MEDICAL CANNABIS | CHANGE OF LOCATION APPLICATION

ABCA
Alcoholic Beverage and Cannabis Administration

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 ABC Board.

- Mail and Dropbox | ABCA, Medical Cannabis Program
  899 North Capitol Street, NE, Suite 4200B, Washington DC 20002
- Email | ABCA.CannabisLicensing@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: ☐ Courier ☐ 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

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

5. REQUIRED DOCUMENTATION

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

- ☐ Provide a valid zoning certification letter from the Office of Zoning Administration at the Department of Buildings (DOB).
- ☐ Provide evidence that the proposed physical address to be utilized is not located within a residential district and is in approved zone according to the official atlases of the Zoning Commission. The submission must include either a certified surveyor's report or a detailed Geographic Information Systems (GIS) map requested from ABCA.
- ☐ 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.
- ☐ 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 and Cannabis (ABC) Board shall give written notice of the application to the Councilmember representing the affected ward and the affected Advisory Neighborhood Commissions (ANC) in the affected ward, pursuant to the requirements set forth in 5107 of this subtitles.

Any comments submitted by an affected ANC 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.

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 ABCA to conduct any investigation it deems necessary and appropriate to ascertain the veracity of the information contained in this Application.

Date

Applicant Signature