



BIANNUAL STATEMENT FORM | **DISPENSARY**

FACILITY INFORMATION

Business Name

Registration Number

Street Address

Suite

City

State

Postal Code

Telephone

STATEMENT PREPARER INFORMATION

First Name

Last Name

Title

Telephone

Email

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.

Signature

Date

www.abra.dc.gov

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 Pre-Roll

_____ LBS _____ Sales

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

_____ Ounces _____ Sales

Keif-Buds (Example: Kief)

_____ 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

Pill/Capsule/Suppository

_____ LBS _____ Sales

Raw Pre-Roll

_____ LBS _____ Sales

Tincture (Each)

_____ Qty _____ Sales

Vape Cartridge (Each)

_____ 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.