



Address: 150 Concord Street, Framingham, MA 01702
Framinghamma.gov

Office Telephone: (508) 532-5470
Office Fax: (508) 532-5760
Office Email: health@framinghamma.gov

Marijuana Operating Permit Application

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.

Establishment / Business Information

Date: _____

Type of Application: ☐ New ☐ Renewal

Type of Business – Check all that apply:

<input type="checkbox"/> Craft Marijuana Cooperative	<input type="checkbox"/> Marijuana Cultivator	<input type="checkbox"/> Marijuana Microbusiness
<input type="checkbox"/> Marijuana Product Manufacturer	<input type="checkbox"/> Marijuana Research Facility	<input type="checkbox"/> Marijuana Retailer Delivery Only
<input type="checkbox"/> Marijuana Retailer Store Front	<input type="checkbox"/> Marijuana Testing Laboratory	<input type="checkbox"/> Marijuana Transporter
<input type="checkbox"/> Registered Marijuana Dispensary (RMD)	<input type="checkbox"/> Other – Specify: _____	

Name of Establishment: _____

Address: _____ Framingham, MA 0170 _____

Phone Number: _____

Is the proposed Marijuana Establishment located within 500 feet of a pre-existing public or private school that provides education from kindergarten to 12th grade? ☐ Yes ☐ No

Owner Information

Full Name of Owner: _____

Home Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

- If Corporation, Association or Partnership, attach a list of the Officer's Names, Address and Phone Numbers

Applicant Information

Name of Applicant: _____ Title: _____

Home Address: _____

Phone Number: _____ Cell Phone: _____

Email: _____

Hours of Operation

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

24-Hour Contact Information

Name: _____ Title: _____

Phone Number: _____ Cell Phone: _____

Will edible marijuana products be prepared / manufactured at the establishment? ☐ Yes ☐ No

Will edible marijuana products that are purchased factory wrapped (not prepared at the establishment) be re-packaged for sale at your establishment? ☐ Yes ☐ No

Statement: I, _____ received, read and understand the City of Framingham Department of Public Health Department's "Regulation to Ensure the Sanitary and Safe Operation of Adult-Use Marijuana Establishments and the Sale of Adult-Use Marijuana". I certify that I am in compliance with all local and state laws, regulations, bylaws, and ordinances including proof of a current license with the Cannabis Control Commission (CNB) and am prepared to show proof if requested. I acknowledge I am responsible for training all employees at the above establishment on local, state and federal laws regarding marijuana sales. Pursuit to M.G.L Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that, to my best knowledge and belief, the information provided above is true and correct and that I have filed all state tax returns and paid all state taxes required under law.

Signature: _____ Print: _____

To obtain a Marijuana Operating Permit, please submit the following:

- ☐ Completed" Marijuana Operating Permit Application". Please print legibly and note that any missing information may cause a delay in the permit process. **Do not leave any blank spaces.**

<input type="checkbox"/> Permit Fee:	Craft Marijuana Cooperative	Annual Operating Permit	\$230.00
	Craft Marijuana Cooperative	Initial Plan Review	\$230.00
	Marijuana Cultivator	Annual Operating Permit	\$320.00
	Marijuana Cultivator	Initial Plan Review	\$230.00
	Marijuana Microbusiness	Annual Operating Permit	\$230.00
	Marijuana Microbusiness	Initial Plan Review	\$230.00
	Marijuana Product Manufacturer	Annual Operating Permit	\$330.00
	Marijuana Product Manufacturer	Initial Plan Review	\$330.00
	Marijuana Research Facility	Annual Operating Permit	\$230.00
	Marijuana Research Facility	Initial Plan Review	\$140.00
	Marijuana Retailer Delivery Only	Annual Operating Permit	\$140.00

<input type="checkbox"/> Permit Fee:	Marijuana Retailer Delivery Only	Initial Plan Review	\$140.00
	Marijuana Retailer Store Front	Annual Operating Permit	\$230.00
	Marijuana Retailer Store Front	Initial Plan Review	\$190.00
	Registered Marijuana Dispensary (RMD)	Initial Operating Permit	\$2,000.00
	Registered Marijuana Dispensary (RMD)	Annual Operating Permit	\$500.00
	Marijuana Testing Laboratory	Annual Operating Permit	\$230.00
	Marijuana Testing Laboratory	Initial Plan Review	\$140.00
	Marijuana Transporter	Annual Operating Permit	\$140.00
	Marijuana Transporter	Initial Plan Review	\$140.00

Please make check payable to "City of Framingham". Credit cards are not accepted at this time.
All Fees are nonrefundable.

- ☐ Completed "Workers' Compensation Insurance Affidavit": General Businesses (page 3). Attached a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
- ☐ Security Plan detailing all security measures taken to ensure patient, consumer, and community safety and eliminate unauthorized access to the premises. For renewals, submit only if there are changes.
- ☐ Submit a detailed waste disposal plan, as approved by the CCC that complies with the requirements set forth in 935 CMR 500. For renewals, submit only if there are changes.

For Official Use Only

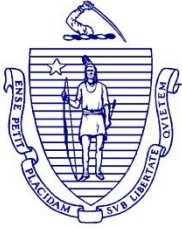
- ☐ Approved as submitted
- ☐ Approved as submitted with the following condition(s): _____

- ☐ Disapproved as submitted – Reason(s): ** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

Date Permit was Issued: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office**
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Law's chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant.

Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia