

Equitable Relief Request Form

Equitable Relief Information

In accordance with 935 CMR 500.180(3)(c)(6) and/or 935 CMR 501.180(3)(c)(6), an Equitable Relief Requestor may use this form to submit a request for Equitable Relief to the Cannabis Control Commission (“Commission”) in the following circumstances:

1. If the Equitable Relief Requestor had received a Discontinuation Notice from its Host Community; or
2. If the Equitable Relief Requestor and the Host Community have entered into a mutual abrogation agreement ending the Host Community Relationship.

For purposes of this Equitable Relief Request form, the following terms apply:

- **Authorized Representative** means any individual authorized to act on behalf of the Equitable Relief Requestor to complete this form.
- **Discontinuation Notice** means the formal communication provided by a Host Community to an Equitable Relief Requestor to inform that it no longer intends to continue as a Host Community for the Equitable Relief Requestor as required by 935 CMR 500.180(3)(c)(5) and/or 935 CMR 501.180(3)(c)(5).
- **Equitable Relief** means remedies the Equitable Relief Requestor is seeking based on the Host Community’s termination or intent to terminate its Host Community Agreement.
- **Equitable Relief Requestor** means a person or entity on the affected Marijuana Establishment and/or Medical Marijuana Treatment Center license record as maintained by the Commission.
- **Form** means this Equitable Relief Request form.
- **Host Community Relationship** means the contractual relationship between the Equitable Relief Requestor and the Municipality in which it operates.
- **Parties** means the individuals or entities bound by the Host Community Agreement.



Equitable Relief Request Instructions

The Equitable Relief Requestor must submit information and any documentation supporting the Equitable Relief request including, but not limited to, **the Discontinuation Notice provided by the Host Community or the mutual abrogation agreement that has been executed between the parties.**

The Equitable Relief Requestor must specify the Equitable Relief they are seeking, and the reason(s) why Equitable Relief should be granted. To ensure that the Commission has sufficient information to process the request, the request should describe the following:

1. The facts which support your request for Equitable Relief;
2. The type of Equitable Relief requested; for example, the Equitable Relief Requestor may request to bring a dispute with the Host Community before a private mediator if both parties agree to do so, and each pay one-half of the retained private mediator.
3. Whether the Equitable Relief Requestor plans to continue doing business and, if so, their plan for winding down operations and changing location of the licensed premises; and
4. Why Equitable Relief should be granted to the Equitable Relief Requestor.

This form must be filled out electronically and signed by the Equitable Relief Requestor's Authorized Representative. When completing the form, the Equitable Relief Requestor should use additional documents and/or pages if needed and reference addendum appropriately. Once complete, this form and all supplemental documentation should be combined into a single PDF document and emailed to Licensing@CCCMass.com.

Review of Equitable Relief Request

Depending on the nature of the request, considerable time may be needed for the Commission to complete its due diligence review. The Equitable Relief Requestor or their Authorized Representative will be notified once the Commission has completed its evaluation and made a determination. Failure of the Equitable Relief Requestor or its Authorized Representative to fully complete this form or provide sufficient information may result in the Equitable Relief request being administratively closed.

Please note that the Equitable Relief request process is not an option for seeking specific performance or amendment to the terms of a Host Community Agreement. If the Equitable Relief Requestor seeks this type of relief or has questions about their rights and available remedies, they should consider soliciting the advice of private counsel.



I. Equitable Relief Requestor's Information

1. Equitable Relief Requestor's Name *(if an entity, please state the legal name of the entity):*

2. Equitable Relief Requestor's Contact Information *(address, phone number, and email address):*

3. Authorized Representative's Name, Relationship to the Equitable Relief Requestor, and Contact Information *(if applicable):*

4. Involved Host Community's Name:

5. Equitable Relief Requestor's License Number(s) Affected:

6. Type of Operations that will be Discontinued at the Licensed Premises *(please check all that apply):*



- Medical Marijuana Treatment Center
- Marijuana Cultivator
- Marijuana Product Manufacturer
- Marijuana Retailer
- Marijuana Microbusiness
- Marijuana Microbusiness (with Delivery Endorsement)
- Craft Marijuana Cooperative
- Marijuana Courier
- Marijuana Delivery Operator
- Marijuana Transporter
- Marijuana Research Facility
- Independent Testing Laboratory
- Standards Laboratory
- Social Consumption Establishment

II. Equitable Relief Request Information

1. Specific Type(s) of Equitable Relief Sought (*please check all that apply*):

- Extension of License Expiration Date (With No Fee)
- Waiver of a Change of Location Fee.
- Institution of procedures for winding down the Licensee's operations at the licensed Premises.
- Would accept private mediation with the Host Community.
- Other Equitable Relief.

If the Equitable Relief Requestor has selected 'Other Equitable Relief', please detail the specific relief sought below:



2. Provide a detailed narrative and any supporting documents outlining the facts which support the request for Equitable Relief:

3. Please provide a statement and any supporting documentation regarding why Equitable Relief should be granted:



By signing this document, I affirm that all the information provided above is true and accurate. I understand that compliance with all requirements listed in 935 CMR 500.000 and 935 CMR 501.000(*where applicable*) is required unless otherwise notified by the Commission.

Incomplete submissions may not be processed. Failure of the Equitable Relief Requestor or its Authorized Representative to fully complete this form may result in the request being administratively closed.

Signed under pains and penalties of perjury:

Equitable Relief Requestor or Authorized Representative Name:

Equitable Relief Requestor or Authorized Representative Signature:

Date of Request:

