



Application Date: _____ Check one: Cannabis Edible Facility Hemp Facility*

General Information

Owner Name:			
Owner Phone:		Owner Fax:	
Name of Facility:			NMED Permit #:
Street Address:			
Street Address 2 (i.e. Unit B):			
City:			
State:	Zip:	Phone:	Fax:
Facility Mailing Address (if different than above):			
Street Address:			
Street Address 2 (i.e. Unit B):			
City:		State:	Zip:

Variance Duration:

I request the variance be effective for the following period of time (not to exceed 2 years)

Proposed Begin Date:	Proposed End Date:
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Proposed Variance:

I believe the issuance of a variance to the above provisions will not expose consumers to adverse environmental health conditions, will not create any health hazards, and will not create a nuisance; and will protect the health and safety of the public and hemp facility employees.

Relevant code section number	Statement of Proposed Variance	Rationale for how the potential public health hazards will be alternatively addressed by the proposal

Please attach additional page(s) if further space is needed

Signature:	Date:
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Email (cannabis.hemp.bureau@env.nm.gov) or call (505-222-9502) NMED CHB for submission instructions. ***A \$300 variance application fee for hemp facility applications must be received and processed before the application will be reviewed.**

Action by NMED:

NMED has reviewed the request for variance, and it appears that the proposal will **Meet** **Not Meet** the requirements for granting a variance as specified in 20.10.2 NMAC.

See attached for details concerning the variance approval or denial.

Variance Duration:

The variance will remain effective for the following period of time and with the following conditions:

Effective beginning date:

End date:

NMED Authorized Manager Signature:

Date: