

# MEDICAL CANNABIS

## RETAILER ENDORSEMENT APPLICATION INSTRUCTIONS

### Overview

Endorsements extend additional permissions to licensees. Four (4) endorsements are available to licensed medical cannabis Retailers including:

1. Delivery—Permits Retailers to deliver medical cannabis, medical cannabis products, and paraphernalia to registered patients and caregivers at eligible locations in DC between 9:00 a.m. and 9:00 p.m. daily.
2. Education Tasting—Permits Retailers to offer cooking and how-to classes and demonstrations for educational purposes to registered patients and caregivers. Any smoking of cannabis must be conducted in a Safe-Use Treatment Facility.
3. Safe-Use Treatment Facility—Permits Retailers to sell medical cannabis, medical cannabis products, and paraphernalia for use on-premises by registered patients within a secure and properly ventilated area that is separate from the sales area.
4. Summer Garden—Permits Retailers to sell, serve, and allow on-premises consumption of medical cannabis by registered patients within a private outdoor space between 8:00 a.m.-12:00 a.m. daily.

Retailers may request any combination of endorsements. Endorsements are valid for the duration of the license.

### Eligibility

Only Retailers are eligible. Board Orders and Settlement Agreements may affect eligibility.

### To Apply

Applicants may request an endorsement in their initial Retailer application or after issuance using a *Medical Cannabis Retailer Endorsement Application*.

Safe Use Treatment Facility Endorsement applicants must include a Ventilation Proposal that details at a minimum the following: (1) the air change for the designated consumption space, (2) the air change for common areas inside the retailer, (3) the filter type and odor control measures for the designated consumption space, (4) the location of air intakes and exhaust outlets, (5) whether the designated consumption space shares space with employee work areas, and (6) the location of the smoke-free area for employees to monitor the safe-use treatment facility. A retailer that is approved for a Safe-Use Treatment Facility Endorsement is also required to obtain an updated Certificate of Occupancy prior to issuance of the endorsement.

Summer Garden Endorsement applicants must include an approval letter from their landlord if they do not own the building authorizing the use of the proposed space for on-premises cannabis consumption by registered patients. Applicants must also secure a Safe-Use Treatment Facility Endorsement.

Applications may be submitted by:

- Mail, drop box, or in-person. ABCA is located at 2000 14th Street NW, Suite 400, Washington, DC 20009.
- Email to [ABCA.CannabisLicensing@dc.gov](mailto:ABCA.CannabisLicensing@dc.gov).

Applications require ABC Board approval and may be subject to a public comment period.

### Fees

There is an application fee and an annual fee for each endorsement type.

Application Fees  
*Due upon application submission*

- Delivery—\$300
- Educational Tasting—\$130
- Safe-Use Treatment Facility—\$1,000
- Summer Garden—\$300

Annual Fees  
*Initial fee due within 60-days of ABC Board approval*

- Delivery—\$300
- Educational Tasting—\$130
- Safe-Use Treatment Facility—\$2,000
- Summer Garden—\$300

Accepted methods of payment include:

- Check (no starter checks), money order, or cashier's check made payable to "DC Treasurer"
- Credit card. If not paying in-person, request a payment link by emailing [ABCA.CannabisLicensing@dc.gov](mailto:ABCA.CannabisLicensing@dc.gov).

Payment by phone and cash are not accepted.

Fees are non-refundable. ABCA is not responsible for any costs incurred by an applicant in preparation or submission of an application.

License No.	Date Accepted	Accepted By	Hearing Date
Fees Paid \$	From To	Issue Date	From To
Date Approved by ABC Board	Board Initials		
Date Denied by ABC Board	Board Initials		

## MEDICAL CANNABIS RETAILER ENDORSEMENT APPLICATION

This form must be completed by licensed Retailers requesting to add one (1) or more endorsement to their license. If the applicant is a Sole Proprietor, the individual must sign; Partnership, each Partner must sign; Corporation, the President or Vice President must sign; or LLC, the Managing Member must sign.

### SECTION I | ENDORSEMENT TYPE(S) REQUESTED

Check all that apply.

- Delivery     
  Education Tasting     
  Safe Use Treatment Facility     
  Summer Garden  
 Proposed hours entered below     
  Proposed hours entered below  
 Certificate of Occupancy attached     
  Landlord Approval attached  
 Ventilation Proposal attached     
 (if applicable)

*Note—A Safe Use Treatment Facility Endorsement is required for a Summer Garden Endorsement.*

	Safe Use Treatment Facility Hours		Summer Garden Hours
<input type="checkbox"/> Sunday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Sunday	Start:__:__ am/pm End:__:__ am/pm
<input type="checkbox"/> Monday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Monday	Start:__:__ am/pm End:__:__ am/pm
<input type="checkbox"/> Tuesday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Tuesday	Start:__:__ am/pm End:__:__ am/pm
<input type="checkbox"/> Wednesday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Wednesday	Start:__:__ am/pm End:__:__ am/pm
<input type="checkbox"/> Thursday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Thursday	Start:__:__ am/pm End:__:__ am/pm
<input type="checkbox"/> Friday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Friday	Start:__:__ am/pm End:__:__ am/pm
<input type="checkbox"/> Saturday	Start:__:__ am/pm End:__:__ am/pm	<input type="checkbox"/> Saturday	Start:__:__ am/pm End:__:__ am/pm

### SECTION II | APPLICANT INFORMATION

Business Entity Name

Business Entity Mailing Address

City

ST

Postal Code

Trade Name

License No.

Facility Address

City

ST

Postal Code

### SECTION III | PRIMARY POINT OF CONTACT INFORMATION

First Name

Last Name

Title

Mailing Address (If different from above)

City

ST

Postal Code

Phone No.

Mobile No.

Email

**SECTION IV | CERTIFICATION**

I hereby certify under penalty of perjury that the information in this application and any attachments are true and correct.

First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date

**SECTION V | LANGUAGE ACCESS**

I/we require vital documents to be translated into:

- Chinese       French       Korean       Spanish       Vietnamese       Other
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NOTICE: The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423. In order to report fraud, waste, and abuse in District of Columbia government, call 1-800-521-1638.