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**INTERGOVERNMENTAL AFFAIRS DIVISION**

**COUNTY AGENCY LEGISLATIVE COMMENT REQUEST FORM**

**Reviewing Agency:** Department of Permitting, Inspections and Enforcement (DPIE)

**Bill/Resolution Number:** CB-006 Medical Cannabis

**Brief Summary of the Bill/Resolution:**

The bill relates to altering requirements for medical cannabis uses in certain zones.

**Agency Impact:**

*Will this bill impact your Agency financially or operationally, or your Agency's mission?*

Yes  No  Undeterminable at this time

*If yes, please select the appropriate impact:*  Positive Impact  Negative Impact  No Impact

**Discussion of Impact:** This bill would have minimal impact on DPIE.

**Fiscal Impact:** N/A

**Agency Position Recommendation:**

Support  Oppose  Support with Amendments  No position

*Please specify any suggested amendments in the space below?*

**Additional Information:**

*Has your agency been contacted by the State Department of Legislative Services staff regarding this proposal?*

Yes  No

*If yes, please provide comments about the discussion.*

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