



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR MEDICAL MARIJUANA REGULATION
 MEDICAL MARIJUANA REGULATORY PROGRAM
MM FACILITY WORKSHEET 40

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 DISPENSARY FACILITIES ONLY

MM WORKSHEET 40 – CAPACITY OR EXPERIENCE WITH HEALTH CARE, THE SUITABILITY OF THE PROPOSED LOCATION AND ITS ACCESSIBILITY FOR PATIENTS

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 the proposed location will be suitable for the 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.

2. Will you have an employee training program for providing education and/or counseling on how your product(s) may interact with a qualified patient's condition? 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 how the dispensary will be accessible to patients, including but not limited to, patient access to parking and public transportation. **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 any plans you have to deliver medical marijuana to patients offsite. **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. Will the business be open to patients at least 40 hours a week?

Yes No

6. Do you have experience in healthcare as it relates to selling or providing advice regarding medicinal or therapeutic products? 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.

7. Will the facility have a licensed physician or pharmacist to provide patient consultation?

Yes No

8. 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.