



Section for Medical Marijuana Regulation
Facility License & Compliance Section

Facility License Renewal Application System Instructions

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Section for Medical Marijuana Regulation Facility License & Compliance Section

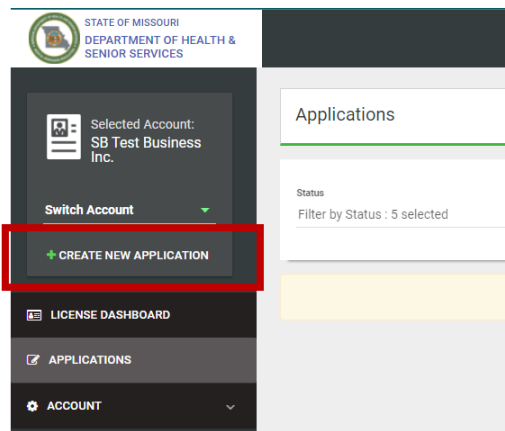
YOU **MUST** USE GOOGLE CHROME TO SUCCESFULLY COMPLETE THE ONLINE RENEWAL APPLICATION



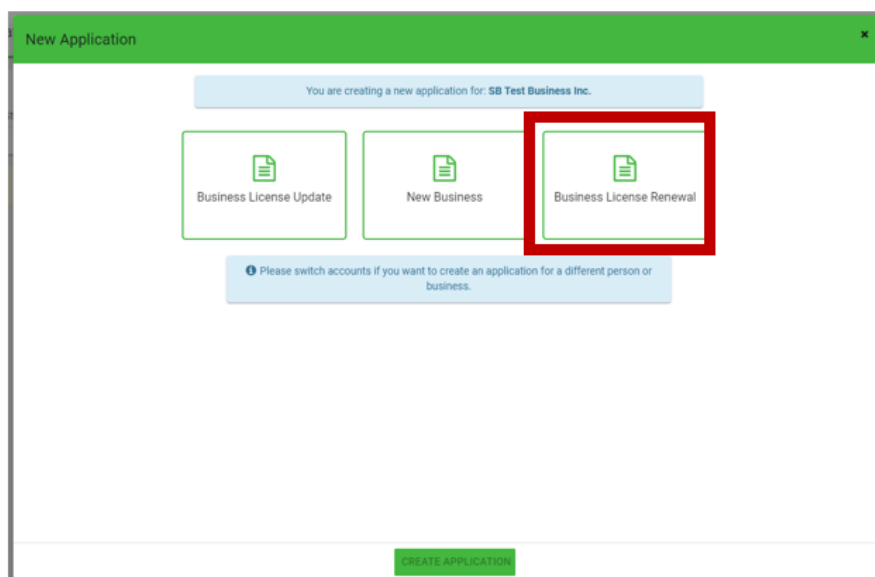
Link to Complia System: <https://mo-public.mycomplia.com/#!/signin>

Starting a Renewal Application

- After logging into Complia account and select **CREATE NEW APPLICATION** from the menu on the right side of the window:



- Click to select **BUSINESS LICENSE RENEWAL**:



- CLICK the button **CREATE APPLICATION** at the bottom of the window
- Using the drop down menu, select the license you wish to renew from the licenses associated with your account (one renewal is required for each license):

The screenshot shows the 'Applications / Business License Renewal' form with the 'LICENSE INFORMATION' tab selected. A blue instruction box states: 'Please select the applicable license number from the drop down. Please note: If your license has been deactivated, it may not appear in the drop down.' Below this, the 'License Number *' dropdown menu is highlighted with a red rectangle and shows 'TRA000005'. At the bottom, there are 'SAVE' and 'CANCEL' buttons.

- Click **SAVE** and then
- Click **SAVE & NEXT**:

This screenshot shows the same form after clicking 'SAVE'. The 'License Number *' dropdown menu now has a dotted line below the text 'TRA000005'. The 'SAVE & NEXT' button at the bottom is highlighted with a red rectangle. The 'SAVE' and 'CANCEL' buttons remain visible.

General Information Tab

- Review information on General Information tab, click **SAVE & NEXT**
 - If changes are necessary on this tab, please first contact the Licensing Specialist for further instruction; Do not update! Changes to Entity Name are considered a Transfer of Entity requiring a change request which is not an option at time of renewal.

Applications / Business License Renewal

LICENSE INFORMATION

GENERAL INFORMATION

PERSONS OF INTEREST

LOCATION INFORMATION

PRIMARY CONTACT

QUESTIONS

DOCUMENTS

Entity Legal Name *

MM Transportation

License/Certification Type *

Transporter

Tax ID (SSN or EIN) *

841234567

Enter Tax ID (SSN or EIN) without hyphens

Trade/Fictitious Name

The MMJ Transporter

Entity Phone *

(660)456-8787

Email *

Website

www.themmjtransporter.com

Business Structure/Type *

LLC

For example: Limited Liability Corporation.

SAVE

SAVE & NEXT

CANCEL

Persons of Interest Tab

- At time of original application, this tab was used to identify persons who were Missouri resident majority owners. However, this requirement is exempted and therefore will not be verified by the Department. Instead, the Department requests the Licensee use the Persons of Interest tab to identify all **Owners** who have active Agent Id card. As the system requires a YES for Missouri Residency to save and move forward, please indicate yes regardless of the owner's permanent residence.

The screenshot shows the 'Persons of Interest' tab selected in a navigation bar. Below the navigation bar is a blue informational box with the following text: 'Include information for all individuals listed in the facility's Ownership Structure form who are claiming residency for purposes of showing majority ownership by Missouri residents. If it is necessary to enter more that 10 persons of interest, please contact the Medical Marijuana Regulatory Program at 866-219-0165.'

- It may be necessary to "Remove" individuals who are no longer owners or who do not have an active Agent Id card.

This screenshot shows three buttons: 'Address Verified? :Yes', 'x REMOVE RECORD' (highlighted with a red box), 'EDIT RECORD', and '+ ADD NEW RECORD'.

- To add the owners that have active Agent ID cards, click **ADD NEW RECORD** and enter the information as required. Due to system restrictions, all entries should check **YES** on the question "Has this individual resided in Missouri for at least one year, and is this individual not currently claiming resident privileges in another state or country?" –Missouri residency will not be verified by the Department despite the system prompt.

The screenshot shows a form for adding a new record. The fields are: First Name (John), Middle Name (Test), Last Name (Smith), Phone ((573)555-1234), Email (JTS@email.com), and Date of Birth (01/01/1975). Below these fields is a red box containing the question: 'Has this individual resided in Missouri for at least one year, and is this individual not currently claiming resident privileges in another state or country? *'. The question has two radio button options: 'Yes' (selected) and 'No'.

- The addresses on this tab must be **verified successfully** in order to proceed with the application. Click the VERIFY Address button:

Street Address

Street *
PO Boxes are not acceptable

Unit No / Apt No
PO Boxes are not acceptable

City *

State * ▼

Zip Code *

Address Verified? *
☐ No

✓ VERIFY ADDRESS

Mailing Address

COPY FROM STREET ADDRESS

Street *

Unit No / Apt No

City *

State * ▼

Zip Code *

Address Verified? *
☐ No

✓ VERIFY ADDRESS

- Intentionally click on one of the addresses displayed that most closely matches to the owner's address, then click **Done**


Address Selection

Please select the address you wish to update in the application by clicking on the respective sections below.

Entered Address	Verified Address
201 West Capitol Ave Jefferson City MO 65101	201 W CAPITOL AVE JEFFERSON CTY MO 65101 1556

CANCEL **DONE**

- Click the button **SAVE RECORD** to add and remove on owners with active Agent ID cards as necessary. Once completed, click **SAVE & NEXT**:

 COPY FROM STREET ADDRESS

Street *

201 W CAPITOL AVE

Unit No / Apt No

City *

JEFFERSON CTY

State *

Missouri

Zip Code *

65101

Address Verified? *


☒ Yes


✓ VERIFY ADDRESS

✗ REMOVE RECORD

✓ SAVE RECORD

+ ADD NEW RECORD

 SAVE

 SAVE & NEXT

CANCEL

Location Information Tab

- **DO NOT UPDATE.** The Licensee must file a separate change request (Business Update) to request a change in the facility location. If you see an error in the information displayed, do not change it. Instead, please contact your assigned License Specialist or email MMLicenses@health.mo.gov
- In order to move forward through the application process, the Licensee will need to click the **“VERIFY ADDRESS”** button, select an address that matches to what is displayed and click **“Done”**

Applications / Business License Renewal

LICENSE INFORMATION GENERAL INFORMATION PERSONS OF INTEREST **LOCATION INFORMATION** PRIMARY CONTACT QUESTIONS DOCUMENTS

Facility Address

Street *
920 WILDWOOD DR
PO Boxes are not acceptable

Unit No.
PO Boxes are not acceptable

City *
JEFFERSON CTY

County *
Cole

State *
Missouri

Zip Code *
65109

Missouri House of Representatives District *
58

US Congressional District *
4

Facility GPS Coordinates - Latitude *
+38.655442244

Facility GPS Coordinates - Longitude *
-92.787877155

Address Verified? * ☒ Yes **✓ VERIFY ADDRESS**

Address Selection


Please select the address you wish to update in the application by clicking on the respective sections below.

Entered Address	Verified Address
201 West Capitol Ave Jefferson City MO 65101	201 W CAPITOL AVE JEFFERSON CTY MO 65101 1556

CANCEL **DONE**

- Click **SAVE & NEXT**:

Facility Mailing Address

 COPY FROM FACILITY ADDRESS

Street *
920 WILDWOOD DR


Unit No.



City *
JEFFERSON CTY

State *
Missouri ▼

Zip Code *
65109

Address Verified? * ☒ Yes

 VERIFY ADDRESS

 SAVE  **SAVE & NEXT** CANCEL

The addresses on this tab must be **verified successfully** in order to proceed with the application.

- Do not make changes to this address. If the information displayed is inaccurate, the Licensee should contact the Licensing Specialist for further instruction.

Primary Contact Tab –

- Review to ensure information is correct and update as necessary. The Primary Contact is used as the primary point of contact for all communication between the Department and the licensed entity. The addresses on this tab must also be verified (Click Verify Address) in order to proceed with the application.
- Click **SAVE & NEXT**.

The screenshot shows the 'Primary Contact' tab in a 'Business License Renewal' application. The form contains the following fields and values:

Field	Value
First Name *	John
Middle Name	Test
Last Name *	Smith
Title *	Owner/Operator
Phone *	(573)555-1234
Email *	JTS@email.com
Fax	(573)555-6878
Street *	201 W CAPITOL AVE
Unit No / Apt No	
City *	JEFFERSON CTY
State *	Missouri
Zip Code *	65101

At the bottom of the form, there is a toggle for 'Address Verified? *' set to 'Yes' and a green button labeled '✓ VERIFY ADDRESS'.

The bottom navigation bar contains three buttons: 'SAVE', 'SAVE & NEXT' (highlighted with a red box), and 'CANCEL'.

Questions Tab

- Review each questions and as amend the prepopulated answers as applicable

Applications / Business License Renewal

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LICENSE INFORMATION

GENERAL INFORMATION

PERSONS OF INTEREST

LOCATION INFORMATION

PRIMARY CONTACT

QUESTIONS

DOCUMENTS

>

All applications for Cultivation, Infused Products Manufacturing, Testing, and Dispensary Facilities **MUST** include responses to evaluation criteria questions for purposes of scoring applications in the event more applications are received than there are licenses or certifications available for a particular facility type. Evaluation criteria questions can be found on the department's website at <http://medicalmarijuana.mo.gov>. Evaluation criteria questions are designated as applicable to all facility types or to particular facility types only. Some evaluation criteria questions allow for additional information to be attached to a written response. **IMPORTANT:** Written responses to evaluation criteria questions must not refer to applicant facility business names and must refer to all individuals by title and initials only, e.g. "Owner A.E.M." or "Principal Officer R.W.M." If an applicant chooses to provide responses including applicant facility business names or individuals' names, the applicant must provide a redacted and unredacted version. Redactions must be applied to applicant facility business names and the names, addresses, and Social Security numbers of any individuals mentioned in the application. Responses/attachments that do not redact the identifying information listed here will not be scored. Do you acknowledge these instructions? *

☒ Yes

☐ No

I acknowledge it is my responsibility to respond to all Facility Application Questions relevant to the facility type for which I am applying on behalf of the applicant entity. *

☒ Yes

☐ No

I acknowledge it is my responsibility to redact, as necessary, written responses, response worksheets, and attachments to response worksheets for all applicable Facility Application Questions. *

☒ Yes

☐ No

I acknowledge any written responses, response worksheets, or attachments to responses to Facility Application Questions that do not properly redact information will not be scored. *

- ☒ Yes
☐ No

Do you attest that no individual who owns the applicant entity, in whole or in part, has a disqualifying felony offense? * 

- ☐ Yes
☐ No

Do you attest that all owners who hold any portion of the economic or voting interest of the facility who will also have access to medical marijuana or the medical marijuana facility, and all officers, directors, board members, managers, and employees identified in the application, have submitted fingerprints within the previous six months for a state and federal fingerprint-based criminal background check to be conducted by the Missouri State Highway Patrol? *



- ☒ Yes
☐ No

Do you attest that the proposed facility location complies with all the location requirements of 19 CSR 30-95.040(4)(B), 19 CSR 30-95.100(2)(C), or local government, as applicable? *



- ☒ Yes
☐ No

Do you attest that the information provided in this application is true and correct? *

- ☒ Yes
☐ No

Questions & Payment

- If the Licensee has not yet paid the annual renewal fee due at time of initial submission, click **"No"** to the question:
 - *Were applicable fees previously submitted with a prefilled application form?"*

Please note, upon submission, an answer of "No" will redirect the Licensee to the third party payer site to remit the annual fee. The Department will not consider a renewal application complete in absence of the required fee.

- Type your name (as person completing the form) into the Signature line and click **SAVE & NEXT**

Were applicable fees previously submitted with a prefilled application form? * ⓘ

☐ Yes

☒ No

Was your renewal fee submitted outside of the online registry system? *

☐ Yes

☒ No

Signature *

John Test Smith

SAVE **SAVE & NEXT** CANCEL

Documents Tab

- Click the “Upload” button next to the “Business Update Documents” option and navigate to the computer hard drive or network to locate the saved file; please note the system may default to the DOWNLOADS location.
 - Upload the required **License Renewal Questionnaire**

Applications / Business License Renewal

< SENSE INFORMATION GENERAL INFORMATION PERSONS OF INTEREST LOCATION INFORMATION PRIMARY CONTACT QUESTIONS **DOCUMENTS** PA >

IMPORTANT NOTE REGARDING FACILITY APPLICATION QUESTIONS BELOW: Worksheets necessary for answering Facility Application Questions can be found at <https://health.mo.gov/safety/medical-marijuana/faqs-facility.php>. Fill out the applicable worksheets and upload them where directed below. If the Facility Application Question allows for attachments, upload those where directed as well. Only include redacted information in responses and on worksheets when absolutely necessary. For example: Labeling each page of an attachment with a business name that must be redacted would create unnecessary strain on the system by creating the need to upload unredacted versions, thereby doubling the number of attachments. Additional instructions can be found in the Pro Tips on individual items below as well as on the worksheets. Please review all instructions carefully.

License Acceptance Letter **UPLOAD** +

Business Update Documents **UPLOAD** +

- Repeat to upload all additional required documents per 19 CSR 30-95.040(2) to each respective category highlighted below and as required per rule:
- Certificate of Good Standing from the Missouri Secretary of State
 - Updated [Ownership Structure Form](#)
 - Written or visual description of ownership structure
 - List of facilities licensed or certified or applying for licensure that are under substantially common control with explanation.
 - Please note, the Department will accept a single uploaded affidavit stating the facility's location remains in compliance with 19 CSR 30-95.040(4)F-H, in lieu of an upload and copy of local government requirements replacing the 1,000 foot rule, a map, and/or the local zoning requirements
 - Current schematics of the facility's layout identifying all entities and use of spaces.

Additional Documents	UPLOAD	+
<p>● Certificate of Good Standing from the Missouri Secretary of State</p> <p>● Ownership Structure Form ⓘ</p> <p>● Written description or visual representation of the facility's ownership structure, including all entities listed on the Ownership Structure Form ⓘ</p>	<p>UPLOAD</p> <p>UPLOAD</p> <p>UPLOAD</p>	<p>+</p> <p>+</p> <p>+</p>
<p>● If applicable, copy of local government requirement replacing the department's 1000ft rule. ⓘ</p> <p>● Map of Surrounding Area showing compliance with the department's 1000ft rule or alternative local government requirement. ⓘ</p> <p>● If applicable, copy of local zoning requirements with explanation of facility's compliance with those requirements. ⓘ</p>	<p>UPLOAD</p> <p>UPLOAD</p> <p>UPLOAD</p>	<p>+</p> <p>+</p> <p>+</p>
<p>● Schematics, Blueprints, or Other Facility Description</p>	<p>UPLOAD</p>	<p>+</p>
<p>● List of facilities licensed or certified or applying for licensure or certification in Missouri to cultivate, manufacture, dispense, or test medical marijuana that are or will be under substantially common control, ownership, or management as the applicant. For each facility listed, a written explanation of how the facility is under substantially common control, ownership, or management as the applicant, with supporting documentation ⓘ</p>	<p>UPLOAD</p>	<p>+</p>

DO NOT UPLOAD WORKSHEET RESPONSES

Facility Application Question Worksheets - All Facility Types ⓘ		
<input type="radio"/> MM Worksheet 1-Character, veracity, background, qualifications, and relevant experience of principal officers or managers.	UPLOAD	+
<input type="radio"/> MM Worksheet 2-Character, veracity, background, qualifications, and relevant experience of principal officers or managers.	UPLOAD	+
<input type="radio"/> MM Worksheet 3-Character, veracity, background, qualifications, and relevant experience of principal officers or managers.	UPLOAD	+
<input type="radio"/> MM Worksheet 4-Business Plan Proposed by the Applicant	UPLOAD	+
<input type="radio"/> MM Worksheet 5- Business plan proposed by the applicant	UPLOAD	+

- Once all required documents per 19 CSR 30-95.040(2) have been uploaded, click **SAVE & NEXT**.

Payment Tab – The “Credit Card / eCheck” button should already be checked indicating that you will be directed to the third party payment website to remit the renewal fee once the renewal application is complete:

The screenshot shows a web application interface for 'Applications / Business License Renewal'. At the top, there is a green header bar with the text 'Applications / Business License Renewal'. Below this is a navigation bar with several tabs: 'GENERAL INFORMATION', 'PERSONS OF INTEREST', 'LOCATION INFORMATION', 'PRIMARY CONTACT', 'QUESTIONS', 'DOCUMENTS', 'PAYMENT', and 'RE'. The 'PAYMENT' tab is highlighted in green. Below the navigation bar, there is a light blue box containing the text: 'All applicable fees must be paid in order for an application to be complete. If applicable fees were previously submitted with a prefilled application form, proof of that payment must be submitted with this application.' Below this box, there is a section titled 'Payment Options *'. Under this section, there is a radio button labeled 'Credit Card / eCheck', which is highlighted with a red rectangular box. At the bottom of the form, there are three buttons: 'SAVE', 'SAVE & NEXT', and 'CANCEL'. The 'SAVE & NEXT' button is highlighted with a red rectangular box.

- Click Save and Next

Review Tab (Submitting the Renewal Application)

Review all information. All required items for submission should appear with a Green check indicator. Any items marked with a RED X will not permit the Licensee to submit.

- Resolve any items indicating a “Red” check – please note a common error is not clicking “Verify Address” for any tab that has an address regardless if a change was not made.
- Click PAY & SUBMIT.

Applications / Business License Renewal

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APPLICATION

PERSONS OF INTEREST

LOCATION INFORMATION

PRIMARY CONTACT

QUESTIONS

DOCUMENTS

PAYMENT

REVIEW

>

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy

WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

License Information

✔

License Number:

TRA000005

General Information

✔

Entity Legal Name:

MM Transportation

✔

License/Certification Type:

Transporter

✔

Tax ID (SSN or EIN):

841234567

✔

Trade/Fictitious Name:

The MMJ Transporter

✔

Entity Phone:

6604568787

✔

Email:

vnschmidt1@gmail.com

✔

Website:

www.themmjtransporter.com

✔

Business Structure/Type:

LLC

Persons of Interest

✓ **First Name:** John

✓ **Middle Name:** Test

✓ **Last Name:** Smith

✓ **Phone:** 5735551234

✓ **Email:** JTS@email.com

✓ **Date of Birth:** 01/01/1975

✓ **Social Security Number:** 111222333

✓ **Has this individual resided in Missouri for at least one year, and is this individual not currently claiming resident privileges in another state or country?:** Yes

Street Address

✓ **Street:** 201 W
CAPITOL AVE

**Unit No /
Apt No:**

✓ **City:** JEFFERSON
CTY

✓ **State:** Missouri

✓ **Zip Code:** 65101

✓ **Address Verified?:** Yes

Mailing Address

✓ **Street:** 201 W
CAPITOL AVE

**Unit No /
Apt No:**

✓ **City:** JEFFERSON
CTY

✓ **State:** Missouri

✓ **Zip Code:** 65101

✓ **Address
Verified?:** Yes

Location Information

Facility Address

✓ **Street:** 920 WILDWOOD DR

Unit No.:

✓ **City:** JEFFERSON CTY

✓ **County:** Cole

✓ **State:** Missouri

✓ **Zip Code:** 65109

✓ **Missouri House of
Representatives
District:** 58

✓ **US Congressional
District:** 4

✓ **Facility GPS
Coordinates -
Latitude:** +38.655442244

✓ **Facility GPS
Coordinates -
Longitude:** -92.787877155

✓ **Address Verified?:** Yes

Facility Mailing Address

✓ **Street:** 920 WILDWOOD DR **Unit No.:**

✓ **City:** JEFFERSON CTY ✓ **State:** Missouri

✓ **Zip Code:** 65109

✓ **Address Verified?:** Yes

Primary Contact

✓ **First Name:** John ✓ **Middle Name:** Test ✓ **Last Name:** Smith

✓ **Title:** Owner/Operator ✓ **Phone:** 5735551234 ✓ **Email:** JTS@email.com

✓ **Fax:** 5735556878 ✓ **Street:** 201 W
CAPITOL
AVE **Unit No /
Apt No:**

✓ **City:** JEFFERSON
CTY ✓ **State:** Missouri ✓ **Zip Code:** 65101

✓ **Address Verified?:** Yes

Questions

- ✓ All applications for Cultivation, Infused Products Manufacturing, Testing, and Dispensary Facilities MUST include responses to evaluation criteria questions for purposes of scoring applications in the event more applications are received than there are licenses or certifications available for a particular facility type. Evaluation criteria questions can be found on the department's website at <http://medicalmarijuana.mo.gov>. Evaluation criteria questions are designated as applicable to all facility types or to particular facility types only. Some evaluation criteria questions allow for additional information to be attached to a written response. IMPORTANT: Written responses to evaluation criteria questions must not refer to applicant facility business names and must refer to all individuals by title and initials only, e.g. "Owner A.E.M." or "Principal Officer R.W.M." If an applicant chooses to provide responses including applicant facility business names or individuals' names, the applicant must provide a redacted and unredacted version. Redactions must be applied to applicant facility business names and the names, addresses, and Social Security numbers of any individuals mentioned in the application. Responses/attachments that do not redact the identifying information listed here will not be scored. Do you acknowledge these instructions?:
- YES
-
- ✓ I acknowledge it is my responsibility to respond to all Facility Application Questions relevant to the facility type for which I am applying on behalf of the applicant entity.:
- YES
-
- ✓ I acknowledge it is my responsibility to redact, as necessary, written responses, response worksheets, and attachments to response worksheets for all applicable Facility Application Questions.:
- YES
-
- ✓ I acknowledge any written responses, response worksheets, or attachments to responses to Facility Application Questions that do not properly redact information will not be scored.:
- YES
-
- ✓ Do you attest that no individual who owns the applicant entity, in whole or in part, has a disqualifying felony offense?:
- YES

<hr/>	
<div>✔ Do you attest that all owners who hold any portion of the economic or voting interest of the facility who will also have access to medical marijuana or the medical marijuana facility, and all officers, directors, board members, managers, and employees identified in the application, have submitted fingerprints within the previous six months for a state and federal fingerprint-based criminal background check to be conducted by the Missouri State Highway Patrol?:</div>	Yes
<hr/>	
<div>✔ Do you attest that the proposed facility location complies with all the location requirements of 19 CSR 30-95.040(4)(B), 19 CSR 30-95.100(2)(C), or local government, as applicable?:</div>	<div>YES</div>
<hr/>	
<div>✔ Do you attest that the information provided in this application is true and correct?:</div>	<div>YES</div>
<hr/>	
<div>✔ Were applicable fees previously submitted with a prefilled application form?:</div>	No
<hr/>	
<div>✔ Was your renewal fee submitted outside of the online registry system?:</div>	No
<hr/>	
<div>✔ Signature:</div>	<div>John Test Smith</div>
<hr/>	

Documents

License Acceptance Letter:	No Document Present
✓ Business Update Documents:	Document(s) Uploaded
Additional Documents:	No Document Present
Certificate of Good Standing from the Missouri Secretary of State:	No Document Present
Ownership Structure Form:	No Document Present
Written description or visual representation of the facility's ownership structure, including all entities listed on the Ownership Structure Form:	No Document Present
If applicable, copy of local government requirement replacing the department's 1000ft rule.:	No Document Present
Map of Surrounding Area showing compliance with the department's 1000ft rule or alternative local government requirement.:	No Document Present
If applicable, copy of local zoning requirements with explanation of facility's compliance with those requirements.:	No Document Present
Schematics, Blueprints, or Other Facility Description:	No Document Present
List of facilities licensed or certified or applying for licensure or certification in Missouri to cultivate, manufacture, dispense, or test medical marijuana that are or will be under substantially common control, ownership, or management as the applicant. For each facility listed, a written explanation of how the facility is under substantially common control, ownership, or management as the applicant, with supporting documentation:	No Document Present
Proof of Missouri Residency:	No Document Present

Facility Application Question Worksheets - All Facility Types

MM Worksheet 1-Character, veracity, background, qualifications, and relevant experience of principal officers or managers. : No Document Present

MM Worksheet 2-Character, veracity, background, qualifications, and relevant experience of principal officers or managers.: No Document Present

MM Worksheet 3-Character, veracity, background, qualifications, and relevant experience of principal officers or managers.: No Document Present

MM Worksheet 4-Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 5- Business plan proposed by the applicant: No Document Present

MM Worksheet 6- Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 7- Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 8- Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 9- Business Plan: No Document Present

MM Worksheet 10- Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 11-Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 12- Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 13 - Business Plan Proposed by the Applicant: No Document Present

MM Worksheet 14-Site Security: No Document Present

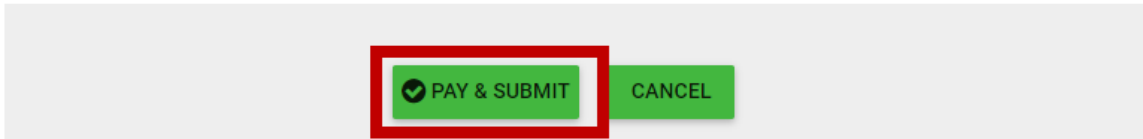
MM Worksheet 15- Experience in a Legal Cannabis Market: No Document Present

MM Worksheet 16- The Potential for Positive Impact in the Site Community: No Document Present

MM Worksheet 17-Maintaining Competitiveness in Marijuana for Medical useMarketplace.: No Document Present


Payment


✓ **Payment Options:** Credit Card / eCheck






- You will be redirected to the third party payment website to remit renewal fee if you answered “No” to the Question on the Questions tab, were the previous applicable fees remitted.
- The shopping cart will be automatically populated with the renewal fee amount for license type. Proceed through the steps to remit the fee
- Complete the **Billing Contact Information** section, click **NEXT STEP: ADD PAYMENT METHOD**

Make A Payment - Payment Information - Missouri: Health and Senior Services

 Cart Information

 Payment Information

 Billing Contact Information

 Shopping Cart 

Name*

John Test Smith

Address*

201 W Capitol Ave

Street Address Continued

City*

Jefferson City

Country*

United States

State*

Missouri

Postal Code*

65101

Transporter

Application/Renewal \$5,000.00


1647880788908

Subtotal \$5,000.00

Projected Card Fee \$107.50





Projected eCheck Fee \$0.50

✕ Cancel Transaction

Next Step: Add Payment Method 

- COMPLETE THE "PAYMENT INFORMATION" SECTION, CLICK NEXT AND FINISH PAYMENT

Please select your Payment Method


☒ Credit Card    

Name on Card

Card Number

Expiration Month

Expiration Year


Security Code 

Card Postal Code

Amount Due

Payment

Amount of this payment if different than Amount Due, not including the convenience fee.



☐ eCheck 


◀ Back to Payment Information

Next Step: Review Payment ▶

- Review the previously entered payment information and click **MAKE PAYMENT**


Review Payment


Item	Amount
Transporter Application/Renewal	\$5,000.00
Transaction Fee:	\$107.50
Total Amount Due:	\$5,107.50
601100 ***** 9424 expires 03/2027  	(\$5,107.50)
Total Payment Method:	(\$5,107.50)

 A Transaction Fee has been included in the total amount paid for this transaction.

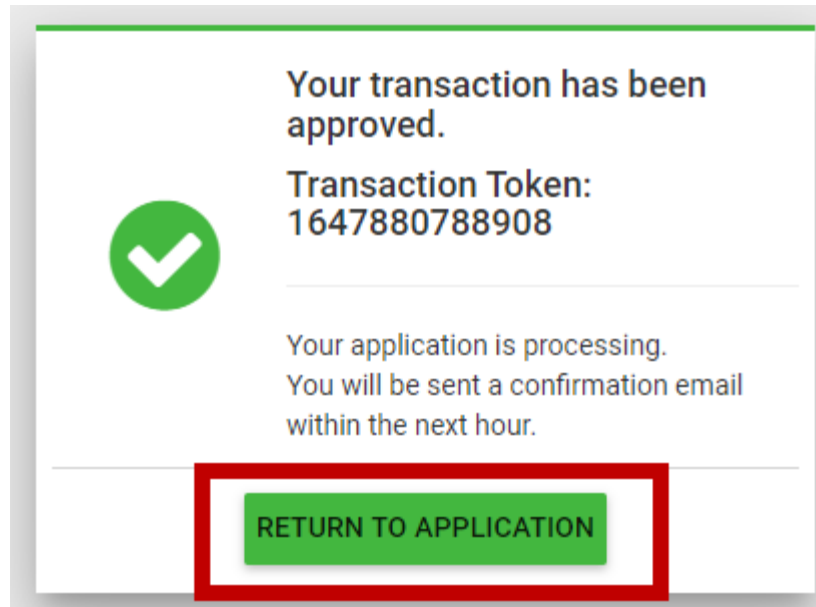
Billing Contact Information

John Test Smith
201 W Capitol Ave
Jefferson City, MO 65101

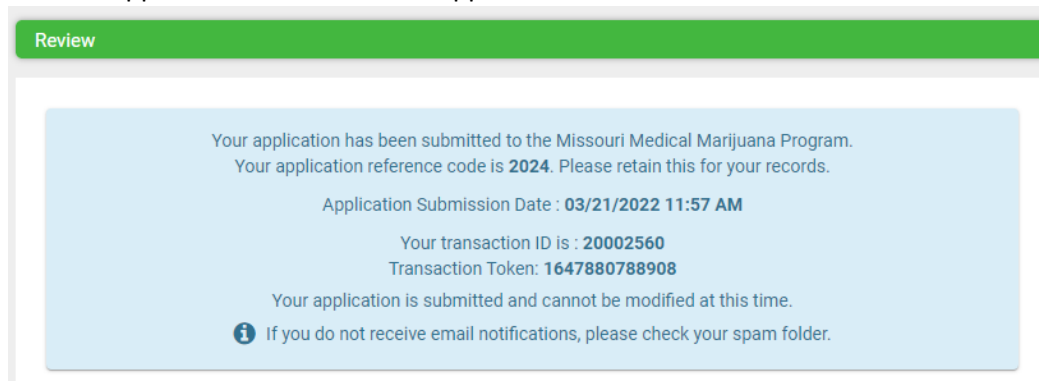
 Back to Payment Method

 Make Payment

- If the transaction is approved, a transaction token will be generated. Click **RETURN TO APPLICATION**.
 - If the transaction is not approved, please review and revise payment method

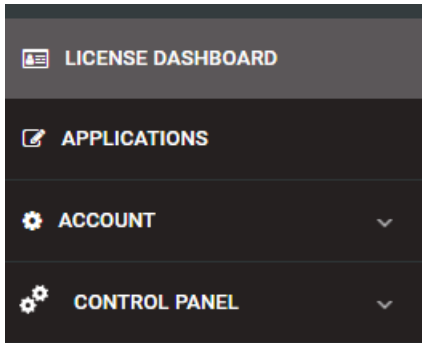


- You will now be directed back to Complia and the application. A successfully transmitted renewal application window should appear with a submission date:

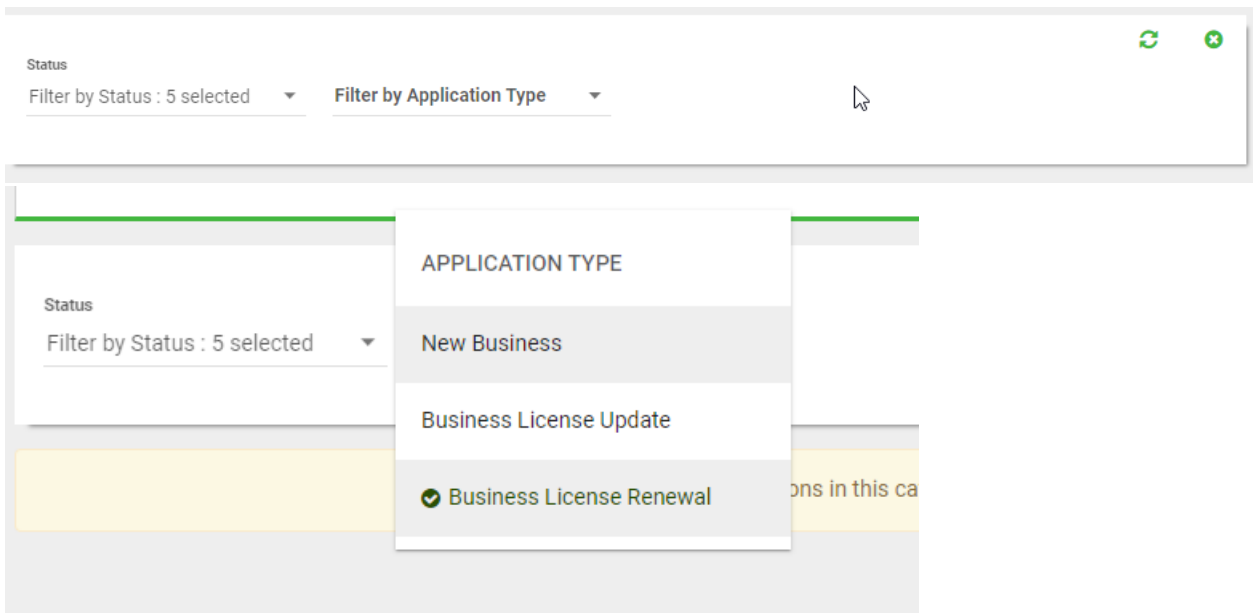


Viewing the Status of the Application

- To view your renewal application, click the Applications button from the main login screen



Click the drop down on the “Filter by Application Type” and select Business License Renewal



Assistance

- Contact your assigned License Specialist or email MMLicenses@health.mo.gov
- Visit the Section’s Website (<https://health.mo.gov/safety/medical-marijuana/index.php>) for additional Guidance related to facility renewal process, what is required to complete the renewal application for licensure, FAQs, Renewal Fee Schedule, the License Renewal Questionnaire