



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CANNABIS COMMISSION**

P.O. BOX 500135 Saipan, MP 96950  
(670) 488-0420

[www.cnmicc.com](http://www.cnmicc.com)

# APPLICATION FOR THE HOMEGROWN MARIJUANA REGISTRY

**Before submitting your application packet to the CNMI Cannabis Commission, ensure that the following documents and information are included:**

1. Completed Homegrown Marijuana Registry Application
2. All Supporting Documents Identified in Part 4: Documents Checklist
3. Completed Homegrown Marijuana Registry Payment Confirmation Form
4. Copy of Receipt of Payment

## ***FOR OFFICIAL USE ONLY***

Applicant Name: \_\_\_\_\_

Municipality: \_\_\_\_\_

Time Received: \_\_\_\_\_

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

Received By: \_\_\_\_\_



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**HOMEGROWN MARIJUANA REGISTRY  
(NON-COMMERCIAL) APPLICATION**

**APPLICATION NO.**  
(INTERNAL USE ONLY)

Submitted to: CNMI CANNABIS COMMISSION

The undersigned hereby makes an application for the Homegrown Marijuana Registry. Furthermore, the undersigned agrees to give the following information and pay the required fees in order for the Managing Director and/or their designee to review and consider this application in accordance with 4 CMC § 53012 .

**Homegrown Marijuana Registry (HMR):** 4 CMC § 53012 authorizes persons who are 21 years of age or older or medical marijuana patients to produce, process, keep, or store homegrown marijuana for personal (non-commercial) use at a household or cultivation site.

NEW APPLICANT  RENEWAL

**PART 1: APPLICATION INFORMATION**

- 1. Applicant Name:
- 2. Date of Birth:   
MM/DD/YYYY
- 3. Mailing Address:
- 4. Physical Address:   
Include house/building number/unit or apartment number/street name and type of street (if applicable)
- 5. Email Address / Phone Number:    
(number must be 10 digits)

**Note:** The applicant is responsible for reporting any changes to the Applicant Information to the CNMI Cannabis Commission.

**PART 2: HOUSEHOLD/CULTIVATION SITE INFORMATION**

**Note:** Only one (1) HMR cardholder can be approved to cultivate homegrown marijuana per household or cultivation site. For example, if more than one cardholder resides at the same household, the other cardholder(s) must be approved for cultivation at another location. (e.g. farm)

**Check One:**  Household  Cultivation Site **Check One:**  Rent  Own

- 1. Village/Municipality of household or cultivation site:
- 2. Lot Description (Lot Number):

3. Physical Address:

4. Phone Number:

If different from Part 1  
(Number must be 10 digits)

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**MINORS:**

Do minors\* reside at the household/cultivation site?

\* Minors are considered persons who are under 21 years of age

Yes

No

If yes, indicate how many minors reside at the household/cultivation site:

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**PART 3: SECURITY MEASURES**

1. Describe proposed security measures to ensure marijuana is inaccessible by persons under the age of 21. This excludes a medical marijuana patient that is under the age of 21. For purposes of illustration and not limitation, cultivating and storing marijuana and marijuana items in an enclosed, locked space that persons under 21 years of age (excluding a medical marijuana patient that is under the age of 21) does not possess a key to, constitute reasonable precautions.

2. Describe proposed security measures to ensure marijuana plants are cultivated in a location where the plants are not subject to public view. For purposes of illustrations and not limitation, this means without the use of binoculars, aircraft, or other optical aids.

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#### **PART 4: DOCUMENT CHECKLIST**

The following documents must be submitted to the CNMI Cannabis Commission in addition to this completed application. The submission must be complete, clear and legible. Failing to include the required documents will delay the application processing. Additional information or clarification regarding the details of the submission may be requested.

- Submit a Map or Drawing of the Premises (household or cultivation site) including:**
  - Defined boundaries of the premises;
  - Name of village, municipality, street names, and other details of relative location
  
- If you are applying as a **medical marijuana patient**, you must submit:
  - A written, valid recommendation by a doctor or other medical authority to use marijuana in the treatment of a debilitating medical condition or any other medical condition.

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**PART 5: DECLARATION**

**Note:** This application should be submitted by an individual that is at least 21 years of age

The applicant hereby certifies that all the information provided and all statements made on this application, as well as all documents submitted to support this application are unaltered and true. The applicant further agrees that the Homegrown Marijuana Registry Card issued in response to this application is accepted upon condition that full compliance with Title 4, Division 5, Chapter 21 of the Commonwealth Code and its rules and regulations now, or hereafter applicable, will be fully satisfied.

Signature:  Date:   
MM/DD/YYYY

Name:   
First Name, Middle Name, Last Name

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**PART 6: PAYMENT INSTRUCTIONS**

1. Complete Part 1 and Part 2 of the **Homegrown Marijuana Registry Application Payment Confirmation** form.

Bring this form and pay the required application fees at any of the locations indicated below. The agency receiving the fees will complete their section of the form.

**Authorized Payment Locations per Municipality:**

**SAIPAN:**

CNMI DOF – Treasury; CNMI DOF – Taxation and Revenue; or CNMI-DOF Division of Customs Seaport

**ROTA:**

CNMI DOF – Taxation and Revenue, Rota Branch

**TINIAN:**

CNMI DOF – Taxation and Revenue, Tinian Branch

2. Submit the completed **Homegrown Marijuana Registry Application** with the **Homegrown Marijuana Registry Application Payment Confirmation** form and the receipt of payment (provided by the agency receiving the fees) to the CNMI Cannabis Commission.

## **PART 7: DECISION**

The CNMI Cannabis Commission Managing Director and/or their designees will review this application in its entirety, including, all documents received to support this application, and any other relevant information pertaining to the decision of approval.

This Managing Director and/or their designee will issue a written decision to the application regarding this application



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**HEMGROWN MARIJUANA REGISTRY APPLICATION  
PAYMENT CONFIRMATION**

**AUTHORIZED PAYMENT LOCATIONS**

You must pay the associated application fee to one of the following payment locations prior to submitting your application the Commission:

**SAIPAN:**

CNMI DOF – Treasury; CNMI DOF – Taxation and Revenue; or  
CNMI-DOF Division of Customs Services, Seaport

**ROTA:**

CNMI DOF – Taxation and Revenue, Rota Branch

**TINIAN:**

CNMI DOF – Taxation and Revenue, Tinian Branch

**PART 1: APPLICATION TYPE**

Homegrown Marijuana Registry Application Fee

**\$75**

**PART 2: PAYER DETAILS**

Name of Applicant:

First Name, Middle Name, Last Name

Email Address:

Phone:

(Number must be 10 digits)

**Note: A completed Homegrown Marijuana Registry Payment Confirmation form and a copy of the official receipt of payment must be attached to your Homegrown Marijuana Registry application upon submission to the CNMI Cannabis Commission.**

**PART 3: FOR OFFICIAL USE ONLY**

**OFFICIAL USE ONLY – PAYMENT CERTIFICATION**

The undersigned cashier certifies that the applicable fees have been paid and received as indicated below:

*Section to be completed by: Cashier, CNMI Department of Finance*

**TOTAL  
PAID:**

\$

**Charge Code/Account Number:**  
(for allocation of payment)

**CI003**

Homegrown Registration Fee

Verified By:  
(Cashier Name)

Date:

MM/DD/YYYY

Receipt Number:

*Section to be completed by: CNMI CANNABIS COMMISSION*

Accepted By:  
(Employee Name)

Date:

MM/DD/YYYY



## Ways to Submit a Non-Commercial Application (Marijuana Homegrown Registry)

Island	Saipan	Tinian	Rota
<b>Submit in person</b>	CNMI Cannabis Commission Office located at 1341 Ascension Ct, Capitol Hill	Department of Commerce, Customer Service Intake Window located in San Jose Village	Department of Lands and Natural Resources, Administrative Office Liyo, Songsong Village
<b>Submit by mail</b>	P.O. Box 500135 Saipan, MP 96950	P.O. Box 500135 Saipan, MP 96950	P.O. Box 500135 Saipan, MP 96950
<b>Submit by email</b>	<a href="mailto:documents.cnmicc@gmail.com">documents.cnmicc@gmail.com</a>	<a href="mailto:documents.cnmicc@gmail.com">documents.cnmicc@gmail.com</a>	<a href="mailto:documents.cnmicc@gmail.com">documents.cnmicc@gmail.com</a>

Please note, applications are reviewed in date order received and considered on its own merits.