



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION

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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 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 interested, is required to complete this form as outlined (this includes the applicant’s spouse/domestic partner). Other individuals with a financial interest may need to complete this form, or as required by the Commission.

PART 1: INDIVIDUAL INFORMATION **Note:** If applicable, 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**, are you able to provide proof of CNMI residency for at least 5 years from to the date of the marijuana license application? Yes No

If **yes**, submit proof of residency as required under the document checklist section of this form.

4. Physical Address:

5. Email Address:

6. Phone Number:

7. Number must be 10 digits

8. Date of Birth

MM/DD/YYYY

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

If **yes**, attach a detailed explanation of the conviction.

Note: 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

Note: If you are arrested, cited, or convicted after submitting this document to the Commission, 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 of the application.

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.

2. If you are applying for other marijuana license(s) or have received a marijuana license(s), list the business name(s) and address(es). If applicable, list the corresponding license number(s). This includes having a financial interest or ownership 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 documentation. 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 this submission may be requested.

- 1. Photo Identification.** Attach a copy of a valid government issued photo identification (i.e. driver's license, passport, etc.)
- 2. Proof of Residency.** To satisfy the residency requirement for the Cannabis License Application in accordance with 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. Applicant may submit a copy of their CNMI Annual 1040 or Employment Verification.

3. Police Clearance. Applicants for a license or an individual that has an ownership interested, is required to submit a police clearance.

- Police clearance(s) must have an issuance date within the last two month from the date of this letter. In addition, if a person has resided in 2 (two) or more places within the past twelve (12) months, accumulating up to three (3) months or more, then the person shall submit police clearances from those locations.
- If you are a spouse or domestic partner that does not have ownership interest or financial interest in the proposed business or licensed business, you are not required to submit a police clearance with your individual history form.

PART 4: DECLARATIONS

The signee hereby certifies that all the information provided and all statements made on this Individual History form, as well as all documents submitted to support this application are unaltered and true. The signee 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