

Waiver Request Form

Instructions

Under 935 CMR 500.700 and 501.700, an individual or entity (Requestor) may request a waiver from full compliance with a requirement mandated by the Commission's regulations. This form shall be used for all waiver requests relating to adult-use regulations, medical-use regulations, or both, with the exception of requests to waive Agent Registration CORI report requirements.

The Requestor must submit additional waiver requests for additional requirements—only one requirement may be considered per request form. If the Requestor is requesting a waiver from a requirement that applies to them by both the adult-use and medical-use regulations, and the requirement is the same per both regulatory schemes, they may use one form and state the appropriate provisions seeking to be waived. One form may be used if a licensee is requesting to waive the same requirement for multiple licenses.

Written documentation is required to evaluate the waiver request. The Requestor must specifically state the regulation(s) requested to be waived, the reasons why it should be waived, and explain why the waiving of this requirement will not pose a risk to the health, safety, or welfare of the public or patients. If applicable, the Requestor may provide alternative compensating steps or features that will be utilized in lieu of the requirement. Once received by the Commission, your request will be evaluated.

The request must be filled out electronically and signed by the Requestor. If the Requestor is an entity, the form must be signed by an individual who has authority to act on behalf of the entity (Requestor's Representative). Additional documentation may be submitted along with the request form as long as it directly addresses the 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.

Review

Waiver requests will be evaluated in the order they are received. If the Requestor is a Medical Marijuana Treatment Center (MMTC) or Marijuana Establishment (ME) and is requesting to waive a security-related requirement, the Commission must notify the host community's Chief Law Enforcement Officer of the request and give a 30-day period for the officer to respond. The Chief Law Enforcement Officer's opinion will be considered in the Commission's decision but will not be determinative.



Once the request has been evaluated by the Commission, the Requestor or the Requestor's Representative will be notified.

I. Requestor Information

1. What is the Requestor's name? If an entity, please state the legal name of the entity:

2. What is the Requestor's status?:

☐ Applicant (MMTC, ME, or both)
☐ Licensee (MMTC, ME, or both)
☐ Applicant (Registered Agent)
☐ Registered Agent
☐ Qualifying Patient
☐ Personal Caregiver
☐ Caregiving Institution
☐ Institutional Caregiver

3. Requestor's application/license/registration number(s) that will be affected by this request (*if applicable*):



4. Requestor's address(es), phone number, and email address:

5. Name, relationship to Requestor, address, phone number, and email address of Requestor's Representative (*if acting on behalf of the Requestor*):

II. Required Waiver Request Information and Documentation

6. List the specific regulation(s), and associated regulatory cite(s), that is requested to be waived:



7. List the reason(s) why this regulatory requirement should be waived and not apply to the Requestor *(use additional documents/pages if needed—please appropriately reference addendums)*:

8. List the alternative compensating steps or features that will be utilized in lieu of the requirement if the waiver request is granted *(if applicable)*:



9. In the opinion of the Marijuana Establishment or its Representative, if the Commission waives this regulatory requirement, will the waiving of this requirement pose a risk to the health or safety of consumers, patients, or the public? Please check one of the boxes below:

- ☐ Yes
☐ No

10. Please explain the reasons why the waiving of the requirement will not pose a risk to the health or safety of consumers, patients, or the public:



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, 501, and 502 (*where applicable*) must be complied with unless otherwise notified by the Commission. Failure of the Requestor or its Representative to fully complete this form may result in the denial of your waiver request.

Requestor or Requestor's Representative Printed Name:

Requestor or Requestor's Representative Signature:

Date of Request:

Authentication by Notary Public

On this _____ day of _____ 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 STAMP/SEAL

Notary Public Signature

