is combustible or intended to be used for vaporization, aerosolization, or injection.
- A kratom product in any form that mimics a candy product or is manufactured, packaged, or advertised in a way that can be reasonably considered to appeal to individuals under twenty-one (21) years.
- A kratom product not contained in child-resistant packaging that meets the standards set forth in 16 C.F.R 1700.15(b) when tested in accordance with 16 C.F.R 1700.20. All persons holding valid licenses pursuant to §21-28.12 shall ensure that kratom and/or any kratom product sold by the licensee and intended for human consumption shall meet requirements related to child resistant packaging.
- A kratom product that contains a concentration ratio that is:
  - Greater than 150 mg of mitragynine per serving;
  - Greater than 0.5 mg 7-hydroxymitragynine per gram; or
  - Greater than 1 mg 7-hydroxymitragynine per serving.
- A kratom product that contains more than one percent of 7-hydroxymitragynine by percentage of total kratom alkaloids.
- Kratom or a kratom product that does not provide clearly visible labeling including, but not limited to:
  - A recommendation to consult a health care professional prior to use;
  - A statement that kratom may be habit forming;
  - A statement that kratom is not safe for use while pregnant or breastfeeding;
  - A warning that the product may result in dangerous medication interactions.
  - The following statement: “These statements have not been evaluated by the United States Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.”;
  - The net quantity of contents declared in numerical count (e.g., thirty (30) capsules), or in volume or weight in United States Customary System terms;
    - The amount of mitragynine and/or 7-hydroxymitragynine contained in a serving in said kratom product;
    - A recommended amount of the kratom product per serving; and
    - A recommended number of servings that can be safely consumed in a twenty-four (24) hour period.

- The total amount of mitragynine and 7-hydroxymitragynine contained in the kratom product;
  - A statement that this product should be stored safely and out of the reach of children;
  - The name, physical non-post office box address of the manufacturer.
- **For Retail Licenses:**
    - Retailers need to upload a list of where they purchase their kratom and kratom products. All products must be purchased from a licensed Manufacturer.
  - **For Distributor, Importer, or Manufacturer Licenses:**
    - Upload a list of their distribution list for Kratom Products sold in Rhode Island.
  - **A copy of your corporation certificate from the Rhode Island Secretary of State's office.**

Applicants using Apple devices must upload image files as .JPEG. Select the "Choose File" button and select the file from your device. Once selected, select "Upload Document," and ***select the document type in the dropdown list next to the document name after uploading.*** Document Type dropdowns will consist of: Corporation Certificate, Distribution List, Product Labels and Vendor List.

Please select "Continue" to move to the next step in the process.

You will be brought to an Application Summary page, where you will be asked to review your Demographic Information and Question Response Summary. Please select a link in the Checklist to the left of the screen if you would like to return and update any items. If all information is correct, please select the "View Fees" button.

### **CHECKOUT**

Payment will need to be provided for the license fee. Each license, including any manufacturer, importer, distributor, or retailer license, shall be renewed annually. ***All licensing fee payments are non-refundable.*** The fees for the different license types are as follows:

**Retailer \$1,000.00**

**Manufacturer, Distributor, Importer \$2,000.00 (both in-state and out of state)**

You may pay using Credit/Debit- MasterCard, Visa, Discover, American Express or by eCheck Transactions. Please note that for all security purposes your payment information is not stored in the RIDOH online renewal system.

ACH/EFT Payment Instructions:

1. There must be sufficient funds in your checking account before submitting an ACH payment.
2. The bank routing number and checking account number **must** be entered accurately.

Failure to meet all requirements will result in failure of the ACH payment. If the ACH payment fails, you will be required to pay for all fees using a **money order** only. Failure to receive the money order before the license expiration date will result in a hold placed on the license. The license will be suspended for “non-payment” within two weeks if no payment is received.

The fee amount will be pre-populated based on the license selected. An online processing fee of \$4.00 (credit/debit card) or \$1.95 (checking account) will be applied in addition to the license fee amount.

Please select “Continue to NIC Payment Processor” once you have read and accepted these terms.

### **PAYMENT PROCESSING**

You will then be brought to the State of Rhode Island Payment Processing page. The Transaction Details will pre-populate. Under Payment, please select your payment type. Once selected, please select “Next.”

Customer Information will need to be entered including Country, First Name, Last Name, Address, City, State, ZIP/Postal Code, Phone Number and Email. Once completed, please select “Next.”

Depending on the payment type, you will enter in your financial information that will be used to pay the license and online processing fee. Once entered, please select “Next.” You will be brought to a page where you can review Customer Information and Payment Information. If everything is entered correctly, please select “Submit Payment.”

While your payment is being processed, do not close out of the tab. Once payment is successfully processed, you will be brought to a Payment Receipt page. You can print this page for your records by selecting “Print Receipt.” A receipt will also be emailed to you using the email address provided.

When you have completed the license process, please select the Logout link to the left of the screen.

Please note: Once your application and all supporting documentation have been received, please allow up to five (5) business days for initial processing. The process is to ensure that all required documents are submitted.

At that time, you can log back into the system to view the checklist of what items RIDOH has received. Please visit <https://healthri.mylicense.com/> and use the User ID and Password you created for the application to view your checklist.

After processing, applications will be reviewed, and approval may take approximately 2 to 4 weeks.

If you have any questions concerning this application, contact the Department of Health, Center for Food Protection at (401) 222-2749, Monday through Friday, 8:30 a.m. to 4 p.m.

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.