



RI Department of Health
50 Orms Street
Providence, RI 02904
www.health.ri.gov

RI Department of Health

Preliminary Application and Instructions for Licensing Analytical Laboratories for Sampling and Testing Medical Marijuana

Facility Name

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

Familiarity with the *Rules and Regulations for Licensing Analytical Laboratories for Sampling and Testing Medical Marijuana (216-RICR-60-05-6)* is necessary before completing this application. These regulations are available through the Department of Health's website at <http://www.health.ri.gov/licenses>.

There are several steps involved in the application process. This application is for preliminary approval. Once preliminary approval is granted you will be provided with the final application which will be required to be completed before a license can be issued.

- Answer all questions. Do not leave blanks. You will be notified of any incomplete items and will have 30 days in which to supply the deficient information to the Department. Use a ballpoint pen.
- Application fee of \$5,000.00 in the form of a check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash.
- Provide a completed zoning compliance statement, enclosed with this application.
- License 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.
- Misrepresentations are grounds for refusal or subsequent revocation of license.
- If you have any questions concerning this application, call the Department of Health Laboratories at (401) 222-5600.
- Return completed application to:

Certification Officer
Rhode Island Department of Health Laboratories
50 Orms Street
Providence, RI 02904

Name of Laboratory Director: _____

Name of person who completed this application: _____

**State of Rhode Island
Department of Health**

<p>Facility Name:</p> <p>Provide the name of the facility (as known to the public) for which this license is being requested.</p>	<p>Full Name: _____</p>								
<p>Facility Contact Information:</p> <p>Provide the facility. Phone, Fax and Email Information.</p>	<p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>								
<p>Mailing Information:</p> <p>Provide the mailing information for all communication regarding this license, if different from Facility Location Information</p> <p>(Not published on RIDOH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p>								
<p>Proposed Facility Location Information:</p> <p>Provide the proposed location information for this facility.</p> <p>(Published on RIDOH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p> <p>Website: _____</p>								
<p>Ownership Type:</p> <p>Check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company								
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									
<p>Ownership Information:</p> <p>Provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

<p>Ownership Address Information:</p> <p>Provide the contact information of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Ownership of Laboratory Premises</p> <p>Provide the legal name and current address of all such persons or entities who will own or lease the laboratory premises or operational assets, whether direct or indirect.</p>	<p>Will the analytical laboratory premises and or operational assets be owned or leased by a person(s) or entity other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p> <p>(If necessary provide additional names and contact information on a separate sheet.)</p>
<p>Cannabis Testing in Other Jurisdictions</p> <p>Provide the legal name and current address of all persons or entities in the organization who have ownership, interest or operational control in cannabis testing laboratories in any other jurisdictions.</p>	<p>Do any persons in the organization have ownership, interest or operational control in cannabis testing laboratories in any other jurisdictions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Email Address: _____</p> <p>Have there been any revocations or disciplinary actions taken against such persons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please elaborate: _____</p> <p>_____</p> <p>_____</p> <p>(If necessary provide additional names and contact information on a separate sheet.)</p>

<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;">AFFIDAVIT AND SIGNATURE</p> <p style="text-align: center;">This Application Must be Signed</p> <p>I have carefully read 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 licensing in the State of Rhode Island.</p> <p>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.</p> <p>I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.</p> <p>_____ Signature of Authorized Person</p> <p>_____ Printed Name of Authorized Person</p> <p>_____ Title of Authorized Person</p> <p style="text-align: right;">_____ Date of Signature (MM/DD/YY)</p> <p>Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.</p>
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Application Review List

- I have answered all questions and have signed the application where required.
- I have enclosed ONE check/money order in the amount of \$5,000.00 made payable (in U.S. funds, only) to “General Treasurer, State of Rhode Island.” I have not sent cash.
- I have read the Rules and Regulations for the Licensing of Analytical Laboratories for Sampling and Testing of Medical Marijuana. ((216-RICR-60-05-6)
- I have attached a copy of the zoning compliance statement.
- I understand that this application is for preliminary approval only. I will be required to complete a final application and provide additional documentation.



TO: CITY/TOWN BUILDING INSPECTOR

FROM: RI DEPARTMENT OF HEALTH
CENTER FOR PROFESSIONAL LICENSING
MEDICAL MARIJUANA ANALYTICAL LABORATORY
LICENSING PROGRAM

SUBJECT: ZONING COMPLIANCE STATEMENT

The Rhode Island General Laws require that all businesses licensed as analytical laboratories for sampling and testing medical marijuana meet local zoning law; zoned for business as a Medical Marijuana Testing Laboratory.

Please complete the following:

The business establishment located in the city/town _____ located
at _____,
meets the requirements as stated above.

Date

Signature of City/Town Official

