



Annual Retail Marijuana Inspection List

Name of Investigator:
Date and Time of Inspection:
Legal Business Name:
DBA
Business Address:
Business Phone:
Business Email:
Owner Present/Employee Present (Name):

ITEM INSPECTED	COMPLIANT		NOTES
Valid Town MJ License/Displayed	YES	NO	
Valid Town Business License Displayed	YES	NO	
Business Books and records available for inspections/State, County and Local Taxes current	YES	NO	
Security alarm system Company and Contact Number	YES	NO	
No product visible from outside of the business	YES	NO	
Posted Signs Prohibiting underage of 21	YES	NO	
Proper Ventilation (no smell)	YES	NO	

ITEM INSPECTED	COMPLIANT		NOTES
List of Current Employees	YES	NO	
Training Manual/Open Close Procedures	YES	NO	
Properly Labeled Products	YES	NO	
Properly Stored Product	Yes	NO	
Acceptable Form of ID's accepted	YES	NO	

Signature of Officer

Date

Please send copy of the final report to the Town Clerk for retailers file