



Dear Applicant,

A permit is required in New Mexico to operate Hemp Extraction Facilities, Hemp Manufacturing Facilities, Hemp Processing Facilities, and Hemp Warehouses. Each facility type is also required to be permitted separately. For example, if a person conducts hemp extraction and later formulates the hemp extract into a hemp finished product, two permits would be required for that operation.

Permit Applications **must** be completed as follows:

1. All sections of the application must be completed
2. All required attachments **must** be submitted as one "packet" with pages numbered and listed in the table of contents (it's preferred in a three-ring binder)
3. The packet **must** have a table of contents
4. Each section, corresponding to application section #, should be labeled and inserted in chronological order (i.e. Section 1, Section 2, Section 3)
  - a. Hemp Manufacturing Application: Sections and subsections should be labeled to match the updated application. (i.e. Section 6 would be labeled as "Operational Plan" in the packet, Subsection 6.3 would be labeled "Hemp Finished Product Testing" and the SOP or plan for testing Hemp Finished Product would be labeled as 6.3.1 under that Subsection)
5. Submit a **hard copy** (electronic submissions will not be accepted) of the application, attachment packet, and applicable fee(s) to:  
NMED Hemp Program  
121 Tijeras Ave. NE, Suite 1000  
Albuquerque, NM 87102

**PRIOR** to submitting the application, please clearly denote any portions of your application that you believe to be a trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.

“Trade Secret”, as used in the Inspection of Public Records Act, means: information, including a formula, pattern, compilation, program, device, method, technique or process, that:

- (1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and
- (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

If you have further questions, please email us at [hemp.program@state.nm.us](mailto:hemp.program@state.nm.us).



Application Date: \_\_\_\_\_

All fields must be completed. If a field does not apply, please indicate. Incomplete applications will not be processed.

General Information			
Facility Information			
Name of Hemp Warehouse:			
Street Address:			Phone:
City:			Cell:
State:	Zip:	Fax:	
Mailing Address (if different than above):			
City:			
State:	Zip:	Email:	
Business/Ownership Information			
Select one: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other Legal Entity _____			
NM Combined Reporting System Identification Number (CRS #) _____			
Individual or Corporate Name:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
State:	Zip:	Email:	
Ownership Information (List all persons comprising legal ownership)			
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
<b>Attach separate page, if additional space is required.</b>			

Type of Construction (Check one)			
	New Construction		Remodel
	Facility Conversion to Hemp Facility		Opening or Transfer of Ownership of Existing Hemp Facility

Type of Products Stored (list all products, or product categories stored)	



**Construction and Opening Details**

Planned Construction Start Date:		Planned Opening Date:	
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**Below is a checklist of required information needed to complete the plan review.**  
**Please ensure all information is included.**  
*\*\*Lack of complete information will delay review and plan approval.\*\**

1	<b>Floor Plan</b>	6	<b>Training</b>
2	<b>Plumbing</b>	7	<b>Warehouse Storage Plan</b>
3	<b>Electrical (new construction)</b>	8	<b>Administrative</b>
4	<b>Site Plan</b>	9	<b>Signatures</b>
5	<b>Employee Health</b>		

**Square Footage and Area Location**

*\*If the facility is in a multi-story structure, indicate on which floor each area is located.*

Please indicate square footage in each area	Square Footage (ft. <sup>2</sup> )	*Floor
Total Square Footage of the Hemp Warehouse (i.e. office space, restrooms, etc.)		
Square Footage of the hemp product storage area		

**Days and Hours of Operation**

Insert hours below in the following format: 8am to 8pm  
 If there is a break in the hours you are open, use the second line to insert additional hours.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours</b>	to	to	to	to	to	to	to
<b>Hours</b>	to	to	to	to	to	to	to

**For seasonal operations, check all that apply.**

Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
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Additional information (if applicable):

**Section 1 – Floor Plan**

**FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:**

- A. Submit floor plans drawn to scale that include the location and identification of all rooms, areas, and equipment (if applicable) including but not limited to, the items listed in table below. Check all that apply to your warehouse.

<b>Floor Plan/Equipment Layout</b>			
Hand sink(s) <b>(required)</b>	Utility Mop sinks	Toilet Facilities	
Chemical Storage Areas	Floor Sinks/Floor Drains	Hose bibs/hose reels (if applicable)	
Personal Storage Areas	Hemp Product Storage Areas	Non-hemp product Storage Areas	



Water Heater Locations	Chemical Dispensing Units	Garbage/Recyclables Storage
Refrigeration Units	Freezer Units	Other:
Other:	Other:	Other:

B. Provide refrigeration unit information in the tables below.

Refrigeration Capacities		
TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
Refrigeration		
Freezer		
Other:		
Other:		

**EQUIPMENT SPECIFICATIONS (if applicable):**

A. Submit equipment specification sheets, including make and model numbers. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.

**Section 2 - Plumbing**

**PLUMBING CONNECTIONS:**

Complete table below for all plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer (p-trap), and/or what method of backflow prevention will be used (if applicable). Include all additional plumbing connections not listed below.

ID # on Plan or Location	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Hand sinks		
	Toilet Facilities		

**Note:** Approved backflow protection is intended to protect the water supply. A vacuum breaker on water inlet lines for dishwashing machines, garbage disposals, or hose bibs is an example. Indirect drainage is intended to protect fixtures from sewage backup. An air gap at warewashing is an example.

Hand Washing Sink:		
Do all sinks have a mixing valve or combination faucet with hot and cold running water under pressure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are hand drying devices and hand cleanser available at each sink?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Water Heater** - Provide type and capacity of all water heaters.

Water Heater:	
Type (Ex: Standard, Quick Recovery, Tankless)	Capacity



Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

Plumbing Fixtures Requiring Hot Water	Number of Fixtures throughout facility
Hand sinks include restrooms	
Mop sinks/Utility sinks	
Hose bibs used for cleaning	
Other:	
Other:	
Other:	

**Section 3 – Electrical (new construction)**

**ELECTRICAL PLANS AND SCHEDULES:**

- A. Provide plans and schedules that indicate the locations and specifications of all lights.

**Section 4 - Site Plan**

**SITE PLAN:**

- A. Submit a site plan illustrating all buildings, storage units, and equipment, including the following:
  - 1) Dumpster enclosures and trash compactors
  - 2) Location of well heads and well water supply lines servicing the building (if applicable).
  - 3) Location of on-site liquid waste treatment systems and associated lines servicing the building (if applicable)
  - 4) Grease interceptors/grease traps (if applicable)
  - 5) Submit piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

<b>Sewage Disposal:</b>
Select the type of sewage disposal system that services the facility
<input type="checkbox"/> Public - Name of municipality:
<input type="checkbox"/> On-site liquid waste system – Permit number:

<b>Water Availability:</b>
I acknowledge and understand that running water is required at <u>ALL</u> times and agree to discontinue all product-related activities, if water is not available, until water service is restored, or an alternative plan is approved by NMED.
Signature:

<b>Water Supply:</b> (Select the type of water supply system that services the facility.)	
<input type="checkbox"/> Public Water System - Name of municipality:	Water Supply System (WSS)# of facility:



Private:

Submit a copy of the most recent water sample test results that meet the drinking Water quality standards of a non-community water system as specified in 20.7.10 NMAC.

Type	Frequency	Limit
Total Coliform	Initial and Monthly	Absent
Nitrate	Initial and Annual	10 ppm
Nitrite	Initial	<1.0 ppm

A list of certified labs can be located at: <https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm>

**Private Drinking Water Supply Information**

Well Depth (feet):		Setback to liquid waste drain field (feet):	
Disinfection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type:
Is there a water treatment device?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, how will the device be inspected and serviced?			

**Section 5 – Employee Health**

**Employee Health:**

Describe how employees will report illness information to the person in charge:

Is there a written policy to exclude or restrict employees who are sick or have infected cuts and lesions? (Reference 2-201.12 <i>Exclusions and Restrictions</i> and 2-201.13 <i>Removal, Adjustment, or Retention of Exclusions and Restrictions</i> , in the <i>Food Code</i> .)	YES <input type="checkbox"/> If yes, please attach.	NO <input type="checkbox"/>
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If no, please describe.

**Helpful Resources**

**Employee Health and Personal Hygiene Handbook:**

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>

**Section 6 – Training**

**Manager and Employee Training:**

Describe and/or attach the manager and employee training plan and record keeping system:



**Section 7 – Warehouse Storage Plan**

**Hemp Warehouse Storage Plan Checklist**

The Warehouse Storage Plan includes products to be stored, safety requirements, distribution, labeling, pest control, contamination, record keeping, and Recall procedures of a hemp product that will be implemented by a hemp warehouse.

<i>Information:</i>	
1	Hemp products to be stored, including how each is to be stored (ambient, refrigerated or frozen temperature)
2	Non-hemp products to be stored, including how each is to be stored (ambient, refrigerated or frozen temperature)
3	Diagram / floor plan showing location of hemp and non-hemp products during storage
4	Procedures to keep hemp and non-hemp products separate during storage
5	Proposed record keeping system to assure traceability of hemp and non-hemp products from receiving to shipping
6	Plan to examine incoming products for damage and contamination before placement in storage, including
7	Describe how hemp and non-hemp products will be protected from cross-contamination
8	Plan to store products off the floor and away from walls
9	Plan to address products damaged during storage
10	Spill cleanup procedures
11	Pest Control Plan
11	Requirements for receiving and shipping hemp products (i.e. hemp harvest certs, manifests, and temperature checks)
12	Proposed monitoring procedures for ensuring proper hemp product temperatures are maintained throughout storage.
13	Provide a copy of each proposed monitoring logs necessary to document achievement of critical product safety factors (critical limits).
<i>Recall:</i>	
14	Attach a description of the firm’s written product recall procedure <ul style="list-style-type: none"> <li>• Plans for identifying products which may be adulterated or misbranded</li> <li>• Procedures for collecting, warehousing, controlling, reworking, and/or disposal of recalled products</li> <li>• System for determining the effectiveness of recalls</li> <li>• Persons to contact when implementing a recall, including the regulatory authority</li> </ul>
<i>SSOPs:</i>	
15	<ul style="list-style-type: none"> <li>• Sanitation Controls - Provide the Sanitation Standard Operating Procedures (SSOPs) that addresses sanitation conditions and practices before, during, and after processing               <ul style="list-style-type: none"> <li>○ Safety of the water that comes into contact with Product or product-contact surfaces or that is used in the manufacture of ice;</li> <li>○ Condition and cleanliness of product-contact surfaces, including utensils, gloves, and outer garments;</li> <li>○ Prevention of cross contamination from insanitary objects to Product, product- packaging material, and other product-contact surfaces, including utensils, gloves, and outer garments, and from raw product to processed product;</li> <li>○ Prevention of allergen cross contact</li> <li>○ Maintenance of hand washing, hand sanitizing, and toilet facilities;</li> <li>○ Protection of Product, product-packaging material, and product-contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate, and other chemical, physical, and biological contaminants;</li> <li>○ Proper labeling, storage, and use of toxic compounds;</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Control of Employee health conditions that could result in the microbiological contamination of hemp products.</li> <li>○ Exclusion of pests from the hemp facility</li> <li>● Monitoring - Describe how the hemp facility shall monitor the conditions and practices during extracting and manufacturing with sufficient frequency to ensure, at a minimum, conformance with those conditions and practices specified in the SSOPs are being met.</li> <li>● Records - Describe how the facility shall maintain SSOPs records that, at a minimum, document the monitoring and corrections</li> </ul>
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**Additional Information**

If you believe additional information would be helpful to clarify the process, please include it in the application packet submitted. Please direct further questions to the NMED Hemp Program email [hemp.program@state.nm.us](mailto:hemp.program@state.nm.us).

**Section 8 - Administrative**

Other NMED Permits Held	
Name of Facility	Permit #

**Section 9 – Signatures**

**Applicant’s Signature Page**

Comments:

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department may nullify final approval. I agree to comply with **21.20.4 NMAC – Hemp Extraction, Processing, Transportation and Testing Regulations** and allow the regulatory authority access to the facility and records.

Applicant or responsible representative(s) Signature / Title Date

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Approval of these plans and specifications by the State of New Mexico Environment Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A pre-opening inspection of the facility with equipment in place & operational will be necessary to determine if it complies with **21.20.4 NMAC – Hemp Extraction, Processing, Transportation and Testing Regulations**. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.





NMED Use Only		
Review Comments (as applicable):		
Signature:		Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Final reviewer's comments:		
Signature/Title:		Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
<b>Office</b>	<b>Facility</b>	
District:	Owner #:	
Field Office:	Permit #:	
Inspector:	Type:	
Review Date:	Date Opened:	Date Closed: