

# Request Form: Tier Expansion

## Instructions

Pursuant to 935 CMR 500.050(2) and 501.050(2), a Marijuana Cultivator and/or Medical Marijuana Treatment Center (MTC) may request a tier expansion. Licensees who seek to increase their tier level shall complete this form and submit it, along with supporting documentation, to [Licensing@CCCMass.com](mailto: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.

This form should only be used by licensees that have commenced operations and can demonstrate compliance with 935 CMR 500.050(2)(c), namely that:

*If a Marijuana Cultivator is applying to expand production, it must demonstrate that while cultivating at the top of its production tier, it has sold 85% of its product consistently over the six months preceding the application for expanded production for an indoor cultivator, or during the harvest season prior to the application for expanded production for an outdoor cultivator.*

Additionally, once the tier expansion request is approved, the licensee will receive notice of such approval along with the requirement to submit the prorated license fee differential between the current and new tier level license fees pursuant to 935 CMR 500.005.

## Marijuana Establishment/MTC 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. Tier level requested:

8. Percentage of product sold calculation. The licensee must demonstrate that while cultivating at the top of its production tier, it has sold 85% of its product consistently over the six (6) months preceding the application for expanded production for an indoor cultivator, or during the harvest season prior to the application for expanded production for an outdoor cultivator. In the following section, please enter the required fields and perform the required calculation indicated.

Six (6)-month time frame used for calculations:	
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Line	Required Fields	Required Data	Instructions
a	Total weight harvested [last six (6) months/harvest season]		Enter number from Metrc reports.
b	Total product waste weight [last six (6) months/harvest season]		Enter number from Metrc reports.
c	Total production weight		Subtract line b from line a. Enter number.
d	Total product weight transferred to affiliated licenses [last six (6) months/harvest season]		Enter number from Metrc reports.



e	Total product weight sold to unaffiliated licenses [last six (6) months/harvest season]		Enter number from Metrc reports.
f	Enter product weight for any pending contractual sales/transfers for current harvested product		Enter number from Metrc reports and/or contractual agreements.
g	Total weight sold		Add lines d, e, and f. Enter number.
h	Percentage of product sold		Divide line g by line c, then multiply by 100. Enter number. This number should be 85 or higher.

**Required Documentation**

9. Documentation. The licensee shall include, as part of this submission, all documentation and reports used to calculate the figures above. The licensee may also include any additional factors to be used in the consideration of their request pursuant to 935 CMR 500.050(2)(e).

**Required Attestations**

10. Please attest to the following statements by initialing the corresponding box:

- a. The licensee has been cultivating at the top of its tier for the past six (6) months;
- b. The proposed tier expansion will not violate the Commission’s regulations requiring that no licensee be approved to operate more than 100,000 sq. ft. canopy pursuant to 935 CMR 500.050 or 501.050; and
- c. I understand that if this proposed tier expansion is approved, the licensee will be required to pay a prorated differential license fee payment.

**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:

