



BIANNUAL STATEMENT FORM | **CULTIVATION CENTER**

Deadlines: July 30 (January 1-June 30) | January 30 (July 1-December 31)

FACILITY INFORMATION

Name

Registration Number

Street Address

Suite/Unit

City

State

Postal Code

Phone (Main Line)

STATEMENT PREPARER INFORMATION

First Name

Last Name

Title

Phone

Email

ATTESTATION

I affirm and certify that all the information provided in this Biannual Statement is complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of any facts called for in this Biannual Statement may render the Biannual Statement void and subject to denial by the ABC Board. I also understand that the making of false statements may be punishable by the imposition of a fine or may constitute the basis for a criminal offense under D.C. Official Code § 22-2514. I authorize ABRA to conduct any investigation it deems necessary and appropriate to ascertain the veracity of the information contained in this Biannual Statement.

Signature

Date

www.abra.dc.gov

- A. Enter the total amount for each of the following medical cannabis categories manufactured as logged in Metrc. Weighted items should be entered in pounds. Round to the nearest pound.**

_____ Seeds
_____ Immature & Mature Plants (Example—All plants pre/post move to a growth medium)
_____ Concentrate-Buds (Products that are a mixture of concentrates and flower, buds, shake or trim (Example—Moonrocks))
_____ Flower/Buds (Example— All flower/bud products and Pre-rolls (made from flower/bud)
_____ Infused Edible (Example—Lozenge, Cacao Squares, Capsules, Crisp, Oral Syringe, all other products requiring approval from DC Health’s Food Safety Division)
_____ Infused Concentrate (Each)-Concentrate (Tincture, Shatter, Cartridge, Rosin, Hash, Oil (not for sale), Kush, and Wax)
_____ Infused Topical (non-edible) (Example—Bath Salts, Lubricant, Salve, and Balm)
_____ Kief-Buds
_____ Shake/Trim (Example—Shake, Trim, Pre-rolls (made from shake/trim from multiple strains)
_____ Shake/Trim (by strain) (Example: Shake, Trim, Pre-rolls (made from shake/trim from same strains)

- B. Enter the total amount in pounds for each of the following medical cannabis categories sold as logged in Metrc. Round to the nearest pound.**

_____ Seeds
_____ Concentrate-Buds
_____ Flower/Buds
_____ Immature & Mature Plants
_____ Infused Edible
_____ Infused Concentrate
_____ Infused Topical (non-edible)
_____ Kief-Buds
_____ Shake/Trim
_____ Shake/Trim (by strain)

- C. Enter the total quantity of paraphernalia manufactured.**

_____ Items

- D. Enter the total quantity and total sales amount in dollars of paraphernalia sold. Round the latter to the nearest dollar.**

_____ Items _____ Sales

- E. Enter the total amount in pounds the of medical cannabis destroyed or disposed of. If no amount was destroyed or collected, enter “zero”. Round to the nearest pound.**

- F. Destroyed medical cannabis product and waste must be collected by the Metropolitan Police Department (MPD). If the amount entered above is greater than zero, enter the number of collection forms issued to your facility by MPD and attach a copy of each.**

_____ No product was collected. Enter "N/A" and leave skip to Question G.
_____ Number of forms issued
_____ Number of forms attached
_____ Number of forms issued but not attached. Enter reason for each missing form below.

- G. Enter the total amount in dollars for expenditures associated with the manufacturing of medical cannabis. Round to the nearest dollar.

- H. Enter the total amount in dollars of sales of medical cannabis. Round to the nearest dollar.

- I. Enter the total amount in dollars for the gross revenue from the sale of medical cannabis. Round to the nearest dollar.

- J. Enter the total amount in dollars of sales tax reported to the District's Office of Tax and Revenue (OTR). Round to the nearest dollar.

- K. Enter the total amount in pounds for each category of medical cannabis below that is onsite available for sale to a dispensary as of the filing date. Round to the nearest dollar.

As of _____ (MM/DD/YYYY) the facility has the following amounts of product available for sale:

_____ Seeds
_____ Immature and Mature Plants
_____ Concentrate Buds
_____ Flower/Buds
_____ Infused (edible)
_____ Infused Topical (non-edible)
_____ Shake/Trim
_____ Shake/Trim (by strain)

- L. Enter employee information for all current and former employees on the attached form. Include First Name, Last Name, Registration Number, Home Address, Phone Number, Date of Birth, and Employment Status.

- M. Sign the attestation section on the front page of this form.