



Medical Marijuana Regulatory Program

Facility License & Compliance Section

Medical Marijuana Facility Inspection Readiness Attestation

Please complete the below attestation and return to the Facility License & Compliance Section (FL&CS) along with the completed Inspection Form and requested documents. Upload the document to the MO Medical Marijuana Registry as a Business Update.

I attest to the following, as indicated with a checkmark and signature:

- I _____ (Print First, Middle, Last and Suffix Name), attest that _____ (Print Full Name of Facility), _____ (Insert License Number of Facility), have read the Medical Marijuana Inspection Readiness Guide in its entirety.
- I attest that I have reviewed the Inspection Form provided in its entirety.
- I attest that the facility indicated currently meets all standards as outlined in both the Inspection Readiness Guide and the Inspection Form.
- I understand that the Inspection Form provided may be modified or updated as needed to better align with 19 CSR 30-95 and that the Inspection Form is being provided to me as guidance to ensure readiness.
- I understand that requesting an inspection before the facility meets all guidelines noted in the Inspection Readiness Guide and the Inspection Form will delay the process of receiving an approval to operate.
- I attest that ALL facility procedures, records, logs, and Standard Operating Procedures have been developed in accordance with 19 CSR 30-95.
- I attest that I have received all state, local, county, municipal and any other applicable written approvals/permits to operate each and every aspect of my facility, including but not limited to, a fire and safety inspection, wastewater inspection, building and occupancy permits.
- I attest that all facility permits, inspections, procedures, and documents noted above have been submitted to FL&CS as of the date of this form's signature.
- I understand that all documents requested must be provided to FL&CS as directed.
- I understand DHSS will review my original application materials for alignment with current procedures and that information will be reviewed prior to the Commencement Inspection.
- I understand that I must supply all documents requested for the Commencement Inspection, which may be in addition to any documents already submitted.
- _____

This form must be signed by the facility Primary Contact or approved Agent. Any requests for signatures from other parties must be approved in advance by FL&CS. By my signature, I attest and affirm the following:

All of the above noted statements are true and factual.

Individual's Print Full Name (First, Middle, Last, Suffix)

Individual's Signature (Blue Ink)

Date