Integrated Cannabis Microbusiness Intake Walkthrough

This document will walk you through applying for an Intake Integrated Cannabis Microbusiness License.

Step 1: Route to the CCD Portal Page and login via https://nmrldlpi--uat.sandbox.my.site.com/ccd/s/

Apply for a New or Renewal License		
Create your account by clicking on <u>Self Register</u> . If you have already created an account, please log in using your username	~~~	
and password to apply for a new license or renew a license.	💄 Username	
	Password	
	Log in	
	Forgot Password Forgot Username	Self Register

Step 2: Upon entering your credentials, click Log In to enter the CCD Portal

Step 3: From the Navigation Bar, click on Applications -> Apply for a License, as shown below

me	Cannabis Businesses		dd Agent	My Licenses	Amendments 🗸					
My Licens	es	Apply for a License Apply for a License View New Applications								
		View Renewal Applicati								
License Nun	nber License Type	License Status	Issu Date		ion Action	Renewal	Print License	Print All License (including SubLicenses)	+	Ξ
RTLR-2022-(0232 Cannabis Reta	iler Expired - Non R	enewable 03/	22/2022 03/22	/2023 Lice		Print	Print All		

Step 4: Make sure to read the Instructions on the top of the page in the below screenshot. Upon going over the instructions, click 'Select' next to Integrated Cannabis Microbusiness as shown below

*	MRLD						0
Home	Cannabls BusInesses	Applications 🗸	Add Agent	My Licenses	Amendments 🗸		
or If you All draft All Incol As you	k ions: line licensing system collects th I have any questions, please ca t applications older than 90 day mplete applications older than complete the application, you"	II the Cannabls Control D ys will be automatically de 1 year will be automatica II be able to save the resp	Nvision at 505-476-4 Neted. Ny volded. Nonses you've entere	995 or email us at R	se read each section carefully. If you need additional information while completing the LD.CannabisControl@rld.nm.gov. e & Next' button at the bottom of each screen. You'll be able to come back to resume		
	plication, and your application	will not be submitted to (CCD until you ciick th	ne 'Pay & Submit' but	ton on the final screen.		
Person o	bis Research Laboratory r Business that produces or posse products for wholesale or retall.	sses cannabls products & al	II parts of the plant ger	nus Cannabls for the p	urpose of studying cannabis cultivation, characteristics or uses & doesn't test cannabis or	Select	
	bis Retailer or busIness authorized to sell car	nnabls products to qualified	patients, primary care	egivers or reciprocal pa	rticlpants or directly to consumers.	Select	
	or business authorized to sample	e, collect, test and transport	wholesale or retall us	e only cannabls produc	its for the purpose of testing.	Select	
A person	ted Cannabis Microbusine or business authorized to act as a sed activity. No other license can i	any of the following: Cannat	ols Producer (200 mat	ure plant maximum), (Cannabls Manufacturer, Cannabls Retailer, or Cannabls Courier. Only one premise is allowed	Select	

Step 5: Upon clicking Select, you will be routed to the Pre-screening to kick start the intake Application Process

Cannabls Businesses	Applications 🗸 Add Agent My Licenses Amendments 🗸			
D Intake				
ntegrated Cannabis Microb	usiness:			
Pre-Screening	Pre-Screening			
Disclaimer for Microbusinesses	* Has this business been approved for a business license issued by local jurisdiction?			
Introduction	 ○ Yes ○ No 			
Business Information	* Will this business be conducting functions for medical cannabls only?			
Employee Information	○ Yes ○ No			
Questions	"Will any of the premises of this business be located on tribal land?			
Premise Information	○ Yes ○ No			
Upload Documents "Has this business ever had an application or license in the cannabis industry denied, suspended, revoked, surrendered, or had any other form of discipline				
Attestation	plinary action by a licensing agency in another state, jurisdiction or territory? Ves No			
Payment	*Does this business currently maintain any active cannabis licenses?			
	Ves Yes			
	○ No			
	* Is this business registered with the New Mexico Secretary of State and In good standing?			
	○ Yes ○ No			
	* Is this business a delinquent taxpayer with the United States Federal government or in any state, territory, county, municipality, country, or any governmental e which has authority to collect taxes?			
	Ves No			

The screen is user interactive, based on Yes or No responses to certain questions, additional questions will appear on the screen to populate as shown below

*Has this business been approved for a business ilcense issued by local jurisdiction?

Yes
* Does this business's local jurisdiction issue business ilcenses and/or zoning approval?
O Yes
○ No
* Wfii this business be conducting functions for medical cannable only?
○ Yes
No
* Will any of the premises of this business be located on tribal land?
 Yes No
* Has this business ever had an application or ilcense in the cannabis industry denied, suspended, revoked, surrendered, or had any
pilnary action by a ilcensing agency in another state, jurisdiction or territory?
O Yes
No
* Does this business currently maintain any active cannabis ilcenses?
Ves.
0
* Piease Indicate which active cannabis license(s) this business maintains.
Integrated Cannabls Microbusiness
Cannabls Producer Microbusiness
Cannabls Producer
Cannabls Manufacture Cannabls Retailer
Cannabls Ketaller
Cannable Consumption Area with On-Site Retail
Testing Laboratory
Research Laboratory
Vertically Integrated Cannabls Establishment

Step 6: Next is the Disclaimer for Microbusiness

⇒			*	0
Hom	e Cannabls Businesses	Applications 🗸 Add Agent My Licenses Amendments 🗸		
c	CD Intake			
	Integrated Cannabis Micro	obusiness:		
- 0	Pre-Screening	Disclaimer for Microbusinesses		
•	Disclaimer for Microbusinesses	Please note: a cannabls microbusiness is only eligible to hold a micro-license, and any other held cannabls license types will be cancelled upon approval of the	his	
•	Introduction	application. This will also affect any applications currently in progress.		
•	Business Information			
•	Employee Information	Save for later Previous N	ext	
•	Questions			-
•	Premise Information			
•	Upload Documents			
•	Attestation			
•	Payment			

Click next to proceed after carefully reviewing this information.

Step 7: Next is the Introduction Screen. Upon reviewing this screen, click next

∛	NMRLD		÷ (
Home	Cannabls Businesses	Applications 🗸 Add Agent My Ucenses Amendments 🗸								
cc	D Intake									
I	ntegrated Cannabis Micr	obusiness:								
0	Pre-Screening	Introduction								
0	Disclaimer for Microbusinesses	Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department, Cannabis Control Division. This licensing port guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.	Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department, Cannabis Control Division. This licensing portal will audie you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.							
٠	Introduction	This application will confirm that each person or business applying meets all requirements for licensure set by either state statute or regulations governing the								
•	Business Information	This application will continue that each period of observations applying interest an requirements for increasive set by enter state statute of regulatories governing to cannable industry. These licensing requirements, along with renevals and compliance monitoring assist to safeguard the cannable industry and certify that lice meet minimum health and safety standards to ensure the safety of New Mexicans and the lawful operation of all our New Mexico cannable businesses.								
•	Employee Information	If you have further questions regarding licensure or the Regulation and Licensing Department, Cannabis Control Division, please visit the website at	ou have further questions regarding licensure or the Regulation and Licensing Department, Cannabis Control Division, please visit the website at							
•	Questions	www.rld.nm.gov/cannabls/. The DIvision's webpage documents specific requirements for licensure, renewals, public meeting information, and a direct phone and email to their respective support staff who can be reached for help.	number							
•	Premise Information	I acknowledge that all application fees are non-refundable.								
•	Upload Documents	IMPORTANT NOTE: An application for initial licensure must be completed and submitted by a Controlling Person and will be required to identify as a Controll Person. If you are not a Controlling Person, you will not be authorized to submit this application for initial licensure. Also, all draft applications older than 1 yes								
•	Attestation	automatically deleted.								
•	Payment	If you are ready to apply, click the Next button to begin your application.								
1		Save for later Previous New	t							

Step 8: Next is the Business Information Screen

	Applications V Add Agent My Licenses	Amendments 🗸
CD Intake		
Integrated Cannabis Microb	usiness:	
Pre Screening	Business Information	
	Conequily verify that all contact information is current and i	unnas. sent through email, and any official legal communication regarding complaints and discipline will be sent to
Introduction	the mailing address on file. It is required that every applica regularly:	and intrody in the provide the second se Int and licensee maintain a current email and mailing address with the division where mail is checked
Business Information		tion cannot be processed on this page. Any such changes must be submitted through an Amendment.
Employee Information		d to restart your application, so that your application reflects your updates.
Questions	* Name of Business	Doing Business As (DBA)
Premise Information	The email Since	Trackman Group
Upload Documents	Type of Business	State Tax ID (Sample format: XXX00000XX0XX)
Attestation	Limited Laberty Company (LLC)	Subar tax to (sample format as sociological as a)
) Payment		THE REPORTED AND A
	Type Of Identifier	
	TTN .	Ŧ
	* TTIN (Sample format: 2000 XX XXXX)	
	566 56 5655	
	Business Phone Number	*Business E mail Address
	100010000000	nowatica/D/yoama.com
	Business Website	
	Controlling Person Names	
	Ale and Charley	
		1
	✓ Business Physical Address	
	* Physical Address Street	ompany's executive management and key managerial and support staff are located.
	415 Autorist	
	* Physical Address City	* Physical Address State
	Tuttio: Consequences	5M
	* Physical Address Zip	* Physical Address Country
	57001	LIS
	Is the Business Mailing Address same as Business Physical	Address?
	103	*
	 Business Mailing Address 	
		n will use to send correspondence associated with the business (i.e. afficial licenses, legal notices, and
	other notifications.	

All Data is pre-populated from Salesforce. If you would like to make any changes, you will have to fill out an Amendment Application.

ne	Cannabls Businesses	Applications 🗸	Add Agent	My Licenses	Amendments 🗸	
CD Int	take					
Integ	grated Cannabis Mici	obusiness:				
Pre-So	icreenIng	Employ	vee Information	1		
Discla	almer for Microbusinesses	*How ma	ny employees does thi	ls business plan to have	vithin the first 90 days of Issuance of license?	
Intro	duction					
BusIn	ness Information	*How ma	ny employees does this	s business expect to hav	by the end of your InItlal licensure period (1 year after the dat	e of llcense Issuance)?
Empl	loyee Information					
Quest	stions	🔿 Yes	s business currently ha	ave employees?		
	lse Information	⊖ No				
Premi		* Has this	business entered into	a labor peace agreemer	with a bona fide labor organization that is actively engaged in	representing or attempting to represent y
	ad Documents	employee	s?			
Uploa	ad Documents tatlon		≤?			

Step 9: Upon clicking Next, you are routed to the Employee Information Screen

If Yes is selected for the radio button questions, additional fields will appear to capture more information

* Does this business currently have employees?
• Yes
○ No
* How many employees does this business have?
* Does this business capture demographic information for it's employees?
• Yes
No
Please approximate the number of current employees who each meet the following criteria:
* Black persons having origins in any of the Black African racial groups;
*Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardiess of race;
*Native American or Alaskan native persons having origins in any of the original peoples of North America;
*Aslan and Pacific Islander persons having origins in any of the far east countries, Southeast Asla, the Indian subcontinent or the Pacific Islands.
*Two (2) or more races
* Other
- Surer

Please populate all the fields and click Next to proceed

Step 10: Question Screen is next.

Cannabls Businesses	Applications 🗸 Add Agent My Licenses Amendments 🗸
Intake	
tegrated Cannabis Mi	crobusiness:
0	
re-Screening	Questions
Isclaimer for Microbusinesses	
troduction	Please Indicate which functions the business will perform Producer
usiness Information	Manufacturer Retail
mployee Information	* Check the appropriate box(es) that describe how the business benefits or will benefit the community/communities where a premise(s) is/are located: Creation of Job Opportunities
uestions	Economic Growth and Increased Tax Base Community Involvement
emlse Information	Environmental Benefits (Recycling, Eco-Friendly Supplies and Packaging, etc) * Does the business certify it will adhere to cannabls transport requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use /
pload Documents	and division rules, including the transport of unprocessed cannabls or cannabls products to other cannabls establishments?
ttestation	○ Yes
ayment	* Does the business certify it will adhere to security requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and div rules, including requirements relating to safety and security procedures, security devices to be used, placement of security devices, personal safety, and crime vention techniques?
	· ○ Yes
	* Does the business certify it will adhere to quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Ard division rules, including requirements relating to routine testing by a licensed testing laboratory, division inspection of licensed premises during normal busin hours, and testing of cannabis?
	○ Yes
	* Does the business certify it will adhere to applicable federal, state and local laws governing the protection of public health and the environment, including o tional health and safety, food safety, environmental impacts, natural resource protections, air quality, solid and hazardous waste management, and wastewate discharge?
) Yes
	* Is the Business licensed under the New Mexico Liquor Control Act?
	 Yes No
	* Does the business certify that a premises diagram shall be kept at each licensed premises at all times and made available for in person inspection by the Ca Control Division or its Representatives upon request. This premises diagram will conform to the requirements set forth in 16.8.2 NMAC?
	Ves

Step 11: Next is the Premise information Screen You MUST add at least 1 premise to continue with this Application.

∛	NMRLD		*	0
Home	Cannabls BusInesses	Applications 🗸 Add Agent My Licenses Amendments 🗸		
сс	D Intake			
I	ntegrated Cannabis Microb	usiness:		
0	Pre-Screening	Premise Information		
0-0-	Disclaimer for Microbusinesses	Add one premise for each location the business intends to conduct cannabis activities. A Micro Integrated Cannabis Business (MICB) may have multiple premises; however, may conduct only one (1) of each cannabis function: production of no more than two hundred (200) mature cannabis plants, manufacture of cannabis or cannabis products; and retail of cannabis or cannabis products. Each premise must meet the requirements for every functi		
0	Business Information	performed at that premise.		
0	Employee Information	Click the upload icon to view the required premises documents for each cannabis function and to upload the documents.		
0	Questions	Add New P	emise	
•	Premise Information	No premises to display.		
•	Upload Documents	Save for later Previous Ne	đ	
•	Attestation			
•	Payment			

Upon clicking Add New Premise, you will see the below Prompt

Premise Information

* Please Indicate all the functions this business will perform at this Premise:

- Producer Manufacturer
- Retall

Step 12: You will then be routed to the Premise Information Screen where you specify a variety of different information. You can specify the DBA name, Address, Hours of Operation, and type of energy resource business plans on using

	Premise Information	
Doing Business As		
 Physical Address Information 		
* Street	*City	
	Select an Option	•
* State	*Zlp	
New Mexico		
* Country	*County	
United States	Select an Option	•
* Phone Number		
 Business Working Hours 		
Days this premise will be open for business:		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
✓ Retail Information		
*Does this retail premise intend to conduct cannabls courier services? Yes	2.1	
O No		

Upon clicking Submit, you will be required to upload Premise-based documentation. Click on the Upload button to view the required documents.

	NMRLD					
e	Cannabls Businesses	Applications 🗸 🛛 Ac	dd Agent My Llcenses	Amendments 🗸		
CD In	take					
Inte	grated Cannabis Micro	obusiness:				
Pre-S	Screening	Premise Info	ormation			
Disc	laimer for Microbusinesses		en fan aante laantijne tien tevelaans ie		s. A Micro Integrated Cannabis Business (MICB) may ha	
Intro	oduction	premises; howe	ever, may conduct only one (1) of e	ach cannabls function: production (of no more than two hundred (200) mature cannabls pl	lants,
		performed at the		id retail of cannabls or cannabls pro	oducts. Each premise must meet the requirements for e	every function
Bush	ness Information					
	ness Information			es documents for each cannabls fun	action and to upload the documents.	
Emp			d Icon to view the required premise	es documents for each cannabls fun		Add New Premi
Emp Que	oloyee Information	Click the uploa	d Icon to view the required premise	es documents for each cannabls fun Functions		Add New Premis
Emp Que Prer	oloyee Information stions	Click the uploar	I loon to view the required premise I Pending Physical Address 60 Cloud Street Albumue	Functions rque, New Detail		Add New Premi:
Emp Que Prer Uplo	oloyee Information stions mise Information	Click the upload	I Pending Physical Address 69 Cloud Street, Albuque	Functions rque, New Detail	Premise Documents Action	Add New Premis
Emp Que Prer Uplo	sloyee Information stions mise Information pad Documents station	Click the upload	d Icon to view the required premise I Pending Physical Address 69 Cloud Street, Albuque Mexico 07008, United Str	Functions rque, New Detail	Premise Documents Action Pending a	Add New Premis
Emp Que Prer Uplo	sloyee Information stions mise Information pad Documents station	Click the upload	d Icon to view the required premise I Pending Physical Address 69 Cloud Street, Albuque Mexico 07008, United Str	Functions rque, New Retail	Premise Documents Action Pending a	Add New Premis
Emp Que Prer Uplo	sloyee Information stions mise Information pad Documents station	Click the upload File Upload S.No. Name 1 PRM-6	d Icon to view the required premise I Pending Physical Address 69 Cloud Street, Albuque Mexico 07008, United Str	Functions rque, New Retail	Premise Documents Action Pending â	₫

Upload Documents

Document Name		Document Description	Uploaded Files
* Business License / 2 approval	ZonIng	Copy of Current Business License Issued by Local Jurisdiction to Include Zoning Approval and Fire Inspection Report OR Copy of a Confirmation Letter from the Jurisdiction that the Jurisdiction Does Not Issue Business Licenses and/or Zoning Approval.	٩

Submit

You have the ability to upload multiple documents per line item.

Upload Files

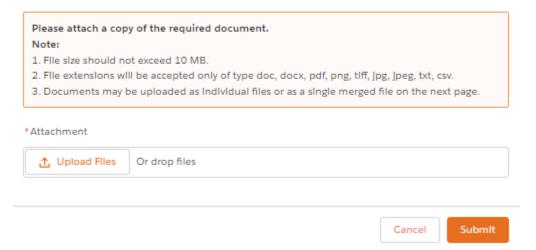
te: File size should n	ot exceed 10 MB.
File extensions w	III be accepted only of type doc, docx, pdf, png, tlff, Jpg, Jpeg, txt, csv.
Documents may	be uploaded as Individual files or as a single merged file on the next page.
ttachment	
	Or drop files
ttachment	Or drop files
ttachment	Or drop files
	Or drop files
	Or drop files

Cannabls Businesses	Applications 🗸 🛛 Add A	gent My Licenses	Amendments 🗸		
CD Intake					
ntegrated Cannabis Micr	robusiness:				
Pre-ScreenIng	Upload Docum	ents			
Disclaimer for Microbusinesses					
Introduction	Document Name	Document Description		Uploaded Files	
Business Information	* Certification of Standing	Good A Certification of Good State	andIng from the New Mexico	<u>2</u>	
Employee Information	- Source 18				
Questions Premise Information	* DelInquent Tax	of the tax delinquency inc	entation detailing the nature luding formal charges, tax entation describing the nature	<u>ئ</u>	
Upload Documents		of the tax delinquency.			
Attestation		A copy of the Certificate o			
Payment	* Verification of L Liability Company	(LLC) managers including perce	A complete and fully ement listing all members and ntages of Interest owned by ts thereto; OR A copy of the	đ.	
	* Certification of Registration from New Mexico Taxa and Revenue Department	the Taxation and Revenue Dep	n Issued by the New Mexico partment (TRD) confirming with the TRD for gross	٩	

Step 13: Next is the Application's Document Upload Screen

You have the ability to upload multiple documents per line item.

Upload Files



Step 14: Up next is the attestation screen. You MUST acknowledge the terms by clicking on the checkbox and signing your name. The date is pre-populated with Today's Date.

∛	NMRLD			0
Home	e Cannabis Businesses Applie	ations 🗸 Add Agent My Licenses Amendments	~	
co	CD Intake			
I	Integrated Cannabis Microbusin	ess:		
I		Attestation		
0	Pre-Screening	Attestation		
0	Disclaimer for Microbusinesses	✓ Application Attestation		
0	Introduction			
ø	Business Information		the application is complete, true and accurate. I understand that a misrepresentation of	
ø	Employee Information	fact or violation of these rules may result in denial of the license application	or revocation of a license issued.	
ø	Questions	I acknowledge that all application fees are non-refundable.		
ø	Premise Information			
ø	Upload Documents	* Applicant Name	Date	
•	Attestation		04/30/2024	
•	Payment	Save for Later	Previous Next	

Click next to proceed.

ne Cannabls Businesses	Applications 🗸 Add Agent	My Licenses Amendments 🗸	
CCD Intake			
Integrated Cannabis Microb	ousiness:		
Pre-Screening	Payment		
Discialmer for Microbusinesses	Payments made with a Visa or Mast	ilick "Pay and Submit" to Input your payment Information. iercard will be charged a 2.5% transaction fee. This is a fee Imposed direc	tly by the bank, and no portlon of the fee Is pald to
Business Information	collected by the RLD. Payments man	de by e-check will not result in any transaction fee.	
Employee Information	Fee Name	Additional Info	Amount
Questions	Application Fee	Integrated Cannabls Microbusiness	\$2500
Premise Information			
Upload Documents	Total Due		\$2500
Attestation	*Mode of Payment		
Payment			
	The amount to be paid i	s \$2500. You may not begin to grow cannabis	until your application has been
Confirmation Message	The amount to be para i	, , , , , , , , , , , , , , , , , , , ,	

Step 15: Last screen is the Payment screen. This shows a full breakdown of the Application cost

There are three modes of Payment:

- Credit Card
- E-Check
- Cashiers Check

Select one of the options and click Pay and Submit

Billing	Payment	Review	Receipt
Billing Information		Your Order	
	* Required field		
First Name *		Total amount	\$2,500.00
Aleister			
Last Name *			
Crowley			
Company Name			
Aleister Crowley			
Address Line 1			
410 Austin St			
Country/Region United States of America State/Province New Mexico Zip/Postal Code 87901 Phone Number *	~		
Email * miwasscalls@yopmail.com	Next		
Cancel Order			

Upon clicking Pay and Submit, CyberSource is launched and asks for Billing information.

Billing P	ayment	Review	Receipt
Payment Details	•	Your Order	
	* Required field		
Card Type *		Total amount	\$2,500.00
VISA Visa	card		
Card Number *			
41111111111111			
Expiration Month * Expiration Year *			
02 🗸 2028 🗸			
CVN * 'his code is a three or four digit number printed on the back o	r front of credit		
451 J. Inter [123]			
Back	Novt		
Back	Next		
anoel Order			
)		
	Payment	Review	Receipt
Review your Order Payment Details	Payment	Review Your Order	Receipt
Review your Order Payment Details		Your Order	,
Review your Order Payment Details Card Type	Visa	Your Order Subtotal	\$2,500.00
Review your Order Payment Details Card Type		Your Order	\$2,500.00
Review your Order Payment Details Card Type	Visa	Your Order Subtotal	\$2,500.00 \$62.50
Review your Order Payment Details Card Type Card Number	Visa	Your Order Subtotal Service fee	\$2,500.00 \$62.50 \$2,562.50
Review your Order Payment Details Card Type Card Number	Visa	Your Order Subtotal Service fee Total amount	\$2,500.00 \$62.50 \$2,562.50
Review your Order Payment Details Card Type Card Number Expiration Date	Visa	Your Order Subtotal Service fee Total amount	\$2,500.00 \$62.50 \$2,562.50 Fee Terms & Conditions
Review your Order Payment Details Card Type Card Number	Visa	Your Order Subtotal Service fee Total amount	\$2,500.00 \$62.50 \$2,562.50
Review your Order Payment Details Card Type Card Number Expiration Date	Visa	Your Order Subtotal Service fee Total amount	\$2,500.00 \$62.50 \$2,562.50 Fee Terms & Conditions

Upon clicking Pay, payment processes and below screens are shown upon successful payment.

Congratulations!

Your payment has been processed successfully. This window will be closed automatically in 5 seconds.

Thank you! Your application has been submitted successfully.

You may check the status of your application by logging into your Portal at any time. Department staff will contact you if additional Information or documentation is needed to complete the review of your application. Once your application is approved, you will receive an email notifying you of the update and how you can access your records and a digital copy of your license on the Portal. If you paid by Credit card or E-Check then you will receive a receipt from the payment processor, CyberSource, via email.

Back to Home