MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Cannabis Event Organizer:
Final Plan of Record Questions

This document provides an overview of the questions included on the seven (7) final plan of record forms for the Cannabis Event Organizer license. **You *must* submit your answers to these questions on their corresponding online fillable forms.**

The seven forms outlined in this document include:

1. **Disclosure of Ownership and Control form** (https://officeofcannabismanagement.formstack.com/forms/event_disclosure_ownership_control)
2. **Accounting and Tax Compliance Standard Operating Procedure (SOP) form** (https://officeofcannabismanagement.formstack.com/forms/event_accounting_tax_compliance)
3. **Site, Security, and Operations Plan form** (https://officeofcannabismanagement.formstack.com/forms/event_site_security_and_operations)
4. **Inventory Control, Storage, and Diversion Prevention Standard Operating Procedure (SOP) form** (https://officeofcannabismanagement.formstack.com/forms/event_inventory_control_storage_and_diversion_prevention)
5. **Quality Assurance Standard Operating Procedure (SOP) form** (https://officeofcannabismanagement.formstack.com/forms/event_quality_assurance)
6. **Training and Education Plan form** (https://officeofcannabismanagement.formstack.com/forms/event_training_education_plan)
7. **Vendor Participation List form** (https://officeofcannabismanagement.formstack.com/forms/vendor_list)

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 will need to submit that PDF via Accela.

Disclosure of Ownership and Control Form

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*

- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*

- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

Section 2: Disclosure of Ownership and Control

Required fields are marked with an asterisk (*).

2a. Identify the full legal name of each owner, officer, director, manager, or general partner of the business.

Person 1*
[text field]

Person 2
[text field]

Person 3
[text field]

Person 4
[text field]

Person 5
[text field]

2b. Provide a statement from the applicant and, if the applicant is a business, from every officer, director, manager, and general partner of the business, indicating whether that person has previously held, or currently holds, an ownership interest in a cannabis business in Minnesota, any other state or territory of the United States, or any other country.*
[text field]

2c. Describe the funding sources used to finance the cannabis event.*
[text field]

2d. Provide a list of operating and investment accounts for the business including any applicable financial institution and account numbers.*
[text field]

2e. Disclose any violation of a license agreement or a federal, state, or local law or regulation committed by the applicant or any true party of interest in the applicant's business that is relevant to business and working conditions.*
[text field]

2f. Provide a list of each outstanding loan and financial obligation obtained for use in the business including the loan amount, loan terms, and name and address of the creditor.*
[text field]

Accounting and Tax Compliance Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*

- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*
- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

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. Describe specific procedures for how your business will adhere to the sales restrictions in Minnesota Statutes, section 270C.726 regarding the posting of tax delinquency by the Minnesota Department of Revenue.* [M.S. § 342.14, subd. 1(a)(9)(iii)]
[text field]

Site, Security, and Operations Plan Form

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*

- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*
- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

1m. 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:

8. the name of the insurance company
9. the policy number or self-insurance identification number
10. 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 Minnesota Statutes, section 176.041, I am not required to obtain workers' compensation insurance required under Minnesota Statutes, section 176.181 because one or more exceptions in Minnesota Statutes, section 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.*

Section 2: Diagram of Event Layout

Required fields are marked with an asterisk (*).

Attach to this template a diagram of the layout of the cannabis event in accordance with Minnesota Statutes, chapter 342 and Minnesota Rules, chapter 9810, that includes the following:

- Name of event [M.S. § 342.39, subd. 2(a)(3)]
- Name of event organizer [M. S. § 342.14, subd. 1(a)(1)]
- Event organizer phone number
- Address of event [M.S. § 342.39, subd. 2(a)(2)]
- Key with labels for each symbol used [M.S. § 342.39, subd. 2(a)(4)]
- Where the event will take place on the grounds/property [M.S. § 342.39, subd. 2(a)(4)]
- Square footage of event (defined as area fenced in) along with dimensions [M.S. § 342.39, subd. 2(a)(4)]
- All entrances and exits that will be used by participants during the event [M.S. § 342.39, subd. 2(a)(4)]
- Commercial grade fencing or other physical barriers used to segregate and screen the event space from the consumption area(s) [M.R. P. 9810.2700, subp. 3B]
- All cannabis and/or hemp consumption areas that will comply with the Minnesota Clean Indoor Air Act (indoor events) or local outdoor smoking ordinances (outdoor events) [M.S. § 342.40, subd. 8(e)]
- All retail areas where cannabis flower, cannabis products, lower-potency hemp edibles and hemp-derived consumer products will be sold [M.S. § 342.39, subd. 2(a)(4)]
- Any location where cannabis waste will be stored [M.S. § 342.40, subd. 5]
- Any location where cannabis flower, cannabis products, lower-potency hemp edibles, and hemp-derived consumer products will be stored [M.S. § 342.39, subd. 2(a)(4)]

2a. Upload your diagram of the layout of the cannabis event*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Section 3: Site, Security and Operations

Required fields are marked with an asterisk (*).

3a. Describe plans for security monitoring at the cannabis event.* [M.S. § 342.40, subd. 5]
[text field]

3b. Describe plans for the use of adequate lighting to cover cannabis storage, transfer, consumption and points of sale at the cannabis event.* [M.R. P. 9810.1500, subp. 10]
[text field]

3c. Describe plans for the use of video surveillance to cover cannabis storage, transfer, consumption and points of sale at the cannabis event.* [M.R. P. 9810.1500, subp. 9]
[text field]

3d. Describe plans for locks to secure event perimeter and secure storage of products at all sales locations.*
[M.R. P. 9810.1500, subps. 12-14; M.R. P. 9810.2700, subp. 2; M.S. § 342.40, subd. 4]
[text field]

Security Requirements

Describe plans for meeting the following security requirements at your cannabis event.

3e. Describe plans for hiring or contracting licensed security personnel.* [M.S. § 342.40, subd. 3]
[text field]

3f. Describe plans for ensuring all security staff are at least 21 years old and properly licensed.* [M.S. § 342.40, subd. 3]
[text field]

3g. How will you ensure security staff are present at all times when cannabis or hemp products are present at the event, including for sale or consumption and when cannabis or hemp products are present during event set up and take down.* [M.S. § 342.40, subd. 3]
[text field]

3h. How will you ensure security staff do not use cannabis or hemp products before or during the event.* [M.S. § 342.40, subd. 3]
[text field]

Age Restrictions and Signage Requirements

Describe plans for complying with the following related to age restriction and signage requirements at your cannabis event.

3i. Describe plans for ensuring that only individuals who are at least 21 years old are allowed to enter the event.* [M.S. § 342.40, subd. 4]
[text field]

3j. Describe how you will place clearly visible signs at or near each public entrance to areas where cannabis or hemp products are sold or consumed.* [M.S. § 342.40, subd. 4]
[text field]

3k. Describe how you will ensure all signs include the required statement: "No persons under 21 allowed" with lettering at least one inch tall.* [M.S. § 342.40, subd. 4]
[text field]

Transportation of Cannabis and Hemp Products

3l. Describe how you will ensure that all cannabis and hemp products being displayed or offered for sale are transported to and from the event by a licensed cannabis transporter.* [M.S. § 342.40, subd. 6]
[text field]

Consumption Area

If applicable, describe plans for managing the following related to the consumption area at the event.

3m. How you will ensure that only individuals 21 years of age or older have access to the designated consumption area, in compliance with Minnesota Statutes, section 342.40, subdivision 4. [M.S. § 342.40, subd. 8(b)]
[text field]

3n. How you will use commercial-grade fencing to fully enclose the consumption area. [M.R. P. 9810.2700, subp. 3B]
[text field]

3o. How you will ensure the consumption area is not visible from any public place. [M.S. § 342.40, subd. 8(c)]
[text field]

Retail Products and Samples

3p. Describe how you will ensure that all cannabis and hemp products being sold by retailers at the event are compliant products.* [M.S. § 342.40, subd. 7(i)]
[text field]

3q. Describe how you will ensure that all samples of cannabis and hemp products meet the potency limit.* [M.S. § 342.40, subd. 7(i)]
[text field]

Clean Indoor Air Act

3r. Describe how you will prevent smoking in any location where smoking is not permitted under Minnesota Statutes, sections 144.413 to 144.417 (Clean Indoor Air Act).* [M.S. § 342.40, subd. 8(e)]
[text field]

Section 4: Attestation of Labor Peace Agreement

Required fields are marked with an asterisk (*).

4a. Applicants are required to provide documentation demonstrating that the applicant has entered into a labor peace agreement with a bona fide labor organization as a condition of licensure. I certify that I will provide this documentation to OCM as a condition of licensure.*

- ☐ *Check box to confirm attestation*

4b. Upload documentation of your labor peace agreement with a bona fide labor organization.*
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

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

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*
- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*
- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

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

Required fields are marked with an asterisk (*).

2a. Describe plans for storing cannabis and hemp products at the event. Response should include how you will ensure all products are kept in a secure, limited-access area that meets the requirements of Minnesota Rules, part 9810.1500 and Minnesota Statutes, section 342.40, and that access is restricted to individuals who are at least 21 years old.* [M.R. P. 9810.2700, subp. 2A]
[text field]

2b. Describe how you will ensure vendors meet obligations for securing cannabis and hemp products that are not on display at the event, including how these products will be kept in a locked storage container and accessible only to authorized personnel, in compliance with Minnesota Statutes, section 342.40, subdivision 7.* [M.R. P. 9810.2700, subp. 2C]
[text field]

Section 2B: Inventory Control, Storage, and Diversion Prevention for Onsite Consumption

Required fields are marked with an asterisk (*).

2Ba. Describe your policies and procedures for preventing individuals from leaving the event's licensed grounds with an open container of an edible cannabis or hemp product.* [M.S. § 342.40, subd. 8(c); M.R. P. 9810.2700, subp. 3]
[text field]

Quality Assurance Standard Operating Procedure (SOP) Form

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*
- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*
- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

Section 2: Quality Assurance SOP

Required fields are marked with an asterisk (*).

2a. Describe specific procedures for how your business will ensure proper segregation and disposal of a regulated product that is damaged, contaminated, or expired.* [M.R. P. 1200, subps. 2-4; M.R. P. 9810.1100, subp. 2A(6); M.S. § 342.23, subd. 3]
[text field]

2b. Describe the specific procedures your business will use to confirm an individual is at least 21 years of age before initiating a sale or giving them a product sample.* [M.S. § 342.40, subd. 7(d); M.S. § 342.27, subd. 2(a)]
[text field]

2c. Describe the specific procedures your business will use to confirm an individual is at least 21 years of age before allowing them access to a designated consumption area (if applicable). [M.S. § 342.40, subd. 8(b)]
[text field]

Training and Education Plan Form

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*

- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*

- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

Section 2: Training and Education Plan

Required fields are marked with an asterisk (*).

2a. Describe a plan to provide training and education to all employees prior to the cannabis event. Plans may include, but are not limited to workplace safety, workplace hygiene, respectful workplace practices, and security monitoring and protocols.* [M.R. P. 9810.1102, subp. 2]
[text field]

2b. Describe how you will train staff on the safe handling and service of cannabinoid-containing products prior to the start of the event, including preventing sales or giving away of product samples to a person who is visibly intoxicated.* [M.S. § 342.27, subd. 12(1), (3)]
[text field]

Vendor Participation List Form

Section 1: Applicant/Licensee and Event 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]

1c. Primary contact: Middle initial
[text field]

1c. Primary contact: Last name*
[text field]

1c. Primary contact: Suffix
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Business address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

1g. Event name*
[text field]

1h. Event address*
[Address Line 1, Address Line 2, City, State, and ZIP Code text fields]

Does this event span multiple days?*

- *Yes*
- *No*

If *Yes* is selected:

1i. Day 1 date*
[Month, day, and year dropdown fields]

1i. Day 1 start time*
[Hour, minute, and AM/FM dropdown fields]

1i. Day 1 end time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 date*
[Month, day, and year dropdown fields]

1j. Day 2 start time*
[Hour, minute, and AM/FM dropdown fields]

1j. Day 2 end time*
[Hour, minute, and AM/FM dropdown fields]

Add another event day?*

- *Yes*
- *No*

If you select *Yes*, you will be prompted with three more fields to fill out including Day 3 date, Day 3 start time, and Day 3 end time. You will be able to fill out information for up to four (4) days.

If *No* is selected:

1i. Event date*
[Month, day, and year dropdown fields]

1j. Event start time*
[Hour, minute, and AM/FM dropdown fields]

1k. Event end time*
[Hour, minute, and AM/FM dropdown fields]

Section 2: Vendor Participation List

Required fields are marked with an asterisk (*).

2. For each licensed cannabis business and hemp business that will sell cannabis plants, adult-use cannabis flower, adult-use cannabis products, lower-potency hemp edibles, and/or hemp-derived consumer products at the licensed event, provide:

- **Business name**
- **License number**
- **Type of licensed cannabis or hemp business (e.g., microbusiness or retail)**
- **Business' contact information**

Prior to the licensed event, it is the responsibility of the event license holder to share Metrc Bulletin 58 with all vendors selling cannabis, cannabis products or hemp-derived consumer products on how to record the physical movement and sales of product during the event.

Note: *If any of the vendors you contract with offer deli-style flower sales, they must have a deli-style endorsement.*

[M.S. § 342.39, subd. 2(a)(5); M.S. § 342.40, subd. 7(a)]

Licensed Cannabis/Hemp Business 1 (Repeat questions below for up to 50 vendors to answer question 2.)

Business name*
[text field]

License number*
[text field]

Type of licensed cannabis or hemp business*
[dropdown field including options for cannabis mezzobusiness with a retail endorsement, cannabis microbusiness with a retail endorsement, cannabis retailer, lower-potency hemp edible retailer, and medical cannabis combination business]

Business' contact information*
[text field]

Add another product?*
- ○ *Yes*
- ○ *No*

Section 3: Attestation

Required fields are marked with an asterisk (*).

3. I, the applicant, attest that the "Vendor List" documentation may be supplemented or amended at least 72 hours prior to the beginning of the cannabis event. I understand that in the event of this worksheet being supplemented or amended, I must immediately submit the updated worksheet to the office for approval. I further understand that the updated form shall be uploaded to Accela.*

- ☐ *I confirm this attestation.*