



Dear Applicant,

In addition to being properly licensed by the Regulation and Licensing Department, Cannabis Control Division (CCD), a food permit is also required for Class II, III, or IV cannabis manufacturers engaged in manufacturing of cannabis edible products or cannabis edible finished products. Facilities located outside the jurisdictional boundaries of the City of Albuquerque or Bernalillo County will require a food permit from the New Mexico Environment Department, Cannabis and Hemp Bureau (CHB).

If you are located outside the City of Albuquerque, this is the appropriate application to submit to CHB by January 1, 2022. To ensure the application is processed in a timely manner, it is important to provide complete and detailed information for all applicable sections. We encourage you to submit your complete application well in advance of the deadline, if possible. If you are located within the jurisdictional boundaries of the City of Albuquerque, please visit the [CABQ Cannabis Equity Workspace](#).

Permit Applications **must** be completed as follows:

1. All sections of the application must be completed
2. All required attachments **must** be submitted as one "packet" with pages numbered and listed in the table of contents (it's preferred in a three-ring binder)
3. The packet **must** have a table of contents
4. Each section of the packet, corresponding to an application section number, should be labeled and inserted in chronological order (i.e. Section 1, Section 2, Section 3):
 - a. Cannabis Edible Manufacturing Facility Application: Sections and subsections should be labeled to match the updated application. (i.e. Section 4 would be labeled as "Product Information" in the packet, Subsection 4.2.3 would be labeled "Manager and employee training" and the SOP or plan for manager and employee training would be labeled as 4.2.3.1 under that Subsection)
5. Clearly denote any portions of your application that you believe to be a trade secret. See "Trade Secrets" below for further details.
6. Submission of a hard copy of the application is preferred, but electronic submission is also acceptable. When ready to submit, email cannabis.hemp.bureau@state.nm.us for submission instructions.

TRADE SECRETS

PRIOR to submitting the application, please clearly denote any portions of your application that you believe to be a trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.

"Trade Secret", as used in the Inspection of Public Records Act, means information, including a formula, pattern, compilation, program, device, method, technique or process, that:

- (1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and
- (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

If you have further questions, please email us at cannabis.hemp.bureau@env.nm.gov or (505) 222-9502.



Application Date: _____

**Required fields that must be completed. If a field does not apply, please indicate. Incomplete applications will not be processed.*

General Information			
Facility Information			
Name of Facility*:			
Street Address*:			Phone*:
City*:	County*:	Zip*:	Fax:
Mailing Address (if different than above):			
City:	State:	County:	Zip:
Ownership Information*			
Select one: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other Legal Entity _____			
NM Combined Reporting System Identification Number (CRS #)* _____			
Individual or Corporate Name*:			Phone*:
Mailing Address*:			Fax:
City*:	State*:	Zip*:	
Ownership Contact Information*			
Name and Title*:			Phone*:
Mailing Address*:			Cell:
City*:			Fax:
State*:	Zip*:	Email*:	
Billing Contact Information* Same as "Ownership Contact Information" <input type="checkbox"/>			
Name and Title*:			Phone*:
Mailing Address*:			Cell:
City*:			Fax:
State*:	Zip*:	Email*:	
Primary Facility Contact Information Same as "Ownership Contact Information" <input type="checkbox"/>			
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
Additional Facility Contact Information (attach additional sheet if necessary) N/A <input type="checkbox"/>			
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	



Type of Construction (Check one)			
<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Facility Conversion to Hemp Facility	<input type="checkbox"/>	Opening or Transfer of Ownership of Existing Hemp Facility

Construction and Opening Details			
Planned Construction Start Date:		Planned Opening Date:	

Square Footage and Area Location		
<i>*If the facility is in a multi-story structure, indicate on which floor each area is located.</i>		
Please indicate square footage in each area	Square Footage (ft. ²)	*Floor
Total Square Footage of the Cannabis Edible Facility		
Square Footage of the Manufacturing Area		
Square Footage of the Dry Storage/Warehouse		

Days and Hours of Operation											
Insert hours below in the following format: 8am to 8pm											
If there is a break in the hours you are open, use the second line to insert additional hours.											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours	to	to	to	to	to	to	to				
Hours	to	to	to	to	to	to	to				
For seasonal operations, check all that apply.											
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
Additional information (if applicable):											

Below is a checklist of required information needed to complete the plan review.	
Please ensure all information is included.	
<i>**Lack of complete information will delay review and plan approval.**</i>	
1 Plans	3 Water & Plumbing
<ul style="list-style-type: none">Floor, Mechanical, Electrical, and Site Plans	<ul style="list-style-type: none">Water supply and sewage disposalWater test results
2 Equipment & Plumbing	4 Product Information
<ul style="list-style-type: none">Floor Plan/Equipment LayoutEquipment Specification SheetsRefrigerationHandwashing sinksWarewashingPlumbing ConnectionsWater heaters & fixtures	<ul style="list-style-type: none">Edible products manufactured
	5 Additional Information & Other NMED Permits
	6 Signatures
	<ul style="list-style-type: none">Applicant signaturesNMED signatures



Section 1 – Plans

1.1 FLOOR PLAN:

Submit floor plans drawn to scale that include the location and identification of all equipment, including but not limited to, the items listed in Section 2.2 below. Number each item on the floor plan and provide a key identifying the equipment corresponding to each number on the floor plan.

1.2 LIGHTING PLANS (new construction, facility conversion, or lighting change):

Provide plans that indicate the locations and specifications of all lighting.

Note: All lights in manufacturing areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open products are held or displayed must be equipped with shatter proof bulbs or shields that will protect open product, utensils and equipment from broken glass if a bulb is broken.

1.3 SITE PLAN:

Provide a site plan which includes the following applicable items:

- 1) Dumpster enclosures and trash compactors
- 2) Outside walk-in coolers/freezers
- 3) Outside product storage areas
- 4) Location of well heads and well water supply lines servicing the building
- 5) Location of on-site liquid waste treatment systems and associated lines servicing the building
- 6) Grease interceptors/grease traps

Section 2 – Equipment & Plumbing

2.1 EQUIPMENT SPECIFICATIONS:

Submit equipment specification sheets, including make and model numbers for all equipment listed in this section. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used. Number each specification sheet with the floor plan number assigned in 2.2 below.

2.2 EQUIPMENT IDENTIFICATION

Check all that apply to your facility & add others not listed.					
<input type="checkbox"/>	Hand Sink(s) (required in all manufacturing areas)	<input type="checkbox"/>	Warewashing Sinks/Dish Machines (required near manufacturing areas)	<input type="checkbox"/>	Rotary Evaporator
<input type="checkbox"/>	Stoves	<input type="checkbox"/>	Chemical Dispensing Units	<input type="checkbox"/>	Isolate Reactor
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	Laundry Facility Locations	<input type="checkbox"/>	Ventilation/Exhaust Hood
<input type="checkbox"/>	Refrigerators	<input type="checkbox"/>	Garbage/Recyclables Storage	<input type="checkbox"/>	Fire Suppression System
<input type="checkbox"/>	Freezers	<input type="checkbox"/>	Toilet Facilities	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Ventilation Hoods	<input type="checkbox"/>	Floor Sinks/Floor Drains	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Utility Mop Sinks	<input type="checkbox"/>	Hose Bibs/Hose Reels (if applicable)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Chemical Storage Areas	<input type="checkbox"/>	Grease Interceptor/Grease Trap	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Personal Storage Areas	<input type="checkbox"/>	Water Heater (location(s))	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Dry Storage Areas	<input type="checkbox"/>	Distillation Unit	<input type="checkbox"/>	Other:



2.3 REFRIGERATION:

Refrigeration Capacities			
ID # on Plan or Location	TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
	Walk-in Cooler		
	Walk-in Freezer		
	Reach-in Cooler		
	Reach-in Freezer		
	Other:		

2.4 HANDWASHING SINKS:

Handwashing Sink (required in all manufacturing areas)		
Do all sinks have a mixing valve or combination faucet with hot and cold running water under pressure?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
I acknowledge and understand that paper towels (stored in enclosed dispensers) & hand soap will be available at all times & at each handsink.		
Signature:		

2.5 WAREWASHING:

Manual Warewashing - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drain board lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Manual Warewashing Information (required)				
ID # on Plans or Location	Length (inches) of Soiled Drain board (required)	Dimensions (inches) of Sink Compartments (L x W x D)	Length (inches) of Clean Drain board (required)	Pre-Rinse Sprayer Yes/No
		X X		YES <input type="checkbox"/> NO <input type="checkbox"/>
		X X		YES <input type="checkbox"/> NO <input type="checkbox"/>

Drain board Alternatives:
If soiled and clean drainboards will not be provided, indicate the methods that will be used and provide specification sheets:



Mechanical Warewashing - Provide make and model number(s) and attach specification sheets for each warewashing machine by completing the table below.

Mechanical Warewashing Information							N/A <input type="checkbox"/>
ID # on Plans or Location							
Make	Model #	Sanitizing Method		Drain board Length (inches)	Pre-Rinse		Utensil Soak Sink Dimensions (inches) (L x W x D)
		Heat	Chemical		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	X X
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	X X

Dirty Dishes
Where will dirty dishes be stored prior to cleaning?
How will they be rinsed before cleaning and sanitizing?

Complete table below to indicate equipment that cannot be moved to be cleaned and sanitized and must be cleaned in place. If more room is necessary, attach an additional page.

Clean-In-Place Equipment Installation List <i>Note: Under "Installation Method", check all that apply.</i>					Installation Method					
					Floor Mounted			Counter/ Table-Mounted		
ID # on Plan or Location	Equipment	Make/Model	New (N) / Used (U)	Plumbing Required Yes / No	Casters	Legs (at least 6 inches)	Sealed in Place	Portable	Legs (at least 4 inches)	Sealed in Place



2.6 PLUMBING CONNECTIONS:

Complete table below for all related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer (p-trap), and/or what method of backflow prevention will be used (if applicable).

ID # on Plan or Location	Fixture or Equipment		Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Sinks	N/A <input type="checkbox"/>		
	Warewashing Machines	N/A <input type="checkbox"/>		
	Garbage Disposals	N/A <input type="checkbox"/>		
	Hand Sinks	N/A <input type="checkbox"/>		
	Chemical Dispensing Units	N/A <input type="checkbox"/>		
	Walk-in Refrigeration /	N/A <input type="checkbox"/>		
	Mop / Utility Sink	N/A <input type="checkbox"/>		
	Other:			
	Other:			

Note: Approved backflow protection is intended to protect the water supply. A vacuum breaker on water inlet lines for dishwashing machines, garbage disposals, or hose bibs is an example. Indirect drainage is intended to protect fixtures from sewage backup. An air gap at warewashing is an example.

2.7 WATER HEATER(S)

Provide type and capacity of all water heaters. **Provide specification sheet(s).**

Water Heater	
Type (Ex: Standard, Quick Recovery, Tankless)	Capacity

Booster Heater for Mechanical Warewashing Machine:		N/A <input type="checkbox"/>
Is a separate booster heater provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

2.8 FIXTURES REQUIRING HOT WATER

Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine the hot water demand for the facility and sizing criteria for the water heater.

Plumbing Fixtures Requiring Hot Water	# of Fixtures Throughout Facility	Plumbing Fixtures Requiring Hot Water	# of Fixtures Throughout Facility
3-compartment sinks		Garbage can washer	
Warewashing machines		Showers	
Pre-rinse sprayers		Hose bibs used for cleaning	
Utensil soak sinks		Other:	
Hand sinks include restrooms		Other:	
Mop sinks/Utility sinks		Other:	



Section 3 – Water & Sewage

3.1 WATER SOURCE, AVAILABILITY, & SAMPLING

Water Availability:
I acknowledge and understand that running water is required at <u>ALL</u> times and agree to discontinue all product-related activities, if water is not available, until water service is restored, or an alternative plan is approved by NMED.
Signature:

Water Supply: (Select the type of water supply system that services the facility)												
<input type="checkbox"/> Public Water System - Name of municipality:												
<input type="checkbox"/> Private (sampling required as outlined below – if possible, initial samples should be submitted with application): Submit a copy of the most recent water sample test results that meet the drinking Water quality standards of a non-community water system as specified in 20.7.10 NMAC.												
<table border="1"><thead><tr><th>Type</th><th>Frequency</th><th>Limit</th></tr></thead><tbody><tr><td>Total Coliform</td><td>Initial and Monthly</td><td>Absent</td></tr><tr><td>Nitrate</td><td>Initial and Annual</td><td>10 ppm</td></tr><tr><td>Nitrite</td><td>Initial</td><td><1.0 ppm</td></tr></tbody></table>	Type	Frequency	Limit	Total Coliform	Initial and Monthly	Absent	Nitrate	Initial and Annual	10 ppm	Nitrite	Initial	<1.0 ppm
Type	Frequency	Limit										
Total Coliform	Initial and Monthly	Absent										
Nitrate	Initial and Annual	10 ppm										
Nitrite	Initial	<1.0 ppm										
A list of certified labs can be located at: https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm												

Private Drinking Water Supply Information				N/A <input type="checkbox"/>
Well Depth (feet):		Setback to liquid waste drain field (feet):		
Disinfection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type:	
Is there a water treatment device?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If a water treatment device is installed, how will the device be inspected and serviced? Attach separate page, if additional space is required.				

3.2 SEWAGE DISPOSAL

Sewage Disposal:
Select the type of sewage disposal system that services the facility
<input type="checkbox"/> Public - Name of municipality:
<input type="checkbox"/> On-site liquid waste system – Permit number:



Section 4 – Product Information

4.1 OPERATIONAL PLAN(S):

Provide the following information for all hemp products or hemp finished products manufactured.

Cannabis Edible Manufacturing Operational Plan Checklist	
General Information (one attachment needed for all products) REQUIRED	
4.1.1	<u>Planned source of cannabis and other ingredients used in production</u> Attach Standard Operating Procedure(s) OR describe in detail how you determine where ingredients will be purchased.
4.1.2	<u>Manager and employee training</u> 4.1.2.1 Attach Standard Operating Procedure(s) OR describe the manager and employee training plan and record keeping system to track training 4.1.2.2 Attach training log.
4.1.3	<u>Employee Health & Hygiene</u> 4.1.3.1 Attach Standard Operating Procedure(s) OR Employee Illness Policy, describing: <ul style="list-style-type: none"> • How permit holder will require employees report illness information to the person in charge. • How employees will report illnesses to the permit holder/person in charge. • Specific illnesses and symptoms covered by the policy. • How to determine when employees will be excluded or restriction in work duties due to illness or when they have infected cuts or lesions. • How to determine when employee exclusion or restriction will be removed. 4.1.3.2 Attach Standard Operating Procedure(s) OR describe how will bare hand contact with hemp products will be avoided during production and packing (i.e. gloves, utensils, dispensing equipment, others). <p style="text-align: center;">Helpful Resources</p> <p>The FDA Employee Health and Personal Hygiene Handbook is a great resource to utilize for policies and</p>
4.1.4	<u>Standard Sanitation Operating Procedures (SSOPs)</u> Attach SSOPs that addresses sanitation conditions and practices before, during, and after manufacturing. SSOPs to address, at a minimum, the following should be included: <ul style="list-style-type: none"> • Practices <ul style="list-style-type: none"> ○ Safety of the water. <ul style="list-style-type: none"> ▪ Monitoring backflow prevention devices. ▪ Water sampling and limits (if private source). ○ Condition and cleanliness of product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments. ○ Prevention of cross contamination from insanitary objects, including chemicals and personal items, to product, product packaging material, and other product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments, and from raw product to manufactured product. ○ Prevention of allergen cross contact. ○ Maintenance of hand washing, hand sanitizing, and toilet facilities. ○ Prevention of adulteration of product, product-packaging material, and product-contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate, and other chemical, physical, and biological contaminants. ○ Proper labeling, storage, and use of toxic compounds. Include: <ul style="list-style-type: none"> ▪ Type and concentration of sanitizer used for warewashing and hemp product surfaces (such as tables/counters). Target examples: chlorine-100ppm, quaternary ammonium-200ppm, and iodine-12.5ppm. ○ Control of Employee health conditions that could result in the microbiological contamination of hemp products. ○ Exclusion of pests from the hemp facility.



4.1.4	<u>Standard Sanitation Operating Procedures (SSOPs) continued</u> <ul style="list-style-type: none"> Monitoring - Describe how the hemp facility shall monitor the conditions and practices during extracting and manufacturing with sufficient frequency to ensure, at a minimum, conformance with those conditions and practices specified in the SSOPs are being met. Records - Describe how the facility shall maintain SSOPs records that, at a minimum, document the monitoring and corrections of practices. 	
4.1.7	<u>Pest Control Plan:</u> Attach proposed pest control plan.	<u>Indicate who will perform pest control for the facility:</u> <input type="checkbox"/> Professional Service <input type="checkbox"/> Personal Application
4.1.8	<u>Production Monitoring Equipment List</u> Attach a list and specification sheets for proposed equipment to measure and monitor product safety factors related to the production of hemp products. Examples include food safety thermometer, water activity meter, and pH meter.	
4.1.9	<u>Recall Plan</u> Attach a description of the firm's written product recall procedure, including: <ul style="list-style-type: none"> Plans for identifying products which may be adulterated or misbranded. Procedures for collecting, warehousing, controlling, reworking, and/or disposal of recalled products. System for determining the effectiveness of recalls. Persons to contact when implementing a recall, including the regulatory authority. 	

On Attachment A of this application or on another sheet of paper, provide a list of all cannabis edible products manufactured. The list must contain the following information: product name, varieties, package size(s), CBD content, total THC content, serving size, total THC content per serving.

Example:

Product Name	Varieties	Packaging Type	Package size(s)	Label Submitted?
Tincture	Cherry, mint, strawberry	Amber glass bottle	30ml, 60ml	Yes

Cannabis Edible Product Information (one attachment per product*) REQUIRED

*Cannabis Edible Product Information is required for each product that will be produced. Cannabis Edible products or types of production methods may be grouped together, if the Product Hazard, Critical Control Points, Critical Limits, and procedures required are essentially identical.

- An example is a tincture. If you produce multiple tinctures utilizing the same production method and they only vary by THC content and flavor, a single Operational Plan can be provided with all of the products listed (i.e. 500MG, 1000MG, 500MG Cherry Flavor) on the first page.

Prepare Cannabis Edible Product Information as a separate attachment and in the order outlined in the checklist below. This will make the review process more efficient.

4.1.10	<u>Product Information and Production</u> <p>4.1.10.1 Name of Hemp Product(s).</p> <p>4.1.10.2 Names of the ingredient(s) listed in order by weight (largest quantity first).</p> <p>4.1.10.3 Final product pH. (if applicable)</p> <p>4.1.10.4 Final product water activity (a_w). (if applicable)</p> <p>4.1.10.5 Names of any preservatives. (if none, write none)</p> <p>4.1.10.6 Complete operational procedure for producing the product beginning with receiving incoming ingredients and continuing to final product distribution. <u>This can be provided in a list or flow chart format. Include critical control points, such as minimum cooking time/temp, that are necessary to produce a safe product.</u></p> <p>4.1.10.7 Type of packaging to be used and whether the packaging is integral to product stability. <u>Attach specification sheet for packaging.</u></p>
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4.1.10	<p>4.1.10.8 Description of the batch / lot ID coding system (20.10.2.13.E), identifying the date and place of manufacture of each hemp product and how/where it'll be placed on the package to be clearly visible on the product label or securely affixed to the body of the container.</p> <p>4.1.10.9 Proposed shelf life. <u>Provide supporting documentation, such as a shelf-life study, scientific journal article, or similar products with similar ingredients, to support proposal.</u></p> <p>4.1.10.10 Product state during transportation (i.e. ambient temp., refrigerated, frozen).</p> <p>4.1.10.11 Product care, including:</p> <ul style="list-style-type: none"> • Condition of product (i.e. ready-to-eat, raw & must be cooked). • Mishandling that may occur during storage, shipping, and in the hands of consumers.
4.1.11	<p><u>Proposed record keeping system to assure traceability of hemp products from receiving to distribution</u></p> <p>4.1.11.1 Attach Standard Operating Procedure(s) OR plan to describe what records will be kept, and how they will be maintained for a minimum of 2 years. The SOP or plan must clearly demonstrate how product can be tracked from receiving to distribution to provide traceability and demonstrate the disposition of all hemp, hemp intermediate product, and hemp extract.</p> <p>4.1.11.2 Attach logs/records used to maintain traceability of all hemp, hemp intermediate product, and hemp extract and to monitor/document achievement of critical product safety factors (critical limits).</p> <p>Examples of logs/records include, but are not limited to:</p> <ul style="list-style-type: none"> • Receiving: to document compliance with hemp and hemp extract source requirements. Must contain, at a minimum, the following information (note: terminology may vary): date received, product received, supplier, lot #, amount received, initial or signature of receiver. <ul style="list-style-type: none"> ◦ The following must also be a part of the receiving record: <ul style="list-style-type: none"> ▪ Hemp harvest certificate (if receiving hemp). ▪ Hemp transportation manifest from shipper. ▪ COA (if receiving hemp finished product). • Storage: to document security and limited access to hemp extract or hemp intermediate product with a Total THC concentration of greater than three tenths of a percent (0.30%). • Production: to monitor production requirements such as ingredient amounts, cooking time/temp, cooling. • Analytical Lab Testing: to verify compliance with testing requirements & limits. • Shipping: to maintain traceability in the event of a recall and to document items like presence of transportation manifest & COA (for distribution to other business entities), condition of & temperature (if applicable) of transportation unit.

Section 5 – Additional Information

Additional Information	
If you believe additional information would be helpful to clarify the process, please attach it in the application packet submitted. Please direct further questions to the NMED CHB email cannabis.hemp.bureau@env.nm.gov .	
Other NMED Permits Held by Owner of this Facility	
Name of Facility	Permit #



Section 6 – Signatures

Applicant's Signature Page	
Comments:	
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department may nullify final approval. I agree to comply with 20.10.2 NMAC – Hemp Extraction, Production, Transportation, Warehousing and Testing Regulations and allow the regulatory authority access to the facility and records. I also certify that I have clearly denoted any portions of the application that I deem to be trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.	
Applicant or responsible representative(s) Signature / Title	Date
Applicant or responsible representative(s) Signature / Title	Date
Approval of these plans and specifications by the State of New Mexico Environment Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A pre-opening inspection of the facility with equipment in place & operational will be necessary to determine if it complies with 20.10.2 NMAC – Hemp Extraction, Production, Transportation, Warehousing and Testing Regulations . After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.	

NMED Use Only		
Review Comments (as applicable):		
Signature: _____ Date: _____		
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>
Final reviewer's comments:		
Signature/Title: _____ Date: _____		
Approved <input type="checkbox"/>		Denied <input type="checkbox"/>
Office	Facility	
District:	Owner #:	
Field Office:	Permit #:	
Inspector:	Type:	
Review Date:	Date Opened:	Date Closed: