

**PLANS REVIEW QUESTIONNAIRE
FOR CONSUMABLE HEMP PRODUCT MANUFACTURERS**

Date submitted to Cannabis Program: _____

I. Basic Facility/Contact Information.

Name of Establishment: _____

Physical Address of Establishment: _____

Mailing Address of Establishment: _____

Specific Type(s) of Products Handled: _____

Class of Ownership:

Note: All corporations, regardless of where the corporation is domiciled, must have an in-state Agent for Service of Process registered as such with the Louisiana Secretary of State.

Sole Proprietorship

Corporation

Limited Liability Corporation

Partnership

Limited Liability Partnership

Name of Proprietor:	
Name of Agent for Service of Process:	
List of Partners:	

Contact Person

Name _____ Title _____

Mailing Address _____

Business Phone _____ Cell Phone _____

Email address _____

Owner of the Real Property (if different from Owner of Establishment)

Name _____ Title _____

Mailing Address _____

Business Phone _____ Cell Phone _____

Email address _____

II. Plans/Facility Size and Scope. New facilities need to provide a plot plan or blueprint drawing showing the proposed building, sewage treatment facility (if applicable), plumbing plan, electrical plan, HVAC plan, schedule of materials for finished floors, walls, and ceilings, and the surrounding grounds. Existing facilities need to provide a plot plan or blueprint drawing showing proposed renovations, and any information listed in the previous sentence that may change as a result of proposed renovations.

If the square footage of an existing facility is to be altered, list the

existing square footage: _____

proposed change: _____

new total: _____

Estimated (or actual) total number of employees in facility per shift: _____

III. Plumbing Information.

Existing plumbing includes

Item	Number
Ladies' room toilets	
Men's room toilets	
Urinals	
Ladies' room hand sinks	
Men's room hand sinks	
Prep area hand sinks	
Water fountains/dispensers	

Item	Yes	No
Restrooms mechanically vented to atmosphere		
Restroom doors self-closing		
Prep sinks, if applicable, indirectly connected to sanitary sewer		
Floor drains in restrooms and prep areas exposed to floor moisture		

Name of public water system servicing facility: _____

(Note: Facilities using non-community water supplies must have well plans approved by the local Parish Health Unit or OPH Regional engineering staff. New supplies must also provide copies of lab results from tests for coliform bacterial contamination and chemical contaminants delineated in 40 CFR 141 [National Primary Drinking Water Regulations] showing negative results for coliform and results in compliance with maximum contaminant levels for chemicals. Also, please note that new wells must be registered with the Louisiana Department of Transportation and Development [DOTD], Office of Public Works.)

Name of public sewer system servicing facility: _____

(Note: Facilities utilizing onsite wastewater treatment systems must have plans approved by the local Parish Health Unit or OPH Regional engineering staff. Existing facilities utilizing onsite wastewater treatment systems more than two years old must provide a copy of a pumpout receipt and one-year maintenance contract with a licensed maintenance provider.)

IV. Refuse Disposal Information.

Name of garbage/refuse disposal company contracted: _____

(Facilities must contract with a commercial waste disposal operation to remove garbage and/or refuse in accordance with the provisions of Chapter 1, Part VI, Title 51 of the Louisiana Administrative Code. Exemptions for the use of a municipal waste removal pickup may be granted to small operations on a case-by-case basis. Speak to your inspector for further details.)

V. Owner Eligibility Requirements

List all natural persons having a greater than 5% stake in the corporation, LLC, or partnership (if there are more than five majority stakeholders, please attach a separate listing):

Name	% Stake

Sole proprietors must attach a state-issued photo ID indicating the proprietor’s date of birth. Proprietors and other types of business organizations must attach a notarized statement attesting that no stakeholder on the above list has been convicted of a felony crime under the laws of the United States or any U.S. state or territory nor has been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, or illegally dealing in controlled dangerous substances. This statement must be drafted to reflect that it was signed under penalty of perjury if any element is determined to be false or misleading in any particular and executed by the proprietor, secretary, or managing member of the applicant.