



# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## OFFICIAL PLAN OF RECORD

### Maine Adult Use of Cannabis Program Cannabis Store Facility Plan

The Facility Plan is an official Plan of Record. This document and use of this template are required. The Office of Cannabis Policy (OCP) understands that an applicant or licensee may have prepared other facility documents. Although the applicant or licensee may submit additional facility documents for reference, this Facility Plan is designed to be a succinct, standalone document.

<b>Section 1: Maine Adult Use Cannabis Establishment – Applicant/Licensee Information</b>			
Legal Business Name:		License Number:	
Physical Address of Facility:		City:	State: Zip:
<b>Notice</b>			
<p>OCP shall keep on file a copy of all facility plans, as well as copies of certifications of testing facilities. The most recent plan, whether submitted with the application for a cannabis establishment license, or by the subsequent approval of an application to change, shall be the Plan of Record with which the licensee must comply. OCP's Compliance Division will have access to all plans and will review all plans prior to an inspection or investigation. Failure to comply with the Plan of Record may lead to enforcement action.</p> <p>Any changes to the Facility Plan must be approved. The licensee shall submit an Application to Change an Official Plan of Record to OCP 30 days prior to any material change. OCP may deny an Application for Change to an Official Plan of Record if the changes requested are in violation of 28-B MRS, this Rule, conditions required for local approval or other applicable laws or rules.</p>			
<b>Signature – This Plan of Record cannot be accepted without a signature</b>			
Any information contained within this Plan of Record or otherwise found, obtained, or maintained by OCP, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.			
Authorizing Business Representative's Signature:		Date:	
Printed Name:	Email Address:	Phone Number:	

<b>Section 2: Facility Site Specific Information</b>			
<b>A. Ownership of the Premises</b>			
Legal Name of Property Owner:			
Mailing Address of Property Owner:		City:	State: Zip:
Property Owner Phone Number:		Property Owner Email:	

**B. Tax Map**

Attach a copy of a tax map clearly indicating an area of 1000 feet in all directions from the premises, or in cases where a municipality or the Land Use Planning Commission has reduced the setback to no less than 500 feet, then showing the distance in all directions required by local authority, and indicating that the area around the premises does not include a pre-existing public or private school, as defined in 28-B MRS§§402(2)(A) and 403(2)(A).

**C. Facility Diagram**

1. Attach a diagram of the layout of the licensed premises, including:
  - (a) All limited access areas. (limited access area means a building, room or other area within the licensed premises of a cannabis establishment where a licensee is authorized to cultivate, store, weight, manufacture, package or otherwise prepare for sale adult use cannabis and adult use cannabis products.)
  - (b) Display areas.
  - (c) Square footage of the establishment and of the separate areas listed above in a and b.
  - (d) Any areas where the licensee intends to conduct curbside pick-up, including any areas adjacent to, but not within, the licensed premises where curbside pick-up will be conducted.
  - (e) Waste disposal area.
  - (f) Signage.
  - (g) Points of entry.
  - (h) Windows and doors, designating which are lockable.
  - (i) Alarm control panels and alarm sensors.
  - (j) Video cameras and surveillance storage devices.
  - (k) Communication devices (internet/telephone).
  - (l) Fences.
  - (m) Any other additional security measures.
  - (n) Legal ingress and egress onto and off the property from the closest maintained public way.
2. If the property is also used as a residence, clearly indicate on the diagram above, the location of that residence within the property and plans for complete separation of the residence from the facility, including:
  - (a) Entirely separate entrances to the residence and any portion of the property that is part of the licensed premises; and
  - (b) That no solvent extraction using potentially hazardous extraction methods or inherently hazardous extraction methods are in the same building or structure as the residence.
3. If the licensee co-locates adult use and medical use operations, clearly indicate the following:
  - The areas of the premises that will contain adult use cannabis plants, cannabis, cannabis products or cannabis concentrate;
  - The areas of the premises that will contain medical use cannabis plants, cannabis, cannabis products or cannabis concentrate;
  - The areas of the premises, if any, that will contain equipment, chemicals or other items that may be used for both adult use and medical use cannabis plants, cannabis or cannabis products.
4. For clarity, the use of numbering, labeling, and/or a diagram legend or key should be used to incorporate the information requested.

**Section 3: Co-Location of Adult Use and Medical Use Operations**

1. Is this Adult Use facility co-located with any other Adult Use facilities?

Yes     No

If yes, with who?

AU Licensee Name:

AU License Number:

AU Licensee Name:

AU License Number:

AU Licensee Name:

AU License Number:

2.	Is this Adult Use facility co-located with any medical use caregivers or dispensaries?						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, with who?						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Medical Registrant Name:</td> <td style="width: 50%; padding: 5px;">Registry Card/Certificate Number:</td> </tr> <tr> <td style="padding: 5px;">Medical Registrant Name:</td> <td style="padding: 5px;">Registry Card/Certificate Number:</td> </tr> <tr> <td style="padding: 5px;">Medical Registrant Name:</td> <td style="padding: 5px;">Registry Card/Certificate Number:</td> </tr> </table>	Medical Registrant Name:	Registry Card/Certificate Number:	Medical Registrant Name:	Registry Card/Certificate Number:	Medical Registrant Name:	Registry Card/Certificate Number:
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3.	If the licensee co-locates adult use and medical use operations, describe the plans to ensure that all cannabis, finished cannabis concentrate and other cannabis products are correctly packaged and labeled for medical use or adult use.						
4.	If the licensee co-locates adult use and medical use operations, describe how the licensee will separately track, including input to the tracking system, cannabis, cannabis concentrate and cannabis products for medical use separately from adult use cannabis, cannabis concentrate and cannabis products and will otherwise keep them from becoming intermixed.						
5.	Describe how the licensee will ensure that each piece of equipment is not used simultaneously on medical cannabis and adult use cannabis, with the purpose of ensuring that medical cannabis, cannabis concentrate, and other cannabis products will remain separate from adult use cannabis, cannabis concentrate, and other cannabis products.						

<b>Section 4: Security Measures</b>	
All cannabis establishments must enact security measures to prevent the diversion of cannabis or cannabis products that are being cultivated, manufactured, tested, packaged, stored, displayed or transported. Provide sufficient detail so that OCP may determine whether the requirements are met.	
<b>A. Lights</b>	
1.	Do gates and/or perimeter entry points have lighting sufficient for observers to see, and cameras to record, any activity within 10 feet of the gate or entry? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	List and describe perimeter lighting at any point of entry or exit, whether it is a gate or access from a building, as depicted and labeled in the facility diagram.
<b>B. Doors and Windows</b>	
1.	Do all perimeter entry doors and all doors separating limited access areas from areas open to visitors and customers have commercial grade locks, appropriate for facilities requiring high levels of physical security? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are all external entrances to indoor facilities on the licensed premises lockable? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. List equipment and describe commercial grade locks on all perimeter and limited access doors as depicted and numbered/labeled in the facility diagram.

4. Are all perimeter windows in good condition and lockable?  
 Yes  No

5. List equipment and describe locks on each perimeter window as depicted and labeled in the facility diagram.

### C. Alarm System

1. Does the licensee have an alarm system(s) monitored by a licensed security company capable of contacting the licensee and, if necessary, law enforcement?  
 Yes  No

2. Does the system include an audible alarm, which is capable of being disabled remotely by the security company?  
 Yes  No

3. List equipment and describe the alarm system.

4. Concerning the licensee's licensed security company, provide the following:  
a. Name of the licensed security company:  
b. Specific point of contact:  
c. Point of contact's phone number:

5. Does the licensee have monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors?  
 Yes  No

6. List equipment and describe monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors as depicted and numbered/labeled in the facility diagram.

### D. Video Surveillance

1. Does the licensee have a video surveillance system that meets the following minimum requirements? Check all that apply.

Minimum resolution of 720p

Internet protocol capability

One of the following recording requirements:

Continuous recording 24 hours per day at a minimum of 15 frames per second, or

Motion activated cameras at a minimum of 15 frames per second and capturing and storing footage of no less than 120 seconds prior to motion activation and 120 seconds following the cessation of motion

Clear and accurate display of the time and date on all recorded images

Ability to copy and provide video surveillance recordings to OCP or law enforcement upon request

<p>2. List equipment and describe, in detail, the video surveillance system, including the number and location of all permanently fixed cameras as depicted and numbered/labeled in the facility diagram.</p>
<p>3. Check each box below to confirm the following requirements are met and reflected in the facility diagram and corresponding description(s) above.</p> <p><input type="checkbox"/> Cameras must be permanently fixed inside each entry/exit point (perimeter and limited access area) to allow identification of persons entering the premises and limited access areas.</p> <p><input type="checkbox"/> Cameras must be permanently fixed outside each entry/exit point (perimeter and limited access area) to allow identification of persons exiting the premises and limited access areas.</p> <p><input type="checkbox"/> A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis, cannabis plants, immature cannabis plants, seedlings, seeds, cannabis concentrate or cannabis products are cultivated, manufactured, stored or prepared for transfer or sale or where samples for mandatory testing are collected, and prepared and sealed for transport to a cannabis testing facility.</p> <p><input type="checkbox"/> A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis waste is stored before being made unusable, or where cannabis waste is made unusable.</p> <p><input type="checkbox"/> Cameras must be permanently fixed at each point of sale to monitor the identity of the purchaser and ensure facial identity.</p>
<p>4. The video surveillance storage device must be secured. Indicate below which of the following approved methods will be used to meet this requirement.</p> <p><input type="checkbox"/> On premise            or            <input type="checkbox"/> Off premise, third-party server</p> <p style="padding-left: 20px;"><input type="checkbox"/> Lockbox</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cabinet</p> <p style="padding-left: 20px;"><input type="checkbox"/> Closet</p> <p style="padding-left: 20px;"><input type="checkbox"/> Secured in another manner to protect from employee tampering or theft:</p>
<p>5. If the video surveillance storage device is secured on premise, list equipment and describe the manner in which it is secured. *Must be reflected in facility diagram. <input type="checkbox"/> N/A</p>
<p>6. If the video surveillance storage device is secured off premise with a third-party server, provide the following:</p> <p>a. Name of the third-party server:</p> <p>b. Specific point of contact:</p> <p>c. Point of contact's phone number:</p>
<p>7. Describe the video surveillance records retention policy, including the minimum 45 days video surveillance records are maintained on the licensee's recording device.</p>
<p>8. Describe how the applicant/licensee shall maintain a list of all persons with access to the video surveillance recordings and procedures for controlling access to the recordings.</p>

## Section 5: Controlling Access

### A. Public Access to the Cannabis Establishment

1. Are all entry points designed so that no minor is allowed entry to the licensed premises, except for the cannabis store retail area when accompanied by the minor's parent, legal guardian or custodian?  
 Yes    No
2. Describe all entry points designated as the place where the licensee or licensee's employee will verify the age and identity of all persons entering the premises as depicted and numbered/labeled in the facility diagram, except for the cannabis store retail area.
3. Describe all entry points designated as a place where the licensee or licensee's employees will receive mail or other deliveries as depicted and numbered/labeled in the facility diagram.
4. Describe how licensee will ensure that licensee and all of its employees and security guards maintain compliance with all laws and regulations related to firearms and other weapons in and around the cannabis establishment.

### B. Employee Access

1. Describe all entry points designated as employee entrances, including the manner in which employees gain access to the cannabis establishment (e.g. badge scanner or key locked doors), as depicted and numbered/labeled in the facility diagram.
2. Describe how the licensee will ensure all owners, managers, and employees display valid individual identification cards at all times.
3. Describe any additional security measures aimed to prevent employee theft.

### C. Controlling Access to Limited Access Areas

1. Are the following security measures in place for all limited access areas? Check all that apply.  
 Identification checks  
 Locked doors  
 Video surveillance  
 Required signage
2. Describe how the licensee will utilize the security measures listed above to control access to all limited access areas as depicted and numbered/labeled in the facility diagram.
3. Are security measures in place to control access to limited access areas by contractors and visitors, who are not minors and who will not handle cannabis plants, cannabis or cannabis products?  
 Yes    No

4. Are security measures in place to control access to limited access areas by sample collector and cannabis testing facility licensees or their employees displaying valid individual identification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Describe all designated areas where contractors, visitors and other licensees will be required to provide proof of identification, sign a visitor entry log, and receive a visitor identification badge by establishment staff as depicted and numbered/labeled in the facility diagram.
<b>D. Additional Security Measures Cannabis Stores</b>
1. At which point will the licensee or licensee's employee check for a valid government issued form of identification: <input type="checkbox"/> Prior to allowing access to areas of the premises designated for retail sales; or <input type="checkbox"/> Prior to initiating a sale in the area of the premises designated for retail sales.
2. Are display cases lockable and secure to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are counters of sufficient height to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe how product will be moved from storage in a limited access area to display cases to prevent the public from handling the cannabis plants, cannabis or cannabis products?
5. Describe all security measures taken to ensure compliance with the above requirements.

<b>Section 6: Cannabis Store Operation Specific Information</b>
<b>A. Curbside and Delivery</b>
1. Does the licensee intend to make sales via curbside pick-up? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the licensee intend to make sales via delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the Delivery Supplemental Facility Plan.
<b>B. Days and Hours of Operation</b>
Business Hours mean 9A.M. to 5P.M. Monday through Friday.
1. List any hours during Monday through Friday between 9A.M. and 5P.M. the facility will <b>NOT</b> be conducting authorized activities.
2. Does the licensee intend to conduct retail sales, including sales via curbside pick-up and/or delivery, to consumers only between the hours of 7A.M. and 10P.M., local time, or only those days and hours during which permitted by local regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Does the licensee intend to operate seasonally?

Yes  No

If yes,

a. What dates does the licensee plan to open and close each year?

b. Will the licensee maintain product at the facility while seasonally closed?  Yes  No

**C. Equipment and Approval Listing**

1. List and describe all electrical equipment to be used on the premises.

Item	UL, ETL or CSA Listing	Intended Use

**D. Plans for Compliance with Cannabis Legalization Act and the Adult Use Program Rules**

1. Describe plans for shipping and receiving of cannabis and cannabis products.

2. Describe plans to dispose of or destroy used, unused and waste cannabis and cannabis products.

3. Describe how the facility plans to conduct a background screening process for employees and vendors.

4. Describe plans for refrigerating any cannabis products requiring refrigeration.

5. Describe plans to train employees to prevent sales to, or on behalf of, minors.

6. Will purchaser identity and age verification take place at point of sale?  Yes  No

If no, where will verification take place?

\*Must be reflected in facility diagram.



**Section 7: Reports of Non-Compliant Conduct**

Describe how the licensee will ensure any incident of non-compliance with the cannabis establishment licensee's authorized conduct will be reported in writing to the Department within 24 hours.