



<p>Application checklist</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Two recent (2) Passport photos (2"x2") <input type="checkbox"/> Photocopy of U.S., State, or District government-issued photo ID <input type="checkbox"/> Application fee (paid by certified check, money order or cashier's check payable to DC Treasurer) <input type="checkbox"/> \$25.00 (Submit proof of low income) <input type="checkbox"/> \$100.00 <input type="checkbox"/> Two (2) forms of proof of residency <input type="checkbox"/> Electronic Healthcare Practitioner Recommendation
<p>Patient's Attestation Signature and Date</p>	<p>Limitation of Liability – The District of Columbia shall not be liable to the registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia's medical cannabis program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical cannabis cultivation center and/or dispensary; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.</p> <p>Federal Prosecution - The United States Congress has determined that cannabis is a controlled substance and has placed cannabis in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing cannabis in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical cannabis program will not excuse any registrant from any violation of the federal laws governing cannabis or authorize any registrant to violate federal laws.</p> <p>I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. I acknowledge receipt and advisement of the notices above, and I agree to and accept the limitation of liability against the District. I assume any and all risk or liability that may result under the District of Columbia or federal laws arising from the possession, use, or cultivation, administration, or dispensing of medical cannabis. I understand that the medical cannabis laws and enforcement thereof of the District of Columbia and the federal government are subject to change at any time. I sign this attestation willingly and without reservation and am fully aware of its meaning and effect.</p> <p>_____</p> <p>Patient's Signature _____ Date</p> <p style="text-align: center;">All fees are non-refundable</p>



PROOF OF RESIDENCY

In order to qualify for the Medical Cannabis Program, you must be a resident of the District of Columbia. For purposes of this requirement, a patient shall be a resident of the District of Columbia if the individual: (a) is physically present in the District of Columbia; (b) has taken verifiable actions to make the District his or her home indefinitely with no present intent to reside elsewhere; and (c) is not merely present in the District for the sole purpose of obtaining medical cannabis.

To prove District of Columbia residency, applicants must submit at least **TWO (2)** of the following items in the name of the applicant. Check two forms of proof of residency from the list below and attach the according documents to the application.

- ___ Proof of payment of District of Columbia personal income tax, in the name of the applicant, for the tax period closest in time to the application date
- ___ A property deed for a District of Columbia residence showing the applicant as an owner or co- owner
- ___ A valid unexpired lease or rental agreement in the name of the applicant on a District of Columbia residential property
- ___ A pay stub issued less than forty-five (45) days prior to the application date which shows evidence of the applicant's withholding of District income tax
- ___ A voter registration card with an address in the District of Columbia
- ___ Current official documentation of financial assistance received from the District Government including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income (SSI), housing assistance, or other governmental programs
- ___ A current motor vehicle registration in the name of the applicant evidencing District residency
- ___ A valid unexpired District motor vehicle operator's permit or other official non-driver identification in the name of the applicant
- ___ A utility bill (excluding telephone bill) from a period within the two (2) months immediately preceding the application date in the name of the applicant on a District of Columbia residential address
- ___ Any other reasonable form of verification deemed by the Alcoholic Beverage Regulation Administration or the Alcohol Beverage Control Board or their designated agent to demonstrate proof of current residency