

# Cannabis Retailer: Final Plans of Record (FPOR) Questions

This document provides an overview of the questions included on the four (4) final plans of record forms for the cannabis retailer license. **You must submit your answers to these questions on their corresponding online fillable forms.**

The four 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](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](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](https://officeofcannabismanagement.formstack.com/forms/quality_assurance))
4. **Site, Security, and Operations Plan form** – Page 8  
([https://officeofcannabismanagement.formstack.com/forms/site\\_security\\_and\\_operations\\_2026](https://officeofcannabismanagement.formstack.com/forms/site_security_and_operations_2026))

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@acela.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)\***

- Medical cannabis retailer endorsement*
- Adult-use cannabis retailer activity*

**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 how your business will ensure proper designation of authorized personnel for issuing employee identification badges.\***

[M.S. § 342.14, subd. 1(9)(ii); 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]

**2e. 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. § 342.14, subd. 1(9)(ii); M.S. § 342.24, subd. 3; M.S. § 342.59, subd. 2; M.R. P. 9810.1100, subp. 2]

[text field]

**2f. 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]

**2g. 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; M.R. P. 9810.1104, subp. 1(B)]

[text field]

**2h. 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]

**2i. 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]

**2j. Describe the specific procedures the business will take to prevent unauthorized access to display product samples.\***

[M.S. § 342.27, subd. 4-5; M.S. § 342.23, subd.3; M.R. P. 9810.1302, subp. 5]

[text field]

**2k. Describe the specific procedures the business will take to prevent sample theft.\*** [M.S. § 342.24, subd. 6; M.S. § 342.27, subd. 5; M.R. P. 9810.2501, subp. 4(B)]

[text field]

**2l. Describe the specific procedures the business will take to properly dispose of samples to prevent consumption.\*** [M.S. § 342.27, subd. 5; M.S. § 342.23, subd. 3; M.R. P. 9810.2501, subp. 4(D)]

[text field]

**2m. Describe the specific sample destruction timeline procedure.\*** [M.S. § 342.27, subd. 5; M.S. § 342.23, subd. 3; M.R. P. 9810.2501, subp. 4(D)]

[text field]

**2n. Describe how you will verify age when an order is placed via phone or internet.\*** [M.S. § 342.27, subd. 4; M.R. P. 9810.2501, subp. 2]

[text field]

**2o. Describe how you will verify that a customer's physical identification matches information at the time of order when an order is placed via phone or internet.\*** [M.S. § 342.27, subd. 4; M.R. P. 9810.2501, subp. 2]

[text field]

**2p. Describe how you will handle accepted forms of payment for pre-orders (via phone or internet).\*** [M.S. § 342.27, subd. 4; M.R. P. 9810.2501, subps. 2, 5]

[text field]

**2q. Describe how you will collect information only for the purpose of sale for pre-orders (via phone or internet).\*** [M.S. § 342.27, subd. 4; M.R. P. 9810.2501, subp. 5]

[text field]

**2r. Describe how you will establish standard operating procedure for data security and privacy that applies to the cannabis retailer and third-party contract for online sales.\*** [M.S. § 342.59, subd. 2; M.R. P. 9810.2501, subp. 5(D)]

[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@acela.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)\***

- Medical cannabis retailer endorsement
- Adult-use cannabis retailer activity

**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.S. § 342.27, subd. 8(b); M.R. P. 9810.1104; M.R. P. 9810.1100, subp. 2(A)(5)]

[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.\*** [M.S. § 342.23, subd. 3; M.R. P. 9810.1101, subp. 2(6); M.R. P. 9810.1200]

[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.\*** [M.S. § 342.23, subd. 3; M.R. P. 9810.1101, subp. 2; M.R. P. 9810.1101, subp. 3; M.R. P. 9810.1200]

[text field]

**2d. Describe the specific product recall response procedures your business will take if required, in response to a manufacturer or office-ordered recall.\*** [M.S. § 342.27, subd. 6(1); M.R. P. 9810.1101, subp. 2]

[text field]

**2e. Describe specific procedures for how your business will ensure consistent and accurate use of the statewide tracking system for inventory management and discrepancies, sales data, waste tracking, and theft/loss reporting.\*** [M.S. § 342.24, subd. 5; M.R. P. 9810.1100, subp. 2(A)(4); M.R. P. 9810.1301, subp. 1]

[text field]

**2f. Describe the specific point-of-sale system your business will use to integrate with the statewide tracking system.\*** [M.R. P. 9810.2501, subp. 1(B)]

[text field]

**2g. Describe the specific procedures your business will use to prevent any individuals who are under the age of 21 and not enrolled as a patient in the medical registry from entering the retail area.\*** [M.S. § 342.27, subd. 2(a); M.R. P. 9810.2502, subp. 2(A); M.R. P. 9810.2501, subp. 2]

[text field]

**2h. Describe the specific procedures your business will use to confirm an individual is at least 21 years of age before initiating a sale, if not a medical patient.\*** [M.S. § 342.27, subd. 2(a); M.R. P. 9810.2502, subp. 2(A); M.R. P. 9810.2501, subp. 2]

[text field]

**2i. Describe your annual training plan for management and employees.\*** [M.S. § 342.14, subd. 1(a)(11); M.S. § 342.18, subd. 3(a)(2); M.R. P. 9810.1100, subp. 2(A)(2); M.R. P. 9810.1102, subp. 2]

[text field]

**2j. Describe the scale you will use to weigh flower for deli-style sales and how you will comply with the retail requirements of the Minnesota Department of Commerce — Division of Weights and Measures.\*** [M.R. P. 9810.1100, subp. 7]

[text field]

**2k. Describe how the business will record deli-style cannabis flower sales in the statewide tracking system.\*** [M.R. P. 9810.1300, subp. 2; M.R. P. 9810.1302, subp. 2]

[text field]

**2l. Describe the safety measures that the business will have in place to ensure that deli-style cannabis flower is provided in a safe and sanitary manner.\*** [M.R. P. 9810.2500, subp. 2]

[text field]

## Section 2A: Quality Assurance for Medical Cannabis Retailer

*Required fields are marked with an asterisk (\*).*

The questions in this section are only required if applying for medical retail operations activities/endorsements.

**2Aa. Describe the specific procedures your business will use to confirm an individual is enrolled in the patient registry before initiating a sale of a medical cannabis product.\*** [M.S. § 342.24, subd. 1(b); M.R. P. 9810.2501, subp. 2; M.R. P. 9810.2502, subp. 2]

[text field]

**2Ab. Describe the specific procedures for ensuring a patient has completed a patient self-evaluation when first purchasing medical cannabis product and every three months thereafter.\*** [M.R. P. 9810.2502, subps. 3-4]

[text field]

**2Ac. Describe the specific procedures ensuring compliance with the requirements for patient consultation.\*** [M.S. § 342.51, subd. 2-3; M.R. P. 9810.2502, subp. 5]

[text field]

**2Ad. Describe the specific procedures ensuring compliance with the requirement for patient-specific labeling.\*** [M.S. § 342.51, subd. 2(a)(4), 2a(1); M.R. P. 9810.2502, subp. 6]  
[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@acela.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)\***

- Medical cannabis retailer endorsement
- Adult-use cannabis retailer activity

**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.*

**11. Number of facilities\***

*[text field]*

**12. Facility 1 name\***

*[text field]*

**13. Facility 1 address\***

*[Address Line 1]*

*[Address Line 2]*

*[City] [State] [ZIP Code]*

**14. Endorsement and activity types utilized at facility 1\***

- Medical cannabis retailer endorsement*
- Adult-use cannabis retailer activity*

**15. Facility 2 name**

*[text field]*

**16. Facility 2 address**

*[Address Line 1]*

*[Address Line 2]*

*[City] [State] [ZIP Code]*

**17. Endorsement and activity types utilized at facility 2**

- Medical cannabis retailer endorsement*
- Adult-use cannabis retailer activity*

**18. Facility 3 name**

*[text field]*

**19. Facility 3 address**

*[Address Line 1]*

*[Address Line 2]*

*[City] [State] [ZIP Code]*

**20. Endorsement and activity types utilized at facility 3**

- Medical cannabis retailer endorsement*
- Adult-use cannabis retailer activity*

**21. Facility 4 name**

*[text field]*

**22. Facility 4 address**

*[Address Line 1]*

*[Address Line 2]*

*[City] [State] [ZIP Code]*

**23. Endorsement and activity types utilized at facility 4**

- Medical cannabis retailer endorsement*
- Adult-use cannabis retailer activity*

**24. Facility 5 name**

*[text field]*

**25. Facility 5 address**

*[Address Line 1]*

*[Address Line 2]*

*[City] [State] [ZIP Code]*

**26. Endorsement and activity types utilized at facility 5**

- Medical cannabis retailer endorsement*
- Adult-use cannabis retailer activity*

**Note:** Questions 27-35 are not on the Site, Security and Operations form for cannabis retailers.

## Section 2: Diagram of Facility Layout

Required fields are marked with an asterisk (\*).

[M.S. § 342.32, subd. 3(2)]

Attach to this template a detailed facility diagram for each location listed in Section 1, in accordance with Chapter 342 of Minnesota Statutes and OCM regulations 9810. Each 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; M.R. P. 9810.2501, subp. 1]
- 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)]
- Planned square feet or acres of space for retail sales [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]

### 36a. Upload your first facility diagram.\*

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

### 36b. Upload your second facility diagram.

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

### 36c. Upload your third facility diagram.

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

### 36d. Upload your fourth facility diagram.

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

### 36e. Upload your fifth facility diagram.

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

**Note:** Questions 37-40 are not on the Site, Security and Operations form for cannabis retailers.

## Section 3: Site Requirements

Required fields are marked with an asterisk (\*).

**41. Describe the facility's ventilation and filtration system to control odor.\*** [M.R. P. 9810.2500, subp. 2(A)]  
*[text field]*

**42. Describe the facility's product storage area(s), including methods of ensuring that regulated products are free from contamination.\*** [M.R. P. 9810.1104; M.R. P. 9810.2000, subp. 12]  
*[text field]*

**43. Describe the facility's product storage area(s), including methods of ensuring no mixing between batch numbers or different types of regulated products.\*** [M.R. P. 9810.1104, subp. 1(A), 4]  
*[text field]*

**44. Describe the facility's product storage area(s), including methods of storing products at least six inches above the ground.\*** [M.R. P. 9810.1104, subp. 2]  
*[text field]*

**45. Describe how the business will record and maintain verification that cannabis workers are following the storage procedures.\*** [M.R. P. 9810.1104, subp. 1; M.S. § 342.25, subd. 2]  
*[text field]*

**46. 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.\*** [M.R. P. 9810.1104, subp. 1(B)]  
*[text field]*

**47. Describe how the business will maintain these storage area records and make them available for inspection.\*** [M.R. P. 9810.1104, subp. 1(B)]  
*[text field]*

**48. Provide a description of the signage the business will post at all points of access to storage areas containing cannabis.\*** [M.R. P. 9810.1104, subp. 3]  
*[text field]*

**Note:** Questions 49-73 are not on the Site, Security and Operations form for cannabis retailers.

**74. Describe the point-of-sale (POS) system that will be used, which must be integrated with the statewide tracking system.\*** All POS systems that can be used are listed at <https://www.metro.com/validated-integrators/#Minnesota>. [M.R. P. 9810.2501, subp. 1(B)]  
*[text field]*

**75. Describe the procedures for ensuring the retail sale area is only accessed by individuals either 21 years or older or registered in the medical registry program.\*** [M.R. P. 9810.2501, subp. 2; M.R. P. 9810.1500, subp. 7]  
*[text field]*

## Section 3A: Site Requirements for Businesses with a Medical Cannabis Retailer Endorsement

*Required fields are marked*

The questions in this section are only required for cannabis businesses applying for a medical endorsement.

**76. Describe how the business will track all adult-use and medical inventory management and sales separately.\*** [M.R. P. 9810.4200, subp. 1]  
*[text field]*

**Note:** Questions 77-70 are not on the Site, Security and Operations form for cannabis retailers.

**80. Any cannabis business applicant that is interested in selling medical cannabis to enrolled registered patients must employ at least one employee who has earned a medical cannabis consultant certificate issued by the office and has completed the required training or has at least one employee who is a licensed pharmacist under chapter 151.\*** [M.S. § 342.51, subd. 1(f)(2)]

**80a. Consultant/pharmacist first name\***  
*[text field]*

**80b. Consultant/pharmacist middle name/initial**  
*[text field]*

**80c. Consultant/pharmacist last name\***  
*[text field]*

**80d. Employee type\***  
*[dropdown field with options for Pharmacist and Certified Medical Cannabis Consultant]*

If **Pharmacist** is selected:

**80e. Pharmacist's license number\***  
*[text field]*

**80f. Issue date\***  
*[date field]*

**80g. Expiration date\***  
*[date field]*

If **Cannabis Medical Cannabis Consultant** is selected:

**80e. Certification number\***  
*[text field]*

**80f. City\***  
*[date field]*

**80g. County\***

*[date field]*

**80h. I attest that during all hours of retail operation, medical cannabis products will be made available to individuals who are enrolled and registered as medical cannabis patients in accordance with applicable law.\***

*I confirm this attestation.*

## Section 5: 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]*

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

*[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]*

**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]*

### **Security Personnel**

[M.R. P. 9810.1500, subp. 16]

**94. Describe any security personnel that may be utilized, including acknowledging that they must be at least 21 years of age. \***

*[text field]*

**95. If employing a security company, ensure they are licensed by the State of Minnesota. Provide information on the security company (if applicable).**

*[text field]*

### **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]*