



## Cannabis Retailer Applicant Licensing Checklist

**FOR A VERTICALLY INTEGRATED LICENSE**, you only have to upload the social and economic equity plan, proof of age for every controlling person, and water and energy use plan one time.

**FOR A STANDALONE CANNABIS PRODUCER or CANNABIS MICROBUSINESS PRODUCER LICENSE**, prepare the following documents to upload to the CCD Online License Application System:

**A SOCIAL AND ECONOMIC EQUITY PLAN**

The social and economic equity plan should describe the applicant's plan to encourage economic and social diversity in employment.

The applicant's plan should include race, ethnicity, gender, age, and residential status of licensee, controlling persons and employees of applicant and whether the applicant, controlling persons, employees or the locations where the cannabis products are produced are located in an underserved rural community, including tribal, acequia, land grant-merced, federally designated opportunity zone, or other rural historic communities.

**PROOF OF AGE FOR EVERY CONTROLLING PERSON**

Proof of age includes identification issued by a federal or state government that includes the name, date of birth, and picture of the applicant or the controlling person.

**CHS AFFIDAVIT AND DPS BACKGROUND CHECK AUTHORIZATION FORM**

Each controlling person listed in the application must complete a criminal history screening affidavit as well as a Department of Public Safety authorization for release of information form. The forms can be found on the division website. Once completed please do the following:

- a) The criminal history screening affidavit should be submitted to the licensing staff member assigned to your case. If no staff member is identified, send the forms to [RLD.CannabisControl@state.nm.us](mailto:RLD.CannabisControl@state.nm.us) with your application number in the email subject line.
- b) The DPS authorization for release of information should be sent to Regina Chacon at [Regina.Chacon@state.nm.us](mailto:Regina.Chacon@state.nm.us) at the Department of Public Safety for processing.

**FOR EACH PREMISE REQUIRING A LICENSE, YOU MUST UPLOAD THE FOLLOWING:**

### **PREMISES DIAGRAM ATTESTATION**

Please fill out the premises diagram attestation which can be found on the division website. An applicant will fill out the attestation to show to the division an understanding that an accurate premises diagram will be kept on site at all times which is subject to inspection by the division upon request. The attestation must be uploaded to an application in lieu of the premises diagram or sent to the licensing staff member assigned to your case. If no staff member has been assigned, send the attestation to [RLD.CannabisControl@state.nm.us](mailto:RLD.CannabisControl@state.nm.us).



## **APPLICANT REQUIRED TO CERTIFY AND ATTEST TO:**

**1.** I consent to undergo a national criminal history background check and department of public safety (DPS) statewide criminal history screening background check. I understand for purposes of this rule, background checks shall be required for: (1) each partner of a limited partnership; (2) each member of a limited liability company; (3) each director, officer, or trustee of a corporation or trust; and (4) any controlling person of the applicant.

**2.** I certify I will adhere to retail requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.

**3.** I certify I will adhere to cannabis transport requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.

**4.** I certify I will adhere to security requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.

**5.** I certify I will adhere to quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.

**6.** I certify I will adhere to applicable federal, state and local laws governing the protection of public health and the environment, including occupational health and safety, food safety, environmental impacts, natural resource protections, air quality, solid and hazardous waste management, and wastewater discharge.

**7.** I certify I have never been denied a license or had a license suspended or revoked by the division or any other state cannabis licensing authority or a detailed description of any administrative orders, civil judgements, denial or suspension of a cannabis license, revocation of a cannabis license, or sanctions for unlicensed medical or commercial cannabis activity by any state licensing authority, against the applicant, controlling person, or a business entity in which the applicant or controlling person was a controlling person within the three years immediately preceding the date of the application.

**8.** I certify that that my business is in good standing with the New Mexico Secretary of State, including all documents filed with the New Mexico Secretary of State.

**9.** I certify I have obtained a current local jurisdiction business license, or will prior to operation of the cannabis establishment, and shall adhere to local zoning ordinances.

**10.** I certify I will adhere and comply with all rules governing Courier licensure.

