**Residential Cannabis Grow Compliance Checklist – MN**

*Use this checklist to verify your setup complies with state regulations and best practices.*

**Plant Limits**

\_\_\_\_\_ I am 21 or older, and I cultivate cannabis only at my primary residence.

\_\_\_\_\_ I grow no more than 8 plants total, with a maximum of 4 flowering at any time.

\_\_\_\_\_ I do not possess more than 2 pounds of cannabis at home or 2 ounces in public.

\_\_\_\_\_ Any excess (over 2 oz in public) is locked in a secure container during transport.

**Location & Visibility**

\_\_\_\_\_ Plants are grown indoors or within a locked, enclosed space, part of my primary residence.

\_\_\_\_\_ The grow area is not visible from public spaces, even without binoculars or drones.

\_\_\_\_\_ I have landlord or owner permission, if renting or leasing the property.

\_\_\_\_\_ I do not grow in shared outdoor areas like patios, balconies, or yards visible to neighbors.

**Security & Access**

\_\_\_\_\_ My grow space is locked or otherwise secured, such as a locked room or grow tent.

\_\_\_\_\_ No one under 21 can access the growing area or plants & no guests or minors enter the grow space.

\_\_\_\_\_ Only authorized adults (21+) in the household may interact with the grow area.

**Safety Measures**

\_\_\_\_\_ I use code-compliant electrical connections for lights, timers, and ventilation.

\_\_\_\_\_ Water sources and humidity controls are kept away from electrical components.

\_\_\_\_\_ The space has adequate ventilation and odor control to prevent mold and odors.

\_\_\_\_\_ A fire extinguisher or smoke alarm is installed nearby.

**Legal Compliance**

\_\_\_\_\_ I grow cannabis only for personal use—not sale or distribution.

\_\_\_\_\_ Gifting is limited to adults 21+: up to 2 oz flower or 8 g concentrate per adult, no money exchanged.

\_\_\_\_\_ I comply with local regulations—including city/town zoning, HOA rules, or lease restrictions.

\_\_\_\_\_ If consuming cannabis at home, I do not use in multi-unit shared spaces (e.g., apartment hallways, balconies) unless I am a medical patient.

***🖊️ Acknowledgment***

I have reviewed this checklist and understand the legal requirements for personal cannabis cultivation in the state of Minnesota. I acknowledge that staying within these guidelines is my responsibility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_