

# 13 Social Equity Program Application Preview



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 *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address 1 *		
<input type="text"/>		
Residential Address 2		
<input type="text"/>		
Residential City *	Residential State *	Residential Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number *	Email Address *	
<input type="text"/>	<input type="text"/>	

## Demographics

Gender *	User Defined Gender
<input type="text"/>	<input type="text"/>
Year of Birth *	
<input type="text"/>	
Country of Origin *	
<input type="text"/>	

Demographics

Gender \*

User Defined Gender

Year of Birth \*

You may select "Prefer not to answer".

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, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)

☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)

☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)

☐ American Indian or Alaska Native

☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)

☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)

☐ Other Race or Ethnicity (please specify below)

☐ Decline to Answer

Specify Other Race or Ethnicity

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 Program, but we would like to know more about your current circumstance.

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 \*

Veteran Status \*

*Have you ever served on active duty in the U.S. Armed Forces? Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard.*

☐ 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

Save & Stay On This Page

Save & Go To Next Page >>

Exit

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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.

### TRACK 2: CORE

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.

### TRACK 4: ANCILLARY

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.

What track do you think would be best for you? \*

If you selected the Re-Entry & Entry Level Track please choose which area of focus you are interested in. \*

## Technical Assistance

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

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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
- Webinars
- Lectures

## 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 your 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.

- ☐ Morning (7am-12pm)
- ☐ Afternoon (12pm -5pm)
- ☐ Evening (5pm-10pm)

What days of the week would best suit your training needs? \*

Please select all hat apply.

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

## Previous Professional Experience

Do you already have expertise in any of the following areas? For each area, 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 the Social Equity Program.

Accounting *	Business Planning *	Cannabis Industry Rules and Regulations *
Construction *	Engineering *	Farming *
Finance *	Human Resources *	Industrial Management *

Previous Professional Experience

Do you already have expertise in any of the following areas? For each area, 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 the Social Equity Program.

Accounting *	Business Planning *	Cannabis Industry Rules and Regulations *
Construction *	Engineering *	Farming *
Finance *	Human Resources *	Industrial Management *
Information Technology *	Legal *	Manufacturing *
Negotiations *	Operations *	Policies & Procedures *
Project Management *	Public Relations *	Research & Analysis *
Sales and Marketing *	Software Development *	Training & Coaching *
Other - Please Specify	Other Years Experience	

Do you have access to reliable internet connection? \*

☐ Yes ☐ No

Do you have access to reliable transportation? \*

☐ Yes ☐ No

Accommodations

Will you need any reasonable accommodations for this process due to disabilities, e.g., physical or mental?  
If yes, please describe.





Cannabis Control Commission > My Licenses > Social Equity



Application #: SEA303500

## Marijuana Establishments

Do you currently own any marijuana establishments? \*

☐ Yes ☐ No

## Operational Marijuana Establishments

If you own any marijuana establishments and have obtained a license from the Massachusetts Department of Public Health or Cannabis Control Commission, please provide information on each one below. To add a establishment please click the "Add Establishment" button.

### Operational Establishment 1

Establishment Name \*

License Number \*

Format: for commission licenses AA123456 and for DPH license 123

License Type \*

Establishment Address 1 \*

Establishment Address 2

Establishment City \*

Establishment Zip Code \*

Number of Minority (Black/Latino) Employees/Owners \*

Number of Farmer Employees/Owners \*

Number of Women Employees/Owners \*

Number of Employees/Owners with Disabilities \*

Number of Veteran Employees/Owners \*

Number of Employees/Owners from Disproportionately Impacted Areas \*

Add Establishment

<< Go To Previous Page

Save & Stay On This Page

Save & Go To Next Page >>

Exit

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Application #: SEA303500

## Licensing Intent

Please provide information about your plans to obtain licensing in the future.

Will you seek licensing or ownership in the future? \*

☐ Yes ☐ No

If yes, how soon do you expect to apply for licensure? \*

If not seeking ownership or licensing please select 'I do not expect to seek a license in the future'.

## Seeking a License

Please answer the questions below.

Click [here](#) for guidance on each license type and restrictions.

What license types are you seeking? \*

- ☐ Craft Marijuana Cooperative
- ☐ Marijuana Cultivation
- ☐ Independent Testing Laboratory
- ☐ Standards Laboratory
- ☐ Marijuana Microbusiness
- ☐ Marijuana Product Manufacturer
- ☐ Marijuana Retailer
- ☐ Marijuana Research Facility
- ☐ Marijuana Transporter with Existing License
- ☐ Third Party Marijuana Transporter
- ☐ I do not expect to seek a license in the future

Have you begun a licensing application for a Marijuana Establishment? \*

☐ Yes ☐ No

If yes, where are you in completing the licensing application process? \*

Please check all that apply

- ☐ Packet 1: Application of Intent
- ☐ Packet 2: Background Check
- ☐ Packet 3: Management and Operations Profile
- ☐ Packet 4: Payment
- ☐ Have not started the application

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 license in the future, please enter 0 for the following fields.

Farmers *	Women *	Persons with Disabilities *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans *	Persons from Disproportionately Impacted Areas *	Persons of Color (Black/Latino) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 you most interested in?

What is your first choice? *	First Other
<input type="text"/>	<input type="text"/>
What is your second choice? *	Second Other
<input type="text"/>	<input type="text"/>
What is your third choice? *	Third Other
<input type="text"/>	<input type="text"/>

Are you interested in being added to the Commission's dedicated connector for job seekers and employers in the marijuana industry? \*

*This database will only be accessible to applicants and current or prospective marijuana businesses*

☐ Yes ☐ No



Cannabis Control Commission > My Licenses > Social Equity



Application #: SEA303500

## Additional Questions

Please provide narrative responses to the following questions.

Are you affiliated with any other applicants? \*

Please describe (Name, relationship/affiliation).

Please describe any barriers or discrimination you feel you have faced upon trying to enter the industry. \*

Please select as many as apply. Please feel free to explain further in the narrative box provided

- ☐ Government Regulations (State and Federal policies, War on Drugs...)
- ☐ City and Town Regulations (zoning, navigating the municipal process e.g. host agreements...)
- ☐ Economic Factors (access to capital, credit score...)
- ☐ Geographical Barriers (transit deserts...)
- ☐ Market Conditions (saturated market, audience marketed to, illicit market competition)
- ☐ Racial discrimination and prejudice
- ☐ Training and Skills (business acuity)
- ☐ Other – Please Explain

Explain Here

What does Social Equity mean to you and why are you most interested in the Social Equity Program? \*

<< Go To Previous Page

Save & Stay On This Page

Save & Go To Next Page >>

Exit

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Cannabis Control Commission > My Licenses > Social Equity



Application #: SEA303500

## Qualification 1: Residing In Areas of Disproportionate Impact

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 1 from 935 CMR 500.105(17)(b) 1 reads "Residency in an area of disproportionate impact, as defined by the Commission, for at least 5 of the preceding 10 years." \*

- ☐ Applicable  
☐ Not Applicable

Does your income exceed 400% of the federal poverty level? \*

In order to qualify for the Social Equity Program based on residence in an area of disproportionate impact, a person's income may not exceed 400% of federal poverty level.

Please refer to the chart below. Note: The Commission may request additional information for verification.

Household Size	400%
1	\$48,240
2	\$64,960
3	\$81,680
4	\$98,400
5	\$115,120
6	\$131,840
7	\$148,560
8	\$165,280

☐ Yes ☐ No

## Required Documents: Qualification 1

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 forms of proof listed below:

- 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.



Drag document(s) or click here

<< Go To Previous Page

Save & Stay On This Page

Save & Go To Next Page >>

Exit



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.



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## Applicant Drug Related Offenses

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

Offense Information 1

Type of Drug Related Offense \*

Jurisdiction of Offense \*

Law Enforcement Authority \*

Date of Offense \*

Contact to Verify Offense  
For example defense counsel

Contact Phone \*

Contact Email \*

Description of the Drug Related Offense \*

Add

<< Go To Previous Page

Save & Stay On This Page

Save & Go To Next Page >>

Exit





# Massachusetts Cannabis Industry Portal (MassCIP)

(QA)

LU

Cannabis Control Commission > My Licenses > Social Equity



Application #: SEA303500

## Qualification 3: Spouse or Parent 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 3 from the 935 CMR 500.105(17)(b) 3 reads "Residency in Massachusetts for at least the preceding 12 months and proof that the individual was either married to or the child of an individual convicted under M.G.L. c. 94C or an equivalent conviction in another jurisdiction." \*

- ☐ Applicable  
☐ Not Applicable

## Required Documentation: Qualification 3

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 a signed CORI acknowledgment form and at least one of the forms of proof listed below. You may obtain the form from our website:

<https://mass-cannabis-control.com/forms-and-templates/>

Additionally, 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.



Drag document(s) or click here

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

Relationship to Applicant \*

First Name \*

Middle Name

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 \*

Add

<< Go To Previous Page Save & Stay On This Page Save & Go To Next Page >>

Exit

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