

Bureau of Medical Marijuana

Request for Approval: Closure of a Facility

28 Pa. Code § 1141a.43

Pursuant to regulation § 1141a.43, a medical marijuana organization shall notify the Department in writing immediately, but in no event less than 60 days prior to the projected date of closure, upon making a determination that it intends to close a facility.

A request for approval for closure of a facility may be submitted independently or in conjunction with a “Request for Approval: Change of Facility Location,” if the closing facility will be re-opened elsewhere.

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

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 via email to RA-DHMMRCompliance@pa.gov.

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

Documentation

Attach a written plan for closing the facility that includes the following information:

- The process the medical marijuana organization will use, prior to closing, to notify any person that is provided medical marijuana or medical marijuana services.
- The process the medical marijuana organization will use to dispose of seeds, immature medical marijuana plants, medical marijuana plants, medical marijuana, medical marijuana products or other plant matter that will still be in the facility at the time of the projected closure in accordance with § 1151a.40 (relating to management and disposal of medical marijuana waste).
- The process the medical marijuana organization will use to dispose of equipment or medical devices or instruments used by the medical marijuana organization in its operations at the facility.

Affirmations

Affirm each of the following statements by checking the corresponding box and signing the attestation below:

- As of the date on this form, the medical marijuana organization will no longer accept or purchase seeds, immature medical marijuana plants, medical marijuana plants, medical marijuana, other plant matter, medical marijuana products, equipment, or medical devices or instruments.
- The medical marijuana organization agrees not remove or destroy any seeds, immature medical marijuana plants, medical marijuana plants, medical marijuana, other plant matter, medical marijuana products, equipment, or medical devices or instruments until the Department has approved its plan for closure.
- The medical marijuana organization agrees not to remove or destroy any seeds, immature medical marijuana plants, medical marijuana plants, medical marijuana, other plant matter, medical marijuana products, equipment, or medical devices or instruments until the Department has approved its plan for closure.
- The medical marijuana organization understands that the Department may enter the site and facility and inspect the medical marijuana organization's vehicles to approve the medical marijuana organization's closure plan.
- If the Department approves the medical marijuana organization's plan to close the facility, the medical marijuana organization shall surrender its permit to the Department on or before the date for closure provided in the plan.

I acknowledge that a false statement made by me in this document, or any accompanying documents, is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Permit ID Number: _____

Signature Date

Name Role in MMO