



**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
www.cnmicannabis.org

APPLICATION FOR THE HOMEGROWN MARIJUANA REGISTRY

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

1. Completed Homegrown Marijuana Registry Application
2. All Supporting Documents Identified in Part 5: Documents Checklist
3. Completed Homegrown Marijuana Registry Payment Confirmation Form
4. Copy of Receipt of Payment

For questions or inquiries, you may email: info@cnmicannabis.org

FOR OFFICIAL USE ONLY

Applicant Name: _____

Municipality: _____

Time Received: _____

Date Received: _____

Received By: _____



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APPLICATION NO.
(INTERNAL USE ONLY)

HOMEGROWN MARIJUANA REGISTRY
(NON-COMMERCIAL) APPLICATION

Submitted to: CNMI CANNABIS COMMISSION

The undersigned hereby makes an application for the Homegrown Marijuana Registry. 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 § 53012 .

Homegrown Marijuana Registry (HMR): 4 CMC § 53012 authorizes persons who are 21 years of age or older or medical marijuana patients to produce, process, keep, or store homegrown marijuana for personal (non-commercial) use at a household or cultivation site.

NEW APPLICANT RENEWAL

PART 1: APPLICATION INFORMATION

- 1. Applicant Name:
- 2. Date of Birth:
MM/DD/YYYY
- 3. Mailing Address:
- 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)

Note: The applicant is responsible for reporting any changes to the Applicant Information to the CNMI Cannabis Commission.

PART 2: HOUSEHOLD/CULTIVATION SITE INFORMATION

Note: Only one (1) HMR cardholder can be approved to cultivate homegrown marijuana per household or cultivation site. For example, if more than one cardholder resides at the same household, the other cardholder(s) must be approved for cultivation at another location. (e.g. farm)

Check One: Household Cultivation Site **Check One:** Rent Own

- 1. Village/Municipality of household or cultivation site:
- 2. Lot Description (Lot Number):

3. Physical Address:

4. Phone Number:

If different from Part 1
(Number must be 10 digits)

MINORS:

Do minors* reside at the household/cultivation site?

* Minors are considered persons who are under 21 years of age

Yes

No

If yes, indicate how many minors reside at the household/cultivation site:

PART 3: SECURITY MEASURES

1. Describe proposed security measures to ensure marijuana is inaccessible by persons under the age of 21. This excludes a medical marijuana patient that is under the age of 21. For purposes of illustration and not limitation, cultivating and storing marijuana and marijuana items in an enclosed, locked space that persons under 21 years of age (excluding a medical marijuana patient that is under the age of 21) does not possess a key to, constitute reasonable precautions.

2. Describe proposed security measures to ensure marijuana plants are cultivated in a location where the plants are not subject to public view. For purposes of illustrations and not limitation, this means without the use of binoculars, aircraft, or other optical aids.

PART 4: GROWING OPERATIONS

1. Describe proposed growing operations including type of growing media (e.g. soil, compost, hydroponics, etc.) and equipment to be used in production. Specify if the methods describes pertain to outdoor or indoor operations, or both.

PART 5: DOCUMENT CHECKLIST

The following documents must be submitted to the CNMI Cannabis Commission in addition to this completed application. The submission must be complete, clear and legible. Failing to include the required documents will delay the application processing. Additional information or clarification regarding the details of the submission may be requested.

- Submit a Map or Drawing of the Premises (household or cultivation site) including:**
 - Defined boundaries of the premises;
 - Name of village, municipality, street names, and other details of relative location

- If you are the owner of the household or cultivation site, provide Proof of Ownership/Proof of Right to Occupy Premises**
 - If you are the owner of the household or cultivation site, provide documentation in the form of a lease or deed showing fee simple, deed of gift, warranty deed, purchase and sale agreement, probate documents or certificate of title.

- If the household or cultivation site is a rental unit, provide the following:**
 - Letter agreement from the Landlord or Owner of the lot permitting the growing of marijuana on the premises.
 - Signed Rental Agreement with the Landlord or Owner

- If you are applying as a **medical marijuana patient**, you must submit:
 - A written, valid recommendation by a doctor or other medical authority to use marijuana in the treatment of a debilitating medical condition or any other medical condition.

PART 6: DECLARATION

Note: This application should be submitted by an individual that is 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 all documents submitted to support this application are unaltered and true. The applicant further agrees that the Homegrown Marijuana Registry Card 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:

Date:

MM/DD/YYYY

Name:

First Name, Middle Name, Last Name

PART 7: PAYMENT INSTRUCTIONS

1. Complete Part 1 and Part 2 of the **Homegrown Marijuana Registry Application 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 **Homegrown Marijuana Registry Application** with the **Homegrown Marijuana Registry Application Payment Confirmation** form and the receipt of payment (provided by the agency receiving the fees) to the CNMI Cannabis Commission.

PART 8: DECISION

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

This Managing Director and/or their designee will issue a written decision to the application regarding this application



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**HEMGROWN MARIJUANA REGISTRY APPLICATION
PAYMENT CONFIRMATION**

AUTHORIZED PAYMENT LOCATIONS

You 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 1: APPLICATION TYPE

Homegrown Marijuana Registry Application Fee

\$75

PART 2: PAYER DETAILS

Name of Applicant:

First Name, Middle Name, Last Name

Email Address:

Phone:

(Number must be 10 digits)

Note: A completed Homegrown Marijuana Registry Payment Confirmation form and a copy of the official receipt of payment must be attached to your Homegrown Marijuana Registry application upon submission to the CNMI Cannabis Commission.

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)

CI003

Homegrown Registration 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