

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

License No: _____
Issue Date: _____

Expiration Date: _____
Reapply Date: _____

License Holder:
(Legal Name of Business)

Type of License:

Medical Cannabis Business Physical Location: _____

Telephone Number: _____

Name Authorized Responsible Official: _____

Mailing Address: _____

JAMES W. GILLAN
Director

Email Address: _____ Telephone No _____

This license is granted upon the expressed provision of P.L. 33-220 that the Holder thereof will comply in all respects with all applicable provisions of 10 GCA and Rules and Regulations promulgated thereto.

Non-Transferrable. Display license at all times in a conspicuous place designated by the Department of Public Health and Social Services

RECEIVED BY: Print _____ Signature & Date _____

The medical cannabis license is **non-transferable** and is only **valid for one year** from date of issue.

The medical cannabis business must have **at least 51% ownership** by legal Guam resident who have maintained continuous legal residential address or addresses on Guam for a period of no less than 3 years prior to application for a medical cannabis business license.

All applications or annual renewals for a license must be submitted to the Department of Public Health and Social Services.

Failure to renew license will result in the forfeiture of medical cannabis, prepared medical cannabis, and medical cannabis product.

Type of License	New License Fee	Renewal License Fee
Type 1 Cultivation License	\$3,000	\$3,000
Type 2 Cultivation License	\$5,000	\$7,500
Type 3 Cultivation License	\$10,000	\$15,000
Commercial Manufacturing Facility	\$5,000	\$5,000
Dispensary	\$5,000	\$5,000
Medical Cannabis Testing Laboratory	\$2,000	\$2,000

Revised 1/2017