



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR MEDICAL MARIJUANA REGULATION
 MEDICAL MARIJUANA REGULATORY PROGRAM
MM FACILITY WORKSHEET 9

IMPORTANT NOTE: Written responses to these 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 follows these directions, no redactions are necessary. However, if an applicant chooses to provide responses with applicant facility business names or individuals’ names, the applicant must provide a redacted and unredacted version of those responses. Redactions must be applied to applicant facility business names and the names, addresses, and Social Security numbers of any individuals mentioned in the application. It is the applicant’s responsibility to redact response worksheets and attachments to response worksheets for all applicable Facility Application Questions. Any responses to Facility Application Questions that do not properly redact information will not be scored. Only include information that must be redacted in responses and on worksheets when absolutely necessary.

In order to label all worksheets with an application identifier that need not be redacted, enter here a Facility Application ID consisting of four letters followed by four numbers. The same Facility Application ID should be entered on every worksheet for this application and all pages of any worksheet attachments:

Facility Application ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Enter letters)				(Enter Numbers)			

QUESTIONS FOR ALL FACILITY TYPES

MM WORKSHEET 9 – BUSINESS PLAN PROPOSED BY THE APPLICANT

DIRECTIONS: Complete this worksheet. Upload this worksheet and attachments to the on-line Missouri MMP Portal, as directed in the application. See additional instructions below.

19. Will the business have property insurance to cover marijuana loss?

Yes No If yes, provide documentation of the anticipated insurer, policy terms, and limits.



A 10-page attachment is allowed for Question 19.
 No narrative can be filled in on this worksheet.

