

Maine Medical Use of Cannabis Program **Inherently Hazardous Substances Manufacturing Facility Registration Certificate Change Form**

An inherently hazardous substances (IHS) Manufacturing Facility Registration Certificate holder must report changes pertaining to the inherently hazardous substances manufacturing facility registration certificate using this form.

A change in the inherently hazardous substances being used, changes to extraction equipment or changes to required safety and security measures must be approved before they may be implemented, and new certification by a professional engineer licensed in the State of Maine provided, if applicable.

Any change in the physical location of the facility must be reported to the Department at least 30 days before such relocation in conjunction with a change request for the caregiver registry identification card or dispensary registry certificate. A change in officers or directors, facility director or principal officer(s) must be reported to the Department within 3 days.

An IHS Manufacturing Facility Registration Certificate may not be transferred to another person or entity. A person or entity purchasing or taking over an existing IHS manufacturing facility must submit a new registration certificate application.

Section 1. IHS manufacturing facility information. Complete information as on current registration.				
Registrant's Legal Name:	IHS Manufacturing Facility Registration Certificate: MHX			
Primary Contact Name:	Title/Relationship to Registrant:			
Registrant's Phone:	E-mail Address:			
Mailing Address:	City:	State:	Zip:	

Section 2. Change(s) Requested. Check each type of change requested and complete the corresponding Sections.

- Change(s) to Basic Information: Complete Section 3
- Change to Physical Location of Facility: Complete Section 4
- □ Change(s) to Facility Diagram of Premises: Provide updated diagram that includes requirements of Section 4(b)
- □ Change(s) to Co-Location: Complete Sections 4(b) and 4(c)
- □ Change(s) to Inherently Hazardous Substances and/or Equipment Used: Complete Section 5
- Change(s) in Facility Management: Complete Section 6

All registrants must complete Sections 7, 8 and 9.

Section 3. Basic IHS manufacturing facility information. Complete only those items that have changed.

Registrant's Legal Name*: *Please provide proof of legal name change, such as a marriage certificate, probate court order, or similar legal document; if a business entity, provide

Secretary of State filing for legal name change.				
Trade Name/DBA:	Website:			
(if applicable)	(if applicable)			
Primary Contact Name:	Title/Relationship to Applicant:			
Phone:	E-mail Address:			
Mailing Address:	City:	State:	Zip:	

Section 4. Inherently hazardous substance manufacturing	g facility premises changes.			
Section 4(a). New location where IHS manufacturing activ location of the facility, the address provided in this section must ma Inherently Hazardous Substances Manufacturing Facility Local Aut	tch the address provided in Section 2 of the new			
Physical Address:	Municipality:			
Property Owner Name:	Property Owner Phone:			
Is the premises at least 500 feet from the property line of any preex	isting public or private school?			
Section 4(b). Facility diagram of premises where IHS manufacturing activities will be conducted. If reporting changes to existing facility diagram, please indicate those items that have changed.				
 Provide a facility diagram with sufficient detail and clarity to indicat A floor plan showing the proposed size (in square feet) and indication of the primary activities to be conducted in each a An indication of where solvents, chemicals and inherently h An indication of where waste containing cannabis will be sto An indication of all external windows and doors; An indication of all points of ingress and egress within the r An indication of the location of all security measures required Exterior lighting sufficient to deter nuisance activity and Access-control-card system; Actively monitored alarm system; Security cameras at all access points to the premises and Visitor arrival and departure log; Any other interior or exterior security devices; An indication of the location of any areas open to qualifying dispensary assistants, or the public. 	layout of the registered premises, including an area of the registered premises; azardous substances will be stored; ored; registered premises; o qualifying patients, caregivers, or the public; ed by 18-691 CMR, ch. 4, including: d facilitate surveillance; d storage areas containing cannabis;			
Section 4(c). Other uses of premises where IHS manufactu physical location of the facility, complete each section below. If mak appropriate section(s) to reflect changes being made.				
Is the property where IHS manufacturing activities will be conducted	ed also used as a residence? 🗖 Yes 🛛 🛛 No			
If yes: • Indicate on the facility diagram provided for Section 5(b) the the location of the entirely separate entrance from a public				
• Will IHS extraction occur in the same building or structure	where the residence is located? \Box Yes \Box No			
Will applicant's caregiver or dispensary activities be co-located with	ı the IHS manufacturing activities? 🔲 Yes 🛛 No			
If yes:				
 ○ Which authorized caregiver or dispensary activities will be □ Cultivation activities. 	conducted at this premises?			
 □ Manufacturing activities other than IHS manufacturing. □ Manufacturing edible cannabis products. 				
\Box Transfer, donation and/or sale of medical cannabis, conc	centrate and products to patients.			
□ Operation of a caregiver retail store.				
□ Purchase, sale or other transfer of wholesale cannabis.				
 Indicate on the facility diagram provided for Section 5(b) th dispensary activities. 	e location of your authorized caregiver or			
• How will licensee distinguish between the cannabis authori	zed to possess with caregiver or dispensary			

registration and the up to 40 pounds of harvested cannabis authorized to possess with this certificate?

Will this IHS Manufacturing Facility be co-located with an Adult Use Products Manufacturing Facility? 🔲 Yes 🗆 No If yes:

• Indicate which adult use establishment: Adult Use Establishment Licensee Name:

Adult Use Establishment License Number: AMF

- Indicate on the facility diagram provided for Section 5(b) the location of the adult use activities.
- Describe the plans to ensure that all cannabis, concentrate and other cannabis products are correctly packaged and labeled for medical use or adult use:
- Describe the plans to separately track, including input to the tracking system, cannabis, cannabis concentrate and cannabis products for medical use separately from adult use and will otherwise keep them from becoming intermixed:
- 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 and adult use cannabis, cannabis concentrate, and other cannabis products will remain separate:

Section 4(d). Required Documents for change of physical location of facility. In accordance with 18-691 CMR, ch. 4, the applicant must provide, at a minimum, the following documents with this application for change.

- Certification by a professional engineer licensed in the State of Maine pursuant to 32 MRS, chapter 19 of the safety and location of the professional grade closed loop equipment used for cannabis extraction and the professional engineer's approval of the standard operating procedures for the cannabis extraction;
- Certification by a professional engineer licensed in the State of Maine pursuant to 32 MRS, chapter 19, or a State or authorized local official, that the equipment used for cannabis extraction and the location of the equipment comply with state law and all applicable local and state building codes, electrical codes and fire codes, including the chapters of the most recent National Fire Protection Association Fire Code relating to cannabis extraction facilities;
- Documentation from the manufacturer of the cannabis extraction system, or certification by a professional engineer licensed in the State of Maine, showing that a professional grade, closed-loop extraction system that is capable of recovering the solvents used to produce cannabis concentrate is being used by the applicant;
- A Maine Medical Use of Cannabis Program Inherently Hazardous Substance Manufacturing Local Authorization Form from the municipality where the applicant's registered premises will be located;
- If property owner is other than the applicant, a copy of the lease agreement between the applicant and the property owner.

Section 5. Inherently hazardous substances and equipment to be used.

Indicate which inherently hazardous substances are to be used:

- □ Butane
- □ Propane
- \Box Acetone
- □ Heptane
- □ Pentane
- $\Box \operatorname{CO}_2$
- □ Other liquid chemical, compressed gas, or commercial product with a flash point at or below 100°F Which other liquid chemical, compressed gas, or commercial product:

I understand that I am only permitted to perform IHS extraction using a 99% or greater purity of the solvent(s) indicated in this section.

 \Box Agree \Box Disagree

I understand that all flammable gas that must be odorized in compliance with state and federal regulations is.

□ Agree □ Disagree

List changes to equipment to be used to conduct manufacturing activities using IHS, including UL or other safety listing:

List changes to safety and personal protective equipment to be used on the premises:

Section 5(b). Required Documents for change in inherently hazardous substances or equipment to be sued. In accordance with 18-691 CMR, ch. 4, the applicant must provide, at a minimum, the following documents with this application for change, if applicable.

- Certification by a professional engineer licensed in the State of Maine pursuant to 32 MRS, chapter 19 of the safety and location of the professional grade closed loop equipment used for cannabis extraction and the professional engineer's approval of the standard operating procedures for the cannabis extraction; Check if change does not affect current certification on record: □
- Certification by a professional engineer licensed in the State of Maine pursuant to 32 MRS, chapter 19, or a State or authorized local official, that the equipment used for cannabis extraction and the location of the equipment comply with state law and all applicable local and state building codes, electrical codes and fire codes, including the chapters of the most recent National Fire Protection Association Fire Code relating to cannabis extraction facilities;

Check if change does not affect current certification on record: \Box

 Documentation from the manufacturer of the cannabis extraction system, or certification by a professional engineer licensed in the State of Maine, showing that a professional grade, closed-loop extraction system that is capable of recovering the solvents used to produce cannabis concentrate is being used by the applicant; Check if change does not affect current documentation or certification on record: □

Section 6. Facility Management. Complete the sections where changes are being made.				
Manufacturing Facility Director*. *If the registrant a caregiver, the caregiver must be the manufacturing facility director.				
Legal Name:		RIC or CGR Number: RIC or CGR		
Principal Officer(s). An IHS manufacturing facility that will employ more than 5 assistants, must designate a Principal Officer, and may designate more than one if desired, who cannot also be the Manufacturing Facility Director.				
□ Add □ Remove	Legal Name:	RIC Number: RIC		
□ Add □ Remove	Legal Name:	RIC Number: RIC		
Additional Person(s)-in-Charge. An IHS manufacturing facility must at all times have a person-in-charge, present on the premises of the facility during hours of operation or apparent activity, who can cooperate with any inspection, on-site assessment or complaint response. The facility may designate other Person(s)-in-Charge for times the Manufacturing Facility Director or Principal Officer(s) are not on site.				
□ Add □ Remove	Legal Name:	RIC Number: RIC		
□ Add □ Remove	Legal Name:	RIC Number: RIC		
□ Add □ Remove	Legal Name:	RIC Number: RIC		
Additional Key Personnel. An IHS manufacturing facility must identify key personnel in the organization who will be engaging in extraction using IHS. If there are key personnel who will be engaging in extraction using IHS not already listed in this Section, list those individuals here.				
□ Add □ Remove	Legal Name:	RIC Number: RIC		
□ Add □ Remove	Legal Name:	RIC Number: RIC		
□ Add □ Remove	Legal Name:	RIC Number: RIC		

Section 7. Affirmations.
I understand and acknowledge that the applicant and its agents, officers, directors and employees are responsible for knowing and complying with all state laws and rules governing the Maine Medical Use of Cannabis Program. □ Agree □ Disagree
 I understand that an IHS Manufacturing Facility Registration Certificate issued by the Office of Cannabis Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for an IHS Manufacturing Facility Registration Certificate rests at all times with the Applicant. □ Agree □ Disagree
I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375. □ Agree □ Disagree

Section 8. Fees. This change request will not be considered complete until the reissuance fee is remitted, if applicable.

The following changes require the IHS Manufacturing Facility Registration Certificate be re-issued and therefore a reissuance fee to be paid:

- Change in legal name of certificate holder.
- Change in physical address of facility.
- Change in Manufacturing Facility Director.

□ This change request does not include one of the above changes, therefore a reissuance fee is not required.

Reissuance Fee:

\$50.00

Cash and personal checks are <u>not</u> accepted by the Office of Cannabis Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." Include your name and license number on the payment.

All fees are non-refundable.

Section 9. Acknowledgement and signature. This change request must be acknowledged and signed by the registrant, if the registrant is an individual, or by an agent of the registrant who is authorized to represent and legally bind the registrant, if the registrant is a business entity.

I understand and agree to provide documents, if requested, to clarify or support information provided in this change request and supporting documents. I understand and agree that federal, state and local officials or other persons and organization may verify the information I have given, except as limited by the confidentiality provisions of 22 MRS § 2425-A. Additionally, I affirm that if I have given incorrect or incomplete information in this change request, my registration certificate may be revoke. I understand the questions and requirements of this application and the consequences of providing inaccurate, incomplete, or falsified information in this application and attachments hereto. I certify that all answers and supporting information provided in this application are true, accurate and complete to the best of my abilities and knowledge.

Signature:

Date:

Printed Name and Title: