

MEDICAL CANNABIS | CHANGE OF LOCATION APPLICATION



To apply for a change of location or to expand into an adjacent property, a registrant shall complete a *Change of Location Application* and provide supportive information and documentation. All applications are subject to approval by the Alcoholic Beverage Control Board.

- **Mail and Dropbox** | ABRA, Medical Cannabis Program,
2000 14th Street NW, Suite 400 South, Washington DC 20009
- **Email** | mcfacilities@dc.gov

1. PRIMARY POINT OF CONTACT

First Name Middle Initial Last Name Suffix

Title (Enter "N/A" if not applicable)

Company Name (Enter "N/A" if not applicable)

Street Address Apt/Suite (if applicable) City State Postal Code

Phone Number Email

2. FACILITY INFORMATION

Facility Type: Dispensary Cultivation Center Testing Laboratory

Facility Name (Legal name on registration)

Facility Trade Name (Enter "N/A" if not applicable)

Current Street Address Apt/Suite (if applicable) City State Postal Code

Phone Number Website (if applicable) Email

3. CHANGE REQUEST

Location Type: New Expansion

Proposed Location Street Address Apt/Suite (if applicable) City State Postal Code

Proposed Closure Date (MM/DD/YYYY) Proposed Open Date (MM/DD/YYYY)

4. OWNERSHIP INFORMATION

Enter contact information for all owners, partner(s), corporate officer(s), or member(s). Please use extra sheets if necessary.

Type: Sole Owner Partner Corporate Officer Member

First Name Middle Initial Last Name Suffix

Title (Enter "N/A" if not applicable)

Street Address Apt/Suite (if applicable) City State Postal Code

Phone Number Email

Type: Sole Owner Partner Corporate Officer Member

First Name Middle Initial Last Name Suffix

Title (Enter "N/A" if not applicable)

Street Address Apt/Suite (if applicable) City State Postal Code

Phone Number Email

Type: Sole Owner Partner Corporate Officer Member

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Street Address Apt/Suite (if applicable) City State Postal Code

Phone Number Email

Type: Sole Owner Partner Corporate Officer Member

First Name Middle Initial Last Name Suffix

Title (Enter "N/A" if not applicable)

Street Address Apt/Suite (if applicable) City State Postal Code

Phone Number Email

5. REQUIRED DOCUMENTATION

Please include all the below documents for the proposed new or expanded location. Please use extra sheets.

- Valid zoning determination letter.
- Certified surveyor's report detailing the proximity of the proposed location to the nearest public or private preschool, primary school, or secondary school, or recreation center.
- Evidence that the registrant has entered into a bona fide agreement with the owner of the building to lease, purchase, or occupy the proposed location.
- Site plan.
- Detailed security plan.
- Detailed description of the operations plan for the proposed location and closure plan for the current location.
- Detailed description of the business plan and services to be offered.
- Detailed description of the suitability of the proposed location.
- Staffing plan.
- Product safety, quality control, and labeling plan.
- Record keeping and inventory tracking plan.
- Environmental plan, if applicable.
- Signed and notarized Acknowledgment and Attestation Form.

6. NOTICE OF APPLICATION ACKNOWLEDGMENT

_____ **(Initial)** I acknowledge that as part of the review of a Change of Location Application, the Alcoholic Beverage Control (ABC) Board shall be given written notice of the application to all Advisory Neighborhood Commissions (ANC) in the affected ward, pursuant to the requirements set forth in 5107 of this subtitle. Specifically, the public notice will be sent to the Councilmember representing the affected ward and every ANC within the affected ward.

Any comments submitted by an ANC located in the affected ward must be received by the ABC Board by the deadline and related to the ANC's concerns or support regarding the proposed location including but not limited to:

- Potential adverse or positive impact of the proposed location to the neighborhood.
- An over-concentration or lack of facilities in the affected ward.
- Proximity to substance abuse treatment centers, day care centers, and halfway houses.

7. AFFIRMATION

I affirm and certify that all the information provided in this Application 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 Application may render the Application 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 Application.

Applicant Signature

Date