

Bureau of Medical Marijuana Request for Approval: Change of Facility Location 28 Pa. Code § 1141a.40

Pursuant to regulation § 1141a.40, a medical marijuana organization may request a change in location of a facility. A request for a change in facility location must be accompanied by a completed “Request for Approval: Closure of a Facility”. The medical marijuana organization must submit a separate request for each facility that it proposes to move under its permit.

To request approval for a change in location of a facility please submit 1) this form, 2) the required fee 3) a Request Form Cover Page, and 4) all additional documentation as listed below. A request will be deemed incomplete, and not considered, until all required documentation and fees has been submitted.

Fees

Pursuant to 28 Pa. Code § 1141a.28, the following fee must be submitted in the form of certified check or money order made out to “Commonwealth of Pennsylvania”, enclosed in an envelope within the application package.

Request for Approval: Change of Facility Location Fee: \$250

Submitting your Request

All documents must be saved as a PDF file with the following file naming format: [name on permit]_[name of document]. Files should be submitted in a singular correspondence if via email to RA-DHMMRCompliance@pa.gov OR submitted to the following address on a single USB drive if via mail:

Bureau of Medical Marijuana - Request
Form Department of Health
Room 628 Health and Welfare Building 625
Forster Street
Harrisburg, PA 17120

Please ensure the application is properly signed and dated. A signature may be scanned and provided electronically in a PDF file.

Facility Information

Existing Facility Information

Type of Facility (choose one): <input type="checkbox"/> Grower/processor <input type="checkbox"/> Dispensary	
Name of Existing Facility:	
Street Address:	
City:	Zip Code:
Municipality:	County:

Proposed Facility Information

Type of Facility (choose one): <input type="checkbox"/> Grower/processor <input type="checkbox"/> Dispensary	
Name of Existing Facility:	
Street Address:	
City:	Zip Code:
Municipality:	County:

Documentation

Please submit the following:

- A completed “Request for a Closure of a Facility”.
- A statement, with supporting documentation, outlining the reasons the medical marijuana organization is proposing a change in location. If the change of location is based on a waiver granted by the Department,

please attach the letter sent to the Department requesting the waiver and the response letter from Department.

- Updated information for the following sections included in the initial permit application:

<input type="checkbox"/>	Section 1: Application Name, Address and Contact Information	Provide any changes to the applicant's name, address, and contact information since the initial application for a permit was filed with the Department.
<input type="checkbox"/>	Section 2: Facility Information	Indicate the existing facility location authorized by the permit and provide a description of the proposed location including public access to the location (dispensaries only).
<input type="checkbox"/>	Section 4, Part C: Principals, Financial Backers, Operators and Employees	Attach a list of any principals, financial backers, operators, and employees that have been added to medical marijuana organization since the issuance of the permit by the Department.
<input type="checkbox"/>	Section 8, Part D: Operational Timetable	Attach a timetable for the proposed location indicating the steps that will be taken for the proposed location to become operational within 6-months from the date the proposed location is approved by the Department.
<input type="checkbox"/>	Section 10, Part D: Security and Surveillance	Attach a statement outlining the security and surveillance methods and procedures that will be implemented at the proposed location.
<input type="checkbox"/>	Section 16, Part D ¹ : Sanitation and Safety OR Section 20, Part D ² : Sanitation and Safety	Attach a statement of the intended sanitation and safety measures that will be implemented at the proposed location.
<input type="checkbox"/>	Section 23 Part F ¹ : Community Impact OR Section 28, Part F ² : Community Impact	Attach a statement describing the positive impact the proposed location will have on the community and patients.
<input type="checkbox"/>	Attachment C: Property Title, Lease or Option to Acquire Property Location	Attach copies of any documentation for the proposed location showing an ownership interest in the proposed location.
<input type="checkbox"/>	Attachment D: Site and Facility Plan	Based on the instructions, attach copies of the site plan for the proposed location. Include any documentation provided by the local municipality showing the facility complies with local zoning requirements and can operate at the proposed location as a grower/processor or dispensary.

Additional Attestation

I hereby affirm that all other sections of the initial applications remain unchanged and will apply to the proposed location.

Permit Number: _____

Signature

Date

Name

Role in MMO

¹ For Grower/Processors only.

² For Dispensaries only.