

Form A: Compassion Center Information

TO BE COMPLETED BY APPLICANT				
Legal Name				
Name of Compassion Center (If different than above)				
Street Address of Compassion Center	City		ZIP Code	
			•	
Applic	ant Contact Inform	mation		
Last Name	First Name		MI	Telephone Number
Address	City		State	ZIP Code
			1	
ATTA	CHMENTS TO FO	RM A		
Submit the following attachments via email as separate at Check if Attached:	tachments in PDF format	•		
Organizational chart				
Operational manual				
Financial statements for the last two years (one year	if two years are not availa	able) or the last five o	quarterly finar	icial statements
Articles of Incorporation or Articles of Organization of	the compassion center			
Bylaws or Operating Agreement of the compassion center (including requirements of NDCC Section 19-24.1-28				
Fyidence of the compassion center's certificate of go	od standing			

Form B: Member Information

Must be completed for each principal officer, board member, member-manager, manager, or governor of the compassion center

INDIVIDUAL A				
Last Name	First Name	MI		
Address	City	State	ZIP Code	
Date of Birth Individual A consents to a	criminal history record check: (In accordan	I nce with NDC	C Section 12-60-24)	
Please mark yes or no and provide other information	on as requested.			
Has Individual A been convicted of a felony? Yes N	0			
Has Individual A been convicted of a drug-related misdemea	nor offense within the last five years?	es No		
Has Individual A ever been convicted of any violation of any offenses (speeding, parking tickets, etc.)?		juvenile court	or minor traffic	
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.				
	INDIVIDUAL D			
Last Name	First Name	МІ		
Last Name	riist Name	IVII		
Address	City	State	ZIP Code	
Date of Birth Individual B consents to a	criminal history record check: (In accordan	nce with NDC	C Section 12-60-24)	
Please mark yes or no and provide other information	on as requested.			
Has Individual B been convicted of a felony? Yes No				
Has Individual B been convicted of a drug-related misdemeanor offense within the last five years? Yes No				
Has Individual B ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?				
If any of the above questions are answered 'yes', please list information.	date of conviction(s), description of the offe	ense(s) and a	ny other relevant	

INDIVIDUAL C				
Last Name		First Name	MI	
Address		City	State	ZIP Code
Date of Birth	Individual C consents to a	criminal history record check: (In accordar	nce with NDC	C Section 12-60-24)
Please mark yes or no and pr	rovide other informatio	n as requested.		
Has Individual C been convicted or	f a felony? Yes No			
Has Individual C been convicted or	f a drug-related misdemean	or offense within the last five years?	Yes No	
Has Individual C ever been convict offenses (speeding, parking tickets		w other than a case that was resolved in j	uvenile court	or minor traffic
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.			ny other relevant	
	ll ll	NDIVIDUAL D		
Last Name		First Name	MI	
Address		City	State	ZIP Code
Date of Birth	Individual D consents to a	criminal history record check: (In accordar	nce with NDC	C Section 12-60-24)
Please mark yes or no and p	rovide other informatio	n as requested.		
Has Individual D been convicted o	f a felony? Yes No			
Has Individual D been convicted or	f a drug-related misdemean	or offense within the last five years?	∕es	
Has Individual D ever been convict offenses (speeding, parking tickets		aw other than a case that was resolved in j	uvenile court	or minor traffic
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.				
INDIVIDUAL E				
Last Name		First Name	МІ	
Address		City	State	ZIP Code
Date of Birth	Individual E consents to a	criminal history record check: (In accordan	nce with NDC	C Section 12-60-24)

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Please mark yes or no and provide other information	ation a	as requested.			
Has Individual E been convicted of a felony? Yes] No				
Has Individual E been convicted of a drug-related misdem	Has Individual E been convicted of a drug-related misdemeanor offense within the last five years? No				
Has Individual E ever been convicted of any violation of a offenses (speeding, parking tickets, etc.)?	ny law o	other than a case that was resolved in j	uvenile court	or minor traffic	
If any of the above questions are answered 'yes', please information.	list date	e of conviction(s), description of the offe	nse(s) and ar	ny other relevant	
	INC	DIVIDUAL F			
Last Name	Fir	rst Name	MI		
Address	Cit	ity	State	ZIP Code	
Date of Birth Individual F consents t	to a crim	minal history record check: (In accordan	ce with NDC	C Section 12-60-24)	
Please mark yes or no and provide other information	ation a	as requested.			
Has Individual F been convicted of a felony? Yes	□No				
Has Individual F been convicted of a drug-related misdem	neanor o	offense within the last five years?	es No		
Has Individual F ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?					
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.					
	IND	DIVIDUAL G			
Last Name	Fir	rst Name	MI		
Address	Cit	ity	State	ZIP Code	
Date of Birth Individual G consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) Yes No					
Please mark yes or no and provide other informa	ation a	as requested.			
Has Individual G been convicted of a felony? Yes	No				
Has Individual G been convicted of a drug-related misdemeanor offense within the last five years? Yes No					
Has Individual G ever been convicted of any violation of a offenses (speeding, parking tickets, etc.)?	iny law o	other than a case that was resolved in j	uvenile court	or minor traffic	

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If any of the above questio information.	ns are answered 'yes', ple	ase list date of conviction(s), desc	ription of the offense(s) and	any other relevant
		INDIVIDUAL H		
Last Name		First Name	МІ	
Address		City	State	ZIP Code
Date of Birth:	Individual H conse ☐Yes ☐ No	ents to a criminal history record ch	eck: (In accordance with NE	OCC Section 12-60-24)
Please mark yes or no	and provide other info	ormation as requested.		
Has Individual H been conv	icted of a felony? Yes	No		
Has Individual H been conv	icted of a drug-related mis	sdemeanor offense within the last	five years? Yes	□No
Has Individual H ever been offenses (speeding, parking	convicted of any violation tickets, etc.)? Yes	of any law other than a case that No	was resolved in juvenile cou	urt or minor traffic
INDIVIDUAL I				
Last Name:		First Name:	MI	
Address		City	State	ZIP Code
Date of Birth: Individual I consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) Yes No				
Please mark yes or no	and provide other info	ormation as requested.		
Has Individual I been convi	cted of a felony?	No		
Has Individual I been convicted of a drug-related misdemeanor offense within the last five years? No				
Has Individual I ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?				
If any of the above question information.	ns are answered 'yes', ple	ase list date of conviction(s), desc	ription of the offense(s) and	any other relevant

INDIVIDUAL J				
Last Name		First Name	МІ	
Address		City	State	ZIP Code
Date of Birth	Individual J consents to a α ☐Yes ☐ No	criminal history record check: (In accordan	ce with NDC	CC Section 12-60-24)
Please mark yes or no and pr	ovide other informatio	n as requested.		
Has Individual J been convicted of	a felony? Yes No			
Has Individual J been convicted of	a drug-related misdemean	or offense within the last five years? Yes	s No	
Has Individual J ever been convicte (speeding, parking tickets, etc.)?	ed of any violation of any la YesNo	w other than a case that was resolved in ju	uvenile cour	t or minor traffic offenses
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.				
	II	NDIVIDUAL K		
Last Name		First Name	МІ	
Address		City	State	ZIP Code
Date of Birth	Date of Birth Individual K consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) Yes No			CC Section 12-60-24)
Please mark yes or no and p	ovide other informatio	n as requested.		
Has Individual K been convicted of	a felony? Yes No			
Has Individual K been convicted of	a drug-related misdemean	or offense within the last five years? Ye	es No	
Has Individual K ever been convict offenses (speeding, parking tickets		w other than a case that was resolved in j	uveni l e coui	t or minor traffic
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.				
INDIVIDUAL L				
Last Name		First Name	МІ	
Address		City	State	ZIP Code
Date of Birth	Individual L consents to a o	l criminal history record check: (In accordan	ce with ND0	CC Section 12-60-24)

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Please mark yes or no and provide other information as requested.
Has Individual L been convicted of a felony? Yes No
Has Individual L been convicted of a drug-related misdemeanor offense within the last five years? Yes No
Has Individual L ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)?
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Form C: Ownership and Capital Information

List all individual & business entities having direct or indirect a compassion center.	uthority over the mar	nagement or polic	ies of the
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
List all individuals and business entities having an ownership in the compassion center, whether direct or indirect.	nterest Ownership (check all t	interest is in: hat apply)	
in the compassion center, whether direct or indirect.			☐ Building
in the compassion center, whether direct or indirect. 1.	(check all t	hat apply)	☐ Building
in the compassion center, whether direct or indirect. 1. 2.	(check all t	hat apply)	
1. 2. 3.	(check all t ☐ Profits ☐ Profits	hat apply) Lands Lands	Building
in the compassion center, whether direct or indirect. 1. 2. 3. 4.	(check all t ☐ Profits ☐ Profits ☐ Profits	Lands Lands Lands	Building Building
in the compassion center, whether direct or indirect. 1. 2. 3. 4. 5.	Check all t	Lands Lands Lands Lands Lands Lands	Building Building Building
	Check all t	Lands Lands Lands Lands Lands Lands Lands	Building Building Building Building Building
in the compassion center, whether direct or indirect. 1. 2. 3. 4. 5. 6.	Check all t	hat apply) Lands Lands Lands Lands Lands Lands Lands	Building Building Building Building Building Building
in the compassion center, whether direct or indirect. 1. 2. 3. 4. 5. 6. 7.	Check all t	hat apply) Lands Lands Lands Lands Lands Lands Lands Lands Lands Lands	Building Building Building Building Building Building Building

Form C: Ownership and Capital Information

List the identity of any creditor holding a security interest in the compassion center premises.		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
9.	10.	

List the amount of capital and source of	funds that will be used for the compassion of	center operations.
Type/Category of Capital (i.e. cash, cash equivalents, pledges, etc.)	Source of Funds (i.e. investors, board members, governors, etc.)	
1.	1.	Amount
2.	2.	Amount
3.	3.	Amount
4.	4.	Amount
5.	5.	Amount
6.	6.	Amount
7.	7.	Amount
8.	8.	Amount
9.	9.	Amount
10.	10.	Amount

Total Amount	

Form D: Attestation Form

By signing below, I hereby certify and affirm that all information included in my application is true, correct, accurate, and free from any falsifications. I understand providing false information is a violation of North Dakota state laws and is grounds for not being eligible for registration.

Printed Name	
Signature of Applicant	Date Signed
State of	County of
	Date
Signed and sworn to (or affirmed) before me this	
Name(s) of Individual(s) Making Statement	
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	