MINNESOTA
OFFICE OF CANNABIS MANAGEMENT

Minnesota Adult-Use Cannabis: Site Modification and Inventory Management Plan

This document is intended for use by license holders who request to cease an approved endorsement, relocate an approved site, or close an approved site. All proposed changes must be reviewed and approved by OCM before they can take effect.

Sections 1 and 4 must be completed for all requests. Complete Section 2 if the site is remaining open, but the endorsement and/or business activity is ending. Complete Section 3 if the site is moving or closing.

Submit the completed form via email to ocm.licensing@state.mn.us.

Failure to provide complete and accurate information may result in delays in licensure.

Section 1: Business Information on Record

Legal business name	
OCM license number	
Site location: Address	
Site location: City	
Site location: State	
Site location: ZIP code	
Site contact name	
Submitted by	

Section 2: Request to Cease Operation of an Approved Endorsement or Business Activity

Identify the approved endorsement(s) or business activity(ies) requested to cease:

Effective date:

Reason for change:

Section 3: Closing a Site

Select the option which represents the reason for the closure.

☐ **Moving to a new location. (Note: OCM will inform you when to submit a new site registration for the new location.)**

New address: _____

Address

_____ MN _____

City State ZIP Code

Effective date:

☐ **Ending operations at the site**

Effective date:

Reason for ending operations at this site:

Section 4: Inventory Management Plan

Please describe the plan to ensure all regulated material and/or product are properly managed: