MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Lower-Potency Hemp Edible Wholesaler:
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 wholesaler 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 wholesalers must select the endorsement(s) that correspond to the business activities they intend to conduct under this license.

- Applicants intending to import lower-potency hemp edibles from outside of Minnesota must select the **LPHE importer endorsement**.
- Lower-potency hemp edible wholesalers intending to transport lower-potency hemp edibles between licensed businesses must select the **transport endorsement**.
- Lower-potency hemp edible wholesalers intending 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 activities they intend to conduct under this license.

- ☐ *LPHE importer endorsement*
- ☐ *Transport endorsement*
- ☐ *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 Minnesota Statutes, section 176.181, subdivision 2, or provide an attestation that you are exempted from obtaining workers' compensation insurance coverage in compliance with Minnesota Statutes, 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. § 342.455, subd. 2(b)]
[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. Describe the process you will use to ensure that all in state purchasers hold a valid Lower-Potency Hemp Edible (LPHE) or cannabis license.* [M.S. § 342.44, subd. 1]
[text field]

2d. 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 Transporter Endorsement

Required fields are marked with an asterisk (*).

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

2Aa. Upload proof of one of the following, in the amount of at least $300,000, for loss of or damage to cargo: surety bond, certificate of insurance, qualifications as a self-insurer, or other securities/agreements.* [M.S. § 342.455, subd. 5(b)(1)]
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2Ab. Upload proof of one of the following, in the amount of at least $1,000,000 for injury to one or more persons in any one accident, and at least $100,000 for injury to or destruction of property of others in any one accident: surety bond, certificate of insurance, qualifications as a self-insurer, or other securities/agreements.* [M.S. § 342.455, subd. 5(b)(2)]
[Upload up to 1 document. Max file size 10MB. File types accepted: jpg, jpeg, gif, png, bmp, tif, pdf, doc, docx.]

2Ac. List the number and type(s) of equipment (e.g., vehicles, trailers, storage units) your business will use to transport products.* [M.S. § 342.455, subd. 5(b)(3)]
[text field]

2Ad. Describe your plan for loading, transporting, and unloading products.* [M.S. § 342.455, subd. 5(b)(4)]
[text field]

2Ae. Describe your experience in the distribution or security industry and how it prepares you to safely and compliantly transport.* [M.S. § 342.455, subd. 5(b)(5)]
[text field]

2Af. Describe your plan for ensuring that products are stored in a locked, safe, and secure storage compartment during transport.* [M.S. § 342.455, subd. 5(c)(1); M.R. P. 9810.2300, subp. 6A]
[text field]

2Ag. Explain how you will ensure that all products are packaged in non-visible, non-recognizable, tamper-evident containers prior to transport.* [M.S. § 342.455, subd. 5(c)(2)]
[text field]

2Ah. Describe your process for preparing and maintaining accurate shipping manifests for each transport of product.* [M.S. § 342.455, subd. 5(c)(3)]
[text field]

2Ai. Explain how you will document all departures, arrivals, and stops during product transport.* [M.S. § 342.455, subd. 5(c)(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. § 342.455, subd. 4]
[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. § 342.455, subd. 4(b)]
[text field]

2Bc. Explain how you will keep products for export separate from products for in-state sale throughout storage and transport.* [M.S. § 342.455, subd. 4(b)]
[text field]

2Bd. Describe your plan to ensure that products sold out of state do not re-enter the in-state market.* [M.S. § 342.455, subd. 4(e)]
[text field]

2Be. List the types of products you plan to export.* [M.S. § 342.455, subd. 4(a)]
[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 Edible Importer Endorsement

Required fields are marked with an asterisk (*).

The questions in this section are only required for hemp businesses with a lower-potency hemp edible importer endorsement.

2Ca. Describe your compliance plan or standard operating procedures (SOPs) to ensure that all imported products:

- **Meet Minnesota regulations for lower-potency hemp edibles**
- **Originate from manufacturers that are licensed and/or in compliance locally in their home jurisdiction**
- **Are produced using manufacturing practices substantially similar to those required in Minnesota.***

[M.S. § 342.455, subd. 3(b)]
[text field]

2Cb. Describe how you will ensure that all imported products are tested in accordance with Minnesota's testing requirements before being sold in the state.* [M.S. §342.44, subd. 1; M.S. § 342.61]
[text field]

2Cc. Describe your plan to ensure that all imported products meet Minnesota's packaging and labeling requirements prior to sale or distribution. Please note: Wholesalers are not permitted to repackage products.)* [M.R. P. 9810.1401, subp. 3; M.S. § 342.63]
[text field]