



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Division of Cannabis Regulation
Microbusiness Application User Guide

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Browser/Hardware Recommendation

The recommended browser for accessing the online registry portal is Google Chrome, other browsers may experience issues and not function as designed. Applicants are advised to use a personal computer when accessing the application, mobile devices will display the website in a condensed format and may experience other difficulties in entering application information.

Accessing the Online Registry Portal

- From the Cannabis.mo.gov website:
 - Click the Microbusiness Information drop-down tab and select “How to Apply”.
 - Click the blue “Application Registration” button.



How to Apply - Microbusiness

DCRS Home > Licensing & Regulations > cannabis > how-to-apply-micro

How to Apply

Applicants must choose the congressional district where their microbusiness facility will be located at the time of application. Applicants are not required to reside in the same congressional district as the proposed facility address. Before registering click below to access the DCR location tool for assistance determining the congressional district, house district, and GPS coordinates where the marijuana microbusiness facility will be located. Ensure the information is documented accurately as it is required for a microbusiness application.

How to use the DCR Location Tool

For those with an existing address for the proposed location of their microbusiness facility:

- Enter the address of the proposed facility location into the "Find address or place" search box. The tool will populate the congressional district and GPS coordinates for the facility location.

For those without an existing address for the proposed location of their microbusiness facility:

- Enter in the latitude and longitude of the proposed facility location into the "Find address or place" search box to populate the congressional district.

OR:

- While at the proposed facility location select the thumbnail of the DCR Location Tool to populate the congressional district and GPS coordinates for the facility location.

DCR Location Tool

Find address or place

Map showing Chicago, Cook County, Illinois, United States of America. Powered by Mapbox.

Lat: 38.574300 Lon: -90.247000

The application acceptance period for the first round of microbusinesses will be July 27 through August 10. No early applications will be accepted. Applications will only be accepted through the on-line registry portal.

How do I know if I am eligible?

Step 1: Forms **Step 2: Register** **Step 3: Apply**

Get started by reviewing the [eligibility criteria](#) and [Microbusiness License Application](#) form and instructions. An [Application Checklist](#) has been provided to assist applicants. [Microbusiness License Application](#) form number 6888-DCR-10-19-2019, is for informational purposes only.

The Department has determined that individuals who hold ownership in a licensed transportation facility may hold ownership in a microbusiness facility, and therefore may be listed as an individual on a microbusiness application. Applicants that hold ownership in a transportation facility should answer "yes" when answering the attestation "Do you attest that the applicant does not have an owner who also has control of an existing medical, comprehensive, transportation, or other microbusiness license pursuant to HCSR 310-1.02(C)(7)?"

If selected through lottery, the department will provide instructions to applicants in this category, such as any required selection or review to the existing rules. If awarded, the associated transportation license may not be used to avoid the limitations on sale/transfer between microbusinesses and comprehensive facilities; those restrictions will still apply whether a licensee is using a transportation facility or their own transportation to transfer product.

Click below to apply

Application Registration

Application Resources

Right Side Navigation:

- Agent ID Information
- Facility Information
- Submit to Implementation & Program's Journey
- Microbusiness Information**
 - About
 - Guidance for Applicants
 - How to Apply**
 - Eligibility Information
 - Frequently Asked Questions
 - Fee Schedule
 - Data and Reports
 - Outreach & Education
 - Application Resources
 - Business Resources
 - Application Tutorials
- News Releases
- Patient Information
 - Physician/Prescriber Information
- Utilization - Patient/Dispenser & Recipient
- Resources
 - Data and Reports
 - About Us
 - Rules and Fees
- Feedback

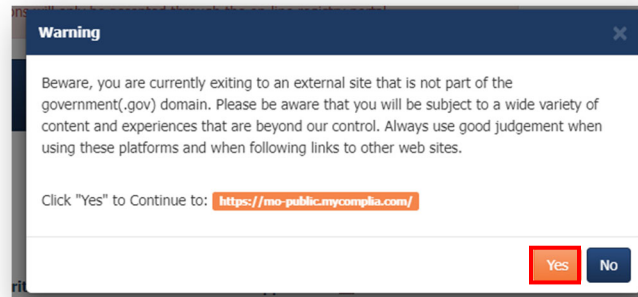
Contact Information

Division of Cannabis Regulation
PO Box 570
Jefferson City, MO 65102-0570

Toll-Free Access Line: **866-288-6165**
(9:00 am – 4:00 pm CST Monday – Thursday)

Email for general inquiries:
CannabisInfo@health.mo.gov

- A “Warning” will populate, alerting that that you are exiting the Department’s website, click “Yes” to be redirected to the online registry portal.



First-Time User Account Registration

- Navigate to <https://mo-public.mycompla.com/#!/mo/register>.
- Select “Register” in the top right-hand corner.
- Enter first name, last name, email address and phone number.
- Choose “Business” as the application type to get started with, click Register and follow the prompts.
- Fields for Tax ID Number/SSN and Website are not required fields and can be added after account creation.

Please Note: The email address provided for the User Registration will receive notification of change in application status and will be used as the Username when logging in.

WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.

Legal First Name * Legal Last Name *

Email * Confirm Email *

Phone Number *

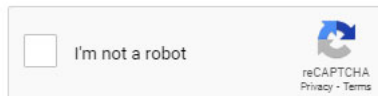
What type of application would you like to get started with? *
Business

Business Name * Website

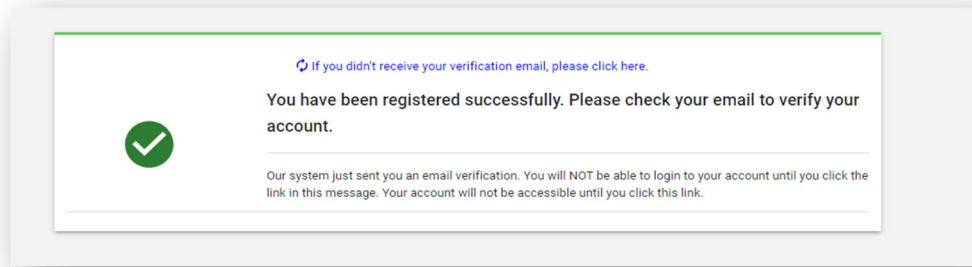
Tax ID Number
Please enter your social security number if you do not have an EIN. This field is limited to 9 characters

Password * Re-enter Password *

Please read and accept [Terms and Conditions](#) before proceeding.

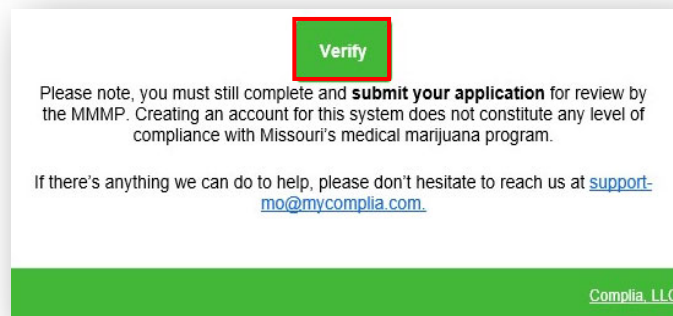


[↻](#) If you didn't receive your verification email, please click here.

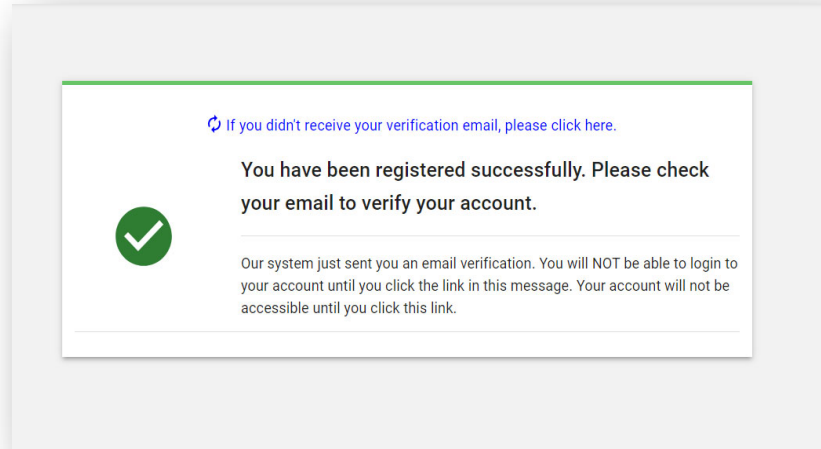


Account Verification

- Locate the email from the online registry portal and click the “Verify” button within the email message.

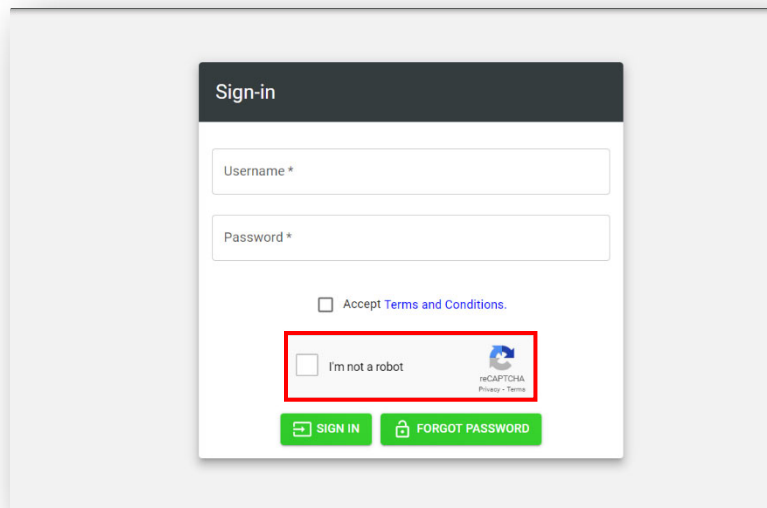


Please be Aware: If the verification email is not received within 15 minutes, click the link to resend.



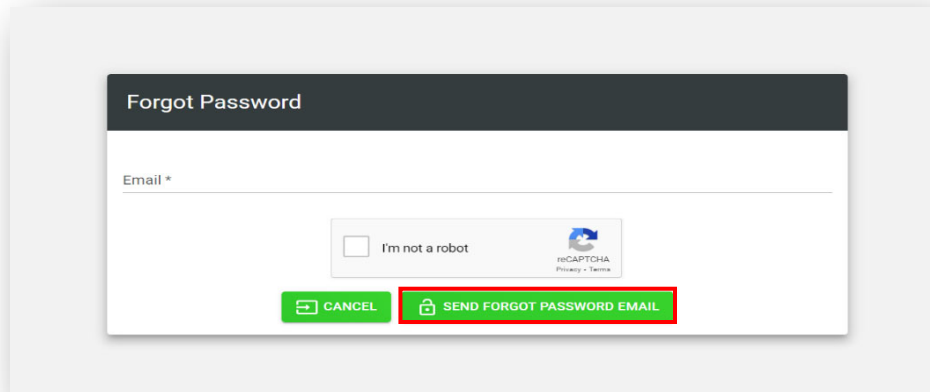
Sign-In

- Navigate to: <https://mo-public.mycomplia.com/#!/signin>
- Enter the Username (email address)
- Enter the Password
- Check the “I’m not a robot” box, follow the prompts and click “Sign In”.



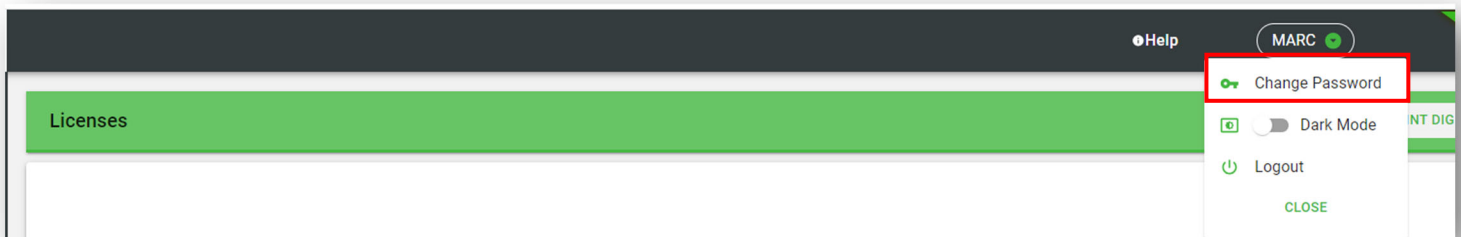
Password Reset

- Navigate to: <https://mo-public.mycomplia.com/#!/signin>
- From the online registry portal log-in page, click “Forgot Password” next to the log-in button to request a password reset.
- An email will be sent to the email address from the online registry portal, follow the prompts to reset your password.



Updating Password When Logged In

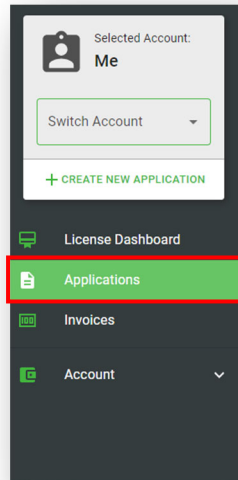
- When signed in, click the drop-down arrow for User Account at the top right corner of the page.
- Click “Change Password” and follow the prompts.



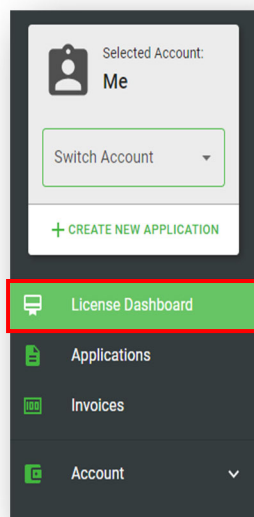
New Microbusiness Application

Before Getting Started


- Open, saved, rejected, and denied applications will be located on the “Applications” tab.
 - Applications are automatically saved to the “Applications” tab on the left side bar and can be accessed at any time.



- Processed, approved, expired applications will be located on the “License Dashboard”.

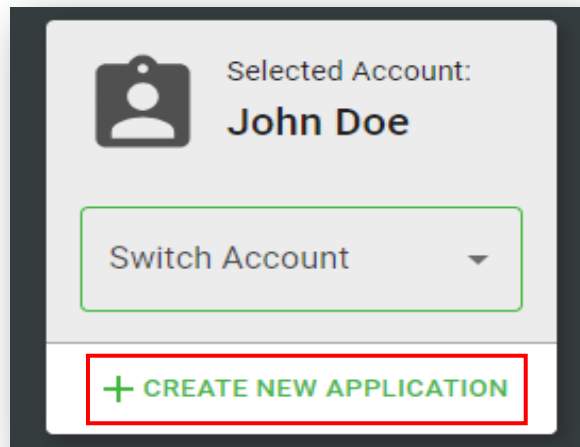


Within the application

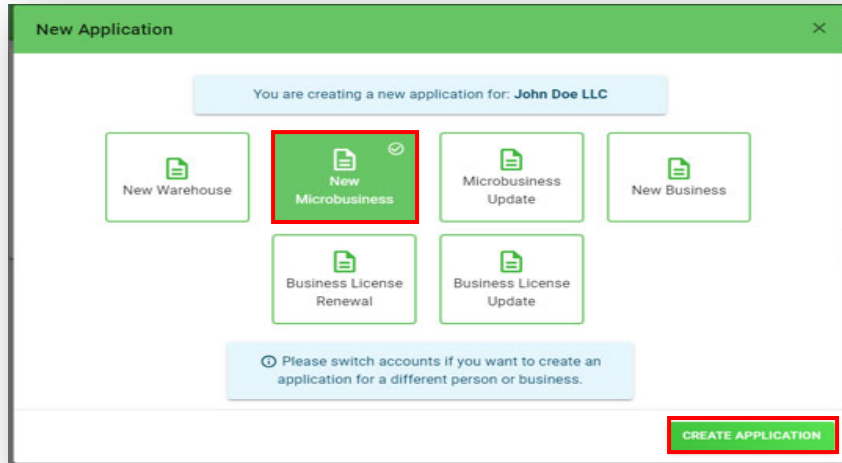
- Items within the application denoted with an * are required fields.
- Be sure to click the “Information” icon for helpful pro-tips. 
- Once the page is completed, click the “**Save**” button to save the entered information.
- Click the “**Save and Next**” button to save the edited data fields and move to the next tab.
- Click the “**Cancel**” button to exit the application, unsaved information will not be retained within the application if “**Save**” is not clicked prior to selecting cancel.

Starting a New Microbusiness Application

- Click “+Create New Application” in upper left corner.

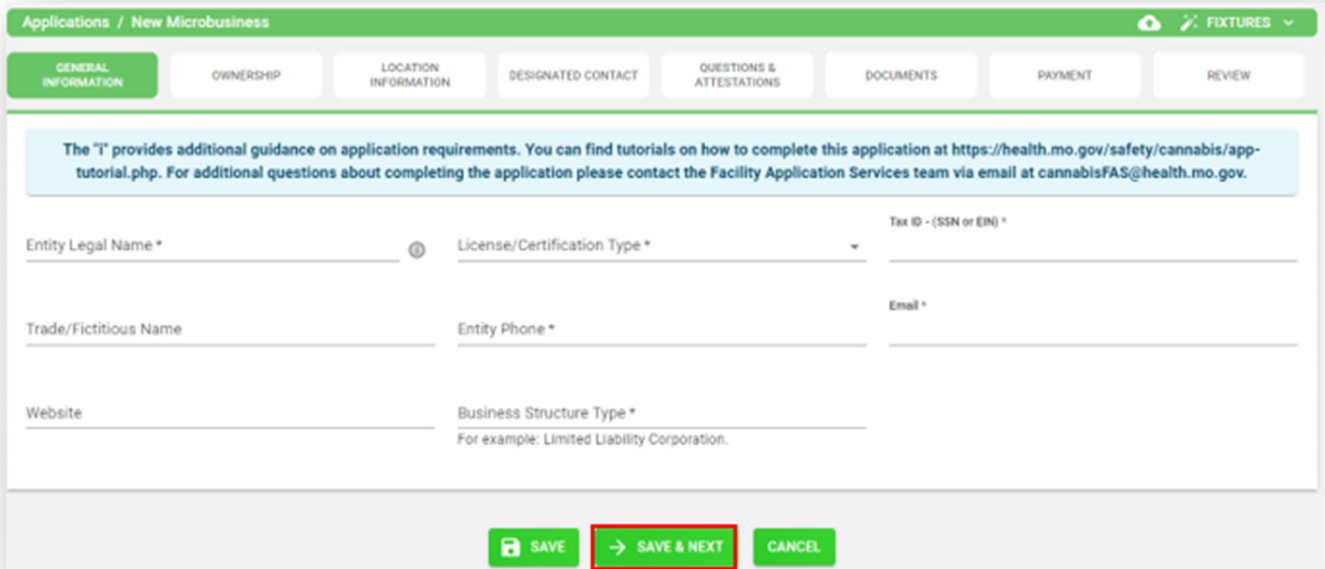


- Select “New Micro Business”.
- Click “Create Application”.



General Information Tab

- Complete all fields with an * next to the title.



- Once the page is completed, click the “**Save & Next**” button to save the entered information and move to the next tab of the application.

Please Note: If you choose Microbusiness Wholesale, you will need to choose the process or processes that you intend to implement by clicking the arrow and selecting the intended process or processes. Please note you will be required to provide blueprints for each selection you choose.

For Microbusiness Wholesale applicants, please select all processes you intend to implement (select all that apply): *

- Manufacturing
- Cultivation – indoor
- Cultivation – outdoor
- Cultivation – greenhouse

CLOSE

Ownership Tab

- Information for each owner of the applicant should be listed.
 - Click “Save Record” after each owner’s information has been added.
 - Click “+Add New Record” at the bottom right of the page to add each individual or entities’ information.
 - Once all owner information has been entered, click “Save & Next” to continue.

Please note: If an error message populates, it will indicate that one or more of the owner records requires “Save Record” to be clicked prior to the “Save & Next” button.

Applications / Micro Business Application

GENERAL INFORMATION | **OWNERSHIP** | LOCATION INFORMATION | DESIGNATED CONTACT | QUESTIONS & ATTESTATIONS | DOCUMENTS | PAYMENT | REVIEW

Must include all entities and individuals with ANY percentage financial or voting interest. Total percentage of financial or voting interest must equal 100%. Additional information about ownership is available at the Department website at cannabis.mo.gov. For questions about completing the application please contact the Facility Application Services team at (866) 219-0165 or via email cannabisFAS@health.mo.gov.

19 CSR 100-1.010(75) "Ownership interest" means any amount of financial or voting interest in a medical or marijuana facility license.

Legal First Name * Legal Middle Name Legal Last Name *

Date of Birth * Social Security Number * Relationship Title/Role (Select all that apply) *

Phone Number * Email *

Street * Unit No / Apt No City *

State * Zip Code *

Individual Ownership Percentage

Voting Interest Percentage * Financial Interest Percentage * Is this individual invested in the applicant entity through a sub-entity? *

Does this individual's financial or voting interest contribute toward the calculation for majority ownership? *

SAVE RECORD ADD NEW RECORD

SAVE SAVE & NEXT CANCEL

Location Tab

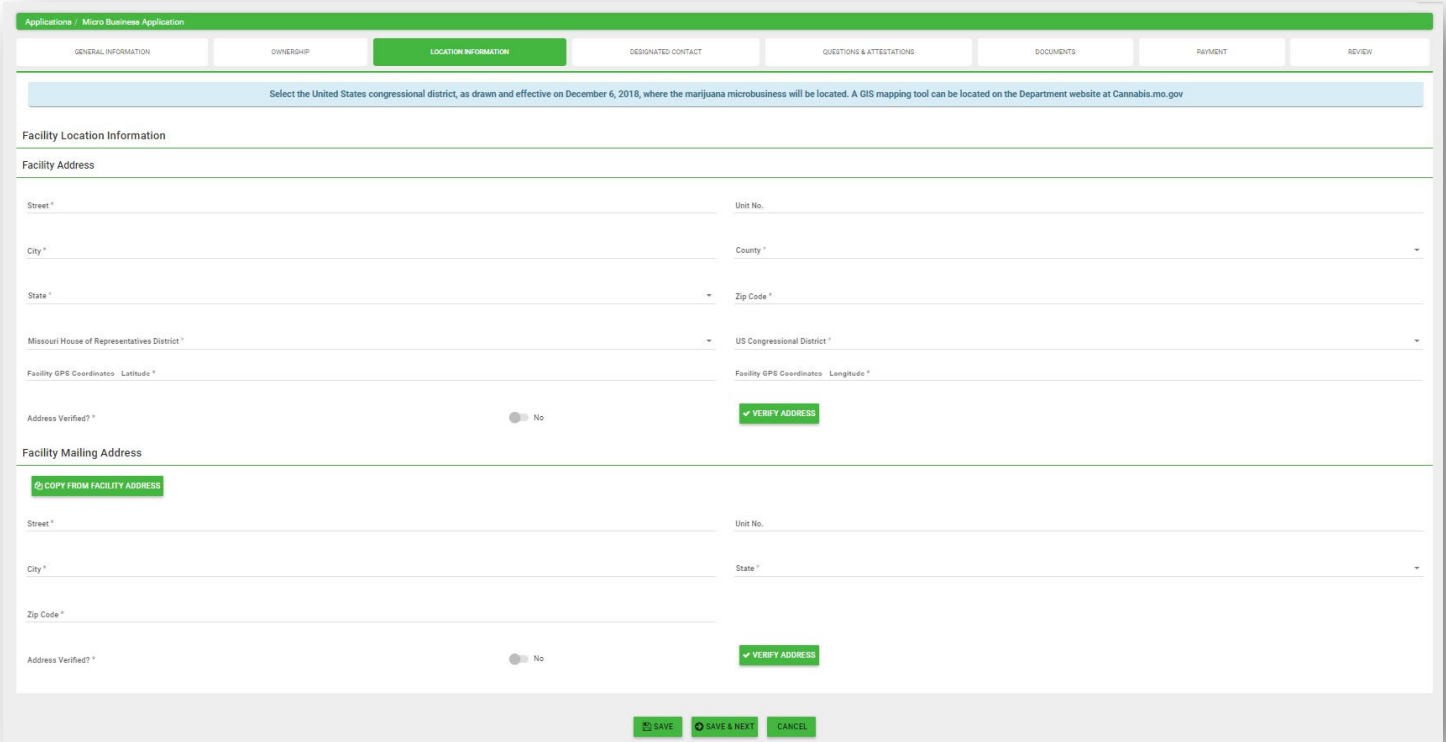
- Click <https://survey123.arcgis.com/share/4c2747aafbfc41e4a1387646e1a32aaa?hide=submit> to access the DCR location tool to determine the congressional district, house district, and GPS coordinates where the marijuana microbusiness proposed facility located. Ensure this information is documented accurately, as it is required for a microbusiness application.

How to use the DCR Location Tool

- For those with an existing address for the proposed location of their microbusiness facility:
 - Enter the address of the proposed facility location into the “Find address or place” search box. The tool will populate the congressional district and GPS coordinates for the facility location.
 - Enter in the latitude and longitude of the proposed facility location into the “Find address or place” search box to populate the congressional district.

OR:

- While at the proposed facility location select the thumbnail of the DCR Location Tool to populate the congressional district and GPS coordinates for the facility location.



Applications / Micro Business Application

GENERAL INFORMATION | OWNERSHIP | **LOCATION INFORMATION** | DESIGNATED CONTACT | QUESTIONS & ATTESTATIONS | DOCUMENTS | PAYMENT | REVIEW

Select the United States congressional district, as drawn and effective on December 6, 2018, where the marijuana microbusiness will be located. A GIS mapping tool can be located on the Department website at Cannabis.mo.gov

Facility Location Information

Facility Address

Street * | Unit No. | City * | County * | State * | Zip Code * | Missouri House of Representatives District * | US Congressional District * | Facility GPS Coordinates Latitude * | Facility GPS Coordinates Longitude * | Address Verified? * No YES **VERIFY ADDRESS**

Facility Mailing Address

COPY FROM FACILITY ADDRESS

Street * | Unit No. | City * | State * | Zip Code * | Address Verified? * No YES **VERIFY ADDRESS**

SAVE **SAVE & NEXT** **CANCEL**

**[Click Here](#) for step-by-step guidance on verifying the location address when there is no address available through the DCR Location Tool.

Designated Contact

- The “Designated Contact” is the applicant’s authorized point of contact for all department communication regarding the application and license. The designated contact is not required to be an individual in the ownership structure. Licensees may use an attorney or other responsible individual who is not an owner as a designated contact. As long as the individual is not an owner of multiple microbusinesses, the individual is permitted to be the designated contact for multiple licenses.

Applications / New Microbusiness

GENERAL INFORMATION OWNERSHIP LOCATION INFORMATION **DESIGNATED CONTACT** QUESTIONS & ATTESTATIONS DOCUMENTS PAYMENT REVIEW

The "Designated Contact" is the applicant's authorized point of contact for all Department communication regarding the application and license. This must be an individual that is authorized to speak with the Department on behalf of the applicant. The applicant is deemed to have received all communications and notifications from the Department on the date the Department sends an email to the designated contact per 19 CSR 100-1.020(6). The designated contact must be willing and able to provide prompt responses to the Department on behalf of the applicant. Failure to provide Department requested information or documents timely may result in application denial per 19 CSR 100-1.060(6)(A)6.E.

First Name * Middle Name Last Name *

Title * Phone * Email * ⓘ

Fax Street * Unit No / Apt No

City * State * Zip Code *

Address Verified? * No **VERIFY ADDRESS**

This is required.

SAVE **SAVE & NEXT** **CANCEL**

Questions & Attestations Tab

- Each attestation must be responded to individually.

Applications / New Microbusiness FIXTURES

GENERAL INFORMATION OWNERSHIP LOCATION INFORMATION DESIGNATED CONTACT **QUESTIONS & ATTESTATIONS** DOCUMENTS PAYMENT REVIEW

By definition, 19 CSR 100-1.010(74), "Owner" means an individual or other entity having a financial or voting interest in ten percent or greater of a medical or marijuana facility license. By definition, 19 CSR 100-1.010(75), "Ownership interest" means any amount of financial or voting interest in a medical or marijuana facility license. Voting and financial interest will be considered independently of one another to determine if an individual is an owner by definition.

Do you attest that the proposed facility location complies with all the location requirements of 19 CSR 100-1.100(1)(C) or local government as applicable? * ⓘ

Yes
 No

Do you attest that no individual subject to analysis for a disqualifying felony offense has a disqualifying felony offense pursuant to 19 CSR 100-1.070(1)? * ⓘ

Yes
 No

Do you attest that all individuals subject to analysis for a disqualifying felony offense will submit fingerprints within two weeks of the application submission date for a state and federal fingerprint-based criminal background check conducted by the Missouri State Highway Patrol pursuant to 19 CSR 100-1.060(3)(K)? * ⓘ

Yes
 No

Have any individuals subject to analysis for a disqualifying felony offense previously submitted fingerprints to the Department? If yes, please provide the individual's name and TCN associated with the fingerprints. *

Yes
 No

Do you attest that the applicant entity does not have an owner who is also an owner of an existing medical, comprehensive, or other microbusiness license, pursuant to 19 CSR 100-1.060(3)(F)? * ⓘ

Yes
 No

Do you attest that the applicant entity is not and will not be under substantially common control, ownership, or management as a testing facility pursuant to 19 CSR 100-1.070 (1)(F)? * ⓘ

Yes
 No

Do you attest that any entity, which includes an individual, holding ownership interest on this application is not also holding ownership interest on another microbusiness application submitted in the same application time period pursuant to 19 CSR 100-1.190 (1)(A)? * ⓘ

Yes
 No

Documents Tab

General Facilities Documents

- The first set of document uploads are required for all microbusiness applicants.

Applications / New Microbusiness

GENERAL INFORMATION OWNERSHIP LOCATION INFORMATION DESIGNATED CONTACT QUESTIONS & ATTESTATIONS **DOCUMENTS** PAYMENT REVIEW

Upload documentation in the corresponding fields by clicking the "Upload" tab and selecting the appropriate documentation. Please review the uploaded documentation to ensure accuracy. Applicants may inform the Department that documents contain proprietary business information by including a header in the right hand upper corner of the document that reads "Proprietary Information." Please see further instruction at <https://health.mo.gov/safety/cannabis/confidential-info.php>. Consult the Protip next to the document's heading or the Department website, [cannabis.mo.gov](https://health.mo.gov/safety/cannabis/confidential-info.php), for additional guidance. Applicants for a marijuana microbusiness license shall be majority owned and operated by individuals who each meet at least one of the eligibility criteria pursuant to 19 CSR 100-1.190(1)(B). Required eligibility documentation must be provided in accordance with 19 CSR100-1.060(4). All documents should be clearly labeled with the owner's name and date of birth to ensure that the department can match the document to the correct owner at the time of review. Labeling should be consistent and read as follows: (initials)_(mm.dd.yyyy)_(Eligibility requirement).

	A visual Representation of the applicant's ownership structure including all entities (and individuals) listed in the Ownership section of the application. *		UPLOAD	+
	If applicable, copy of local government requirement replacing the department's 1,000 ft rule.		UPLOAD	+
	If applicable, a copy or Hyperlink of local zoning requirements.		UPLOAD	+
	Blueprints or floor plans with rooms clearly labeled, including purpose and square footage. *		UPLOAD	+
	A valid (not expired) government-issued photo ID. *		UPLOAD	+

Microbusiness Eligibility Requirements Tab

- For each owner that meets one or more microbusiness eligibility requirement, required documentation must be uploaded into this section of the application.
- Labeling should be consistent and read as follows: (initials)_(mm.dd.yyyy)_(Eligibility requirement)

Eligibility Criteria Documents

	Q1: For applicants claiming a net worth of less than two hundred fifty thousand dollars (\$250,000) and low income:		UPLOAD	+
	Q2: For applicants claiming a service-connected disability:		UPLOAD	+
	Q3: For applicants claiming an arrest, prosecution, or conviction for a non-violent marijuana offense:		UPLOAD	+
	Q4: For applicants claiming residency in a ZIP code or census tract area where either thirty percent (30%) or more of the population lives below the federal poverty level or the rate of unemployment is fifty percent (50%) higher than the state average, the application must include:		UPLOAD	+
	Q5: For applicants claiming residency in a ZIP code or census tract area where the historic rate of incarceration for marijuana-related offenses is fifty percent (50%) higher than the rate for the entire state:		UPLOAD	+
	Q6: For applicants claiming graduation from a school district that was unaccredited, or had a similar successor designation, at the time of graduation:		UPLOAD	+
	Q7: For applicants claiming residency in a ZIP code containing an unaccredited school district, or similar successor designation for three (3) of the past five (5) years:		UPLOAD	+

SAVE SAVE & NEXT CANCEL

How to Upload Documents

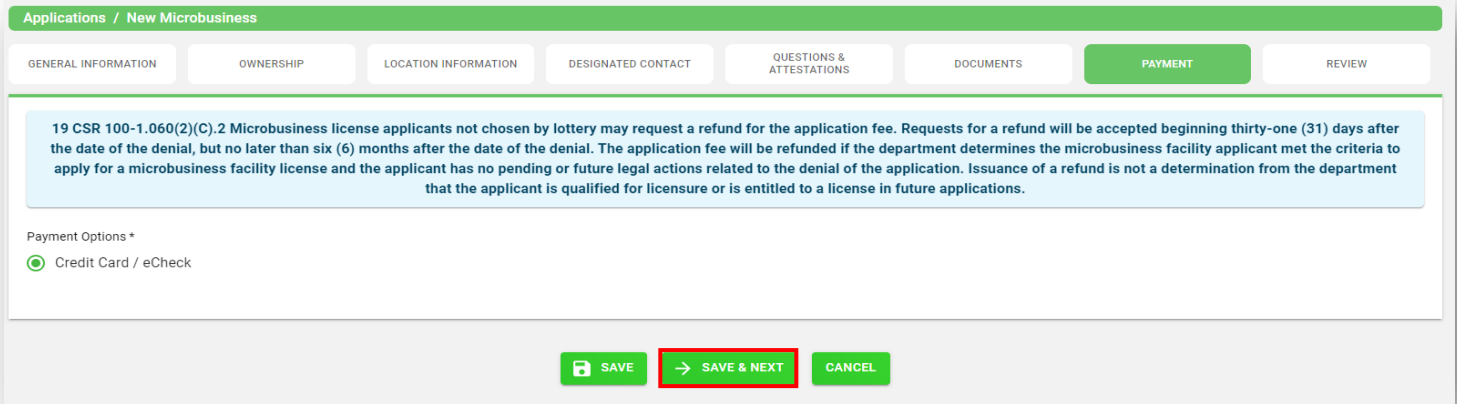
- Click “Upload” Box next to the header that the document should be uploaded to.
- Select “DROP A FILE HERE OR CLICK TO SELECT” and search for and select the appropriate document on the computer/device used to access the online registry portal. Or drag the associated document to the “DROP A FILE HERE OR CLICK TO SELECT”.



- Once the correct file is selected, click the “Upload” button.
- Repeat the above steps to attach files for each upload area.
 - NOTE: When uploading documents, they must be uploaded one document at a time. Some upload sections allow for multiple documents to be uploaded such as “valid (not expired) government-issued photo ID” and “Eligibility Criteria Document” sections. Files can be previewed or deleted once uploaded, the icons are located along the row of information along with the filename of the uploaded document.



Payment Tab



Applications / New Microbusiness

GENERAL INFORMATION OWNERSHIP LOCATION INFORMATION DESIGNATED CONTACT QUESTIONS & ATTESTATIONS DOCUMENTS **PAYMENT** REVIEW

19 CSR 100-1.060(2)(C).2 Microbusiness license applicants not chosen by lottery may request a refund for the application fee. Requests for a refund will be accepted beginning thirty-one (31) days after the date of the denial, but no later than six (6) months after the date of the denial. The application fee will be refunded if the department determines the microbusiness facility applicant met the criteria to apply for a microbusiness facility license and the applicant has no pending or future legal actions related to the denial of the application. Issuance of a refund is not a determination from the department that the applicant is qualified for licensure or is entitled to a license in future applications.

Payment Options *

Credit Card / eCheck

- The payment tab is a way for the applicant to acknowledge a fee is due at time of submission of the application. Application fees are submitted after the Review Tab of the application.
- This tab only requires the applicant to click “Save & Next”.

Review Tab

- The “Review” tab will allow for all information to be reviewed for accuracy prior to submission.
- All fields on the “Review” tab must have a green check mark to proceed to payment and allow for application submission.

Application fields indicated with a red “X” reflect an area that has not been completed.

- To access the incomplete area of the application to enter the missing information - click on the corresponding tab at the top of the page to return the respective screen, enter the missing information.
 - Once the missing information is entered and completed, click “Save & Next” until back on the “Review” tab. Verify all information now displays a green check mark.

Applications / Micro Business Application

GENERAL INFORMATION | **OWNERSHIP** | LOCATION INFORMATION | DESIGNATED CONTACT | QUESTIONS & ATTESTATIONS | 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: Test Business	✓ License/Certification Type: Microbusiness Wholesale	✓ Tax ID - (SSN or EIN): 899589864
✓ Trade/Fictitious Name: Test Business	✓ Entity Phone: 7589656656	✓ Email: Testing@gmail.com
✓ Website: www.MicroBusiness.org	✓ Business Structure Type: LLC	

Ownership

✗ Legal First Name:	Legal Middle Name:	✗ Legal Last Name:
✗ Date of Birth:	✗ Social Security Number:	✗ Relationship Title/Role (Select all that apply)
✗ Phone Number:	✗ Email:	✗ City:
✗ Street:	Unit No / Apt No:	
✗ State:	✗ Zip Code:	

- Once all fields have a green check mark, select "Pay & Submit" to proceed to the payment page.

Payment

✓ Payment Options: Credit Card / eCheck

- Upon successful payment transaction, the page will return to the online registry portal and display a confirmation of submission.

Your application reference code is **3696**. Please retain this for your records.
Application Submission Date : **12/14/2023 9:08 AM**
Your transaction ID is: **20004707**
Transaction Token: **1702566344035**
Your application is submitted and cannot be modified at this time.
🔔 If you do not receive email notifications, please check your spam folder.

- A confirmation email will be sent from the online registry portal to the email address/username associated with the account along with the email address listed as the designated contact. This email will contain the application ID/reference code.

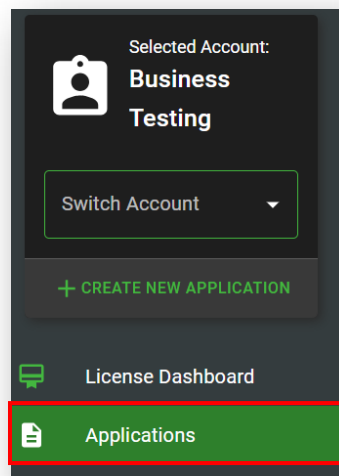
Returned Applications

How-to Locate a returned application

If applications are found to be incomplete, the Department will return the application for correction. This is designated as a “Rejection” within the online registry portal. Below are steps to locate, open, correct and resubmit an application that has been returned for corrections.

Option 1:

- Log into mo-public.mycomplia.com
- Click “Applications” from the left sidebar menu.



- All open and rejected applications will populate, the returned application status will be listed as “Rejected”.
 - Click the application ID corresponding to the application that is in ‘rejected’ status on that row of information to open the application and make edits.

Option 1:

- Upon log-in, an orange box will appear as a pop-out, listing the application that required corrections.
- Click on the application ID# located within the orange box to open the application.

Application Corrections

- Applications returned for corrections will contain all information submitted previously and can be edited to make corrections.
- Navigate through the application by clicking on the application tabs across the top.
- After making required corrections on each tab, select “Save”.
- Once all corrections are made, navigate to the “Review” tab.
- Verify that corrected information has been saved.
- Click “Submit” at the bottom of the page to resubmit the application with corrections.
- A confirmation email will be sent from the online registry portal indicating that the application has been successfully resubmitted.

Your application reference code is **3696**.
Rejected Reason : **Testing for MB user Guide.**

GENERAL INFORMATION
OWNERSHIP
LOCATION INFORMATION
DESIGNATED CONTACT
QUESTIONS & ATTESTATIONS
DOCUMENTS
PAYMENT
REVIEW

The provides additional guidance on application requirements. For questions about completing the application please contact the Facility Application Services team via email cannabisFAS@health.mo.gov.

Entity Legal Name * Microbusiness	License/Certification Type * Microbusiness Dispensary	Tax ID - (SSN or EIN) * 123456789
Trade/Fictitious Name	Entity Phone * (555)555-5555	Email * testing@hotmail.com
Website	Business Structure Type * LLC <small>For example: Limited Liability Corporation.</small>	

SAVE
→ SAVE & NEXT
CANCEL

Application Status

- All applications that are created will have a correlated status. Below is a list of status-types and descriptions.

Open	Created/started applications not yet submitted for initial review
Submitted	Applications submitted first initial review, or that have been resubmitted following a return for corrections.
Rejected	Applications that have been returned to the applicant for required corrections. Applicants will be given three (3) days to correct and resubmit a returned application that is in Rejected status. <i>Pursuant to 19 CSR 100-1.060(6)(A)(4)(A).</i>
Approved	Applications approved for Licensure.
Denied	Applications denied for Licensure.

Additional How-To Steps

How to Submit a Facility Location that does not have an Address:

- Complete Facility Address Section, select “Verify Address”:

GENERAL INFORMATION OWNERSHIP **LOCATION INFORMATION** DESIGNATED CONTACT QUESTIONS & ATTESTATIONS DOCUMENTS PAYMENT REVIEW

Select the United States congressional district, as drawn and effective on December 6, 2018, where the marijuana microbusiness will be located. A GIS mapping tool can be located on the Department website at Cannabis.mo.gov. Click on the dropdown for "Microbusiness Application" and select "Application Resources". Input the proposed facility location in the GIS mapping tool in order to determine the MO House of Rep District, US Congressional District, latitude and longitude.

Facility Location Information

Facility Address

Street *	Unit No.
City *	County *
State *	Zip Code *
<small>Application cannot be submitted since the selected state is not Missouri.</small>	
Missouri House of Representatives District *	US Congressional District *
Facility GPS Coordinates - Latitude *	Facility GPS Coordinates - Longitude *

Address Verified? * No **VERIFY ADDRESS**

This is required.

2. Select the "Entered Address" box, click "Done".

Address Selection

Please select the address you wish to update in the application by clicking on the respective sections below.

Entered Address ✓	Verified Address
No Address Available Jefferson City MO 65109	Address Not Found.

CANCEL **DONE**

3. The "Address Verified?" slide bar will automatically change from "no" to "yes".

Applications / New Microbusiness

GENERAL INFORMATION OWNERSHIP **LOCATION INFORMATION** DESIGNATED CONTACT QUESTIONS & ATTESTATIONS DOCUMENTS PAYMENT REVIEW

Select the United States congressional district, as drawn and effective on December 6, 2018, where the marijuana microbusiness will be located. A GIS mapping tool can be located on the Department website at Cannabis.mo.gov

Facility Location Information

Facility Address

Street *
No Address Available Unit No.

City *
Jefferson City County *
Cole

State *
Missouri Zip Code *
65109

Missouri House of Representatives District *
60 US Congressional District *
3

Facility GPS Coordinates - Latitude *
+38.5790 Facility GPS Coordinates - Longitude *
-92.1732

Address Verified? * Yes No

4. Within the next section, “Facility Mailing Address”, if the mailing address is the same as the physical address: click “Copy from Facility Address”.

Facility Mailing Address

Street * Unit No.

City * State *

Zip Code *

Address Verified? * No Yes
This is required.

5. This will fill in all fields. Select “Save and Next” to save all changes to this tab of the application.