



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR MEDICAL MARIJUANA REGULATION
 MEDICAL MARIJUANA REGULATORY PROGRAM
MM FACILITY WORKSHEET 39

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:

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|------------------------|----------------------|----------------------|----------------------|------------------------|----------------------|----------------------|----------------------|
| <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 CULTIVATION FACILITIES ONLY

MM WORKSHEET 39 – CAPACITY OR EXPERIENCE WITH AGRICULTURE, HORTICULTURE, AND HEALTH CARE

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 your experience with agriculture and/or horticulture. **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.

2. Do you have professional experience with healthcare as it relates to growing substances for medicinal or therapeutic purposes?

Yes

No

If yes, describe. **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.

3. Describe your experience with maintaining a sanitary product, from seed/clone through packaging. **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.

4. Describe your experience with product coding/traceability. **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.

5. Describe the system you plan to implement to ensure unacceptable products released into the market are recalled. **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. Describe any existing or future plans for utility (electric and water) provider agreements. **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. Describe the design and size/capacity of your proposed cultivation facility. **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. Describe the technology to be used in growing medical marijuana in your proposed cultivation facility. **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.

9. Describe your plan for good agricultural practices (GAP), including any certifications. **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. Describe the quality control plan for the proposed cultivation facility. **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.

11. Describe your plans for waste storage, waste management, waste nutrient recycling and destruction. **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.