



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

Securing a Safe & Fair Marketplace.

eLicense
Application
Instructions

eLicense Walkthrough

Demonstration of Applications for:

- Social Equity Lottery Applicant
- Social Equity Backer Applicant

Additional materials for other licensing pathways will be available on the ct.gov/cannabis website.





CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

Securing a Safe & Fair Marketplace.

Adult-Use Cannabis
Initial Application
Walkthrough

Social Equity Applicant
Lottery Application

Licenses:
Retailer,
Micro-Cultivator,
Delivery Service,
Hybrid Retailer,
Food and Beverage Manufacturer,
Product Manufacturer,
Product Packager,
Transporter



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

Initial Application
Social Equity Lottery

IMPORTANT

Below is a guide for the initial application for Social Equity Lottery applications. This guide is subject to change and designed to assist applicants in understanding the application process in general.

Applications available on the elicense.ct.gov portal are the applications required to participate in the adult-use cannabis program.



IMPORTANT

All individuals that are identified as Backers associated with a cannabis establishment application must complete a Backer application before the close of the cannabis establishment application window to ensure they are considered as part of the application.



Before You Begin

This walkthrough is for Social Equity Lottery applicants submitting their lottery application for review by the Social Equity Council.

It is strongly recommended that applicants use a desktop or laptop computer rather than a mobile device to complete the online application. If you would like the application translated into another language, it is recommended you use Google Chrome as your web browser to complete the application.

Once you finish and submit your application, you will receive an email confirming receipt of your application. Be sure to check any spam or junk folders in your email box to make sure you receive any important information.



Multi-Language Function

The application will automatically translate to the language set in the computer's settings.

The screenshot displays a web application window titled 'RESPALDO DE CANNABIS PARA USO ADULTO'. The main content area is titled 'Cannabis para adultos - Instrucciones de inicio'. It contains a welcome message and a list of instructions for users. At the bottom, there are navigation buttons: 'Anterior', 'Siguiete', and 'Cerrar y guardar'.

RESPALDO DE CANNABIS PARA USO ADULTO

Cannabis para adultos - Instrucciones de inicio

Bienvenido al sistema de solicitud en línea del Departamento de Protección al Consumidor.

Durante esta aplicación usted debe:

- Complete todas las preguntas dentro de la solicitud.
- Si es necesario cargar un archivo y no se aplica a usted; cargue una nota que indique que este documento no se aplica Y las razones por las que no se aplica.
- Puede cargar varios documentos siempre que se requieran documentos.
- Use los botones en la parte inferior de la página para navegar:
 - [Anterior](#) le permite volver a la página anterior y corregir cualquier respuesta.
 - [Siguiete](#) le permite pasar a la siguiente sección a menos que no se haya proporcionado/cargado una respuesta/documento requerido.
 - [Cerrar y guardar](#) le permite cerrar y guardar su solicitud y luego regresar más tarde para completarla. Esto no presenta la solicitud. Para volver a abrir la aplicación, inicie sesión en el sistema, seleccione "Solicitud inicial" y luego seleccione "Continuar" a la izquierda de su solicitud en curso.
 - [Finish](#) le permite enviar una solicitud que no requiere un pago.
 - [Agregar a la factura](#) le permite enviar una solicitud que requiere un pago. La presentación no estará completa hasta que se realice el pago.
- Las formas de pago aceptables incluyen: Visa, MasterCard, Discover, American Express y eCheck.

Se le notificará por correo electrónico una vez que su solicitud se haya completado con éxito en el sistema de solicitud en línea de DCP.

Si está listo para continuar con su solicitud, haga clic en SIGUIENTE en la parte inferior.

Anterior Siguiete Cerrar y guardar

Multi-Language Function

The application can also be easily translated by right-clicking on the screen and selecting “Translate”

elicense.ct.gov/Activities/Listing.aspx?cavu_intranet_action=createfromintranet&InternetLinkCode={D5F0E20A-D750-4C

renovar una licencia

RESPALDO DE CANNABIS PARA USO ADULTO

Cannabis para adultos - Instrucciones de inicio

Cannabis para adultos - Instrucciones de inicio

Bienvenido al sistema de solicitud en línea del Departamento de Protección al Consumidor.

Durante esta aplicación usted debe:

- Complete todas las preguntas dentro de la solicitud.
- Si es necesario cargar un archivo y no se aplica a usted; cargue una nota que indique q
- Puede cargar varios documentos siempre que se requieran documentos.
- Use los botones en la parte inferior de la página para navegar:
 - [Anterior](#) le permite volver a la página anterior y corregir cualquier respuesta.
 - [Siguiente](#) le permite pasar a la siguiente sección a menos que no se haya propor
 - [Cerrar y guardar](#) le permite cerrar y guardar su solicitud y luego regresar más tard
 - [Finish](#) le permite enviar una solicitud que no requiere un pago.
 - [Agregar a la factura](#) le permite enviar una solicitud que requiere un pago. La pres
- Las formas de pago aceptables incluyen: Visa, MasterCard, Discover, American Express

Se le notificará por correo electrónico una vez que su solicitud se haya completado con éxito en el sistema de solicitud en línea de DCP.

Si está listo para continuar con su solicitud, haga clic en SIGUIENTE en la parte inferior.

Anterior Siguiente Cerrar y guardar

Back	Alt+Left Arrow
Forward	Alt+Right Arrow
Reload	Ctrl+R
Save as...	Ctrl+S
Print...	Ctrl+P
Cast...	
Search images with Google Lens	
Create QR Code for this page	
Translate to español	
View page source	Ctrl+U
Inspect	

Go to eLicense

Go to <https://elicense.ct.gov> to log in.

You must register or log into eLicense to start your application.

Login Register

 STATE OF CONNECTICUT

HOME

MY ACCOUNT

ONLINE SERVICES

Access Your Account

Account Fast Track Renewal

User ID

Password

Log In

Don't have an account? [Register](#)

[Forgot Password?](#) [Forgot User ID?](#)

Welcome

Welcome to the State of Connecticut's eLicense Website

VERIFY A LICENSE & ROSTER:

- Select **ONLINE SERVICES** for a list of available services.
NOTE: All data contained within License Lookup is maintained by the state of Connecticut, updated instantly and is considered primary source verification.

LICENSE RENEWAL:

- To access your account, enter your User ID and Password. [Step-by-Step Instructions](#).
- First time users MUST validate an active email address.
- DO NOT REGISTER A NEW ACCOUNT TO RENEW.

FAST TRACK RENEWAL:

- Check your renewal notification for availability.
- To access, click the gray Fast Track Renewal tab. [Step-by-Step Instructions](#).
- Allows access to online renewal only.

INITIAL APPLICATION:

- All applicants MUST register if this is a first time application
- Select the "[Register](#)" link and create a new account.

FILING A COMPLAINT:

- Logging in is optional, but allows you to save your complaint
- Select the "[File a Complaint](#)" link.

QUESTIONS:

- [For all inquiries, please email the appropriate agency listed below.](#)

Log into eLicense

- If you already have an account with the Department of Consumer Protection, log on with your existing User ID and Password
- If you do not have an account, you must register.

The screenshot shows a web interface for logging into an account. At the top, there is a blue header with a lock icon and the text "Access Your Account". Below this, there are two tabs: "Account" and "Fast Track Renewal". The "Account" tab is active. Underneath the tabs, there are two input fields: "User ID" and "Password". A blue callout box with a pointer to both fields contains the text: "If your business has an existing account, applications or licenses with the Department of Consumer Protection, use your existing ID and password." Below the input fields is a blue "Log In" button. At the bottom, there are two links: "Don't have an account? Register" and "Forgot Password? Forgot User ID?". A second blue callout box with a pointer to the "Register" link contains the text: "If not, you must register." In the bottom left corner, there is a circular logo with the letters "DCP" in white on a blue and orange background.

Starting Your Application

1. In the top right-hand corner select “Online Services”
2. Then, under **Activities** select “Initial Application”

The screenshot shows the top navigation bar of the Connecticut State website. In the top right corner, there is a shopping cart icon with "\$0.00" and a "Checkout" button. Below this, the navigation menu includes "HOME", "MY ACCOUNT", and "ONLINE SERVICES". A blue callout box labeled "1. Select 'Online'" points to the "ONLINE SERVICES" dropdown menu. The "ONLINE SERVICES" dropdown is open, showing three main categories: "Activities", "License Lookup & Download", and "Account". Under "Activities", there are three sub-items: "Initial Application", "File a Complaint", and "Print Certificate". A second blue callout box labeled "2. Select 'Initial Application'" points to the "Initial Application" link. Below the navigation bar, there is a section for "ONLINE RENEWAL" with instructions on how to renew a license, permit, or registration online. It includes links for "User Id and Password Instructions" and "Fast Track Renewal Instructions". At the bottom, there is a section for "APPLICATION FOR A NEW LICENSE, PERMIT OR REGISTRATION" with instructions for new applicants.

Welcome, [User Name] Logout \$0.00 Checkout

1. Select "Online"

HOME MY ACCOUNT ONLINE SERVICES ▾

2. Select "Initial Application"

Activities

- Initial Application
- File a Complaint
- Print Certificate

License Lookup & Download

- Lookup a License
- Generate Roster(s)
- Public Reports

Account

- Account Details
- Address and General Maintenance

ONLINE RENEWAL: To renew your license, permit or registration online, select "RENEWAL" under "Online Services."

See links below for step-by-step renewal instructions:

- User Id and Password Instructions
- Fast Track Renewal Instructions

APPLICATION FOR A NEW LICENSE, PERMIT OR REGISTRATION: Online applications are for new applicants ONLY. If you are seeking to reinstate or renew, please



Select "Adult-Use Cannabis"

Apply for new license

Below are all current License/Certification types available for online application.

Please expand a category to view the available types, then select "Start" for the License/Certification you wish to apply from the list:

All	▼
Application	▼
Public Health Practitioners	▼
Liquor Control	▼
Accountancy	▼
Adult-Use Cannabis	▼
Agriculture	▼
Amusement Permits	▼
Appearance Enhancement	▼
Bedding Permits	▼
Charities & Solicitation	▼
Cranes, Hoisting, and Demolition	▼
Department of Banking	▼
Developmental Services	▼
Drug Control	▼

Select "Adult-Use Cannabis"



Click “Start”

Select “Start” to the left of the license type you are applying for.

Accountancy			▼
Adult-Use Cannabis			▲
	License	Board	
Start	ADULT-USE CANNABIS CULTIVATOR	Drug Control Division	
Start	ADULT-USE CANNABIS DELIVERY SERVICE	Drug Control Division	
Start	ADULT-USE CANNABIS FOOD AND BEVERAGE MANUFACTURER	Drug Control Division	
Start	ADULT-USE CANNABIS MEDICAL HYBRID RETAILER	Drug Control Division	
Start	ADULT-USE CANNABIS MICRO-CULTIVATOR	Drug Control Division	
Start	ADULT-USE CANNABIS PRODUCT MANUFACTURER	Drug Control Division	
Start	ADULT-USE CANNABIS PRODUCT PACKAGER	Drug Control Division	
Start	ADULT-USE CANNABIS RETAILER	Drug Control Division	
Agriculture			▼
Amusement Permits			▼



Cannabis Establishment - Start Instructions

The Start Instructions provide information about completing your online application as well as how to navigate through the application.

To move forward with your application, click **NEXT** at the bottom of the page.

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 elicence, 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.

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.

Previous Next

Close and Save

Navigating eLicense

A rectangular button with a light gray border and the word "Previous" in a dark gray sans-serif font.


Previous

Located at the bottom left corner of every screen. This allows you to return to the previous page.

A rectangular button with a light gray border and the word "Next" in a dark gray sans-serif font.

Next

Located at the bottom left corner of every screen. This allows you to move to the next page.

A rectangular button with a red background and a light gray border, containing the text "Close and Save" in white sans-serif font.

Close and Save

Located at the bottom right corner of every screen. This allows you to close and save your application and return to it later.



How to Upload a Document

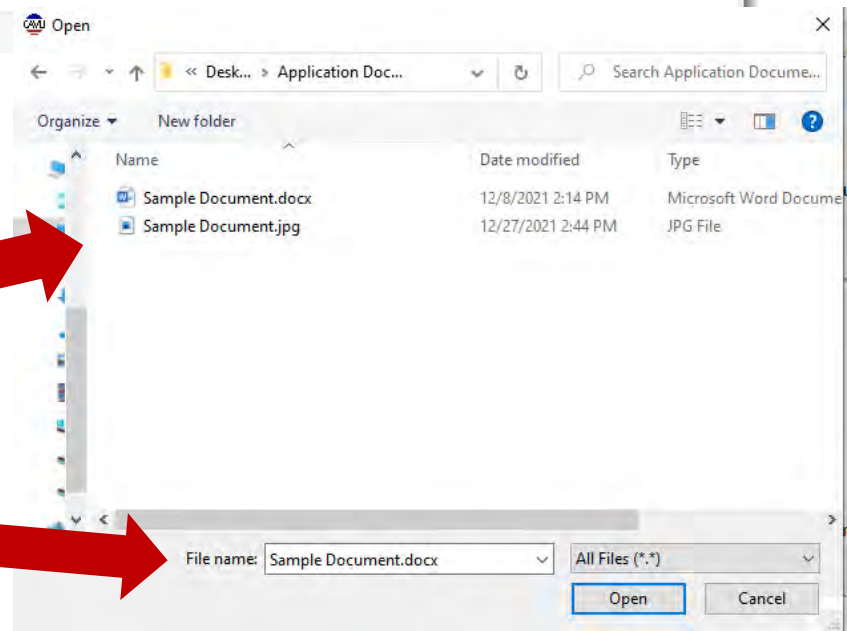
Click “Choose File”



A new window will open when you click on “Choose File”.

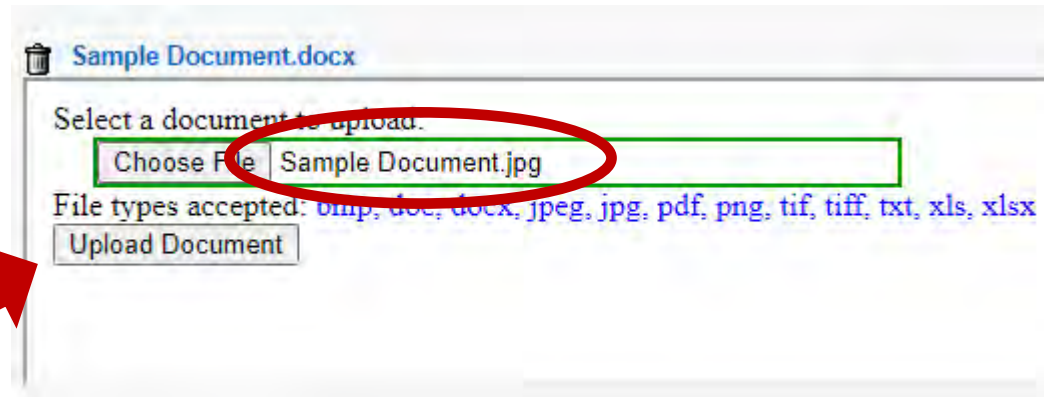
Click on the file you want to upload.

The name of the file you select will appear below. Click “Open” to select.



Uploading Multiple Documents

You will see the file that you uploaded here.
Click “Upload Document” to finish the upload.





To upload more than one file, click “Choose File” again and repeat the upload process until all desired files have been uploaded.



Deleting or Editing a Record

Some fields will allow you to delete or edit a record. If deleting or editing a record is allowed, you will see two icons under “Action”.

12. In the section below you may add contact information to assist with this application. You must add at least one primary contact for this application.

Action	First Name	Last Name	Title	Contact Type	eMail Address	Phone Number	Address
 	John	Does		Primary Contact for Application Submission			



Click the trash can to delete an entry



Click the paper and pencil to edit the entry



Cannabis Establishment Important Definitions

Adult-Use Cannabis - Important Definitions

Please review the following definitions before going forward:

- **Backer** means any individual or entity 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.



Cannabis Establishment Important Definitions (continued)

- **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;



Indicate Equity Joint Venture

This is where you will indicate if you are applying as an Equity Joint Venture. For Question 1, select “No”.

(Note: This screen only displays when no lottery period is open.)

In Question 2, select the lottery window you are applying for.

Equity Joint Venture Application Period

Fields marked with an asterisk * are required.

1. At this time we are only accepting applications for Equity Joint Ventures. Are you applying as an Equity Joint Venture?

*

2. Listed below are the dates where you may apply for the lottery. Past dates indicate that the lottery has been closed.



Multi-Step Application Process

The application you are submitting is your Social Equity Lottery application, to be reviewed by the Social Equity Council. This is the first step of the licensing process. If selected and approved, you must then apply for a provisional license and ultimately, a final license.

Cannabis Establishment Application Process

The Cannabis Establishment Application Process is a multi-step process.

- 1. Initial Application:** This is the entry into the application process and the step you are currently completing. For
 - **(a) Social Equity Applicants not part of an Equity Joint Venture and (b) non-Social Equity Applicants:** This is the entry into the lottery process.
 - **Equity Joint Venture:** This is the Direct application to the Social Equity Council.
- 2. Provisional License Application:** If your initial application is selected through the lottery or otherwise, and has passed the initial application review you will be allowed to submit a provisional application. Instructions for this application will be provided when you qualify.
- 3. Final License Application:** Provisional license applicants who have satisfied the requirements will be allowed to submit a final application for a license. Instructions for this application will be provided when you qualify.

NOTE ON THE INTIAL APPLICATION PROCESS: During the initial application you will be required to list all backers (owners) of the applicant and the key employees as well. After your application is submitted, accounts will be created for each individual and you will be emailed instructions on how they should apply as backers and/or key employees. Your initial application will not be complete until each individual has submitted their application. Failure to complete this step may mean that your application is not eligible to be entered into the lottery.

Application Documentation Requirements

These are the documents you will need for your application. The documents must be scanned and saved on your desktop or laptop so they can be uploaded into the online system.

Cannabis Establishment Requirements

You will need to gather the following prior to completing this application. All documents need to be scanned, clearly photographed or otherwise on your device and available for uploading:

- **A list of all backers including their home address, social security number, and email.**
- **List of any other Connecticut cannabis establishments you are associated with, applied for or plan to apply for.**
- **Business establishment documents such as, but not limited to, the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members as applicable.**
- **A current organizational chart showing the ownership of the applicant, including but not limited to holding companies, subsidiaries, and investors. Such chart shall list each ownership percentage.**
- **All compensation agreements with backers, directors, owners, officers, other high-level employees or any other persons; and**



Social Equity Council Requirements

Social Equity applicants must submit the following Social Equity documents listed below.

Cannabis Establishment Social Equity Council Requirements

The Social Equity Council Policy Committee has created the **SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL** document. This document lists multiple items that a Social Equity Applicant is required to provide. Questions on the requirements of this section and the "SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL" document may be referred to the Social Equity Council email (sec@ct.gov).

The requirements identified in this document are listed below:

- Organization Chart (including affiliates)
- List of owners and ownership interest
- List of Affiliates
- Resumes (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for each social equity applicant, Backer and anyone owning five percent or more of the total ownership or interest rights in such cannabis establishment.
- Personal Federal tax returns for the past 3 years, for each social equity applicant, backer and anyone owning five percent or more of the total ownership or interest rights in such cannabis establishment.
- Federal tax returns (and requests for extensions) filed by social equity applicant, backer and anyone owning five per cent or more of the total ownership or interest rights in such cannabis establishment.
- Federal tax returns (and requests for extensions) filed by any affiliate companies, with related schedules, for the past 3 years.)
- Documented proof of contributions used to acquire ownership interest rights in such cannabis establishment, for each owner (e.g., both sides of cancelled checks, letters of credit, financial agreements, bank statements etc.)
- Signed loan and security agreements, and bonding forms related to ownership or interest rights in such cannabis establishment.
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years.

Social Equity Council Requirements (continued)

- DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertification's, if applicable; and any appeal decisions on these actions.
- Bank authorization and signatory cards.
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the company.
- List of all employees, job titles, and dates of employment (including affiliates).
- Management Agreements (if available; required for full license)
- Operating Agreements (if available; required for full license)
- Option Agreements(if available; required for full license)

IN ADDITION:

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements related to ownership or interest rights in such cannabis establishment.

Corporations or LLC

- Official Articles of Incorporation/Articles of Organization (LLC) (signed by the state official)
- Certificate of Good Standing
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement(s)
- Minutes of all stockholders and board of director's meetings (2 years)
- Corporate bylaws and any amendments
- Corporate bank resolution and bank signature cards
- Membership certificates (front and back) and ledgers (only required if the LLC has issued membership shares)
- Current Certificate of Good Standing (may be called Certificate of Existence or Certificate of Status) Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)



Equity Joint Venture Requirements

Applicants for the Social Equity Lottery do not need to submit the documentation listed below:

Cannabis Establishment Equity Joint Venture Requirements

If you are applying as an Equity Joint Venture, you will need to gather additional documentation demonstrating the following prior to completing this application:

- Evidence of business formation;
- Ownership allocation;
- Terms of ownership and financing;
- Proof of social equity applicant involvement; and
- Organizing documents of the entity that outline the ownership stake of each backer, initial backer investment and payout information to enable the council to determine the terms of ownership.



Social Equity Council Consideration

All Social Equity Applicants must be considered by the Social Equity Council. For Question 3, select "Yes".

Social Equity Council Consideration

Fields marked with an asterisk * are required.

As an applicant you may choose to be considered as a Social Equity Applicant or an Equity Joint Venture, as applicable, for review by the Social Equity Council.

A "Social Equity Applicant" means an applicant 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 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.

"Equity Joint Venture" means a business entity, created by an expanding producer or converting dispensary facility, that is at least fifty percent 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;

3. Do you want this application considered by the Social Equity Council?

*

- select one - v



Social Equity Council Application Type

Select “Applying for the Lottery” for the type of application to be considered by the Social Equity Council.

Social Equity Council Application Type

Fields marked with an asterisk * are required.

4. Select the type of application you want the Social Equity Council to Consider:

*

The lottery fee for applicants requesting social equity applicant status is fifty percent of the general lottery fee. Should the Social Equity Council determine you do not qualify as a social equity applicant, you will have five days to pay the difference between the social equity lottery fee and the general lottery fee. The difference in the amount you would need to pay is listed below:

- Microcultivator: \$125
- Food and Beverage Manufacturer: \$125
- Delivery Service: \$125
- Transporter: \$125
- Retailer: \$250
- Product Packager: \$250
- Medical Hybrid Retailer: \$250
- Product Manufacturer: \$375
- Cultivator: \$500



Address Update

Address Update

10. Please update any changes to your primary address:

Address 1: 165 Capital Ave

Address 2:

City: Hartford

State: Connecticut

Zip Code: 06106

Country: UNITED STATES

Telephone Number:

Edit Address

-- OR --Change to an address already on file:

165 Capital Ave Hartford, CT 06106 (UNITED STATES) ▾ Update

If you need to make a change to the information on this screen, click "Edit Address"

11. Please update any changes to your mailing address:

Attention line or
company name:

Address 1: 165 Capital Ave

Address 2:

City: Hartford

State: Connecticut

Zip Code: 06106

Edit Address

-- OR --Change to an address already on file:

165 Capital Ave Hartford, CT 06106 (UNITED STATES) ▾ Update



Application Contact(s)

Click on “Add” to add contacts for your application.

Application Contact(s)

Fields marked with an asterisk * are required.

12. In the section below you may add contact information to assist with this application. You must add at least one primary contact for this application.

Action	First Name	Last Name	Title	Contact Type	eMail Address	Phone Number	Address
				No			

Add

Add DCP - AUC Contacts

In the section below you may add contact information to assist with this application. You must add at least one primary contact for this application.

First Name *



Last Name *

Title

Contact Type *

eMail Address *

Phone Number



Application Contact(s)

Click “Add” to if you would like to add more contacts.

Application Contact(s)



Fields marked with an asterisk * are required.

12. In the section below you may add contact information to assist with this application. You must add at least one primary contact for this application.

Action	First Name	Last Name	Title	Contact Type	eMail Address	Phone Number	Address
* No Records Found							

[Add](#)

12. In the section below you may add contact information to assist with this application. You must add at least one primary contact for this application.

Action	First Name	Last Name	Title	Contact Type	eMail Address	Phone Number	Address
 	John	Does		Primary Contact for Application Submission			



Cannabis Establishment Backer List

Cannabis Establishment Backer List

Fields marked with an asterisk * are required.

Backer means any individual with a direct or indirect financial interest in a cannabis establishment who owns five percent or more of the cannabis establishment in aggregate with their spouse, parent or child or an individual who owns less than five percent and participates directly or indirectly in the control, management or operation of the cannabis establishment;

16. List all backers in the section below. Upon completion of the cannabis establishment application we will email you a list of each individual's ID so that they may submit their application as a backer.

Your lottery application will not be complete until both the lottery application and all backers identified as social equity applicants complete their backer applications.

Backers must complete their individual applications in order for the Cannabis Establishment (this) application to be considered complete. Applicants for either the Social Equity Council Lottery or the Standard Lottery must have all backer applications completed prior to the close of the lottery. Social Equity Applicants for a Cultivator license located in the disproportionately impacted area must have all backers complete their applications within the initial 90 day application period. Equity Joint Venture Applicants will not have their applications presented to the Social Equity Council until all individual backer applications have been completed.

Action	First Name	Last Name	Date of Birth	Relationship	Phone Number	Backer's email address	Address
* No Records Found							

Add

Action	First Name	Last Name	Date of Birth	Relationship	Phone Number	Backer's email address	Address
 	John	Does	12/14/2021	Backer - Qualifies as Social Equity Applicant	(667) 666-6677		

Add



IMPORTANT: Backers must complete their application before the application closing date to be considered by the Social Equity Council.

Formation/Incorporation Information

Formation/Incorporation Information

Fields marked with an asterisk * are required.

17. Date of Formation - Incorporation

*  (MM/DD/YYYY) [Today](#)

18. Select, from the list below, the type of business that best describes your organization: [?](#)

*

19. Place of Formation/Incorporation (City/State or Country):

*

Formation/Incorporation Information

Fields marked with an asterisk * are required.

18. Select, from the list below, the type of business that best describes your organization: [?](#)

*

19. Date of

*

20. Place of

*





Cannabis Establishment Association Information

If you or your backer(s) currently hold a license for a cannabis establishment, have applied for a license for a cannabis establishment or are planning to apply for a license for cannabis establishment, you must indicate that here. Click “Add” to list each license or application.

Cannabis Establishment Association Information

20. List all associated Cannabis Establishments currently licensed, applied for or that you plan to apply for in the immediate future. You must include all Cannabis Establishments associated through your business entity (the applicant) or through your backers. Include any Equity Joint Ventures your business entity is participating in.

Action	Establishment Name	License Status	License Type	License Number	Equity Joint Venture	Association Type	Backer List
 	Healthy Returns	Applied For/To be Applied For	ADULT-USE CANNABIS PRODUCT MANUFACTURER		No	Applicant	

Add



Other Business Names And Addresses

Other Business Names And Addresses

21. List all names under which the applicant has done business or has held itself out to the public as doing business. Do not limit your response to business operations in Connecticut. Include all business operations ever commenced both within and outside of the United States.

Action	Name	From	To
No Records Found			

Add

22. List all addresses, other than those listed previously, that the applicant owns, has owned or from which business has been conducted during the previous five years and give the approximate time periods during which such locations were owned or utilized.

Action	From	To	Address	Telephone Number
No Records Found				

Add



Business Organization and Structure

Business Organization and Structure

Fields marked with an asterisk * are required.

23. Upload documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant to the extent applicable.

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

24. A current organizational chart showing the ownership of the applicant, including but not limited to holding companies, subsidiaries, and investors. Such chart shall list each ownership percentage.

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

25. Upload a copy of all compensation agreements with backers, directors, owners, officers, other high-level employees or any other persons. For purposes of this application, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

SOCIAL EQUITY COUNCIL: SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL

SOCIAL EQUITY COUNCIL: SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL

Fields marked with an asterisk * are required.

The Social Equity Council Policy Committee has created the [SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL](#) document. This document lists multiple items that a Social Equity Applicant is required to provide.

Instructions for completing this section is as follows:

1. An upload is required for each requested document.
 - o If a document does not apply, such as corporation documents for non-corporate entities, upload a statement indicating that it does not apply.
 - o If a document is not yet available and it is indicated that you may supply this in the final application, upload a statement indicating that you will supply this in the final application.
 - o If you have already uploaded this document as part of another document or is an item uploaded previously, upload it here as well.
2. Questions on the requirements of this section and the "SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL" document may be referred to the Social Equity Council email (sec@ct.gov)

35. Organization Chart (including affiliates)

No document(s) uploaded for this question.

Select a document to upload:

No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Note: This upload area appears after each question in this section but does not appear in this document.



SOCIAL EQUITY COUNCIL: SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL

Each of the numbered items below will require an upload.

26. Organization Chart (including affiliates)
27. List of owners and ownership interest
28. List of Affiliates
29. Resumes (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
30. Personal Net Worth Statement for each social equity applicant, Backer and anyone owning five percent or more of the total ownership or interest rights in such cannabis establishment.
31. Personal Federal tax returns for the past 3 years, for each social equity applicant, backer and anyone owning five percent or more of the total ownership or interest rights in such cannabis establishment.
32. Federal tax returns (and requests for extensions) filed by social equity applicant, backer and anyone owning five per cent or more of the total ownership or interest rights in such cannabis establishment.
33. Federal tax returns (and requests for extensions) filed by any affiliate companies, with related schedules, for the past 3 years.



SOCIAL EQUITY COUNCIL: SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL

Each of the numbered items below will require an upload.

34. Documented proof of contributions used to acquire ownership interest rights in such cannabis establishment, for each owner (e.g., both sides of cancelled checks, letters of credit, financial agreements, bank statements etc.)
35. Signed loan and security agreements, and bonding forms related to ownership or interest rights in such cannabis establishment.
36. Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years.
37. DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertification's, if applicable; and any appeal decisions on these actions.
38. Bank authorization and signatory cards.
39. Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the company.
40. List of all employees, job titles, and dates of employment (including affiliates).
41. Management Agreements (if available; required for full license)
42. Operating Agreements (if available; required for full license)
43. Option Agreements (if available; required for full license)



SOCIAL EQUITY COUNCIL: SOCIAL EQUITY APPLICANT OWNERSHIP & CONTROL

Each of the numbered items below will require an upload.

44. Partnership or Joint Venture: Original and any amended Partnership or Joint Venture Agreements related to ownership or interest rights in such cannabis establishment.
45. Corporations or LLC: Official Articles of Incorporation/Articles of Organization (LLC) (signed by the state official)
46. Corporations or LLC: Certificate of Good Standing
47. Corporations or LLC: Both sides of all corporate stock certificates and your firm's stock transfer ledger
48. Corporations or LLC: Shareholders' Agreement(s)
49. Corporations or LLC: Minutes of all stockholders and board of director's meetings (2 years)
50. Corporations or LLC: Corporate bylaws and any amendments
51. Corporations or LLC: Corporate bank resolution and bank signature cards
52. Corporations or LLC: Membership certificates (front and back) and ledgers (only required if the LLC has issued membership shares)
53. Corporations or LLC: Current Certificate of Good Standing (may be called Certificate of Existence or Certificate of Status) Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)



Attestation

Attestation

Fields marked with an asterisk * are required.

49. Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is the truth to the best of my knowledge.

*

You must select “Yes” to move forward with the application.



User ID and Password

This is your User ID and password for your account. Please keep this information for your records.

Retain for your records

55. Here is your user ID for your records:

56. Keep this for your records. Listed below is your password.

57. Keep this for your records: This is your email of record. The forgot password function will mail your temporary password to this address:



Application Review

The fee for the Social Equity Lottery application will vary based on license type.

Before submitting your application, it is recommended that you click “Print Review”. This will allow you to review your application. Click on each upload to make sure it was uploaded correctly.

Print a copy for your records before submitting. Once you submit your application, you will not be able to access the application to review or change what you have submitted.

Fees	
Lottery Fee	\$250.00
Total Fees:	\$250.00

Your application is not complete until you click “Finish” to submit your application.



You will receive an email confirmation that your application has been received.



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION

Social Equity
Backer Applicant

IMPORTANT

This is a guide for the Backer application for cannabis establishments applications. This guide is subject to change and designed to assist applicants in understanding the application process in general.

Applications available on the elicense.ct.gov portal are the applications required to participate in the adult-use cannabis program.



Application Process

- This application must be completed in conjunction with a cannabis establishment application and is only available to individuals that meet the definition of a Backer.
- When a cannabis establishment applies as a Social Equity Applicant or as part of an Equity Joint Venture, this Backer application is part of the cannabis entity application sent to the Social Equity Council. Failure to complete the Backer application may impact the Cannabis Establishment Application.
- The Backer application fee is not charged during this application. The fee will be charged to the cannabis establishment when they approve the Backer relationship with that establishment.



Introductory Slides

- Backer applicants will see the same introductory slides as seen in the Social Equity application
 - Multi-language function
 - Logging into eLicense
 - Starting an application
 - Navigating through eLicense
 - Uploading documents
 - Deleting and editing records
 - Important cannabis establishment definitions



Prior Application

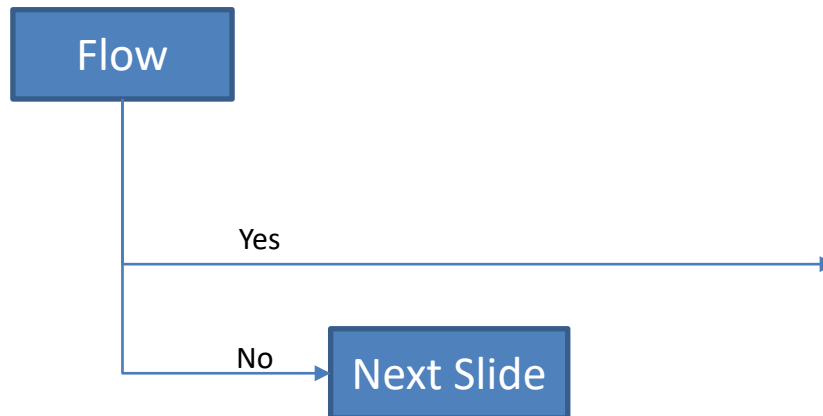
If you have previously applied for a license with the Department of Consumer Protection, you may select “Yes” to use the information already in the eLicense system for your new application. If not, select “No”.

Prior Application

Fields marked with an asterisk * are required.

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

*



You do not have to complete a second application. Instead, complete the following steps:

1. Sign into the elicense account used to submit your backer application.
 - o Lost your ID and password? Send an email to dcp.cannabis@ct.gov with your name, address and a request for your ID and Password.
2. Select the "License Maintenance" function.
3. Select the "Link to a Cannabis Establishment" from the menu.
4. Complete the linking process.

OK



Adult-Use Cannabis Backer Requirements

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:
 - Taken against a plain white or off-white background or backdrop;
 - Two inches by two inches in size;
 - In natural color;
 - Provides a front, unobstructed view of the individual's full face;
 - Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
 - 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

Individuals applying as Social Equity Applicants must submit documentation to demonstrate they meet social equity residency and income requirements.

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 "[SOCIAL EQUITY APPLICANT \(SEA\) RESIDENCY AND INCOME VERIFICATION](#)"



Adult-Use Cannabis Individual Social Equity Council Requirements (Continued)

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.



New Applicant Address Information

New Applicant Address Information

2. Please update any changes to your primary address:

Address 1: 123 MAIN ST
Address 2:
City: NEWINGTON State: Connecticut Zip Code: 06111-1336 Country: UNITED STATES
Telephone Number:

Edit Address

-- OR --Change to an address already on file:
123 MAIN ST NEWINGTON, CT 06111-1336 (UNITED STATES) Update

3. Please update any changes to your mailing address:

Attention line or company name:
Address 1: 123 MAIN ST
Address 2:
City: NEWINGTON State: Connecticut Zip Code: 06111-1336

Edit Address

-- OR --Change to an address already on file:
123 MAIN ST NEWINGTON, CT 06111-1336 (UNITED STATES) Update

If you need to make a change to the information on this screen, click "Edit Address"



Individual Information

Individual Information

Fields marked with an asterisk * are required.

4. Provide your date of birth

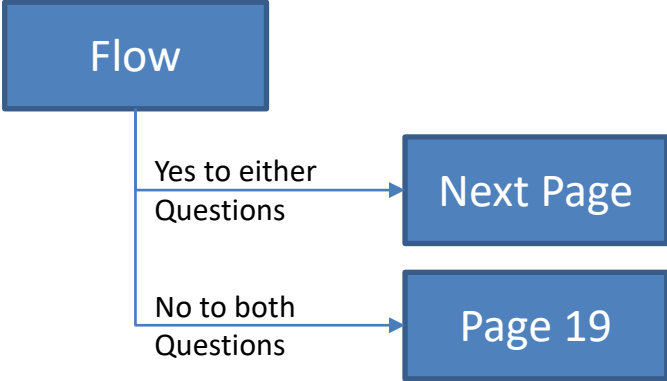
* (MM/DD/YYYY) Today

5. Are you a United States citizen?

* Yes No

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

* ▼



Social Security

Social Security

Fields marked with an asterisk * are required.

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 cannot be processed.

7. Social Security Number: (no dashes)

* Enter your SSN

* Re-enter your SSN



Adult-Use Cannabis - Associate Licenses for an Individual – Part 1

If you are already a Backer or Employee of a medical marijuana or cannabis establishment, your existing relationship(s) will be listed here.

If you have an existing relationship with a medical marijuana or cannabis establishment and it is not listed here, add it in the grid at the bottom of the page.

Adult-Use Cannabis - Associated Licenses for an individual

Fields marked with an asterisk * are required.

10. 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	Name	Associated License Type	Relationship Type	Association Status
No Records Found					



Adult-Use Cannabis - Associate Licenses for an Individual – Part 2

Add cannabis establishment license that you are currently a Backer of that is NOT already listed.

11. 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.

*

Move Items from one List to the other

Available		Selected
CURALEAF STAMFORD INC (STAMFORD: MMDF.0000056) BLUEPOINT WELLNESS OF CONNECTICUT (BRANFORD: MMDF.0000002) SOUTHERN CT WELLNESS AND HEALING LLC (MILFORD: MMDF.0000015) D&B WELLNESS LLC (DANBURY: MMDF.0000003) PRIME WELLNESS OF CONNECTICUT LLC (SOUTH WINDSOR: MMDF.0000004) THAMES VALLEY RELIEF (UNCASVILLE: MMDF.0000005) TRULIEVE BRISTOL INC (BRISTOL: MMDF.0000006) CARING NATURE LLC (WATERBURY: MMDF.0000007) CURALEAF GROTON LLC (GROTON: MMDF.0000053) C-3 VENTURES LLC (TORRINGTON: MMDF.0000042)	> <	CURALEAF HARTFORD INC (HARTFORD: MMDF.0000001) CURALEAF MILFORD INC (MILFORD: MMDF.0000018)

11. 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.

*



Adult-Use Cannabis - Associate Licenses for an individual – Part 3

12. 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.

Action	Establishment Name	License Status	License Type	License Number	Backer List
No Records Found					

Add

Add DCP - AUC - Backer Association List

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 (required if licensed)

List any backer that has an association with the listed business. If the associated business is held by the applicant then this can be left blank.



Social Equity Qualifications

Individual Social Equity Qualifications

Fields marked with an asterisk * are required.

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?

*

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;

*




Government ID

Non-Social Equity Applicants will be asked to upload a valid government-issued form of identification now. Social Equity Applicants will upload this documentation later in the application. If you do not have a valid government-issued identification, select “No” and upload a statement indicating that you do not have one.

Government ID

Fields marked with an asterisk * are required.

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

*

Government ID Upload

Fields marked with an asterisk * are required.

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

No document(s) uploaded for this question.

Select a document to upload:

No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)



Social Equity Council Proof of Income

Part 1-

Social Equity Council Proof of Income

Fields marked with an asterisk * are required.

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 "[SOCIAL EQUITY APPLICANT \(SEA\) RESIDENCY AND INCOME VERIFICATION](#)"

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.



Social Equity Council Proof of Income

Part 2

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 Council Proof of Income

Part 3

13. Add each current household member over the age of 21 in the space provided.

Action	Name
No Records Found	

Add

Click "Add" and list each household member one at a time until they have all been listed.

Add DCP - AUC Ind Household Member

Add each current household member over the age of 21 in the space provided.

Name

*



Social Equity Council Proof of Income


Part 4

14. For one of the options listed above:

1. Indicate which household member you are providing proof of income for.
2. Select the category that you have chosen;
3. Select the corresponding tax year; and
4. Upload the corresponding document.

You must upload one or more documents for each of the last three tax years.

Action	Name	Type of Document	Tax Year
No Records Found			

* 

Click "Add" to upload documents you are providing as proof of income.



Add DCP - AUC IND Proof Option

For one of the options listed above:

1. Indicate which household member you are providing proof of income for.
2. Select the category that you have chosen;
3. Select the corresponding tax year; and
4. Upload the corresponding document.

You must upload one or more documents for each of the last three tax years.

Name of Household Member

*

Type of Document

*

Tax Year

*

Upload your Document(s)

Social Equity Council Proof of Income

Part 5

Add DCP - AUC IND Proof Option



For one of the options listed above:

1. Indicate which household member you are providing proof of income for.
2. Select the category that you have chosen;
3. Select the corresponding tax year; and
4. Upload the corresponding document.

You must upload one or more documents for each of the last three tax years.

Name of Household Member

* John Doe

Type of Document

- * - select one -
- select one -
 - Notarized income verification
 - Pay Stubs**
 - Tax Returns:
 - Wage and Tax Statement:
 - Social Security:
 - Pension/Retirement:
 - Record of Account Transcript:
 - Annuity Statements:
 - Pension/Retirement:
 - Court-Ordered Agreements:
 - Unemployment Benefits:
 - Workers Compensation:
 - Other Supporting Documents

14. For one of the options listed above:

1. Indicate which household member you are providing proof of income for.
2. Select the category that you have chosen;
3. Select the corresponding tax year; and
4. Upload the corresponding document.

You must upload one or more documents for each of the last three tax years.

Action	Name	Type of Document	Tax Year	Upload your Document(s)
*	John Doe	Pay Stubs	2020	2020 Pay Stubs.docx

Add

Social Equity Council Proof of Residency Part 1

Social Equity Council: Proof of Residency

Fields marked with an asterisk * are required.

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 "[SOCIAL EQUITY APPLICANT \(SEA\) RESIDENCY AND INCOME VERIFICATION](#)"

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.



Social Equity Council Proof of Residency

Part 2

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.	

15. Upload Government issued Photo ID Card (Driver's License, State ID etc.)

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

16. Upload copies of the front and back of your Social Security Card

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

Social Equity Council Proof of Residency

Part 3

17. Upload copies of the front and back of your long-form Birth Certificate which includes the applicant's name

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

18. Upload your proof of residency requirements below. You must provide proof of residency within a [disproportionately impacted area](#) covering five out of the ten years preceding the Application Date, OR no less than nine years prior to turning eighteen.

1. From the list provided select the option and type of document from the list provided.
2. Enter the date you first resided there.
3. Enter the date you last resided there. Leave blank if you still resided there.
4. Enter the address you resided at.
5. Upload the associated document.

Action	Type of Document	From	To	Address	Upload your Document(s)
* No Records Found					



State/Local Licenses

State/Local Licenses

18. 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.

Action	State	License Type	License Number	License Issued Date	License Expiration Date	License Status	Disciplinary Action
No Records Found							

Add

Please indicate any jurisdictions including Connecticut where you have ever held a professional certification, license, or permit.

If none to report, click NEXT at the bottom.

State

Connecticut

License Type

Electrician

License Number

License Issued Date

11/13/2021 (MM/DD/YYYY) Today

License Expiration Date

11/13/2021 (MM/DD/YYYY) Today

License Status

Active

Disciplinary Action

Yes No



Action	State	License Type	License Number	License Issued Date	License Expiration Date	License Status	Disciplinary Action
	Connecticut	Electrician		11/13/2021	11/13/2021	Active	No

Photo

Be sure that your uploaded photo is in natural color without the use of digital filters or other digital image enhancers.

Photo

Fields marked with an asterisk * are required.

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.

No document(s) uploaded for this question.

Select a document to upload:

Choose File No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)

Upload Document

Cannabis Establishment Backer Employment

Cannabis Establishment Backer Employment

Fields marked with an asterisk * are required.

21. Are you also employed at the cannabis establishment?

*

If yes, provide the name, phone number and email address of the facility or establishment.

Cannabis Establishment Employment

Fields marked with an asterisk * are required.

22. What is your title/position with the medical marijuana facility or cannabis establishment?

*

23. Provide their Telephone Number

24. Provide their Email Address

*



Ownership Interest

Ownership Interest

Fields marked with an asterisk * are required.

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

*



Judicial and Administrative Review (and Upload)

Judicial or Administrative Review

Fields marked with an asterisk * are required.

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?

*

Judicial or Administrative Review Upload

Fields marked with an asterisk * are required.

30. If the answer is "yes", upload the relevant administrative finding, judicial decision, disciplinary action, or civil judgment and a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each.

No document(s) uploaded for this question.

Select a document to upload:

No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)



Adult-Use Cannabis Criminal History (and Upload)

Adult-Use Cannabis Criminal History

Fields marked with an asterisk * are required.

31. Review the list of [disqualifying convictions](#).

Have you been convicted 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?

*

Criminal Action Upload

Fields marked with an asterisk * are required.

32. If you answered "Yes", please 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.

No document(s) uploaded for this question.

Select a document to upload:

No file chosen

* File types accepted: [bmp](#), [doc](#), [docx](#), [jpeg](#), [jpg](#), [pdf](#), [png](#), [tif](#), [tiff](#), [txt](#), [xls](#), [xlsx](#)



Background Check

Background Check

Fields marked with an asterisk * are required.

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.

* Yes No

You must authorize a back ground check in order to continue.



Attestation

Attestation

Fields marked with an asterisk * are required.

37. Under penalty of false statement, a class A misdemeanor, I attest that the information provided in this application is the truth to the best of my knowledge.

*

You must attest to the completeness and accuracy of this application in order to continue.

OK



User ID and Password

This is your User ID and password for your account. Please keep this information for your records.

Retain for your records

55. Here is your user ID for your records:

56. Keep this for your records. Listed below is your password.

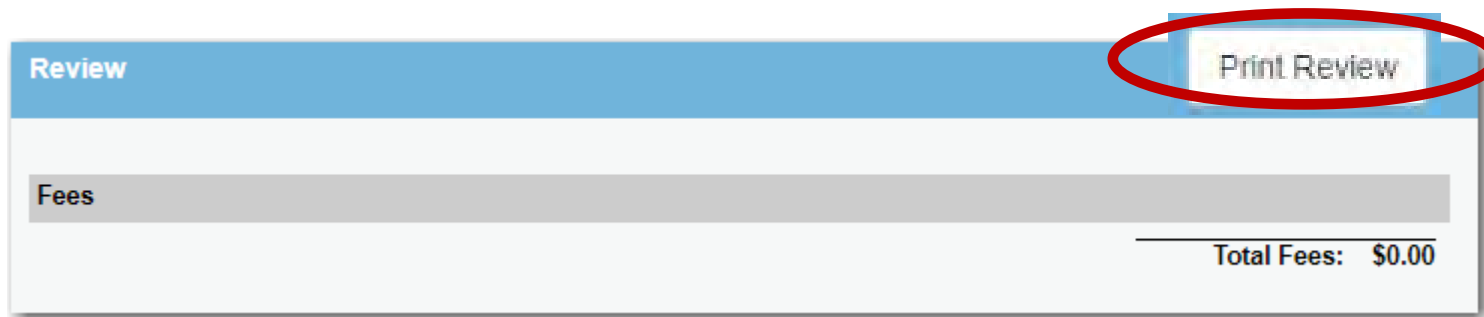
57. Keep this for your records: This is your email of record. The forgot password function will mail your temporary password to this address:



Review

Before submitting your application, it is recommended that you click “Print Review”. This will allow you to review your application. Click on each upload to make sure it was uploaded correctly.

Print a copy for your records before submitting. Once you submit your application, you will not be able to access the application to review or change what you have submitted.



Review

Print Review

Fees

Total Fees: \$0.00

Your application is not complete until you click “Finish” to submit your application.



Previous Finish



You will receive an email confirmation that your application has been received.