CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION · MEDICAL MARIJUANA PROGRAM

CULTIVATING CAREGIVER LICENSE APPLICATION

Form DCP-MMP-CCL-1 · Draft for legislative consideration. This is a model form prepared to accompany proposed legislation. It is not an official form of the Department of Consumer Protection and has not been reviewed or approved by the department. Section references are to the raised bill.

SECTION 1 · APPLICANT

Last name | First name | Middle initial | Date of birth

Residence address | Town | ZIP

Telephone | Email | Connecticut resident since

SECTION 2 · ELIGIBILITY

- ☐ I am twenty-one (21) years of age or older.
- ☐ I am a resident of the State of Connecticut.
- ☐ I consent to a state and national criminal history records check conducted in accordance with section 29-17a of the general statutes.
- ☐ I have not been convicted of a felony an element of which is the use, attempted use or threatened use of physical force against another person.
- ☐ I have not been convicted of a felony involving the unlawful use, possession, sale or transfer of a firearm.
- ☐ I have completed the cultivation, handling and storage education module made available by the department at no cost.

CONVICTIONS THAT DO NOT DISQUALIFY

Under section 4(c) of the act, no conviction for an offense involving a controlled substance constitutes a basis for denial, suspension or revocation of a license. You are not required to disclose any such conviction on this application.

SECTION 3 · CULTIVATION SITE

Cultivation site address | Town | ZIP

- ☐ The site is my primary residence, or the primary residence of a designated qualifying patient listed in Section 4.
- ☐ The site is secure from access by any individual other than me, a resident of the residence, or a designated qualifying patient.
- ☐ I cultivate at this site only. I do not cultivate at any other site.

If any cultivation occurs outside the walls of a dwelling unit, complete the following:

- ☐ The area is enclosed by a fence, wall, hedge or similar barrier of not less than six (6) feet in height, or by an accessory structure, greenhouse or similar enclosure.
- ☐ The enclosure is secured by a lock or comparable device against entry by any person other than a resident of the primary residence, a designated qualifying patient, or me.
- ☐ The property is owned by me, or I have attached the written consent of the owner.
- ☐ I will take reasonable measures to mitigate odor, including siting and, for indoor cultivation, filtration.

SECTION 4 · DESIGNATED QUALIFYING PATIENTS (MAXIMUM FIVE)

List each qualifying patient who has designated you as their cultivating caregiver. A completed Patient Designation Form (DCP-MMP-CCL-2) must be attached for each patient listed. A patient may revoke a designation at any time, effective on filing.

#	Patient name	MMP registration no.	Designation filed (date)
1			

2	
3	
4	
5	

HOW YOUR PLANT LIMIT IS CALCULATED

Section 4(b)(2) of the act authorizes not more than **six mature and twelve immature cannabis plants per designated qualifying patient**, subject to a total mature plant canopy of five hundred (500) square feet. Propagules — cannabis seeds and unrooted cuttings — are incidental cannabis material and are **not counted** toward any plant limit. An immature plant is a rooted, non-flowering plant of not more than eighteen (18) inches in height; a plant that is flowering or exceeds eighteen inches is a mature plant.

HOW MUCH CANNABIS YOU MAY POSSESS

Section 4(b)(4) of the act sets no weight limit. You may possess cannabis harvested from the plants you are licensed to cultivate, provided it is stored at the cultivation site and secured from access by anyone other than you, a resident of the residence, or a designated qualifying patient. **Your plant count is the limit.** No additional cannabis may be acquired from any other source for distribution to your patients. Cannabis in the course of drying, curing or processing is incidental cannabis material and is not counted.

Number of designated patients	Mature plants authorized (6 × patients)	Immature plants authorized (12 × patients)

SECTION 5 · CULTIVATION LEVEL AND ANNUAL FEE

Select ONE tier. You may register by plant count or by canopy, not both. Plant counts remain subject to the per-patient limits in Section 4 above.

Tier	Cultivation authority	Annual fee
☐ A	Up to 6 mature / 12 immature cannabis plants	$240
☐ B	Up to 12 mature / 24 immature cannabis plants	$480
☐ C	Up to 18 mature / 36 immature cannabis plants	$720
☐ D	Up to 24 mature / 48 immature cannabis plants	$960
☐ E	Up to 30 mature / 60 immature cannabis plants	$1,200
☐ F	500 sq. ft. mature canopy / 1,000 sq. ft. immature canopy	$1,500

SECTION 6 · FEE WAIVER AND FINANCIAL ASSISTANCE

Tier A fee waiver. Section 5(c) of the act requires the commissioner to waive the Tier A fee for the following. Check if applicable:

☐ I am a veteran, as defined in section 27-103 of the general statutes.

☐ I am a first responder, as defined in section 4(a) of the act, whether active or retired.

☐ I am a direct care health care worker, as defined in section 4(a) of the act.

☐ I am the spouse, parent, child or legal guardian of a designated qualifying patient listed in Section 4.

Connecticut Compassionate Care Fund assistance. Section 9 of the act establishes a fund to assist applicants who demonstrate financial need with the cost of the criminal history records check, the annual fee, the laboratory testing copayment, and cannabis obtained from a dispensary facility or hybrid retailer. Financial need is presumed if you check any box below.

☐ I am enrolled in the Medicaid program.

- ☐ I receive benefits under the supplemental nutrition assistance program (SNAP).
- ☐ I receive Supplemental Security Income (SSI).
- ☐ I receive Social Security Disability Insurance (SSDI).
- ☐ I request assistance from the Connecticut Compassionate Care Fund.

SECTION 7 · SUPPLEMENTAL DOCUMENTS

Attach the following. Incomplete applications are not processed.

- ☐ Copy of state-issued photographic identification.
- ☐ Completed Patient Designation Form (DCP-MMP-CCL-2) for each patient listed in Section 4.
- ☐ Written consent of the property owner, if you are not the owner of the cultivation site.
- ☐ Certificate of completion for the cultivation, handling and storage education module.
- ☐ Criminal history records check authorization form.
- ☐ Documentation supporting a fee waiver or Compassionate Care Fund request, if claimed in Section 6.

SECTION 8 · FEE PAYMENT

Fees are annual and non-refundable. Under section 5(b) of the act, fifty per cent of each fee is deposited with the department for administration of the licensing program and the voluntary laboratory testing program, limited to the department's documented administrative cost, and fifty per cent is deposited in the Connecticut Compassionate Care Fund. Any amount above the department's documented cost is also transferred to the fund. **No portion of any fee collected under the act may be used for enforcement.**

Tier selected (A–F) Annual fee Waiver applied (Y/N) Total enclosed Method of payment

SECTION 9 · ATTESTATION AND SIGNATURE

I understand and agree to provide documents, if requested, to clarify or support the information provided in this application. I understand that the department may verify the information I have given, except as limited by the confidentiality provisions applicable to the Medical Marijuana Program and by section 4(c) of the act. I affirm that if I have given incorrect or incomplete information, my license may be denied, suspended or revoked. I understand that I may not sell cannabis, advertise or offer cannabis for sale, or distribute cannabis to any person other than a designated qualifying patient or that patient's caregiver. I understand that I may receive reimbursement only for documented costs actually incurred, that I must retain such records for two years, and that such reimbursement does not constitute the sale of a controlled substance. I certify that all answers and supporting information provided in this application are true, accurate and complete to the best of my knowledge.

Signature of applicant Printed name Date

YOUR RIGHTS UNDER THE ACT

Section 7(d) provides that nothing in the act authorizes entry into a dwelling or onto its curtilage by the department without a warrant issued upon probable cause or your voluntary written consent. Section 7(e) provides that possession of, or application for, a license is not evidence of unlawful conduct and may not support the issuance of a search warrant, and that no federal registration is required. License information is confidential and not subject to disclosure under section 1-210 of the general statutes, except that the department may confirm to a law enforcement officer, on inquiry about a specific address or individual, solely whether a current license exists.