

Cannabis Delivery Service: Final Plans of Record (FPOR) Questions

This document provides an overview of the questions included on the five (5) final plans of record forms for the cannabis delivery service license. **You must submit your answers to these questions on their corresponding online fillable forms.**

The five online fillable forms outlined in this document include:

1. **Accounting and Tax Compliance Standard Operating Procedure (SOP) form** – Page 2
(https://officeofcannabismanagement.formstack.com/forms/accounting_tax_compliance)
2. **Inventory Control, Storage, and Diversion Prevention Standard Operating Procedure (SOP) form** – Page 3
(https://officeofcannabismanagement.formstack.com/forms/inventory_control_storage_and_diversion_prevention)
3. **Quality Assurance Standard Operating Procedure (SOP) form** – Page 5
(https://officeofcannabismanagement.formstack.com/forms/quality_assurance)
4. **Site, Security, and Operations Plan form** – Page 7
(https://officeofcannabismanagement.formstack.com/forms/site_security_and_operations_2026)
5. **Vehicle Disclosure form** – Page 14
(https://officeofcannabismanagement.formstack.com/forms/vehicle_disclosure_form)

After completing and submitting the online form, you will receive a confirmation email from "no-reply@webmerge.me" with a PDF attachment containing your answers. To finalize your submission, you'll need to submit that PDF to [Accela](#).

Accounting and Tax Compliance Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk ().*

1a. Legal business name*

[text field]

1b. Facility address*

[Address Line 1]

[Address Line 2]

[City] [State] [ZIP Code]

1c. Accela application number*

To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.

[text field]

1d. Email*

[text field]

Section 2: Accounting and Tax Compliance SOP

Required fields are marked with an asterisk ().*

2a. Describe specific procedures for how your business will adhere to GAAP (Generally Acceptable Accounting Principles) standards.* [M.R. P. 9810.1100, subp. 3(A)(2)]

[text field]

2b. Describe specific procedures for how your business will ensure the timely filing of taxes.* [M.S. § 342.14, subd. 1(a)(9)(iii)]

[text field]

2c. Does the applicant have a policy for adhering to the sales restrictions in MN Statutes section 270c.726 regarding the Minnesota Department of Revenue's posting of tax delinquency?* [M.S. § 270c.726, subd. 2]

[text field]

Inventory Control, Storage, and Diversion Prevention Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk ().*

1a. Legal business name*

[text field]

1b. Doing business as (DBA) or assumed name*

[text field]

1c. Primary contact: First name*

[text field]

1d. Primary contact: Middle initial

[text field]

1e. Primary contact: Last name*

[text field]

1f. Primary contact: Suffix

[text field]

1g. Phone number*

[text field]

1h. Email*

[text field]

1i. Accela application number*

To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.

[text field]

1j. Endorsement and activity types for license (select as many as apply)*

- Delivery activity (medical and adult-use)*

1k. Primary facility address*

[Address Line 1]

[Address Line 2]

[City] [State] [ZIP Code]

Section 2: Inventory Control, Storage, and Diversion Prevention SOP

Required fields are marked with an asterisk ().*

2a. Describe specific procedures for how your business will manage stock/inventory of regulated products.*

[M.S. § 324.14 subd. 1(9)(ii); M.S. § 342.24, subd. 5; M.R. P. 9810.1500, subp. 2]

[text field]

2b. Describe specific procedures for how your business will securely store and control access to cannabis plants, product, and waste.* [M.S. § 342.23, subd. 3; M.S. § 342.14, subd. 1(9)(ii), 1(c)(3); M.S. § 342.25, subd. 7; M.R. P. 9810.1100, subp. 2(A); M.R. P. 9810.1104]
[text field]

2c. Describe specific procedures for how your business will ensure the accurate and timely entry of data into the statewide tracking system.* [M.S. § 324.14, subd. 1(9)(ii); M.S. § 342.24, subd. 5; M.R. P. 9810.1100, subp. 2(A)(4); M.R. P. 9810.1300-1302]
[text field]

2d. Describe specific procedures for undeliverable products, including immediate reporting to the cannabis business originating the sale, procedures to return product, and procedures related to storing products overnight.* [M.R. P. 9810.2600, subp. 3(G)]
[text field]

2e. Describe specific procedures for how your business will ensure proper designation of authorized personnel for issuing employee identification badges.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2; M.R. P. 9810.1500, subp. 6]
[text field]

2f. Describe specific procedures for how your business will ensure proper designation of authorized personnel for protocols for employee access to restricted access areas.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2]
[text field]

2g. Describe specific procedures for how your business will ensure proper designation of authorized personnel for protocols for employee access to private and non-public computer data.* [M.S. § 342.24 subd. 3; M.S. § 342.59, subd. 2; M.R. P. 9810.1100, subp. 2]
[text field]

2h. Describe specific procedures for how your business will maintain records of an individual accessing a product storage area, including the date and time of access, the name of the individual, and any regulated products that were added to or removed from the product storage area.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2]
[text field]

2i. Describe specific procedures for how your business will manage inventory audits.* [M.S. § 342.24, subd. 3; M.R. P. 9810.1100, subp. 2]
[text field]

2j. Describe specific procedures for how your business will manage inventory audits and any necessary reporting after an incident of theft or another security breach.* [M.S. § 342.23, subd. 3(d); M.R. P. 9810.1302, subp. 5(E)]
[text field]

2k. Describe your process for ensuring no cannabis or hemp are left in delivery vehicles when not in use for delivery.* [M.R. P. 9810.1500, subp. 17C(2)]
[text field]

2l. Describe your process for ensuring no cannabis or hemp are left in vehicles overnight.* [M.R. P. 9810.1500, subp. 17C(3)]
[text field]

Quality Assurance Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk ().*

1a. Legal business name*

[text field]

1b. Doing business as (DBA) or assumed name*

[text field]

1c. Primary contact: First name*

[text field]

1d. Primary contact: Middle initial

[text field]

1e. Primary contact: Last name*

[text field]

1f. Primary contact: Suffix

[text field]

1g. Phone number*

[text field]

1h. Email*

[text field]

1i. Accela application number*

To find your application number, check your email for messages from noreply@accela.com. Your application number will be in the subject of the email. Include the dashes in your application number.

[text field]

1j. Endorsement and activity types for license (select as many as apply)*

- Delivery activity (medical and adult-use)*

1k. Primary facility address*

[Address Line 1]

[Address Line 2]

[City] [State] [ZIP Code]

Section 2: Quality Assurance SOP

Required fields are marked with an asterisk ().*

2a. Describe specific procedures for how your business will ensure the safe and sanitary storage of regulated products in a controlled environment that is used *only* for the storage of regulated products.* [M.R. P. 9810.2600, subp. 1; M.R. P. 9810.1104; M.S. § 342.14, subd. 1(a)(9)(i)]

[text field]

2b. Describe specific procedures for how your business will manage proper segregation and disposal of a regulated product that is damaged, contaminated, or expired, both within the delivery vehicle and within the facility (if applicable). [M.R. P. 9810.1100, subp. 2(A)(6); M.S. § 342.23, subd. 3]
[text field]

2c. Describe specific procedures for how your business will manage proper segregation and disposal of product that is the subject of a recall, both within the delivery vehicle and within the facility (if applicable). [M.R. P. 9810.1101, subp. 2; M.R. P. 9810.1200; M.R. P. 9810.1100, subp. 2(A)(6); M.S. § 342.08, subd. 3; M.S. § 342.23, subd. 3]
[text field]

2d. Describe specific procedures for how your business will ensure the safe operation of delivery vehicles according to the Motor Vehicle Safety Standards set forth in Minn. Stat. 169.* [M.S. § 342.41, subd. 2; M.R. P. 9810.1500, subps. 7(B), 17; M.R. P. 9810.2600]
[text field]

2e. Describe your annual training plan for management and employees.* [M.R. P. 9810.1100, subp. 2(A)(2); M.R. P. 9810.1102, subp. 2]
[text field]

Site, Security, and Operations Plan Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk (*).

1a. Legal business name*

[text field]

1b. Doing business as (DBA) or assumed name*

[text field]

2. Primary contact: Legal first name*

[text field]

3. Primary contact: Middle initial

[text field]

4. Primary contact: Legal last name*

[text field]

5. Primary contact: Suffix

[text field]

6. Accela application number*

To find your application number, check your email for messages from noreply@accelea.com. Your application number will be in the subject of the email. Include the dashes in your application number.

[text field]

7a. Phone number*

[text field]

7b. Email*

[text field]

8. Endorsement and activity types for license (select as many as apply)*

- Delivery activity (medical and adult-use)*

9. Do you have a business banking account with a bank or credit union?*

- Yes, with a bank*
- Yes, with a credit union*
- No, cash only*

10. Pursuant to Minnesota Statutes, section 176.182, you are required to provide to the Office of Cannabis Management proof of workers' compensation insurance coverage in compliance with section 176.181, subdivision 2, or provide an attestation that you are exempted from obtaining workers' compensation insurance coverage in compliance with section 176.041.

To provide proof of workers' compensation insurance coverage, you must provide:

- the name of the insurance company
- the policy number or self-insurance identification number
- dates of coverage or self-insurance effective dates

The office is required to withhold licensure, renewal, or permission to operate your business if you do not provide the required information. Failure to report or falsely report the required information may also result in a penalty.

Select your workers' compensation insurance coverage.*

- *Insured by an insurance company*
- *Self-insured*
- *Exempted from obtaining workers' compensation insurance*

If ***Insured by an insurance company*** is selected:

Name of the insurance company*

[text field]

Policy number or self-insurance identification number*

[text field]

Dates of coverage or self-insurance effective dates*

[text field]

I attest that the information provided is accurate; and acknowledge that failure to obtain and provide to the Office of Cannabis Management evidence of all required insurance, or applicable exclusion approvals from the Minnesota Department of Labor and Industry, will result in regulatory actions on my application and license up to and including application denial or license revocation.*

I confirm this attestation.

If ***Self-insured*** is selected:

Upload a copy of your permit to self-insure from the Minnesota Department of Commerce.*

[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Policy number or self-insurance identification number*

[text field]

Dates of coverage or self-insurance effective dates*

[text field]

I attest that the information provided is accurate; and acknowledge that failure to obtain and provide to the Office of Cannabis Management evidence of all required insurance, or applicable exclusion approvals from the Minnesota Department of Labor and Industry, will result in regulatory actions on my application and license up to and including application denial or license revocation.*

I confirm this attestation.

If **Exempted from obtaining workers' compensation** is selected:

I attest that, pursuant to Minn. Stat. 176.041, I am not required to obtain workers' compensation insurance required under Minn. Stat. 176.181 because one or more exceptions in Minn. Stat 176.041 apply to me and/or my business.*

I confirm this attestation.

I attest that the information provided is accurate; and acknowledge that failure to obtain and provide to the Office of Cannabis Management evidence of all required insurance, or applicable exclusion approvals from the Minnesota Department of Labor and Industry, will result in regulatory actions on my application and license up to and including application denial or license revocation.*

I confirm this attestation.

Note: Question 11 is not on the Site, Security and Operations form for cannabis delivery services.

12. Facility address (if applicable)

[Address Line 1]

[Address Line 2]

[City] [State] [ZIP Code]

Note: Questions 13-35 is not on the Site, Security and Operations form for cannabis delivery services.

Section 2: Diagram of Facility Layout

Required fields are marked with an asterisk ().*

If your delivery business will NOT have undelivered product in its possession after business hours, then a facility may not be required. If your business will have product in its possession after business hours, then proper storage and a facility layout is required.

Upload a detailed facility diagram for the location listed in Section 1, in accordance with Chapter 342 of Minnesota Statutes and OCM regulations 9810. The diagram must include the following:

- Fire and smoke detection systems [M.R. P. 9810.1102, subp. 3(A)]
- Carbon monoxide detection systems [M.R. P. 9810.1102, subp. 3(B)]
- Enclosed toilet facilities [M.R. P. 9810.1100, subp. 6(A)]
- Product storage areas [M.R. P. 9810.1104]
- Limited-access areas and restricted-access areas [M.S. § 342.24, subd. 3]
- Ventilation and filtration systems [M.S. § 342.24, subd. 4]
- Planned square feet of space for licensed activities [M.S. § 342.14, subd. 1(a)(5)]
- All points of ingress and egress [M.S. § 342.14, subd. 1(a)(6)]
- Windows and doors, with identification of locks [M.R. P. 9810.1500, subp. 12]
- Alarm systems, including control panels and alarm sensors [M.R. P. 9810.1500, subp. 8]
- Video surveillance cameras and storage devices, including identification of video area coverage [M.R. P. 9810.1500, subp. 9]
- Lighting [M.R. P. 9810.1500, subp. 10]

- Lock keypads [M.R. P. 9810.1500, subp. 12]

36. Upload your facility diagram.

[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Note: Question 37 is not on the Site, Security and Operations form for cannabis delivery services.

Section 3: Site Requirements

Required fields are marked with an asterisk (*).

38. If applicable, describe the facility's product storage area(s). [M.R.P. 9810.1104, subp. 1]

[text field]

39. Describe how you will ensure regulated products are free from contamination.* [M.R. P. 9810.1104, subp. 1]

[text field]

40. Describe in-vehicle storage and procedures.* [M.S. § 342.42, subd. 5]

[text field]

41. If applicable, describe storage outside of vehicles and procedures. [M.S. § 342.42, subd. 5]

[text field]

42. Describe how the business will record and maintain verification that cannabis workers are following the storage procedures.* [M.R. P. 9810.1104, subp. 1]

[text field]

43. If applicable, describe how the business will record when the storage area(s) was accessed and by whom, and which regulated products were added or removed from the storage area. Describe how the business will maintain these records and make them available for inspection. [M.R. P. 9810.1104, subp. 1(B)]

[text field]

44. If applicable, provide example(s) of signage the business will post at all points of access to areas containing cannabis. [M.R. P. 9810.1104, subp. 3]

[text field]

Note: Questions 45-80 are not on the Site, Security and Operations form for cannabis delivery services.

Section 4: Security Plan

If you have multiple locations, provide responses for each facility in all prompts within this section.

Required fields are marked with an asterisk ().*

Secure Access Procedures and Related Equipment

Describe the facility's secure access procedures and related equipment.

81. Describe any commercial-grade locks. * [M.R. P. 9810.1500, subp. 12]

[text field]

82. Describe any lockable product storage areas and restricted-access areas.* [M.R. P. 9810.1104, subp. 3]

[text field]

83. Describe any lockable entrance and exit doors and windows.* [M.R. P. 9810.1500, subp. 12]

[text field]

84. All cannabis workers must have an employment identification badge (issued by the cannabis business) that implements a visual coding system indicating the activities the worker may perform and the areas the worker may access. Describe your plans for meeting this requirement.* [M.S. § 342.24, subd. 3; M.S. § 342.59, subd. 2; M.R. P. 9810.1100, subp. 2; M.R. P. 9810.1500, subp. 6]

[text field]

85. Describe the presence of electronic locks and keypads on all perimeter entry doors.* [M.R. P. 9810.1500, subp. 12]

[text field]

86. Describe the secure storage of electronic and paper customer and business records in a locked room.* [M.R. P. 9810.1500, subp. 7(C-D)]

[text field]

87. Describe any fencing that might be used for the facility. [M.R. P. 9810.1500, subp. 14]

[text field]

Alarm System

[M.R. P. 9810.1500, subp. 8]

88. Describe how you'll ensure your alarm system has an operational status of 24 hours per day, seven days per week.* [text field]

[text field]

89. Describe how the facility's alarm system will be monitored by a security company or an employee of the licensed business.* [text field]

[text field]

90. Describe the facility's alarm system's capability of immediately alerting local law enforcement and the business for any unauthorized breaches or a system failure.* [text field]

[text field]

91. Describe the presence of a back-up alarm system that activates immediately and automatically upon the loss of electricity.*

[text field]

92. Describe the alarm system's audible alarm capable of being heard within a 100-foot radius from all facility entrances and exits.*

[text field]

93. Describe the ability of the audible alarm to be remotely disabled by authorized personnel.*

[text field]

Note: Questions 94-95 are not on the Site, Security and Operations form for cannabis delivery services.

Testing and Inspection of Security Measures

[M.R. P. 9810.1500, subp. 3]

96. Describe the plan for repairing alarm system failures within 72 hours of system failure.*

[text field]

97. Describe periodic testing and inspection of security measures (that must occur at least every 90 days).*

[text field]

Video Surveillance System

[M.R. P. 9810.1500, subp. 9]

98. Describe how you'll ensure your video surveillance system has an operational status of 24 hours per day, seven days per week.*

[text field]

99. Describe how cameras will allow for clear recording of activity within a radius of at least 20 feet from all entrances and exits.*

[text field]

100. Describe how cameras will allow for the clear identification of all individuals entering and exiting the facility, all limited-access areas, and all restricted-access areas.*

[text field]

101. Describe how cameras will allow for the viewing of all areas where cannabis is stored, packaged and labeled, prepared for transfer, prepared for sale, sold, where samples are collected, or where cannabis waste is destroyed.*

[text field]

102. Describe the facility's video surveillance system's ability to produce video files that are stored in a secure place for at least 90 days and saved in an industry standard file format that can be played without the purchase of specialized software or equipment.*

[text field]

103. Describe how the cameras are capable of recording at a minimum of 15 frames per second and with a minimum resolution of 720p.*

[text field]

104. Describe the cameras' ability to display an accurate date and time stamp on all recordings that do not obscure the image.*

[text field]

105. Describe the facility's video surveillance system's capability to record for an additional eight hours during a power outage.*

[text field]

Lighting

[M.R. P. 9810.1500, subp. 10-11]

106. Describe the lighting for both the interior and exterior of the facility.*

[text field]

107. Describe how the lighting will ensure that observers can see and cameras can clearly record activity within at least 20 feet of all entrances and exits.*

[text field]

108. Describe how the lighting will not disturb surrounding businesses or neighbors.*

[text field]

109. Describe how deficient or inoperable lighting will be repaired within 48 hours of detection.*

[text field]

110. Will motion sensors be used with lighting? If so, describe.*

[text field]

Delivery and Transportation Security

111. Describe a plan to prevent unauthorized access to delivery vehicles while in use for delivering cannabis products.* [M.R. P. 9810.1500, subps. 17]

[text field]

112. Describe the overall security and employee safety plan to be used when transporting or delivering cannabis products.* [M.R. P. 9810.1500, subps. 4, 7(B), 17]

[text field]

113. Describe a process for ensuring delivery to persons 21 years of age or over.* [M.S. § 342.42, subd. 1]

[text field]

114. Describe a process for ensuring all drivers have an employment identification badge and a valid Minnesota driver's license on them at all times during the delivery processes.* [M.R. P. 9810.1500, subps. 6, 17C(1); M.R. P. 9810.2600, subp. 3(A)]

[text field]

Vehicle Disclosure Form

Section 1: Applicant/Licensee Information

Required fields are marked with an asterisk (*).

1a. Legal business name*

[text field]

1b. Doing business as (DBA) or assumed name*

[text field]

1c. Primary contact: Legal first name*

[text field]

1d. Primary contact: Middle initial

[text field]

1e. Primary contact: Last name*

[text field]

1f. Primary contact: Suffix

[text field]

1g. Phone number*

[text field]

1h. Facility address (if applicable)

[Address Line 1]

[Address Line 2]

[City] [State] [ZIP Code]

1i. Accela application number*

To find your application number, check your email for messages from noreply@acela.com. Your application number will be in the subject of the email. Include the dashes in your application number.

[text field]

1j. Email*

[text field]

Section 2: Proof of Insurance and Registration

Required fields are marked with an asterisk (*).

2a. Upload proof of Minnesota vehicle insurance.* [M.R. P. 9810.1500, subp. 17(B)(4); M.R. P 9810.2300, subp. 4]

[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2b. Upload proof of Minnesota vehicle registration.* [M.R. P. 9810.1500, subp. 17(B)(4); M.R. P. 9810.2300, subp. 4]

[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Repeat question 2b up to 10 times.

Upload additional proof of Minnesota vehicle registration?*

- Yes
- No

Section 3: Vehicle Storage Requirements

Required fields are marked with an asterisk ().*

3a. Confirm the following characteristics of the vehicle's product storage feature. [M.R. P. 9810.2300, subp. 6(C); M.S. § 342.42, subd. 5 (delivery services)]

Storage is part of the vehicle or is a secure container that is lockable with a separate key or combination pad.*

- Yes
- No

Ensures that regulated products are not visible from outside the vehicle.*

- Yes
- No

3b. If the vehicle utilizes the entire cargo bay, cargo area, or trunk for regulated product storage, does it have the following features?

Locking mechanism with a lock or keypad separate from the vehicle's door locks.*

- Yes
- No

Regulated products are not visible from outside the vehicle.*

- Yes
- No

Section 4: Vehicle Equipment Requirements

Required fields are marked with an asterisk ().*

4a. Does the vehicle contain any identifying logos or business names that may identify the type of cargo (including in the vehicle's external paint, on any vehicle wrap or stick-on products, or otherwise directly affixed to the vehicle)?* [M.S. § 342.42, subd. 6]

- Yes
- No

4b. Is the vehicle equipped with a GPS (Global Positioning System) tracking device?* [M.R. P. 9810.1500, subp. 17(B)(2)]

- Yes
- No

4c. Is the GPS tracking device capable of operating regardless of whether or not the vehicle's engine is running?* [M.R. P. 9810.1500, subp. 17(B)(2)]

- Yes
- No

4d. Is the GPS tracking device permanently or temporarily and securely affixed to the vehicle while in operation?* [M.R. P. 9810.1500, subp. 17(B)(2)]

- Yes
- No

4e. Identify the GPS tracking device brand.*

[text field]

4f. Is the GPS tracking device capable of storing data for at least 30 days?* [M.R. P. 9810.1500, subp. 17(B)(2)]

- Yes
- No

4g. Does the vehicle contain functioning heating and air conditioning systems that maintain temperatures appropriate for storing regulated cannabis products?* [M.R. P. 9810.1500, subp. 17(B)(3)]

- Yes
- No

4h. Is the vehicle in good working condition, with no defects that prevent the vehicle from being operated in a manner that complies with applicable traffic and safety laws?* [M.R. P. 9810.1500, subp. 3(B)(1)]

- Yes
- No

4i. Is the vehicle's security system manufacturer-installed or aftermarket?*

- Manufacturer-installed
- Aftermarket

If Aftermarket is selected:

Identify the aftermarket security system brand.*

[text field]

4j. Vehicle(s) must be equipped at all times with a secure form of communication. Please describe features in your vehicle.* [M.R. P. 9810.1500, subp. 17(B)(5)]

[text field]

Section 5: Vehicle Information

Required fields are marked with an asterisk ().*

5. For each vehicle intended to be used for the transportation of regulated cannabis products, provide the following information:

Vehicle 1 (Repeat questions below—for up to 10 vehicles—to answer question 5.)

Make*

[text field]

Model*

[text field]

Year of Manufacture*

[text field]

Color of Vehicle*

[text field]

Vehicle Identification Number (VIN)*

[text field]

License Plate Number*

[text field]

Gross Vehicle Weight (GVW) (if applicable)

[text field]

US Department of Transportation Number (DOT#) (if applicable)

[text field]

Do you have another vehicle intended to be used for the transportation of regulated cannabis products?*

- Yes*
- No*