



## MOFGA Certified Clean Cannabis (MC3) APPLICATION - PART 1

Print or type all information legibly. All questions must be answered. Applications will be returned if incomplete or illegible. If a question does not apply to your operation, enter N/A.

### SECTION 1: APPLICANT BASIC CONTACT INFORMATION

1.1 Operator name(s) (1) \_\_\_\_\_

(2) \_\_\_\_\_

*Limit of 2 names on certificate. Person in charge of day-to-day operations should be one of the names above. Name listed first will be the principal contact for this operation in our database. At least one of the individuals listed must be present and lead the annual inspections.*

1.2 Company name: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

County: \_\_\_\_\_

1.3. Phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

1.4. Email: \_\_\_\_\_

1.5. Additional Email: \_\_\_\_\_

1.6. Physical address (if different from mailing address)

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1.7. Legal Status:  Sole Proprietorship  Trust/Non-Profit  Corporation  Cooperative  
 Legal Partnership  Other: \_\_\_\_\_

1.8 State of Maine Caregiver License ID: \_\_\_\_\_

1.9 State of Maine Hemp License ID: \_\_\_\_\_

1.10 Please provide driving directions to your farm and processing facility for our inspector. Please also attach a map.

## SECTION 2: APPLICANT BASIC MARKETING INFORMATION

2.1 Please list the all the Cannabis products you produce for sale to patients.

2.2 Please list all the Cannabis products for which you seek MC3 certification.

2.3 How do you grow your plants? Check all that apply.  Outdoor grow  Indoor grow

2.4 How do you market your services and products? Check all that apply.

- Business card       Brochure or catalog  
 Print ads                       Website/Internet       Trade-shows       Word of mouth  
 Other. Please describe: \_\_\_\_\_

**Please proceed to the next applicable application for indoor and outdoor production**