



Medical Marijuana Program Dispensary Registration Certificate Application Checklist

Please note that this checklist information and other instructions may change. Please refer back to the ADHS website for the most current information.

Please review this checklist **prior to** completing a Dispensary Registration Certificate Application. An entity applying for a dispensary registration certificate must ensure that the following criteria has been met and all required information is included in the application as outlined below:

<input type="checkbox"/> 1. To apply for a dispensary registration certificate, an entity shall submit to the Department an application in a Department-provided format (<i>see</i> Registration Certificate Application on the Medical Marijuana Program website) that includes:	
<input type="checkbox"/> a. The legal name of the dispensary;	
<input type="checkbox"/> b. The physical address of the proposed dispensary;	
<input type="checkbox"/> c. The following information for the entity applying:	<input type="checkbox"/> i. Name, <input type="checkbox"/> ii. Type of business organization (corporation, partnership, LLC, etc...) <input type="checkbox"/> iii. Mailing address, <input type="checkbox"/> iv. Telephone number, and <input type="checkbox"/> v. E-mail address;
<input type="checkbox"/> d. The name of the individual designated to submit dispensary agent applications on behalf of the dispensary;	
<input type="checkbox"/> e. The name and medical license number of the dispensary's medical director;	
<input type="checkbox"/> f. Whether:	<input type="checkbox"/> 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 <input type="checkbox"/> ii. The applicant has submitted documentation that: <ul style="list-style-type: none"> <input type="checkbox"/> (1) Is from an in-state financial institution or an out-of-state financial institution; <input type="checkbox"/> (2) Is dated within 30 days before the date the dispensary registration certificate application was submitted; and <input type="checkbox"/> (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;
<input type="checkbox"/> g. The name, residence address, and date of birth of each:	<input type="checkbox"/> i. Principal officer, and <input type="checkbox"/> ii. Board member;
<input type="checkbox"/> h. Whether a principal officer or board member:	<input type="checkbox"/> i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked; <input type="checkbox"/> ii. Is a physician currently providing written certifications for qualifying patients; <input type="checkbox"/> iii. Is a law enforcement officer; <input type="checkbox"/> iv. Is employed by or is a contractor of the Department;
<input type="checkbox"/> i. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;	
<input type="checkbox"/> 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;	
<input type="checkbox"/> k. An attestation that the information provided to the Department to apply for a dispensary registration	



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certificate is true and correct; and	
<input type="checkbox"/> 1. The signature of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;	
<input type="checkbox"/> 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:	
<input type="checkbox"/> a. The name of the business organization;	
<input type="checkbox"/> b. The type of business organization; and	
<input type="checkbox"/> c. The names and titles of the individuals in R9-17-301(A) and (B);	
<input type="checkbox"/> 3. For each principal officer and board member:	
<input type="checkbox"/> 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);	
<input type="checkbox"/> c. For the Department's criminal records check authorized in A.R.S. §36-2804.05:	<input type="checkbox"/> 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 <input type="checkbox"/> 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
<input type="checkbox"/> 4. Policies and procedures for:	
<input type="checkbox"/> a. Inventory control as per R9-17-310(A)(2)(c) and R9-17-316,	
<input type="checkbox"/> b. Qualifying patient recordkeeping as per R9-17-310(A)(2)(d) and R9-17-315,	
<input type="checkbox"/> c. Security as per R9-17-318, and	
<input type="checkbox"/> d. Patient education and support as per R9-17-310(A)(2)(e);	
<input type="checkbox"/> 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;	
<input type="checkbox"/> 6. Documentation from the local jurisdiction where the dispensary's proposed physical address is located that:	
<input type="checkbox"/> a. There are no local zoning restrictions for the dispensary's location, or	
<input type="checkbox"/> b. The dispensary's location is in compliance with any local zoning restrictions;	
<input type="checkbox"/> 7. Documentation of:	
<input type="checkbox"/> a. Ownership of the physical address of the proposed dispensary, or	
<input type="checkbox"/> 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;	
<input type="checkbox"/> 8. The dispensary's by-laws including;	
<input type="checkbox"/> a. The names and titles of individuals designated as principal officers and board members of the dispensary;	
<input type="checkbox"/> b. Whether the dispensary plans to:	<input type="checkbox"/> i. Cultivate marijuana;
	<input type="checkbox"/> ii. Acquire marijuana from qualifying patients, designated caregivers, or other dispensaries;
	<input type="checkbox"/> iii. Sell or provide marijuana to other dispensaries;
	<input type="checkbox"/> iv. Transport marijuana;
	<input type="checkbox"/> v. Prepare, sell, or dispense marijuana-infused edible food products;
	<input type="checkbox"/> vi. Prepare, sell, or dispense marijuana-infused non-edible products;



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	<input type="checkbox"/> vii. Sell or provide marijuana paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers; <input type="checkbox"/> viii. Deliver medical marijuana to qualifying patients; or <input type="checkbox"/> ix. Provide patient support and related services to qualifying patients;
<input type="checkbox"/> c. Provisions for the disposition of revenues and receipts to ensure that the dispensary operates on a not-for-profit basis; and	
<input type="checkbox"/> d. Provisions for amending the dispensary's by-laws;	
<input type="checkbox"/> 9. A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis that includes:	
<input type="checkbox"/> 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; <input type="checkbox"/> 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; <input type="checkbox"/> c. Projected expenditures expected before the dispensary is operational; <input type="checkbox"/> d. Projected expenditures after the dispensary is operational; and <input type="checkbox"/> e. Projected revenue; and	
<input type="checkbox"/> 10. The applicable fee in R9-17-102, \$5,000, for applying for a dispensary registration certificate.	

IMPORTANT NOTES:

1. As per A.A.C. R9-17-304(A), an individual applying for a dispensary registration certificate shall not be an applicant, principal officer, or board member on:
 - a. More than one dispensary registration certificate application for a location in a single CHAA, or
 - b. More than five dispensary registration certificate applications for locations in different CHAAs.
2. As per, A.A.C. R9-17-304(D), before an entity with a dispensary registration certificate begins operating a dispensary, the entity shall apply for and obtain an approval to operate a dispensary from the Department.