



## Non-Profit Producer License Application Form

As used in this application, and except as otherwise indicated, “you” and “applicant” refer to the non-profit corporation that is applying for producer licensure. Where your response exceeds the space provided in this form, attach additional pages as necessary. Please also utilize the document “LNPP Application Instructions and Required Information Revision 6-22-2021” for additional guidance. Both this form and the information requested in the “LNPP Application Instructions and Required Information Revision 6-22-2021” must be submitted together electronically.

<b>Section A: Business Information</b>			
1. Legal Name of Applicant:			
2. Trade Name of Applicant:			
3. Applicant’s Business Address:			
4. City:		5. State:	6. Zip Code:
7. Daytime Telephone Number:		8. E-mail Address:	
9. Applicant’s Mailing Address (if different than business address):			10. City:
11. State:	12. Zip Code:	13. Daytime Telephone Number:	14. Fax Number:
<b>Section B: Contact Information</b>			
<p>The New Mexico Department of Health will communicate directly with the Primary Contact regarding this application and will only communicate with the alternate contact, if one is designated. All communications sent to your designated contact(s) will be assumed received by you and it will be your responsibility to notify us if any of your contact information changes.</p>			
15. Name of Primary Contact:			16. Primary Contact Title:
17. Primary Contact E-mail Address:			18. Primary Contact Telephone Number:
19. Name of Alternate Contact ( <i>Optional</i> ):			20. Alternate Contact Title:

21. Alternate Contact E-mail Address:	22. Alternate Contact Telephone Number:
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### Section C: Incorporation Information

23. Date of Incorporation:	24. Place of Incorporation:
25. Fiscal Year Date:	26. Tax I.D. Number:

### Section D: Proposed Production Facility Information

27. Proposed Production Facility Physical Street Address:		28. City:	
29. State: NM	30. Zip Code:	31. Telephone Number:	32. Fax Number:
33. Own or Lease Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		34. Name and Mailing Address of Property Owner:	

### Section E: Proposed Distribution Location Information

35. Proposed Distribution Physical Street Address:		36. City:	
37. State: NM	38. Zip Code:	39. Telephone Number:	40. Fax Number:
41. Own or Lease Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		42. Name of Property Owner:	
43. Second Proposed Distribution Physical Street Address (as applicable):		44. City:	
45. State: NM	46. Zip Code:	47. Telephone Number:	48. Fax Number:
49. Own or Lease Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		50. Name of Property Owner:	

**Section F: Business Association Information**

51. Are any of your board members or employees associated with any licensed non-profit producer or producer applicant? This includes licensed producers or applicants for producer licensure with whom you share management or property, or from whom you anticipate renting property or receiving services.

Yes  No

If yes, provide the name of all individuals with whom your board members or employees are associated in the boxes below. Attach additional pages if necessary.

52. Associated Entity:	53. Entity Type: <input type="checkbox"/> Licensed Producer <input type="checkbox"/> Applicant
54. Associated Entity:	55. Entity Type: <input type="checkbox"/> Licensed Producer <input type="checkbox"/> Applicant

**Section G: Testing Laboratory (This is only required if you have already selected an approved laboratory)**

56. Testing Laboratory Name:	57. Laboratory License No.
58. Address:	
59. City:	60. State: <b>NM</b>   61. Zip Code:
62. Telephone Number:	63. Fax Number:   64. E-mail Address:

**Section H: Non-Profit Producer Business Hours**

65. State the proposed production facility's business hours for each day:		66. State the proposed distribution location(s)' business hours for each day:	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	

**Section I: Other Business Names & Addresses**

List all names under which the applicant has done business or has held itself out to the public as doing business. Do not limit your response to business operations in New Mexico. Attach additional pages if necessary.

67. Name:	68. Time Period:
69. Name:	70. Time Period:





**Section L: Financial Statement**

Set forth in the boxes below all expenses greater than \$5,000 incurred in connection with the establishment of your medical cannabis operations and the sources of the funds for each. Attach additional pages if necessary. The NM DOH may require backup documentation.

80. Expense Item:	81. Cost:	82. Source of Funds:

**Section M: Security System**

Identify the companies that will provide security services for the production facility and any distribution locations if a license is awarded. Include a detailed description of the services to be offered by the security company in your Security Plan.

83. Primary Security Company Name:			
84. Primary Security Company Address (including Apartment or Suite #):			85. City:
86. State:	87. Zip Code:	88. Telephone Number:	89. Fax Number:
90. E-mail Address:			

## Section N: Legal Proceedings

91. Has the applicant ever had any petition filed by or against it, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?  Yes  No

**If the answer above is “yes”, attach a statement providing the details of such proceeding or petition.**

92. Has the applicant ever had a professional license, permit or registration in New Mexico, or any other State, suspended, revoked or otherwise subjected to disciplinary action?  Yes  No

**If the answer above is “yes”, attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.**

93. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?  Yes  No

**If the answer above is “yes”, attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant’s operations.**

94. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?  Yes  No

## Section O: Criminal Actions

95. Have members of the board of directors or key personnel of the applicant ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or are any such charges pending?  Yes  No

**If the answer above is “yes”, attach a statement providing the case number(s), date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.**

**I hereby certify that the above information is correct and complete.**

I fully understand that if any information or material submitted to the Department of Health is falsified, this application may be denied on that basis alone, and the falsification may be referred to law enforcement authorities. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

96. Signature:



97. Date Signed:






### Section C: Licenses, Permits and Registrations

Provide information regarding all professional or business licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

13. State	14. Issue Date (month/year):	16. Type:	17. Number:
	15. Expiration Date (month/year):		
18. State	19. Issue Date (month/year):	21. Type:	22. Number:
	20. Expiration Date (month/year):		

### Section D: Legal Proceedings

23. Has the backer, or (in the case of an organization) any of the backer's members, or any entity over which they exercised management or control, had any petition filed by or against them, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

**If the answer above is "yes", attach a statement providing the details of such proceeding or petition.**

24. Has the backer, or (in the case of an organization) any of the backer's members, or any entity over which they exercised management or control, ever had a professional license, permit or registration in New Mexico, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

**If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.**

25. Is the backer, or (in the case of an organization) any of the backer's members, a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

**If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.**

26. Has the backer, or (in the case of an organization) any of the backer's members, or any entity over which they exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

**If the answer above is "yes", attach a statement providing the details of such fines or penalties.**

**Section E: Criminal Actions**

27. Has the backer, or (in the case of an organization) any of the backer's members, ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do they have any charges pending?  Yes  No

**If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.**

**I hereby certify that the above information is correct and complete.**

I fully understand that if any information or material submitted to the Department of Health is falsified, the application may be denied on that basis alone, and the falsification may be referred to law enforcement authorities. As the duly authorized individual, I hereby make the above certifications on behalf of the applicant.

28. Signature:



29. Date Signed:

## Appendix B

### Directors, Owners, Officers and Managers Background Information Form

To be completed by all persons identified in your response to Section K of the  
Non-Profit Producer License Application Form.

For purposes of this Appendix, “you” refers to the person completing the form.

If a director or high-level employee is also a backer, or a member of a backer, of an applicant, then they must also complete a copy of Appendix A.

#### Section A: Personal Information

1. Name (First, Middle, Last):		
2. Street Address (including Apartment or Suite #):		
3. City:	4. State:	5. Zip Code:
6. Title:	7. Telephone Number:	8. E-mail Address:
9. Date of Birth:	10. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

#### Section B: Employment Information

11. Current or Most Recent Employer:	12. Date of Employment: Start Date: End Date: :
13. Employer Address (including Apartment or Suite #):	
14. City:	15. State:      16. Zip Code:
17. Daytime Telephone Number:	18. Fax Number:      19. E-mail Address:

#### Section C: Cannabis or Agriculture Business Experience

20. Other than the applicant, do you have any experience controlling, managing, operating or working for a medical cannabis or agriculture business?  <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Other than the applicant, are you currently associated with a cannabis or agriculture business in any state or country?  <input type="checkbox"/> Yes <input type="checkbox"/> No

22. If you answered “yes” to question 21 or 22, attach a statement setting forth the following information for each cannabis or agriculture business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

### Section D: Other Relevant Business Experience

23. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department’s evaluation of the applicant with whom you are associated?

Yes  No

24. If you answered “yes” to question 24, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department’s evaluation of the RFA response of the applicant with whom you are associated.

### Section E: Licenses, Permits and Registrations

Provide information regarding all professional or business licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

25. State	26. Issue Date (month/year):	28. Type:	29. Number:
	27. Expiration Date (month/year):		
30. State	31. Issue Date (month/year):	33. Type:	34. Number:
	32. Expiration Date (month/year):		

## Section F: Legal Proceedings

35. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you (or it), or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

**If the answer above is “yes”, attach a statement providing the details of such proceeding or petition.**

36. Have you, or has any entity over which you exercised management or control, ever had a business or professional license, permit or registration in any State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

**If the answer above is “yes”, attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.**

37. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed

\$500,000 above any insurance coverage available to cover the claim?

Yes  No

**If the answer above is “yes”, attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant’s operations.**

38. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over

\$10,000 assessed by any regulatory agency?

Yes  No

**If the answer above is “yes”, attach a statement providing the details of such fines or penalties.**

**I hereby certify that the above information is correct and complete.**

I fully understand that if I falsify any information or material submitted to the Department of Health, this application may be denied on that basis alone, and the may be referred to law enforcement authorities. As the duly authorized individual, I hereby make the above certifications on behalf of the applicant.

39. Signature:



40. Date Signed: