When submitting a variance request from the one year operational deadline please respond to the following questions as succinctly as possible in order to provide the Department with the necessary information to evaluate your request. Responses to these questions must accompany the Variance Request form located at <https://health.mo.gov/safety/medical-marijuana/facilities-variance-request-form.php>. The Questionnaire and the Variance Request form should be sent to mmlicenses@health.mo.gov:

1. What is the License Number and Name of the Entity requesting Variance?

Click or tap here to enter text.

1. Name of designated Department License Specialist

Click or tap here to enter text.

1. What date did the Licensee receive the Minimum Standards verification review report?

Click or tap here to enter text.

1. Did the Licensee request a Change Request? If so, when was the Change Request approved by the Department

Click or tap here to enter text.

1. What date did the Licensee submit by email to MMLicenses@health.mo.gov the Variance Request Form for the above mentioned Licensed Entity?

Click or tap here to enter text.

1. Provide a summary below describing what factors were outside the Licensee’s control that will not allow the Licensee to meet its operational deadline (good cause). Each factor should be described in no more than one sentence. You variance request should include documentation to support these claims. Please list those documents here.

Click or tap here to enter text.

1. What specific steps did the Licensee take to address the factors that were outside the Licensee’s control and to mitigate their effects? The steps taken should be described in no more than one sentence for each factor. Your variance request should include documentation to support these claims. Please list the documents here.

Click or tap here to enter text.

1. In bullet point format, what is the new timeline proposed in this variance request? This should include, at the least, milestones related to resolving current challenges, specifics about what would be accomplished in any phased implementation, and date(s) on which the facility proposes to request a Commencement Inspection.

Click or tap here to enter text.

1. Did the Licensee’s Worksheet Responses at original application identify any of the following: Operational timelines explicit or otherwise, dates by which the facility would be operational, phased facility buildout, phased expansion, or other phased processes? If yes, please identify the Worksheet #; otherwise, indicate not applicable:

Click or tap here to enter text.

1. Do you plan to submit a Change Request, or have you already submitted one that is still pending, for any of the following for the Licensed Entity: Material Deviation, Change of Location, Change to Combine Facilities? See Guidance Letters for when such a request is necessary. If so, please specify the type of change and date submitted if applicable:

Click or tap here to enter text.

1. Please list the names of the files or attachments included with this variance request, including a 1-2 sentence description of their content and purpose:

Click or tap here to enter text.

1. If the Request for Variance is granted, does the Licensee plan to fulfill its original responses by which it was approved for application licensure or approved for change request? If no, please explain.

Click or tap here to enter text.

By my electronic signature, I attest and affirm the following:

1. I am the individual who completed and submitted this attestation.
2. I personally supplied the information contained and enclosed in this form on behalf of the Licensee.
3. I affirm that the foregoing statements made by me are true, complete and accurate to the best of my knowledge. I am aware that if any of the foregoing statements made by me are knowingly false, the Licensed Entity of with which I am directly or indirectly affiliated may be subject to enforcement actions.

Click or tap here to enter text.

Signature of Primary Contact for Licensed Entity