

## **MassCIP**

Massachusetts Cannabis Industry Portal

# 13 Social Equity Program Application Preview

Cannabis Control Commission > My Licenses > Social Equity Qualification 1: Residing In Areas Applicant Information Marijuana Establishments Licensing Intent Additional Questions Qualification 2: Drug-Related CORI Qualification 3: Spouse or Parent Submit Program Track of Disproportionate Impact and Massachusetts Residency Drug-Related CORI and Massachusetts Residency Application #: SEA303499 **Applicant Information** Please provide information about the individual applying to be certified for participation in the Social Equity Program First Name \* Middle Name Last Name \* Residential Address 1 \* Residential Address 2 Residential City \* Residential State \* Residential Zip Code \* Email Address \* Phone Number \* Format: 111-111-1111 Demographics Gender \* User Defined Gender Year of Birth \* You may select "Prefer not to answer".

Country of Origin \*

Demographics			
Gender *	User Defined Gender		
Year of Birth * You may select "Prefer not to answer".	<u>*</u>		
Country of Origin *			
If you wish to decline to answer, please write "Decline to Answer" in the text box.			
What is this person's race or ethnicity? *  Mark all boxes that apply  White (German, Irish, English, Italian, Polish, French)  Hispanic, Latino, or Spanish (Mexican or Mexican American, Puert Black or African American (of African Descent, African American, Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japane American Indian or Alaska Native  Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syria Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samo Other Race or Ethnicity (please specify below) Decline to Answer  Specify Other Race or Ethnicity	Nigerian, Jamaican, Ethiopian, Haitian, Somali) ese) un, Moroccan, Algerian)	an)	
If you selected "Other Race or Ethnicity" above, please specify here.			
Marital Status *			
What is your current employment status? * Employment is not required for participation in the Social Equity Programore about your current circumstance.	am, but we would like to know		

What is your current employment status? *  Employment is not required for participation in the Social Equity Program, but we would like to know more about your current circumstance.	
What is your total annual household income? This applies to the combined income of the entire household. *	
Farmer Identification *  Do you identify as a farmer, one who is engaged or has engaged in agriculture or farming, or on a farm as an incident to or in conjunction with the cultivation and tillage of the soil, dairying, the production, cultivation, growing and harvesting of any agricultural, aqua-cultural, floricultural or horticultural commodities, or file a schedule F tax form?	
○ Yes ○ No	
Highest Level of Education *	
horticultural commodities, or file a schedule F tax form?  Yes No	
Did you apply for Economic Empowerment Priority Review Status? *	
○ Yes ○ No	
Are you certified as an Economic Empowerment Priority Applicant? *	
If yes, please provide your certification number in the following field. If no, enter "NA" in the following field.  Yes No	
Economic Empowerment Priority Certification Number	
Format EE123456	
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assistance places call the Cannabia Central Commission at 617 701 9400 or amail at cannabia commission@atata ma



#### Application #: SEA303500

#### Program Track

The Social Equity Program is designed for accepted applicants to be entered into tracks. The tracks are determined by your interests in the marijuana industry, your current skills, and the outcomes you are seeking. The tracks are as follows:

#### TRACK 1: ENTREPRENEUR

The entrepreneur track provides training for those seeking licensure and ownership of marijuana businesses.

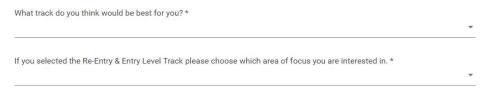
Massachusetts Cannabis Industry Portal (MassCIP)

The core track provides training for those interested in careers at registered marijuana establishments, at the managerial and executive level. This track is subdivided into core professionals (7+ years) and core experienced candidates (2-6 years).

#### TRACK 3: RE-ENTRY & ENTRY LEVEL

The re-entry & entry level track provides training for those re-entering society and those who have little to no experience (0-2 years) requiring introductory level skills.

The ancillary track provides training for those with existing skills that are directly transferable to working with marijuana businesses. This track is subdivided into ancillary professional (those with professional skills such as law, accounting, and technology skills) and trade professionals (those with trade skills or occupations that require a specific set of skills such as drivers, plumbers, HVAC experts, electricians, mechanics, and carpenters). This track is also designed for those seeking to be inventors or developers of new marijuana paraphernalia and tools.



#### Technical Assistance

What are the top three areas of technical assistance you would like assistance with?

#### Technical Assistance

What are the top three areas of technical assistance you would like assistance with?

- · Accounting and Sales Forecasting
- Assistance Identifying/Raising Funds or Capital
- Assistance Navigating the Licensing/Certification Process
- Assistance Understanding and Navigating Cannabis Law
- Business Plan Creation and Development of Operational Policies and Procedures
- Farming Best Practices
- Management, Recruitment, and Employee Trainings
- Marijuana Industry Best Practices
- Navigating Municipal Process (City or Town Specific Process)
- Project Management
- Tax Prediction and Legal Compliance
- Technology / Software Dev
- Other Please Specify

For your first, second, and third choice select an area of technical assistance. If If you select other, please specify in the text area next to the select menu.

First Choice *	First Other
Second Choice *	Second Other
Third Choice *	Third Other
,	

#### Services

What methods of service would best suit your needs?

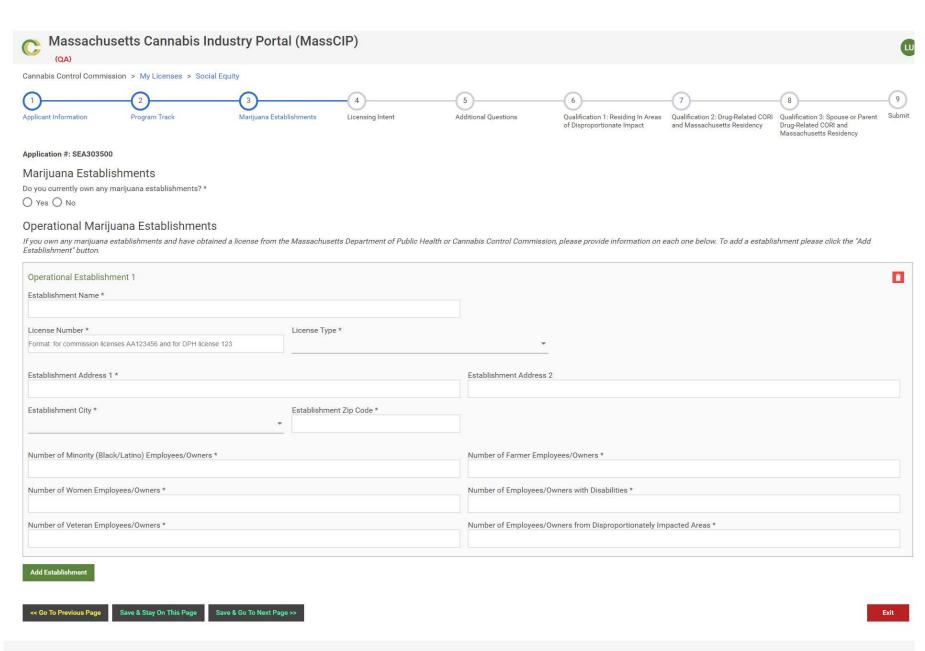
- · Consultations (one on one)
- Seminars
- WebinarsLectures

Services			
What methods of service would best suit your needs?			
Consultations (one on one) Seminars Webinars Lectures Workshops / Trainings Instructional Videos / Manuals			
Please rank your choices 1 – 3, where 1 indicates the method best suits y	our needs and where 3 indicates this method least suits your needs.		
What is your first choice? *	What is your second choice *	What is your third choice *	
What times of the day would best suit your training needs? * Please select all that apply.	What days of the week would best suit your training Please select all hat apply.		
Morning (7am-12pm)	Monday		
Afternoon (12pm -5pm) Evening (5pm-10pm)	Tuesday Wednesday Thursday Friday Saturday Sunday		
Previous Professional Experience			
Do you already have expertise in any of the following areas? For each are Social Equity Program.	a, please include the number of years of experience you have. If you do not have	experience in an area, please enter 0. Experience in these areas is not required for participation in th	
Accounting *	Business Planning *	Cannabis Industry Rules and Regulations *	
Construction *	Engineering *	Farming *	
Finance *	Human Resources *	Industrial Management *	

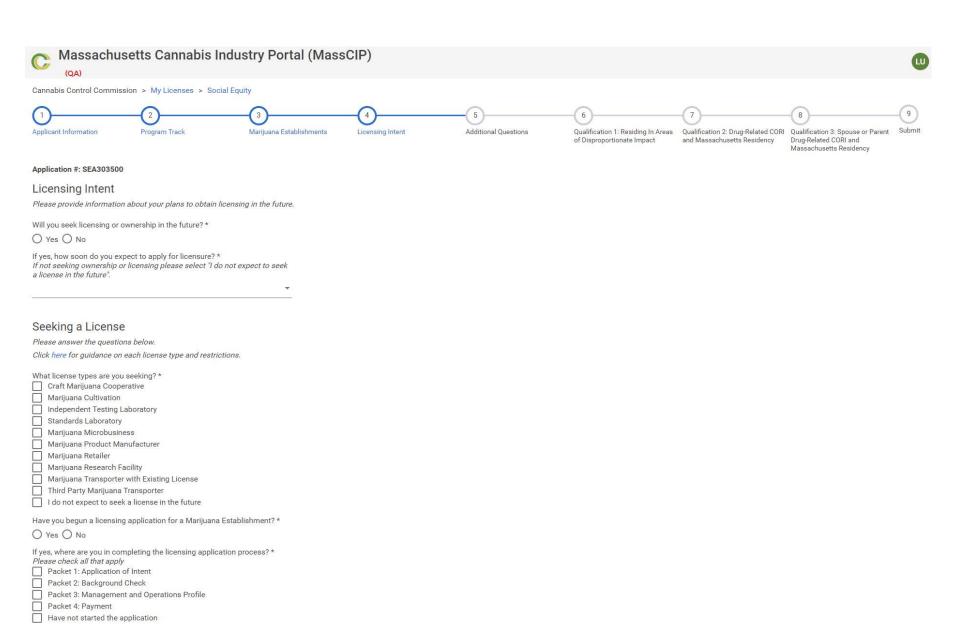
ecounting *	Business Planning *	Cannabis Industry Rules and Regulations *	
onstruction *	Engineering *	Farming *	
nance *	Human Resources *	Industrial Management *	
formation Technology *	Legal *	Manufacturing *	
egotiations *	Operations *	Policies & Procedures *	
oject Management *	Public Relations *	Research & Analysis *	
ales and Marketing *	Software Development *	Training & Coaching *	
her – Please Specify	Other Years Experience		
o you have access to reliable internet connection? *  ) Yes O No o you have access to reliable transportation? *			
) Yes O No			
ccommodations  ill you need any reasonable accommodations for this process due to di yes, please describe.	sabilities, e.g., physical or mental?		

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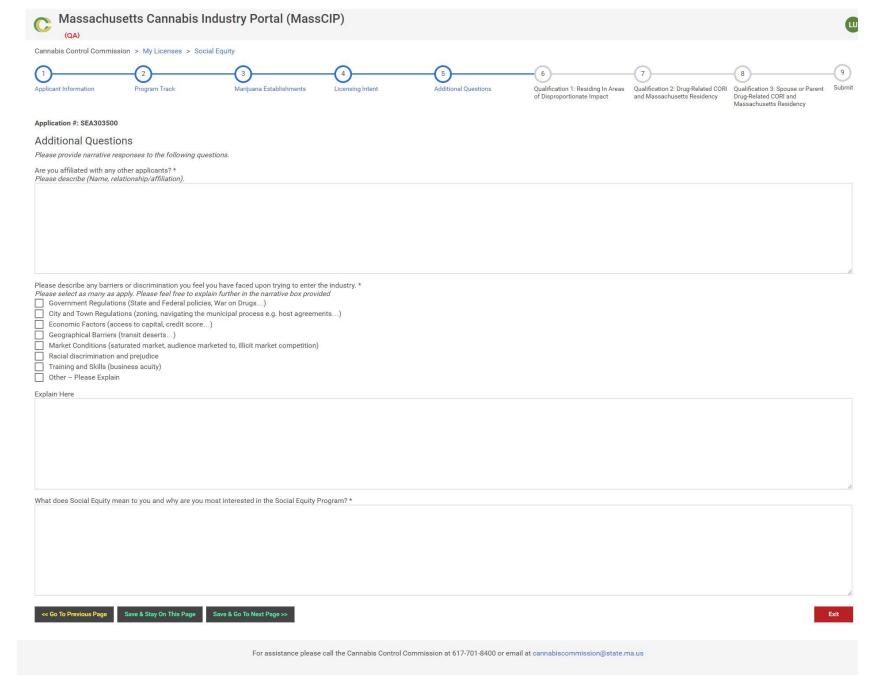
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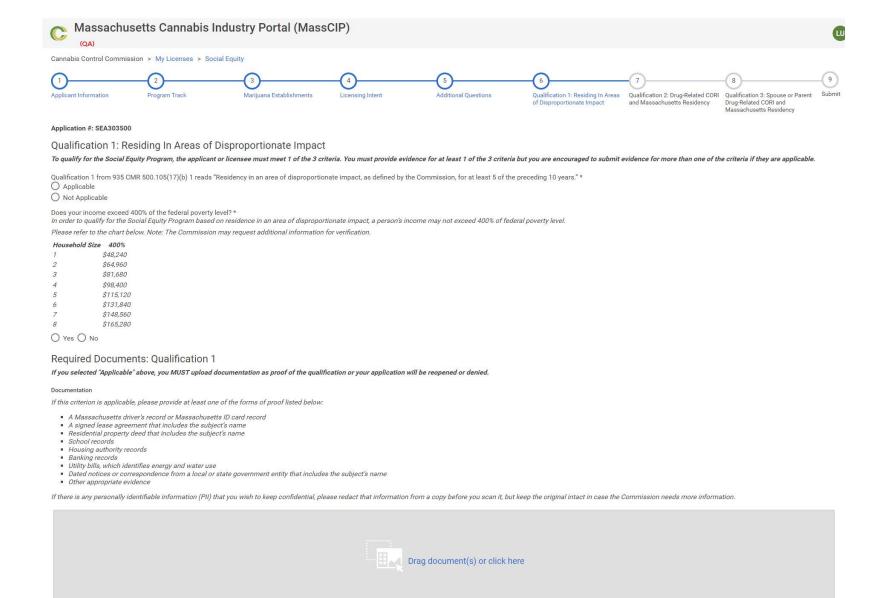


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Employment  Will you gainfully employ persons from the statuses below? *  Please check all where the answer is yes.  Persons of Color (Black/Latino)  Farmers  Women  Persons with Disabilities  Veterans  Persons from Disproportionately Impacted Areas  Not Applicable		
Ownership		
If seeking a license in the future, what percentage of the future ownership will	be by individuals with the following statuses? If you do not plan to seek a licen	se in the future, please enter 0 for the following fields.
Farmers *	Women *	Persons with Disabilities *
Veterans *	Persons from Disproportionately Impacted Areas *	Persons of Color (Black/Latino) *
Employing Social Equity Applicants  Would you be interested in employing a Social Equity Applicant? *  Yes  No  Not sure at this time  Workforce Interest  If you are not seeking licensure, what three parts of the industry/workforce are  What is your first choice? *	re you most interested in? First Other	
What is your second choice *	Second Other	
What is your third choice ★	Third Other	
Are you interested in being added to the Commission's dedicated connector for This database will only be accessible to applicants and current or prospective.  Yes No  Save & Stay On This Page Save & Go To Next Page	e marijuana businesses	





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#### Application #: SEA303500

#### Qualification 2: Drug-Related CORI and Massachusetts Residency

To qualify for the Social Equity Program, the applicant or licensee must meet 1 of the 3 criteria. You must provide evidence for at least 1 of the 3 criteria but you are encouraged to submit evidence for more than one of the criteria if they are applicable.

Qualification 2 from the 935 CMR 500.105(17)(b) 2 reads "Residency in Massachusetts for at least the preceding 12 months and a conviction for a 94C offense under M.G.L. c. 94C or an equivalent conviction in another jurisdiction." \*

Applicable

Not Applicable

#### Required Documentation: Qualification 2

If you selected "Applicable" above, you MUST upload documentation as proof of the qualification or your application will be reopened or denied.

#### Documentation

If this criterion is applicable, please provide at least one of the following as evidence of residency:

- · A Massachusetts driver's record or Massachusetts ID card record
- A signed lease agreement that includes the subject's name
- Residential property deed that includes the subject's name
- School records
- Housing authority records
- Banking records
- Utility bills, which identifies energy and water use
- Dated notices or correspondence from a local or state government entity that includes the subject's name
- Other appropriate evidence

If there is any personally identifiable information (PII) that you wish to keep confidential, please redact that information from a copy before you scan it, but keep the original intact in case the Commission needs more information.

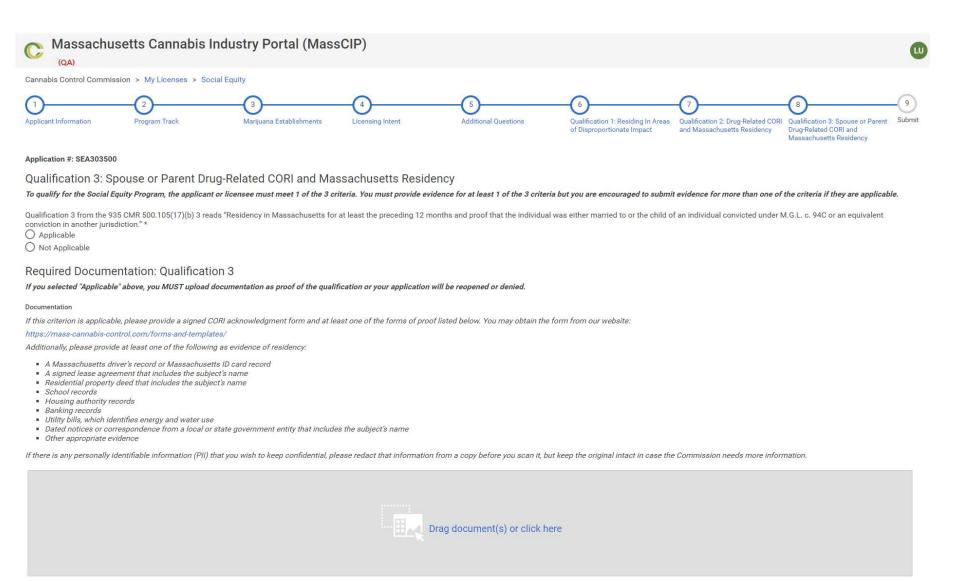


Applicant Drug Related Offenses

## Applicant Drug Related Offenses

Please list all qualifying drug related offenses. To add information about an offense please click the "Add" button below.

Offense Information 1					1
Type of Drug Related Offense *	Jurisdiction of Offense *	Law Enforcement Authority *	Date of Offense *		
				<u> </u>	
Contact to Verify Offense	Contact Phone *	Contact Email *			
For example defense counsel					
Description of the Drug Related Offense	•				
Add					
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Parent or Spouse Drug Related Offense

## Parent or Spouse Drug Related Offense

Please list all qualifying drug related offenses for spouses and parents. To add information about an offense please click the "Add" button.

Offense Information 1					0
Relationship to Applicant *					
2	<u>*</u>				
5					
First Name *	Middle Nam	e	Last Name *		
Type of Drug Related Offense *	Jurisdiction of Offense *	Law Enforcement Authority *	Date of Offense *		
Contact to Verify Offense *	Contact Phone *	Contact Email *			
Description of the Drug Related Offense	•				
					1
Add					
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