



Office of the Marijuana Commissioner

**Introduction to the OMC Salesforce
License Application Process**

License Types Available per County

LT= License Type	LT-1 Open Cultivation	LT-2 Social Equity Cultivation	LT-3 Micro Cultivation	LT-4 Open Manufacturer	LT-5 Social Equity Manufacturer	LT-6 Micro Manufacturer	LT-7 Open Retailer	LT-8 Social Equity Retailer	LT-9 Open Testing Lab	LT-10 Social Equity Testing Lab	LT-11 Social Equity Micro Cultivation	TOTALS
Number of Licenses	20	10	20	10	10	10	15	15	3	2	10	125
New Castle County	9	5	9	5	5	5	7	7	1	1	5	59
Kent County	4	2	4	2	2	2	3	3	1	0	2	25
Sussex County	7	3	7	3	3	3	5	5	1	1	3	41



Let's begin your online application

- Start by navigating to the OMC website at omc.delaware.gov and selecting the licensing tab's "Licensing Process." After reviewing the license application guide, select "Ready to Apply?"
- You can start your application and go back and edit it before officially submitting it with your payment.
- You may need to enter temporary information in a required/mandatory field to advance through the application the first time, BUT make sure to edit and update that information before you make your final submission.



If you are at the OMC website, you will click the [Online Salesforce Licensing Application](#) link in #3 below. After clicking the link, you'll be taken to the Online Salesforce Application Instructions. Review the Instructions, after review click the Salesforce Licensing Application button to begin the application.



[Home](#)

[Licensing Process](#)

[Apply for a License](#)

[Application & Licensing Costs](#)

[License FAQs](#)

[Social Equity](#)

Apply for a License

How to Apply?

[Step-by-Step OMC License Application Guide](#)

1. Gather **All** Required Information
2. Complete **ALL** [Required Document Templates](#) below
3. Review and follow the [Online Salesforce Licensing Application](#) instructions below


This is the online application landing page where you will “land”.
Step 1: Click “Login” in the top right corner of the page



https://de-dshs.my.site.com/OMC/s/

Search...

Login



State of Delaware
Office of the Marijuana
Commissioner

This consolidated application is used to apply for all Delaware Marijuana Establishment licenses, including:

(LT= License Type)

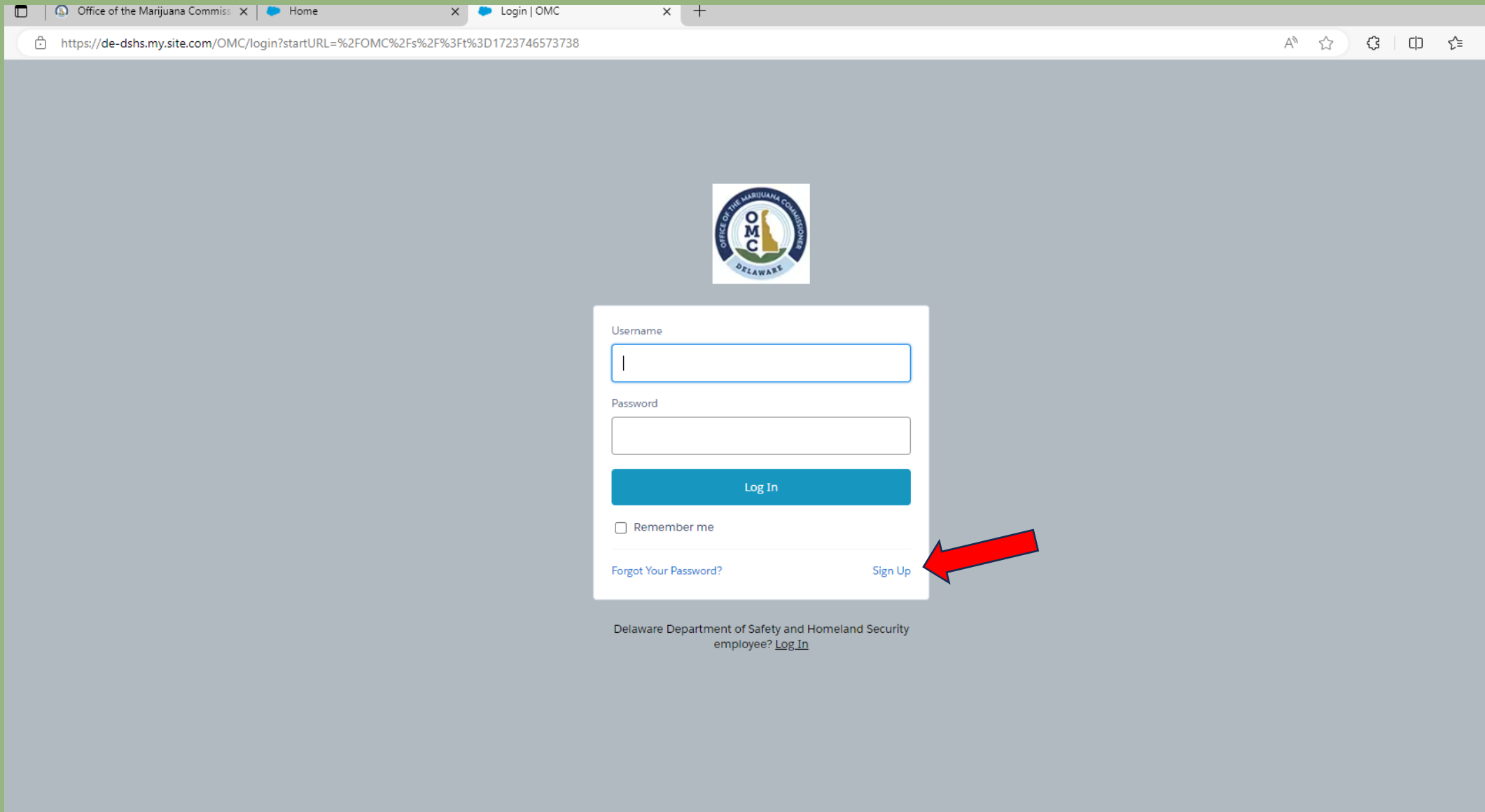
- "LT-1" Open Cultivation
- "LT-2" Social Equity Cultivation
- "LT-3" Micro Cultivation
- "LT-4" Open Manufacturer
- "LT-5" Social Equity Manufacturer
- "LT-6" Micro Manufacturer
- "LT-7" Open Retailer
- "LT-8" Social Equity Retailer
- "LT-9" Open Testing Lab
- "LT-10" Social Equity Testing Lab
- "LT-11" Social Equity Micro Cultivation

Please note, in accordance with Delaware Marijuana Control Act, 4 Del.C. Chapter 13 and the accompanying regulations, applicants are limited to applying for 1 of each license type in each county. Entities applying for Testing Lab or Social Equity Testing Lab licenses are restricted from applying for any other type of license.

Each license type is a separate application and separate application fee. All applicants are required to pay a non-refundable application fee for each license applied for.

In addition to completing the application and paying the application fee, applicants will need to upload the following documents:

Step 2: Just click “Sign Up” when you see this - this will take you to the New User Registration page.




The screenshot shows a web browser window with the following elements:

- Browser tabs: "Office of the Marijuana Commiss...", "Home", "Login | OMC".
- Address bar: "https://de-dshs.my.site.com/OMC/login?startURL=%2FOMC%2Fs%2F%3D1723746573738".
- OMC Logo: "OFFICE OF THE MARIJUANA COMMISSIONER DELAWARE".
- Form fields: "Username" (input field with a vertical bar), "Password" (input field).
- Buttons: "Log In" (blue button), "Remember me" (checkbox), "Forgot Your Password?" (link), "Sign Up" (link).
- Footer: "Delaware Department of Safety and Homeland Security employee? [Log In](#)".

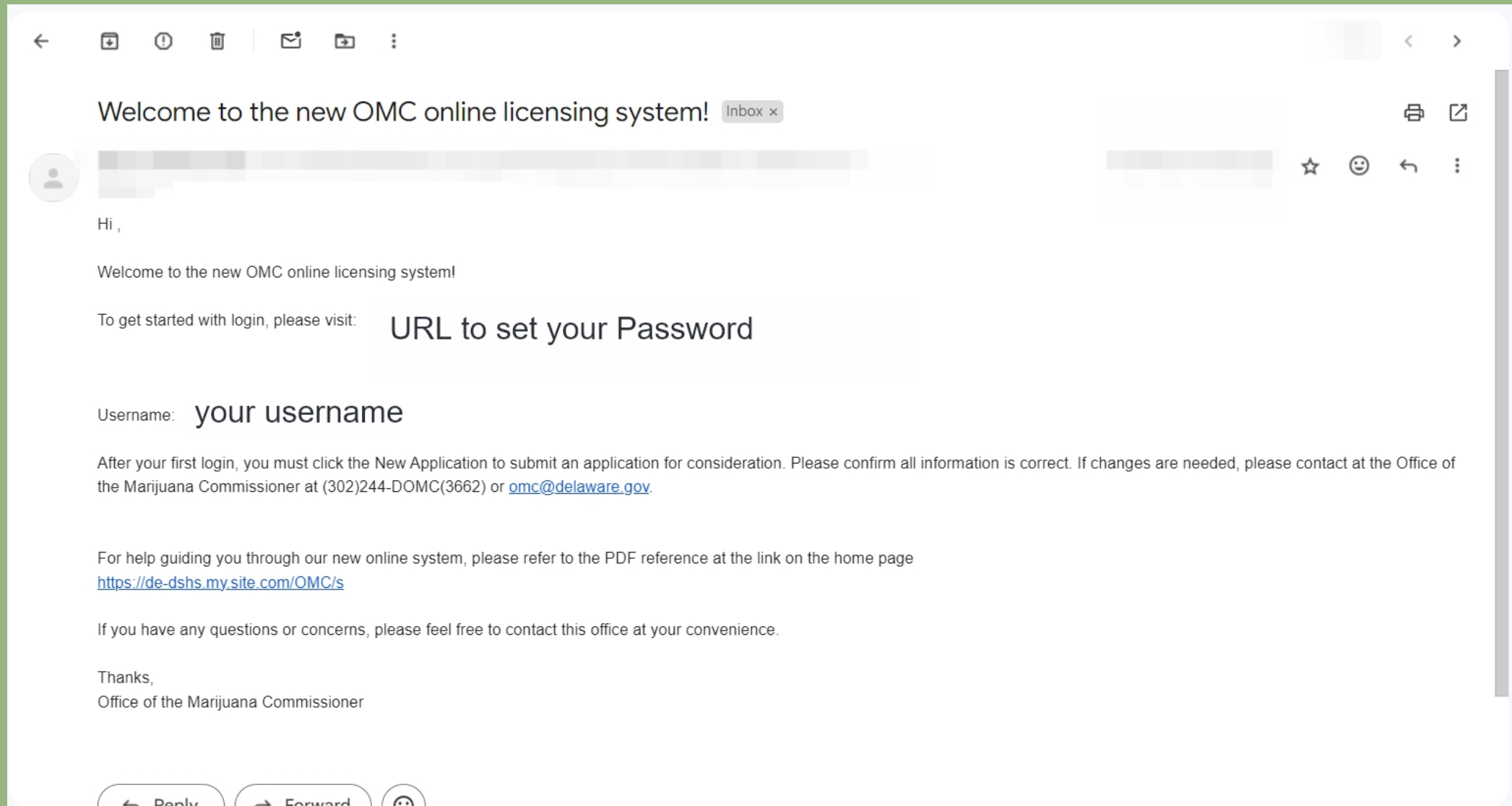
A red arrow points to the "Sign Up" link.

Step 3: Fill in your first name, last name, nick name and email, click “I’m not a robot” and submit.

The screenshot shows a web browser window with the following elements:

- Browser tabs: "Office of the Marijuana Commiss...", "Home", "New User Registration ~ OMC".
- Address bar: https://de-dshs.my.site.com/OMC/OMC_CommunitiesSelfReg?locale=us
- Header: "OMC" logo.
- Form fields:
 - First Name
 - Last Name
 - Nick Name
 - Email
- reCAPTCHA: I'm not a robot  reCAPTCHA
[Privacy](#) - [Terms](#)
- Submit button: (highlighted with a red arrow)
- Footer: Copyright © 2000-2024 salesforce.com, inc. All rights reserved. | [Privacy Statement](#) | [Security Statement](#) | [Terms of Use](#)

Step 4: You will receive an email generated by the system creating your account and providing further instructions with your username and password reset details.



Step 5: you'll click the log-in link in the email you received from OMC and with your username and password you'll log into the application portal in Salesforce. Click Log in after putting in your new information and you'll be taken to the landing page again.

You'll complete this step to set your password

https://de-dshs.my.site.com/OMC/login?c=sKVjKH0ljfhwVRlcKnhv1zpcw3W_4O1qb8UB4nTdCbuam8BevP9nZE7xS0uEyN0ohNtDJGQ8wdgh6DW4RzIK...

Please check your username and password. If you still can't log in, contact your OMC administrator.

Username
OMC.Colonelcannabis@gmail.com

Password

Log In

Remember me

[Forgot Your Password?](#) [Sign Up](#)

Delaware Department of Safety and Homeland Security
employee? [Log In](#)

© 2024 Salesforce, Inc. All rights reserved.

Change Your Password

Enter a new password for [redacted]. Make sure to include at least:

- 10 characters
- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character

* New Password
[redacted] Good

* Confirm New Password
[redacted] Match

Change Password

Step 6: Back at the Salesforce application landing page click “New Application” to start your application(s). <https://de-dshs.my.site.com/OMC/s/>



Click [here](#) to download "OMC Initial Application" template



New Application

This consolidated application is used to apply for all Delaware Marijuana Establishment licenses, including:

(LT= License Type)

- "LT-1" Open Cultivation
- "LT-2" Social Equity Cultivation
- "LT-3" Micro Cultivation
- "LT-4" Open Manufacturer
- "LT-5" Social Equity Manufacturer
- "LT-6" Micro Manufacturer
- "LT-7" Open Retailer
- "LT-8" Social Equity Retailer



First step in the “New Application” includes 5 Attestations

Instructions

An asterisk (*) indicates mandatory fields.

Click on the (i) icon to view the help text for additional information.

1. Pursuant to The Delaware Marijuana Control Act, 4 Del. C. § 1301 et al., all applicants are required to pay a non-refundable application fee. Payment of the application fee is required before the application will be reviewed. Payments must be made by check, ACH, credit, or debit card. Failure to pay the application fee will result in the application being ineligible for consideration.

Application Fee Obligation

2. The submission of an application for a Delaware Marijuana Establishment License does not create an entitlement or guarantee the issuance of a license. Licenses will be awarded following a comprehensive selection process conducted in accordance with applicable laws and regulations.

No Entitlement or Guarantee

3. Applications must be completed in their entirety prior to submission. Incomplete applications will not be evaluated. It is your responsibility to ensure that all sections of the application are accurately and fully completed before submission. Review all application instructions and requirements carefully to avoid potential grounds for rejection.

Completeness of Application

4. The application form requires the uploading of all required supporting documents as PDF files, as specified within the application guidelines. An application will be considered complete and eligible for review only when all required documents have been uploaded.

Requirement for Document Upload

5. An applicant may not apply for, may not be issued, and may not renew any license that would result in the applicant, or a person with a financial interest in that application or license under Title 4 of the Delaware Code, owning or operating more than 1 marijuana establishment of the same license type (cultivation, manufacture, retail, or testing) in a single county.

Limit on the Number of Applications Submitted

Check each Attestation agreement and then click “Next”



Next

You're now ready to start filling out your application


An asterisk () indicates mandatory fields.*

1. General information

* Applicant Entity Name

Complete this field.

* Business Type

* Trade Name/DBA 

* Business Registration ID (Delaware business license)

* Tax ID (Federal/State)

* Primary Contact First Name

Primary Contact Middle Name

* Primary Contact Last Name

* Primary Contact Email

Keep filling in the required information and then click the next button...use the *i information* button for additional information

*Primary Contact Email
OMC@delaware.gov

*Primary Contact Phone [Format : 0123456789]
3022443660

*Primary Contact Residential Address ⓘ
540 S. DuPont Hwy
Dover, DE 19901

*Physical or Facility Address
Google Address
800 S. Bay Road, Suite 2

*Country
United States

*Street
800 S. Bay Road, Suite 2

*City
Dover

*State/Province
Delaware

*Zip/Postal Code
19901

Applicant Residential Address ⓘ

Applicant Mailing Address ⓘ

*Government Issued ID

Business Website
None at this time

Previous Next

2. License Information

* Social Equity Applicant

- Yes
 No

I need Clearance for Social Equity License

* License Type

--None--

* Proposed Business Location (County) ⓘ

--None--

Previous

Next

Continue through the application filling in the required information as you go. Remember you will have opportunities to edit before submitting your application

2. License Information

* Social Equity Applicant

- Yes
 No

* Are you Applying on Behalf of a Social Equity Applicant?

--None--

I need Clearance for Social Equity License

* License Type

08 - Social Equity Retailer

* Proposed Business Location (County) ⓘ

Sussex

Previous

Next

For an example – I answered some of the questions here in #2 ...

If you are assisting a Social Equity Applicant, please let us know that here...

2. License Information

* Social Equity Applicant

Yes

No

* Are you Applying on Behalf of a Social Equity Applicant?

Yes

* What is their Legal Name?

* What is their Social Equity Verification Number? 

I need Clearance for Social Equity License

* License Type

08 - Social Equity Retailer

* Proposed Business Location (County) 

Sussex

Previous

Next

If you are applying as a Social Equity applicant, but did not go through the prescreening eligibility validation process with CSI please put NA for your SE Verification Number and check “I need Clearance for Social Equity License”

2. License Information

* Social Equity Applicant

- Yes
 No

* What is your Social Equity Verification Number? ⓘ

NA

I need Clearance for Social Equity License

* License Type

08 - Social Equity Retailer

* Proposed Business Location (County) ⓘ

Sussex

Previous

Next

Are you applying as an individual or a business entity?

3. Applicant Information

* Applicant Type

--None--

Previous Next

Once you answer whether you are applying as an individual or a business entity you'll go to the next screen for additional information.

3. Applicant Information

* Applicant Type

Person

∨ Natural Persons

* Legal First Name

Robert

Legal Middle Name

M

* Legal Last Name

Coupe

* Role ⓘ

Owner

* Date of Birth

Jan 1, 2024

* Social Security Number

.....

* Email

colonelcannabis@gmail.com

* Ownership percentage ⓘ

100.00

As you complete your applicant information, you'll end on this page with an attestation that you have not been convicted of the criminal offenses listed...

* Date of Birth
Jan 1, 2024

* Social Security Number

* Email
colonelcannabis@gmail.com

* Ownership percentage ⓘ
100.00

* Do you have any ownership or control of other cannabis licenses or applications in Delaware?
No

Criminal History:
The applicant attests that they have not been convicted of the following criminal offenses:

- A violent Title 11 or Title 31 felony conviction or its functional equivalent;
- Any class A through class C felony conviction defined in Title 11 or its functional equivalent;
- Any felony conviction regarding an offense against public administration as defined in Chapter 5 of Title 11 or its functional equivalent;
- A felony conviction for hiring, employing, or using a minor in transporting, carrying, selling, giving away, preparing for sale, or peddling any controlled substance to a minor, or selling, offering, to sell, furnishing, offering to furnish, administering, or giving any controlled substance to a minor;
- Any felony conviction as defined in Title 16 or its functional equivalent; or
- Any felony conviction as defined in Title 30 or its functional equivalent.

Convictions for any of the offenses described above constitute ineligibility for a license. If an applicant is found to have committed any of these offenses, their applications will be rejected automatically.

I attest that I have not been convicted of any of the above convictions.

Previous Next

Now you'll answer questions about your capitalization table

4. Capitalization Table

* First Name

Robert

* Last Name

Coupe

* Equity Percentage

50.00

5. Operating Agreement or Similar Outlining Operation of Business

* Does the applicant have any operating agreements or similar outlining operation of the business? This includes all agreements that include decision making authority and/or distribution of profits.

No

6. Medical Program License Number

* Does the applicant currently hold a Delaware Medical Marijuana License?

No

Previous

Next

Additional information about you and your business dealings...

7. Questions

* Does the Applicant have any Current or Proposed Management Services Agreements?

--None--

* Does the Applicant have any Current or Proposed Financial Source Agreements?

--None--

* Does the Applicant hold any Business Licenses in Other States?

--None--

Have you used the services of a paid consultant or any other entity to help prepare this application? (This includes any individual or business that approached you directly regarding their services or markets their services related to the marijuana industry, regardless of whether any up-front payment for the application assistance is required)

--None--

Secondary Lottery Opt In



Previous Next

Note: any license that becomes available as a result of the disqualification of the applicant in the supplemental application will be subjected to a secondary lottery. Applicants that select "Secondary Lottery Opt in" are allowing the OMC retain their application for up to one year to automatically be placed into the new respective lottery pool.

If you did have the help of a consultant or other professional advisor, please let us know that here in question #7.

7. Questions

* Does the Applicant have any Current or Proposed Management Services Agreements?

No

* Does the Applicant have any Current or Proposed Financial Source Agreements?

No

* Does the Applicant hold any Business Licenses in Other States?

No

Have you used the services of a paid consultant or any other entity to help prepare this application? (This includes any individual or business that approached you directly regarding their services or markets their services related to the marijuana industry, regardless of whether any up-front payment for the application assistance is required)

Yes

* If you answered "YES" to the above, please identify the individual or entity who provided assistance to you here. (If you received assistance from an individual or any other entity, please note that you alone are responsible for the content of your application and if your application is incomplete in any way, it may be disqualified. OMC strongly recommends you consult an attorney before entering into any contract or agreement with a consultant or business entity related to your application for a marijuana establishment license.)

Secondary Lottery Opt In

Previous

Next

#8 is more attestations. Check the “I understand...” block and then the “Save and Continue” blue button

8. Applicant Verification and Acknowledgement

1. I understand that municipalities have the authority to prohibit the operation of marijuana cultivation facilities, marijuana product manufacturing facilities, marijuana testing facilities, or retail marijuana stores license.
2. By submitting this application, I agree to adhere to all applicable local, state, and federal laws.
3. I understand that any changes to the ownership must comply with the requirements of 13 Del. C. § 1372 and failure to do so will result in the termination of the application process or revocation of the license, if already issued.
4. I agree to undergo a comprehensive background check to verify my eligibility and suitability for the license being applied for. I consent to the release and examination of personal and professional information as may be necessary to complete this background check, in accordance with Delaware law. Failure to consent to or cooperate with the background check process shall result in the rejection of the application.
5. I acknowledge that if I am selected for a Delaware Marijuana Establishment License, I will be required to submit a supplemental application and pay a licensing fee specified by the Commissioner. Failure to submit the supplemental application or to pay the licensing fee within the stipulated time frame may result in the forfeiture of my status as a selected applicant and may result in denial of a license.
6. The applicant authorizes the Delaware Division of Revenue to release to the Office of the Marijuana Commissioner all Delaware state tax information, including private and non-public state tax information, that the Office of the Marijuana Commissioner deems necessary to perform its duties under the Delaware Marijuana Control Act, 4 Del. C. Ch. 13. The foregoing authorization shall expire sixty (60) days after withdrawal or expiration of the application, unless a license, conditional or otherwise, is granted to the applicant. If a license is granted to applicant, this authorization shall continue until sixty (60) days after such license expires or is cancelled, revoked, rescinded, or transferred.
7. I acknowledge and agree to the additional obligations that may arise from being a selected applicant, including responding to the Commissioner’s requests for additional information in a timely fashion.

I understand and certify by submittal of this application that I agree to respond to OMC's requests for information



Previous

Save and Continue

This is where you upload the PDF templates and Cap Table excel spreadsheet that you completed.

▼ All Applicants

* Business Plan

[Upload Files](#) Or drop files

* Safety and Security Plans and Procedures

[Upload Files](#) Or drop files

* Operating Plan

[Upload Files](#) Or drop files

* Staff and Employee Training Plan

[Upload Files](#) Or drop files

* Capitalization Table

[Upload Files](#) Or drop files

* Government-issued ID (This includes but is not limited to Passport, Driver's License, State ID Card, Military ID, or Tribal Identification Card)

[Upload Files](#) Or drop files

▼ Social Equity Applicants

* Social Equity Verification Certification


[Upload Files](#) Or drop files

Once you click next on this page your application will be saved, and you'll be taken to the summary and edit page

Previous **Next**

Note: You may need to add in a placeholder document if you are not ready to submit any of the required templates. You will not be able to move on from this page unless something is submitted. You can go back at a later time to submit your final documents.

You've made it to your application summary page

















 OMC Application
OMC-2024-000018

[Make a Payment](#) [Edit](#) [Printable View](#)























Applicant First Name	Applicant Last Name	OMC License Type	OMC Application Status
Robert	Coupe	08 - Social Equity Retailer	New

Details [Related](#)

▼ General Information

OMC License Type	08 - Social Equity Retailer		Business Type	Limited Liability Companies (LLC)	
Applicant entity name	Colonel Cannabis - TEST Application		Business Registration ID	DE739547	
Trade Name	Colonel Cannabis		Primary contact first name	Rob	
Primary contact middle name	M		Primary contact last name	Coupe	
Federal Tax ID	123456789		Primary contact phone	+1 302 (244)-3660	
Primary contact email	omc@delaware.gov		Applicant physical address		
Primary Contact Mailing Address	540 S. DuPont Hwy Dover, DE 19901		Website	None at this time	
Applicant Mailing Address					
SSN					

Scroll down to see your application and information. Note the “pencil” icons as they allow you to make edits.

Office Use / Misc Info	
Owner  Robert Coupe	
Application Date 8/18/2024	
OMC Application Status New	
Status Notification Date	
Special Notes	
OMC Lottery Status	
OMC Lottery Ticket	
OMC Lottery Notification Date	
Secondary Lottery Opt In <input checked="" type="checkbox"/>	
Secondary Lottery Entered <input type="checkbox"/>	
2. License Information	
OMC Licensee	
OMC License	
Social Equity Applicant Yes	
Application Expiration Date 8/18/2025	
Application Fee \$1,000.00	
Balance \$1,000.00	
Application Fee Date Paid	
Application Fee Paid <input type="checkbox"/>	
Status Action Due Date	
Background Check Date	
Mailing County	
Social Equity Applicant Verification # NA	
Non social equity applicant verification	
Proposed Business Location (county) Sussex	



Keep scrolling down to look over your application information

3. Applicant Information


Applicant Type	Person	
Applicant First Name	Robert	
Applicant Last Name	Coupe	
Gender		
Applicant SSN	***.**_4567	
Applicant Email	colonelcannabis@gmail.com	
Applicant Ownership percentage	100.00%	
Applicant Statement		

Entity Information

Entity Legal Name		
Business Name		
Entity Role		
Entity business diversity owned?	<input type="checkbox"/>	

Applicant Middle Name	M	
Applicant Role	Owner	
Applicant Birthdate	1/1/2024	
Diversely Owned	<input type="checkbox"/>	
Applicant Ownership or applicants in DE	No	
DBA		
Entity Ownership percentage		
Business Street Address		
Business City		

Keep scrolling and you'll notice the section numbers that match the questions you completed in the application, like #4 Capitalization Table

✓ 4. Capitalization Table 

Total capitalization table	<input type="text"/>	Capitalization Equity Percentage	<input type="text"/>
Capitalization First Name	<input type="text"/>	Capitalization Last Name	<input type="text"/>
Robert		Coupe	
✓ 5. Operating agreement or similar outlining operation of business			
Operating agreement	<input type="text"/>	Identify any affiliated businesses	<input type="text"/>
No			
✓ 6. Medical Program License Number			
Medical Program License Number	<input type="text"/>	License Number	<input type="text"/>
✓ 7. Questions			
Qa. Applicant have management services	<input type="text"/>	Qa Need to disclose	<input type="text"/>
No			
Qb. Applicant have financial source?	<input type="text"/>	Qb Need to disclose	<input type="text"/>
No			
Qc. Hold any licenses in other states?	<input type="text"/>	Qc Need to disclose	<input type="text"/>
No			
Have you used the services?	<input type="text"/>	Individual / Entity provided assistance	<input type="text"/>
Yes		Mr. Peter	

At the top of the page you have the opportunity to click on a Printable View of your application. This is a sample of the printable view.



OMC-2024-000018

▼ General Information

OMC License Type	08 - Social Equity Retailer	Business Type	Limited Liability Companies (LLC)
Applicant entity name	Colonel Cannabis - TEST Application	Business Registration ID	DE739547
Trade Name	Colonel Cannabis	Primary contact first name	Rob
Primary contact middle name	M	Primary contact last name	Coupe
Federal Tax ID	123456789	Primary contact phone	+1 302 (244)-3660
Primary contact email	omc@delaware.gov	Applicant physical address	
Primary Contact Mailing Address	540 S. DuPont Hwy Dover, DE 19901	Website	http://None at this time
Applicant Mailing Address			
SSN			
Deposit Date			

▼ Office Use / Misc Info

Owner	Robert Coupe	Application Expiration Date	8/18/2025
Application Date	8/18/2024	Application Fee	\$1,000.00
OMC Application Status	New	Balance	\$1,000.00
Status Notification Date		Application Fee Date Paid	
Special Notes		Application Fee Paid	<input type="checkbox"/>
OMC Lottery Status		Status Action Due Date	
OMC Lottery Ticket		Background Check Date	
OMC Lottery Notification Date		Mailing County	
Secondary Lottery Opt In	<input checked="" type="checkbox"/>		
Secondary Lottery Entered	<input type="checkbox"/>		

▼ 2. License Information

OMC Licensee		Social Equity Applicant Verification #	NA
OMC License		Non social equity applicant verification	
Social Equity Applicant	Yes	Proposed Business Location (county)	Sussex
Non social equity legal name			

Are you ready to submit your payment for your application? You can start the process by clicking "Make a Payment". It will take you to the payment page.

 OMC Application
OMC-2024-000018

[Make a Payment](#)

[Edit](#)

[Printable View](#)

If you want to pay using check, money order, or cashier's check, please mail it or visit our Office at the address below. Please click on the "Cancel" button before leaving this page.

Delaware Office of the Marijuana Commissioner (OMC)
Thomas Collins Building, 3rd Floor, Suite 1-A
540 S Dupont Hwy, Dover, DE 19901

If you want to pay using credit card or bank account, please click on the "Continue" button.

▼ Payment Information

Application/License Name: OMC-2024-000018

Payment Amount: 1000.00

Payment Email: omc@delaware.gov

[Cancel](#)

[Continue](#)

You can pay online or if you need to pay with a physical check, you can deliver it to us in person or mail it.

▼ Payment Information

Application/License Name: OMC-2024-000018

Payment Name: MPTN0000000011

Payment Amount: 1000.00

Payment Email: omc@delaware.gov

[Cancel](#)

[Confirm](#)

This is the online payment page through Go DE

[Exit payment](#) **gov DE** | Pay with Go DE [Get help](#)

Payment Method | Review & Pay | Payment Complete

Choose a payment method

You will not be charged until you review this order on the next page.

How would you like to pay?

Credit/Debit Card | Bank Account

[Review & Pay →](#)

YOU ARE MAKING A PAYMENT TO:
 STATE OF DELAWARE OFFICE OF THE MARIJUANA COMMISSIONER

DESCRIPTION:
Payment for: OMC-2024-000018

REF. CODE:
MPTN0000000011*17240

PAYMENT AMOUNT: **\$1,000.00**




Secure checkout
Payment is always safe and secure.

This is what you'll see as you scroll down through the Go DE payment page

Please enter your payment details

Card details

* Card number

The following cards are accepted:   

* Expiration Date * Security Code

MM/YY CVV

* Name on card

Billing Address

* Country/Region

United States

* Address line 1

Secure checkout
Payment is always safe and secure.


Review and pay for the online payment process....

Address line 2


*Postal code

*City

*State/Province

Please Select 

[Review & Pay →](#)

 ©2024 Delaware.gov [Privacy Policy](#) [Help Center](#)

At anytime during the payment process if you click cancel, you can navigate back to your application using the toolbar at the top using “OMC Initial Applications” to find your application.

The screenshot shows the OMC Initial Applications web interface. The top navigation bar includes a home icon, 'OMC Application', 'OMC Initial Applications' (highlighted with a red arrow), 'OMC Supplementary Applications', and a 'More' dropdown. A search bar and a user profile 'Rob' are also visible. The main content area shows a table of applications. The table has columns for 'OMC Application Name', 'OMC Applicat...', 'OMC License Type', 'Applicant First ...', 'Applicant Last ...', 'Created Date', and 'Created By'. A single application is listed with ID 'OMC-2024-000018', which is highlighted with a red arrow. The application is of type 'New' and license type '08 - Social Equity Retailer', created by 'Robert Coupe' on '8/18/2024 6:16 PM'. A 'Printable View' button is located in the top right of the table area.

<input type="checkbox"/>	OMC Application Name ↑	OMC Applicat...	OMC License Type	Applicant First ...	Applicant Last ...	Created Date	Created By
1	OMC-2024-000018	New	08 - Social Equity Retailer	Robert	Coupe	8/18/2024 6:16 PM	Robert Coupe

Using the tool bar at the top for OMC Initial Applications and then clicking on my OMC application that was in blue brought me back to my application

The screenshot displays the OMC Initial Applications web interface. On the left, a sidebar shows a list of applications under 'Initial Applications'. A red arrow points to the application 'OMC-2024-000018' in the list. The main content area shows the details for this application, including applicant information, license type, and contact details.

Application List:

OMC Application Name	OMC Application Status
OMC-2024-000018	New

Application Details:

OMC Application OMC-2024-000018

Applicant First Name	Applicant Last Name	OMC License Type	OMC Application Status
Robert	Coupe	08 - Social Equity Retailer	New

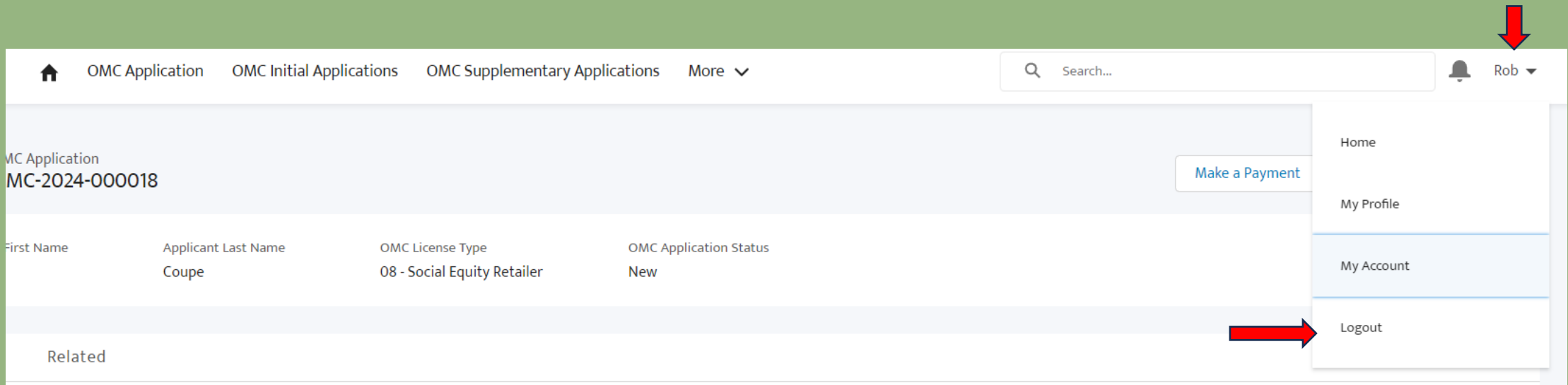
Details | Related

General Information

OMC License Type	08 - Social Equity Retailer	Business Type	Limited Liability Companies (LLC)
Applicant entity name	Colonel Cannabis - TEST Application	Business Registration ID	DE739547
Trade Name	Colonel Cannabis	Primary contact first name	Rob
Primary contact middle name	M	Primary contact last name	Coupe
Federal Tax ID	123456789	Primary contact phone	+1 302 (244)-3660
Primary contact email	omc@delaware.gov	Applicant physical address	
Primary Contact Mailing Address	540 S. DuPont Hwy Dover, DE 19901	Website	None at this time
Applicant Mailing Address			
SSN			

35

Take a break and log out by going to the top right corner of the page and select logout from the dropdown list.



The screenshot shows a web application interface. At the top, there is a navigation bar with a home icon, "OMC Application", "OMC Initial Applications", "OMC Supplementary Applications", and a "More" dropdown. To the right is a search bar and a user profile icon labeled "Rob" with a dropdown arrow. A red arrow points to the "Rob" dropdown. Below the navigation bar, there is a section for "OMC Application MC-2024-000018" with a "Make a Payment" button. Below that is a table with columns: "First Name", "Applicant Last Name", "OMC License Type", and "OMC Application Status". The table contains one row with values: "Coupe", "08 - Social Equity Retailer", and "New". Below the table is a "Related" section. A red arrow points to the "Logout" option in the user profile dropdown menu.

First Name	Applicant Last Name	OMC License Type	OMC Application Status
	Coupe	08 - Social Equity Retailer	New

Come back again later to login and work some more



Username

omc.colonelcannabis@gmail.com

Password

.....

Log In

Remember me

[Forgot Your Password?](#)

[Sign Up](#)

Delaware Department of Safety and Homeland Security
employee? [Log In](#)

Use the tool bar at the top to go back to your application using the “OMC Initial Applications” since you already created it.

*Or if you need to start another new application to submit, click on the “New Application” blue button.

If you are accessing the application that you already started just use the toolbar

Click [here](#) to download "OMC Initial Application" template

This consolidated application is used to apply for all Delaware Marijuana Establishment licenses, including:

(LT= License Type)

- "LT-1" Open Cultivation
- "LT-2" Social Equity Cultivation
- "LT-3" Micro Cultivation
- "LT-4" Open Manufacturer
- "LT-5" Social Equity Manufacturer
- "LT-6" Micro Manufacturer
- "LT-7" Open Retailer
- "LT-8" Social Equity Retailer

New Application

If you are submitting more than one license application, you'll start a new application here.

And the toolbar “OMC Initial Applications” brings you back here to your application

OMC Applications
Initial Applications ▾

1 item • Sorted by OMC Application Name • Filtered by All omc applications - Record Type • Updated a few seconds ago

Search this list...

<input type="checkbox"/>	OMC Application Name ↑ ▾	OMC Applicat... ▾	OMC License Type ▾	Applicant First ... ▾	Applicant Last ... ▾	Created Date ▾	Created By ▾	
1	<input type="checkbox"/> OMC-2024-000018	New	08 - Social Equity Retailer	Robert	Coupe	8/18/2024 6:16 PM	Robert Coupe	▾

Just click here to open your application

Using the blue underlined account number I'm back into my application

OMC Applications
Initial Applications

1 item • Sorted by OMC Application Name • Filtered by All omc applications - Rec

<input type="checkbox"/>	OMC Application Name ↑	OMC Applicat...
<input type="checkbox"/>	OMC-2024-000018	New

OMC Application
OMC-2024-000018

Make a Payment Edit Printable View

Applicant First Name	Applicant Last Name	OMC License Type	OMC Application Status
Robert	Coupe	08 - Social Equity Retailer	New

Details Related

General Information

OMC License Type	08 - Social Equity Retailer	Business Type	Limited Liability Companies (LLC)
Applicant entity name	Colonel Cannabis - TEST Application	Business Registration ID	DE739547
Trade Name	Colonel Cannabis	Primary contact first name	Rob
Primary contact middle name	M	Primary contact last name	Coupe
Federal Tax ID	123456789	Primary contact phone	+1 302 (244)-3660
Primary contact email	omc@delaware.gov	Applicant physical address	
Primary Contact Mailing Address	540 S. DuPont Hwy Dover, DE 19901	Website	None at this time
Applicant Mailing Address			
SSN			

We hope that this helped you to navigate the application process

Commissioner Rob Coupe
Deputy Commissioner Paul Hyland
Director Joe Schlimer
Keila Montalvo, Community Relations Officer
Taylor Shannon, Administrative Specialist II
DAG Adria Martinelli, Legal Counsel



Website [OMC.Delaware.gov](https://www.OMC.Delaware.gov)
Also on **Facebook**, **Instagram** and **X**



**THE OFFICE OF THE
MARIJUANA
COMMISSIONER**

CONTACT US

302-244-3662

OMC@DELAWARE.GOV