

Application - ADULT-USE CANNABIS BACKER

Name BRANT SMITH
Credential ADULT-USE CANNABIS BACKER

Adult-Use Cannabis - Start Instructions

Welcome to the Department of Consumer Protection online application system.

During this application you must:

- Complete all questions within the application.
- If a file needs to be uploaded and it does not apply to you; upload a note stating that this document does not apply AND the reason(s) why it does not apply.
- You may upload multiple documents wherever documents are required.
- Use the buttons on the the bottom of the page to navigate:
 - [Previous](#) allows you to return to the prior page and correct any answer.
 - [Next](#) allows you to proceed to the next section unless a required answer/document has not been provided/uploaded.
 - [Close and Save](#) allows you to close and save your application and then return later to complete the application. This does not submit the application. To reopen the application, log into elicense, select "Initial Application", and then select "Continue" to the left of your in progress application.
 - [Finish](#) allows you to submit an application that does not require a payment.
 - [Add to Invoice](#) allows you to submit an application that requires a payment. The submission will not be complete until the payment is made.
- Acceptable forms of payment include: Visa, MasterCard, Discover, American Express and eCheck (ACH).

You will be notified via email once your application has successfully completed in DCP's online application system.

If you are ready to proceed with your application, click NEXT at the bottom.

Prior Application

1. Have you previously completed and submitted an application for a Connecticut Adult-Use Cannabis Backer?

No

Adult-Use Cannabis - Important Definitions

Please review the following definitions before going forward:

- **Backer** means any individual that has a direct or indirect financial interest in a Cannabis Establishment, and
 1. Owns 5% or more together with their spouse, parents, or child; or
 2. Participates directly or indirectly in the control, management, or operation of the Cannabis Establishment.
- **Cannabis Establishment** means a producer, dispensary facility, cultivator, micro-cultivator, retailer, hybrid retailer, food and beverage manufacturer, product manufacturer, product packager, delivery service or transporter.
- **Disproportionately Impacted Area** means a United States census tract in the state that has, as determined by the Social Equity Council, (A) a historical conviction rate for drug-related offenses greater than one-tenth, or (B) an unemployment rate greater than ten per cent. More details may be found [here](#).
- **Equity Joint Venture** means a business entity that is at least fifty per cent owned and controlled by an individual or individuals, who:
 1. Had an average household income of less than three hundred per cent of the state median household income over the three tax years immediately preceding such individual's application; and
 2. One of the following:
 - Was a resident of a disproportionately impacted area for not less than five of the ten years immediately preceding the date of such application; or
 - Was a resident of a disproportionately impacted area for not less than nine years prior to attaining the age of eighteen.

Note: Applications for an Adult-Use Cultivator license may not apply as an Equity Joint Venture.

- **Key Employee** means an employee with the following management position or an equivalent title within a cannabis establishment:
 1. President or chief officer, who is the top-ranking individual at the cannabis establishment and is responsible for all staff and overall direction of business operations;
 2. Financial manager, who is the individual who reports to the president or chief officer and who is generally responsible for oversight of the financial operations of the cannabis establishment, including, but not limited to, revenue generation, distributions, tax compliance and budget implementation; or
 3. Compliance manager, who is the individual who reports to the president or chief officer and who is generally responsible for ensuring the cannabis establishment complies with all laws, regulations and requirements related to the operation of the cannabis establishment.
- **Social Equity Applicant** means a business (or sole proprietor) that has applied for a license for a cannabis establishment, where the applicant is at least sixty-five per cent owned and controlled by an individual or individuals who:
 1. Had an average household income of less than three hundred per cent of the state median household income over the three tax years immediately preceding such individual's application; and
 2. One of the following
 - Was a resident of a disproportionately impacted area for not less than five of the ten years immediately preceding the date of such application; or
 - Was a resident of a disproportionately impacted area for not less than nine years prior to attaining the age of eighteen;

Adult-Use Cannabis Backer Requirements

A Backer is any individual over age 21 that has a direct or indirect financial interest in a Cannabis Establishment, and

1. Owns 5% or more together with their spouse, parents, or child; or
2. Participates directly or indirectly in the control, management, or operation of the Cannabis Establishment.

To complete this application you will need the following:

1. A current, digital, passport sized image, taken no more than 30 calendar days before the submission of the application:
 - o Taken against a plain white or off-white background or backdrop;
 - o Two inches by two inches in size;
 - o In natural color;
 - o Provides a front, unobstructed view of the individual's full face;
 - o Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
 - o Is in "jpeg" format.
2. A legible copy of a valid Government issued photo ID (i.e. Driver's License, Passport, etc.)
3. As part of the application you will be subject to a background check. This background check will be for **specific convictions**. If you were convicted of any of these crimes within the last 10 years, you will be required to upload a statement and relevant documents providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.
4. If you have had legal or administrative proceedings resulting in disciplinary action, penalties or fines involving any entity you exercised management or control over, you will be required to upload a statement and provide relevant documents providing the date(s), details, name of individual(s), licenses/permits/certificates involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each issue/action or for the pending charges and the outcome of the proceedings.

Social Equity Council Requirements

From Public Act 21-1 Section 1:

(48) "Social equity applicant" means a person that has applied for a license for a cannabis establishment, where such applicant is at least sixty-five per cent owned and controlled by an individual or individuals, or such applicant is an individual, who:

(A) Had an average household income of less than three hundred per cent of the state median household income over the three tax years immediately preceding such individual's application; and

(B) (i) Was a resident of a disproportionately impacted area for not less than five of the ten years immediately preceding the date of such application; or

(ii) Was a resident of a disproportionately impacted area for not less than nine years prior to attaining the age of eighteen;

The remainder of this page refers to documents on the "[News and Announcements](#) page."

Questions on the requirements of this section may be referred to the Social Equity Council email (sec@ct.gov)

SOCIAL EQUITY APPLICANT (SEA) INCOME VERIFICATION (Revised 1/14/22)

Per Sec. 35 of Sen Bill No. 1201, the Social Equity Council shall review the ownership information and any other information necessary to confirm that an applicant qualifies as a social equity applicant for all license type applications submitted to the department and designated by the applicant as a social equity applicant. The SEC shall prescribe the documentation necessary for applicants to submit to establish that the ownership, residency, and income requirements for social equity applicants are met.

"SOCIAL EQUITY APPLICANT" is a business that has applied for a license for a cannabis establishment where the applying business is at least 65% owned and controlled by an individual (or individuals) who: Had an average household income of less than 300% of the state medium household income over the three tax years immediately preceding the application

Documents from your employer can give the most up-to-date picture of your income since it takes into account any changes in your wages from the past year.

The following documents are acceptable for verification of income. Submit one or a combination of the following:

Proof of Household Income Requirements:

- Household income includes all members of the household 21 years and older.
- Household income includes all income over the three tax years immediately preceding the application

Notarized income verification from all employers for the past three years

Pay Stubs (3 years)
Tax Returns (1040 EZ or 1040, including all schedules) - Last three years
Wage and Tax Statement - (W-2) Last three years
Social Security - Proof of Income Letter - 3 most recent years
Pension/Retirement Distribution Statement - 3 most recent years
Record of Account Transcript - combines the tax return and tax account transcripts into one complete transcript. This transcript is available for the current tax year and returns processed during the prior three years using Get Transcript Online or Form 4506-T. https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them .
Annuity Statements which include the applicant's name
Pension/Retirement - Distribution Statement
Court-Ordered Agreements which includes the applicant's name
Unemployment Benefits document which includes the applicant's name
Workers Compensation letter which includes the applicant's name
Other Supporting Documents (i.e., documents noting incarceration) The Social Equity Council will consider other documents for certain populations.

SOCIAL EQUITY APPLICANT (SEA) RESIDENCY VERIFICATION (Revised 1/14/22)

Per Sec. 35 of Sen Bill No. 1201, the Social Equity Council shall review the ownership information and any other information necessary to confirm that an applicant qualifies as a social equity applicant for all license type applications submitted to the department and designated by the applicant as a social equity applicant. The SEC shall prescribe the documentation necessary for applicants to submit to establish that the ownership, residency, and income requirements for social equity applicants are met.

A "social equity applicant" is an applicant for a cannabis establishment license, where the applicant is at least 65% owned and controlled by an individual or individuals, or the applicant is an individual, who meets the following criteria. First, their average household income must have been less than 300% of the state median over the three tax years immediately before the application. In addition, they must have been residents of a disproportionately impacted area for at least (1) five of the 10 years immediately before applying for the license or (2) nine years before they turned age 18.

The following documents are required to establish residency.

REQUIRED	
• A Government issued Photo ID Card (Driver's License, State ID etc.) • Social Security Card and; • Long-form Birth Certificate which includes the applicant's name	
THE FOLLOWING DOCUMENTS ARE ACCEPTABLE FOR VERIFICATION OF RESIDENCY. SUBMIT ONE OR A COMBINATION OF THE FOLLOWING:	
Bank records that include the applicant's name.	School records that include the applicant's name.
Residential property deed that includes the applicant's name.	Utility bills (electric, gas or water), which includes the applicant's name or family name and address.
Housing authority records that include the applicant's name or family name.	Insurance Policy which includes the applicant's name.
A signed, notarized lease agreement that includes the applicant's name.	Dated notices or correspondence from a local or state government entity that includes the applicant's name or family name. (i.e., DCF, DSS, DMHAS)
Other Supporting Documents (i.e., documents noting incarceration) The Social Equity Council will consider other documents for certain populations.	

New Applicant Address Information

2. Please update any changes to your primary address:

Address 1: 31 FOXBORO RD

Address 2:

City: ESSEX

State: CT

Zip Code: 06426-1070

Country: UNITED STATES

Telephone Number: (860) 227-8786

3. Please update any changes to your mailing address:

Individual Information

4. Provide your date of birth

[REDACTED]

5. Are you a United States citizen?

[REDACTED]

6. Will you work in the United States and be required to pay US Taxes?

[REDACTED]

Social Security Number or ITIN

7.

US Citizens must enter their Social Security Number. All other individuals must enter their Individual Tax Identification Number (ITIN). Do not include dashes in your entry, example format: 123456789.

* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application can not be processed.

[REDACTED]

Adult-Use Cannabis - Associated Licenses for an individual

8. Listed below are all existing credential relationships with medical marijuana or cannabis establishment licensees that have been established for this account. A credential relationship is a required connection between one of your individual licenses and a business license. An example would be the relationship between a medical marijuana backer license and a medical marijuana producer license. If existing relationships are not listed, please list them in the grid on the bottom of the page.

Your License	Your License Type	Associated License	Name	Associated License Type	Relationship Type	Association Status
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9. Select all Cannabis Establishment licenses that you are a backer of. Do not include any license from the list above where you are a backer. "Not Listed" is available as an option at the end of the list. If you select this option you must identify the cannabis establishment in the comments section.

Not Listed

Comments: Will be the backer for Omariwanna LLC

10. List all additional Cannabis Establishments that you are or will be a backer or Key Employee of. This should include any that are licensed, any that you have applied for or that plan to apply for in the immediate future. Do not include any that are listed in either section above.

Establishment Name	License Status	License Type	License Number	Backer List
OmariwannaLLC	Applied For/To be Applied For	ADULT-USE CANNABIS MICRO-CULTIVATOR		Omar Holloman

Individual Social Equity Qualifications

A cannabis establishment may apply as a "social equity applicant" or as part of an Equity Joint Venture. To qualify as a social equity applicant the cannabis establishment must be at least sixty-five per cent owned and controlled by an individual or individuals who:

1. Had an average household income of less than three hundred per cent of the state median household income over the three tax years immediately preceding such individual's application; and
2. Meets one of the following:
 - Was a resident of a disproportionately impacted area for not less than five of the ten years immediately preceding the date of such application; or
 - Was a resident of a disproportionately impacted area for not less than nine years prior to attaining the age of eighteen;

An Equity Joint Venture must be at least 50 percent owned by an individual or individuals who meet the requirements above.

11. Are you a backer of a cannabis establishment applying as a social equity applicant or as part of an equity joint venture as described above?
No

12. As a backer of a potential cannabis establishment that is a social equity applicant or part of an Equity Joint Venture are you willing and able to provide proof to the following?

1. That you had an average household income of less than three hundred per cent of the state median household income over the three tax years immediately preceding such individual's application; and
2. Provide one of the following:
 - That you were a resident of a disproportionately impacted area for not less than five of the ten years immediately preceding the date of such application; or
 - That you were a resident of a disproportionately impacted area for not less than nine years prior to attaining the age of eighteen;

No

Government ID

19. Do you have a government ID with a picture issued by a Federal, state or local government?

[REDACTED]

Government ID Upload

20. Upload a legible copy of a valid Government issued photo ID (i.e. Driver's License, Passport, etc.)



State/Local Licenses

22. Please indicate any jurisdictions, including but not limited to Connecticut, where you have ever held a professional certification, license, or permit.

If none to report, click NEXT at the bottom.

State	License Type	License Number	License Issued Date	License Expiration Date	License Status	Disciplinary Action
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Photo

23. Upload a recent passport sized photograph of yourself that meets the following criteria:

- A current, digital, passport sized image, taken no more than 30 calendar days before the submission of the application;
- Taken against a plain white or off-white background or backdrop;
- In natural color;
- Provides a front, unobstructed view of the individual's full face and shoulders;
- Is in jpeg format.
- Is unedited or filtered.



Cannabis Establishment Backer Employment

24. Are you also employed at the cannabis establishment?



Ownership Interest

28. What percentage of ownership interest do you have in the medical marijuana facility or cannabis establishment?



Judicial or Administrative Review

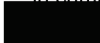
29. Have you individually, or in connection with any other cannabis business in Connecticut or another state or country, had an administrative finding, judicial decision, disciplinary action, or civil judgment levied against you?



Adult-Use Cannabis Criminal History

31. Review the list of **disqualifying convictions**.

Have you been convicted of any of these crimes, received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or have any charges pending?



Background Check

33. I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana or adult-use cannabis programs. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.



Adult-Use Cannabis Attestation

34.

DO NOT COMPLETE THIS ATTESTATION IF THIS IS A TEST OR PRACTICE APPLICATION.

Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is both **truthful** and **complete** to the best of my knowledge.

Yes

Retain for your records

Review
