

# Compliance Reporting

September 6, 2023



# PRESENTERS

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# AGENDA

- Agency and Program Overview
- Medical Cannabis Establishment Filing Requirements
- Licensed Alcohol Establishment Filing Requirements
- Q&A

# AGENCY AND PROGRAM OVERVIEW



# AGENCY OVERVIEW

The **Alcoholic Beverage and Cannabis Administration (ABCA)** is an independent agency within DC Government charged with supporting the public's health, safety and welfare through the control and regulation of the sale and distribution of alcoholic beverages and medical cannabis.

**Director Fred Moosally** has served as the Director since 2009. Prior to leading ABCA, Director Moosally helmed the agency's Legal Division as the General Counsel for seven years.

# FILING REQUIREMENTS FOR LICENSED MEDICAL CANNABIS ESTABLISHMENTS



# WHO SHOULD FILE



# WHO SHOULD FILE

Types of establishments required to file:

- Retailers
- Cultivation Centers
- Manufacturers

# WHAT TO FILE



# WHAT TO FILE

- **Manufacturers and Cultivation Centers**
  - The quantity of each medical cannabis product manufactured.
  - The quantity of each medical cannabis product sold.
  - The quantity of paraphernalia manufactured.
  - The quantity and price of paraphernalia sold.
  - The amount of medical cannabis destroyed or disposed of.
  - Certification from the Metropolitan Police Department citing medical cannabis that was relinquished for destruction or disposal.
  - The total expenditures for manufacturing medical cannabis.
  - The total amount of sales of medical cannabis.
  - The gross revenue based upon its medical cannabis sales.
  - The amount of sales tax reported to the Office of Tax and Revenue.
  - The quantity of medical cannabis still available for sale on the date the report is filed.
  - Employee roster.
  - An executed affidavit.

# WHAT TO FILE

- **Retailers**

- The quantity and price of medical cannabis distributed or dispensed.
- The total expenditures for distributing or dispensing medical cannabis.
- The total amount of receipts for the sale of medical cannabis.
- The total quantity of paraphernalia sold.
- The total gross revenue based on sales of paraphernalia and medical cannabis.
- The amount of sales tax reported to the Office of Tax and Revenue.
- The amount of medical cannabis destroyed or disposed of.
- Certification from the Metropolitan Police Department citing medical cannabis that was relinquished for destruction or disposal.
- The quantity of medical cannabis still available for sale on the date the report is filed.
- Employee roster.
- An executed affidavit.

# WHEN TO FILE



# WHEN TO FILE

## Biannual Statements for Retailers, Cultivation Centers and Manufacturers

- Statements are due biannually:
  - **July 30** | (January 1-June 30)
  - **January 30** | (July 1-December 31)

# WHERE TO FILE



# WHERE TO FILE

- Retailers
  - <https://abca.dc.gov/publication/medical-cannabis-retailer-biannual-report-form-dispensary#gsc.tab=0>
- Cultivation Centers and Manufacturers
  - <https://abca.dc.gov/publication/medical-cannabis-biannual-report-form-cultivation-center#gsc.tab=0>

# HOW TO FILE



# HOW TO FILE

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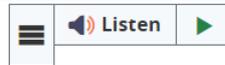
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### Medical Cannabis - Retailer Biannual Report Form (Dispensary)



#### Office Hours

Monday to Friday, 8:30am to 4pm

#### Connect With Us

Reeves Center  
2000 14th Street, NW, Suite 400 S,  
Washington, DC 20009  
Phone: (202) 442-4423  
TTY: (746) 777-7776  
Email: [abca.director@dc.gov](mailto:abca.director@dc.gov)

Retailer (dispensary) Biannual Report Form

#### Attachment(s):

[Biannual Report Form - Dispensary](#) - 514.5 KB (pdf)

[Biannual Report Employee Roster Worksheet](#) - 17.2 KB (xlsx)

## BIANNUAL STATEMENT FORM | DISPENSARY

### FACILITY INFORMATION

|                       |              |                            |
|-----------------------|--------------|----------------------------|
|                       |              |                            |
| <b>Business Name</b>  |              | <b>Registration Number</b> |
|                       |              |                            |
| <b>Street Address</b> |              | <b>Suite</b>               |
|                       |              |                            |
| <b>City</b>           | <b>State</b> | <b>Postal Code</b>         |
|                       |              |                            |
| <b>Telephone</b>      |              |                            |
|                       |              |                            |

### STATEMENT PREPARER INFORMATION

|                   |                  |
|-------------------|------------------|
|                   |                  |
| <b>First Name</b> | <b>Last Name</b> |
|                   |                  |
| <b>Title</b>      |                  |
|                   |                  |
| <b>Telephone</b>  | <b>Email</b>     |
|                   |                  |

### ATTESTATION

I affirm and certify that all the information provided in this Biannual Statement is complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of any facts called for in this Biannual Statement may render the Biannual Statement void and subject to denial by the Board. I also understand that the making of false statements may be punishable by the imposition of a fine or may constitute the basis for a criminal offense under D.C. Official Code § 22-2514. I authorize ABRA to conduct any investigation it deems necessary and appropriate to ascertain the veracity of the information contained in this Biannual Statement.

|                  |             |
|------------------|-------------|
|                  |             |
| <b>Signature</b> | <b>Date</b> |

**A. Enter the total amount in pounds sold and the total sales in dollars for each of the following medical cannabis categories as logged in Metrc. Round to the nearest pound and dollar.**

Concentrate-Buds (Products that are a mixture of concentrates and flower, buds, shake or trim  
(Example: Moonrocks)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Flower/Buds (Example: All flower/bud products and pre-rolls made from flower/bud)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Infused Edible (Example: Lozenge, Cacao Squares, Capsules, Crisp, Oral Syringe, all other products  
requiring approval from DC Health's Food Safety Division)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Infused Concentrate (Each)-Concentrate (Tincture, Shatter, Cartridge, Rosin, Hash, Oil (not for sale),  
Kush, and Wax)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Infused Topical (non-edible) (Example: Bath salts, Lubricant, Salve, Balm)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Keif-Buds (Example: Kief)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Seeds (Example: Seeds)

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Shake/Trim (Example: Shake, Trim, Pre-rolls (made from shake/trim from multiple strains))

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

Shake/Trim (by strain) (Example: Shake, Trim, Pre-rolls (made from shake/trim from same strains))

\_\_\_\_\_ LBS      \_\_\_\_\_ Sales

**B. Enter the total expenditure amount in dollars for distributing or dispensing medical cannabis. Round to the nearest dollar.**

\_\_\_\_\_

**C. Enter the total amount in dollars for the sale of medical cannabis. Round to the nearest dollar.**

\_\_\_\_\_

**D. Enter the total quantity of paraphernalia sold.**

\_\_\_\_\_

**E. Enter the total gross revenue in dollars of medical cannabis and paraphernalia sold. Round to the nearest dollar.**

\_\_\_\_\_

**F. Enter the total amount in dollars of sales tax reported to the District's Office Tax and Revenue (OTR). Round to the nearest dollar.**

G. Enter the total amount in pounds of medical cannabis destroyed or disposed of. If no amount was destroyed or disposed of, enter "zero". Round to the nearest dollar.

H. Destroyed medical cannabis product and waste must be collected by the Metropolitan Police Department (MPD). If the amount enter above is greater than zero, enter the number of collection forms issued to your facility by MPD or collection and attach a copy of each. Round to the nearest pound.

No product was collected. Enter "N/A" and leave skip to Question I.

Number of forms issued

Number of forms attached

Number of forms issued but not attached. Enter reason for each missing form below.

I. Enter the total amount in pounds for each category of medical cannabis below that is onsite as of the filing date. Round to the nearest dollar.

As of  (MM/DD/YYYY) the facility has:

Concentrate Buds

Flower/Buds

Infused (edible)

Infused Topical (non-edible)

Shake/Trim

Shake/Trim (by strain)

J. Enter employee information for all current and former employees. Include First Name, Last Name, Home Address, Telephone Number, Date of Birth, Registration Number, and Current Employment Status.

K. Sign the attestation section on the front page of this form.

# HOW TO FILE

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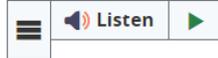
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### Medical Cannabis - Biannual Report Form Cultivation Center



#### Office Hours

Monday to Friday, 8:30am to 4pm

#### Connect With Us

Reeves Center  
2000 14th Street, NW, Suite 400 S,  
Washington, DC 20009  
Phone: (202) 442-4423  
TTY: (746) 777-7776  
Email: [abca.director@dc.gov](mailto:abca.director@dc.gov)

Medical Cannabis - Biannual Report Form Cultivation Center

#### Attachment(s):

-  [Biannual Report Form - Cultivation Center](#) - 519.1 KB (pdf)
-  [Biannual Report Employee Roster Worksheet](#) - 17.2 KB (xlsx)

## BIANNUAL STATEMENT FORM | CULTIVATION CENTER

Deadlines: July 30 (January 1-June 30) | January 30 (July 1-December 31)

### FACILITY INFORMATION

|                       |              |                            |  |
|-----------------------|--------------|----------------------------|--|
|                       |              |                            |  |
| <b>Name</b>           |              | <b>Registration Number</b> |  |
|                       |              |                            |  |
| <b>Street Address</b> |              | <b>Suite/Unit</b>          |  |
|                       |              |                            |  |
| <b>City</b>           | <b>State</b> | <b>Postal Code</b>         |  |
|                       |              |                            |  |

Phone (Main Line)

### STATEMENT PREPARER INFORMATION

|                   |  |                  |  |
|-------------------|--|------------------|--|
|                   |  |                  |  |
| <b>First Name</b> |  | <b>Last Name</b> |  |
|                   |  |                  |  |
| <b>Title</b>      |  |                  |  |
|                   |  |                  |  |
| <b>Phone</b>      |  | <b>Email</b>     |  |
|                   |  |                  |  |

### ATTESTATION

I affirm and certify that all the information provided in this Biannual Statement is complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of any facts called for in this Biannual Statement may render the Biannual Statement void and subject to denial by the ABC Board. I also understand that the making of false statements may be punishable by the imposition of a fine or may constitute the basis for a criminal offense under D.C. Official Code § 22-2514. I authorize ABRA to conduct any investigation it deems necessary and appropriate to ascertain the veracity of the information contained in this Biannual Statement.

|                  |             |
|------------------|-------------|
|                  |             |
| <b>Signature</b> | <b>Date</b> |

**A. Enter the total amount for each of the following medical cannabis categories manufactured as logged in Metrc. Weighted items should be entered in pounds. Round to the nearest pound.**

- Seeds
- Immature & Mature Plants (Example—All plants pre/post move to a growth medium)
- Concentrate-Buds (Products that are a mixture of concentrates and flower, buds, shake or trim (Example—Moonrocks))
- Flower/Buds (Example— All flower/bud products and Pre-rolls (made from flower/bud)
- Infused Edible (Example—Lozenge, Cacao Squares, Capsules, Crisp, Oral Syringe, all other products requiring approval from DC Health’s Food Safety Division)
- Infused Concentrate (Each)-Concentrate (Tincture, Shatter, Cartridge, Rosin, Hash, Oil (not for sale), Kush, and Wax)
- Infused Topical (non-edible) (Example—Bath Salts, Lubricant, Salve, and Balm)
- Kief-Buds
- Shake/Trim (Example—Shake, Trim, Pre-rolls (made from shake/trim from multiple strains)
- Shake/Trim (by strain) (Example: Shake, Trim, Pre-rolls (made from shake/trim from same strains)

**B. Enter the total amount in pounds for each of the following medical cannabis categories sold as logged in Metrc. Round to the nearest pound.**

- Seeds
- Concentrate-Buds
- Flower/Buds
- Immature & Mature Plants
- Infused Edible
- Infused Concentrate
- Infused Topical (non-edible)
- Kief-Buds
- Shake/Trim
- Shake/Trim (by strain)

**C. Enter the total quantity of paraphernalia manufactured.**

Items

**D. Enter the total quantity and total sales amount in dollars of paraphernalia sold. Round the latter to the nearest dollar.**

Items       Sales

**E. Enter the total amount in pounds the of medical cannabis destroyed or disposed of. If no amount was destroyed or collected, enter “zero”. Round to the nearest pound.**

**F. Destroyed medical cannabis product and waste must be collected by the Metropolitan Police Department (MPD). If the amount entered above is greater than zero, enter the number of collection forms issued to your facility by MPD and attach a copy of each.**

- No product was collected. Enter "N/A" and leave skip to Question G.
- Number of forms issued
- Number of forms attached
- Number of forms issued but not attached. Enter reason for each missing form below.

G. Enter the total amount in dollars for expenditures associated with the manufacturing of medical cannabis. Round to the nearest dollar.

H. Enter the total amount in dollars of sales of medical cannabis. Round to the nearest dollar.

I. Enter the total amount in dollars for the gross revenue from the sale of medical cannabis. Round to the nearest dollar.

J. Enter the total amount in dollars of sales tax reported to the District's Office of Tax and Revenue (OTR). Round to the nearest dollar.

K. Enter the total amount in pounds for each category of medical cannabis below that is onsite available for sale to a dispensary as of the filing date. Round to the nearest dollar.

As of  (MM/DD/YYYY) the facility has the following amounts of product available for sale:

- Seeds
- Immature and Mature Plants
- Concentrate Buds
- Flower/Buds
- Infused (edible)
- Infused Topical (non-edible)
- Shake/Trim
- Shake/Trim (by strain)

L. Enter employee information for all current and former employees on the attached form. Include First Name, Last Name, Registration Number, Home Address, Phone Number, Date of Birth, and Employment Status.

M. Sign the attestation section on the front page of this form.



# HOW TO FILE

- Completed forms with supporting documentation (employee roster and MPD collection forms), should be emailed by the deadline to [mcfacilities@dc.gov](mailto:mcfacilities@dc.gov).

# FILING REQUIREMENTS FOR LICENSED ALCOHOL ESTABLISHMENTS



# WHO SHOULD FILE



# WHO SHOULD FILE

Types of establishments required to file:

- Restaurants
- Hotels
- Brew Pubs
- Caterers
- Third Party Alcohol Deliveries
- Wine Pubs
- Full Service Grocery Store Class B
- 25 Percent Grocery Store Class A
- 25 Percent Retailer Class B

# WHAT TO FILE



# WHAT TO FILE

Licensees must submit a report regardless if sales or expenditures total zero (0), including during the period of time concurrent with the public health emergency.

## Restaurants & Hotels

- Filers must report:
  - The total amount of receipts for the sale of alcoholic beverages and food;
  - Of that total, the amount received for the sale of alcoholic beverages and the amount received for the sale of food, and the percentages of the total receipts represented by the respective amounts;
  - Total expenditures for alcoholic beverages and food;
  - Of that total, the amount expended for alcoholic beverages and the amount expended for food, and the percentages of the total expenditures represented by the respective amounts;
  - A statement indicating the method used to compute the amounts and percentages.
  - Any nonalcoholic liquid or solid served as part of the contents of an alcoholic beverage, and
  - In computing the amounts received and expended for alcoholic beverages and for food, a licensee shall exclude: (1) All amounts received for taxes and gratuities in conjunction with these transactions; and (2) All amounts, including surcharges, related to obtaining and providing entertainment or any other goods and services unrelated to the provision of food and alcoholic beverages at the licensed establishment.

# WHAT TO FILE

## **Restaurants & Hotels Continued**

- The amounts reported for the sale of alcoholic beverages and food shall represent reasonable prices appropriate to the licensee's establishment.
- Any nonalcoholic liquid or solid served as part of the contents of an alcoholic beverage.
- In computing the amounts received and expended for alcoholic beverages and for food, a licensee shall exclude all amounts received for taxes and gratuities in conjunction with these transactions, and all amounts, including surcharges, related to the obtaining and providing of entertainment or other goods and services at the licensed establishment.

# WHAT TO FILE

## Brew Pubs

- Filers must report the amount of malt beverage in gallons:
  - Brewed on-premises on hand at the beginning and end of the quarter
  - Brewed on-premises during the quarter
  - Brewed on-premises and sold to each retailer for resale during the quarter. Each retailer must be identified by their trade name and alcohol license number.
  - Brewed on-premises sold for on-premises consumption
  - Brewed on-premises being reported as loss or waste

# WHAT TO FILE

## Caterers

- Filers must report:
  - The quantity of alcoholic beverages sold by the licensee in gallons during the preceding six (6) months for beverage purposes;
  - The total dollar amount of receipts for the sale of alcoholic beverages and food;
  - Of the total above, the amount received for the sale of alcoholic beverages and the amount received for the sale of food, and the percentages of the total receipts represented by the respective amounts;
  - The amount expended for alcoholic beverages and the amount expended for food, and the percentages of the total expenditures represented by the respective amounts;
  - The method used to compute the amounts and percentages; and
  - A statement executed by an individual licensee, partner of an applicant partnership, or the appropriate officer of an applicant corporation, attesting to the truth of the statement.
  - In computing the amounts received for alcoholic beverages and for food, a licensee shall exclude all amounts received for taxes and gratuities in conjunction with these transactions, and all amounts, including surcharges, related to the obtaining and providing of entertainment or other goods and services at the licensed establishment.

# WHAT TO FILE

## Third Party Alcohol Deliveries

- Filers must report:
  - The total number of alcoholic beverages that were delivered during the previous half of the year;
  - The name and address of the licensed establishment with which the alcohol delivery order was placed; and
  - The date the alcoholic beverage was delivered.

## Wine Pubs

- Filers must report:
  - Type(s) of wine produced or made reasonable efforts to produce on the licensed premises the previous calendar year, and
  - Name(s) and title(s) of the vintner(s), or other person(s), who produced or made reasonable efforts to produce the wine.

# WHAT TO FILE

## **Full Service Grocery Store Class B, 25 Percent Grocery Store Class A, 25 Percent Retailer Class B**

- Filers must report:
  - For the previous calendar year, please indicate the total amount of receipts received for the sale of alcoholic beverages
  - For the previous calendar year, please indicate the total amount of receipts received for the sale of food
  - For the previous calendar year, please indicate the percentage of the total amount of receipts received for the sale of alcoholic beverages
  - For the previous calendar year, please indicate the percentage of the total amount of receipts received for the sale of food
  - Please provide a statement in the space provided indicating the method used to compute the amounts and percentages provided.

# WHEN TO FILE



# WHEN TO FILE

## Quarterly Statements for Hotels, Restaurants, and Brew Pubs

- Statements are due annually within thirty (30) days after the end of each quarter:
  - **April 30** | (Q1 January 1-March 31)
  - **July 30** | (Q2 April 1-June 30)
  - **October 30** | (Q3 July 1-September 30)
  - **January 30** | (Q4 October 1-December 30)

## Semiannual Statements for Caterers and Third-Party Alcohol Deliveries

- Statements are due semiannually:
  - **July 30** | (January 1-June 30)
  - **January 30** | (July 1-December 31)

## Annual Statements for Wine Pubs

- Statements are due semiannually:
  - **January 15** | (January 1-December 31)

## Annual Statements for Full Service Grocery Stores (Class B), 25 Percent Grocery Stores (Class A), and 25 Percent Retailers (Class B)

- Statements are due annually sixty (60) days after the end of each calendar year:
  - **March 1** | (January 1-December 31)

**Due dates falling on weekends or District Government or federal holidays carry over to the next business day.**

# WHERE TO FILE



# WHERE TO FILE

- Filings are only accepted if filed online:
  - <https://octo.quickbase.com/db/bfzbpvdh5?a=nwr&ifv=0>
- Only online submissions are accepted. Late and non-filers are subject to penalties. Statements received by mail, fax, or placed in our secure drop box will be rejected without notification. As a courtesy reminder, licensees that file late, incomplete, or do not file statements are subject to penalties.
- Statements received by mail, fax, or placed in our secure drop box will be rejected without notification.

# HOW TO FILE



# Q&A



# Q&A

- For any additional questions, please email [abca.compliance@dc.gov](mailto:abca.compliance@dc.gov).