

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION



P.O. Box 500135 Saipan, MP 96950
Email: compliance@cnmicannabis.org

INDIVIDUAL HISTORY

Submitted to: CNMI CANNABIS COMMISSION

The undersigned hereby makes an application for a cannabis license. Furthermore, the undersigned agrees to give the following information and pay the required fees in order for the Managing Director and/or their designee to review and consider this application in accordance with 4 CMC § 53036.

Individual History form: An applicant for a license or an individual that has an ownership interest, is required to complete this form as outlined (this includes the applicant's spouse). Other individuals with a financial interest in the business may need to complete this form, or as required by the Commission.

Corresponding License Number (if applicable):

Part 1: Individual Information **Note:** A separate form must be used for each license number.

1. Individual's Name:

first/middle/last

2. Mailing Address:

3. Do you currently reside in the CNMI?

Yes

No

If yes, have you continued CNMI residency for 5 years immediately prior to the date of the license application?

Yes

No

If yes, submit proof of residency as required under the Document Checklist section of this form.

4. Physical Address:

Include house/building number/unit or apartment number/street name and type of street (if applicable)

5. Email Address/
Phone Number:

number must be 10 digits

6. Date of Birth:

MM/DD/YYYY

7. Have you ever been convicted of a felony? Yes No

If **yes**, attach an explanation. A conviction will not necessarily prevent you from obtaining a license.

8. Do you have any arrests or citations that are not resolved? Yes No

If you are arrested, cited, or convicted after completing this document but before receiving a CNMI cannabis license, you must immediately notify the CNMI Cannabis Commission and submit a revised Individual History form. Failure to do so may result in denial or cancellation

Part 2: Associations

1. Do you have a spouse or domestic partner? Yes No

If **yes**, your spouse or domestic partner must complete and submit an Individual History form with the application.

Name:

first/middle/last

2. List the business name or license number and address of any CNMI Cannabis License that you have applied for or received. This includes having a financial interest or ownership interest in a legal entity that applied or held the license.

Part 3: Document Checklist

An applicant/licensee must provide the CNMI Cannabis Commission with the following documents. The submission must be complete, clear and legible. Failing to include the required documents will delay the application process. Additional information or clarification regarding the details of the submission may be requested.

- Attach a copy of a valid government issued photo identification
- To satisfy residency requirements for a Cannabis License Application in accordance to 4 CMC § 53021, provide evidence of continued residency in the CNMI for 5 years immediately prior to the submission date of the corresponding cannabis application. CNMI annual 1040, Employment Verification, Voter's Certification Reports (VCR), and/or Certified Medical/Dental visit dates may be used to prove residency.

Part 4: Declarations

The applicant hereby certifies that all the information provided and all statements made on this application, as well as all documents submitted to support this application are unaltered and true. The applicant further agrees that any license issued in response to this form is accepted upon condition that full compliance with Title 4, Division 5, Chapter 21 of the Commonwealth Code and its rules and regulations now, or hereafter applicable, will be fully satisfied.

Signature:

Date:

MM/DD/YYYY

Name:

first/middle/last