



# COMPASSION CENTER RENEWAL APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF MEDICAL MARIJUANA

SFN 61852 (7/2020)

## Form A: Compassion Center Information

### TO BE COMPLETED BY APPLICANT

Legal Name		
Name of Compassion Center (If different than above)		
Street Address of Compassion Center	City	ZIP Code

### Applicant Contact Information

Last Name	First Name	MI	Telephone Number
Address	City	State	ZIP Code

### ATTACHMENTS TO FORM A

Submit the following attachments via email as separate attachments in PDF format.

Check if Attached:

- Organizational chart
- Operational manual
- Financial statements for the last two years (one year if two years are not available) or the last five quarterly financial statements
- Articles of Incorporation or Articles of Organization of the compassion center
- Bylaws or Operating Agreement of the compassion center (including requirements of NDCC Section 19-24.1-28)
- Evidence of the compassion center's certificate of good standing

## Form B: Member Information

Must be completed for each principal officer, board member, member-manager, manager, or governor of the compassion center

INDIVIDUAL A					
Last Name		First Name		MI	
Address		City		State	ZIP Code
Date of Birth	Individual A consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please mark yes or no and provide other information as requested.	
Has Individual A been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual A been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual A ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.	

INDIVIDUAL B					
Last Name		First Name		MI	
Address		City		State	ZIP Code
Date of Birth	Individual B consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No				

Please mark yes or no and provide other information as requested.	
Has Individual B been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual B been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual B ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.	

INDIVIDUAL C			
Last Name		First Name	MI
Address		City	State ZIP Code
Date of Birth	Individual C consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please mark yes or no and provide other information as requested.
Has Individual C been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual C been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual C ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

INDIVIDUAL D			
Last Name		First Name	MI
Address		City	State ZIP Code
Date of Birth	Individual D consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please mark yes or no and provide other information as requested.
Has Individual D been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual D been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual D ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

INDIVIDUAL E			
Last Name		First Name	MI
Address		City	State ZIP Code
Date of Birth	Individual E consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please mark yes or no and provide other information as requested.**

Has Individual E been convicted of a felony?  Yes  No

Has Individual E been convicted of a drug-related misdemeanor offense within the last five years?  Yes  No

Has Individual E ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?  Yes  No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

**INDIVIDUAL F**

Last Name	First Name	MI	
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Address	City	State	ZIP Code
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Date of Birth	Individual F consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Please mark yes or no and provide other information as requested.**

Has Individual F been convicted of a felony?  Yes  No

Has Individual F been convicted of a drug-related misdemeanor offense within the last five years?  Yes  No

Has Individual F ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?  Yes  No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

**INDIVIDUAL G**

Last Name	First Name	MI	
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Address	City	State	ZIP Code
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Date of Birth	Individual G consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Please mark yes or no and provide other information as requested.**

Has Individual G been convicted of a felony?  Yes  No

Has Individual G been convicted of a drug-related misdemeanor offense within the last five years?  Yes  No

Has Individual G ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?  Yes  No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

### INDIVIDUAL H

Last Name		First Name		MI	
Address		City		State	ZIP Code
Date of Birth:	Individual H consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No				

### Please mark yes or no and provide other information as requested.

Has Individual H been convicted of a felony?  Yes  No

Has Individual H been convicted of a drug-related misdemeanor offense within the last five years?  Yes  No

Has Individual H ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?  Yes  No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

### INDIVIDUAL I

Last Name:		First Name:		MI	
Address		City		State	ZIP Code
Date of Birth:	Individual I consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No				

### Please mark yes or no and provide other information as requested.

Has Individual I been convicted of a felony?  Yes  No

Has Individual I been convicted of a drug-related misdemeanor offense within the last five years?  Yes  No

Has Individual I ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?  Yes  No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

INDIVIDUAL J			
Last Name		First Name	MI
Address		City	State ZIP Code
Date of Birth	Individual J consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please mark yes or no and provide other information as requested.
Has Individual J been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual J been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual J ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

INDIVIDUAL K			
Last Name		First Name	MI
Address		City	State ZIP Code
Date of Birth	Individual K consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please mark yes or no and provide other information as requested.
Has Individual K been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual K been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Individual K ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

INDIVIDUAL L			
Last Name		First Name	MI
Address		City	State ZIP Code
Date of Birth	Individual L consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please mark yes or no and provide other information as requested.**

Has Individual L been convicted of a felony?  Yes  No

Has Individual L been convicted of a drug-related misdemeanor offense within the last five years?  Yes  No

Has Individual L ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?  Yes  No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

### Form C: Ownership and Capital Information

List all individual & business entities having direct or indirect authority over the management or policies of the compassion center.
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

List all individuals and business entities having an ownership interest in the compassion center, whether direct or indirect.	Ownership interest is in: (check all that apply)
1.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
2.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
3.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
4.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
5.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
6.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
7.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
8.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
9.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
10.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building



### Form C: Ownership and Capital Information

List the identity of any creditor holding a security interest in the compassion center premises.	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

List the amount of capital and source of funds that will be used for the compassion center operations.		
Type/Category of Capital (i.e. cash, cash equivalents, pledges, etc.)	Source of Funds (i.e. investors, board members, governors, etc.)	
1.	1.	Amount
2.	2.	Amount
3.	3.	Amount
4.	4.	Amount
5.	5.	Amount
6.	6.	Amount
7.	7.	Amount
8.	8.	Amount
9.	9.	Amount
10.	10.	Amount
		Total Amount

## Form D: Attestation Form

By signing below, I hereby certify and affirm that all information included in my application is true, correct, accurate, and free from any falsifications. I understand providing false information is a violation of North Dakota state laws and is grounds for not being eligible for registration.

Printed Name	
Signature of Applicant	Date Signed

State of	County of
Signed and sworn to (or affirmed) before me this	Date

Name(s) of Individual(s) Making Statement
Signature of Notary Public or Other Authorized Officer
Commission Expiration Date