



**Government of the District of Columbia  
Alcoholic Beverage Regulation Administration  
Division of Medical Cannabis Program**

**Renewal Application for Facility Registration**

**Facility Type:**

**Cultivation Center: Renewal Fee \$11,000.00**

**Dispensary: Renewal Fee \$16,000.00**

**Facility Name:**

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**Facility Street Address:**

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**Suite/Unit/Apt:**

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**City/ State/ Zip Code:**

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**Facility Telephone:**

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**Fax Number:**

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**Facility Email:**

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**Facility Website:**

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**Primary Contact  
Name:**

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**Address:**

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**Suite/Unit/Apt:**

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**City/ State/ Zip Code:**

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Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical Cannabis Program Cultivation  
Center/Dispensary Acknowledgement  
and Attestation Form**

This form must be signed and notarized as part of the application renewal process.

\_\_\_\_\_ The undersigned applicant has not been convicted of any felony before filing the application.

\_\_\_\_\_ The undersigned applicant has not been convicted of a misdemeanor for a drug-related offense before filing the application.

\_\_\_\_\_ The undersigned applicant is not a person whose authority to be a caregiver or qualified patient has been revoked by ABRA.

\_\_\_\_\_ The undersigned applicant certifies that the business does not owe more than \$100.00 to the District of Columbia government as a result of:

- A. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
- B. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
- C. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
- D. Past due taxes.

The undersigned applicant understands that if he/she knowingly falsifies this Certification, ABRA will move to revoke the license or permit for which he/she is applying, and will impose a fine of \$1,000.00. He/she further understands that ABRA may conduct an investigation to ascertain the veracity of this Certification. The undersigned applicant understands that this Certification is now required as documentation to accompany his/her application for a license or permit, and that by completing this Certification, he/she is not guaranteed that the license or permit will be approved. Please read carefully and completely before signing. A false statement on this certification requires that ABRA proceed immediately to revoke the license or permit for which the undersigned applicant is now applying and fine him/her \$1000.00. This certificate is required by the "CLEAN HANDS"



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BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

\_\_\_\_\_ The undersigned applicant attests that he/she has read the Legalization of Marijuana for Medical Treatment Initiative of 1999 (Act), effective July 27, 2010, the DC Municipal Regulations for the Medical Marijuana Program, and has knowledge of District and federal laws and regulations relating to cannabis and medical Cannabis.

\_\_\_\_\_ The undersigned applicant assumes any and all risk or liability that may result under District of Columbia and federal laws and regulations from the operation of a medical Cannabis cultivation center and/or dispensary.

\_\_\_\_\_ The undersigned applicant acknowledges that he/she understands that the medical cannabis laws and enforcement thereof of the District of Columbia and the Federal government are subject to change at any time and that the District of Columbia shall not be liable as a result of these changes;

\_\_\_\_\_ The undersigned applicant attests to the fact that the applicant is the true and actual owner of the business for which the registration is sought; the applicant intends to carry on the business for the entity identified in the application and not as the agent of any other individual, partnership, association, or corporation not identified in the application; and the registered establishment will be managed by the applicant in person or by a registered manager approved by the ABC Board.

\_\_\_\_\_ The undersigned attests that the applicant understands and is aware that a cultivation center's and/or dispensary's registration may be revoked at any time for the convenience of the District pursuant to the regulations.

\_\_\_\_\_ The undersigned specifically acknowledges receipt and advisement of the notices below.

\_\_\_\_\_ The undersigned agrees to and accepts the limitation of liability against the District, and the requirement to indemnify, hold harmless, and defend the District.

(a) **Limitation of Liability** – The District of Columbia shall not be liable to 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.



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(b) **Indemnification, Hold Harmless and Defense Obligations** – Registrant hereby indemnifies and holds the District of Columbia, its officers, directors, employees, affiliates and agents ("**Indemnified Parties**") harmless and shall defend the Indemnified Parties (with counsel satisfactory to District of Columbia) from and against any and all losses, costs, damages, liabilities, expenses, claims and judgments (including, without limitation, attorney's fees and court costs) suffered by or claimed against the Indemnified Parties, directly or indirectly, based on, arising out of or resulting from (i) registrant's establishment and operation of a cultivation center and/or dispensary in the District's medical cannabis program, (ii) the negligence or willful misconduct of registrant or its employees, contractors, agents, licensees, guests or invitees, (iii) any breach or default by registrant in the performance or observance of its covenants or obligations under this registration, or (iv) any violations of law by registrant or its employees, contractors, agents, licensees, guests or invitees.

(c) **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.

\_\_\_\_\_The undersigned applicant certifies that the application is complete and accurate.

Any person who knowingly makes a false statement on an application, or in any accompanying statement under oath that ABRA may require, shall be guilty of the offense of making false statements. The making of a false statement, whether made with or without the knowledge or consent of the applicant, shall, at the discretion of the ABC Board, constitute sufficient cause for denial of the application or revocation of the registration. The making of false statements shall also constitute the basis for a criminal offense under D.C. Official Code § 22-2514.



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\_\_\_\_\_The undersigned chooses to sign this attestation willingly and without reservation and is fully aware of its meaning and effect.

Signature of Applicant: \_\_\_\_\_

Print Name:\_\_\_\_\_

Company Name:\_\_\_\_\_

Title:\_\_\_\_\_

Date:\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires:\_\_\_\_\_

Notary Signature and Seal:\_\_\_\_\_

- If the applicant is a sole proprietor, the individual must sign.
- If the applicant is a partnership, each partner must sign a copy of this document and submit a copy of the partnership agreement.
- If the applicant is a corporation, the President or Vice President must sign.
- If the applicant is an LLC, each of the managing member(s) must sign a copy of this document.
- If the applicant is a Limited Partnership, each of the general partner(s) must sign a copy of this document.