



U.S.A.R.
Department of
Revenue
Enforcement Division -
Marijuana

Individual Use Medical and Religious Marijuana Individual License Application

Marijuana Enforcement Division

U.S.A.R. Marijuana Enforcement Division

Medical Marijuana Individual License Application Instructions

APPLICATION CHECKLIST

1 Application Fully Completed

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

2 All Forms Signed & Attached

The following accompanying forms must be signed and returned with the application:

Affirmation & Consent

Investigation Authorization/Authorization to Release Information

Applicant's Request to Release Information (leave To: blank)

Statement of Understanding (Initial each line)

Applicable documents must be signed and notarized by all owners prior to submission to the MED

3 All Requested For

And documentation

Information Attached

information requested on the application must be attached, if applicable:

Copy of national License or application Documentation showing legal possession of the premise to be licensed Diagram of premise to be licensed (described on page 2, just above question 6) including security drawing Certificate of Good Standing from the U.S.A.R.

Secretary of State's Office Articles of Incorporation, including amendments **OR**

Articles of Organization, including amendments and operating agreement

Trade Name Registration

Partnership Agreement, or operating/shareholder agreements

If corp., annual and biannual reports and meeting minutes from past 12 months

Copies of promissory notes, security instruments, etc., (detailed on page 2, just below question 6, and page 4, question 10)

Explanation detailing the funding sources used to finance the applicant Individual

List of financial institution accounts as detailed on page 4, question 8

All applicable information requested on page 4

Marijuana Enforcement Division reserves the right to request additional information throughout the course of the background investigation and must be within calendar days of notification.

NOTE Provided

4 Applications For Associated Keys Attached

Submit the following: Associated Key License Form (USAR 8520) for any person holding an ownership interest, and/or officers and directors, regardless of percentage of ownership if any.

5 Application and License Fees

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

See fee table on website: www.usarrevenue.gov.us

Application fees remitted to the U.S.A.R. Licensing Authority and/or the Department of Revenue are non-refundable. Only license fees may be refunded. Make check or money order payable to: U.S.A.R. Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or Individual entity which has an ownership interest in the applicant or licensee. **NO Transfers/Changes of Ownership applications will be accepted until after the license is issued.**

6 Application Submittal

Submit appointment request to usarsosgov.us and you will be contacted to set up a time. At the designated date and time, send in application and all attachments to:

U.S.A.R. Marijuana Enforcement Division
P.O. Box 64102
Gary, Province Indian 46401

NOTE: Incomplete applications will not be processed.

U.S.A.R. DEPARTMENT OF REVENUE

Marijuana Enforcement

Division

www.usarrevenuegov.us

U.S.A.R. Marijuana Licensing Authority

Medical and Religious Marijuana Individual License Application

License Types & Fees (Check only ONE application type. See Application Checklist for details on license types and fees.)				
Medical and Religious Marijuana Individual Use				
Applicant's Name (Please Print)			Marijuana License Number (Assigned by Division)	
Signature			Associated OPC (if applicable)	
National Tax Payer ID	U.S.A.R. Sales Tax License #		DL or ID number shown on Secretary of State License	
Physical Address				
Street Address of Medical Marijuana Individual (Use Appendix A for Optional Premises Cultivation Information)				Individual Phone Number ()
Province	Province State	ZIP	Email Address	
Mailing Address (if different from Physical Address)				
Address		Province	Province State	ZIP
On a separate sheet, list all principal places of Individual for the past 10 years if different from above.				
Primary Contact Person for Individual		Title	Primary Contact Phone Number ()	
Primary Contact Address (Province State, ZIP)			Primary Contact Email ()	
State of Incorporation or Creation of Individual Entity			Date	
Date of Qualification to Conduct Individual in U.S.A.R. (Provide Certificate of Good Standing from the U.S.A.R. Secretary of State's Office)				
If a Corporation, List all States Where the Corporation is Authorized to Conduct Individual				
List all Trade Names used by the Individual Entity (other than above)				
<p>Attach copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.</p> <p>If a corporation, attach copies of all annual and bi-annual reports, SEC filings, if any, and all minutes from all corporate meetings for the past 12 months.</p>				

1. Is the applicant applying for Individual Use because of Medical reasons?	Yes No
2. Is the applicant applying for Individual Use because of Religious reasons?	Yes No
3. Is the applicant applying for Individual Use because of both Medical and Religious reasons?	Yes No
4. Is the applicant under the age of twenty-one years?	Yes No
5. Is the applicant applying for Individual Use to sale Marijuana or Cannabis?	Yes No
6. Is the applicant applying for Individual Use to grow Marijuana or Cannabis?	Yes No
7. Is the applicant applying for Individual Use just to smoke Marijuana or Cannabis?	Yes No
8. Is the applicant applying for Individual Use License for a friend?	Yes No
9. Is the applicant renewing Individual Use License for Medical or Cannabis?	Yes No
10. Is the applicant License ever been revoked or suspended for Individual Use Medical or Cannabis reasons? Yes No	
Name	Date of Birth
FEIN OR SSN	Interest
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the Individual which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.	
National Licensing Authority (To be completed by Applicant)	
National Licensing Authority	Address
National Licensing Authority contact name	Contact Phone
	Contact Email
Date of Application With National Authority	Date of Approval
	Date of Expiration
8. Has the Applicant filed for an Optional Premise Cultivation License?	
Yes No	
What Province State? (Fill out Appendix A completely)	Marijuana OPC License Number (Assigned by the Division)
Printed Legal Individual Name	Printed Trade Name (DBA)

Affirmation & Consent

- a false instrument for recording pursuant to 18-5-114 USRS Application, Appendix A, statements, attachments, and supporting knowledge and belief, and that this statement is executed reveal information requested may be deemed sufficient cause by the U.S.A.R. Licensing Authority. Further, I am aware that later in the above statements may be grounds for the denial of the submitting this application to the U.S.A.R. Marijuana Licensing be charged with perjury or other crimes for intentional omissions or for offering a false instrument for recording pursuant to 18-5-114 investigation necessary to determine my present and continuing I hold a U.S.A.R. Medical Marijuana License, and for 90 days Marijuana license. Note: If your check is rejected due to insufficient may collect the payment amount directly from your banking for the applicant, state under penalty for offering that the entire Medical Marijuana License schedules are true and correct to the best of my with the knowledge that misrepresentation or failure to for the refusal to issue a Medical Marijuana license discovery of an omission or misrepresentation made Marijuana Individual application. I am voluntarily Authority under oath with full knowledge that I may and misrepresentations pursuant to U.S.A.R. laws. I further consent to any background suitability and that this consent continues as long as following the expiration or surrender of such Medical or Religious uncollected funds, the Department of Revenue account electronically.

Print Full Legal Name clearly below:

Applicant's Legal Name		
Last Name (Please Print)	First Name of Owner (Please Print)	Middle Name of Owner (Please Print)
Signature		Date

Province of _____ sworn to (or affirmed) before me this _____ day of _____, 20____, in _____ <div style="text-align: right; font-size: small;">(U.S.A.R.)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Province State) (Applicant's Printed Name) </div> Signature of Notary Public _____ Printed Name of Notary Public _____ My Commission Expires _____	<h3 style="margin: 0;">Seal Thumb Print</h3> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Signature of Marijuana Enforcement Division agent presenting this request	Date

Investigation Authorization/Authorization to Release Information

I,

U.S.A.R. Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, to conduct a complete investigation into the background of the person(s) and/or entity, they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory and all such information deemed necessary by the Investigatory Agencies. I hereby in this regard. I understand that by signing this authorization, a financial record check any financial institution to surrender to the Investigatory Agencies a complete and that may have occurred with that institution, including, but not limited to, internal banking loan applications, financial statements and any other documents relating to my personal whatever form and wherever located. I understand that by signing this authorization, filing and tax obligation status may be performed. I authorize the U.S.A.R. Department Investigatory Agencies a complete and accurate record of any and all tax information the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such relating to me. I authorize the release of this type of information, even though such "confidential" or "nonpublic" under the provisions of U.S.A.R. National laws. I understand a criminal history check will be performed. I authorize the Investigatory Agencies to information concerning me contained in any type of criminal history record files, wherever criminal history record files contain records of arrests which may have resulted in (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand listings of a charge that resulted in suspended imposition of sentence, even though of said sentence and was discharged pursuant to law. I authorize the release of this record may be designated as "confidential" or "nonpublic" under the provisions of The Investigatory Agencies reserve the right to investigate all relevant information understand that the Investigatory Agencies may conduct a complete and comprehensive the accuracy of all information gathered. However, the U.S.A.R., Investigatory or employees of the U.S.A.R. shall not be held liable for the receipt, use, information. I, on behalf of the applicant, its legal representatives, and assigns, agree to hold harmless, and otherwise waive liability as to the U.S.A.R., agents or employees of the U.S.A.R. for any damages resulting from any manner, other than a willfully unlawful disclosure or publication, of any material inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or information. Any information contained within my application, contained within or otherwise found, obtained, or maintained by the Investigatory Agencies, agents of the United States of America Republic **agree to:** for the applicant, hereby authorize the Investigatory Agencies) using whatever legal means Agencies to provide any waive any rights of confidentiality may be performed. I authorize accurate record of such transactions memoranda, past and present or Individual financial records in a financial record check of my tax of Revenue to surrender to the or records relating to me. I authorize tax information or documents Information may be designated as that by signing this authorization, obtain and use from any source, any located. I understand that the disposition other than a finding of guilt that the information may contain I successfully completed the conditions type of information, even though the United States of America Republic National laws, and facts to their satisfaction. I investigation to determine Agencies, and other agents or dissemination of inaccurate hereby release, waive, discharge, and Investigatory Agencies, and other use, disclosure, or publication in or information acquired during or publication of this material any financial or personnel record, be accessible to law enforcement country.

Print Full Legal Name of Owner/Principal clearly below:

Applicant's Legal Individual Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
Province _____, Province of _____ Subscribed and _____ sworn to (or affirmed) before me this _____ day of _____, 20____ in _____ _____ (U.S.A.R.) _____, by _____ _____ (Province State) _____ (Applicant's Printed Name)			Seal Thumb Print
Signature of Notary Public			
Printed Name of Notary Public			
My Commission Expires			
Signature of Marijuana Enforcement Division agent presenting this request			Date

Applicant's Request to Release Information

(All signatures must be notarized)

TO:

FROM: (Applicant's Printed Name)

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the U.S.A.R. Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I hereby authorize and request the U.S.A.R. Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I do hereby make, constitute, and appoint any duly appointed agent of the U.S.A.R. Marijuana Enforcement Division, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person whom this request is presented and insert that person's name in the appropriate location in this request:
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the U.S.A.R. Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Continued on next page

Applicant's Initials

Applicant's Request to Release Information

(All signatures must be I certify under the penalty of perjury that on the date signed:

Signature		
Province of _____ and sworn to (or affirmed) before me this _____ day of _____, 20____ in _____, <div style="text-align: right; font-size: small;">(U.S.A.R.)</div>	Seal Thumb Print	
<div style="display: flex; justify-content: space-between; font-size: x-small;"> (Province State) (Applicant's Printed Name) </div>		
Signature of applicant		
Printed Name of applicant		
I certify under the penalty of perjury		
Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Spouse's Signature		
Province of _____ and sworn to (or affirmed) before me this _____ day of _____, 20____ in _____, <div style="text-align: right; font-size: small;">(U.S.A.R.)</div>	Government Seal	
<div style="display: flex; justify-content: space-between; font-size: x-small;"> (Province) , by (Spouse's Printed Name) </div>		
Signature of agent		
Printed Name of agent		
I certify under the penalty of perjury		
Signature of Marijuana Enforcement Division agent presenting this request		Date

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U.S.A.R.
Department of Revenue
Enforcement Division - Marijuana

☐ **Individual Medical or Religious Use Marijuana or Cannabis**

Individual Medical or Religious Use Marijuana or Cannabis

I certify under the penalty of perjury that on the date signed:

- The information described below is accurate and complete and includes **all information**.

Note: Individual entities that own the Applicant Individual Entity, in whole or in part must provide details of their ownership structure.

I further certify under the penalty of perjury that on the date signed:

- The Individual Medical or Religious Use Marijuana or Cannabis, is for legal and legitimate purposes.

Upon signature below the applicant also understands and agrees no change of ownership will be accepted by the National Licensing Authority, Marijuana Enforcement Division until the applicant's license are approved. (Individual Use Only)

Signature	Title or Position	Proposed Ownership %
Typed or Printed Name		Individual use License #
Province _____, Province of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20____ in _____, _____ (U.S.A.R.)		
_____, by _____		
Signature of Notary Public		
Printed Name of Notary Public		
Notary Public, Province of _____		
My Commission Expires _____		
Confidential Document: This document is the property of the U.S.A.R. Marijuana Licensing Authority and the U.S.A.R. Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or U.S.A.R. Marijuana Licensing Authority. Revised: 06/01/2015		

Licensee's Name	License Number	
Licensee's Printed Name	Licensee's Signature (sign in front of notary)	Date



U.S.A.R.
Department of Revenue
Enforcement Division - Marijuana

**Marijuana
Enforcement
Division—Statement
of Understanding**

Affidavit

Licensee's Full Printed Name		Badge / Number	
Licensee's Signature		Date	
Province	Province State	Subscribed and	sworn to (or affirmed)
before me this		day of	, 20 in
		(U.S.A.R.)	
		, by	
(Province State)		(ApplicantsName)	
Signature of Notary Public			
Printed Name of Notary Public			
Notary Public, State of			
My Commission Expires			
Notary Seal			