



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR MEDICAL MARIJUANA REGULATION
MEDICAL MARIJUANA REGULATORY PROGRAM
MM FACILITY WORKSHEET 15

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"/> |
| <i>(Enter letters)</i> | | | | <i>(Enter Numbers)</i> | | | |

QUESTIONS FOR ALL FACILITY TYPES
MM WORKSHEET 15 – EXPERIENCE IN A LEGAL CANNABIS MARKET

DIRECTIONS: Complete this worksheet. Upload this worksheet to the on-line Missouri MMP Portal, as directed in the application.

No attachments are allowed for any question on this worksheet.

64. Describe the experience, including the number of years, each principal officer or manager has in a legal cannabis market. **You may submit up to 300 words per person. Include only 1 space between sentences.**

INDIVIDUAL #1:

To view your word count, click out of the text box and then click back into the text box.

INDIVIDUAL #2:

To view your word count, click out of the text box and then click back into the text box.

INDIVIDUAL #3:

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INDIVIDUAL #4:

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INDIVIDUAL #5:

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INDIVIDUAL #6:

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INDIVIDUAL #9:

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INDIVIDUAL #10:

To view your word count, click out of the text box and then click back into the text box.



For more individuals, please use an additional MM Worksheet 15.

