



APPLICATION FOR COUNTY MEDICAL MARIJUANA BUSINESS LICENSE

To be accepted, this application must include:

- Zoning Confirmation from the Division of Planning and Zoning, § 277.300, OSCCMo.
- Operating Plan, § 277.300.B, OSCCMo.
- Proof of Insurance, § 277.210.B.5, OSCCMo.
- License Fee, § 277.210.B.6, OSCCMo.

Today's Date: _____

Type of Facility (Select One Below. Each Individual Facility Requires a Separate Application, § 277.210, OSCCMo.)

Cultivation
 Dispensary
 Infused Products Manufacturing
 Testing
 Transportation

Name of Corporate Entity: _____

Name of Business (DBA): _____

Name of Managing Officer: _____

Type of Business (e.g., Corporation, Partnership, Sole Ownership): _____

<i>Business Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Description of Business:

For Dispensaries, Proposed Hours of Operation, § 277.520, OSCCMo.:

On-Site Facility Employee for Notice of Any Operating Problems:

Name: _____ Title: _____

Cell: _____ Email: _____

Fax: _____

I Swear Or Affirm That The Above Statements Are True, Accurate and Complete.

Signature _____

Date _____

For Official Use Only		
Complete Application: _____	Zoning Confirmation: _____	Date of Zoning Confirmation: _____
Operating Plan: _____	Proof of Insurance: _____	License Fee: _____
Required for Issuance - MDHSS License _____		