

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Revenue		CONTACT PERSON Sam Portera, CPA	TELEPHONE NUMBER 601-923-7317	
ADDRESS PO Box 1033		CITY Jackson	STATE MS	ZIP 39215
EMAIL sam.portera@dor.ms.gov	SUBMIT DATE 7/1/22	Name or number of rule(s): Title 35, Part XI Cannabis Dispensaries		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule provides comprehensive guidance and requirements for cannabis dispensaries operating or planning to operate in the State of Mississippi.

Specific legal authority authorizing the promulgation of rule: Mississippi Medical Cannabis Act, S.B. 2095, Mississippi Legislature Regular Session, Sections 4 and 21; S.B. 2818 Sections 2 and 3.

List all rules repealed, amended, or suspended by the proposed rule: No rule is being appealed, amended or suspended by the proposed rule. The rule is entirely new.

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☒ Presently, an oral proceeding is not scheduled on this rule. Public comments were solicited from the public from May 23, 2022, through May 27, 2022.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

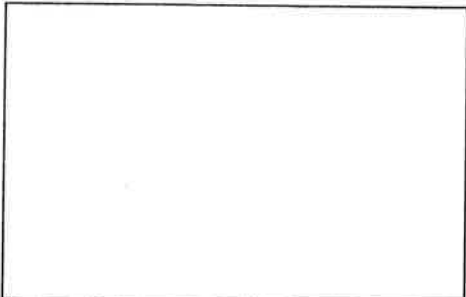
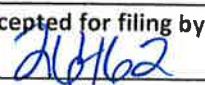
ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
☐ Original filing ☐ Renewal of effectiveness To be in effect in ____ days Effective date: ☐ Immediately upon filing ☐ Other (specify): ____	Action proposed: ☐ New rule(s) ☐ Amendment to existing rule(s) ☐ Repeal of existing rule(s) ☐ Adoption by reference Proposed final effective date: ☐ 30 days after filing ☐ Other (specify): ____	Date Proposed Rule Filed: Action taken: ☐ Adopted with no changes in text ☒ Adopted with changes ☐ Adopted by reference ☐ Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☒ Other (specify): 7/1/22

Printed name and Title of person authorized to file rules: Stephanie Rogers, Office Director, Tax Policy

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.