

## Facility License Application Questions and Scoring Criteria

### Evaluation Criteria Questions and Points

**Constitutional topic: Character, veracity, background, qualifications, and relevant experience of principal officers or managers.**

**Topic Weight: 0.12**

Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
1 Submit evidence (including but not limited to, letters of recommendation) of the character and veracity (truthfulness) of all principal officers and managers.	All Applicants	0-10 Point Scale	3	0	3 pages per person
2 Submit evidence (including, but not limited to, a resume or curriculum vitae) of the qualifications, background, and relevant experience of all principal officers and managers.	All Applicants	0-10 Point Scale	7	0	3 pages per person
3 Describe how your previous business experience will contribute to the success of your medical marijuana business. List the legal business name and address of each business you operated or managed.	All Applicants	0-10 Point Scale	9	500	0
4 Describe how the background of the principal officers and managers will positively reflect or align with the community in which your business will be located.	All Applicants	0-10 Point Scale	3	500	0
5 Does any principal officer or manager have any delinquency in the filing or payment of any state income tax, sales tax, personal property tax, municipal tax, or real property tax, either individually or for a business in which the principal officer or manager has an ownership interest? If yes, explain.	All Applicants	No/Yes	6	300	0
6 Has any principal officer or manager ever been, or has such person been a principal officer or manager of any business entity when such entity has been, the subject of an action resulting in suspension or revocation of a registration, license, provisional license, or any other authorization to cultivate, process, or dispense medical marijuana in any state? If "Yes", provide the following: Respondent / Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Name and Address of the Administrative Agency or Court (Specify Federal, State and/or Local Jurisdictions).	All Applicants	No/Yes	9	300	0
7 Has any principal officer or manager ever been convicted of, or plead guilty or nolo contendere to, any felony offense under state or federal law, whether or not a sentence has been imposed, relating to the principal officer's or manager's practice of any profession or occupation? If yes, provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions).	All Applicants	0-10 Point Scale	7	300	0
8 Has any principal officer or manager ever been convicted of, or plead guilty or nolo contendere to, any felony offense (not including any offense related to the practice of their profession or occupation) under state or federal law, whether or not a sentence has been imposed? If yes, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions).	All Applicants	0-10 Point Scale	4	300	0

9	Has any principal officer or manager ever been, or has such person been a principal officer or manager of any business entity when such entity has been, denied a license or registration by the Drug Enforcement Administration, the Missouri Bureau of Narcotics and Dangerous Drugs, or other appropriate controlled substance licensing/registration body of any state? If yes, provide the name of the controlled substance licensing/registration body, the date and the reason for the denial.	All Applicants	No/Yes	8	300	0
10	Has any principal officer or manager ever been, or has such person been a principal officer or manager of any business entity when such entity has been, the subject of an investigation or a disciplinary action by the Drug Enforcement Administration, the Missouri Bureau of Narcotics and Dangerous Drugs, or other appropriate controlled substance licensing/registration body of any state that resulted in the suspension or revocation of a license or registration? If yes, provide the name of the controlled substance licensing/registration body, the date and the reason for the disciplinary action.	All Applicants	No/Yes	5	300	0
11	Has any principal officer or manager ever had, or has such person been a principal officer or manager of any business entity when such entity had, a license, permit, or registration to practice any profession or occupation, disciplined, revoked or denied by any state or federal licensing body? If yes, state the date, the name of the licensing body and the reason for the action taken.	All Applicants	No/Yes	2	300	0
12	Has any principal officer or manager ever had, or has such person been a principal officer or manager of any business entity when such entity had, any final adverse or disciplinary action taken against them by the United States Food and Drug Administration in relation to the production or distribution of any food, drug, medication or dietary/herbal supplement? If yes, state the date and the reasons for the adverse or disciplinary action.	All Applicants	No/Yes	4	300	0
13	Has any principal officer or manager ever been, or has such person been a principal officer or manager of any business entity when such entity has been, excluded from participation in any state or federally funded health care program such as Medicare, Medicaid, or MO HealthNet for fraud, abuse, or submission of any false or fraudulent claim, payment, or reimbursement request? If yes, state the date and the reasons for the exclusion.	All Applicants	No/Yes	3	300	0

**Constitutional topic: Business plan proposed by the applicant, which in the case of cultivation facilities and dispensaries shall include the ability to maintain an adequate supply of marijuana, plans to ensure safety and security of Qualifying Patients and the community, procedures to be used to prevent diversion, and any plan for making Marijuana available to low-income Qualifying Patients.**

**Topic Weight: 0.20**

Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
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	<p>Provide adequate documentation of sources of capitalization to demonstrate that you have sufficient liquid capital to successfully carry out the activities described in the application. Any capitalization claimed may not be committed for another facility license application or any other purpose. Absent an explanation that a lower amount of capitalization is adequate for your facility, the following amounts shall be considered satisfactory:</p> <p>For cultivation facility applicants - \$300,000  For dispensary applicants - \$150,000  For infused product manufacturing facility applicants - \$150,000  For transportation applicants - \$150,000  For testing applicants - \$200,000</p> <p>Examples of adequate documentation of liquid capital include stocks and marketable securities, government bonds, mutual funds, money-market funds, certificates of deposit, cash, or any asset that can be converted into cash quickly with little or no loss in value.</p>					
14		All Applicants	Satisfactory / Unsatisfactory	10	300	25
15	Will the business have professional liability insurance for its principal officers? If yes, provide documentation of the anticipated insurer, policy terms, and limits.	All Applicants	Yes/No	3	0	10
16	Will the business have product liability insurance? If yes, provide documentation of the anticipated insurer, policy terms, and limits.	All Applicants	Yes/No	4	0	10
17	Will the business have business interruption insurance? If yes, provide documentation of the anticipated insurer, policy terms, and limits.	All Applicants	Yes/No	2	0	10
18	Will the business have property insurance, not including insurance to cover marijuana loss? If yes, provide documentation of the anticipated insurer, policy terms, and limits.	All Applicants	Yes/No	2	0	10
19	Will the business have property insurance to cover marijuana loss? If yes, provide documentation of the anticipated insurer, policy terms, and limits.	All Applicants	Yes/No	2	0	10
20	If a license is granted, does the business have a legal right (own, option to buy, lease, contingent agreement, etc.) to occupy the premise at the proposed location? If yes, describe and provide evidence. Include the length of time you have secured the business location and submit acknowledgement from the building owner if you do not own the premise.	All Applicants	Yes/No	8	300	25
21	Describe your plan to address diversity, such as individuals belonging to a racial minority group as defined in section 37.013(5) RSMo, women, and/or veterans in ownership and/or staffing.	All Applicants	0-10 Point Scale	4	500	0
22	Describe your plan to maintain an adequate supply of marijuana?	All Applicants	0-10 Point Scale	10	500	0
23	Describe your plan to ensure safety and security of Qualifying Patients and the community.	All Applicants	0-10 Point Scale	8	500	0
24	Describe your procedures to prevent diversion of medical marijuana into the illegal market.	All Applicants	0-10 Point Scale	10	500	0
25	Describe your plan for making medical marijuana available to low income Qualifying Patients ( <i>only answer if applying for a Dispensary or Cultivation License</i> ).	Dispensary and Cultivation facilities	0-10 Point Scale	5	500	0
26	Will anyone in ownership or management have, or are you retaining a contractor or consultant with, work experience in pharmacology? If yes, list all and describe.	All Applicants	0-10 Point Scale	3	300	0
27	Will anyone in ownership or management have, or are you retaining a contractor or consultant with, work experience in medicinal products? If yes, list all and describe.	All Applicants	0-10 Point Scale	3	300	0

28	Will anyone in ownership or management have, or are you retaining a contractor or consultant with, work experience in community (retail) pharmacy ( <i>only answer if applying for a Dispensary License</i> )? If yes, list all and describe.	Dispensary Facilities	0-10 Point Scale	5	300	0
29	Will anyone in ownership or management have, or are you retaining a contractor or consultant with, sales experience in the pharmaceutical or other highly regulated industry? If yes, list all and describe.	All Applicants	0-10 Point Scale	4	300	0
30	Will anyone in ownership or management have, or are you retaining a contractor or consultant with, work experience in regulatory compliance? If yes, list all and describe.	All Applicants	0-10 Point Scale	4	300	0
31	How will the business recruit qualified employees?	All Applicants	0-10 Point Scale	4	300	0
32	How will the business train employees on diversity and cultural awareness?	All Applicants	0-10 Point Scale	2	300	0
33	How will the business train employees on sexual harassment?	All Applicants	0-10 Point Scale	2	300	0
34	How will the business train employees on workplace violence?	All Applicants	0-10 Point Scale	1	300	0
35	How will the business train employees on security and safety?	All Applicants	0-10 Point Scale	5	300	0
36	How will the business train employees on company policies and applicable laws?	All Applicants	0-10 Point Scale	2	300	0
37	How will the business become operational within 1 year of the license being awarded?	All Applicants	0-10 Point Scale	9	500	0
38	What is the plan for inventory management and tracking orders?	All Applicants	0-10 Point Scale	10	500	0
39	What is the plan for storage of marijuana?	All Applicants	0-10 Point Scale	10	500	0
40	What is the plan for accounting, including but not limited to, fiscal controls?	All Applicants	0-10 Point Scale	6	500	0
41	Provide an analysis of the strengths, weaknesses, opportunities, and threats associated with the proposed business and explain how you intend for the business to become successful.	All Applicants	0-10 Point Scale	5	1000	0
42	Has a market analysis been completed for the business? If yes, provide.	All Applicants	Yes/No	2	0	25
43	Describe your estimated monthly revenues and expenses for the business in the first 2 years of operation. What are the estimates based on?	All Applicants	0-10 Point Scale	5	500	0
44	Including a timeline, what is your staffing plan for the business in the first 2 years of operation?	All Applicants	0-10 Point Scale	3	500	0
45	How will the business source non-marijuana products and equipment necessary for the business?	All Applicants	0-10 Point Scale	3	300	0
46	How will the business fulfill orders?	All Applicants	Satisfactory / Unsatisfactory	3	300	0
47	What is your marketing plan, including to whom, method of delivery, and costs?	All Applicants	0-10 Point Scale	3	1000	0
48	How will the business set pricing, initially and thereafter, based on supply and demand?	All Applicants	0-10 Point Scale	3	500	0
49	What are the necessary steps that will need to occur for the business to succeed?	All Applicants	0-10 point Scale	4	500	0
50	Describe the financial plan for the business. Specifically address financing if FDIC banks and NCUA insured credit unions currently do not provide loans or financing to the legal cannabis industry and how you will complete financial transactions.	All Applicants	0-10 point Scale	8	1000	0
51	Describe the odor control plan, including why a plan may not be needed for your type of business or location.	All Applicants	0-10 Point Scale	3	300	0
52	Describe the plan to prevent minors from illegally obtaining your product.	All Applicants	0-10 Point Scale	9	500	0
53	Will the business offer health insurance for your employees?	All Applicants	Yes/No	1	0	0

**Constitutional topic: Site security.**

**Topic Weight: 0.20**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
54	Describe your security plan, including staffing, at the facility.	All Applicants	0-10 Point Scale	8	500	0
55	Will your security exceed the minimum requirements established by Rule in regard to parking lots and building exterior, if so how?	All Applicants	0-10 Point Scale	2	300	0
56	Will your security exceed the minimum requirements established by Rule in regard to interior public spaces where an agent identification card is not required for access, if so how?	All Applicants	0-10 Point Scale	3	300	0
57	Will your security exceed the minimum requirements established by Rule in regard to interior non-public spaces where an agent identification card is required for access, if so how?	All Applicants	0-10 Point Scale	3	300	0
58	Will your security exceed the minimum requirements established by Rule in regard to marijuana containment, if so how?	All Applicants	0-10 Point Scale	3	300	0
59	Will your security exceed the minimum requirements established by Rule in regard to surveillance, if so how?	All Applicants	0-10 Point Scale	3	300	0
60	Describe the methods of screening and monitoring employees.	All Applicants	0-10 Point Scale	8	500	0
61	Describe the methods of maintaining chain of custody, including training.	All Applicants	0-10 Point Scale	10	500	0
62	Will the facility utilize security signage to warn of trespassing and badge requirements?	All Applicants	Yes/No	1	0	0
63	Will the facility have a procedure for notification of lost access cards, termination of lost card access and subsequent reissuance?	All Applicants	Yes/No	1	0	0

**Constitutional topic: Experience in a legal cannabis market.**

**Topic Weight: 0.08**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
64	Describe the experience, including the number of years, each principal officer or manager has in a legal cannabis market.	All Applicants	0-10 Point Scale	7	300 per person	0

**Constitutional topic: The potential for positive impact in the site community.**

**Topic Weight: 0.16**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
65	Because a 'site community' is dependent upon the location of the business, describe what you believe the community will be for the proposed location of the business (city, town, neighborhood, etc.), and describe how the business will have a positive economic impact in that community.	All Applicants	0-10 Point Scale	6	1000	0
66	How many full-time equivalent jobs will the business have created within 1 year of being authorized to sell or process medical marijuana? Provide a breakdown of part-time and full-time positions.	All Applicants	0-10 Point Scale	6	300	0

67	What will be the average hourly wage of employees (excluding principal officers and owners) in the first year the business is authorized to sell or process medical marijuana? (if an employee is salaried, divide salary by 2080 to calculate hourly wage).	All Applicants	0-10 Point Scale	6	300	0
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**Constitutional topic: Maintaining competitiveness in marijuana for medical use marketplace.**

**Topic Weight: 0.04**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
68	Describe how the facility will contribute to maintaining competitiveness in the marijuana for medical use marketplace.	All Applicants	Satisfactory / Unsatisfactory	5	500	0

**Constitutional topic: In the case of Medical Marijuana Testing Facilities, the experience of their personnel with testing marijuana, food or drugs for toxins and/or potency and health care industry experience.**

**Topic Weight: 0.20**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
1	Describe your experience testing marijuana, food, or drugs for toxins and/or potency.	Testing Facilities	0-10 Point Scale	10	500	0
2	Describe your experience testing food or drugs in the healthcare industry	Testing Facilities	0-10 Point Scale	8	500	0
3	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to impartiality (4.1)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
4	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to confidentiality (4.2)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
5	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to structural Requirements (5.0)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
6	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to resource requirements (6.0)	Testing Facilities	Satisfactory / Unsatisfactory	8	0	10
7	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to personnel (6.2)	Testing Facilities	Satisfactory / Unsatisfactory	8	0	10
8	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to facilities and environmental conditions (6.3)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
9	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to equipment (6.4)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
10	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to metrological traceability (6.5)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
11	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to externally provided products and services (6.6)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
12	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to review of requests, tenders and contracts (7.1)	Testing Facilities	Satisfactory / Unsatisfactory	3	0	10

13	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to selection, verification and validation of methods (7.2)	Testing Facilities	Satisfactory / Unsatisfactory	8	0	10
14	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to sampling (7.3)	Testing Facilities	Satisfactory / Unsatisfactory	8	0	10
15	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to handling of test or calibration items (7.4)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
16	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to technical records (7.5)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
17	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to evaluation of measurement uncertainty (7.6)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
18	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to ensuring the validity of results (7.7)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
19	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to reporting of results (7.8)	Testing Facilities	Satisfactory / Unsatisfactory	5	0	10
20	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to complaints (7.9)	Testing Facilities	Satisfactory / Unsatisfactory	3	0	10
21	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to nonconforming work (7.10)	Testing Facilities	Satisfactory / Unsatisfactory	8	0	10
22	Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to control of data and information management (7.11)	Testing Facilities	Satisfactory / Unsatisfactory	8	0	10

**Constitutional topic: In the case of Medical Marijuana Cultivation Facilities, capacity or experience with agriculture, horticulture, and health care.**

**Topic Weight: 0.20**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
1	Describe your experience with agriculture and/or horticulture.	Cultivation Facilities	0-10 Point Scale	8	500	0
2	Do you have professional experience with healthcare as it relates to growing substances for medicinal or therapeutic purposes? If yes, describe.	Cultivation Facilities	0-10 Point Scale	3	300	0
3	Describe your experience with maintaining a sanitary product, from seed/clone through packaging.	Cultivation Facilities	0-10 Point Scale	10	300	0
4	Describe your experience with product coding/traceability.	Cultivation Facilities	0-10 Point Scale	8	300	0
5	Describe the system you plan to implement to ensure unacceptable products released into the market are recalled.	Cultivation Facilities	0-10 Point Scale	4	300	0
6	Describe any existing or future plans for utility (electric and water) provider agreements.	Cultivation Facilities	0-10 Point Scale	4	300	0
7	Describe the design and size/capacity of your proposed cultivation facility.	Cultivation Facilities	0-10 Point Scale	3	300	0
8	Describe the technology to be used in growing medical marijuana in your proposed cultivation facility.	Cultivation Facilities	0-10 Point Scale	8	500	0

9	Describe your plan for good agricultural practices (GAP), including any certifications.	Cultivation Facilities	0-10 Point Scale	5	300	0
10	Describe the quality control plan for the proposed cultivation facility.	Cultivation Facilities	0-10 Point Scale	7	500	0
11	Describe your plans for waste storage, waste management, waste nutrient recycling and destruction.	Cultivation Facilities	0-10 Point Scale	7	300	0

**Constitutional topic: In the case of Medical Marijuana Dispensary Facilities, capacity or experience with health care, the suitability of the proposed location, and its accessibility for patients.**

**Topic Weight: 0.20**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
1	Describe how the proposed location will be suitable for the facility.	Dispensary Facilities	0-10 Point Scale	6	300	0
2	Will you have an employee training program for providing education and/or counseling on how your product(s) may interact with a qualified patient's condition? If yes, describe.	Dispensary Facilities	0-10 Point Scale	8	300	0
3	Describe how the dispensary will be accessible to patients, including but not limited to, patient access to parking and public transportation.	Dispensary Facilities	0-10 Point Scale	5	300	0
4	Describe any plans you have to deliver medical marijuana to patients offsite.	Dispensary Facilities	0-10 Point Scale	4	300	0
5	Will the business be open to patients at least 40 hours a week?	Dispensary Facilities	Yes/No	2	0	0
6	Do you have experience in healthcare as it relates to selling or providing advice regarding medicinal or therapeutic products? If yes, describe.	Dispensary Facilities	0-10 Point Scale	7	300	0
7	Will the facility have a licensed physician or pharmacist to provide patient consultation?	Dispensary Facilities	Yes/No	5	0	0
8	Describe the system you plan to implement to ensure unacceptable products released into the market are recalled.	Dispensary Facilities	0-10 Point Scale	4	300	0

**Constitutional topic: In the case of Medical Marijuana-Infused Products Manufacturing Facilities, capacity or experience with food and beverage manufacturing.**

**Topic Weight: 0.20**

	Question	Applies to:	Scoring Scale	Weight Within Topic	Word Count Limit	Attachment page limit
1	Describe your experience, including the experience of any retained contractor, consultant, or employee, in food, beverage, and nutraceutical manufacturing, including any relevant experience with medical marijuana.	Infused Products Manufacturing Facilities	0-10 Point Scale	10	1000	0

2	Will the facility consult with or hire a qualified chemist, pharmacist (with manufacturing or compounding experience), food scientist, or chemical engineer for consultation to establish their processes? If yes and the individual(s) are known, provide the education and relevant experience of each individual.	Infused Products Manufacturing Facilities	0-10 Point Scale	5	300 per person	0
3	Will the facility consult with or hire a qualified chemist, pharmacist (with manufacturing or compounding experience), food scientist, or chemical engineer for consultation after the processes are established? If yes and the individual(s) are known, provide the education and relevant experience of each individual.	Infused Products Manufacturing Facilities	0-10 Point Scale	5	300 per person	0
4	Describe your experience, including the experience of any retained contractor, consultant, or employee, with extraction of chemicals from plant materials.	Infused Products Manufacturing Facilities	0-10 Point Scale	8	500	0
5	Describe in detail the air-handling systems to ensure worker safety.	Infused Products Manufacturing Facilities	0-10 Point Scale	6	500	0
6	In addition to testing, describe the systems you have implemented, or plan to implement, to ensure the consistency of the ingredients in the product, to ensure that a) all the ingredients listed on the label are present, and b) any percentages of ingredients listed on the label are accurate.	Infused Products Manufacturing Facilities	0-10 Point Scale	10	500	0
7	Describe the system you plan to implement to ensure unacceptable products released into the market are recalled.	Infused Products Manufacturing Facilities	0-10 Point Scale	7	300	0
8	Describe your plans for waste storage, waste management, waste nutrient recycling and destruction.	Infused Products Manufacturing Facilities	0-10 Point Scale	7	300	0
9	Describe the system you plan to implement for handling flammable materials, explosive materials, and asphyxiates (such as carbon dioxide) to ensure worker safety and protection of the environment.	Infused Products Manufacturing Facilities	0-10 Point Scale	8	500	0
10	Describe your experience, including the experience of any retained contractor, consultant, or employee, and plans for quality control and quality assurance of products.	Infused Products Manufacturing Facilities	0-10 Point Scale	9	500	0

**Evaluation Criteria Scoring Table**

Answer	Points
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**Question on 0-10 Point Scale**

<b>Unsatisfactory</b> - Response fails to meet minimum expectations; has significant weaknesses and lacks detail and/or clarity; little or no confidence in the proposed approach or ability to fulfill claims.	0
<b>Satisfactory</b> - Response meets minimum expectations; offers no significant benefits beyond the minimum expectations; no significant weaknesses exist; reasonable confidence in the proposed approach or ability to fulfill claims.	4
<b>Superior</b> - Response offers some benefits beyond the minimum expectations; no material weaknesses exist; confidence in the proposed approach or ability to fulfill claims.	7
<b>Distinctive</b> - Response promises significant benefits beyond the minimum expectations; answer presents innovative, and/or best-in-class solutions; high confidence in the proposed approach or ability to fulfill claims.	10

**Satisfactory / Unsatisfactory**

<b>Satisfactory</b> - Response meets minimum expectations; no significant weaknesses exist; reasonable confidence in the proposed approach or ability to fulfill claims.	10
<b>Unsatisfactory</b> - Response fails to meet minimum expectations; has significant weaknesses and lacks detail and/or clarity; little or no confidence in the proposed approach or ability to fulfill claims.	0

**Yes / No**

<b>Yes (when a preferred response)</b> - Response indicates assent or agreement.	10
<b>No (when an undesirable response)</b> - Response indicates negation, dissent, or denial.	0

**No / Yes**

<b>No (when a preferred response)</b> - Response indicates negation, dissent, or denial.	10
<b>Yes (when an undesirable response)</b> - Response indicates assent or agreement.	0

Evaluation Criteria Topics and Values						
Constitution Topic	Maximum Points Per Topic	Conversion Factor	Total Points Possible	Topic Weight	Total Weighted Points Possible	
Character, veracity, background, qualifications, and relevant experience of principal officers of managers.	700	2.7142850	1900.000	0.12	228.00	
Business plan proposed by the applicant, which in the case of cultivation facilities and dispensaries shall include the ability to maintain an adequate supply of marijuana, plans to ensure safety and security of Qualifying Patients and the community, procedures to be used to prevent diversion, and any plan for making Marijuana available to low-income Qualifying Patients.	1900	1.0000000	1900.000	0.20	380.00	
Site Security.	420	4.5238100	1900.000	0.20	380.00	
Experience in a legal cannabis market.	70	27.1428500	1900.000	0.08	152.00	
The potential for positive economic impact in the site community.	180	10.5555570	1900.000	0.16	304.00	
Maintaining competitiveness in the marijuana for medical use marketplace.	50	38.0000000	1900.000	0.04	76.00	
The following sub-topics are only asked of applicants seeking such specific license or certification. Each said topic will be given the same topic weight.	In the case of Medical Marijuana Testing Facilities, the experience of their personnel with testing marijuana, food or drugs for toxins and/or potency and health care industry experience.	1320	1.4393940	1900.000	0.20	380.00
	In the case of Medical Marijuana Cultivation Facilities, capacity or experience with agriculture, horticulture, and health care.	670	2.8358210	1900.000	0.20	380.00
	In the case of Medical Marijuana Dispensary Facilities, capacity or experience with health care, the suitability of the proposed location, and its accessibility for patients.	410	4.6341460	1900.000	0.20	380.00
	In the case of Medical Marijuana-Infused Products Manufacturing Facilities, capacity or experience with food and beverage manufacturing.	750	2.5333330	1900.000	0.20	380.00