



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR MEDICAL MARIJUANA REGULATION
 MEDICAL MARIJUANA REGULATORY PROGRAM
MM FACILITY WORKSHEET 3

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 3 – CHARACTER, VERACITY, BACKGROUND, QUALIFICATIONS, AND
RELEVANT EXPERIENCE OF PRINCIPAL OFFICERS OR MANAGERS

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.

- Describe how your previous business experience will contribute to the success of your medical marijuana business. List the legal business name and address of each business you operated or managed. **You may submit up to 500 words. Include only 1 space between sentences.**

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

4. Describe how the background of the principal officers and managers will positively reflect or align with the community in which your business will be located. **You may submit up to 500 words. Include only 1 space between sentences.**

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

5. 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?

Yes No If yes, explain. **You may submit up to 300 words. Include only 1 space between sentences.**

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

6. 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 cultivate, process, or dispense medical marijuana in any state?

Yes No If "Yes", provide the following: Respondent / Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Name and Address of the Administrative Agency or Court (Specify Federal, State and/or Local Jurisdictions). **You may submit up to 300 words. Include only 1 space between sentences.**

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

7. Has any principal officer or manager ever been convicted of, or pled 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?

Yes No 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). **You may submit up to 300 words. Include only 1 space between sentences.**

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

8. Has any principal officer or manager ever been convicted of, or pled 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?
 Yes No 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). **You may submit up to 300 words. Include only 1 space between sentences.**

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

9. 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?
 Yes No If yes, provide the name of the controlled substance licensing/registration body, the date and the reason for the denial. **You may submit up to 300 words. Include only 1 space between sentences.**

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

10. 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?

Yes No If yes, provide the name of the controlled substance licensing/registration body, the date and the reason for the disciplinary action. **You may submit up to 300 words. Include only 1 space between sentences.**

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

11. 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?

Yes No If yes, state the date, the name of the licensing body and the reason for the action taken. **You may submit up to 300 words. Include only 1 space between sentences.**

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

12. 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?

Yes No If yes, state the date and the reasons for the adverse or disciplinary action. **You may submit up to 300 words. Include only 1 space between sentences.**

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

13. 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, Medi calid, or MO HealthNet for fraud, abuse, or submission of any false or fraudulent claim, payment, or reimbursement request?

Yes No If yes, state the date and the reasons for the exclusion. **You may submit up to 300 words. Include only 1 space between sentences.**

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