

Section for Medical Marijuana Regulation Facility License & Compliance Section



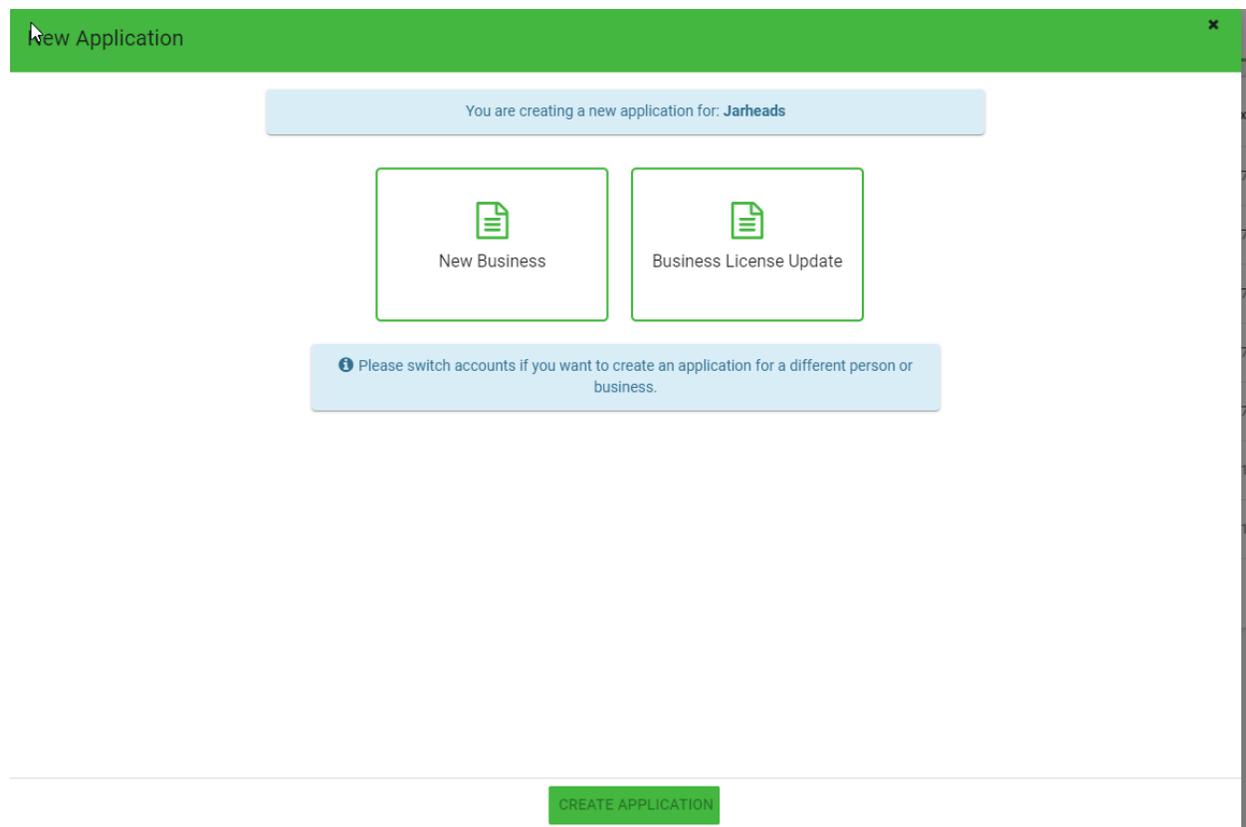
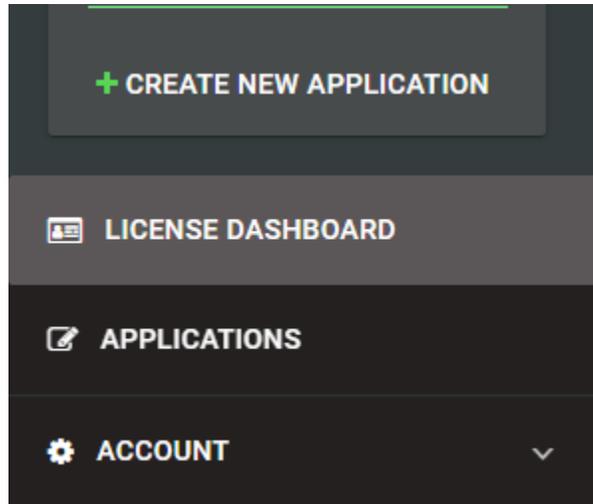
Submitting a Business Change Request Licensee Guide to the System & Payment Process

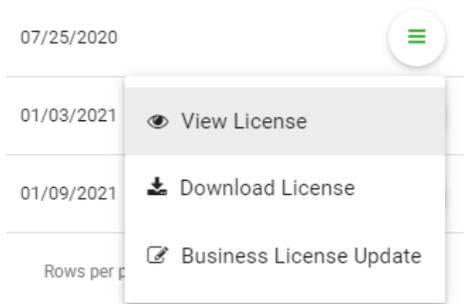
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Beginning a Business Update/Business Change Request

There are two ways to begin submitting a Business License Update or Business Change Request, either via the Create New Application link or via the 3 green line tab in the License Dashboard.





*** Note when using New Application tab, you will have to select which license (by number) you want to make changes to. When using the three line tab, the license number will automatically be filled. However, it is up to the Licensee to confirm the correct license is being updated. ***

License Information – Update Reasons

Once you select Business License Update, you will be directed to the License Information tab, which has questions regarding the update:

- Licensee must ensure any/all answers to questions under the License Information tab are applicable to their scenario before saving. Once saved, answers cannot be changed however if not submitted you may return to the Application tab and delete the update and start over.
- Answer the questions based on the type of Change or Changes you are requesting. Consult your Licensed Specialist if you are unsure what to select.

Each question has a pro-tip  that will show you the documents required for approval of that specific update. (Attached page has questions and pro-tips)

General Information

Any information changes in this tab must match the Business Update or previously submitted Business information

Entity Legal Name * DHSS MM	License/Certification Type * Testing Laboratory	Tax ID (SSN or EIN) * 123456789
Trade/Fictitious Name	Entity Phone * (573)526-4617	Email * billpl8@yahoo.com
Website	Business Structure/Type * LLC For example: Limited Liability Corporation.	

Persons of Interest

This tab will only allow changes if the second question in the **License Information** tab is changed to **“Yes”**

To remove, edit or add new Person of Interest information, use red or green links under the Mailing Address. Under Questions, “Do you attest that the proposed warehouse location complies with all the location requirements of 19 CSR 30-95.040(4)(B), 19 CSR 30-95.100(2)(C), or local government, as applicable?” and “Do you attest that the proposed warehouse will comply with all other rules applicable to the facility for which the warehouse is being constructed?” DO NOT have to be answered if they do not apply. However, Signature must be completed (digital signature or name of Primary Contact)

Street : [REDACTED]	Unit No / Apt No :	City :JEFFERSON CTY
State :Missouri	Zip Code :65109	
Address Verified? :Yes		

[✖ REMOVE RECORD](#) [✔ EDIT RECORD](#) [+ ADD NEW RECORD](#)

Questions and Signature

Ensure all questions are properly answered. Warehouse questions can be left blank if they do not apply to the Licensee. However, ***ALL*** Business Updates must contain a signature (electronic signature or full name) of the individual submitting the update.

Do you attest that the proposed warehouse location complies with all the location requirements of 19 CSR 30-95.040(4)(B), 19 CSR 30-95.100(2)(C), or local government, as applicable?

Yes

No

Do you attest that the proposed warehouse will comply with all other rules applicable to the facility for which the warehouse is being constructed?

Yes

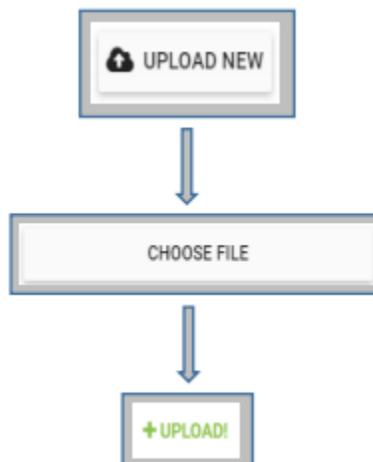
No

Signature *



Documents – Uploading Documents

1. Click **Upload New** next to the document you are trying to upload.
2. Select **Choose File** to search for and select the appropriate document(s).
3. Once selected, click the **+Upload!** button.
4. Repeat the above steps to attach multiple files to the same document field.



Review

You will not be able to “**Submit**” your application until all application data requirements indicated with a red “X” are provided. You may click on the tabs at the top of the page to launch the respective screen to provide the required application data.

Applications / New Business

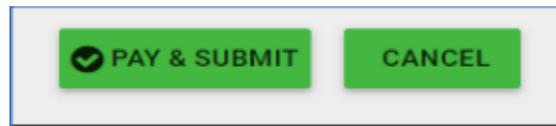
GENERAL INFORMATION PERSONS OF INTEREST LOCATION INFORMATION PRIMARY CONTACT QUESTIONS DOCUMENTS PAYMENT REVIEW

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy. WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

✘ Entity Legal Name:	✘ License/Certification Type:	✘ Tax ID (SSN or EIN): 777-99-1234
Trade/Fictitious Name:	✘ Entity Phone:	✔ Email: nmptester@yahoo.com
Website:	✘ Business Structure/Type:	

Click the **PAY & SUBMIT** button at the bottom of the page to submit your application. Upon successful payment transaction, the applicant will be returned to the online system and receive a confirmation of submission.



After submitting an update, you will have a new application reference code. This code IS NOT a new license number. You will not be able to make changes to that specific license. The update can be located/reviewed in the Applications Tab on the left side of the screen. You will receive a confirmation email each time an update is submitted.

Business Change Request & Fee Schedule

For each change identified below, a Business Update must be submitted to the Department through the online registry system for each license impacted by the change request. Please consult your Licensed Specialist with any questions or inquiries related to the amount due.

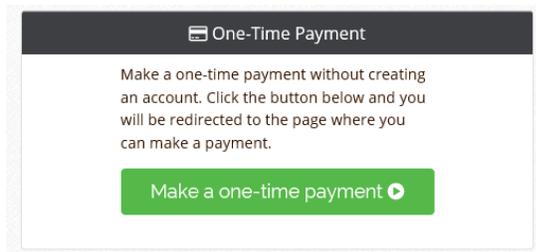
Upon submission of a change request, the Registry will NOT direct you to the payment center. You will need to do this outside of the registry system and email your Licensed Specialist the Confirmation Receipt upon completion of payment.

An administrative and processing fee of \$2,046 **per request per facility license** effected by such request shall be remitted to the Department through the third party payment center. The Facility Licensee shall remit the applicable fee(s) and upload a payment confirmation receipt with each request. Payment should be remitted **before requests are created in the system**. Payment will be required before requests will be reviewed by the Department.

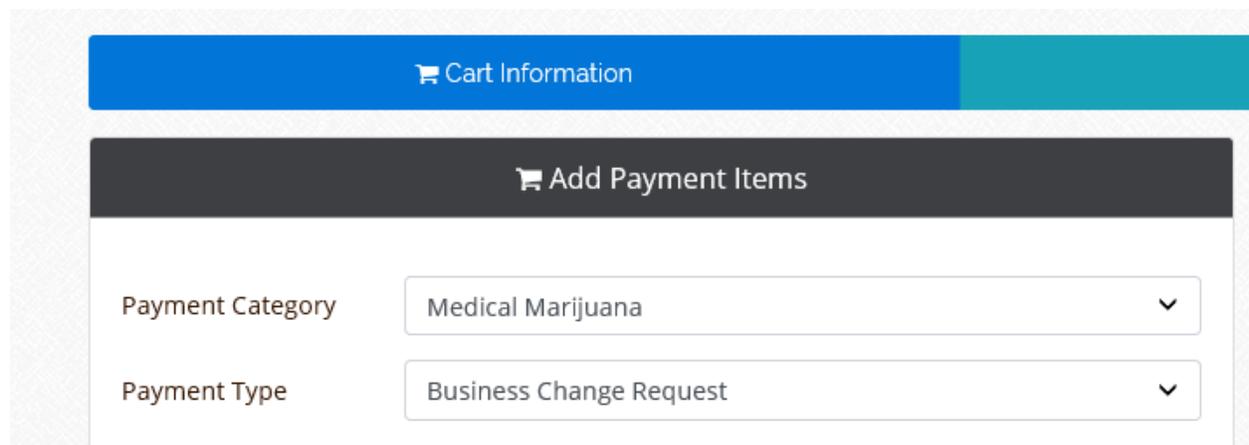
Remitting Payment

<https://magic.collectorsolutions.com/magic-ui/Login/mo-health-senior-serv>

- Click



- Select

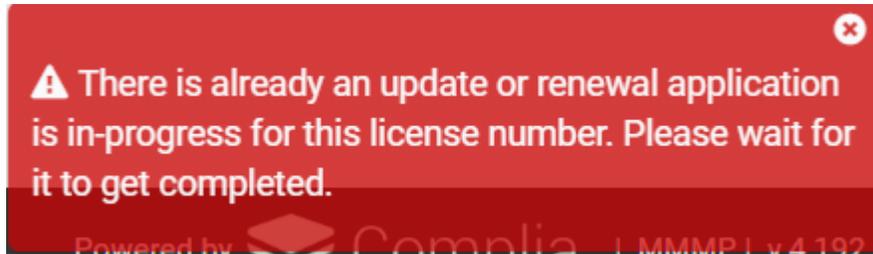


Fee Schedule

Business Change Request	Fee Per Request Per License Effected
Assign, sell, give, lease, sublicense, or otherwise transfer its license to any other entity. See 19 CSR 30-95.040(4)(C)1 for more information.	\$2,046
Ownership interest, in total, equal to or greater than 10% either or combination thereof of economic or voting interest in the Licensed Entity, at any given time (Change may only be submitted on or after January 1, 2021)	\$2,046
Change location of the Facility from the location approved at time of licensure certification	\$2,046
Materially deviate from the facilities proposed physical design or current design, includes location change if applicable	\$2,046
Combine licensed facilities to a single location	\$2,046
Begin construction on a warehouse sited at a location other than the approved location of the facility	\$2,046

Error trying to submit the Business Change Request

If you attempt to submit a business update to a license that has one in progress already, you will receive the following notice:



1255		Rejected	Business License Update	Jan 9, 2020	
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- Return to the Applications tab
- If the “update” is in an Open status you will be able to delete it
- If it is already submitted, please contact your Licensed Specialist