



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CANNABIS COMMISSION**

P.O. BOX 500135 Saipan, MP 96950  
(670) 488-0420 | (670) 488-2627  
Email: [compliance@cnmicannabis.org](mailto:compliance@cnmicannabis.org)  
[www.cnmicannabis.org](http://www.cnmicannabis.org)

# APPLICATION FOR A COMMERCIAL CANNABIS LICENSE

**Before submitting your application packet to the CNMI Cannabis Commission, ensure that the following documents and information are included:**

1. Completed Commercial Cannabis Application
2. All Required Business Documents
3. All Required Individual History Forms
4. All Supporting Documents Listed in the Associated License Appendix
5. Completed Payment Confirmation Form
6. Copy of Receipt of Payment

For questions or concerns, email [compliance@cnmicannabis.org](mailto:compliance@cnmicannabis.org)

## ***FOR OFFICIAL USE ONLY***

Applicant Name: \_\_\_\_\_

Municipality: \_\_\_\_\_

Time Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_



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APPLICATION NO.
(INTERNAL USE ONLY)

CANNABIS LICENSE APPLICATION

Empty box for application number

Submitted to: CNMI CANNABIS COMMISSION

The undersigned hereby makes an application for the following type of commercial license as required by 4 CMC § 53036 of the Commonwealth Code. 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 of the Commonwealth Code and its rules and regulations.

PART 1: LICENSE TYPE (select one)

Note: This application is to be completed using the corresponding appendix for the selected license type.

Grid of license options: MARIJUANA PRODUCER (Class 1, 2, 3, Micro), MARIJUANA PROCESSOR, MARIJUANA LOUNGE (Class 1, 2), MARIJUANA WHOLESALER, MARIJUANA RETAILER. Each option includes a checkbox and a reference to the corresponding appendix.

PART 2: APPLICANT INFORMATION

Note: Refer to the corresponding appendix for the list of required business documents to be submitted with this application.

1. Applicant Type: [ ] Corporation [ ] Limited Liability Company [ ] Partnership [ ] Sole Proprietorship

2. Applicant Name:

Empty box for applicant name

3. Mailing Address:

Empty box for mailing address

3. Physical Address:

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

4. Email Address/  
Phone Number



(Number must be 10 digits)

**PART 3: CONTACT PERSON**

**Note:** The applicant authorizes the Contact Person to communicate with the Commission as the primary contact for the duration of the application process only.

Name:

Position:

Email Address:

Phone:

(Number must be 10 digits)

**PART 4: PREMISES**

**Note:** The applicant is responsible for obtaining zoning approval (if applicable) for the proposed premises location in adherence to 4 CMC § 53021

1. Premises

Establishment

Name:

(proposed premises names are subject to the CNMI Cannabis Commission approval)

2. Physical Address:

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

3. Lot Description  
(Lot Number):

This must include all areas as defined as "premises" consistent with 4 CMC § 53031

4. Phone:

(Number must be 10 digits)

5. Primary Contact  
for the Premises:

6. Does the applicant own or lease (real property)?

Yes

No

7. Does the applicant have a right to occupy the premises?

Yes

No

8. Proposed Opening Date:

9. Proposed Operational Hours:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

OPEN

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CLOSE

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**Note:** Premises hours of operation may be approved between 7:00 AM to 10:00 PM (unless otherwise restricted on your business license) with the exception of a Marijuana Lounge license, which may be approved for operating hours between 7:00 AM to 2:00 AM.

**PART 5: DECLARATIONS**

**Note:** The applicant should be submitted by an individual with the authority to bind the applicant and must be at least 21 years of age.

The applicant hereby certifies that all the information provided and all statements made on this application, as well as documents submitted to support this application are unaltered and true. The applicant further agrees that any license issued in response to this application 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:  Position:

Name:  Date:

First Name, Middle Name, Last Name MM/DD/YYYY

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**PART 6: PAYMENT INSTRUCTIONS**

1. Complete Part 1 and Part 2 of the **Commercial Cannabis License Payment Confirmation** form.

Bring this form and pay the required application fees at any of the locations indicated below. The agency receiving the fees will complete their section of the form.

**Authorized Payment Locations per Municipality:**

**SAIPAN:**

CNMI DOF – Treasury; CNMI DOF – Taxation and Revenue; or CNMI-DOF Division of Customs Seaport

**ROTA:**

CNMI DOF – Taxation and Revenue, Rota Branch

**TINIAN:**

CNMI DOF – Taxation and Revenue, Tinian Branch

2. Submit the completed **Commercial Cannabis License Application package** with the **Payment Confirmation** form and the receipt of payment to the CNMI Cannabis Commission.
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**PART 7: DECISION**

The CNMI Cannabis Commission Managing Director and/or their designee will review the commercial cannabis application packet in its entirety, including, all documents received to support this application, and any other relevant information pertaining to the decision of the license issuance.

The Managing Director and/or their designee will issue a written decision to the applicant approving or refusing to issue the commercial cannabis license.



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**COMMERCIAL LICENSE APPLICATION - PAYMENT CONFIRMATION**

**PART 1: APPLICATION TYPE AND FEE**

Select one of the following license application types and pay the associated application fee to an authorized payment location listed:

<u>LICENSE TYPE:</u>	<u>APP FEE:</u>
<input type="checkbox"/> Class 1 Marijuana Producer	\$500
<input type="checkbox"/> Class 2 Marijuana Producer	\$750
<input type="checkbox"/> Class 3 Marijuana Producer	\$1,000
<input type="checkbox"/> Micro Producer	\$250
<input type="checkbox"/> Marijuana Wholesaler	\$250
<input type="checkbox"/> Class 1 Marijuana Lounge	\$1,500
<input type="checkbox"/> Class 2 Marijuana Lounge	\$1,500
<input type="checkbox"/> Marijuana Retailer	\$1,000
<input type="checkbox"/> Marijuana Processor	\$1,000

**AUTHORIZED PAYMENT LOCATIONS**

Applicant must pay the associated application fee to one of the following payment locations prior to submitting your application the Commission

**SAIPAN:**

CNMI DOF – Treasury; CNMI DOF – Taxation and Revenue; or CNMI-DOF Division of Customs Services, Seaport

**ROTA:**

CNMI DOF – Taxation and Revenue, Rota Branch

**TINIAN:**

CNMI DOF – Taxation and Revenue, Tinian Branch

**PART 2: PAYER DETAILS**

Name of Applicant:

First Name, Middle Name, Last Name

Email Address:

Phone:

(Number must be 10 digits)

**PART 3: FOR OFFICIAL USE ONLY**

**OFFICIAL USE ONLY – PAYMENT CERTIFICATION**

The undersigned cashier certifies that the applicable fees have been paid and received as indicated below:

*Section to be completed by: Cashier, CNMI Department of Finance*

**TOTAL PAID:**

**\$**

**Charge Code/Account Number:**  
(for allocation of payment)

**CI001**

Commercial Cannabis  
APPLICATION FEE

Verified By:  
(Cashier Name)

Date:

MM/DD/YYYY

Receipt Number:

*Section to be completed by: CNMI CANNABIS COMMISSION*

Accepted By:  
(Employee Name)

Date:

MM/DD/YYYY

**Note: A completed Commercial Cannabis Application Payment Confirmation form and a copy of the official receipt of payment must be submitted with in your Commercial Cannabis Application packet upon submission to the CNMI Cannabis Commission.**