



TRANSFEEE APPLICATION FOR TRANSFER OF LICENSE

Pursuant to 19 CSR 100-1.100(2) and (3) and Article XIV, all Marijuana and Medical facility licensees must apply for and obtain the department’s approval before they may initiate a full asset transfer to a different entity.

This application should be completed if the entity to which the license or certification will be transferred is not owned by the same entities as was the entity to which the department originally issued the license or certification. For such a transfer, both the Licensee and the Transferee must file an application. This form is to be completed by the **Transferee** and submitted by email to CannabisLicense@health.mo.gov.

Section A - Licensed Entity to be Transferred	
Applicant must complete a separate application for each license to be transferred	
Current Licensed Entity Legal Name (entity to be transferred)	License Number
Name of individual completing this application	Title

Section B - Transferee (Applicant) Entity		
Provide information here for the proposed licensed entity		
Entity Legal Name (name to appear on the facility license)	Federal Employer Tax ID	State of Missouri Tax ID
Trade/Fictitious Name (if applicable)	Business Structure/Type	
Facility Phone Number	Facility Email	Facility Website

Section C – Transferee Mailing Address

Provide the mailing address for the entity named in Section B

Street		Unit Number	
City	State	Zip	

Section D – Transferee Designated Contact Information

Provide information here for the individual with authority to speak on behalf of the transferee for all department communications. This individual will be the point of contact during application processing and will be added to the license registry as the designated contact upon license transfer.

Full Name (Frist, Middle, Last)		Title	
Street		Unit/Apt Number	
City	State	Zip	
Phone	Email	Fax (optional)	

Section E– Attestations (Required)

By entering your initials below and signing the application, you are attesting to the following on behalf of the proposed licensed entity as its authorized representative.

Attestations	Initials
Does the applicant acknowledge responsibility to fully and completely respond to all questions in this form and attest you are authorized to do so on behalf of the applicant?	
Do you attest that no individual subject to analysis for a disqualifying felony offense has a disqualifying felony offense pursuant to 19 CSR 100-1.070(1)?	
Do you attest that all individuals subject to analysis for a disqualifying felony offense will submit fingerprints within two weeks of the application submission date for a state and federal fingerprint-based criminal background check conducted by the Missouri State Highway Patrol?	
Do you attest that the entity is not and will not be under substantially common control, ownership, or management as a testing facility; or, as a certified testing facility, the entity is not and will not be under substantially common control, ownership, or management as a cultivation facility licensee, manufacturing facility licensee, or dispensary facility licensee pursuant to 19 CSR 100-1.070(1)(F)?	
Do you attest that the changes proposed by this application, requiring Department approval per 19 CSR 100-1, have not been effectuated as of this date and will not be executed by any means until DCR has granted written approval?	
Do you attest that the entity is not or will not be owned by or affiliated with an entity that holds a contract with the state of Missouri related to DCR’s marijuana program pursuant to 19 CSR 100-1.070 (1)(D)?	
Do you attest that all marijuana product produced, manufactured, or sold by the Licensee is or will be originated from marijuana grown and cultivated in a licensed Missouri cultivation facility pursuant to 19 CSR 100-1.100(4)(I)?	
Do you attest that any tetrahydrocannabinol, such as THC-A, Delta-8, or Delta-10, in a marijuana product manufactured or sold by the Licensee is or will be derived from marijuana cultivated in a licensed Missouri cultivation facility pursuant to 19 CSR 100-1.170(2)(E)?	

Do you attest that all cannabinoids acquired from entities other than licensed Missouri cultivation facilities for purpose of inclusion in a marijuana product manufactured or sold by the Licensee is or will be accompanied by a Certificate of Analysis at the time of acquisition as pursuant to 19 CSR 100-1.170(2)(F)?	
Do you affirm that, upon the Department's approval of transfer, the applicant will assume the department approved processes by which the licensee has been approved to operate and further fulfill any additional regulatory requirements for continued compliance with 19 CSR 100-1 and Article XIV?	
Do you affirm that, upon the Department's approval of transfer, you must first seek approval of the department in accordance with 19 CSR 100-1.100 prior to changing the facility location, and pass a commencement inspection in accordance with 19 CSR 100-1.030 before you may do any of the following: begin operation under a new license or certification; occupy or utilize new space for which the license has not previously received approval to operate; including vehicles; share space with another license; or change the use of spaces?	
Do you affirm you will provide additional information or documents for this application, if requested by the Department, within seven (7) days of such a request unless the applicant requests and the Department grants an extension?	
Do you affirm that, at this time, the applicant is in compliance with 19 CSR 100-1.070(1)(E) and attest that, if the transfer is approved, the applicant will remain in compliance with this rule at all times?	
Do you attest that the information provided in this application is true and correct and understand that, per 19 CSR 100-1.020(3)(C), false or misleading information in an application is cause for revocation of licensure?	
Do you attest that all final marijuana product is or will be compliantly packaged and labeled by the Licensee prior to transfer to a dispensary licensee pursuant to 19 CSR 100-1.120(3)?	
Do you attest that all marijuana product is or will be transferred pursuant to 19 CSR 100-1.140(2)?	
Do you attest that the Licensee is or will be in compliance with all applicable state, local, and federal requirements pursuant to 19 CSR 100-1.100(4)(C)?	
Do you attest that the Licensee has not made changes to ownership in violation of 19 CSR 100-1.100?	



Do you attest that all space utilized by the Licensee for facility operations is or will be approved by DCR pursuant to 19 CSR 100-1.030(3)?	
Do you attest that all required employee training is or will be completed pursuant to 19 CSR 100-1.080(2)?	
Do you attest that information provided in this application is true and correct?	

Name

Title

Date

Signature

Please be aware of the following actions the applicant may need to initiate to ensure continuity of business operations before and after transfer, if approved. Please note the actions identified by DCR on this form are examples and not intended to be exhaustive.
Action/Step
Notify Local City/County Government to obtain any applicable permits
Notify Missouri Department of Revenue of Change of Entity/Tax Status (www.dor.mo.gov/business)
Register fictitious (DBA) name with the Missouri Secretary of State https://bsd.sos.mo.gov ; submit update application with DCR to add fictitious name(s)
Close facility for transition (if applicable); contact Compliance Officer for guidance
Assume or resume facility operations (if applicable)
File a change request with the Department to seek approval of a Change of Location (if applicable)
Work with licensee to reconcile all marijuana inventory to ensure the inventory records in the statewide track and trace system are accurate