

REGISTERED CANNABIS ESTABLISHMENT APPLICATION FORM

License type applying for:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cultivator | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Dispensary | <input type="checkbox"/> Transporter |

Name of proposed Registered Cannabis Establishment

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Applicant information:

First Name		Middle Initial	
Last Name			
Date of Birth		Social Security Number	
Street Address			Ste #
PO Box			
City, State			
Zip Code			
Telephone Number		Email Address	

If applying on behalf of a business entity:

Name of Entity			
State of Incorporation/Organization			
EIN		Registered Agent	
Street Address			Ste #
PO Box			
City, State			
Zip Code			
Telephone Number		Email Address	

Below, list the name and address of the applicant's officers, directors, managers, or owners, including any minority owner who holds five percent (5%) or more of the financial interests (other than a security interest, lien, or encumbrance) or more than five percent (5%) of the voting interests of an entity, including any parent and subsidiary entities:

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Proposed location of Registered Cannabis Establishment:

Street Address			Ste #
PO Box			
City, State			
Zip Code			
Telephone Number		Email Address	
Do you own the property and building in which the proposed Registered Cannabis Establishment will operate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, could you provide proof of ownership upon request by the Commission?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you have a rental agreement or lease demonstrating your right to use the property?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you do not own the property, provide the name, address, and contact information for the owner of the property:			

Civil and administrative action:

Has the applicant or any members, officers, directors, and managers had a citation, fine, sanction, injunction or court judgment levied against them, or a business owned by them, involving cannabis or cannabinoid related operations or sales?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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A completed application requires the following:

- A criminal history record information check submitted to the Commission by the Nebraska State Patrol as required by 238 NAC 1.
- A summary of the applicant's business experience and a business plan meeting the following criteria:
 - Proof of financial capability to build, launch, and sustain cultivation, including access to capital, a detailed budget, and funding sources;
 - Facility design and operational readiness, including compliance with all applicable state laws and regulations and a demonstration of readiness to commence operations;
 - Demonstration of how the applicant meets the residency requirements in this chapter;
 - Any experience in operating a business in a regulated industry;
 - Any experience in cannabis cultivation, cannabis manufacturing, or cannabis retail;
 - Leadership team qualifications; and
 - Financial projections for the next year.
- A signed attestation.

APPLICANT ATTESTATION

By signing, I attest to the following:

- That I satisfy the residency requirements in 238 Nebraska Administrative Code (NAC) 1 and have not been convicted of a disqualifying offense as listed in 238 NAC 1;
- That any entity associated with my application, including any members, officers, directors, or managers of associated entities, satisfy the residency requirements in 238 NAC 1 and have not been convicted of a disqualifying offense as listed in 238 NAC 1;
- That I am a United States Citizen who has been a resident of Nebraska for no less than four (4) years immediately preceding the application;
- That any business entity I am applying on behalf of is majority owned by United States Citizen(s) who has been a resident(s) of Nebraska for no less than four (4) years immediately preceding the application;
- That the location of the proposed Registered Cannabis Establishment is not within 1000 feet of a covered location as defined in 238 NAC 1;
- That I have paid all state and local taxes that are due, as well as any additional fees imposed by law;
- That any entity associated with my application has paid all state and local taxes that are due, as well as any additional fees imposed by law;
- That I am in compliance with any applicable state or local laws, regulations, or ordinances;
- That any entity associated with my application is in compliance with any applicable state or local laws, regulations, or ordinances; and
- That I understand that failure to comply with all applicable laws or regulations may result in sanctions against my license.

- ☐ By checking this box, I understand that by signing this form, either by handwritten signature or electronic signature, I am attesting that the information in this application form and all additionally submitted documents are true, accurate, and complete.

Signature	
Printed Name	
Date:	

Upon completion, send this document to:

Email: mcc.contact@nebraska.gov