

Cannabis Affidavit of Approved Source and Shelf Stability

BUSINESS INFORMATION

Business Name:

Business LLC/CORP:

Owner/Operator Name:

Operator Mailing Address:

City: _____ State: _____ Zip Code: _____

Operator Email:

Operator Telephone Number:

PRODUCT INFORMATION

What type of cannabis product(s) are you producing? (check all that apply)

Hemp-Derived

Non-Hemp (Marijuana)
Derived Products

Which cannabis product(s) are to be deemed shelf stable and/or from an approved source?
(check all that apply)

Edible tinctures

Chocolate

Edible oils

Other (list all items):

Gummies

Hard candy

Individual product name(s): _____

Brand Name:

Manufacturer:

Product Identities (such as specific flavors, weight, etc.):

***Note** : Separate attachment(s) may be provided to list all items or add supporting documentation.*

OTHER INFORMATION

MED MIP License Number (404 or 404R):

Denver Business File Number (BFN):

CDPHE License Number:

Licensed Outside of Colorado: Yes No

If hemp, state(s) where hemp originated from and product manufactured:

Other trade names or businesses associated with business:

By initialing below, you are acknowledging the following statements to be true:

_____ As owner/representative of the above-named business, I offer this affidavit as affirmation that my cannabis (hemp and/or marijuana) product(s) are prepared in a licensed facility in accordance with applicable local and/or state laws governing the designated business and I have reviewed the referenced guidance materials regarding approved source criteria and shelf stability requirements as provided by the Denver Department of Public Health & Environment (DDPHE).

_____ I confirm that all orally-ingested cannabis product(s) as noted above are made in a regulated and inspected food facility or MIP with food grade ingredients and meet approved source criteria. (DRMC §23-3, 23-4)

_____ I understand that all cannabis-infused foods must be stored at a licensed food facility or MIP meeting approved source criteria. (DRMC §23-3, 23-4)

_____ I confirm that all orally-ingested cannabis product(s) are shelf stable due to a processing control step that destroys or limits the growth of Clostridium botulinum. (DRMC §23-3, 23-4)

_____ I am aware of, and will maintain, copies of all required documents that prove the above noted cannabis product(s) is/are from an approved source and is/are shelf stable, including, but not limited to, the documentation of temperature logs. All documentation shall be made available upon request. (DRMC §23-3)

_____ I will submit a new affidavit for approval before introducing new cannabis-infused product(s) for sale in Denver and/or if standard operating procedures change for existing products approved in Denver (i.e. product recipes, ingredient sources, manufacturing location, etc.).

_____ I have received, read, and understood the Cannabis Shelf Stability and Approved Source Guidance Document provided by DDPHE.

_____ I understand that a failure to maintain proper documentation indicating products are from an approved source and shelf stable may result in product holds and further enforcement actions, such as an administration citation and /or general violations summons for products stored, manufactured, located, or otherwise identified within the city of Denver (DRMC §24-24).

I confirm that the above information is correct and true.

Signature of Owner/Representative

Print Name of Owner/Representative

Date

COMPLETED BY DDPHE INVESTIGATOR

Approved

Denied

Approved with Conditions: _____

Signature of Investigator

Print Name of Investigator

Date

Notes:
