



STATE-BY-STATE MEDICAL MARIJUANA APPLICATION REQUIREMENTS

As of December 2, 2015

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Arizona

Certificate Application

1. To apply for a dispensary registration certificate, an entity shall submit to the Department an application in a Department-provided format (see Registration Certificate Application on the Medical Marijuana Program website) that includes:

- a. The legal name of the dispensary;
- b. The physical address of the proposed dispensary;
- c. The following information for the entity applying: i. Name, ii. Type of business organization (corporation, partnership, LLC, etc...) iii. Mailing address, iv. Telephone number, and v. E-mail address;
- d. The name of the individual designated to submit dispensary agent applications on behalf of the dispensary;
- e. The name and medical license number of the dispensary's medical director;
- f. Whether:
 - i. Any individual who has 20% or more interest in the dispensary is not the applicant or a principal officer or board member of the dispensary; or
 - ii. The applicant has submitted documentation that: (1) Is from an in-state financial institution or an out of-state financial institution; (2) Is dated within 30 days before the date the dispensary registration certificate application was submitted; and (3) Demonstrates that the entity applying for the dispensary registration certificate or a principal officer of the entity has at least \$150,000 under the control of the entity or principal officer to begin operating the dispensary and has had control of the \$150,000 for at least 30 days before the date the dispensary registration certificate application was submitted;
- g. The name, residence address, and date of birth of each Principal Officer and Board Member.
- h. Whether a principal officer or board member: i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked; ii. Is a physician currently providing written certifications for qualifying patients; iii. Is a law enforcement officer; iv. Is employed by or is a contractor of the Department;
 - i. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;
- j. A statement that, if the dispensary is issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains an approval to operate from the Department;
- k. An attestation that the information provided to the Department to apply for a dispensary registration certificate is true and correct; and
- l. The signature of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;

2. If the entity applying is one of the business organizations in R9-17-301(A)(2) through (A)(7) a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:

- a. The name of the business organization; b. The type of business organization; and c. The names and titles of the individuals in R9-17-301(A) and (B);

3. For each principal officer and board member:

- a. An attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801 (see Principal Officer & Board Member Attestation Form on the Medical Marijuana Program website);
- b. For the Department's criminal records check authorized in A.R.S. §36-2804.05:
 - i. The principal officer's or board member's fingerprints on a fingerprint card (see Fingerprinting Instructions on the Medical Marijuana Program website and R9-17-304(C)(3)(c)(i)); or
 - ii. If the fingerprints and information required in R9-17- 304(C)(3)(c)(i) were submitted to the Department as part of an application for a designated caregiver or dispensary agent registry

identification card within the previous six months, the registry identification number on the registry identification card issued to the principal officer or board member as a result of the application; and

4. Policies and procedures for:

- a. Inventory control as per R9-17-310(A)(2)(c) and R9-17-316,
- b. Qualifying patient record keeping as per R9-17-310(A)(2)(d) and R9-17-315,
- c. Security as per R9-17-318, and
- d. Patient education and support as per R9-17-310(A)(2)(e);

5. A sworn statement signed and dated by the individual or individuals in R9-17-301 certifying that the dispensary is in compliance with any local zoning restrictions;

6. Documentation from the local jurisdiction where the dispensary's proposed physical address is located that:

- a. There are no local zoning restrictions for the dispensary's location, or
- b. The dispensary's location is in compliance with any local zoning restrictions;

7. Documentation of:

- a. Ownership of the physical address of the proposed dispensary, or
- b. Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address;

8. The dispensary's by-laws including;

a. The names and titles of individuals designated as principal officers and board members of the dispensary;

b. Whether the dispensary plans to:

- i. Cultivate marijuana;
- ii. Acquire marijuana from qualifying patients, designated caregivers, or other dispensaries;
- iii. Sell or provide marijuana to other dispensaries;
- iv. Transport marijuana;
- v. Prepare, sell, or dispense marijuana-infused edible food products;
- vi. Prepare, sell, or dispense marijuana-infused nonedible products;
- vii. Sell or provide marijuana paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers;
- viii. Deliver medical marijuana to qualifying patients; or
- ix. Provide patient support and related services to qualifying patients;

c. Provisions for the disposition of revenues and receipts to ensure that the dispensary operates on a not-for-profit basis; and

d. Provisions for amending the dispensary's by-laws;

9. A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis that includes:

a. A description of and total dollar amount of expenditures already incurred to establish the dispensary or to secure a dispensary registration certificate by the individual or business organization applying for the dispensary registration certificate;

b. A description and total dollar amount of monies or tangible assets received for operating the dispensary from entities other than the individual applying for the dispensary registration certificate or principal officer or board member associated with the dispensary including the entity's name and the interest in the dispensary or the benefit the entity obtained;

c. Projected expenditures expected before the dispensary is operational;

d. Projected expenditures after the dispensary is operational; and

e. Projected revenue; and

10. The applicable fee in R9-17-102, \$5,000, for applying for a dispensary registration certificate.

Source: [Medical Marijuana Program Dispensary Registration Certificate Application Checklist](#)

Approval to Operate Application

1. To apply for approval to operate a dispensary, a person holding a dispensary registration certificate shall submit to the Department an application in a Department-provided format (see Approval to Operate Application on the Medical Marijuana Program website) that includes:

- The name and registry identification number of the dispensary;
- The physical address of the dispensary;
- The name, address, and date of birth of each dispensary agent;
- The name and license number of the dispensary's medical director;
- If applicable, the physical address of the dispensary's cultivation site;
- The dispensary's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;
- The dispensary's proposed hours of operation during which the dispensary plans to be available to dispense medical marijuana to qualifying patients and designated caregivers;
- Whether the dispensary agrees to allow the Department to submit supplemental requests for information;
- Whether the dispensary and, if applicable, the dispensary's cultivation site are ready for an inspection by the Department;
- If the dispensary and, if applicable, the dispensary's cultivation site are not ready for an inspection by the Department, the date the dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department;
- An attestation that the information provided to the Department to apply for approval to operate a dispensary is true and correct; and
- The signature of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;

2. A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the building as a dispensary and, if applicable, as the dispensary's cultivation site, such as a certificate of occupancy, a special use permit, or a conditional use permit;

3. A sworn statement signed and dated by the individual or individuals in R9-17-301 certifying that the dispensary is in compliance with local zoning restrictions;

4. The distance to the closest public or private school from:

- a. The dispensary; and
- b. If applicable, the dispensary's cultivation site;

5. A site plan drawn to scale of the dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;

6. A floor plan drawn to scale of the building where the dispensary is located showing the:

- a. Layout and dimensions of each room,
- b. Name and function of each room,
- c. Location of each hand washing sink,
- d. Location of each toilet room,
- e. Means of egress,
- f. Location of each video camera,
- g. Location of each panic button,
- h. Location of natural and artificial lighting sources;

7. If applicable, a site plan drawn to scale of the dispensary's cultivation site showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and

8. If applicable, a floor plan drawn to scale of each building at the dispensary's cultivation site showing the:

- a. Layout and dimensions of each room,
- b. Name and function of each room,
- c. Location of each hand washing sink,
- d. Location of each toilet room,
- e. Means of egress,
- f. Location of each video camera,
- g. Location of each panic button,
- h. Location of natural and artificial lighting sources.

Source: [*AZ Medical Marijuana Program Dispensary Approval to Operate Application Checklist*](#)

Colorado

1. License Types & Fees (Check only one application type. See Application Checklist for details on license types and fees.)
2. Physical Address
3. Mailing Address (if different from Business Address)
4. On a separate sheet, list all principal places of business for the past 10 years if different from above.
 - a. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?
 - b. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state); (a) been denied a privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana)? (b) had a privileged license (ie: Liquor, Gaming, Racing and Medical Marijuana) suspended or revoked? (c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing and Medical Marijuana) license denied, suspended or revoked? If you answered yes to 2a, b or c, explain in detail on a separate sheet
 - c. . Are the premises to be licensed within 1000 feet of a school (as defined in 12-43.3 104 (15) C.R.S.), alcohol or drug treatment facility, principal campus of a college, university, or seminary, or a residential childcare facility? If YES, then include a copy of a waiver or ordinance from the local jurisdiction where the business is located.
 - d. Has a Medical Marijuana license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If YES, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee.
 - e. Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc. (a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease. Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business, including security equipment locations. This diagram should be no larger than 8 1/2" X 11". (It does not have to be to scale)
 - f. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.
5. Local Licensing Authority/Department
 - a. Has the Applicant filed for an Optional Premises License?
 - b. Does the Applicant have evidence of a good and sufficient bond in the amount of \$5,000.00 in accordance with 12-43.4-304 C.R.S. (Include evidence with application)?
6. Ownership Structure
 - a. List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. An Associated Key License Application form must be submitted for all persons in a privately held company or a publicly traded corporation, and all officers and directors.
 - b. Are there any outstanding options and warrants?*If YES, attach list of persons with outstanding options and warrants

- c. Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the Marijuana business? *If YES, attach list of persons and submit Associate Key License Application forms for each person
- d. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a Marijuana license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for.
- e. Has the applicant, the applicant's parent company or any other intermediary business entity ever been denied a Marijuana license, withdrawn a Marijuana license or had any disciplinary action taken against any Marijuana license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.

7. Financial History

- a. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency
- b. Has the applicant, the applicant's parent company or any other intermediary business entity filed a bankruptcy petition in the past 5 years, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court.
- c. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet.
- d. . Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal
- e. Has the applicant, the applicant's parent company or any other intermediary business entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.
- f. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years?
- g. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past two years? If YES, attach all financial statements completed in the past two years.
- h. Has any interest or share in the profits of the sale of Marijuana been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet.
- i. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.

- j. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.
8. Affirmation & Consent: I, _____, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Medical Marijuana Business License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Medical Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5- 114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Medical Marijuana License, and for 90 days following the expiration or surrender of such Medical Marijuana license. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Source: [Colorado Business Medical Marijuana License Application](#)

Connecticut

A. BUSINESS INFORMATION OF APPLICANT

1. Complete the Dispensary Facility Information Form, attached as Appendix A.
2. Provide a brief summary (no longer than five double-spaced pages) of the applicant's qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.
3. Provide a financial statement setting forth the elements and details of all business transactions connected with your application.

B. LOCATION AND SITE PLAN

Please provide the following information:

1. The location of the proposed dispensary facility;
2. Documents sufficient to establish that the applicant is authorized to conduct business in Connecticut and that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility;
3. If the property is not owned by the applicant, provide a written statement from the property owner and landlord certifying that they have consented to the applicant operating a dispensary facility on the premises;
4. Any text and graphic materials that will be shown on the exterior of the proposed dispensary facility;
5. Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood;
6. A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the dispensary facility;
7. A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location; and
8. A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:
 - a. The location and square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold;
 - b. The square footage of the overall dispensary facility;
 - c. The square footage and location of areas used as storerooms or stockrooms within the dispensary department;
 - d. The size of the counter that will be used for selling marijuana and marijuana products within the dispensary department;
 - e. The location of the dispensary facility sink and refrigerator, if any;
 - f. The location of all approved safes and approved vaults that will be used to store marijuana and marijuana products;
 - g. The location of the toilet facilities;
 - h. The location of a break room and location of personal belonging lockers;
 - i. The location and size of patient counseling areas, if any;
 - j. The locations where any other products or services, in addition to marijuana and marijuana products, will be offered, if any; and
 - k. The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress.

C. PROPOSED BUSINESS PLAN A dispensary facility shall operate in accordance with the business plan submitted to, and approved by, the Department as part of the application. Provide the following information, using bullet points wherever possible:

1. A detailed description of all products intended to be offered by the dispensary facility during the first year of operation;
2. A detailed description of all services to be offered by the dispensary facility during the first year of operation;
3. A detailed description of the process that a dispensary facility will take to ensure that access to the dispensary facility premises will be limited only to employees, qualifying patients and primary caregivers;
4. A detailed description of the features, if any, that will provide accessibility to qualifying patients and primary caregivers beyond what is required by the Americans with Disabilities Act;
5. A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors;
6. A detailed description of the process by which marijuana and marijuana products will be delivered to a dispensary facility from the producer, including the protocols that will be used to avoid any diversion, theft or loss of marijuana;
7. A detailed description of the training and continuing education opportunities that will be provided to dispensary facility employees; and
8. A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.

D. PROPOSED MARKETING PLAN

1. Provide a copy of the applicant's proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items.

E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

Please provide the following information or copies of the following documents:

1. Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant;
2. A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a dispensary facility;
3. The name, title and a copy of the resume of the person who will be responsible for all information security requirements, including the requirement that patient information remain confidential;
4. A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, other high-level employees or any other person required to complete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;
5. Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed dispensary facility;
6. Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence and any pro forma financials used for business planning purposes; and

7. Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.
8. Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) dispensary facility backer; and (ii) each backer member identified in Section B of Appendix B.

F. BONUS POINTS

The Department will award bonus points for preferred but not required initiatives. Applicants may provide information related to any or all of the categories below with their application. Should the applicant be awarded a license from the Department, their commitments in a bonus category shall become a condition of their license. If a violation of a condition occurs, it may be deemed a material breach and the Department may assess a penalty or seek suspension or revocation of the license.

1. Employee Working Environment Plan: Describe any plans you have to provide a safe, healthy and economically beneficial working environment for your employees, including, but not limited to, your plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and wage standards.
2. Compassionate Need Plan: Describe any compassionate need program you intend to offer. Include in your response: The protocols for determining which patients will qualify for the program; The discounts available to patients eligible for the compassionate need program; The names of any other organizations, if any, with which you intend to partner or coordinate in connection with the compassionate need program, including any producer applicant; and Any other information you think may be helpful to the Department in evaluating your compassionate need program.
3. Research Plan: Provide the Department with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of marijuana. To the extent it has been determined, include in your proposal, a detailed description of: The methodology of the study; The issue(s) you intend to study; The method you will use to identify and select study participants; The identify of all persons or organizations you intend to work with in connection with the study, including the role of each; The duration of the study; and The intended use of the study results.
4. Community Benefits Plan: Provide the Department with a detailed description of any plans you have to give back to the community either at a state or local level if awarded a dispensary facility license.
5. Substance Abuse Prevention Plan: Provide a detailed description of any plans you will undertake, if awarded a dispensary facility license, to combat substance abuse in Connecticut, including the extent to which you will partner, or otherwise work, with existing substance abuse programs.

Source: [Medical Marijuana Dispensary Facility License Request for Application](#)

Delaware

A. APPLICATION FEE

A non-refundable application fee, in the form of a check or money order made payable to DPH Medical Marijuana Program, in the amount of five thousand dollars (\$5,000), shall be submitted with the proposal.

B. BIDDER'S SIGNATURE FORM

This form, found in the Appendix C, must be completed and signed by the bidder's authorized representative.

C. TITLE PAGE

The Title page shall include: 1) the RFP subject; 2) the name of the applicant; 3) the applicant's full address; 4) the applicant's telephone number; 5) the name and title of the designated contact person; and 6) bid opening date (MARCH 21, 2014 at 11:00am).

D. TABLE OF CONTENTS

The Table of Contents shall include a clear and complete identification of information presented by section and page number.

E. CONFIDENTIAL INFORMATION

Per Section §4920A Confidentiality of the Act, none of the proposal information will be subject to the Freedom of Information Act (FOIA). All portions of the proposal can be placed on a single CD for submission purposes.

F. QUALIFICATIONS AND EXPERIENCE

This section shall contain sufficient information to demonstrate the organization's legal status, knowledge, experience and staff expertise to carry out the establishment and maintenance of a pilot compassion center. A statement must be included that the vendor either has or certifies he/she will secure a Delaware Business License during the contract negotiation process.

1. Organizational Structure Describe the proposed team structure and internal controls to be used in the operation of the compassion center, including any subcontractors. Define how the company will establish lines of authority for personnel who might be involved in performance of this potential contract and relationships of this staff to other programs or functions within the company. This section should include at least the following information and documentation:

- a. proposed legal name of the compassion center;
- b. certificate and articles of incorporation (for corporations); certificate of partnership and partnership agreement (for partnerships); certificate of organization and operating agreement (for limited liability corporations);
- c. Evidence of the organization's not-for-profit status. This can be IRS certification of tax-exempt status, or other written materials allowing the Department to determine the compassion center's ability to comply with the not-for-profit mandate. This should also include a description of how the compassion center will operate on a not-for-profit basis; and
- d. Proposed operating bylaws

2. Agents of the Compassion Center and Organization The specific individuals, or agents, who will perform work on behalf of the compassion center, shall be identified by name and title along with explanation of the nature and extent of their involvement. This should include all board members, officers, owners, employees, 42 volunteers, or other person involved with the ownership or operation of the compassion center. Provide qualification information on the named agent, including the individuals' particular skills related to the medical use of marijuana, education, experience, significant accomplishments and any other pertinent information.

These qualifications shall be presented in resumes or other formats. If set up and operation of the compassion center will require hiring of one or more individuals who are not currently employed by the bidding organization, the proposal application shall provide detailed job descriptions, including required qualifications and experience. If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor. At a minimum, the following information shall be included in this section:

- a. For each proposed agent, provide the name, address and date of birth;
- b. For each proposed agent, provide the report of criminal history background check;
- c. Any instances in which a business or not-for-profit that any of the prospective board members managed or served on the board was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding;
- d. A list of all persons or business entities having five percent (5%) or more ownership in the compassion center, whether direct or indirect and whether the interest is in profits, land or building, including owners of any business entity which owns all or part of the land or building;
- e. A list of all persons or business entities having direct or indirect authority over the management or policies of the compassion center; and
- f. The identities of all creditors holding a security interest in the premises, if any.

3. Ability, capacity, skills and expertise of the organization

a. Describe your organization's ability, capacity, skills and other expertise in product and industry knowledge, including but not limited to the following:

- How marijuana or agricultural products are grown, cultivated, harvested, cured, processed, packaged, labeled and prepared for retail sale;
- Various types of marijuana strains and how they impact qualifying debilitating medical conditions, giving special attention to the conditions accepted by the Delaware Medical Marijuana Program;
- Different forms in which to buy or sell marijuana (i.e. dried, concentrates, tinctures, etc.);
- How marijuana should be packaged, labeled, transported, and sold at retail level;
- How retail marijuana should be recalled and accounted for;
- How marijuana should be destroyed if overproduced, contaminated, or recalled;
- Any experience with the marijuana industry that shows the level of expertise of your company;

and

- Describe your company's ability, capacity, skills and expertise in product quality standards.

b. Describe your company's ability, capacity, skills and/or expertise in product quality standards and testing, including but not limited to the following:

- Knowledge of the infrastructure required to test marijuana to ensure product quality, content, ingredients and consumer safety considerations;
- Assisting DPH with establishing quality standards for testing marijuana; and
- Provide a complete description of your company's proposed approach and methodology to be used in assisting the State of Delaware to develop a reputable protocol for Product Quality Standards and Testing as requested to determine TCH/CBD levels and/or ratios, mold or chemical contaminants, and Product strain.

G. LOCATION AND SECURITY OF COMPASSION CENTER

This section should describe the details of the proposed location and facility of the compassion center, including all proposed security measures.

1. Location Include the following information regarding the proposed location for the compassion center and any other proposed location, if any, where marijuana will be securely cultivated, harvested, packaged, labeled, or otherwise prepared for distribution by the compassion center:

- a. If precise addresses are known
 - a. The proposed physical address or addresses;
 - b. evidence of compliance with local zoning laws for each physical address;
 - c. evidence of compliance that the sites are not located within 1,000 feet of a property line of a preexisting public or private school; and
 - d. legally binding evidence of site control (e.g., deed, lease, option, etc.) sufficient to enable the applicant to have use and possession of the subject property for the intended purpose.
- b. If precise address(es) have not been determined
 - a. identify the general location where it would be sited;
 - b. any relevant information known about how site control will be obtained (e.g. purchased, leased, etc.); and
 - c. when the precise location would be established.

2. Facility description and proposed security

- a. Provide a description of enclosed locked facility that would be used in the cultivation of marijuana, including steps to ensure that the marijuana production, packaging, labeling, or distribution shall not be visible from the street or other public area.
- b. A proposed plan to implement proper and appropriate security and safety measures to deter and prevent the unauthorized entrance into areas containing marijuana and the theft of marijuana. The proposed plan should demonstrate compliance with the mandates in the Scope of Services of this RFP, the Act and the regulations. This should include the proposed alarm system, video surveillance, and inventory controls.

H. BIDDER REFERENCES

The names and phone numbers of at least three (3) organizations/agencies for whom the vendor carried out a similar project must be included. If no similar project has been conducted, others requiring comparable skills can be used. Bidder shall list all contracts awarded to it or its predecessor firm(s) by the State of Delaware; during the last three years, by State Department, Division, Contact Person (with address/phone number), period of performance and amount. The Evaluation/Selection Review Committee will consider these additional references and may contact each of these sources. Information regarding bidder performance gathered from these sources may be included in the Committee's deliberations and factored in the final scoring of the bid.

Failure to list any contract as required by this paragraph may be grounds for immediate rejection of the bid. 45
I. PROPOSED METHODOLOGY AND WORK PLAN This section shall describe in detail the approach that will be taken to carry out the activities described in the Scope of Services section of this RFP. Specific completion dates for various tasks must be shown. The work plan shall outline specific objectives, activities and strategies, and resources.

1. Products and Services provided This section shall contain a list of proposed products and services that will be offered by the compassion center to registered and impaneled patients should the proposal be selected and awarded the registration certificate. This should contain details of the varieties of marijuana that will be offered and the quantities of each. It should also contain details of paraphernalia used to administer the drug that will be available to patients.

2. Packaging This section shall contain an example of the design and security features of the containers proposed for use both in the retail store as well as the packaging for dispensed marijuana. This section should demonstrate compliance with the requirements for Medical Marijuana packaging as contained in the Act, the Regulations, and this RFP.

3. Operations This section shall contain a draft Operations Manual demonstrating compliance with the Scope of Services in this RFP, the Act, and the Regulations. Should the proposal be selected, the Operations Manual

shall be finalized, implemented, and maintained on the premises. It shall also be supplied to the Department for review.

4. Testing Plan As indicated in the Scope of Services.

5. Growing strategy As indicated in the Scope of Services.

6. Outreach Plans As indicated in the Scope of Services.

7. Required Training This section should outline the proposed training curriculum for the agents of the compassion center, as well as the proposed outreach education for the patients and caregivers.

8. Pricing and payment This section should include proposed pricing schedules for the retail medical marijuana products and paraphernalia as well as for patient and caregiver education and outreach services. It should include related information, such as a sliding scale, that may be used to provide access to affordable medical marijuana by impaneled patients enrolled in Medicaid or receiving Supplemental Security Income or Social Security Disability Insurance. This section should also include a financial policy plans including payment schedules that may be offered to patients, examples of receipt-of-payment forms, and a list of the forms of payment the compassion center will accept (cash, checks, credit/debit).

9. Records Retention Information This section should contain information about the secure storage of records and the amount of time required to produce a file if requested by the Department. It should provide a description of the location and security of on-site storage of records, both electronic and paper. This is also the section where an address and company name should be provided for where the offsite retention of records will take place.

10. Form Samples This section should include samples of proposed forms to be used in the operation of the compassion center. For example, a compassion center may want to have liability forms or patient consent forms for the purpose of agreement to hold harmless the compassion center or organization in the smoking of a product known to be a carcinogen. The organization may want to have employees sign an awareness of confidentiality and voluntary nature of services statement. Or the compassion center may have a form or list of acceptable items of proof for a patient requesting a sliding scale price for services rendered or product sold.

J. CERTIFICATION AND STATEMENT OF COMPLIANCE

The bidder must include statements that the applicant agency complies with all Federal and Delaware laws and regulations pertaining to equal opportunity and affirmative action. In addition, compliance must be assured in regard to Federal and Delaware laws and regulations relating to confidentiality and individual and family privacy in health care delivery and in the collection and reporting of data. (See Appendices D & E) 47

K. STANDARD CONTRACT

1. Contract Boilerplate Appendix F is a copy of the standard boilerplate contract for the State of Delaware, Delaware Health and Social Services, Division of Public Health. This boilerplate will be the one used for any contract resulting from this Request for Proposal. If a bidder has an objection to any contract provisions or the RFP and its procurement provisions, objections shall be stated in the Transmittal Letter of the bidder's proposal. Execution of the contract is NOT required with proposal submission. The contract is provided as a courtesy for review by an interested bidder's legal group.

2. Potential Additions to the Boilerplate The lesser sanctions in the contract are not all inclusive and may be expanded for the contract resulting from this RFP. Other details related to bid-specific requirements, or other

pilot compassion center specific details, will be included in the selected bidder's contract. The appendices of the contract may include, but are not limited to, the following documents:

- a. a schedule of required record retention,
- b. Frequently Asked Questions information page to be given to patients when marijuana is dispersed,
- c. the Registry Card Application for the Compassion Center Agents, and d. Details for the required Annual Report.

3. Registration Certificate to Operate The initial registration certificate will be issued to the selected bidder for a period of two years. Registration certificates may be renewed every two years thereafter. The registered compassion center may submit a renewal application beginning 90 days prior to the expiration of its registration certificate. The Department shall grant a renewal application within 30 days of its submission if the following conditions are all satisfied:

- a. The registered compassion center submits a renewal application and the required renewal fee, which shall be refunded within 30 days if the renewal application is rejected;
- b. The Department has not suspended the registered compassion center registration certificate for violations of the Medical Marijuana Act or Medical Marijuana Code;
- c. The inspections authorized by §4919A(u) and the annual report, provided in response to §4922A, do not raise serious concerns about the continued operation of the registered compassion center applying for renewal; and
- d. The applicant still complies with the qualifications required in §4914A and §4915A.

V. BUDGET

A list of financial obligations and fiscal operating principles that will be required of the selected vendor is included in the Scope of Services section of this RFP. In addition to demonstrating availability of sufficient capital to establish and maintain the compassion center, the proposal should also include a financial business plan that incorporates the listed obligations and principles. Sources of funding shall be identified as described in the records section of this RFP. Suggested formats for a line item budget are included in Appendices A & B of this RFP. Details of specific equipment required should be included in the budget worksheet, including price of purchase or lease and how it will be used. Applicants shall also describe any factors that may have an impact on the projected budget. A proposed plan for providing medical grade marijuana to registered, qualifying patients enrolled in Medicaid or receiving Supplemental Security Income or Social Security Disability Insurance should be placed in this section as well.

Source: [REQUEST FOR PROPOSAL NO. HSS 13 056 FOR THE REGISTRATION AND OPERATION OF A MEDICAL MARIJUANA COMPASSION CENTER IN THE STATE OF DELAWARE](#)

District of Columbia

Question 1:

Please provide the following:

For individual owners

- a. Trade name of the business and copy of the trade name registration from the Department of Consumer and Regulatory Affairs
- b. Name and address of the individual (no P.O. Boxes will be accepted)
- c. Date of birth of the individual

For partnership or limited liability company:

- a. Legal name of the business or, if the business will be using a trade name other than its legal name, a copy of the trade name registration from the Department of Consumer and Regulatory Affairs
- b. Names and addresses of each member of the partnership or limited liability company
- c. Date of birth of each member of the partnership or limited liability company
- d. Certificate of Good Standing for the partnership or limited liability company issued by the Department of Consumer and Regulatory Affairs within 30 days of the application's submission

For corporate applicants:

- a. Legal name of the business or, if the business will be using a trade name other than its legal name, a copy of the trade name registration from the Department of Consumer and Regulatory Affairs

- b. Certificate of Good Standing for the corporation from the Department of Consumer and Regulatory Affairs issued within 30 days of the application's submission

- c. Principal place of business

- d. Names and addresses of each of the corporation's principal officers, directors, and shareholders holding, directly or beneficially, one percent (1%) or more of its common stock articles of incorporation and bylaws of the for corporate.

- e. Date of birth of each of the corporation's principal officers, directors, and shareholders defined above in (e)

Prior to the issuance of a registration, the applicant must obtain a Basic Business License from the Department of Consumer and Regulatory Affairs with a General Business license endorsement. Supporting documents should be included as Appendix A. [No points assigned]

Question 2:

Please provide the proposed physical address of the dispensary. In the case of new construction, provide the lot and square numbers of the ground upon which the establishment will be located. Provide the size and design of the dispensary. Provide the proposed date on which the applicant plans to open the establishment. Supporting documents should be included as Appendix B. [No points assigned]

Question 3:

Please provide evidence of compliance with the zoning requirements in Section 5201 of the Notice of Emergency and Fourth Proposed Rulemaking published in the D.C. Register on August 12, 2011, for the proposed physical address to be utilized as a dispensary. You must also provide a certified surveyor's report setting forth the proximity of the dispensary to the nearest public or private, preschool, primary or secondary school or recreation center, and the name of the school or recreation center. Supporting documents should be included as Appendix C. [No points assigned]

Question 4:

Please provide a detailed description of the nature of the proposed operation, including the following: the location of all restricted access areas and the hours during which the dispensary plans to operate. Supporting documents should be included as Appendix D. [No points assigned]

Question 5:

Are any of the applicants licensed physicians? If yes, please provide a signed and notarized Physician Affidavit Form found on the application website attesting to the fact that the licensed physician understands that by regulation this person cannot make recommendations for medical marijuana. Supporting documents for Question 5 should be included as Appendix E. [No points assigned]

Question 6:

Please provide documentation regarding the Suitability of the Proposed Facility (Up to fifty (50) points). Supporting documents for Question 6 should be included as Appendix F.

(A) Measure 1: The applicant demonstrates that the proposed location will provide adequate lighting, display a professional office or business setting, and be convenient for qualifying patients and caregivers. (up to twenty-five (25) points)

(B) Measure 2: The applicant demonstrates that the proposed building and facility is suitable for the dispensing of medical marijuana. The applicant demonstrates that the proposed facility will possess adequate storage facilities, and adequate space and facilities to monitor the sale of medical marijuana to qualifying patients and caregivers. (up to twenty-five (25) points)

Question 7:

Please provide documentation outlining the applicants Proposed Staffing Plan and Knowledge of District and federal law and regulation relating to marijuana (Up to twenty (20) points). Supporting documents for Question 7 should be included as Appendix G.

(A) Measure 1: The applicant fully describes a staffing plan that will provide and ensure adequate staffing and experience during accessible business hours, safe dispensing, adequate security and theft prevention, and the maintenance of confidential information, including the identity of qualifying patient information. (up to ten (10) points)

(B) Measure 2: The applicant shall provide an operations manual that demonstrates compliance with the District's medical marijuana rules. The operations manual shall also contain information regarding the applicant's knowledge of federal law relating to medical marijuana. The applicant shall also submit a notarized written statement on Dispensary Acknowledgement and Attestation Form indicating that they have read the Act and this title and have knowledge of District and federal law relating to marijuana. (up to ten (10) points)

Question 8:

Please provide documentation outlining the applicant's Security Plan (Up to fifty (50) points). Supporting documents for Question 8 should be included as Appendix H. The applicant shall submit a security plan which shall include:

(A) Measure 1: The applicant's security plan fully demonstrates the applicant's ability to prevent the theft or diversion of medical marijuana and how the plan will assist with MPD and Department enforcement. Specifically, it shall evidence compliance with all items in § 5405.2 and § 5610, and include all submittals required under that section. (up to thirty (30) points)

(B) Measure 2: The applicant demonstrates that its plan for record keeping, tracking and monitoring inventory, quality control and security and other policies and procedures will discourage unlawful activity (up to ten (5) points)

(C) Measure 3: The applicant's security plan shall describe the enclosed, locked facility that will be used to secure or store medical marijuana, including when the location is closed for business, and its security measures, and the steps taken to ensure that medical marijuana is not visible to the public. (up to ten (10) points)

(D) Measure 4: The security plan describes how it intends to prevent the diversion of medical marijuana to anyone who is not a registered qualifying patient or designated caregiver and includes the applicant's after action plan for any incidents that may trigger enforcement under District of Columbia law or regulations. The

plan shall also describe the applicant's plan to coordinate with and dispose of unused or surplus medical marijuana with MPD. (up to five (5) points)

(E) An applicant for a dispensary registration shall file a written security plan with the Department. The written security plan shall address, at a minimum, the following elements:

(a) Evidence that the space will comply with all security system requirements set forth in § 5610 of the regulations;

(b) A site plan showing the entire structure the dispensary is housed in, including the street(s), parking lot(s), other tenants within the facility, and any other entities that physically border the dispensary;

(c) A floor plan of the dispensary detailing the location of the following:

(1) All entrances and exits to the dispensary;

(2) The location of any windows, skylights, and roof hatches;

(3) The location of all cameras, and their field of view;

(4) The location of all alarm inputs (door contacts, motion detectors, duress/hold up devices) and alarm sirens;

(5) The location of the digital video recorder and alarm control panel; and

(6) Restricted and public areas.

(d) The type of security training provided for, and completed by, establishment personnel, including:

(1) Conflict resolution training and other security training to be provided by staff; and

(2) Procedures for handling violent incidents, other emergencies, and calling the Metropolitan Police Department.

(e) The applicant's procedures for preventing unregistered individuals from purchasing marijuana;

(f) The establishment's procedures for documenting medical marijuana transactions;

(g) How the applicant intends to use and maintain an incident log;

(h) The establishment's procedures for preventing the use of medical marijuana on the registered premises;

(i) The number and location of cameras used by the establishment;

(j) Security measures taken by the applicant to prevent individuals from entering the limited access area portion of the registered premises;

(k) The applicant's closing procedures after the cessation of business each day;

(l) The applicant's plan to prevent theft or the diversion of medical marijuana, including maintaining all medical marijuana in a secure, locked room that is accessible only to authorized persons;

(m) The type of alarm system and outdoor lighting to be used by the applicant; and

(n) The applicant's procedures for accepting delivery of medical marijuana at the facility, including but not limited to procedures defining how it is received, where it is stored, and how the transaction is recorded.

Question 9:

Please provide documentation outlining the applicant's Inventory Plan (Up to twenty (20) points). Supporting documents for Question 9 should be included as Appendix I.

(A) Measure 1: The applicant shall describe its plan for maintaining an inventory of medical marijuana sufficient to ensure that it will be able to serve the needs of all registered qualifying patients who have made the applicant's facility their designated dispensary.

Question 10:

Please provide documentation outlining the applicant's Product Safety and Labeling Plan (Up to forty (40) points). Supporting documents for Question 10 should be included as Appendix J.

(A) Measure 1: The applicant shall describe its plan for providing safe and accurate packaging and labeling of medical marijuana. The Applicant shall describe how it intends to dispense medical marijuana to a qualifying patient or caregiver for transport in a secure manner. (up to twenty (20) points)

(B) Measure 2: The applicant shall describe its plan for testing or verifying medical marijuana received from a cultivation center and ensuring that all medical marijuana is free of contaminants. (up to twenty (20) points)

Question 11:

Please provide documentation outlining the applicant's Business Plan, Marketing Plan and Services to be Offered (Up to twenty (20) points). Supporting documents for Question 11 should be included as Appendix K.

(A) Measure 1: The applicant shall provide a business plan that describes how the dispensary will operate on a long-term basis. This shall include the applicant providing a detailed description about the amount and source of the equity and debt commitment for the proposed dispensary that demonstrates the immediate and long-term financial feasibility of the proposed financing plan, the relative availability of funds for capital and operating needs, and the financial capability to undertake the project. (up to ten (10) points)

(B) Measure 2: The applicant or its directors, officers, members, or incorporators demonstrates experience in business management and/or having medical industry or horticulturalist experience. (up to five (5) points)

(C) Measure 3: The business plan shall include a start-up timetable which provides an estimated time from registration of the dispensary to full operation, and the assumptions used for the basis of those estimates. (up to five (5) points)

Question 12:

BONUS. Please provide documentation outlining the applicant's Educational Materials Plan (Up to twenty (20) bonus points). Supporting documents for Question 12 should be included as Appendix L.

(A) Measure 1: The applicant shall describe its proposed plan for providing educational materials and/or information to qualifying patients, and caregivers. (up to ten (10) bonus points)

(B) Measure 2: The applicant shall describe its proposed plan for providing training for its staff regarding the administration of marijuana. (up to ten (10) bonus points)

Question 13:

Please provide a valid zoning determination letter from the Department of Consumer and Regulatory Affairs' Zoning Administrator for the premises in which the dispensary registration is sought to be located. An applicant, prior to issuance by DCRA of a certificate of occupancy for the building in which the registered premises shall be located, shall provide the following:

- a. Evidence that the applicant has entered into a bona fide agreement with the owner of a building proposed to be constructed or remodeled
- b. Evidence that under the bona fide agreement, the applicant has agreed to lease, purchase, or otherwise occupy all or a portion of the building for the applicant's use in carrying on the business of a dispensary.
- c. Evidence that the agreement provides that so much of the proposed building to be occupied for business purposes registered under the regulations is to be constructed or remodeled in accordance with specifications set forth in the agreement
- d. Evidence that the agreement describes the quarters as reasonably adequate and appropriate for the business to be carried on under the authority of the registration; and
- e. A zoning determination letter issued by the Department of Consumer and Regulatory Affairs (DCRA).

Supporting documents for Question 13 should be included as Appendix M.

Question 14:

Please provide a written and detailed plan for closure of the dispensary. Supporting documents for Question 14 should be included as Appendix N.

Question 15:

Please provide the source of funds used to acquire or develop the business for the dispensary. An applicant shall provide independent documentation concerning the source of such funds and copies of closing documents in connection with the purchase of a registered business upon request of the Department. Supporting documents for Question 15 should be included as Appendix O.

Question 16:

Provide a signed and notarized Dispensary Acknowledgement and Attestation Form provided on the application website. Supporting documents for Question 16 should be included as Appendix P.

Source: [Medical Marijuana Program Dispensary Initial Application](#)

Hawaii

- (1) Legal name and date of birth of individual applicant;
- (2) Last four digits of individual applicant's social security number;
- (3) Validation code from an eCrim report for the individual applicant generated by the Hawaii criminal justice data center no earlier than December 12, 2015, at 8:00 a.m., Hawaii-Aleutian Standard Time;
- (4) Street address, telephone number, fax number, and email address of the individual applicant;
- (5) A tax clearance certificate issued by the department of taxation dated not more than thirty days prior to the date of the application;
- (6) Name of the applying entity and any other name under which the applying entity does business, if applicable;
- (7) Street address, telephone number, fax number, and email address of the applying entity;
- (8) Date the applying entity was organized under the laws of Hawaii;
- (9) A certified copy of the organizing documents of the applying entity;
- (10) A copy of the applying entity's bylaws;
- (11) Federal employer identification number of the applying entity;
- (12) Hawaii tax identification number of applying entity;
- (13) Department of commerce and consumer affairs business registration number and suffix of the applying entity;
- (14) Name(s) of all owners of the applying entity, in whole or in part, and their percentage of ownership;
- (15) Date when continuous legal residence in Hawaii began for each Hawaii legal resident that owns a percentage of the applying entity;
- (16) Total percentage of the applying entity that is owned by Hawaii legal residents;
- (17) Designation of the county for which the dispensary license applied for and proof that the required minimum financial resources of \$1,200,000 are met;
- (18) Total dollar amount of financial resources under control of the applying entity in the form of bank statements or escrow accounts;
- (19) Date from when financial resources have been continuously controlled by the applying entity; and
- (20) Copies of the entity's bank statements for the twelve months prior to the date of the application.

Source: [Hawaii HB 321, CD1](#)

Illinois

PART I: Application Category Information

1. Business Name
2. Business Mailing Address
3. Business Telephone #
4. Business Structure (check one)
5. Date of Formation
6. State of Corporation
7. FEIN
8. Certification of Good Standing with Illinois SEC
9. D/B/A/ Name
10. Registered Agent Name
11. Registered Agent Address
12. Proposed Business Name (If any)
13. GIS Coordinates of Proposed Location
14. Proposed Dispensary Name
15. Proposed Dispensary Address
16. District #

PART II: Ownership Structure (List each Principal Officer):

Attach a separate sheet of paper for each Principal Officer. Review Administrative Rules Section 1290.30 for the people who qualify as a principal officer of a dispensing organization.

1. List any persons and/or entities with an ownership interest in the dispensing organization that are not listed as Principal Officers or dispensary backers. Attach document.

a. If an entity, list all persons with an ownership interest in the entity, their percentage ownership interest in the entity, and their effective ownership interest in the registration.

b. If a person, list their percentage ownership interest in the entity, and their effective ownership interest in the registration.

2. Are there any other persons and/or entities, who will receive directly or indirectly, any compensation or future compensation based upon a percentage or share of the gross proceeds or income of the dispensing organization?

a. If yes, identify each person and list their interest in the business.

Provide both the business name, individual name and contact information for each facility backer, business partner, investor, joint venture and/or registered agent and anyone with more than one percent ownership interest, future ownership interest or debt to equity interest.

4. Dispensary Organization Primary Contact (must be a principal officer of the Dispensing Organization)

5. Dispensary Organization Alternate Contact (must be a principal officer of the Dispensing Organization)

6. Other than this application, name any other Dispensing Organization Districts this applicant is applying for during this application period.

Provide a list of the names of all principal officers, and beside each name, principal officer has submitted a dispensary authorization application.

7. Is this applicant also applying for a cultivation center permit with the Illinois Department of Agriculture?

Provide a list of the names of all principal officers and beside each name, the district or districts where each principal officer has submitted an application with the Illinois Department of Agriculture for a cultivation center.

Business Information

a. If the entity applying is a sole proprietorship, a copy of creation documents.

b. If a partnership, a copy of any partnership or joint venture documents, and if there is no written agreement, a statement signed by all Principal Officers affirming there is no agreement.

c. If a limited liability company, a copy of the Articles of Organization, operating agreement, and certificate of good standing issued by the Secretary of State or obtained from the Secretary of State's website dated within seven days prior to the date application is filed with the Division. Limited liability company applicants must include a listing of all affiliated persons or business entities holding an ownership interest in the company.

d. If a corporation, the name of the registered agent, a copy of the Articles of Incorporation, Corporate Resolutions if any, and, a certificate of good standing issued by the Secretary of State or obtained from the Secretary of State's website within seven days of the application date. If using an assumed name, submit a copy of the assumed name certificate or registration issued by the Secretary of State. Corporate applicants must include a listing of all persons or businesses holding an ownership interest in the corporation.

e. If an unincorporated association, organization or not-for-profit organization, documents or agreements relevant to its creation, ownership, profit sharing and liability. If there are no documents as detailed in section 1290.50(a)(5)(E) of the Administrative Rules, a statement signed by all principal officers affirming so.

- Name of dispensary organization's proposed agent in charge.
- Name of person, firm or business that has assisted the applicant draft, assemble or submit this application, if applicable.
- Name of the institution holding the minimum amount in liquid assets or funds required by the Administrative Rules.
 - a. The by-laws must include procedures for the oversight of the dispensing organization and procedures to ensure accurate record keeping, patient confidentiality and security measures that are in accordance with the Division's rules.
 - b. The by-laws must include a description of the enclosed and locked facility where medical cannabis will be stored.
- Provide documents of the dispensing organization's ownership structure that establish the legal and business structure of the applicant, operations, management and control including organization chart that provides position descriptions and the names of each person holding each position and percentage ownership of each person or entity. Attach a copy
- Provide any additional documents that establish the legal and business structure of the applicant, operations, management and/or control. If none, please state so. Attach document.

SCHEDULE 1. SUITABILITY OF THE PROPOSED DISPENSARY

SUITABILITY FOR PUBLIC ACCESS (Limit to 3 pages)

1. Provide a narrative explaining why the proposed location is suitable for public access, the size and layout promote safe dispensing of medical cannabis, product handling, and storage. Include detailed plans for handicapped accessible parking and ADA accessibility.
2. Provide a narrative statement describing specific elements in your plan that will favor the immediate community and why your operations will negate any detrimental impact.

PLOT PLANS and PHOTOGRAPHS: Plot map and drawings must be adequate in size to illustrate your plans. For this section, applicants must:

1. Provide a location area map of the area surrounding the proposed dispensary, extending a minimum of 1,000 feet from the proposed dispensary property line in all directions. Clearly identify the existing adjacent businesses or residences.
2. Clearly demonstrate that the property line of the proposed dispensary is not located within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility identified in Section 130 of the Act.
3. Provide a drawing depicting the property that extends at least to the property line perimeter, defining exterior landscape and interior layout, including storage and delivery areas.
4. Provide color photographs of the proposed dispensary and immediately adjacent area.

ZONING:

1. Copy of the current local zoning ordinance as it relates to dispensaries.
2. Narrative of how the proposed dispensary location complies with the local zoning ordinance or rules.
3. Documentation, if any, of the approval, conditional approval or the status of a request for approval, from the local zoning office.
4. Copy of DFPR Zoning Form with signature from the local zoning office providing confirmation that the proposed dispensary location is in compliance with local zoning provisions and those identified in Section 130 of the Act. If the applicant cannot secure a signature for the DFPR Zoning Form, provide a statement describing the reason(s).

SCHEDULE 2. BUSINESS AND OPERATIONS PLAN

KNOWLEDGE AND EXPERIENCE:

1. Resume for each Principal Officer.
 - a. Identify the name of each Principal Officer's present employer, position held and dates of employment.
 - b. Identify academic degrees, certifications or relevant experience with a state sanctioned medical cannabis business or related industry. Demonstrate knowledge of cannabis product strains or varieties, and describe the types and quantities of products planned to be offered, including paraphernalia or edibles.
 - c. Applicant's principal officers must demonstrate experience and qualifications in business management or experience in the medical cannabis industry.
2. Name and resume for each agent in charge.

STAFFING PLAN: (Limit to 3 pages)

1. Provide job descriptions, hiring procedures and staff reporting procedures on inventory loss or irregularities.

2. Include a description of the training and education that will be provided to dispensary agents.
3. Include best practices for day-to-day dispensary staffing.
4. Provide estimated staffing levels during hours of operations.

BUSINESS MANAGEMENT PRACTICES: (Limit to 5 pages)

1. Describe how the dispensing organization will be managed on a short and long-term basis, including the immediate and long-term financial health and resources for the design, development and operation of the dispensary.
2. Include best practices for day-to-day dispensary management.
3. Describe the patient verification system, purchases and denials of sale, and confidentiality.

OPERATING PLAN: (Limit to 5 pages)

1. Include, at a minimum, a timetable that provides estimated build out and start up time from authorization through year one of registration. Include the basis for those estimates.
2. The process of storing cannabis, and dispensing it from a restricted access area to a limited access area.
3. Description or copy of proposed marketing or advertising plan or materials, if any.
4. Description of proposed text or graphic materials on building exterior.
5. Proposed hours of operation.

SERVICES PROVIDED: (Limit to 3 pages)

1. A general description of products, varieties and services related to medical cannabis (if any) intended to be offered and reasoning for those choices.

SCHEDULE 3. SECURITY PLAN

FACILITY SECURITY: Submit or include on a separate drawing the following:

1. Diagram of dispensary drawn to scale, including general specifications of the building exterior and interior layout, identifying all points of entry and exit and locations of security or surveillance devices.
Note: Diagrams must be adequate in size and resolution to illustrate the type of security or surveillance devices.
2. Whether security personnel will be on-site during operational or non-operational hours.

SECURITY SURVEILLANCE SYSTEM: (Limit to 6 pages, excluding supporting documents, i.e. designs or drawings)

1. Provide a narrative of the type of surveillance system that will be installed, controls used to monitor and secure the premises, agents, patients, caregivers, currency and measures that will prevent the diversion, theft or loss of cannabis and currency.
2. Identify whether applicant will retain an outside vendor to design and implement a security system or provide a security guard.
3. Provide the storage capabilities for the retention of historic recordings on-site and off-site.
4. Name the process and system used to provide real time video feed to the Illinois State Police and the Division.

PRODUCT SECURITY:

The security plan should demonstrate the capability for the prevention of the theft or diversion of medical cannabis. (Limit to 6 pages, excluding supporting documents)

1. Submit a plan to control inventory from receipt through sale.
2. Identify measures to restrict access to the limited access areas to qualifying patients, designated caregivers, registered agents, service professionals and security personnel.
3. Identify measures to prevent unauthorized entry and theft from restricted access areas.
4. Procedures for documentation of both cannabis loss and destruction.

SHIPPING/TRANSPORTATION SECURITY MEASURES:

Submit the operational procedures for receipt of product. This shall include the following. (Limit to 3 pages)

1. A description of the receipt of delivery process, including receipt and log of manifests.
2. Security protocols used to avoid diversion, theft or loss at the acceptance point.
3. How the applicant will confirm receipt of all products from the cultivation center.

SCHEDULE 4. RECORDKEEPING AND INVENTORY PLAN

RECORDKEEPING PLAN: (Limit to 5 pages)

1. Provide a narrative of how applicant will maintain, update and store records, including but not limited to: management plans, business records, confidential patient records, operating procedures, security records and audit records, meet recordkeeping regulations, keep accurate inventory tracking records and discourage unlawful activity.
2. Describe how applicant will comply with audit requirements.
3. Describe how records will be readily available to State inspectors during inspection.

INVENTORY CONTROL PLAN: (Limit to 5 pages)

1. Describe how applicant will monitor and track qualifying patient records, including purchases, denials of sale and confidentiality.
2. Detail how applicant will track inventory and perform audits.
3. Detail the method to dispose of cannabis and how it will communicate with the Division and Illinois State Police.

PATIENT EDUCATION AND SUPPORT PLAN: (Limit to 4 pages)

1. Generally detail the benefits or drawbacks of cannabis strains that will be offered in connection with the debilitating conditions identified in the Act.
2. Detail how applicant will keep product costs reasonable, patient flow under control and prevent patient overflow.
3. Detail how you will educate patients on the State's medical cannabis program, including but not limited to, orientation, answering questions, providing advice on administration and storage.
4. What differentiates your application in the methods you will use to care for and support patients?

SCHEDULE 5. FINANCIAL DISCLOSURES

The applicant must disclose all relevant business transactions and financial information connected with the application. If an item below does not apply to the applicant, please state so. Financial disclosures must be numbered in connection with the list below:

- 5.1 Copies of agreements between any two or more principal officers that relate to the assets, liabilities, debt, property, profit or future profit of the dispensing organization.

- 5.2 Copies of compensation agreements among any persons having a financial interest in the dispensing organization, or a narrative if the compensation agreement is oral.
- 5.3 Disclosure of the nature, type, terms, covenants and priorities of all outstanding debts, including but not limited to bonds, loans, mortgages, deeds, lines of credit, notes issued or executed, or to be issued or executed, in connection with the proposed dispensary. Identify if debt is secured or unsecured.
- 5.4 Identify whether the applicant has acquired debt in exchange for equity or future equity in the dispensing organization.
- 5.5 Audited financial statements for the previous fiscal year.
- 5.6 Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the principal officers of the proposed dispensing organization for the last three years, or for the period each principal officer has filed tax returns if less than three years.
- 5.7 Name of each dispensing organization backer and complete copies of the most recently filed federal, state and foreign (with translation) personal tax returns filed by each dispensing organization backer. If the dispensing organization backer is a business entity, identify the principals or board members of the business entity and provide their personal tax returns for the same timeframe.
- 5.8 A description and dollar amount of the expenditures incurred to date by the proposed dispensing organization.
- 5.9 Projected total expenditures, itemized by category, expected before the dispensary is operational.
- 5.10 Projected annual expenditures and revenue, itemized by category, through second year of operation.
- 5.11 Submit a signed statement from a Certified Public Accountant (“CPA”) or a statement from a financial institution dated within ten (10) calendar days before the application date with the amount of liquid capital under the control of the business or a principal officer of the business, dedicated to dispensary start up. If the applicant submitted a signed statement from a CPA, it must include the CPA’s name, phone number and license number.
- 5.12 Identify the total dollar amount and source of the organization’s equity and debt commitments and all funding sources in connection with the proposed dispensing organization. Include documentation verifying the source of the funds and the organization’s net worth.

SCHEDULE 6. BONUS SECTION

LABOR AND EMPLOYMENT PRACTICES: (Limit to 3 pages)

The applicant may provide a description of plans to provide a safe, healthy and economically beneficial working environment for its agents, including but not limited to, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and living wage standards.

RESEARCH PLAN: (Limit to 5 pages)

The applicant may provide the Division with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of cannabis. The applicant may include in its proposal, a detailed description of:

- A) The methodology of the study to accurately assess the effects of cannabis,
- B) The issues to be studied,
- C) The methods that will be used to identify and select study participants,
- D) The identity of each person or organization associated with the study, including the role of each,
- E) The duration of the study and anticipated peer review, and
- F) The intended use of the study results.

COMMUNITY BENEFITS PLAN: (Limit to 3 pages)

The applicant may provide a description of plans the applicant has to support the local community, the socio-economic status of citizens served, or a plan for reduction in product costs for indigent patients that qualify.

SUBSTANCE ABUSE PREVENTION PLAN: (Limit to 3 pages)

The applicant may provide a detailed description of any plans it will take to combat substance abuse in its District, including the extent to which the applicant will partner or work with existing substance abuse programs.

LOCAL COMMUNITY/NEIGHBORHOOD REPORT: (Limit to 3 pages)

The applicant may provide comments, concerns or support received regarding the potential impact of the proposed location on the local community and neighborhood.

ENVIRONMENTAL PLAN: (Limit to 3 pages)

The applicant may demonstrate an environmental plan of action to minimize the carbon footprint, environmental impact, and resource needs for the dispensary.

VERIFICATION OF MINORITY-OWNED, FEMALE -OWNED, VETERAN-OWNED, OR DISABLED PERSON-OWNED: (Limit to 3 pages)

The Minority, Female, Veteran, or Disabled applicants must own at least 51 percent of the entity applying for registration. The percentage totals may include any combination of Minority, Female, Veteran, or Disabled applicants.

The Minority, Female, Veteran or Disabled applicant must also share in control of management and day-to-day operations of the dispensary.

Documentation must be submitted at the time of application that demonstrates the respective status of the applicant, including, but not limited to, certification under the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575] for minority, female or disabled person applicants, or a DD214 for veteran applicants.

ILLINOIS BASED APPLICANTS: (Limit to 3 pages) Documentation that the applicant's principal place of business is headquartered in Illinois, including the names, addresses and verification of the applicant's proposed agents that reside in Illinois. The applicant may also provide a plan for generating Illinois-based jobs and economic development.

ADDENDA

Addendum A1.

Attestations: Each principal officer must sign and date the Medical Cannabis Principal Officer Attestation Form.

Addendum B2.

Certifications: Each principal officer must sign and date his or her own Medical Cannabis Principal Officer Certification Form.

Addendum C3.
Property Ownership Form.

Addendum D4.
Zoning Form.

Addendum E5.
Criminal History Form.

Addendum F6.
A fingerprint receipt from a licensed livescan vendor for each Principal Officer listed in the application, including all information from Section 230 of the Administrative Rules.

Addendum G7.
Photocopy of Application Fee.

Source: [Application for Dispensing Organization Authorization - Medical Cannabis Division](#)

Maine

Subject to limitations on the number and location of dispensaries in subsection 11 and rules adopted pursuant to this section, this subsection governs the registration of a dispensary.

A. The department shall register a dispensary and issue a registration certificate or renew a registration certificate within 30 days to any person or entity that provides:

- 1) An annual fee paid to the department as set by rule pursuant to section 2425, subsection 12, paragraph C;
- (2) The legal name of the dispensary, evidence of incorporation under Title 13-B and evidence that the corporation is in good standing with the Secretary of State;
- (3) The physical address of the dispensary and the physical address of a maximum of one additional location, if any, where marijuana will be cultivated for patients who have designated the dispensary to cultivate for them. If a registered dispensary changes the physical location of the dispensary or the location at which it cultivates marijuana, the dispensary shall notify the department on a location change form provided by the department, pay a change fee as established in section 2425, subsection 12, paragraph C and obtain a new registration certificate from the department;
- (4) The name, address and date of birth of each principal officer and board member of the dispensary; and
- (5) The name, address and date of birth of any person who is employed by the dispensary

Source: [Chapter 558-C: MAINE MEDICAL USE OF MARIJUANA ACT](#)

Maryland

(1) The Commission shall license medical cannabis growers that meet all requirements established by the Commission to operate in the State to provide cannabis to:

- (i) Processors licensed by the Commission under this subtitle;
- (ii) Dispensaries licensed by the Commission under this subtitle;
- (iii) Qualifying patients and caregivers; and
- (iv) Independent testing laboratories registered with the Commission under this subtitle.

(2) (i) Except as provided in subparagraph (ii) of this paragraph, the Commission may license no more than 15 medical cannabis growers.

(ii) Beginning June 1, 2018, the Commission may issue the number of licenses necessary to meet the demand for medical cannabis by qualifying patients and caregivers issued identification cards under this subtitle in an affordable, accessible, secure, and efficient manner.

(iii) The Commission shall establish an application review process for granting medical cannabis grower licenses in which applications are reviewed, evaluated, and ranked based on criteria established by the Commission.

(iv) The Commission may not issue more than one medical cannabis grower license to each applicant.

(v) A grower shall pay an application fee in an amount to be determined by the Commission consistent with this subtitle.

(3) The Commission shall set standards for licensure as a medical cannabis grower to ensure public safety and safe access to medical cannabis, which may include a requirement for the posting of security.

(4) Each medical cannabis grower agent shall:

- (i) Be registered with the Commission before the agent may volunteer or work for a licensed grower; and
- (ii) Obtain a State and national criminal history records check in accordance with § 13-3312 of this subtitle.

(5) (i) A licensed grower shall apply to the Commission for a registration card for each grower agent by submitting the name, address, and date of birth of the agent.

(ii) 1. Within 1 business day after a grower agent ceases to be associated with a grower, the grower shall:

- A. Notify the Commission; and
- B. Return the grower agent's registration card to the Commission.

2. On receipt of a notice described in sub subparagraph 1A of this subparagraph, the Commission shall:

- A. Immediately revoke the registration card of the grower agent; and
- B. If the registration card was not returned to the Commission, notify the Department of State Police.

(iii) The Commission may not register a person who has been convicted of a felony drug offense as a grower agent.

(6) (i) A medical cannabis grower license is valid for 4 years on initial licensure.

(ii) A medical cannabis grower license is valid for 2 years on renewal.

(7) An application to operate as a medical cannabis grower may be submitted in paper or electronic form.

(8) (i) The Commission shall encourage licensing medical cannabis growers that grow strains of cannabis, including strains with high cannabidiol content, with demonstrated success in alleviating symptoms of specific diseases or conditions.

(ii) The Commission shall encourage licensing medical cannabis growers that prepare medical cannabis in a range of routes of administration.

(9) (i) The Commission shall:

- 1. Actively seek to achieve racial, ethnic, and geographic diversity when licensing medical cannabis growers; and
- 2. Encourage applicants who qualify as a minority business enterprise, as defined in § 14-301 of the State Finance and Procurement Article.

(ii) Beginning June 1, 2016, a grower licensed under this subtitle to operate as a medical cannabis grower shall report annually to the Commission on the minority owners and employees of the grower.

(10) An entity seeking licensure as a medical cannabis grower shall meet local zoning and planning requirements.

(b) An entity licensed to grow medical cannabis under this section may provide cannabis only to:

- (1) Processors licensed by the Commission under this subtitle;
- (2) Dispensaries licensed by the Commission under this subtitle;
- (3) Qualified patients;
- (4) Caregivers; and
- (5) Independent testing laboratories registered with the Commission under this subtitle.

(c)(1) An entity licensed to grow cannabis under this section may dispense cannabis from a facility of a grower licensed as a dispensary.

(2) A qualifying patient or caregiver may obtain medical cannabis from a facility of a grower licensed as a dispensary.

(3) An entity licensed to grow medical cannabis under this section may grow and process medical cannabis on the same premises.

(d) An entity licensed to grow medical cannabis under this section shall ensure that safety precautions established by the Commission are followed by any facility operated by the grower.

(e) The Commission shall establish requirements for security and the manufacturing process that a grower must meet to obtain a license under this section, including a requirement for a product-tracking system.

(f) The Commission may inspect a grower licensed under this section to ensure compliance with this subtitle.

(g) The Commission may impose penalties or rescind the license of a grower that does not meet the standards for licensure set by the Commission.

HISTORY: 2013, ch. 403; 2014, chs. 240, 256; 2015, ch. 251.

§ 13-3307. Licensing medical cannabis dispensaries, application and review, requirements, reports, inspection, penalties, quarterly reporting to Commission.

(a) A dispensary shall be licensed by the Commission.

(b) To be licensed as a dispensary, an applicant shall submit to the Commission:

- (1) An application fee in an amount to be determined by the Commission consistent with this subtitle; and
- (2) An application that includes:

- (i) The legal name and physical address of the proposed dispensary;
- (ii) The name, address, and date of birth of each principal officer and each director, none of whom may have served as a principal officer or director for a dispensary that has had its license revoked; and
- (iii) Operating procedures that the dispensary will use, consistent with Commission regulations for oversight, including storage of cannabis and products containing cannabis only in enclosed and locked facilities.

(c) The Commission shall:

(1) Establish an application review process for granting dispensary licenses in which applications are reviewed, evaluated, and ranked based on criteria established by the Commission; and

(2) Actively seek to achieve racial, ethnic, and geographic diversity when licensing dispensaries.

(d) (1) A dispensary license is valid for 4 years on initial licensure.

(2) A dispensary license is valid for 2 years on renewal.

(e) A dispensary licensed under this section or a dispensary agent registered under § 13-3308 of this subtitle may not be penalized or arrested under State law for acquiring, possessing, processing, transferring, transporting, selling, distributing, or dispensing cannabis, products containing cannabis, related supplies, or educational materials for use by a qualifying patient or a caregiver.

(f) The Commission shall establish requirements for security and product handling procedures that a dispensary must meet to obtain a license under this section, including a requirement for a product-tracking system.

(g) The Commission may inspect a dispensary licensed under this section to ensure compliance with this subtitle.

(h) The Commission may impose penalties or rescind the license of a dispensary that does not meet the standards for licensure set by the Commission.

(i)(1) Each dispensary licensed under this section shall submit to the Commission a quarterly report.

(2) The quarterly report shall include:

(i) The number of patients served;

(ii) The county of residence of each patient served;

(iii) The medical condition for which medical cannabis was recommended;

(iv) The type and amount of medical cannabis dispensed; and

(v) If available, a summary of clinical outcomes, including adverse events and any cases of suspected diversion.

(3) The quarterly report may not include any personal information that identifies a patient.

Source: [Maryland Medical Cannabis Law](#)

Massachusetts

Phase I

- (a) Documentation that it is a non-profit entity incorporated in Massachusetts as specified in 105 CMR 725.100(A)(2), as well as a list of all executives of the proposed RMD, and a list of all members, if any, of the non-profit corporation;
- (b) Documentation that it has at least \$500,000 in its control and available, as evidenced by bank statements, lines of credit, or the equivalent, to ensure that the applicant has sufficient resources to operate. This provision may be fulfilled through demonstration of pooled resources among the individuals or entities affiliated with the applicant. If an entity is submitting more than one application, the capital requirement shall be \$400,000 for each subsequent application;
- (c) Documentation that no member of the non-profit corporation, no executive of the applicant, and no prospective employee or volunteer of the RMD, has been convicted of a felony drug offense in the Commonwealth, or a like violation of the laws of another state, the United States or a military, territorial, or Indian tribal authority;
- (d) A description of any past or pending legal or enforcement actions in any other state against any officer, executive, director, or board member of the applicant or its members, or against any other entity owned or controlled in whole or in part by them, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes;
- (e) A description of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules;
- (f) An attestation signed by an authorized designee of the entity that if the entity is allowed to proceed to Phase 2 of the application process, the entity is prepared to pay a nonrefundable application fee as specified in the Notice;
- (g) A description of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration of an executive of the applicant, as well as by any member of the non-profit corporation, if any;
- (h) Prescribing for or distributing controlled substances or legend drugs by any executive, including of the members of the non-profit corporation, if any, except for therapeutic or other proper medical or scientific purpose;
- (i) The requisite non-refundable application fee; and
- (j) Any other information required by the Department.

Source: [105 CMR 725.000: IMPLEMENTATION OF AN ACT FOR THE HUMANITARIAN MEDICAL USE OF MARIJUANA](#)

Phase II

- (a) A non-refundable application fee;
- (b) Detailed information regarding the non-profit corporation, including the legal name, a copy of the articles of organization and bylaws;
- (c) The county, city, or town in which the proposed RMD would be sited, and if known, the physical address of the proposed RMD. If marijuana will be cultivated or MIPs will be prepared at any location other than the dispensing location of the proposed RMD, the physical address of the one additional location where marijuana will be cultivated or MIPs will be prepared, if known;

(d) If the applicant has identified the physical address of the proposed RMD pursuant to 105 CMR 725.100(B)(3)(c), the applicant shall provide evidence of interest in the subject property, and the additional cultivation location, if any. Interest may be demonstrated by one of the following:

1. Clear legal title to the proposed site;
2. An option to purchase the proposed site;
3. A lease;
4. A legally enforceable agreement to give such title under 105 CMR 725.100 (B)(3)(d)1. or 2., or such lease under 105 CMR 725.100 (B)(3)(d)3., in the event the Department determines that the applicant qualifies for registration as a RMD; or
5. Binding permission to use the premises.

(e) A description of plans to ensure that the RMD is or will be compliant with requirements of the Americans with Disabilities Act (ADA) Accessibility Guidelines;

(f) If available at the time of submission, pursuant to 105 CMR 725.100(B)(3)(c), a description of plans to ensure that the RMD is or will be compliant with local codes, ordinances, and bylaws for the physical address of the RMD and for the physical address of the additional location, if any, including any demonstration of support or non-opposition furnished by the local municipality;

(g) A proposed timeline for achieving operation of the RMD and evidence that the RMD will be ready to operate within the proposed timeline after notification by the Department that the applicant qualifies for registration;

(h) The name, address, date of birth, and résumés of each executive of the applicant and of the members, if any, of the non-profit corporation, along with a photocopy of their driver's licenses or other government-issued identification cards, and CORI reports obtained from the DCJIS within 30 calendar days prior to submission to the Department, pursuant to the RMD's registration with DCJIS under M.G.L. c. 6, s. 172;

(i) The name, address, and date of birth of all dispensary agents that the RMD intends to employ, to the extent that they are known;

(j) A list of all persons or entities having direct or indirect authority over the management or policies of the RMD, including the members of the non-profit corporation, if any, and a list of all persons or entities contributing 5% or more of the initial capital to operate a RMD, including capital that is in the form of land or buildings;

(k) If applicable, the identity of any creditor holding an interest in the premises of the proposed RMD or the additional cultivation location, if any;

(l) A description of the RMD's plan to obtain a liability insurance policy or otherwise meet the requirements of 105 CMR 725.105(Q);

(m) If available at the time of submission, pursuant to 105 CMR 725.100(B)(3)(c), a detailed floor plan of the premises of the proposed RMD that identifies the square footage available and describes the functional areas of

the RMD, including areas for any preparation of MIPs, and, if applicable, such information for the single allowable off-premises location in Massachusetts where marijuana will be cultivated or MIPs will be prepared;

(n) A detailed summary of the business plan for the RMD;

(o) An operational plan for the cultivation of marijuana, including a detailed summary of policies and procedures for cultivation;

(p) If the RMD intends to produce MIPs, a description of the types and forms of MIPs that the RMD intends to produce, and the methods of production;

(q) A detailed summary of operating policies and procedures for the RMD, which shall include but not be limited to provisions for security, prevention of diversion, storage of marijuana, transportation of marijuana, inventory procedures, procedures for quality control and testing of product for potential contaminants, procedures for maintaining confidentiality as required by law, personnel policies, dispensing procedures, record-keeping procedures, plans for patient education, and any plans for patient or personal caregiver home-delivery;

(r) A detailed summary of the RMD's policies and procedures for the provision of marijuana to registered qualifying patients with verified financial hardship without charge or at less than the market price, as required by 105 CMR 725.100(A)(6);

(s) An analysis of the projected patient population and projected need in the service area of the proposed RMD;

(t) A detailed description of all intended training(s) for dispensary agents;

(u) Evidence that the applicant is responsible and suitable to maintain a RMD. Information including but not limited to the following factors shall be considered in determining the responsibility and suitability of the applicant to maintain a RMD:

1. Demonstrated experience running a non-profit organization or other business;

2. History of providing health care services or services providing marijuana for medical purposes, including provision of services in other states;

3. History of response to correction orders issued under the laws or regulations of the Commonwealth or other states;

4. Whether the applicant is in compliance with all laws of the Commonwealth relating to taxes and child support and whether the applicant will have workers' compensation and professional and commercial insurance coverage;

5. Any criminal action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, whether for a felony or misdemeanor, against any of the executives of the applicant, or of the members of the non-profit corporation, if any, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which those individuals either owned shares of stock or served as executives, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts;

6. Any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to any executive's (or members of the non-profit corporation, if any) profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices;

7. Any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information; and

8. Any other information required by the Department.

(v) An indication of whether the applicant would consider a location other than the county or physical address provided pursuant to 105 CMR 725.100(B)(3)(c); and

(w) Any other information required by the Department.

Source: [105 CMR 725.000: IMPLEMENTATION OF AN ACT FOR THE HUMANITARIAN MEDICAL USE OF MARIJUANA](#)

Minnesota

- Application Checklist
- Regulatory Agency Authorization Form
- Owner and Managing Director Certificate Statement Forms
- Business Overview and Plan
 - Brief Summary
 - Board Member Bios
- Business Plan
 - Production Capacity
 - Product Offering
 - Expected Pricing
 - Expected # of Customers
- Marketing Plan
 - Web Templates / Education Materials
 - Expected Outreach to Physicians
 - Expected Outreach to Patients
 - Misc. Advertising
- Facilities
 - Intended Service Area
 - Manufacturing Facility
 - Location
 - Certificate of Organization
 - Notice of Proper Manufacturing Facility Zoning
 - Local Support Documentation
 - Written Statement from Property Owner
 - Signage / Graphic Materials
 - Photographs of Surrounding Area
 - Map of Places of Religious Worship, Schools, Convents, Charitable Institutions, Hospitals, Veteran's Homes, Camps, and Military Establishments within 1000 feet of Proposed Facility
 - Site Plan
 - Blue Print
 - Location of Non-Medical Cannabis Business Operations on Property
 - Site Development and Construction Plan
 - Temporary Manufacturing Site Plans
 - Diversion / Theft Prevention
 - Plans to Limit Manufacturing Premises to Authorized Personnel Only
 - Air Treatment Plans
 - Explanation of Previous Experience Developing New Manufacturing Facilities
 - Distribution Facilities
 - Locations
 - Documentation of Zoning / Building Requirements for Locations
 - Local Government Support
 - Written Statement from Property Owners
 - Intention to Use Locations for Non-Medical Cannabis Retail
 - Signage / Graphic Materials

- Map of Places of Religious Worship, Schools, Convents, Charitable Institutions, Hospitals, Veteran's Homes, Camps, and Military Establishments within 1000 feet of Proposed Facilities
 - Site Plans
 - Blueprint / Floor Plans
 - Site Development / Construction Plans
 - Theft / Diversion Plans
 - Plans to Limit Manufacturing Premises to Authorized Personnel Only
 - Employee Safety Plans
 - Explanation of Previous Experience Developing Product Distribution Sites
- Operations
 - General
 - Staff Training
 - Employee Screening
 - Diversion Report Plan
 - Cultivation
 - Experience
 - Detailed Description of Cultivation Process
 - Cultivation Methods
 - Organic Growing Standards (If Applicable)
 - Cultivation Environment Safety Plan
 - Expected Resource Usage
 - Cultivation Waste Disposal
 - Hours of Operation
 - Min-Max # of Staff
 - Staff Experience Expectations
 - Cultivation Staff Training
 - List of Expected Staff
 - Refining
 - Description of Experience
 - Extraction Methods
 - Description of Protocol / Computer Systems Used
 - Equipment List
 - Calculation of Yield Process
 - Sampling / Testing of In-Process Products
 - Control / Testing of Microbiological Contamination
 - Sampling / Testing of Final Products
 - Packaging / Labeling Process
 - Stability Testing and Process for Determining Expiration Dates
 - Timeline of Production Process
 - Record Keeping Process
 - Storage / Disposal Plan for Remaining Plant Material
 - Description of Process of Lab Testing
 - Plan to Prevent Exposure to Unsafe Chemicals / Conditions
 - Description of Plant Traceability through Process
 - Adverse Event Plan
 - Description of Control over Components of Medication and Product Containers
 - Expected Hours of Operation
 - Min-Max # of Expected Staff

- Staff Training Plan
 - Expected Staff List
- Distribution
 - Description of Experience in Providing Care to Patients / Caregivers
 - Description of Computer Systems / Tools / Information provided to Pharmacists for Patient / Caregiver Guidance
 - Description of Computer Systems / Tools / Information provided to Pharmacists to avoid Drug Interactions / Side Effects
 - Patient / Caregiver Diversion Prevention Training
 - Description of Computer Systems / Tools / Information used to Document / Report Adverse Events
 - Description of Handling to Prevent Diversion
 - Description of Process of Accepting New Product
 - Expected Hours of Operation
 - Min-Max # of Expected Staff
 - Staff Experience Expectations
 - Staff Training Plan
 - Expected Staff List
- Transportation
 - Description of Experience in Transporting High Value Products
 - Detail Description of Planned Transportation Methods
 - Frequency of Transport
 - Explanation of Intentions to Comply with Transportation Rules
 - Types of Vehicles
 - Containers used
 - # of Employees Expected for Transportation
 - Emergency Plans
 - Diversion Report Plans
 - Description of Proposed Methods to Minimize Risk of Diversion during Transit
 - Expected Transportation Staff
- Inventory Management
 - Description of Product Management
- Security Plan
 - All Measures to Provide Physical Security of Manufacturing Facility
 - Identification of All Entrances / Exits
 - Plans to Restrict Access
 - Name / Address of Outside Security Contractors
 - Surveillance System Design
 - Storage Capabilities of Historical Records
 - Ability to Provide Real-time Feed of Facility
- Disaster Recovery / Continuity Plan
 - Plans to Resume Operations and Minimize Potential Impact of Weather or Equipment / Product Malfunction
- Copies of Operation Manuals

Source: [Minnesota Department of Health- Medical Cannabis Manufacturers/Laboratories](#)

Nevada

PART I - IDENTIFIED CRITERIA RESPONSE

Tab I – Title Page The title page must include the following:

Part I – Identified Criteria Response Application

Title:

Applicant Name:

Address:

Application Opening Date and Time:

Closing Date and Time:

Tab II – Table of Contents An accurate table of contents must be provided in this tab.

Tab III – Applicant Information Sheet The completed Applicant Information Sheet with an original signature by the contact person for providing information, signing documents, or ensuring actions are taken as per Section 23 of LCB File No. R004-14A must be included in this tab. (Page 2)

Tab IV – Medical Marijuana Establishment Registration Certificate Application The completed Medical Marijuana Establishment Registration Certificate Application with original signatures must be included in this tab. (Attachment A)

Tab V – Multi-Establishment Limitation form If applicable, a copy of the multi-establishment limitation form must be included in this tab. If not applicable, please insert a plain page with the words “Not applicable.” (Attachment G).

Tab VI – Identifier Legend A copy of the Identifier legend must be included in this tab. If not applicable, please insert a plain page with the words “Not Applicable” (Attachment H).

Tab VII – Confirmation that the applicant has registered with the Secretary of State Documentation that the applicant has registered as the appropriate type of business with the Secretary of State.

Tab VIII – Confirmation of the ownership or authorized use of the property as a medical marijuana establishment

- A copy of property owner’s approval for use form (Attachment F).
- If the applicant has executed a lease or owns the proposed property, a copy of the lease or documentation of ownership. A copy of the property owner’s approval for use form and lease or documentation of ownership must be included in this tab.

Tab IX– Documentation from a financial institution in this state, or in any other state or the District of Columbia, which demonstrates:

That the applicant has at least \$250,000 in liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets; and

The source of those liquid assets. Documentation demonstrating the liquid assets and the source of those liquid assets must be included in this tab. Please note: If applying for more than one medical marijuana establishment registration certificate; available funds must be shown for each establishment application.

Tab X – Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are

proposed to be owners, officers or board members of the proposed establishment. Evidence of taxes paid and other beneficial financial contributions made must be included in this tab.

Tab XI – The description of the proposed organizational structure of the proposed medical marijuana establishment and information concerning each Owner, Officer and Board Member of the proposed medical marijuana establishment.

- An organizational chart showing all owners, officers, and board members of the medical marijuana establishment, including percentage of ownership for each individual.
- The owner, officer and board member information form must be completed for each individual named in this application (Attachment C).
- An owner, officer and board member Attestation Form must be completed for each individual named in this application (Attachment B)
- A Child Support Verification Form for each owner, officer and board member must be completed for each individual named in this application (Attachment D).
- A narrative description, not to exceed 750 words, demonstrating the following:
 - Past experience working with governmental agencies and highlighting past community involvement.
 - Any previous experience at operating other businesses or nonprofit organizations
 - Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.
 - A resume, including educational achievements, for each owner, officer and board member must be completed for each individual named in this application.
- A Request and Consent to Release Application Form for Medical Marijuana Establishment Registration Certificate(s) for each owner, officer and board member may be completed for each individual named in this application (Attachment E).
- Documentation that fingerprint cards have been submitted to the Central Repository for Nevada Records of Criminal History.

Tab XII – A financial plan which includes:

- Financial statements showing the resources of the applicant(s), both liquid and illiquid.
- If the applicant is relying on money from an owner, officer or board member, or any other source, evidence that the person has unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant.
- Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.

The financial plan must be included in this tab.

Tab XIII – If a local government in which a proposed medical marijuana establishment will be located has not enacted zoning restrictions or the applicant is not required to secure approval that the applicant is in compliance with such restrictions:

- A professionally prepared survey demonstrating that the applicant has satisfied all the requirements of NRS 453A.322(3)(a)(2)(II)

A professionally prepared survey must be included in this tab. If not applicable, please insert a plain page stating “Not applicable.”

PART II -NON-IDENTIFIED CRITERIA RESPONSE

Tab I – Title Page The title page must include the following:

Title:

Applicant Name:

Address:

Application Opening Date and Time:

Closing Date and Time:

Tab II – Table of Contents An accurate table of contents must be provided in this tab.

Tab III – Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including, without limitation: Please note: The content of this response must be in a non-identified format.

- Building and Construction plans with supporting details. Please note: The size or square footage of the proposed establishment must include the maximum size of the proposed operation per the lease and/or property ownership. The start-up plans and potential expansion must be clearly stated to prevent needless misunderstandings and surrendering of certification.

Non-identified Building and Construction plans with supporting details must be included in this tab

Tab IV – Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including, without limitation:

- A non-identified plan for testing and verifying medical marijuana.
- A non-identified transportation plan
- Non-identified procedures to ensure adequate security including, without limitation, measures for building security.
- . Non-identified procedures to ensure adequate security including, without limitation, measures for product security.

Non-identified plans for testing medical marijuana, transportation, and building and product security must be included in this tab.

Tab V – A plan which includes: Please note: The content of this response must be in a non-identified format.

- A non-identified description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana cardholders
- A non-identified description of the inventory control system of the proposed medical marijuana establishment.

Please note: Applicants must demonstrate a system to include thorough tracking of product movement and sales. The system shall account for all inventory held by an establishment in any stage of cultivation, production, display or sale, as applicable for the type of establishment, and demonstrate an internal reporting system to provide the Division with comprehensive knowledge of an establishment's inventory. The plan for the operating procedures for the electronic verification system and the inventory control system must be included in this tab and must be in a non-identifying format.

Tab VI – Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include, without limitation:

- A non-identified detailed budget for the proposed medical marijuana establishment, including pre-opening, construction and first year operating expenses.
- A non-identified operations manual that demonstrates compliance with applicable statutes and regulations.
- A non-identified education plan which must include, without limitation, providing educational materials to the staff of the proposed establishment.
- A non-identified plan to minimize the environmental impact of the proposed establishment.

The plan to staff, educate and manage the proposed medical marijuana establishment must be included in this tab and must be non-identified.

Tab VII – A proposal demonstrating the following: Please note: The content of this response must be in a non-identified format.

- The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.
- The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.
- The likely impact and how the establishment will meet the needs of persons who are authorized to engage in the medical use of marijuana must be included in this tab and must be non-identified.

Source: [NV Medical Marijuana Establishment Registration Certificate Request for Applications](#)

New Hampshire

- a. Signed by the applicant or 2 of the corporate officers affirming the following: "I affirm that I have read and understand the requirements of RSA 126-X and the rules adopted thereunder and that the premises are in compliance with that statute and rule. I understand that providing false or misleading information shall be grounds for denial, suspension, or revocation of the registration and the imposition of a fine."; and
- b. Containing the following information:
 1. The name of the ATC;
 2. The physical address of the ATC and, if applicable, the physical address of a second location for cultivation and processing operated by the ATC;
 3. The mailing address of the ATC if different from the physical address;
 4. The telephone number of the ATC;
 5. The name of the ATC's administrator; and
 6. The email address for the ATC's administrator, and for the ATC if different; (
 - 2) A "Certificate of Good Standing" issued by the NH secretary of state authorizing the ATC to do business as a not-for-profit corporation in the state of New Hampshire;
 - (3) A copy of the ATC's articles of agreement;
 - (4) A copy of the ATC's bylaws;
 - (5) A statement detailing any instances in which a prospective board member who ran a business or managed or sat on the board of directors of a corporation was convicted, fined, censured, or had a registration, certification, or license suspended or revoked in any administrative or judicial proceeding, or any instances in which the business or corporation itself was subject to such an action;
 - (6) A floor plan of the prospective ATC, to include a complete description and layout of the indoor, enclosed, locked facility, in which all limited access areas are clearly indicated in the diagram of the registered premises, reflecting walls, partitions, counters, and all areas of entry and exit. Said diagram shall also show all propagation, vegetation, flowering, processing, production, storage, disposal, and retail sales areas;
 - (7) The application fee of \$30,000 in accordance with He-C 402.04(b)(2) or \$15,000 in accordance with He-C 402.04(c)(2);
 - (8) Resumes identifying the qualifications of the:
 - a. The executive employees of the ATC; and
 - b. The ATC board members and corporate officers;
 - (9) The name, address, and date of birth of each executive employee and corporate officer of the ATC;
 - (10) The name, address, and date of birth of each member of the board of directors of the ATC, which shall: a. Include at least one physician, advance practice registered nurse, or pharmacist licensed to practice in New Hampshire, except that such medical professional shall not maintain an ownership interest in the ATC; b. Include at least one patient qualified to register as a qualifying patient; and c. Consist of a majority of New Hampshire residents;
 - (11) Written local approvals as follows: a. For an existing building, the following written local approvals shall be obtained no more than 90 days prior to submission of the application, from the following local officials or if there is no such official(s), from the board of selectmen or mayor:
 1. The health officer verifying that the applicant complies with all applicable local health requirements, drinking water and wastewater requirements;
 2. The building official verifying that the applicant complies with all applicable state building codes and local building ordinances;
 3. The zoning officer verifying that the applicant complies with all applicable local zoning ordinances; and

4. The fire chief verifying that the applicant complies with the state fire code, including, but not limited to, the applicable chapter of NFPA 101 as adopted by the department of safety, and local fire ordinances applicable for an agricultural processing and retail sales facility; and b. For a building under construction, the written approvals required by a. above shall be submitted upon completion of the construction project;

(12) The results of a federal and NH state criminal records check for every corporate officer, board member, and executive employee pursuant to RSA 126-X:8, IV(a), and RSA 126-X:4, II-a;

(13) If the ATC uses a private water supply, documentation that the water supply has been tested in accordance with and meets the requirements of RSA 485 and Env-Dw 700;

(14) The distance, in feet, from the property line or extended drug-free zone of any preexisting private or public preschool, kindergarten elementary or secondary school located within 1320 feet of the registered premises;

(15) A list of all persons or entities having direct or indirect authority over the management or policies of the ATC, including the members of the not-for-profit corporation, and a list of all persons or entities contributing 5% or more of the initial capital to operate an ATC, including capital that is in the form of land or buildings; and

(16) Documentation of liability insurance coverage in the amount of 2 million dollars. The applicant shall mail or hand-deliver the documents in (c) above to: Department of Health and Human Services Health Facilities Administration Therapeutic Cannabis Program 129 Pleasant Street Concord, NH 03301

[Source: CHAPTER He-C 400 THERAPEUTIC CANNABIS PROGRAM PART He-C 402 ALTERNATIVE TREATMENT CENTERS](#)

New Mexico

Applicants will be evaluated on a competitive basis by the Department based upon the content of their applications, and based upon the criteria of (and in consideration of) Department rules 7.34.3 NMAC and 7.34.4 NMAC. The following information and materials must be submitted as part of the completed application.

A. SUMMARY INTRODUCTION

The application must include a brief summary (no longer than five double-spaced pages) of the applicant's qualifications, experience and industry knowledge relevant to the development and operation of a medical cannabis production business.

B. PRODUCTION PLAN

A copy of the applicant's Production Plan must be included with the application. A licensee must operate in accordance with the Production Plan submitted as part of its application unless the Department approves a modification to the Production Plan in writing. In addition to any other requirements contained in the rules found at 7.34.4 NMAC, note that the Production Plan in an application must include the following information:

1. The applicant's plan for the growth, cultivation, and harvesting of medical cannabis, including anticipated number of plants, method(s) of cultivation (e.g., greenhouse, hydroponic, indoor vs. outdoor, etc.);
2. If the applicant intends to cultivate cannabis using a hydroponic method: a description of the water source to be used, as well as the type and extent of water filtration to be used, as applicable;
3. An explanation of how the applicant will limit employee exposure to potentially unsafe chemicals or other unsafe conditions;
4. A description of the applicant's expected production capacity, to include any ability of the applicant to expand capacity within the anticipated production location;
5. The street address of the anticipated production facility;
6. A description of the equipment that shall be used in the production of cannabis;
7. Documents sufficient to establish that the applicant is authorized to conduct business in New Mexico and that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the production facility;
8. If the property is not owned by the applicant, provide a written statement signed by the property owner and landlord certifying that they have consented to the applicant operating a production facility on the premises;
9. Any text and graphic materials that will be shown on the exterior of the proposed production facility;
10. A description of the proposed production facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the production facility;
11. A report from a surveyor, or an attestation from a county or municipal zoning official, demonstrating that buildings to be used by the applicant are not within 300 feet of any school, church, or daycare center;
12. An appropriately labeled diagram or written description of the proposed production facility, which shall, at a minimum, identify the following:
 - a. The location and square footage of the area where cannabis to be grown;
 - b. The square footage of the areas where cannabis to be harvested;
 - c. The square footage of the areas where cannabis to be packaged and labeled;
 - d. The square footage of the areas where cannabis to be produced and manufactured;
 - e. The square footage of the overall production facility;
 - f. The square footage and location of areas to be used as storerooms or stockrooms; g. The location of any approved safes or approved vaults that are to be used to store cannabis;
 - h. The location of the toilet facilities;
 - i. The location of all break rooms and personal belonging lockers; and
 - j. The locations of all areas that may contain cannabis or cannabis-derived products, showing walls, partitions, counters and all areas of ingress and egress. Said diagram shall also reflect all production, propagation, vegetation, flowering, harvesting, storage and manufacturing areas.

13. A written acknowledgement that production, at any time, shall not exceed the total of mature female plants, seedlings, and male plants that the nonprofit entity has been approved by the Department to produce, and that inventory of usable cannabis shall reflect current patient needs;
14. A description of the applicant's knowledge of U.S. Environmental Protection Agency agricultural worker protection standards;
15. A description of the applicant's knowledge of New Mexico Department of Agriculture pesticide registration, licensing and use requirements; and 16. A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors.

C. BUSINESS PLAN

A copy of the applicant's Business Plan must be included with the application. A licensee must operate in accordance with the Business Plan submitted as part of the producer's application, unless the Department approves a modification to the business plan in writing. In addition to any other requirements contained in the rules found at 7.34.4 NMAC, note that the Business Plan must show how the applicant intends to fund its operations and become a successful producer, including information concerning costs for staff, water, other utilities, technology, and its funding sources.

D. SALES AND DISTRIBUTION PLAN

A copy of the applicant's Sales and Distribution Plan must be included with the application. A licensee must operate in accordance with the Sales and Distribution Plan submitted as part of the producer's application unless the Department approves a modification to the Sales and Distribution Plan in writing. In addition to any other requirements contained in the rules found at 7.34.4 NMAC, note that the Sales and Distribution Plan must identify the applicant's plan for the safe distribution of cannabis and cannabis-derived products; the facilities and equipment that will be used in the distribution of cannabis and cannabis-derived products, and distribution criteria for qualified patients or primary caregivers appropriate for cannabis services that describes the method by which and locations at which distribution will occur. The Sales and Distribution Plan must also include the following:

1. A description of anticipated places of distribution;
2. A description of cannabis and cannabis-derived products anticipated to be distributed;
3. Any plans for delivery by the applicant or use of courier services for the purpose of delivery, including the anticipated cost to patients for the delivery service;
4. The applicant's marketing plan, including any web materials and educational materials such as brochures, posters, or promotional items;
5. A description and sample of the packaging of the usable cannabis and cannabis-derived products that the nonprofit producer shall utilize, including a label that satisfies the labeling requirements of this rule;
6. A detailed description of the proposed method of transportation of cannabis and cannabis derived products;
7. A description of measures to be taken by the applicant to ensure the confidentiality of patients and primary care givers and information that could identify qualified patients and primary care givers;
8. A description of the private entity's means for educating the qualified patient and the primary caregiver on the limitations of the right to possess and use cannabis;
9. A description of the means the private entity shall employ to make qualified patients or the primary caregiver aware of the quality of the product;
10. A description of ingestion options of usable cannabis and cannabis-derived products provided by the private entity;
11. A description of inhalation techniques that shall be provided to qualified patients for the private entity's cannabis and cannabis-derived products;
12. A description of potential side effects and how the private entity will educate qualified patients and the qualified patient's primary caregivers regarding potential side effects patients for the applicant's cannabis and cannabis-derived products;

13. A description of the means the private entity shall employ to make qualified patients or the primary caregiver aware of how to report adverse events related to medical cannabis use;
14. A description of the means the private entity shall employ to make qualified patients or the primary caregiver aware of how to report concerns regarding the private entity's products and services;
15. A written acknowledgement that production, at any time, shall not exceed the total of mature female plants, seedlings contained in any production licensed issued to the applicant;
16. An attestation that no one is permitted to consume medical cannabis or cannabis-derived products on the production or distribution location of the private entity, if the applicant receives a producer license;
17. An attestation that if the applicant becomes licensed, the applicant will require the presentation of a department-issued identification card and a valid New Mexico photo identification card or a passport from every purchaser before selling or otherwise distributing medical cannabis or cannabis derived products to qualified patients and primary caregivers; and
18. A properly labeled diagram or written description of the proposed distribution location(s), which shall, at a minimum, identify the following:
 - a. The total square footage of the building;
 - b. The layout of areas to be accessible to the public, and areas to be accessible only by employees and authorized personnel;
 - c. The square footage and location of areas to be used as storerooms or stockrooms;
 - d. The location of any approved safes or approved vaults that are to be used to store cannabis;
 - e. The location of the toilet facilities;
 - f. The location of all break rooms and personal belonging lockers; and
 - g. The locations of all areas that may contain cannabis or cannabis products that shows walls, partitions, counters and all areas of ingress and egress.

E. SECURITY PLAN

A copy of the applicant's Security Plan must be included with the application. A licensee must operate in accordance with the Security Plan submitted as part of the producer's application unless the Department approves a modification to the Security Plan in writing. In addition to any other requirements contained in the rules found at 7.34.4 NMAC, note that the Security Plan must include:

1. a detailed description of the methods and device or series of devices that shall be used to provide security in production and distribution locations;
2. a detailed description of any processes and/or controls that will be implemented to prevent the diversion, theft or loss of medical cannabis;
3. a detailed description of the measures and procedures that the producer will follow to ensure that access to the production facility premises will be limited only to employees;
4. a detailed description of the services to be offered by the selected security company at all production and distribution locations; and
5. a detailed description of the process that the private entity will take to ensure that access to the production facility premises will be limited only to employees and authorized persons.

F. QUALITY ASSURANCE PLAN

A copy of the applicant's Quality Assurance Plan must be included with the application. A licensee must operate in accordance with the Quality Assurance Plan submitted as part of the producer's application unless the Department approves a modification to the Quality Assurance Plan in writing. In addition to any other requirements contained in the rules found at 7.34.4 NMAC, note that the Quality Assurance Plan must include:

1. the applicant's methods and processes to ensure purity;
2. the applicant's methods and processes to ensure consistency of dose;
3. the applicant's arrangements for routine testing by a department approved laboratory;
4. the means and processes the applicant shall employ to make qualified patients and primary caregivers aware of how to report adverse events related to medical cannabis use to the Department; and

5. the means and processes the applicant shall employ to make qualified patients and primary caregiver aware of how to report concerns regarding a producer's products to the Department.

G. FINANCIAL AND ORGANIZATIONAL INFORMATION

A copy of the applicant's Financial and Organizational Information must be included with the application. A licensee must operate in accordance with the organizational structure submitted as part of the producer's application unless the Department approves a modification to the organizational structure in writing. In addition to information submitted in the Application Form any other requirements contained in the rules found at 7.34.4 NMAC, note that the Organizational Structure Materials must include:

1. a copy of the applicant's articles of incorporation;
2. a copy of the applicant's by-laws;
3. a copy of the applicant's current business license;
4. a copy of the applicant's Tax and Revenue registration certificate;
5. a copy of a certificate of good standing from the New Mexico Taxation and Revenue Department; certification from the New Mexico Secretary of State that the applicant is a nonprofit corporation in good standing pursuant to Section 53-8-1 et seq. NMSA 1978;
6. written verification that the applicant's board of directors includes (at a minimum) five voting members, including one medical provider limited to a physician (MD or DO), a registered nurse, nurse practitioner, licensed practical nurse, or physician assistant, and three patients currently qualified under department regulations and the Lynn and Erin Compassionate Use Act, NMSA 1978, Section 26-2B-1 et seq.;
7. any agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents, that relate to the structure, organization, management or control of the applicant;
8. a current organizational chart for the applicant that includes position descriptions and the names of all persons holding each position in the chart, to the extent such positions have been filled;
9. resumes for all persons holding the positions list in the organizational chart. To the extent such information is not revealed by a resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a production facility;
10. a copy of all compensation agreements with producer backers, directors, owners, officers, other supervisory employees, and any other persons required to complete Appendices A and B. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;
11. a detailed description of the nature, type, terms, covenants and priorities of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, notes, or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the medical cannabis operations of the applicant;
12. complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years;
13. complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) producer backer; and (ii) each backer member identified in Section B of Appendix A; and
14. a financial statement setting forth the elements and details of all business transactions connected with the application.

H. PERSONNEL MATERIALS

A copy of the applicant's Personnel Materials must be included with the application. In addition to any other requirements contained in the rules found at 7.34.4 NMAC, note that the Personnel Materials submitted with the application must include:

1. Separate nationwide and statewide criminal history screening documentation for employees and contractors of the applicant;
2. Copies of personnel policies and procedures developed, implemented, and to be maintained on the premises of the private entity's facilities, and verification that the applicant will comply with such policies and procedures;
3. Samples of the personnel records to be retained by the private entity for each employee as required by this rule, including: a. application for employment; b. state and federal employment documentation; and c. a written job descriptions or employment contracts developed for all employee positions, to include duties, authority, responsibilities, qualifications, and supervision;
4. A training curriculum to be maintained on-site (unless the applicant intends to enter into contractual relationships with outside resources capable of meeting employee training needs) that addresses, at a minimum, the following topics: a. state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA); b. professional conduct and ethics; c. the Lynn and Erin Compassionate Use Act and Department of Health rules; d. informational developments in the field of medical use of cannabis; and e. employee safety and security training addressing, at a minimum, the proper use of the security measures and controls that have been adopted, and specific procedural instructions on how to respond to an emergency, including a robbery or violent accident; and
5. Proof of HIPAA training for all individuals associated with the applicant's medical cannabis operations, including all board members, persons having direct or indirect authority over management or policies, and employees.

I. AGRICULTURAL AND PRODUCTION EXPERIENCE

In addition to any other requirements contained in the rules found at 7.34.4 NMAC, the following material related to the applicant's agricultural and production experience must be included with the application: A detailed description of the skill, knowledge and experience of the applicant in agriculture and other production techniques required to produce medical cannabis. For purposes of this response, the applicant may include the experience of any person employed by the applicant, including the person's name and position with the applicant.

Source: [New Mexico Non-Profit Producer License Request for Applications](#)

New Jersey

- Name of ATC entity requesting permit (Do not abbreviate)
- D/B/A or Trade Name(s)
- PERSON TO BE CONTACTED IN REFERENCE TO THIS PERMITTING REQUEST FORM
- PRINCIPAL BUSINESS ADDRESS OF ATC ENTITY
- ADDRESSES WHERE MEDICINAL MARIJUANA IS EXPECTED TO BE CULTIVATED
- ADDRESSES WHERE MEDICINAL MARIJUANA IS EXPECTED TO BE DISPENSED
- ADDRESSES OF ANY OTHER LOCATIONS OF ATC ENTITY

ITEM 1 – GENERAL ENTITY BACKGROUND/NONPROFIT STATUS

A. Is the ATC entity incorporated?

If so,

1. In what state(s) is the ATC entity incorporated?

2. Is the ATC entity in good standing in all states in which it is incorporated?

If not, list the states in which it is not in good standing.

3. Provide, at Attachment 1A, the following:

a. All incorporation documents/articles of incorporation.

b. Charter.

c. Bylaws.

d. Certificates of good standing from all states in which the ATC entity is incorporated (to the extent the ATC entity is in good standing).

e. All documents indicating that the ATC applicant is not in good standing in any state in which it is incorporated.

If not:

1. Identify how the ATC entity is organized (e.g., partnership, LLP, etc.)

2. Identify in what states it is authorized/approved to conduct business.

3. State whether it is in good standing in any and all states in which it is authorized/approved to conduct business.

4. Identify any states in which it is not in good standing.

5. Provide, at Attachment 1A, the following:

a. All certificates of good standing (to the extent applicable) and/or any documents reflecting that the ATC entity is not in good standing (to the extent applicable).

b. Any and all documents reflecting the formation of the entity, including, but not limited to, charter, bylaws, and/or any other governing document.

B. Does the ATC entity have nonprofit status?

If so:

1. Is the ATC entity a recognized nonprofit under federal law?

2. Is the ATC entity a recognized nonprofit under state law?

If yes, list the states where the ATC entity has nonprofit status:

3. Provide, at Attachment 1B: (1) all documentation submitted by the ATC entity to obtain and/or maintain nonprofit status; and (2) all documentation from the government (federal and/or state) recognizing or establishing the ATC entity's nonprofit status.

C. Has the business plan of the ATC entity been updated, changed, or otherwise amended since submission of the Request For Application? If so, provide, at Attachment 1C, any and all updated, changed, or amended business plans.

D. Are there any actual or projected annual, semi-annual, quarterly or other financial statements or reports concerning the ATC entity? If so, provide, at Attachment 1D, a copy of any and all such statements or reports.

E. Has the ATC entity, or anyone on its behalf, solicited any investors or investments? If so, provide, at Attachment 1E, a list of what solicitations were made, when they were made, and to whom they were made.

F. Has the ATC entity, or anyone on its behalf, entered into any investment arrangements or agreements? If so, provide, at Attachment 1F, a description of any and all such investment agreements or arrangements, and attach a copy of any such written agreements or arrangements.

ITEM 2 – CORPORATE STRUCTURE/RELATED ENTITIES

A. Provide, at Attachment 2, a listing of the following:

1. All parent, subsidiary, affiliate, predecessor, successor, and related entities of the ATC entity; 2. The business engaged in by any parent, subsidiary, affiliate, predecessor, successor or related entities of the ATC, including the approximate time period during which each identified business was/has been conducted;
3. Any and all sales, mergers, and/or consolidations involving the ATC entity; and
4. Any and all former names of the ATC entity.

ITEM 3 – OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

Use Attachment 3 to provide the following information for each owner, principal, partner, board member, director, and trustee of the ATC entity. Owners shall include anyone who has any ownership interest whatsoever in the ATC entity. (NOTE: Each owner, principal, partner, board member, director and trustee of the ATC entity must complete a Personal History Disclosure Form that is to be filed with this Permitting Request Form.)

ITEM 4 – FORMER OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS AND TRUSTEES

Use Attachment 4 to provide the following information for each person, not listed in response to Item 3, who formerly held the position of owner, principal, partner, board member, director or trustee of the ATC entity.

ITEM 5 – OFFICERS Use Attachment 5 to provide the following information for each officer of the ATC entity.

Officers include, but are not limited to, all persons serving as president, secretary, treasurer, vice-president, general/corporate counsel, or any such other officer as may be prescribed by the incorporation documents or corporate bylaws. (NOTE: Each officer of the ATC entity must complete a Personal History Disclosure Form that is to be filed with this Permitting Request Form.)

ITEM 6 – FORMER OFFICERS

Use Attachment 6 to provide the following information for each person, not listed in response to Item 5, who formerly was an officer of the ATC entity. Officers include, but are not limited to, all persons serving as president, secretary, treasurer, vice-president, general/corporate counsel, or any such other officer as may be prescribed by the incorporation documents or corporate bylaws.

ITEM 7 – STAFF MEMBERS AND EMPLOYEES

Use Attachment 7 to provide the following information regarding each person not listed in the previous Items who is a staff member and/or employee of the ATC entity. (NOTE: Each staff member and employee of the ATC entity must complete a Personal History Disclosure Form that is to be filed with this Permitting Request Form. Accordingly, this response – as all others -- should be updated as necessary so that it is current.).

ITEM 8 – OTHER PERSONNEL

Use Attachment 8 to provide a listing of all other personnel associated with the ATC entity not otherwise listed above. Other personnel shall mean all people and entities in any way affiliated with the operation or funding of the ATC entity including, but not limited to: volunteers, consultants, vendors, independent contractors, subcontractors, landlord(s), suppliers, business partners, investors, joint venturers, registered agents, attorneys, accountants, and other professionals retained by the ATC entity.

ITEM 9 – COMPENSATION OF OWNERS, PRINCIPALS, PARTNERS, BOARD MEMBERS, DIRECTORS, TRUSTEES, OFFICERS, STAFF MEMBERS, AND EMPLOYEES Use Attachment 9 to provide the following information regarding the amount of total annual compensation received in connection with the ATC entity during the last calendar year and the amount to be received in connection with the ATC entity during the subsequent calendar year by each person identified in Items 3, 5, and 7 above, whether such compensation is in the form of salary, wages, commissions, fees, bonuses, or otherwise.

ITEM 10 – COMPENSATION OF ALL OTHERS

Use Attachment 10 to provide the following information for any person, other than those listed in response to Item 9, who currently receives, or who is expected to receive, any compensation in connection with the ATC entity in the form of salary, wages, commissions, fees, bonuses, or otherwise. Also include in Attachment 10 whether any compensation was paid to individuals listed in response to Items 4 and 6 in the form of salary, wages, commissions, fees, bonuses, or otherwise.

ITEM 11 – BONUS, PROFIT/REVENUE SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION, AND SIMILAR PLANS Provide, at Attachment 11, a description of all bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plans in existence or to be created by the ATC entity. This description shall include, but not be limited to, the following:

1. The title or name of the plan;
2. The identity and address of the trustee of the plan or the person administering the plan;
3. The material features of the plan;
4. The methods of financing the plan;
5. The identity of each class of person who is or will participate in the plan;
6. The approximate number of persons in each such class; and
7. The amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time. Additionally, provide a copy of any written bonus, profit/revenue sharing, pension, retirement, deferred compensation, and similar plan in existence.

ITEM 12 – DESCRIPTION OF LONG TERM DEBT

Provide, at Attachment 12, a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness issued or

executed, or to be issued or executed, by the ATC entity or on its behalf. Additionally, attach a copy of any such executed bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness.

ITEM 13 – HOLDERS OF LONG TERM DEBT

Use Attachment 13 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures, or other forms of indebtedness executed or issued by the ATC entity or on its behalf. (NOTE: Some or all of the persons or entities listed below may be required by the Department of Health and Senior Services to complete a Personal History Disclosure Form.)

ITEM 14 – OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide, at Attachment 14, a description of the nature, type, terms, conditions, and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the ATC entity other than those described in response to Items 12 and 13, and attach a copy of each.

ITEM 15 – HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 15 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge, or other evidence of indebtedness or security device described in response to Item 14. (NOTE: Some or all of the persons or entities listed below may be required by the Department of Health and Senior Services to complete a Personal History Disclosure Form.)

ITEM 16 – FINANCIAL INSTITUTIONS

Use Attachment 16 to provide the following information with respect to each bank, savings and loan association, or other financial institution, whether domestic or foreign, at which the ATC entity has or has had an account, regardless of whether such account was held in the name of the ATC entity or was otherwise under the direct or indirect control of the ATC entity.

ITEM 17 – CONTRACTORS AND SUPPLIERS

Use Attachment 17 to provide the following information with respect to all persons and/or entities with whom the ATC entity has contracts or agreements, including, but not limited to, any and all employment, consulting, or service contracts or agreements. For each contract or agreement, provide a copy herewith.

ITEM 18 – STOCK HELD BY THE ATC ENTITY

Use Attachment 18 to provide the following information about each entity in which the ATC entity holds stock.

ITEM 19 – CRIMINAL HISTORY

Prior to answering this question, carefully review the definitions that follow. DEFINITIONS: For purposes of this question:

A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."

B. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10 year period are also included within the definition of "offense."

Has the ATC entity or any of its owners, principals, partners, board members, directors, trustees, officers, staff members or employees ever been charged with or convicted of an offense, or been a party to, or been named as an unindicted co-conspirator in, any criminal proceeding in this state or any other jurisdiction?

If yes, use Attachment 19 to provide the following information for each charge

ITEM 20 – TESTIMONY, INVESTIGATIONS, OR POLYGRAPHS

Has the ATC entity or any of its owners, principals, partners, board members, directors, trustees, officers, staff members, or employees ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by, any governmental agency, court, committee, grand jury or investigatory body (municipal, county, state, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

ITEM 21 – TESTIMONY, INVESTIGATIONS, OR POLYGRAPH REFUSALS

Has the ATC entity or any of its owners, principals, partners, board members, directors, trustees, officers, staff members, or employees ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by, any governmental agency, court, committee, grand jury or investigatory body (municipal, county, state, provincial, federal, national, etc.) other than in response to minor traffic related offenses?

If yes, use Attachment 21 to provide the following information about any such testimony, investigation, or polygraph refusal

ITEM 22 – LITIGATION/ARBITRATION

Provide, at Attachment 22, a description of all existing or past litigation (including any arbitrations or other forms of alternative dispute resolution) to which the ATC entity, or any parent, subsidiary, affiliate, predecessor, successor, or related entity is/was a party, whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is or was pending, the identity of all parties to the litigation, the general nature of all claims made, and the adjudication (if any).

ITEM 23 – STATUTORY AND REGULATORY VIOLATIONS

Has the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity been charged (as defined in Item 19) with a violation of any state or federal statute, regulation, or code?

Has the ATC entity had a judgment, order, consent decree, or consent order entered against it, or any parent, subsidiary, affiliate, predecessor, successor, or related entity pertaining to any state or federal statute, regulation, or code?

If yes to either question, use Attachment 23 to provide the following information for each charge, judgment, order, consent decree, or consent order. Additionally, provide any and all documentation relating to each charge, judgment, order, consent decree, or consent order

ITEM 24 – BANKRUPTCY OR INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT, OR TRUSTEE

A. Has the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it?

B. Has the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law?

If yes to either question, use Attachment 24A to provide the following information for each bankruptcy or insolvency proceeding

C. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court for the business or property of the ATC entity or any parent, subsidiary, affiliate, predecessor, successor, or related entity?

If yes, use Attachment 24B to provide the following information for each proceeding.

ITEM 25 – LICENSES

A. Has the ATC entity or any owner, principal, partner, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever had any license or certificate issued by a government agency in this state or any other jurisdiction, denied, suspended, or revoked?

If yes, use Attachment 25A to provide the following information for each license or certificate denied, suspended, or revoked.

B. Has the ATC entity or any owner, principal, partner, board member, director, trustee, officer, employee, parent, subsidiary, affiliate, predecessor, successor, or related entity ever applied in any jurisdiction for a license, permit, or other authorization to participate in the sale or distribution of marijuana?

If yes, use Attachment 25B to provide the following information about each license, permit, or other authorization applied for

ITEM 26 – CHARITABLE RECEIPTS/CONTRIBUTIONS

A. Has the ATC entity received any charitable contributions of more than \$1,000?

If yes, use Attachment 26A to provide the following information about each contribution.

B. Has the ATC entity made any charitable contributions?

If yes, use Attachment 26B to provide the following information about each contribution.

ITEM 27 – TAX RETURNS/FORMS

Provide, at Attachment 27, a copy of all tax returns submitted by the ATC entity or on its behalf to the Internal Revenue Service or any other government (foreign, federal, state, municipal, etc.) entity or agency.

ITEM 28 – APPROVAL FROM MUNICIPALITY

Has the ATC entity received written verification of approval by the community or governing body of the municipality in which the ATC entity is or will be located?

If so, provide any such verification at Attachment 28.

ITEM 29 – COMPLIANCE WITH LOCAL CODES AND ORDINANCES

Is the ATC entity in compliance with local codes and ordinances, including, but not limited to, compliance with minimum required distances from the closest school, church, temple, other places used exclusively for religious worship, playground, park, and/or child daycare facility?

Has the ATC entity received any variances in connection with its operation?

If so, please explain and attach any such variance at Attachment 29.

ITEM 30 – SERVICE AREA

Provide, at Attachment 30, a listing of all counties in which the ATC entity intends to operate.

ITEM 31 – MANUALS, POLICIES, PROCEDURES AND PLANS

Does the ATC entity have any manuals, policies, and procedures developed to satisfy the requirements of proposed regulation N.J.A.C. 8.64-9.1(a).

Does the ATC entity have a security plan in place concerning its cultivation, dispensing and storage facilities?

If yes to either, please provide any such manual, policy, procedure, or plan at Attachment 31. Otherwise, please provide a detailed description of the ATC entity's security plan concerning its cultivation, dispensing and storage facilities at Attachment 31.

ITEM 32 – PERMITTING REQUEST FORM – ATTACHMENTS

On the following chart, indicate with a checkmark which attachments are included with this Permitting Request Form. If an attachment is not applicable, indicate N/A.

- 1A Incorporation documents, charter, bylaws, certificates of good standing, etc.
- 1B Documentation requesting and/or establishing nonprofit status
- 1C Business plans
- 1D Financial statements/reports
- 1E Investment solicitations
- 1F Investment arrangements
- 2 Corporate structure/related entities
- 3 Owners, principals, partners, board members, directors and trustees
- 4 Former owners, principals, partners, board members, directors and trustees
- 5 Officers
- 6 Former officers
- 7 Staff members and employees
- 8 Other Personnel
- 9 Compensation of owners, principals, partners, board members, directors, trustees, officers, staff members, and employees
- 10 Compensation of all others
- 11 Description of all bonus, profit/revenue sharing, pension, retirement, deferred compensation and similar plans
- 12 Description of long term debt
- 13 Holders of long term debt
- 14 Other indebtedness and security devices
- 15 Holders of other indebtedness
- 16 Financial institutions
- 17 Contractors and suppliers
- 18 Stock held by the ATC entity
- 19 Criminal history
- 20 Testimony, investigations, or polygraphs
- 21 Testimony, investigations, or polygraph refusals
- 22 Litigation/arbitration

- 23 Statutory and regulatory violations
- 24A Bankruptcy or insolvency proceedings and appointed receiver, agent, or trustee (bankruptcy or insolvency)
- 24B Bankruptcy or insolvency proceedings and appointed receiver, agent, or trustee (appointed receiver, agent, or trustee)
- 25A License revocations, suspensions, etc.
- 25B Licenses applied for
- 26A Charitable receipts
- 26B Charitable contributions
- 27 Tax returns/forms
- 28 Approval from municipality
- 29 Compliance with local codes and ordinances
- 30 Service area
- 31 Manuals, policies, procedures, and plans

ITEM 33 – AFFIDAVITS AND SIGNATURES

This Permitting Request Form must be sworn to or affirmed, signed, and dated before a person legally competent to take an oath or affirmation who shall himself/herself date the signature of the affiant and indicate the basis of his/her authority to take oaths and affirmations. The following documents are to be signed in accordance with the foregoing: AFFIDAVIT RELEASE AUTHORIZATION CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES WAIVER OF LIABILITY The President or any officer of the ATC entity authorized to affirm may complete the affidavit. The remaining documents are to be signed by the President or Chief Executive Officer.

[Source: STATE OF NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
ALTERNATIVE TREATMENT CENTER PERMITTING REQUEST FORM](#)

New York

Section A: Business Entity Information

- Business Name
- Organization Type
- Business Type
- Phone
- Fax
- Email
- Business Address
- Mailing Address

Section B: Primary Contact Information

- Name
- Title
- Phone
- Fax
- Email
- Mailing Address

Section C: Proposed Manufacturing Information

- Proposed Facility Name
- Address
- Property Status
- Proposed Hours of Operation

Section D: Proposed Dispensing Facility #1 Information

- Proposed Facility Name
- Address
- Property Status
- Proposed Hours of Operation

Section E: Proposed Dispensing Facility #2 Information

- Proposed Facility Name
- Address
- Property Status
- Proposed Hours of Operation

Section F: Proposed Dispensing Facility #3 Information

- Proposed Facility Name
- Address
- Property Status
- Proposed Hours of Operation

Section G: Proposed Dispensing Facility #4 Information

- Proposed Facility Name
- Address
- Property Status
- Proposed Hours of Operation

Section H: Legal Disclosures

- Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action?
 - If the answer to this question is “Yes,” a statement providing details of such bankruptcy or insolvency must be included with this application.
- Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year? OR Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?
 - If the answer to either of these questions is “Yes,” a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.
- Is the applicant a corporate subsidiary or affiliate of another corporation?
 - If the answer to this question is “Yes,” a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate’s financial or contractual obligations with respect to the applicant.
- Is any owner, partner or member of the applicant not a natural person?
 - If the answer to this question is “Yes,” a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity’s financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).
- Has construction, lease, rental, or purchase of the manufacturing facility been completed?
 - If the answer to this question is “No,” a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.
- Has construction, lease, rental, or purchase of the dispensing facilities been completed?

- If the answer to this question is “No,” a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

- The applicant has enclosed a non-refundable application fee in the amount of \$10,000. Applications received without the \$10,000 application fee will not be considered.
- The applicant has enclosed a conditionally refundable registration fee in the amount of \$200,000. Applications received without the \$200,000 registration fee will not be considered. The \$200,000 registration fee will be refunded to applicants that are not selected as registered organizations.
- The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.
- The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as “Attachment A.”
- The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as “Attachment B.”
- The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization’s real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than \$2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as “Attachment C.”
- The applicant has attached an operating plan that includes a detailed description of the applicant’s manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as “Attachment D – Operating Plan” with the information clearly labeled and divided into the following sections: Section 1 - Manufacturing (§ 1004.5(b)(4)) Section 2 - Transport and Distribution (§ 1004.5(b)(4)) Section 3 - Dispensing and Sale (§ 1004.5(b)(4)) Section 4 - Devices (§ 1004.5(b)(4)(i)) Section 5 - Security and Control (§ 1004.5(b)(4)(ii)) Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii)) Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv)) Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v)) Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi)) Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))
- The applicant has attached copies of the organizational and operational documents of the applicant, pursuant 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as “Attachment E.”
- “Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members” has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).
- The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant’s employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as “Attachment F.”
- The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for

consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as “Attachment G.”

- The applicant has completed “Appendix B – Architectural Program” and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).
- The applicant has attached the security plan of the applicant’s proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as “Attachment H.”
- The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as “Attachment I.”
- The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as “Attachment J.”
- The applicant has attached proof from the local internet service provider(s) that all of the applicant’s manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as “Attachment K.” Internet connectivity will be required to support the use of a Seed-to-Sale Solution approved by the Department to record the registered organization’s permitted activities.
- The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as “Attachment L.”
- The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as “Attachment M.”

Section J: Attestation and Signature

- As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization’s permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.
 - Signature
 - Date Signed
 - Print Name
- The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.
 - Notary Name
 - Notary Registration Number
 - Notary
 - Date

Oregon

Person responsible for the facility.

- Name
- Phone: Email
- Fax
- Identification type
- ID Number
- OMMP Card #
- Home Address
- Mailing Address

Facility Info:

- Name
- DBA (If applicable)
- SOS Business Reg. Number
- Primary Owner Info. (Name, Address,etc...)
- Facility Address
- Facility Mailing Address
- Facility Contact Info.

Following initial approval,

- Background check request and fingerprint authorization
- Proof of residency
- Security system preliminary information
- Zoning documentation from governmental entity

Source: [How to Apply to Operate an Oregon Medical Marijuana Dispensary](#)

Rhode Island

Criteria 1: Submission of Required Information Regarding Applicant & Facility [up to 30 points]

Measure 1: The applicant shall provide the proposed legal name and the following documents applicable to the applicant's legal status. [No points assigned]

- Certificate and Articles of Incorporation and By-Laws (for corporations)
- Certificate of Partnership and Partnership Agreement (for partnerships)
- Certificate of Organization and Operating Agreement (for limited liability corporations)

Measure 2: The applicant shall provide the proposed physical address(es) of the compassion center, if a precise address has been determined. This shall also include any additional address(es) to be used for the secure cultivation of medical marijuana.

[No points assigned]

- For each proposed physical address, please provide legally binding evidence of site control (e.g., deed, lease, option, etc.) sufficient to enable the applicant to have use and possession of the subject property.
- If the applicant indicated that a precise address has not been determined, the applicant has at least identified the general location(s) where the facilities would be sited, and when.

Measure 3: The applicant shall provide evidence of compliance with the local zoning laws for each physical address to be utilized as a compassion center or for the secure cultivation of medical marijuana. If the current zoning is not appropriate for a given physical address, please identify any required zoning variance(s) and the applicant's actions taken to date to obtain such approval(s) and/or variance(s).

[No points assigned]

Measure 4: The applicant shall provide evidence that all of the physical addresses provided in response to Measure 2 are not located within five hundred feet (500') of the property line of a preexisting public or private school.

[No points assigned]

Measure 5: The applicant shall provide a description of the enclosed, locked facility that would be used in the cultivation of marijuana, including steps to ensure that the marijuana production shall not be visible from the street or other public areas. [up to 5 Points]

Measure 6: The applicant shall provide the name, address and date of birth of each principal officer and board member 3 of the compassion center. [No points assigned]

Measure 7: The applicant shall provide a draft operations manual which demonstrates compliance with §5.1.8 of Rules and Regulations Related to the Medical Marijuana Program [R21-28.6-MMP]. [up to 10 Points]

Measure 8: The applicant shall provide a list of all persons or business entities having direct or indirect authority over the management or policies of the compassion center. [No points assigned]

Measure 9: The applicant shall provide a list of all persons or business entities having five percent (5%) or more ownership in the compassion center, whether direct or indirect and whether the interest is in land or building, including owners of any business entity which owns all or part of the land or building. [No points assigned]

Measure 10: The applicant shall provide the identities of all creditors holding a security interest in the premises, if any. [No points assigned]

Measure 11: The application shall include the required application cover sheet and attestation statement signed by the chief executive officer of the applicant entity or other individual authorized to make legally binding commitments on behalf of the applicant. [No points assigned]

Measure 12: The applicant shall provide a description of how the compassion center will operate on a long-term basis as a not-for-profit entity and a business plan that includes, at a minimum, the following: [up to 15 Points]

- The applicant shall provide a detailed description about the amount and source of the equity and debt commitment for the proposed compassion center. Ž
 - The immediate and long-term financial feasibility of the proposed financing plan; Ž
 - The relative availability of funds for capital and operating needs; and Ž
 - The applicant's financial capability.
- The applicant shall provide a copy of their proposed policy regarding charity care/servicing indigent patients.
- The applicant shall complete the following projected income statements for the first three (3) years after implementation. Round all amounts to the nearest dollar.
- The applicant shall identify the total number of FTEs (full time equivalents) and the associated payroll expense (with fringe benefits) required to staff the proposed compassion center.

Criteria 2: Overall Health Needs of Qualified Patients and Safety of the Public [up to 65 Points]

Measure 1: The applicant shall document how their proposed location for a compassion center is convenient to patients from throughout Rhode Island. [up to 10 Points]

Measure 2: The applicant shall demonstrate an ability to provide a steady supply of medical marijuana to registered qualifying patients. [up to 10 Points]

- The applicant shall provide a start-up timetable which provides an estimated time from issuance of an authorization for operation to limited operations to full operation, as well as the basis for these estimates.
- The applicant shall describe their knowledge of (and experience with) organic growing methods to be used in their cultivation of medical marijuana.
- The applicant shall describe steps that will be taken to ensure the quality of the medical marijuana, including purity and consistency of dose.

Measure 3: The applicant shall document experience running a not-for-profit organization or other business(es). [up to 10 Points]

Measure 4: The applicant shall document a plan for record keeping and security which shows an understanding of the types of records that shall be considered confidential health care information under Rhode Island law and are intended to be deemed protected health care information for purposes of the Federal Health Insurance Portability and Accountability Act of 1996, as amended [HIPAA]. [up to 10 Points]

Measure 5: The applicant shall provide an acceptable safety and security plan, including staffing and a detailed description of proposed security and safety measures which demonstrate compliance with §5.1.7 of Rules and Regulations Related to the Medical Marijuana Program [R21-28.6-MMP]. [up to 20 Points]

- The description shall also include a detailed floor plan for the compassion center, as well as each additional address to be used for the secure cultivation of medical marijuana, which indicates location and make/model # of security devices utilized. All responses to Criteria 2-Measure 5 shall be submitted as a separate paper and electronic document which is clearly marked: OFFICIAL USE ONLY - SECURITY-RELATED INFORMATION - WITHHOLD UNDER RIGL §38-2-2(4)(S).
- The applicant shall also provide a plan to involve and coordinate with local law enforcement authorities on security and safety issues, and identify the law enforcement officials contacted during the development of this plan.
- All responses to Criteria 2-Measure 5 shall be utilized for internal Department review only and shall not be available for public comment or review.

Measure 6: The applicant shall submit a description of their proposed program for providing counseling and educational materials regarding methods of administration and research studies on health effects of medical marijuana to registered qualifying patients and their registered primary caregivers. [up to 5 Points]

Criteria 3: Community Input at Public Hearing [up to 5 Points]

Measure 1: Input from qualifying patients regarding which applicant should be granted a registration certificate to operate a compassion center. [up to 2 Points]

Measure 2: Input from the city(s) or town(s) where the applicant's compassion center and facilities for secure cultivation of medical marijuana would be located. [up to 2 Points]

Measure 3: Input from the general public regarding the suitability of the applicant and proposed location(s) for both a medical marijuana compassion center and additional address(es) to be used for the secure cultivation of medical marijuana. [up to 1 Point]

Source: [STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF HEALTH ANNOUNCEMENT OF OPEN APPLICATION PERIOD FOR OPERATION OF A MEDICAL MARIJUANA COMPASSION CENTER](#)

Vermont

Criterion 1: Submission of Required Information Regarding Applicant and Facility (up to 25 points)

Measure 1 The applicant demonstrates their proposed location will be convenient for registered patients and caregivers and has attached comments, if any, from registered patients and caregivers concerning the location. [up to 10 points]

Measure 2 The applicant demonstrates a steady supply of marijuana for therapeutic use will be available to the projected number of registered patients. [up to 10 points]

- The applicant shall demonstrate that there is a start-up timetable which provides an estimated time from registration of the dispensary to full operation, and the assumptions used for the basis of those estimates.
- The applicant shall demonstrate that steps will be taken to ensure the quality of the marijuana, including purity and consistency of dose.
- The applicant shall disclose the various strains of marijuana the dispensary plans to dispense, and the form(s) in which marijuana will be dispensed. When a dispensary adds new strains or forms in which marijuana is dispensed, this information must be supplied to the department.

Measure 3 The applicant demonstrates its board members have experience running a non-profit organization or other business. [up to 10 points]

Measure 4 The applicant demonstrates that its plan for record keeping, inventory, quality control and security and other policies and procedures will discourage unlawful activity. The applicant shall include plans for at least one security alarm system for each location and additional planned measures to deter and prevent the unauthorized entrance into areas containing marijuana. The applicant must also address measures planned to prevent the theft of marijuana. Interior must be equipped with electronic monitoring system, video camera(s) and panic button(s). The electronic monitoring system and panic(s) must be connected to an outside security provider that professionally monitors premises and business for intrusion and robbery events. [up to 20 points]

Measure 5 The applicant shall fully describe a staffing plan including accessible business hours, staffing numbers from registration through opening for patient appointments, and employee confidentiality training requirements regarding dispensary operations and patient information. [up to 20 points]

Measure 6 The applicant consents to pay for state and federal background checks for all proposed and future registry card holders who are dispensary principal officers, board members, or employees. [no points assigned]

Measure 7 The applicant must demonstrate a strong patient education component, which includes at least the following information: [up to 5 points]

- Dispensaries must have educational materials available to assist in the selection of prepared marijuana. These materials must address, at a minimum, the differing effects of strains of marijuana, forms of marijuana, and routes of administration. Dispensaries shall provide “tracking sheets” to registered patients and registered caregivers who request them to keep track of the strains used and their effects.
- Dispensaries must demonstrate that they will educate patients on achieving a proper dosage for the respective mode of administration. Emphasis shall be on using the smallest amount possible to achieve the desired effect. The impact of potency must also be explained.
- Dispensaries must provide information on tolerance, dependence and withdrawal. Dispensaries are not required to continue to furnish marijuana for therapeutic purposes if it is believed that a registered patient or caregiver is abusing marijuana or other substances.

- Dispensaries must provide information regarding substance abuse signs and symptoms, as well as referral information.

Measure 8 The applicant shall include a signed cover letter, and the completed application form supplied by the department. [no points assigned]

Measure 9 The applicant shall describe how the dispensary will operate on a long-term basis as a non-profit organization and a business plan that includes, at a minimum, the following: [up to 20 points]

- A detailed description of the amount and of the source of the equity and debt commitment for the proposed dispensary that demonstrates:

- 1) the immediate and long-term financial feasibility of the proposed financing plan;
- 2) the relative availability of funds for capital and operating needs; and
- 3) the financial capability to undertake the project.

- A proposed sliding-scale fee system based on patient ability to pay for services to registered patients for the purchase of marijuana for therapeutic purposes.
- Projected income statements for the first three (3) years after implementation

Criterion 2: Overall Health Needs of Registered Patients and Safety of the Public [up to 75 points]

Measure 1 The applicant demonstrates their proposed location will be convenient for registered patients and caregivers and has attached comments, if any, from registered patients and caregivers concerning the location. [up to 10 points]

Measure 2 The applicant demonstrates a steady supply of marijuana for therapeutic use will be available to the projected number of registered patients. [up to 10 points]

- The applicant shall demonstrate that there is a start-up timetable which provides an estimated time from registration of the dispensary to full operation, and the assumptions used for the basis of those estimates.
- The applicant shall demonstrate that steps will be taken to ensure the quality of the marijuana, including purity and consistency of dose.
- The applicant shall disclose the various strains of marijuana the dispensary plans to dispense, and the form(s) in which marijuana will be dispensed. When a dispensary adds new strains or forms in which marijuana is dispensed, this information must be supplied to the department.

Measure 3 The applicant demonstrates its board members have experience running a non-profit organization or other business. [up to 10 points]

Measure 4 The applicant demonstrates that its plan for record keeping, inventory, quality control and security and other policies and procedures will discourage unlawful activity. The applicant shall include plans for at least one security alarm system for each location and additional planned measures to deter and prevent the unauthorized entrance into areas containing marijuana. The applicant must also address measures planned to prevent the theft of marijuana. Interior must be equipped with electronic monitoring system, video camera(s) and panic button(s). The electronic monitoring system and panic(s) must be connected to an outside security provider that professionally monitors premises and business for intrusion and robbery events. [up to 20 points]

Measure 5 The applicant shall fully describe a staffing plan including accessible business hours, staffing numbers from registration through opening for patient appointments, and employee confidentiality training requirements regarding dispensary operations and patient information. [up to 20 points]

Measure 6 The applicant consents to pay for state and federal background checks for all proposed and future registry card holders who are dispensary principal officers, board members, or employees. [no points assigned]

Measure 7 The applicant must demonstrate a strong patient education component, which includes at least the following information: [up to 5 points]

Dispensaries must have educational materials available to assist in the selection of prepared marijuana. These materials must address, at a minimum, the differing effects of strains of marijuana, forms of marijuana, and routes of administration. Dispensaries shall provide “tracking sheets” to registered patients and registered caregivers who request them to keep track of the strains used and their effects.

- Dispensaries must demonstrate that they will educate patients on achieving a proper dosage for the respective mode of administration. Emphasis shall be on using the smallest amount possible to achieve the desired effect. The impact of potency must also be explained.
- Dispensaries must provide information on tolerance, dependence and withdrawal. Dispensaries are not required to continue to furnish marijuana for therapeutic purposes if it is believed that a registered patient or caregiver is abusing marijuana or other substances.
- Dispensaries must provide information regarding substance abuse signs and symptoms, as well as referral information.

Regarding Taxes Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. “Good Standing” means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxed would impose an unreasonable hardship (32 V.S.A. § 3113).

Regarding Unemployment Compensation Contributions Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

[Source: Marijuana Registry Dispensary Application](#)