MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Lower-Potency Hemp Edible Manufacturer: Site, Security, and Operations Plan Questions

This document provides an overview of the questions included on the Lower-Potency Hemp Edible Business: Site, Security, and Operations Plan for your LPHE manufacturer final plan of record. **You *must* submit your answers to these questions on our online form (mn.gov/ocm/lphe-fpor).**

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.

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*
[text field]

1d. Phone number*
[text field]

1e. Email*
[text field]

1f. Endorsement types and business activities (you must choose at least one)*

Note: Lower-potency hemp edible manufacturers must select the endorsement(s) that corresponds to the activities they intend to conduct under this license.

- Manufacturers producing lower-potency hemp edibles must select the **edible cannabinoid product handler endorsement (LPHE)**.
- Manufacturers that intend to create hemp concentrate through extraction and concentration must select the **lower-potency hemp extraction and concentration endorsement** .
- Manufacturers that intend to create artificially derived cannabinoids must select the **lower-potency hemp creation of artificially derived cannabinoids endorsement**.
- If the manufacturer also intends to distribute or transport their manufactured products, they must select the **internal/external transport activity (LPHE)**.
- Applicants seeking to export hemp products intended for sale in other jurisdictions that do not qualify as LPHEs must select the **hemp product exporter endorsement**.

Applicants should select *all* endorsements that accurately reflect the business activities they intend to conduct.

- ☐ *Edible cannabinoid product handler endorsement (LPHE)*
- ☐ *Lower-potency hemp extraction and concentration endorsement*
- ☐ *Lower-potency hemp creation of artificially derived cannabinoids endorsement*
- ☐ *Internal/external transport activity*
- ☐ *Hemp product exporter endorsement*

1g. Site name*
[text field]

1h. Site address*
[Address Line 1]
[Address Line 2]
[City] [State] [ZIP Code]

1i. 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 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: Site Requirements

Required fields are marked with an asterisk (*).

2a. Describe the site's product storage area(s), including methods of ensuring that lower potency hemp edible products are free from contamination and how products will be stored.* [M.R. P. 9810.1100, subp.2; M.S. § 342.44 subd. 1; M.S. 342.45, subd. 6]
[text field]

2b. Describe specific procedures for how your business will manage stock/inventory of regulated products. Please note that LPHE activity is not tracked within the state's seed to sale tracking system, so the description should reference your business's general stock/inventory management procedures.* [M.S. § 342.44, subd. 1; M.R. P. 9810.1100, subp. 2]
[text field]

2c. Site Diagram* [M.S. § 342.45, subd. 2(a), 3, 4, and 6; M.S. § 342.44, subd. 1]
Attach to this template a detailed site diagram for your location, in accordance with Minnesota Statutes, chapter 342 and Minnesota Rules, chapter 9810. Each diagram must include the following:

- Fire and smoke detection systems [M.R. P. 9810.1100; M.R. P. 9810.1102; M.S. § 342.45]
- Carbon monoxide detection systems [M.R. P. 9810.1100; M.R. P. 9810.1102]
- Enclosed toilet facilities [M.R. P. 9810.1100; M.R. P. 9810.1102]
- Hand-washing facilities [M.S. § 342.45, subds. 4, 6]
- Product storage, waste storage, chemical storage, and ingredient storage areas [M.R. P. 9810.1100; M.S. § 342.45]
- Ventilation and filtration systems [M.R. P. 9810.1101; M.R. P. 9810.1102]
- Planned square feet of space for licensed activities [M.R. P. 9810.1100; M.S. § 342.44, subd. 1]
- Manufacturing equipment [M.R. P. 9810.1100; M.S. § 342.45]
- All points of ingress and egress [M.R. P. 9810.1100; M.R. P. 9810.1102]
- Alarm systems, including control panels and alarm sensors (if applicable) [M.R. P. 9810.1100; M.R. P. 9810.1102]
- Video surveillance cameras and storage devices, including identification of video area coverage (if applicable) [M.R. P. 9810.1100; M.R. P. 9810.1102]
- Lighting [M.R. P. 9810.1100; M.R. P. 9810.1102]
- Lock keypads (if applicable) [M.R. P. 9810.1100; M.R. P. 9810.1102]

Note: For items marked "if applicable," applicants should add the items to the diagram if the business already has them in place; however, they are not required.
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2d. Describe your plan for complying with the requirement to provide buyers with a written statement, upon the sale of hemp concentrate or artificially derived cannabinoids, that includes:

- **The method of extraction and concentration or conversion used.**
- **Any solvents, gases, or catalysts involved (including, but not limited to, any volatile chemicals).**
- **Please explain how you will prepare, maintain, and deliver this information to each buyer.***

[M.S. § 342.45, subd. 3(e)]
[text field]

2e. Describe specific procedures for how your business will clean, sanitize or disinfect and test all manufacturing areas, utensils, and equipment where product may be stored, cured, processed or packaged.* [M.S. § 342.45, subds. 2(a), 4(b), 6; M.R. P. 9810.2204, subp. 2]
[text field]

2f. Describe the site's ventilation and filtration system, including humidity and temperature controls.* [M.S. § 342.45, subds. 4(b), 6; M.R. P. 9810.2204, subp. 2; M.R. P. 9810.2205, subp. 1; M.R. P. 9810.1100]
[text field]

2g. Describe the site's lighting, and how it is adequate for performing manufacturing and sanitary tasks.* [M.R. P. 9810.2102, subp. 6A(4); M.S. § 342.45, subds. 2(a), 4(b)]
[text field]

2h. Describe the site's pest prevention and control measures. If using a pest control company, name them and describe the services they will provide.* [M.S. § 342.45, subds. 2(a), 4(b), 6(b); M.R. P. 9810.2102, subp. 2A(7)]
[text field]

2i. Describe the site's floors, walls, and ceilings, including their ability to be easily cleaned and maintained in good repair.* [M.S. § 342.45, subds. 2(a), 4(b), 6; M.R. P. 9810.2102, subp. 6A(5)]
[text field]

2j. Describe the site's sanitation facilities. These must include hand-washing facilities in all manufacturing areas where unpackaged product is handled, which supply hot and cold water, hand soap, and sanitary drying functions (such as electronic drying devices, single-use towels, or sanitary towel service).* [M.R. P. 9810.2102, subps. 6A(6), 10A(2); M.S. § 342.45, subds. 2(a), 4(b)]
[text field]

2k. Describe the site's chemical control program, including practices for storing toxic cleaning compounds, sanitizing agents, and other potentially harmful chemicals.* [M.R. P. 9810.2102, subp. 10(D); M.S. § 342.45, subds. 2(a), 4(b)]
[text field]

2l. Describe the site's methods to secure inputs and ingredients, and in-process products.* [M.R. P. 9810.2102, subp. 2A(12); M.S. § 342.45, subd. 2(a)]
[text field]

2m. Describe the equipment you will use to manufacture food items including tables or countertops, mixing bowls, utensils, food storage units, etc. Surfaces must be corrosion-resistant and made of materials approved for food contact.* [M.R. P. 9810.2102, subps. 2A, 6, 9; M.S. § 342.45, subds. 2(a), 6(b)]
[text field]

2n. Describe your policy for adhering to the sales restrictions regarding the Minnesota Department of Revenue's posting of tax delinquency.* [M.S. § 342.44, subd. 1]
[text field]

Section 2A: Site Requirements for Businesses with Internal/External Transport Activity

Required fields are marked with an asterisk (*).

The questions in this section are only required for hemp businesses with an internal/external transport business activity.

2Aa. Describe your plan for ensuring that products are stored in a locked, safe, and secure storage compartment during transport.* [M.S. § 342.45, subd. 5(a)(1); M.R. P. 9810.2300, subp. 6A]
[text field]

2Ab. Explain how you will ensure that all products are packaged in non-visible, non-recognizable, tamper-evident containers prior to transport.* [M.S. § 342.45, subd. 5(a)(2)]
[text field]

2Ac. Describe your process for preparing and maintaining accurate shipping manifests for each transport of product.* [M.S. § 342.45, subd. 5(a)(3)]
[text field]

2Ad. Explain how you will document all departures, arrivals, and stops during product transport.* [M.S. § 342.45, subd. 5(a)(4)]
[text field]

Section 2B: Site Requirements for Businesses with Hemp Product Exporter Endorsement

Required fields are marked with an asterisk (*).

The questions in this section are only required for hemp businesses with a hemp product exporter endorsement.

2Ba. List the markets (states, territories, or countries) where you plan to export your products.* [M.S. § 342.45, subd. 4a]
[text field]

2Bb. Describe your plan for ensuring that all exported products meet the packaging and labeling requirements of the destination market. (Please note: Wholesalers are not permitted to repackage products.)* [M.S. § 342.45, subd. 4a(f)]
[text field]

2Bc. Explain how you will keep products for export separate from products for in-state sale throughout production, packaging, and transport.* [M.S. § 342.45, subd. 4a(d)]
[text field]

2Bd. Describe your plan to ensure that products sold out of state do not re-enter the in-state market.* [M.S. § 342.45, subd. 4a(h)]
[text field]

2Be. List the types of products you plan to export.* [M.S. § 342.45, subd. 4a]
[text field]

2Bf. By executing this attestation, I, as the responsible party for the business registered, attest that this business is seeking an exporter endorsement which permits the business to produce products containing cannabinoids that do not qualify as lower-potency hemp edibles which are intended only for distribution and sale outside of the State of Minnesota. This business accepts all responsibility for ensuring that the products that they produce for distribution in markets outside of Minnesota comply with the requirements for those products in whichever jurisdiction they are distributed or sold in. This business accepts that any products in violation of laws in jurisdictions outside of Minnesota where those products are distributed or sold are entirely the responsibility of this business and that violations regarding those products in jurisdictions outside Minnesota may affect their endorsement authorizing exportation or their Minnesota license, up to and including, suspension, revocation, or cancellation of the same. This business attests that at no point will the produced products containing cannabinoids that do not qualify as lower-potency hemp edibles be distributed or sold within Minnesota.*

- ☐ *I confirm this attestation.*

Section 2C: Site Requirements for Businesses with Lower-Potency Hemp Extraction and Concentration Endorsement or Lower-Potency Creation of Artificially Derived Cannabinoids Endorsement

Required fields are marked with an asterisk (*).

The questions in this section are only required for hemp businesses with a lower-potency hemp extraction and concentration endorsement or lower-potency creation of artificially derived cannabinoids endorsement.

2Ca. Attach with this checklist all certifications from an independent third-party industrial hygienist or professional engineer that approve:* [M.S. § 342.45, subd. 3(d); M.R. P. 9810.2205, subp. 1]

- ☐ *Electrical systems*
- ☐ *Gas systems*
- ☐ *Fire suppression systems*
- ☐ *Exhaust systems*
- ☐ *Plans for safe storage and disposal of hazardous substances, including volatile chemicals*
- ☐ *N/A, I do not plan to use processes that require certifications from an independent third-party industrial hygienist or professional engineer***

*** If you intend to use processes that do not require certification from an independent third-party industrial hygienist or professional engineer, please provide a report from a qualified independent third party confirming that such certification is not required.*

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

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

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

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

Upload certification for safe storage and disposal of hazardous substance, including volatile chemicals.
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

Upload certification a report from a qualified independent third party confirming that such certification is not required.
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2Cb. Identify all methods of extraction, concentration, and/or conversion intended to take place at the facility.* [M.S. § 342.45, subd. 3(b)]
[text field]

2Cc. List all volatile chemicals and/or catalysts that will be involved in extraction, concentration, and/or conversion (for artificially derived cannabinoids) activities.* [M.S. § 342.45, subd. 3(b)]

Catalyst/Chemical 1 (Repeat questions below for up to 20 catalysts and/or chemicals to answer question 2Cc.)

Product Name*
[text field]

Active Ingredient (if applicable)
[text field]

Product Type/Use (catalyst, solvent, etc.)*
[text field]

Vendor Name*
[text field]

Vendor Address/Phone*
[text field]

Add another chemical/catalyst?*
- *Yes*
- *No*

2Cd. I attest that I will only create cannabinoids or other chemical compounds that are listed in my application and that are allowed by OCM, and at this time I will only create delta-9 (Δ9) tetrahydrocannabinol (D9).* [M.R. P. 9810.2205, subp. 4]
- ☐ *I confirm this attestation.*

2Ce. Identify the hazards (biological, chemical, and physical) and controls for each product and process.* [M.R. P. 9810.2205, subp. 1]
[text field]

Section 2D: Site Requirements for Businesses with Edible Cannabinoid Product Handler Endorsement (LPHE)

Required fields are marked with an asterisk (*).

The questions in this section are only required for hemp businesses with an edible cannabinoid product handler endorsement (LPHE).

2Da. Describe your plan for ensuring that hemp products are stored, handled, and transported in a way that prevents contamination or contact with any other food items.* [M.S. § 342.45, subd. 4(b); M.R. P. 9810.2204, subp. 2]
[text field]

2Db. Identify and describe all products the business intends to manufacture. Fill out a separate entry for each product. Products with multiple flavors may be listed on the same entry, but you must list each flavoring ingredient separately.* [M.R. P. 9810.2204]

Product 1 (Repeat questions below for up to 20 products to answer question 2Db.)

Product Name*
[text field]

Product Description*
[text field]

Ingredients*
[text field]

Flavoring Ingredients*
[text field]

Ingredient Brand/Product Name(s)*
[text field]

Ingredient Vendor Name(s), Address(es), and Phone Number(s)*
[text field]

Packaging Used*
[text field]

Intended Use*
[text field]

Intended Consumers*
[text field]

Shelf Life*
[text field]

Labeling Instructions Related to Safety* (e.g. product will be ready to eat, must be cooked by the consumer, intended to be smoked or vaporized, etc.)
[text field]

Storage and Distribution*
[text field]

Planned Annual Volume*
[text field]

Add another product?*

- *Yes*
- *No*