



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF CANNABIS REGULATION  
**MICROBUSINESS LICENSE APPLICATION**

**Microbusiness License Application: \$1500.00.** Microbusiness license applicants must submit a complete application and application fee during the application time period for lottery drawing consideration [1]. The Department will publish on its website: the application time period, instructions for applying, and the number of licenses available for lottery selection. The Department will begin accepting microbusiness applications no later than September 4, 2023. For further application details, refer to 19 CSR 100-1.060(2)-(4) and the information at the end of this application.

**DESIGNATED CONTACT FOR APPLICATION PURPOSES [2]**

|           |  |            |           |            |          |
|-----------|--|------------|-----------|------------|----------|
| LAST NAME |  | FIRST NAME |           | TITLE      |          |
| PHONE     |  | EMAIL      |           | FAX NUMBER |          |
| ADDRESS 1 |  |            | ADDRESS 2 |            |          |
| CITY      |  |            | STATE     |            | ZIP CODE |

**APPLICANT INFORMATION**

|                     |  |  |  |         |  |
|---------------------|--|--|--|---------|--|
| LEGAL NAME [3]      |  | LICENSE/CERTIFICATION TYPE<br><input type="checkbox"/> Microbusiness Dispensary <input type="checkbox"/> Microbusiness Wholesale |  |         |  |
| TAX ID (SSN OR EIN) |  | TRADE/FICTITIOUS NAME  |  |         |  |
| PHONE               |  | EMAIL  |  | WEBSITE |  |

**FACILITY LOCATION INFORMATION**

|                               |  |           |                   |  |          |
|-------------------------------|--|-----------|-------------------|--|----------|
| ADDRESS 1                     |  | ADDRESS 2 |                   |  |          |
| CITY                          |  |           | STATE             |  | ZIP CODE |
| MO CONGRESSIONAL DISTRICT [4] |  |           | MO HOUSE DISTRICT |  |          |
| GPS COORDINATES               |  |           |                   |  |          |
| MAILING ADDRESS 1             |  |           | MAILING ADDRESS 2 |  |          |
| CITY                          |  |           | STATE             |  | ZIP CODE |

**OWNERSHIP (USE ADDITIONAL PAGES AS NECESSARY) [5]**

|                            |  |            |                 |             |  |
|----------------------------|--|------------|-----------------|-------------|--|
| LAST NAME                  |  | FIRST NAME |                 | MIDDLE NAME |  |
| PHONE                      |  | EMAIL      |                 |             |  |
| DATE OF BIRTH (MM/DD/YYYY) |  |            | SOCIAL SECURITY |             |  |

|                       |                      |                   |
|-----------------------|----------------------|-------------------|
| OWNERSHIP PERCENTAGE: | % FINANCIAL INTEREST | % VOTING INTEREST |
|-----------------------|----------------------|-------------------|

WILL THIS INDIVIDUAL'S FINANCIAL OR VOTING INTEREST CONTRIBUTE TOWARD THE CALCULATION FOR MAJORITY OWNERSHIP [6]; AND DO THEY MEET AT LEAST ONE OF THE ELIGIBILITY QUALIFICATION REQUIREMENTS PURSUANT TO 19 CSR 100-1.190(1)(B)?  
 Yes     No [7]

|                     |  |  |                 |  |                    |
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| RESIDENCE ADDRESS 1 |  |  |                 |  |                    |
| RESIDENCE CITY      |  |  | RESIDENCE STATE |  | RESIDENCE ZIP CODE |
| MAILING ADDRESS 1   |  |  |                 |  |                    |
| MAILING CITY        |  |  | MAILING STATE   |  | MAILING ZIP CODE   |

**OWNERSHIP CONTINUED (USE ADDITIONAL PAGES AS NECESSARY) [5]**

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| DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY |
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| OWNERSHIP PERCENTAGE:<br><b>% FINANCIAL INTEREST</b> | <b>% VOTING INTEREST</b> |
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| RESIDENCE CITY | RESIDENCE STATE | RESIDENCE ZIP CODE |
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MAILING ADDRESS 1

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| MAILING CITY | MAILING STATE | MAILING ZIP CODE |
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| LAST NAME | FIRST NAME | MIDDLE NAME |
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MAILING ADDRESS 1

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|--------------|---------------|------------------|
| MAILING CITY | MAILING STATE | MAILING ZIP CODE |
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**REQUIRED DOCUMENTATION**

- A VISUAL REPRESENTATION OF THE APPLICANT'S OWNERSHIP STRUCTURE INCLUDING ALL ENTITIES (AND INDIVIDUALS) LISTED IN OWNERSHIP SECTION OF THE APPLICATION [5]
- IF APPLICABLE, A COPY OF LOCAL GOVERNMENT REQUIREMENT REPLACING THE DEPARTMENT'S 1000 FOOT RULE [8]
- IF APPLICABLE, A COPY OF, AND A HYPERLINK TO, LOCAL GOVERNMENT REQUIREMENTS [9]
- PROPOSED BLUEPRINTS THAT OUTLINE THE ENTIRE FACILITY AND FEATURE ALL ROOMS AND AREAS CLEARLY LABELED, INCLUDING PURPOSE AND SQUARE FOOTAGE, CAMERA LOCATIONS, LIMITED ACCESS AREAS, AND PERMISSIONS
- FOR INDIVIDUALS CLAIMING MAJORITY OWNERSHIP, DOCUMENTATION TO DEMONSTRATE ELIGIBILITY CRITERIA [10]
- A VALID (NON-EXPIRED) GOVERNMENT-ISSUED PHOTO ID

**FEES**

A FEE OF \$1,500 IS REQUIRED AT THE TIME OF APPLICATION SUBMISSION.

**ATTESTATIONS/QUESTIONS**

- DO YOU ATTEST THAT THE PROPOSED LICENSE LOCATION COMPLIES WITH ALL THE LOCATION REQUIREMENTS OF 19 CSR 100-1.100(1)(C) OR LOCAL GOVERNMENT AS APPLICABLE?  Yes  No
- FOR WHOLESALE FACILITIES THAT WILL BE CULTIVATING MARIJUANA PLEASE INDICATE WHAT CULTIVATION PRACTICES YOU INTEND TO IMPLEMENT (CHECK ALL THAT APPLY)  INDOOR  OUTDOOR  GREENHOUSE
- DO YOU ATTEST THAT NO INDIVIDUAL CLAIMING AT LEAST 10% VOTING OR FINANCIAL INTEREST OF THE APPLICANT ENTITY HAS A DISQUALIFYING FELONY OFFENSE? [11]  Yes  No
- DO YOU ATTEST THAT ALL INDIVIDUALS WHO HOLD AT LEAST 10% OF THE VOTING OR FINANCIAL INTEREST WILL SUBMIT FINGERPRINTS WITHIN TWO WEEKS OF THE APPLICATION SUBMISSION DATE, FOR A STATE AND FEDERAL FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK CONDUCTED BY THE MISSOURI STATE HIGHWAY PATROL, OR HAVE PREVIOUSLY SUBMITTED SUCH FINGERPRINTS? [12]  Yes  No
  - FOR PREVIOUSLY SUBMITTED FINGERPRINTS, PLEASE PROVIDE THE NAMES AND TCN HERE: [13]

**IF YES:** NAME \_\_\_\_\_ TCN \_\_\_\_\_

- DO YOU ATTEST THAT THE APPLICANT DOES NOT HAVE AN OWNER WHO IS ALSO AN OWNER OF AN EXISTING MEDICAL, COMPREHENSIVE, OR OTHER MICROBUSINESS LICENSE?  Yes  No
- DO YOU ATTEST THAT THE APPLICANT ENTITY IS NOT AND WILL NOT BE UNDER SUBSTANTIALLY COMMON CONTROL, OWNERSHIP, OR MANAGEMENT AS A TESTING FACILITY?  Yes  No
- DO YOU ATTEST THAT ANY ENTITY, WHICH INCLUDES AN INDIVIDUAL, HOLDING OWNERSHIP INTEREST ON THIS APPLICATION IS NOT ALSO HOLDING OWNERSHIP INTEREST ON ANOTHER MICROBUSINESS APPLICATION SUBMITTED IN THE SAME APPLICATION TIME PERIOD?  Yes  No
- DO YOU ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT?  Yes  No

PRINT NAME:

TITLE:

SIGNATURE:

DATE:

## APPLICATION INSTRUCTIONS

- [1] Microbusiness license applicants not chosen by lottery may request a refund for the application fee. Requests for a refund will be accepted beginning thirty-one (31) days after the date of the denial, but no later than six (6) months after the date of the denial. See 19 CSR 100-1.060(2)(C)2 for additional information.
- [2] A “Designated Contact” is the applicant’s authorized point of contact for all Department communication regarding the application. The applicant is deemed to have received all communications and notifications from the Department on the date the Department sends an email to the designated contact per 19 CSR 100-1.020(6). Designated contacts must be willing and able to provide prompt responses to the Department on behalf of the applicant. Failure to provide Department requested information or documents timely may result in application denial per 19 CSR 100-1.060(6)(A)6.E.
- [3] Including fictitious names, and if applicable, as registered with Missouri Secretary of State.
- [4] As drawn and effective on December 6, 2018. The Department has provided a GIS mapping tool on its website to assist applicants in selecting the correct congressional district for the license location.
- [5] Must include all entities and individuals with any percentage financial or voting interest. Total percentage of financial or voting interest must equal 100%.
- [6] “Majority owned” means more than fifty percent (50%) of the financial interests (other than a security interest, lien, or encumbrance) or more than fifty percent (50%) of the voting interests of an entity, including any parent and subsidiary entities. See 19 CSR 100-1.010(45)
- [7] 19 CSR 100-1.190(1)(B) Applicants for a microbusiness license shall be majority owned and operated by individuals who each meet at least one of the eligibility criteria outlined by rule.
- [8] If the proposed license location is within one thousand feet (1,000’) of any existing elementary or secondary school, daycare, or church the applicant shall provide copies of local ordinances expressly allowing a marijuana license to be sited within one thousand feet (1,000’) of those locations at the time of application per 19 CSR 100-1.100(1)(C). The method of measuring distances is governed by Article XIV § 2.5(4). Applicants can find definitions of “elementary or secondary school”, “daycare”, and “church” within 19 CSR 100-1.010.
- [9] If the local government (city, town, municipality, township or county) has enacted any requirements applicable to the proposed license’s facility location, such as zoning restrictions, the applicant shall provide a copy of, and a hyperlink to, all local government requirements for the proposed license’s facility location. Applicable sections shall be highlighted in the copy of the regulations. 19 CSR 100-1.060(3) (H)3.
- [10] Individuals claiming majority ownership in a microbusiness application must provide documents demonstrating they meet at least one of the eligibility criteria required for microbusiness ownership in 19 CSR 100-1.190(1)(B): (1) Have a net worth of less than \$250,000 and have had an income below two hundred fifty percent (250%) of the federal poverty level for at least three (3) of the last ten (10) years; (2) Have a valid service-connected disability card; (3) Be a person who has been, or a person whose parent, guardian, or spouse has been arrested for, prosecuted for, or convicted of a non-violent marijuana offense; (4) Reside in a ZIP code or census tract area where thirty percent (30%) or more of the population lives below the federal poverty level or the rate of unemployment is fifty percent (50%) higher than the state average; (5) Reside in a ZIP code or census tract area where the historic rate of incarceration for marijuana related offenses is fifty (50%) higher than the rate for the entire state; or (6) Graduated from a school district that was unaccredited or had similar successor designation at the time of graduation or has lived in a ZIP code containing an unaccredited school district for three (3) of the past five (5) years. The Department has provided additional information regarding eligibility documentation on its website at [www.cannabis.mo.gov](http://www.cannabis.mo.gov).
- [11] “Disqualifying felony offense” means a violation of, and conviction or guilty plea to, state or federal law that is, or would have been, a felony under Missouri law, regardless of the sentence imposed. Exceptions for microbusiness owners can be found in Article XIV § 2.9(1) (ac).
- [12] Pursuant to 19 CSR 100-1.060(3)(K), individuals required to submit fingerprints must do so within two (2) weeks after the application submission date, using the Department’s ORI code, which will be provided to the designated contact following the Department’s receipt of the application. If an individual has submitted fingerprints to the Department prior to the microbusiness application being submitted, they are not required to submit fingerprints again.
- [13] Individuals who have previously submitted fingerprints to the Department should list their name and TCN associated with the fingerprints.