



**GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
APPLICATION FOR MEDICAL CANNABIS LICENSE**

Application No _____

Status	Type of License
<input type="checkbox"/> New <input type="checkbox"/> Renewal	<input type="checkbox"/> Type 1 Commercial Cultivation <input type="checkbox"/> Type 2 Commercial Cultivation <input type="checkbox"/> Type 3 Commercial Cultivation <input type="checkbox"/> Commercial Manufacturer <input type="checkbox"/> Dispensary <input type="checkbox"/> Laboratory <input type="checkbox"/> Designated Caregiver

Designated Caregiver/Authorized Responsible Official:	Business:
Name:	Legal Name:
Guam Mailing Address:	Physical Address:
Email Address:	Mailing Address:
Telephone Number:	Telephone Number:

List all Legal Owner(s), Officers, Board Members, (If more space needed, please attach additional paper)		
Name	Title	Mailing Address

I attest that the information provided is accurate and I understand that the issuance of the Medical Cannabis License is contingent upon compliance with P.L. 33-220, P.L. 34-80, and P.L. 34-125 and after the license is issued, it may be suspended or revoked for failure to comply with provisions of the law and applicable rules and regulations. The **non-refundable** payment may be made by cash or check payable to "**Treasurer of Guam**".

Signature of Applicant/Date

THIS APPLICATION DOES NOT AUTHORIZE THE BUSINESS TO OPERATE

Checklist of Required Documents	For Official Use Only Date Received/Initials
1. Verification of Identity (Government issued photo identification)	
2. Mayor's Verification/Proof of Guam Residency	
3. Police Clearance (for all owners, officers and board members)	
4. Court Clearance (for all owners, officers and board members)	
5. Attorney General Clearance (for all owners, officers and board members)	
6. Map of the proposed location of the medical cannabis business from the Department of Land Management	
7. Affirmation that the proposed medical cannabis business is not within a Drug Free School Zone	
8. Proof that the applicant has legal title filed with Department of Land Management on which the proposed medical cannabis business will be located, or has a legal lease agreement with property owner that includes consent to operate the proposed medical cannabis business on the property	
9. Proof that the propose facility is registered with the Department of Revenue and Taxation and has a business license and Business Privilege Tax Number with the Department of Revenue and Taxation.	
10. Affirmation that the proposed medical cannabis business has 51% ownership by legal residents of Guam.	
11. Copy of operating procedures addressing equipment handling and sanitation procedures, procedures to ensure the use of adequate security measures, and the use of inventory control system	
12. Certified statement that none of the persons who are proposed to be owners, officers, or board members of the proposed medical cannabis business have served as an owner, officer, or board member for a licensed medical cannabis business that has had its license revoked within three (3) years of the current application date	
13. Proof that none of the persons who are proposed to be owners, officers, or board members of the proposed licensed medical cannabis business are under 21 years of age	
14. Declaration that the proposed licensed medical cannabis business will not knowingly employ a person who was convicted of a felony offense, is under the age of 21, or who may have a conflict of interest as a practitioner providing written certification to a qualified patient for the use of medical cannabis	
15. Certified letter from the planning department of the Department of Land Management stating that the location of the facility meets all zoning requirements.	
16. A plan for sufficient equipment to monitor temperature, ventilation, humidity control equipment and any other necessary equipment that preserves the integrity of the medical cannabis, prepared medical cannabis, medical cannabis product, and the safety of patients and operations.	
17. Payment of the non-refundable application fee .	

Type of License	Non-Refundable Application Fee
Type 1 Cultivation License	\$2,000
Type 2 Cultivation License	\$5,000
Type 3 Cultivation License	\$10,000
Designated Caregiver Cultivation License	\$10/patient
Commercial Manufacturing Facility	\$5,000
Dispensary	\$5,000
Medical Cannabis Testing Laboratory	\$2,000

Commercial Cultivation Licenses

Type I Commercial Cultivation License – for cultivation of less than or equal to 2,500 square feet of canopy on single premises

Type 2 Commercial Cultivation License - for cultivation of 2,501-5,000 square feet of canopy on single premises

Type 3 Commercial Cultivation License - for cultivation of 5,001-10,000 square feet of canopy on single premises

Designated Caregiver Commercial Cultivation License

Definitions

Responsible Official is a president, vice-president, secretary, or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation. **Commercial Cultivation Facility** is a licensed business that plants, grows harvests, dries, cures, grades, and trims medial cannabis. **Commercial Manufacturing Facility** is a licensed person or licensed organization that conducts the production, preparation or compounding of manufactured medical cannabis, as described in the law, or prepared medical cannabis. **Dispensary** is a licensed facility where medical cannabis, medical cannabis products, or paraphernalia are offered, either individually or in any combination, for retail sale, including an establishment that delivers, pursuant to express authorization by local ordinance, medical cannabis and prepared medical cannabis as part of a retail sale. **Testing Lab** is a facility that is able to test samples of medical cannabis to accurately determine its content.