



Adult-Use Conditional Processor Distribution Location Request Form

Instructions

This form is for Adult-Use Conditional Processors to add locations used for storage of cannabis products awaiting distribution to retail dispensaries and/or storage that are not located within the Conditional Processors approved processing location. For purposes of this form, distribution means final product (and tested) and ready for distribution. This form is NOT to be used to update a processing location. All processing locations must be approved Cannabinoid Hemp locations; for additional information on changing your processing location, contact hemp@ocm.ny.gov.

- When adding location(s) for distribution, licensees must ensure that all applicable rules, guidance, laws, and/or regulations are followed.
All changes in location require the prior written approval of the New York State Office of Cannabis Management (Office). This form must be submitted, and you must receive prior written approval from the Office, before any changes are made to the location of a licensed activity. Failure to comply may result in suspension, revocation, and/or a civil penalty pursuant to the Cannabis Law or any applicable rule or regulation.
Approval of changes submitted on this form does not constitute approval to make other changes, including but not limited to the location of the processing of cannabis.
Approval of changes submitted on this form does not constitute approval of a change in ownership including changes to true parties of interest or management services agreements.
Once approved in writing by the Office, changes detailed on this form will supersede any previous Adult Use Conditional Distributor Location Request Form submitted by the licensee.
An updated Site Plan, detailing all of the changes indicated below, must be submitted to the Office with this form. After reviewing the form, the Office may request additional information from the licensee. Please submit the completed form and all other required documents to compliance@ocm.ny.gov.

Licensee Information

Form with fields: Licensed Entity Name, Date, License Number, Email Address, DBA (if applicable), Name of Individual Completing Form, Contact Name, Phone Number.



Locations			
Address		GPS Coordinates	
Status	New Location	Removing Location	No Change
Licensed Activities Occurring at this address (Check all that apply):	Storage	Distribution	

Address		GPS Coordinates	
Status	New Location	Removing Location	No Change
Licensed Activities Occurring at this address (Check all that apply):	Storage	Distribution	

Address		GPS Coordinates	
Status	New Location	Removing Location	No Change
Licensed Activities Occurring at this address (Check all that apply):	Storage	Distribution	

Address		GPS Coordinates	
Status	New Location	Removing Location	No Change
Licensed Activities Occurring at this address (Check all that apply):	Storage	Distribution	