

WAIVER REQUEST FORM: GENERAL REQUIREMENTS

Under 935 CMR 500.700(1), a Marijuana Establishment applicant or licensee (“Marijuana Establishment”) may request a waiver for a general requirement (not security related) listed in 935 CMR 500.000. The Marijuana Establishment must submit additional waiver requests for additional requirements—only one general requirement may be waived per request form.

A Marijuana Establishment must use the “Waiver Request Form: Security Requirements” for all waiver requests related to security requirements listed in 935 CMR 500.110.

Written documentation is required to evaluate the waiver request. The Marijuana Establishment must specifically state the general requirement requested to be waived, the reasons why it should be waived, and alternative and compensating steps or features that will be utilized in lieu of the general requirement, if applicable. Once received by the Commission, your request will be evaluated.

The request must be filled out and signed by an individual with authority or control over the management and operations of the Marijuana Establishment. Additional documentation may be submitted along with the request form as long as it directly addresses the general requirement to be waived. **Before the request is submitted, it must be notarized.** Once completed, the waiver form and any additional information should be combined into a single PDF document and emailed to cannabislicensing@mass.gov.

MARIJUANA ESTABLISHMENT INFORMATION

Name of Marijuana Establishment:

Application/License Number(s) Affected by this Request:

Proposed Physical Address of the Marijuana Establishment Affected by this Request:

Name, Phone Number, and Business Email Address of Marijuana Establishment’s Representative:

REQUIRED INFORMATION AND DOCUMENTATION

1. List the specific general requirement requested to be waived:

2. List the reason(s) why this general requirement should be waived (*use additional documents/pages if needed—please appropriately reference addendums*):

3. List alternative and compensating steps or features that will be utilized in lieu of the general requirement *(if granted)*:

4. In the opinion of the Marijuana Establishment or its representative, if the Commission waives this general requirement, will the waiving of this requirement jeopardize the health or safety of consumers, patients, or the public *(please check one of the boxes below)*?

- Yes
- No
- Unknown or can't be easily determined

By signing this document, I affirm that all the information provided above is true and accurate. I understand that all requirements listed in 935 CMR 500 must be complied with unless otherwise notified by the Commission. Failure of the Marijuana Establishment or its representative to fully complete this form may result in the denial of your waiver request.

Marijuana Establishment's Representative Printed Name:

Marijuana Establishment's Representative Signature:

Date of Request:

AUTHENTICATION BY NOTARY PUBLIC

On this _____ day of _____, 2018, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification to be the person whose name is signed above and that he/she did so voluntarily for its stated purpose.

Notary Public Signature

NOTARY STAMP/SEAL