

| Checklist of Required Documents to obtain Medical Cannabis License   |
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| <b>Mayor's Verification/Proof of Guam Residency</b> of at least 6 months on Guam (for owners and/or Authorized Responsible Official)   |
| <b>Police Clearance</b> (for all owners, officers and board members)   |
| <b>Court Clearance</b> (for all owners, officers and board members)  |
| <b>Attorney General Clearance</b> (for all owners, officers and board members)   |
| <b>Affirmation</b> that the proposed medical cannabis business is not within a Drug Free School Zone   |
| <b>Proof</b> 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                                       |
| <b>Proof</b> 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.   |
| <b>Affirmation</b> that the proposed medical cannabis business has 51% ownership by legal residents of Guam  |
| <b>Copy</b> 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   |
| <b>Certified statement</b> 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 |
| <b>Proof</b> 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   |
| <b>Declaration</b> 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                  |
| <b>Certified letter</b> from the planning department of the Department of Land Management stating that the location of the facility meets all zoning requirements.   |
| A <b>plan</b> 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.   |

| Required Agency Clearancesto obtain Permit to Operate |
|---|
| DPHSS Division of Environmental Health                |
| Department of Agriculture                             |
| Department of Land Management                         |
| Department of Revenue and Taxation                    |
| Department of Public Works                            |
| Guam Environmental Protection Agency                  |
| Guam Fire Department                                  |

Government of Guam  
 Department of Public Health and Social Services



Medical Cannabis  
 License and Registry  
 Identification Card  
 Requirements and Fees

**"The Joaquin (KC) Concepcion, II Compassionate Cannabis Use Act of 2013"**


**Types of Medical Cannabis Business**



- Commercial Cultivation Facility
- Commercial Manufacturing Facility
- Dispensary
- Testing Laboratory



| <b>FEES</b>                | <b>*License Application</b> | <b>*License New</b> | <b>License Renewal</b> | <b>*Permit Application</b> | <b>*Permit New</b> | <b>Permit Renewal</b> |
|----------------------------|-----------------------------|---------------------|------------------------|----------------------------|--------------------|-----------------------|
| <b>Type I Cultivator</b>   | <b>\$2000</b>               | <b>\$3000</b>       | <b>\$3000</b>          | <b>\$2000</b>              | <b>\$2000</b>      | <b>\$2000</b>         |
| <b>Type II Cultivator</b>  | <b>\$5000</b>               | <b>\$5000</b>       | <b>\$7500</b>          | <b>\$5000</b>              | <b>\$5000</b>      | <b>\$5000</b>         |
| <b>Type III Cultivator</b> | <b>\$10000</b>              | <b>\$10000</b>      | <b>\$15000</b>         | <b>\$15000</b>             | <b>\$15000</b>     | <b>\$15000</b>        |
| <b>Manufacturer</b>        | <b>\$5000</b>               | <b>\$5000</b>       | <b>\$5000</b>          | <b>\$5000</b>              | <b>\$5000</b>      | <b>\$5000</b>         |
| <b>Dispensary</b>          | <b>\$5000</b>               | <b>\$5000</b>       | <b>\$5000</b>          | <b>\$5000</b>              | <b>\$5000</b>      | <b>\$5000</b>         |
| <b>Testing Lab</b>         | <b>\$2000</b>               | <b>\$2000</b>       | <b>\$2000</b>          | <b>\$2000</b>              | <b>\$2000</b>      | <b>\$2000</b>         |



**Types of Registry Identification Cards**

Qualified Patient  
Primary Caregiver  
Responsible Official  
Employees  
Designated Courier

| <b>FEES</b>   | <b>Initial Fee</b> | <b>Annual Fee</b> | <b>Replace Fee</b> |
|---|--------------------|-------------------|--------------------|
| <b>Qualified Patient</b>                                    | <b>\$15</b>        | <b>\$10</b>       | <b>\$10</b>        |
| <b>Primary Caregiver</b>                                    | <b>\$100</b>       | <b>\$75</b>       | <b>\$10</b>        |
| <b>Responsible Officials or Employees</b>                   | <b>\$1000</b>      | <b>\$750</b>      | <b>\$10</b>        |
| <b>Designated Courier</b>                                   | <b>\$200</b>       | <b>\$175</b>      | <b>\$10</b>        |
| <b>Authentication of Practitioner Written Certification</b> | <b>\$1</b>         | <b>\$1</b>        | <b>\$1</b>         |

| <b>REQUIRED DOCUMENTS</b>                    |
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| <b>Qualified Patient</b>                     |
| Written Certification from Practitioner      |
| <b>Primary Caregiver</b>                     |
| Police Clearance                             |
| Court Clearance                              |
| Written Designation from Qualified Patient   |
| Primary Caregiver Registration               |
| Birth Certificate/Adoption/Court Order       |
| <b>Responsible Official/Courier/Employee</b> |
| Mayor's Verification/Proof of Guam Residency |
| Police Clearance                             |
| Court Clearance                              |
| Attorney General Clearance                   |