



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711

Randall W. Williams, MD, FACOG
Director



Michael L. Parson
Governor

Dear Applicant:

Attached is a form for pre-filing license application fees for a Missouri Medical Marijuana Cultivation, Dispensary, or Infused Products Manufacturing facility and instructions for completing the form. Please review the instructions before completing the form.

General Information for Submissions:

- (1) The attached form is not an application for a license to operate a Medical Marijuana Cultivation, Dispensary, or Infused Products Manufacturing Facility. Application forms will be made available on June 4, 2019 and must be submitted separately.
- (2) Pre-filing of license application fees does not affect the order in which license applications are reviewed.
- (3) No medical marijuana related activities may take place until an application has been processed and a license has been issued.
- (4) Pursuant to Amendment 2, all application fees are not refundable.
- (5) Checks and money orders should be made payable to the Missouri Department of Health and Senior Services.
- (6) Pre-filed License Application Fees forms are processed by the Department's Fee Receipt Unit before being forwarded to the Section for Medical Marijuana Regulation.
- (7) Please review your Pre-filed License Application Fee form for completeness and accuracy before submitting it to the Department. Errors and omissions cause delays in processing forms. Please ensure handwriting is legible.
- (8) All forms must be submitted on paper and must be mailed or delivered to the Department's Fee Receipt Unit at the following addresses:

Mailing address:

Department of Health and Senior Services
Fee Receipt Unit
P.O. Box 570
Jefferson City, MO 65102-0570

Hand delivery address:

Department of Health and Senior Services
Fee Receipt Unit
920 Wildwood Drive
Jefferson City, MO 65109

Section for Medical Marijuana Regulation
P.O. Box 570
Jefferson City, MO 65102-0570

www.health.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

INSTRUCTIONS FOR COMPLETING PRE-FILED LICENSE APPLICATION FEE FORM

Please review these instructions as the form is completed to ensure all fields are completed correctly with the required information. Incomplete forms cause delays in processing.

Fields on the form that are required to submit a pre-filed medical marijuana related licensing fee are marked with an asterisk (*). All required fields must be completed. Please be sure to write legibly.

- *(1) Provide your full name or the legal name and doing business as name of your company.
- *(2) Provide your social security number or, if the applicant is an business, your federal tax ID number. This is used for tracking purposes to ensure we connect the correct pre-paid application fee with a future application.
- *(3) Provide your current mailing address where the Section for Medical Marijuana Regulation may contact you or send information.
- (4) Provide your current telephone number and/or an email address where the Section for Medical Marijuana Regulation may contact you or send information. This will allow the Section to communicate with you faster than if the only contact information provided is a mailing address.
- *(5) Indicate the type of license application you anticipate submitting. You can only choose one type of license application per form submitted.
- *(6) Provide the name of the city or community nearest to your anticipated facility location. This location is used by the department for tracking and planning purposes only to determine where facilities are anticipated to be. The facility location on subsequent applications may be different than the anticipated facility location provided on this form.
- (7) This field provides instructions on the amount of fees that must be paid and how to pay the fees. Fees are \$10,000.00 for medical marijuana cultivation facilities; \$6,000.00 for medical marijuana dispensary facilities; and \$6,000.00 for medical marijuana-infused products manufacturing facilities. Fees are not refundable and will only apply to applications submitted to the Department within one (1) year from the date which the Department first makes licensing applications for these facilities available to the public.
- (8) This field provides information on how paper forms are to be mailed or delivered to the department.
- *(9) Applicants are required to manually sign and date a form that is submitted on paper.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF REGULATION AND LICENSURE
 SECTION FOR MEDICAL MARIJUANA REGULATION
PRE-FILED LICENSE APPLICATION FEES

PLEASE USE THE ATTACHED INSTRUCTIONS THAT APPEAR WITH THIS FORM. (*) REQUIRES A RESPONSE.				
*1A. YOUR LEGAL NAME LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1B. COMPANY LEGAL NAME (IF KNOWN)		DOING BUSINESS AS NAME (IF KNOWN)		
*2. SOCIAL SECURITY NUMBER (OR FEDERAL TAX ID NUMBER IF APPLICANT IS AN BUSINESS)				
*3. MAILING ADDRESS				
STREET ADDRESS				
CITY		STATE	ZIP CODE	
4. ADDITIONAL CONTACT INFORMATION				
TELEPHONE NUMBER		EMAIL ADDRESS		
*5. TYPE OF LICENSE APPLICATION ANTICIPATED (CHOOSE ONLY ONE)				
<input type="checkbox"/> MEDICAL MARIJUANA CULTIVATION FACILITY <input type="checkbox"/> MEDICAL MARIJUANA DISPENSARY FACILITY <input type="checkbox"/> MEDICAL MARIJUANA-INFUSED PRODUCTS MANUFACTURING FACILITY				
*6. ANTICIPATED FACILITY LOCATION				
CITY OR NEAREST COMMUNITY		STATE MISSOURI	ZIP CODE	
7. PAYMENT OF FEES				
<p>The license application fee is:</p> <ul style="list-style-type: none"> \$10,000.00 per Medical Marijuana Cultivation Facility \$6,000.00 per Medical Marijuana Dispensary Facility \$6,000.00 per Medical Marijuana-Infused Products Manufacturing Facility <p>The fee payment must accompany this form. Fees may be paid by personal or certified check, cashier's check, or money order. Checks and money orders should be made payable to the Missouri Department of Health and Senior Services.</p> <p>These application fees are not refundable. Pre-filed application fees shall only be applicable to a license application submitted to the Missouri Department of Health and Senior Services within one year of the date on which the department begins accepting applications for the above licenses.</p> <p>Applicant must have an ownership interest in a company in order to submit fees on its behalf.</p>				
8. MAILING INFORMATION				
<p>Pre-filed application fees and accompanying forms should be mailed to the Missouri Department of Health and Senior Services, FEE RECEIPT UNIT, P.O. Box 570, Jefferson City, MO 65102-0570.</p> <p>Pre-filed application fees and accompanying forms delivered by hand or by special courier should be delivered to the physical street address of FEE RECEIPT UNIT, at the Missouri Department of Health and Senior Services, 920 Wildwood Drive, Jefferson City, MO 65109.</p>				
*9. ACKNOWLEDGEMENT & SIGNATURE				
<p>Submitting an incomplete form delays processing. Submitting false information is grounds for a denial of licensure or other administrative disciplinary action. The duty and responsibility for applying for a license cannot be delegated.</p> <p>A pre-filed application fee is not an application for licensure. Pre-filing an application fee does not guarantee that an applicant will be granted a license. Pre-filing of license application fees does not affect the order in which license applications are reviewed or provide a competitive advantage in the licensing process.</p>				
PRINTED NAME OF APPLICANT		TITLE		
SIGNATURE OF APPLICANT			DATE	
<p>Please review the form to ensure you have responded to the required fields with an asterisk (*). Retain a copy of this form for your records.</p>				