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| Licensing and Regulation DivisionPO Box 43098, Olympia WA 98504-3098 Phone: (360) 664-1600 Fax: (360) 753-2710[lcb.wa.gov](http://www.lcb.wa.gov)  |  |
| **License Number** |
|  |
| **UBI Number** |
|  |
| **Trade Name** |

In accordance with RCW 69.50.331(12), all cannabis licensees are encouraged to submit a Social Equity Plan to the Liquor and Cannabis Board for a one-time reimbursement of their annual license fee, per entity.

**Cannabis Social Equity Plan**

The Social Equity Plan should address elements that promote social equity. The plan may include:

* A statement that indicates how your licensed cannabis business will work to promote social equity in your community or communities most impacted by the war on drugs;
* The demographic composition of the workforce your licensed cannabis business has employed or intends to hire; and/or
* Business plans involving partnerships or assistance to organizations or residents with connections to populations with a history of high rates of enforcement of cannabis prohibition.

**Examples of what could be included in the Social Equity Plan:**

* A fruit and vegetable community garden in an impacted area.
* Working with non-profit organizations that find work for individuals incarcerated for drug-related crimes.
* Hiring an individual(s) with prior cannabis offenses, convictions, or incarcerations.
* School supply drive in an impacted area.
* Community beautification in impacted areas.
* A community project that aids and supports highly impacted areas or people.

**Instructions**: Social Equity Plans or questions should be submitted to SocialEquityPlan@lcb.wa.gov.

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| **Trade Name** |

**Cannabis Social Equity Plan**

**Summarize your proposed Social Equity Plan. Please do not exceed 500 words per box.**

**Proposed plan:**

[ ]  Hiring individual(s) with prior cannabis offenses, convictions, or incarcerations.

[ ]  A community project that aids and supports highly impacted areas or people.

[ ]  Other.

Please provide a brief description:

|  |
| --- |
|   |

**Intended impact of proposed plan:**

[ ]  Increasing job opportunities for people with cannabis offenses, convictions, or incarcerations.

[ ]  Community improvements for highly impacted or underdeveloped areas.

[ ]  Other.

Please provide a brief description:

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| Licensee (Print Name) |  | Title |
|       |  |       |
| Phone Number |  | Email |
|       |
| Mailing Address (to send one time reimbursement) |  |  |
|  |  |       |
| Licensee Signature |  | Date |