

Bureau of Medical Marijuana Grower/Processor: Permit Renewal Application 28 Pa. Code § 1141a.36

Pursuant to 28 Pa. Code § 1141a.36, a medical marijuana organization wishing to renew its permit shall submit a Permit Renewal Application with the applicable fee to the Department prior to the current permit's expiration.

If the Department determines that a Permit Renewal Application is complete but lacking sufficient information upon which to make a determination, the Department will notify the medical marijuana organization in writing of the factors that require additional information and documentation. The medical marijuana organization shall have 30 days from the mailing date of the notice to provide the requested information and documentation to the Department. A medical marijuana organization's failure to provide the requested information to the Department by the deadline may be grounds for denial of the Permit Renewal Application.

Submission of Permit Renewal Application

All sections of the Permit Renewal Application must be completed. All sections must be saved as a PDF file on a single USB drive in accordance with the following file naming format: [Name on permit]_[Name of document]_Permit Renewal Application.

Send the Permit Renewal Application package, along with the required fee, to the following address:

Bureau of Medical Marijuana
Permit Renewal Application
Department of Health
Room 628, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

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

Fees

Pursuant to 28 Pa. Code § 1141a.28, the following fee must be submitted with the Permit Renewal Application in the form of a certified check or money order made payable to "Commonwealth of Pennsylvania." The permit renewal fee must be enclosed in a separate envelope within the Permit Renewal Application package. The permit renewal fee for the Permit Renewal Application is refundable if the renewal permit is not granted.

Permit Renewal Fee for a grower/processor permit: \$10,000

Permit Information

Permit Name:	Permit Number:	Submission Date:
Business Primary Contact Name:	Business Primary Contact Phone Number:	Business Primary Contact Email Address:

Primary Contact Information

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

Facility Information

Name of Facility:	
Street Address:	
City:	Zip Code:
Municipality:	County:
Facility Primary Contact Name:	Facility Primary Contact Email:
Facility Primary Contact Phone:	Primary Contact role at Facility:

Documentation

Please submit the following:

- A narrative of the medical marijuana organization’s history in complying with the Medical Marijuana Act.
- A narrative concerning the medical marijuana organization’s ability to carry on the activity for which the permit was issued. The statement should include information regarding shortages of medical marijuana product or waitlists relevant to the medical marijuana organization’s operation that occurred during the 12 months prior to the date the Permit Renewal Application was submitted.
- A copy of current, non-expired proof of comprehensive liability insurance coverage and workers’ compensation insurance coverage for the permitted location during the renewal period.
- Tax clearance certificates of good standing for principals and other persons affiliated with the permittee. 28 Pa. Code § 1141a.27(c)(2).
- Information regarding any charge, or any initiated, pending or concluded investigation, during the prior renewal period by any governmental or administrative agency with respect to:
 - o Any incident involving the theft, loss, or possible diversion of medical marijuana by the medical marijuana organization or from the medical marijuana organization’s facility.
 - o Compliance by the medical marijuana organization with the laws of the Commonwealth with respect to any substance in section 4 of The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. § 780-104).
- The medical marijuana organization’s history of compliance with the program including a summary of any noncompliance and corrective action taken or a statement indicating that the medical marijuana organization has not violated the regulations as of the date of the renewal application.
- Diversity Plan:** Report on efforts to meet the diversity goals of the act and the effectiveness of the medical marijuana organization’s diversity plan. The report must include information regarding the following, as applicable:
 - (1) Representation of diverse participants in the medical marijuana organization’s workforce.
 - (2) Efforts to reach out to and recruit diverse participants for employment, including for executive and managerial positions.
 - (3) Employee retention efforts.
 - (4) A list of all contracts entered into, or transactions conducted by the medical marijuana organization for goods or services with diverse groups. Information must identify contractor name, service provided, and type of diverse group the contract represents as defined in § 1141a.21 (relating to definitions).

Attestations

I acknowledge that all current principals, financial backers, operators, and employees listed in the Permit Renewal Application have (1) received approval through the Department’s affiliation process and (2) completed the required two-hour training required by 28 Pa. Code § 1141a.48.

I acknowledge that the Department is in possession of the location's most updated Plan of Operation, that a copy of the Plan of Operation is kept onsite at the facility, and that the medical marijuana organization follows its established Plan of Operation.

I acknowledge that the medical marijuana organization complies with the Medical Marijuana Act, its regulations, and all other laws of the Commonwealth.

I acknowledge that a false statement made by me in this Permit Renewal Application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Signature

Date

Printed Name

Title in medical marijuana organization

Questions about this application may be submitted to: RA-DHMMRCompliance@pa.gov