



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF CANNABIS REGULATION
WAIVER OR VARIANCE REQUEST FORM

Per 19 CSR 100-1.020(1)(B), requests for a waiver or variance from the requirements of any provision of 19 CSR 100-1 shall be made in writing by the applicant or licensee's designated contact by completing and submitting this form, in its entirety, to the Division of Cannabis Regulation (DCR). A facility licensee or applicant (the requestor) should submit multiple waiver or variance requests separately.

Per 19 CSR 100-1.010(97), "variance" means an alternate requirement from a rule or specific provision of a rule which, if approved by the department, allows a licensee to be considered compliant with the rule or specific requirement of rule by complying with the approved alternate requirement.

Per 19 CSR 100-1.010(98), "waiver" means a department exemption from compliance with a rule or specific provision of a rule which, if approved by the department, allows a licensee to be considered compliant with the exempted rule or specific provision of rule.

Request shall include:

- An administrative and processing fee of one hundred dollars (\$100).
- The specific rule for which a waiver or variance is requested and list of the requirements that cannot be met.
- A detailed explanation for why the applicant or licensee believes there is good cause to vary from or waive the requirement.
- For a variance, a description of an adequate alternative the entity will implement in lieu of the rule requirement.

DCR reviews each request based on the information provided below. DCR does not guarantee approval of a request and requestors shall continue to meet established requirements while a request is pending. Requests to vary from a deadline should be submitted at least seven (7) days in advance of the deadline.

Per 19 CSR 100-1.020(1)(C), no waiver or variance request is approved unless DCR issues a written approval.

If DCR does not approve a request, the requestor may be in violation of 19 CSR 100-1. A violation of rule may result in a notice of violation or penalties, up to or including revocation of a license or certification.

Submit this form to CannabisLicense@health.mo.gov. Subject: [Licensee Number] Variance or Waiver Request Form

Note: Additional information on how to complete this form can be found at the bottom of this form.

LICENSEE/APPLICANT INFORMATION

LICENSEE/APPLICANT ENTITY LEGAL NAME [1]	LICENSE NUMBER [2]	
FACILITY PHONE NUMBER	APPLICATION ID [3]	
FACILITY STREET 1	FACILITY STREET 2	
FACILITY CITY	STATE	ZIP CODE

DESIGNATED CONTACT INFORMATION [4]

DESIGNATED CONTACT NAME		
PHONE NUMBER	EMAIL	
STREET 1	STREET 2	
CITY	STATE	ZIP CODE

RULE CITATION FOR WAIVER OR VARIANCE [5]

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PROVIDE A DETAILED EXPLANATION FOR WHY THE REQUESTOR BELIEVES THERE IS GOOD CAUSE TO VARY FROM OR WAIVE THE REQUIREMENT [6]

IF A VARIANCE, PROVIDE A DETAILED DESCRIPTION OF AN ADEQUATE ALTERNATIVE THE REQUESTOR WILL IMPLEMENT IN LIEU OF THE RULE [7]

IF ADDITIONAL INFORMATION IS REQUIRED, A REPRESENTATIVE FROM DCR WILL CONTACT YOU

[1] The licensee/applicant entity legal name as listed within the online registry portal.

[2] The license number refers to the license number listed on an approved license or certificate. Approved license numbers will have one of the following prefixes: CUL, MAN, DIS, MBW, MBD, TES or TRA. **Leave blank and see Application ID section if requestor is an applicant without an approved license number.**

[3] Include the application ID number if the request is associated with an application for a new license or certificate; or, for an existing license or certification, if the request is related to an update application that has been submitted within the online registry portal. **May leave blank if not associated with a pending application or update request.**

[4] Designated contact refers to the individual designated by the applicant or licensee as responsible for receiving DCR communications. If this request is submitted in connection with an existing application or license, the designated contact must be the individual identified within the Missouri online registry portal.

[5] List the specific rule citation for which this waiver or variance is requested. Please limit citation to 25 words or less. A separate form must be submitted for each rule from which a waiver or variance is requested.

[6] A good cause explanation must concisely describe why the requestor cannot meet the requirement. Please limit description to 300 words or less.

[7] A request for variance must concisely describe the adequate alternative to rule the requestor will implement. **Waiver requests may leave this section blank.** Please limit description to 300 words or less.

DESIGNATED CONTACT SIGNATURE

DATE