

Request Form: Voluntary Tier Relegation

Instructions

Pursuant to 935 CMR 500.050(2) and 501.050(2), a Marijuana Cultivator and/or Medical Marijuana Treatment Center may request to voluntarily relegate, or reduce, the tier level in which they are currently licensed. Indoor vs. outdoor designations cannot be modified in this process. Licensees who seek to reduce their tier level shall complete this form and submit it, along with supporting documentation, to Licensing@CCCMass.com. Please note that as part of the review process, licensees may be inspected by Cannabis Control Commission (Commission) staff to ensure they will operate under the tier level being requested within this form.

Marijuana Establishment/Medical Marijuana Treatment Center Information

1. Name of licensee:

2. License number:

3. Address of licensed premise:

4. Name of licensee's authorized representative:

5. Contact information of licensee's authorized representative:



Required Information

6. Current tier level and inside/outside designation:

7. Reduced tier level requested:

8. List the reason(s) why the licensee is seeking to reduce its tier level:

9. Please attach a diagram or floor plan specifically drawing out, with measurements, the space(s) that will be counted towards your new tier level. Tier levels are dictated by canopy size; for example, a Tier 2 allows up to 10,000 sq. ft. of canopy. Please attach this diagram as “Attachment A.” Please note that the Commission defines canopy as:

an area to be calculated in square feet and measured using clearly identifiable boundaries of all areas(s) that will contain mature plants at any point in time, including all of the space(s) within the boundaries, canopy may be noncontiguous, but each unique area included in the total canopy calculations shall be separated by an identifiable boundary which includes, but is not limited to: interior walls, shelves, greenhouse walls, hoop house walls, garden benches, hedge rows, fencing, garden beds, or garden plots. If mature plants are being cultivated using a shelving system, the surface area of each level shall be included in the total canopy calculation.

I attest that all the information contained within this request is accurate, truthful, and complete, and do hereby sign under the pains and penalties of perjury.

Signature of licensee’s authorized representative:

