

Marijuana Enforcement Division  
**Outdoor Cultivation Contingency Plan Review Request**

Please use this form to request review and approval of a Contingency Plan for Outdoor Cultivation pursuant to Rules 5-240 and 6-235, 1 CCR 212-3. The Regulated Marijuana Business must submit this plan with any documents required by Rules 5-240 and 6-235 and the fee(s) required by Rule 2-205(F)(6), 1 CCR 212-3. This plan will apply to all Regulated Marijuana Cultivation licenses at the specified Licensed Premises and all Regulated Marijuana Cultivation license numbers must be listed.

Legal Business Name		
Business License Number(s)		Date Submitted
License Type <input type="checkbox"/> Medical <input type="checkbox"/> Retail <input type="checkbox"/> Co-located <input type="checkbox"/> Research and Development		
Contact Person Name		
Contact Person Title		
Email		Phone Number
<b>Business Physical Address (One request per licensed facility)</b>		
Street Address		
City		State    ZIP

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# Contingency Plan Request Checklist

Please complete the following and/or provide the information on a separate sheet.

<input type="checkbox"/> Type of Adverse Weather Event(s):		
<input type="checkbox"/> Local Licensing Authority:		
<input type="checkbox"/> This plan (Check all that apply): <input type="checkbox"/> Provides for the Transfer of Regulated Marijuana. <input type="checkbox"/> Does not provide for the Transfer of Regulated Marijuana.		
<input type="checkbox"/> This plan has proposed temporary modifications to the Licensed Premises. <input type="checkbox"/> Attach proposed floor plans and security diagrams along with a written description of the proposed modifications.		
<input type="checkbox"/> This plan anticipates impacts to compliance with security and surveillance requirements pursuant to Rules 3-225(C)(1), 3-225(C)(5) and 3-225(C)(6). <input type="checkbox"/> Provide a detailed written description.		
<input type="checkbox"/> A copy of this plan has been submitted to the local jurisdiction where the licensee operates.		
<input type="checkbox"/> If your plan provides for the Transfer of Regulated Marijuana, please complete the following or provide the information on a separate sheet: <input type="checkbox"/> Legal Business Name of receiving location: _____ <input type="checkbox"/> License number of receiving location: _____ <input type="checkbox"/> Address of receiving location: _____ _____ <input type="checkbox"/> Local jurisdiction of receiving location: _____ <input type="checkbox"/> Ownership of receiving location: _____ <input type="checkbox"/> Attach a diagram of the receiving location Licensed Premises. <input type="checkbox"/> Attach a copy of the local license for the receiving location. <input type="checkbox"/> Attach a copy of your standing transport manifest which must include: <input type="checkbox"/> Name of receiving licensee _____ <input type="checkbox"/> Address of receiving licensee _____ _____ <input type="checkbox"/> A copy of this plan has been submitted to the Local Licensing Authority of the receiving location if Transferring Regulated Marijuana outside the local jurisdiction of the current Licensed Premises.		
Controlling Beneficial Owner Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>	<b>REQUIRED</b>	Date

**A copy of your approved plan must be submitted with your Regulated Marijuana Business license renewal. Once approved, any changes to the plan requires disclosure to the MED and possibly additional evaluation and approval.**