Per 19 CSR 30-95.040(2) facilities must obtain a license or certification to cultivate, manufacture, dispense, test, and transport medical marijuana in Missouri. All applications for facility licenses or certifications and for renewals of licenses or certifications shall include at least the following information.

This form is to be completed by the **Licensee’s representative on behalf of the Licensed Entity** and submitted via the **online registry system (Complia) with all required documentation per rule**.

|  |
| --- |
| **Section A – Primary Contact** |

|  |  |
| --- | --- |
|  | No change has been made to our Primary Contact on record in the online registry system. |
|  | I have updated the online registry system with a new Primary Contact as part of the renewal process.  Name of Primary Contact: Click or tap here to enter text. |

|  |
| --- |
| **Section B – Legal Name**  **License applicant must complete a separate application for each license to be renewed and upload in the online registry system regardless of shared ownership or approval to combine licenses.** |

|  |  |  |
| --- | --- | --- |
| **Licensee Entity Legal Name** | **License Number** | **Please indicate in the box** |
| Click or tap here to enter text. | Click or tap here to enter text. | **I have uploaded a Certificate of Good Standing (Required)** |
| **Licensee Fictitious Name(s)** | Click or tap here to enter text. | **I have uploaded Fictitious Name Registration(s)** |

|  |
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| **Section B.1 Seed-to-Sale Provider**  **Please tell us what Seed to Sale Provider you use; Check which applies** |

|  |  |
| --- | --- |
|  | The licensed entity tracks inventory directly through the State’s track and trace system, Metrc. |
|  | The licensed entity uses a third party provider to update inventory into the State’s track and trace system (Metrc)  Name of Provider: Click or tap here to enter text. |

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| **Section B.2 License Activity** |

|  |  |
| --- | --- |
| **Date approval to operate given or operational deadline approved by variance if not yet operational:** | Click or tap here to enter text. |
| **Has the Licensee been approved or currently has filed a change request(s)? Check all that apply:** | **LocationMaterial Deviation**  **Ownership 10% or more**  **Transfer Combination** |

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| **Section C - E – Ownership & Visual** |

1. **Ownership Structure Form (Required per rule for upload)**

|  |  |
| --- | --- |
|  | I have uploaded the Ownership Structure Form (required) identifying all current owners of the Licensed entity per the Department’s definition and guidance. |

1. **Visual (Required per rule for upload)**

|  |  |
| --- | --- |
|  | I have uploaded visual representation of the facility’s ownership |

1. **Please indicate which applies:**

|  |  |
| --- | --- |
|  | The percent of interest change to the licensed entity’s ownership (either economic or voting) is 10% or less since last Department approval. |
|  | The percent of interest change to the licensed entity’s ownership (either economic or voting) is greater than 10% since last Department approval. |
|  | There is no change to the percent of the licensed entity’s ownership since last Department approval. |

1. **Substantial Common Control (Required per rule for upload)**

|  |  |
| --- | --- |
|  | I have uploaded a list of all facilities licensed or certified or applying for licensure or certification in Missouri to cultivate, manufacture, dispense, transport or test medical marijuana that are or will be under substantially common control, ownership, or management as the applicant. For each facility listed, I have included an explanation of how the facility is under substantially common control, ownership, or management as the applicant, with supporting documentation; |

|  |
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| **Section F -H Location, Schematics** |

|  |  |
| --- | --- |
|  | I have uploaded an affidavit stating the facility’s location remains in compliance with 19 CSR 30-95.040(4)B. |
|  | I have uploaded current schematics of the facility’s layout identifying all entities and use of spaces. |

**Please identify all Principal Officer(s), Manager(s), or Director(s) of the licensed entity (currently). Indicate if the individual was not identified at original application (Worksheet #1-3). For those individuals not identified at original application, please also provide a brief description of their qualifications and years of experience. Please complete the table below for every individual.**

| **Individual First and Last Name** | **Role** | **New Individual**  **Not on Orig. App** | **Qualifications (required if new)** | **Years of Relevant Experience (required if new)** |
| --- | --- | --- | --- | --- |
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**Please identify any other individual or third party who exercises control over accounting, personnel policies, operating procedures, financing operations, contracting, or purchasing decisions of the licensee.**

|  |  |
| --- | --- |
| **Individual First and Last Name or Entity Name** | **Role** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| **K. License Assessment - This section is required to be completed by Cultivation, Infused Product Manufacturing, Testing and Dispensary facilities. It is not applicable to Transportation facilities.**  **Per 19 CSR 30-95.040(1)F, plans, assurances, and projections offered in answers to 19 CSR 30-95.025(4) evaluation criteria questions may be considered false or misleading if, upon application for license renewal, the department determines the facility has not made a reasonable effort to implement or follow-through on those plans, assurances, or projections.** |

**Instructions:**

* For each question stated, please review the worksheet response at time of license issuance and indicate below if the Licensee made a reasonable effort to implement or follow-through on its plans, assurances, and projections offered at original application. If yes, please check the box “Yes, the Licensee Made a Reasonable Effort” ; **and**
* If the Licensee changed or was unable to follow-through on its plans, assurances, or projections offered in the worksheet questions at original application or as approved through a change request, please describe (200 words or less) the alternative plan, reason or cause for the change, and the reasonable efforts made to follow-through on the original plans, assurances, or projections. An explanation of reasonable efforts should include all actions the Licensee believes are relevant to its ability to follow-through, and plans, assurances, or projections would include commitments such as canopy space for cultivators, product types for manufacturers, patient delivery for dispensaries, community partnerships, job creation, tax revenues generation, etc. The Department will not assist licensees with determining what efforts may or may not be deemed reasonable; **and**
* If the Licensee mustimplement plans, assurances, or projections in the next three year renewal period **which will differ** from that of the Licensee’s response at original application or through a previously approved change request, and if those additional changes are not already explained and justified in the “Alternative Plan” column, briefly explain in the “Next three year period” column.Indicate with the word “None” if the Licensee’s plans will not differ from the original or alternative plan described.The Licensee should not presume the proposed plans are approved by the Department. The Licensee should review Guidance Document 11 regarding what requires the Licensee to first seek approval for a material deviation before executing proposed future plans.

**Additional documentation for the below questions will not be accepted.**

| **Original Worksheet Question** | **Yes, the Licensee made a reasonable effort** | **Licensee’s plan, assurance and projections changed** | **Licensee changes approved through change request (Date of approval)** | **If Alternative Plan Implemented, Reason for Change & Reasonable Efforts made to Implement Original Plan**  **(Describe Briefly, Do Not Exceed 200 words)** | **Next Three Year Period**  **Proposed future plans, assurances and projections (Describe Briefly, Do Not Exceed 200 words)** |
| --- | --- | --- | --- | --- | --- |
| 1. Submit evidence of the character and veracity of all principal officers and managers? (Worksheet 1) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Submit evidence of the qualifications, background and relevant experience of all principal officers and managers? (Worksheet 2) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe how your previous business experience will contribute to the success of your medical marijuana business. Licensee listed legal businesses operated/managed. (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe how the background of the principal officers and managers will positively reflect or align with the community in which the business is located. (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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 cultivation, process or dispense medical marijuana in any state? (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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). (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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). (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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.(Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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.(Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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.(Worksheet 3) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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: 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 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. (Worksheet 4) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the business have professional liability insurance **for its principal officers**? If yes, provide documentation of the anticipated insurer, policy terms, and limits. (Worksheet 5) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the business have product liability insurance? If yes, provide documentation of the anticipated insurer, policy terms, and limits.(Worksheet 6) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the business have business interruption insurance? If yes, provide documentation of the anticipated insurer, policy terms, and limits.(Worksheet 7) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 8) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the business have property insurance to cover marijuana loss? If yes, provide documentation of the anticipated insurer, policy terms, and limits. (Worksheet 9) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 10) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your plan to maintain an adequate supply of marijuana? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your plan to ensure safety and security of Qualifying Patients and the community. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your procedures to prevent diversion of medical marijuana into the illegal market. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your plan for making medical marijuana available to low income Qualifying Patients *(only answer if applying for a Dispensary or Cultivation License).* (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will anyone in ownership or management have, or are you retaining a contractor or consultant with, work experience in community (retail) pharmacy *(only answer if applying for a Dispensary License*)? If yes, list all and describe. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business recruit qualified employees? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business train employees on diversity and cultural awareness? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business train employees on sexual harassment? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business train employees on workplace violence? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business train employees on security and safety? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business train employees on company policies and applicable laws? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business become operational within 1 year of the license being awarded? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. What is the plan for inventory management and tracking orders? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. What is the plan for storage of marijuana? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. What is the plan for accounting, including but not limited to, fiscal controls? (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 11) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Has a market analysis been completed for the business? If yes, provide. (Worksheet 12) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your estimated monthly revenues and expenses for the business in the first 2 years of operation. What are the estimates based on? (Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Including a timeline, what is your staffing plan for the business in the first 2 years of operation? (Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business source non-marijuana products and equipment necessary for the business?(Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business fulfill orders?(Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. What is your marketing plan, including to whom, method of delivery, and costs?(Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. How will the business set pricing, initially and thereafter, based on supply and demand?(Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. What are the necessary steps that will need to occur for the business to succeed?(Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the odor control plan, including why a plan may not be needed for your type of business or location. (Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the plan to prevent minors from illegally obtaining your product.(Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the business offer health insurance for your employees? (Worksheet 13) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your security plan, including staffing, at the facility. (Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will your security exceed the minimum requirements established by Rule in regard to parking lots and building exterior, if so how? (Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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?(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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?(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will your security exceed the minimum requirements established by Rule in regard to marijuana containment, if so how?(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will your security exceed the minimum requirements established by Rule in regard to surveillance, if so how?(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the methods of screening and monitoring employees.(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the methods of maintaining chain of custody, including training.(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the facility utilize security signage to warn of trespassing and badge requirements?(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the facility have a procedure for notification of lost access cards, termination of lost card access and subsequent reissuance?(Worksheet 14) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the experience, including the number of years, each principal officer or manager has in a legal cannabis market.(Worksheet 15) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 16) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. (Worksheet 16) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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).(Worksheet 16) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe how the facility will contribute to maintaining competitiveness in the marijuana for medical use marketplace.(Worksheet 17) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**After Question #68, please scroll down and complete only the questions applicable to the License facility type.**

**Medical Marijuana Cultivation Facilities Only:**

| **Original Worksheet Question** | **Yes, the Licensee made a reasonable effort** | **Licensee’s plan, assurance and projections changed** | **Licensee changes approved through change request (Date of approval)** | **If Alternative Plan Implemented, Reason for Change & Reasonable Efforts made to Implement Original Plan**  **(Describe Briefly, Do Not Exceed 200 words)** | **Next Three Year Period**  **Proposed future plans, assurances and projections (Describe Briefly, Do Not Exceed 200 words)** |
| --- | --- | --- | --- | --- | --- |
| 1. Describe your experience with agriculture and/or horticulture. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Do you have professional experience with healthcare as it relates to growing substances for medicinal or therapeutic purposes? If yes, describe. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your experience with maintaining a sanitary product, from seed/clone through packaging. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your experience with product coding/traceability. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the system you plan to implement to ensure unacceptable products released into the market are recalled. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe any existing or future plans for utility (electric and water) provider agreements. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the design and size/capacity of your proposed cultivation facility. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the technology to be used in growing medical marijuana in your proposed cultivation facility. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your plan for good agricultural practices (GAP), including any certifications. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the quality control plan for the proposed cultivation facility. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your plans for waste storage, waste management, waste nutrient recycling and destruction. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Marijuana Dispensary Facilities Only:**

| **Original Worksheet Question** | **Yes, the Licensee made a reasonable effort** | **Licensee’s plan, assurance and projections changed** | **Licensee changes approved through change request (Date of approval)** | **If Alternative Plan Implemented, Reason for Change & Reasonable Efforts made to Implement Original Plan**  **(Describe Briefly, Do Not Exceed 200 words)** | **Next Three Year Period**  **Proposed future plans, assurances and projections (Describe Briefly, Do Not Exceed 200 words)** |
| --- | --- | --- | --- | --- | --- |
| 1. Describe how the proposed location will be suitable for the facility. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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 |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe how the dispensary will be accessible to patients, including but not limited to, patient access to parking and public transportation. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe any plans you have to deliver medical marijuana to patients offsite. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the business be open to patients at least 40 hours a week? |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Do you have experience in healthcare as it relates to selling or providing advice regarding medicinal or therapeutic products? If yes, describe. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Will the facility have a licensed physician or pharmacist to provide patient consultation? |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the system you plan to implement to ensure unacceptable products released into the market are recalled. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Marijuana Infused Product Manufacturing Facilities Only:**

| **Original Worksheet Question** | **Yes, the Licensee made a reasonable effort** | **Licensee’s plan, assurance and projections changed** | **Licensee changes approved through change request (Date of approval)** | **If Alternative Plan Implemented, Reason for Change & Reasonable Efforts made to Implement Original Plan**  **(Describe Briefly, Do Not Exceed 200 words)** | **Next Three Year Period**  **Proposed future plans, assurances and projections (Describe Briefly, Do Not Exceed 200 words)** |
| --- | --- | --- | --- | --- | --- |
| 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. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your experience, including the experience of any retained contractor, consultant, or employee, with extraction of chemicals from plant materials. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe in detail the air-handling systems to ensure worker safety. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe the system you plan to implement to ensure unacceptable products released into the market are recalled. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your plans for waste storage, waste management, waste nutrient recycling and destruction. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your experience, including the experience of any retained contractor, consultant, or employee, and plans for quality control and quality assurance of products. |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Testing Laboratory Facilities Only**

| **Original Worksheet Question** | **Yes, the Licensee made a reasonable effort** | **Licensee’s plan, assurance and projections changed** | **Licensee changes approved through change request (Date of approval)** | **If Alternative Plan Implemented, Reason for Change & Reasonable Efforts made to Implement Original Plan**  **(Describe Briefly, Do Not Exceed 200 words)** | **Next Three Year Period**  **Proposed future plans, assurances and projections (Describe Briefly, Do Not Exceed 200 words)** |
| --- | --- | --- | --- | --- | --- |
| 1. Describe your experience testing marijuana, food, or drugs for toxins and/or potency. (Worksheet 18) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Describe your experience testing food or drugs in the healthcare industry. (Worksheet 18) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to impartiality (4.1) (Worksheet 19) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to confidentiality (4.2) (Worksheet 20) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to structural Requirements (5.0) (Worksheet 21) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to resource requirements (6.0) (Worksheet 22) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to personnel (6.2)(Worksheet 23) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 24) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to equipment (6.4) (Worksheet 25) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to metrological traceability (6.5)(Worksheet 26) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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) (Worksheet 27) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 28) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 29) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to sampling (7.3)(Worksheet 30) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 31) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to technical records (7.5)(Worksheet 32) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 33) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 34) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 35) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to complaints (7.9)(Worksheet 36) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide your proposed policy and/or documentation as it relates to the standards defined in ISO 17025:2017 relating to nonconforming work (7.10)(Worksheet 37) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. 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)(Worksheet 38) |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| --- |
| **Attestations (Required)** |

|  |  |
| --- | --- |
|  | **Digital Signature** |
| 1. Do you acknowledge it is your responsibility to fully and completely respond to all questions in this form and attest you are authorized to do so on behalf of the licensee applicant? | Click or tap here to enter text. |
| 1. Do you attest that no individual who owns the license, in whole or in part, has a disqualifying felony offense? | Click or tap here to enter text. |
| 1. Do you attest that all owners who hold any portion of the economic or voting interest of the facility who will also have access to medical marijuana or the medical marijuana facility, and all officers, directors, board members, managers, and employees identified in the application, have submitted fingerprints within the previous six months for a state and federal fingerprint-based criminal background check to be conducted by the Missouri State Highway Patrol except those who currently hold an active Agent ID Card? | Click or tap here to enter text. |
| 1. 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? Failure to do so is a violation of 19 CSR 30-95.040(5)(A)2. | Click or tap here to enter text. |
| 1. Do you acknowledge, per 19 CSR 30-95.040(1)F, the Licensee may be suspended, denied, or revoked if a facility provides false or misleading information in its application? | Click or tap here to enter text. |
| 1. Do you attest the Licensee has made a reasonable effort to implement its plans, assurances, and projections offered in answers to 19 CSR 30-95.025(4) evaluation criteria questions and is fully prepared to provide documentation and supporting evidence in support of such effort? **(Not applicable to Transportation Facilities)** | Click or tap here to enter text. |

* Click or tap to enter a date.