

# Business Licensing Application Guide

2024

## Foreword

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Dear Prospective Applicants,

As Executive Director of the Kentucky Medical Cannabis Program, I thank you for your interest in becoming a medical cannabis business licensee in the Commonwealth. On Team Kentucky our goal is to ensure our licensing structure and application process is fair and transparent to **all** applicants.



We also hope this process is accessible for **you**, the applicant.

As a result, we are pleased to provide this **Kentucky Medical Cannabis Program Business Licensing Application Guide**. This Guide provides comprehensive guidance on our license structure and application process. It includes everything from information on our license types, structure, and fees, to guidance on how to create an account in our **Business Licensing Application Portal**. This Guide will walk you through the application, including the required information and documents you will need to include to complete your application.

Each section includes helpful examples of each document type, screenshots from our **Business Licensing Application Portal**, and references to the relevant regulations.

Finally, the Guide's **Appendix** includes helpful resources that will assist you along the way, including a **Business License Applicant Checklist**, a map of Kentucky's **Medical Cannabis Dispensary Licensing Regions**, and other website resources. It also includes examples of **Documents and Forms** you will need to complete your application.

We hope this Guide is helpful to you in submitting your application to become a medical cannabis business in the Commonwealth of Kentucky. We created this Guide with **you** in mind.

Respectfully,

A handwritten signature in blue ink, appearing to read "S. Flynn". The signature is fluid and cursive, written over a white background.

Sam Flynn  
Executive Director

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## Overview

This Business Licensing Application Guide provides a general overview of the Kentucky Medical Cannabis Program (“the Program”) business licensing structure and process, in addition to step-by-step guidance on how to submit a business license application through the program’s online portal. **This guide is intended to be used by prospective medical cannabis business license applicants when preparing and submitting a license application.**

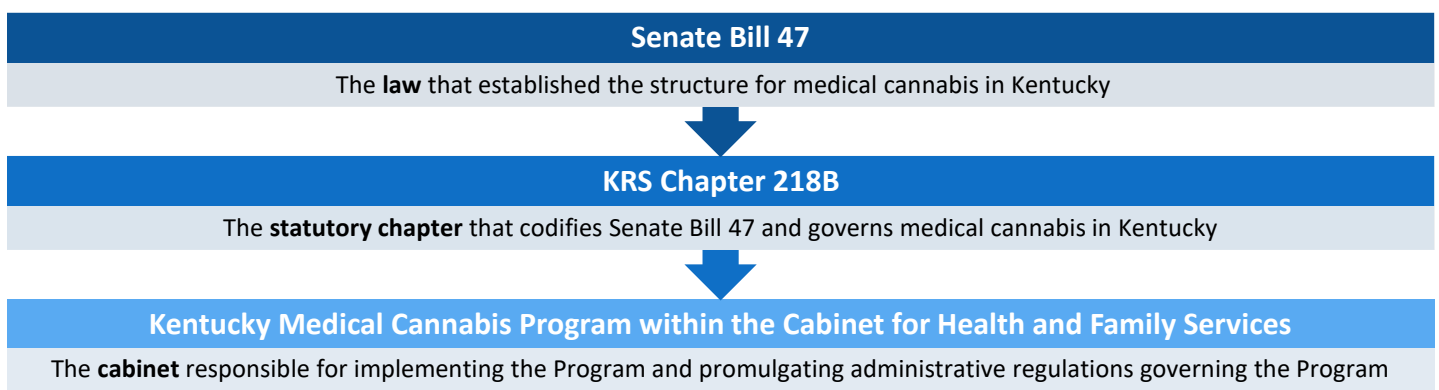
Each application requires applicants to submit information, documents, and attestations of fact using the Program’s online application portal. Examples provided in this guide are illustrative only. All applications and documentation submitted will be reviewed by the Program to determine eligibility of the applicant for a license and entry into the license lottery, if needed.

More information regarding the online portal and application requirements can be found at:

[kymedcan.ky.gov](https://kymedcan.ky.gov)

## Business licensing structure

Kentucky’s medical cannabis program and framework was established by **Senate Bill 47**, the law that legalized medical cannabis healthcare for patients with qualifying medical conditions across the state. Senate Bill 47 created the structure for regulating the medical cannabis program, including licensed businesses, registered cardholders, and authorized medical cannabis practitioners.



Senate Bill 47 is codified in **KRS Chapter 218B**, and **915 KAR Chapter 1** contains all administrative regulations related to medical cannabis business licensing and operations.

The **Kentucky Medical Cannabis Program** is housed within the Cabinet for Health and Family Services and is charged with developing and implementing the processes by which medical cannabis can be made safe and accessible for registered qualified patients, visiting qualified patients, and designated caregivers.

To legally operate a medical cannabis business in the state of Kentucky, an entity or individual must be issued a license from the Kentucky Medical Cannabis Program. Prior to accepting applications, the Program will publish a **Notice of initial cannabis business license application availability** on the Program website that contains the time frame during which initial license applications will be accepted as well as the category and number of cannabis business licenses available for issuance following the close of the application period.

## Business license types

Business licensees provide medical cannabis products for registered cardholders from seed to sale. The Kentucky Medical Cannabis Program business structure establishes **four (4) types of business licenses** which allow an entity or individual to conduct activities related to the responsibilities included under each business type below.

### Cultivator



Responsible for  
planting, raising,  
harvesting, trimming,  
and curing raw plant  
material

### Processor



Responsible for  
processing and  
packaging raw plant  
material into usable  
product formats

### Safety compliance facility



Responsible for  
contamination and  
purity testing of raw  
plant material and  
products

### Dispensary



Responsible for  
purchasing and  
selling finished  
products to  
cardholders

Individuals or entities can apply for one of the four types of licenses to operate a medical cannabis business. Learn more about each cannabis business license type and the approved or prohibited activities associated by visiting the **Businesses** page on the program website.

**Cultivator** licenses are further broken out into tiers based on the total square footage of cultivated space:

<b>Tier I</b>	Shall not exceed an indoor growth area of <b>2,500 sq. feet.</b>
<b>Tier II</b>	Shall not exceed an indoor growth area of <b>10,000 sq. ft.</b>
<b>Tier III</b>	Shall not exceed an indoor growth area of <b>25,000 sq. ft.</b>
<b>*Tier IV</b>	Shall not exceed an indoor growth area of <b>50,000 sq. ft.</b>

*\*Tier IV cultivator licenses will not be available during the first initial license application availability period.*

Cultivation areas greater than 50,000 sq. ft. under a single license are not permitted.

## Application permissions and restrictions

These requirements and restrictions apply to the number of applications an applicant may submit for a cannabis business license. In accordance with applicable regulations:

### An applicant may...

- **Submit multiple applications** for a license within **one (1)** cannabis business **type** so long as the following criteria is met:
  - Each application contains a **separate** and distinct **physical address** where the cannabis business proposes to operate;
  - Cultivator applicants may only submit **one application per cultivation tier**; and
  - Dispensary applicants may only submit **one application per medicinal cannabis region** as identified in the map published on the Kentucky Medical Cannabis Program's website and available in the Appendix.

### An applicant may not...

- During an initial license application availability period, apply for **more than one type** of cannabis business license (e.g., cultivator, processor, dispensary, or safety compliance facility).
- Submit an initial license **application after the time frame** during which the Cabinet is accepting applications.
  - Applications received after the published time frame for accepting applications will be **rejected by the Cabinet** and returned to the applicant without further consideration along with the application fee submitted by the applicant.

## Application and licensing fees with capital requirements

Initial application fees for business licenses must be paid at the time of application submission by credit card or ACH/echeck. Application fees depend on the license category as outlined below:

License Category	Nonrefundable Application Fee
Tier I Cultivator	\$3,000
Tier II Cultivator	\$10,000
Tier III Cultivator	\$20,000
*Tier IV Cultivator	\$30,000
Processor	\$5,000
Dispensary	\$5,000
Safety Compliance Facility	\$3,000

License Category	*Sufficient Capital Requirement
Tier I Cultivator	\$50,000
Tier II Cultivator	\$200,000
Tier III Cultivator	\$500,000
*Tier IV Cultivator	\$1,000,000
Processor	\$150,000
Dispensary	\$150,000
Safety Compliance Facility	\$150,000

*\*Tier IV cultivator licenses will not be available during initial license application availability period*

Following license approval, license fees must be paid by credit card or ACH/echeck to the Cabinet within **fifteen (15) calendar days** of invoice receipt. Licenses will not be issued to businesses that fail to timely pay the associated licensing fee.

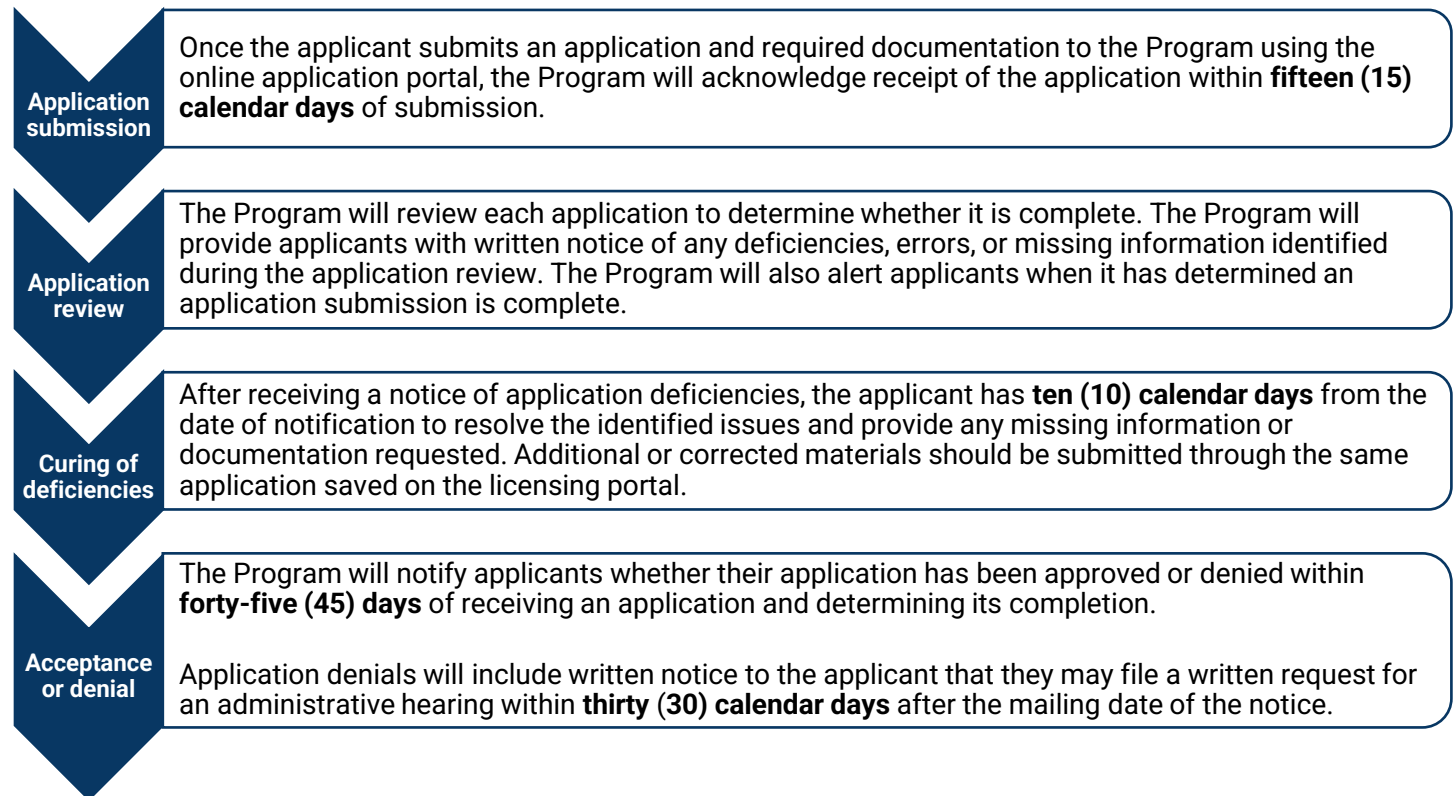
\*Applicants must upload **documentation of sufficient capital**, either on deposit or through extension of credit from one or more financial institutions. An applicant cannot use the same capital for more than one (1) application. ***This is not a fee.*** See page 29.



License Category		Nonrefundable Initial Licensing Fee	Annual Renewal Fee
Cultivator	Tier I	\$12,000	\$12,000
	Tier II	\$25,000	\$25,000
	Tier III	\$50,000	\$50,000
	*Tier IV	\$100,000	\$100,000
Processor		\$25,000	\$15,000
Dispensary		\$30,000	\$15,000
Safety Compliance Facility		\$12,000	\$12,000

## Application submission and review process

All cannabis business applications are subject to review by the Program. Applicants will be provided the opportunity to cure deficiencies noted by the Program. The application and review process will follow the timeline below:



### Application acceptance and licensing process

Applications that have been deemed complete by the Program will be entered into the business licensing lottery if the number of complete applications exceeds the maximum number of licenses available within the requested category. The date of the initial licensing lottery, should it take place, will be announced through the Kentucky Medical Cannabis Program website.

Initially, the Program will be issuing the following licenses:

License Category	Number of Initial Licenses
Tier I cultivator	10
Tier II cultivator	4
Tier III cultivator	2
*Tier IV cultivator	0
Processor	10
*Producer	0
Dispensary	48
Safety compliance facility	No initial limit

*\*Tier IV cultivator and producer licenses will not be available during initial license availability period*

**The Program will accept initial applications for cannabis business licenses beginning on July 1, 2024 through August 31, 2024.**

Business license applicants selected by the lottery process will be notified the day of the lottery and will be required to pay the licensing fee within **fifteen (15) calendar days**. Eligible applicants who applied for a license in a category that did not require a lottery will also be notified by the Cabinet of pending license issuance and will be required to pay the initial license fee within fifteen (15) calendar days of notification.

Invoices will be sent by email and made available under the **Invoices** tab of the portal.

## Business Licensing Application Portal

Applicants can use this quick step guide to access the Kentucky Medical Cannabis Program Business Licensing Application Portal and complete the process of applying for a medical cannabis business license in Kentucky. **This guide is intended to be used by prospective medical cannabis business license applicants when preparing and submitting a license application.**

### Internet Required

The licensing system is an online system, requiring access to the internet. It is recommended you complete your application on a desktop or laptop with Google Chrome as the browser. Smartphones, tablets, and other browsers may not provide the most optimal user experience.

In addition to the Business Licensing Application Guide, applicants will find more resources and materials available for assistance on the Program website under the **Businesses** menu tab.

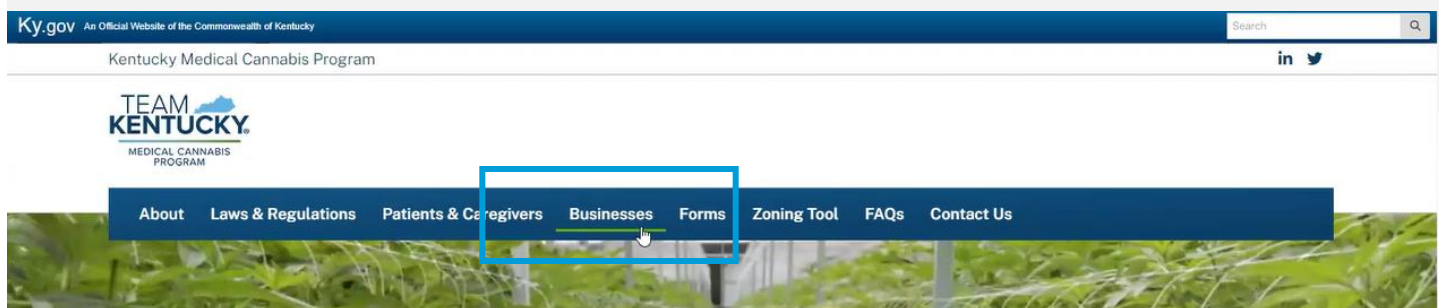
Applicants should review the Application Checklist provided in the Appendix and download or print the Business Licensing Application Guide to reference while preparing and submitting a business license application.

Before getting started, it is recommended that applicants have access to the following:

- Desktop or laptop computer
- Internet access
- Active email account
- Business Licensing Application Guide
- Business Licensing Application Checklist (see Appendix)

### Where can I find the business licensing application?

Get started by visiting the Kentucky Medical Cannabis Program website at [kymedcan.ky.gov](https://kymedcan.ky.gov). From the Home Page, select the **Businesses** tab from the header menu and click on the **How to Apply** tab on the left-hand panel of the Businesses Overview page.



## Getting Started

Here the applicant will register for a user account that will enable access to the business licensing and application portal. You will need an active email account to complete the registration process.

### 1. Creating an account

- Access the Business Licensing Application Portal by visiting the **How to Apply** tab on the left-hand menu of the **Businesses** page on the Program website.
- Upon first entering the portal for the first time, applicants will need to create a user account.
- To do this, click **Register** in the top right-hand corner of the portal landing page.
- This will prompt a registration form to create the user account. Note: This account *only* provides the user with access to the Business Licensing Application Portal. It *does not* mean the user has created a business license application.

### Registration Portal

The screenshot displays the registration portal interface. At the top left is the 'TEAM KENTUCKY MEDICAL CANNABIS PROGRAM' logo. In the top right corner, a dark navigation bar contains a 'REGISTER' button with a user icon, which is highlighted with a blue rectangular box. The main content area features a 'Sign-in' form with the following elements:

- A dark header bar with the text 'Sign-in'.
- A 'Username \*' input field.
- A 'Password \*' input field.
- A checkbox labeled 'Accept Terms and Conditions'.
- Two green buttons at the bottom: 'SIGN IN' (with a key icon) and 'FORGOT PASSWORD' (with a lock icon).

## Getting Started

### 1. Creating an account (continued)

- Fill out required form fields.** Warning: Some information here will be used in the application and the user will not be able to modify it once the account has been created.
- Be sure to select “Business” for the type of application.
- Read the **Terms and Conditions**.
- Click **Register** once all form fields are complete and the Terms and Conditions have been read.

This will prompt a message indicating that the user has been successfully registered and to check the inbox for the email address provided to verify the user account.

### Registration Portal

The screenshot shows the 'Create an Account' registration form. At the top right of the page is a 'REGISTER' button. The form itself has a dark header with the title 'Create an Account'. Below the header is a yellow warning box: 'WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.' The form fields include: 'Legal First Name \*', 'Legal Last Name \*', 'Email \*', 'Confirm Email \*', 'Phone Number \*', 'What type of application would you like to get started with? \*' (a dropdown menu), 'Password \*', and 'Re-enter Password \*' (with eye icons for visibility). Below the fields is a checkbox: 'Please read and accept Terms and Conditions before proceeding.' At the bottom are two green buttons: 'CANCEL' and 'REGISTER'. A link at the very bottom says: 'If you didn't receive your verification email, please click here.'

## Getting Started

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### 2. Verifying the account

The user will receive an email in the inbox for the email address provided requesting verification.

- Click the **Verify** button to complete the account registration.

Note: Be sure to check the junk or spam folder. If a verification email cannot not be found, please email [support@kentucky.gov](mailto:support@kentucky.gov) or call 502-875-3733.

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#### Verification Email

Thank you for creating an account for the Kentucky Medical Cannabis Program registration system. Please click the button below to verify your account.

**Verify**

Please note, you must still complete and **submit your application** for review by the CHFS. Creating an account for this system does not constitute any level of compliance with Kentucky Medical Cannabis Program.

If there's anything we can do to help, please don't hesitate to reach us at [at support@kentucky.gov](mailto:support@kentucky.gov) or [\(502\) 875-3733](tel:5028753733).

## Getting Started

### 3. Accessing the portal

- Clicking the **Verify** button will automatically redirect the user back to the Business Licensing Portal landing page to sign in. If the portal webpage does not automatically open, the user can access the sign in page from the “How to Apply” tab under the Businesses page of the Program website (mentioned in step #1).
- Enter the email address for the **Username** and the **Password** provided previously.
- Check the box to **Accept** the Terms and Conditions.
- Click **Sign In** once all form fields are complete, and the Terms and Conditions have been accepted.

Note: Selecting **Forgot Password** will send an email to the user for a password reset.

### Portal Image

The screenshot shows a web portal for the Kentucky Medical Cannabis Program. At the top left is the logo for 'TEAM KENTUCKY MEDICAL CANNABIS PROGRAM'. At the top right is a 'REGISTER' button. The main area contains a 'Sign-in' form with the following elements:

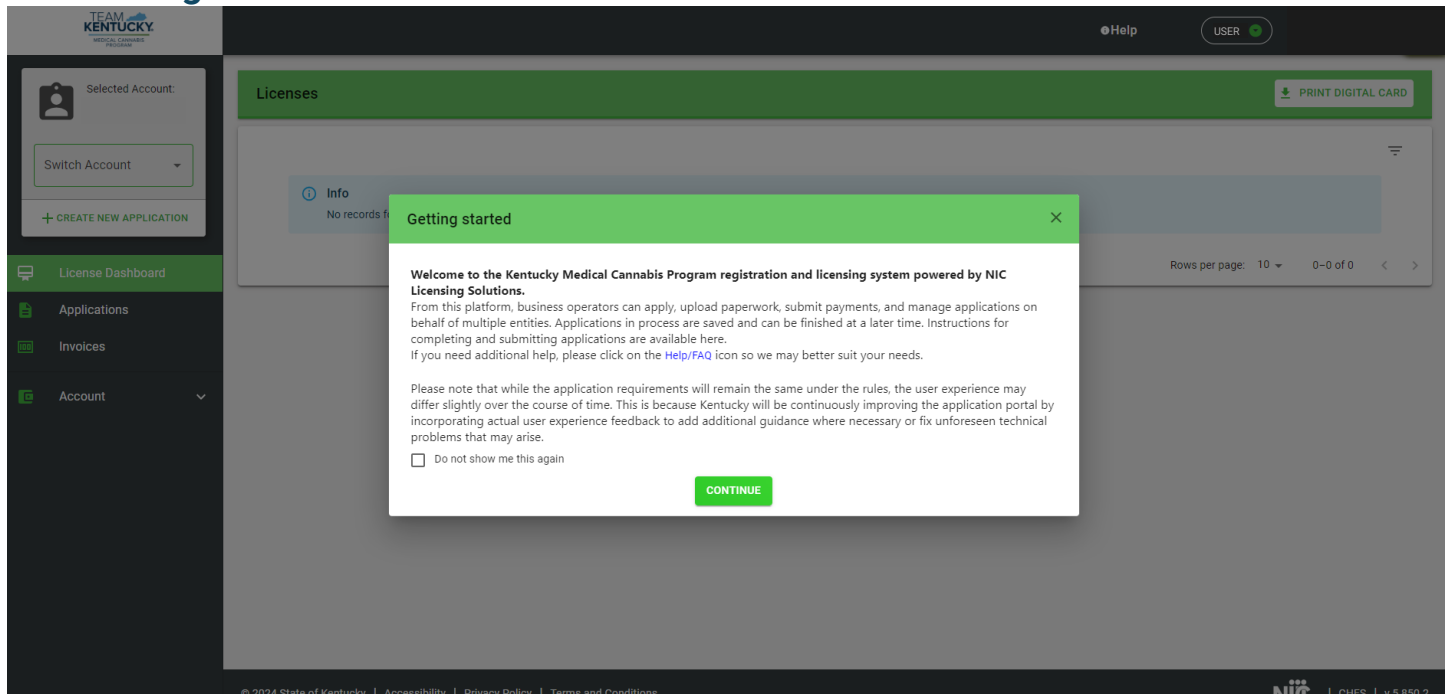
- A 'Username' field containing the text 'your.email@address.com'.
- A 'Password' field with masked characters (dots).
- A checkbox labeled 'Accept Terms and Conditions'.
- Two buttons at the bottom: 'SIGN IN' and 'FORGOT PASSWORD'.

## Getting Started

### 4. Navigating the portal

- Clicking **Sign In** will take the user to the application portal. Before entering, the user will see a light box titled “Getting Started” with general information on navigating the application portal.
- Review the information provided.
- Click **Continue** to proceed to the portal.

### Portal Image



The **Business Licensing Application Portal** provides applicants with a user dashboard that contains the business license applications and invoices. Upon issuance, business licenses will be available in the user dashboard. All information and documentation for business license applicants and licensees will be submitted and received through the Business Licensing Application Portal.

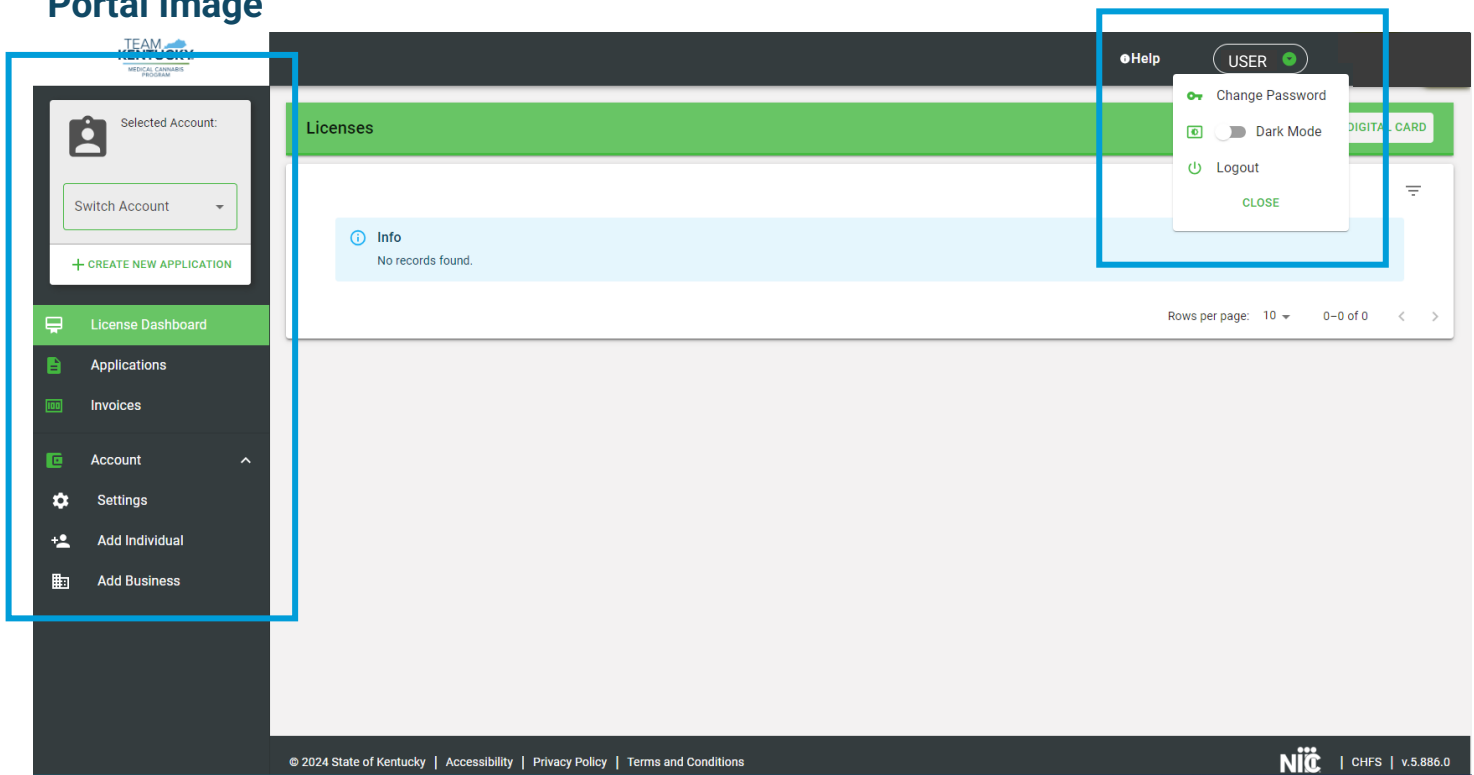


## Getting Started

### 4. Navigating the portal (continued)

The user will automatically enter the **License Dashboard** when opening the Business Licensing Application Portal. From the License Dashboard, the user can navigate to Applications, Invoices, and Account using the menu panel on the left side of the screen. The **Applications** tab will provide a list of all the open applications for the account and **Invoices** will become available upon license issuance.

#### Portal Image



At the top of the portal, you will see the first name provided for the account. Selecting this will open a drop-down menu with the options to **Change Password**, turn on **Dark Mode**, or **Logout** of the account.

The **Help** icon will provide you with links and contact information for assistance.

## Getting Started

### 4. Navigating the portal (continued)

The **Account** tab opens a **Settings** tab with **General Information** tab for the account and a **Security** tab to manage or add new users. The General Information tab includes the information provided when registering and creating the account. Here you can update the account **website**, **phone number**, or **Tax ID Number** by changing it in the fields and selecting save or save and next.

### Portal Image

The screenshot shows the 'Account Settings / Details' page in the portal. The left sidebar contains navigation options: License Dashboard, Applications, Invoices, Account, Settings (highlighted), Add Individual, and Add Business. The main content area shows the 'Account Information' form with the following details:

Account Information	
Name	Account Type
KMCP	Business
Website	Tax ID Number
https://kymedcan.ky.gov	123412345
Phone Number	
(111)111-1111	

At the bottom right of the form, there are two buttons: **SAVE** and **SAVE & NEXT**.

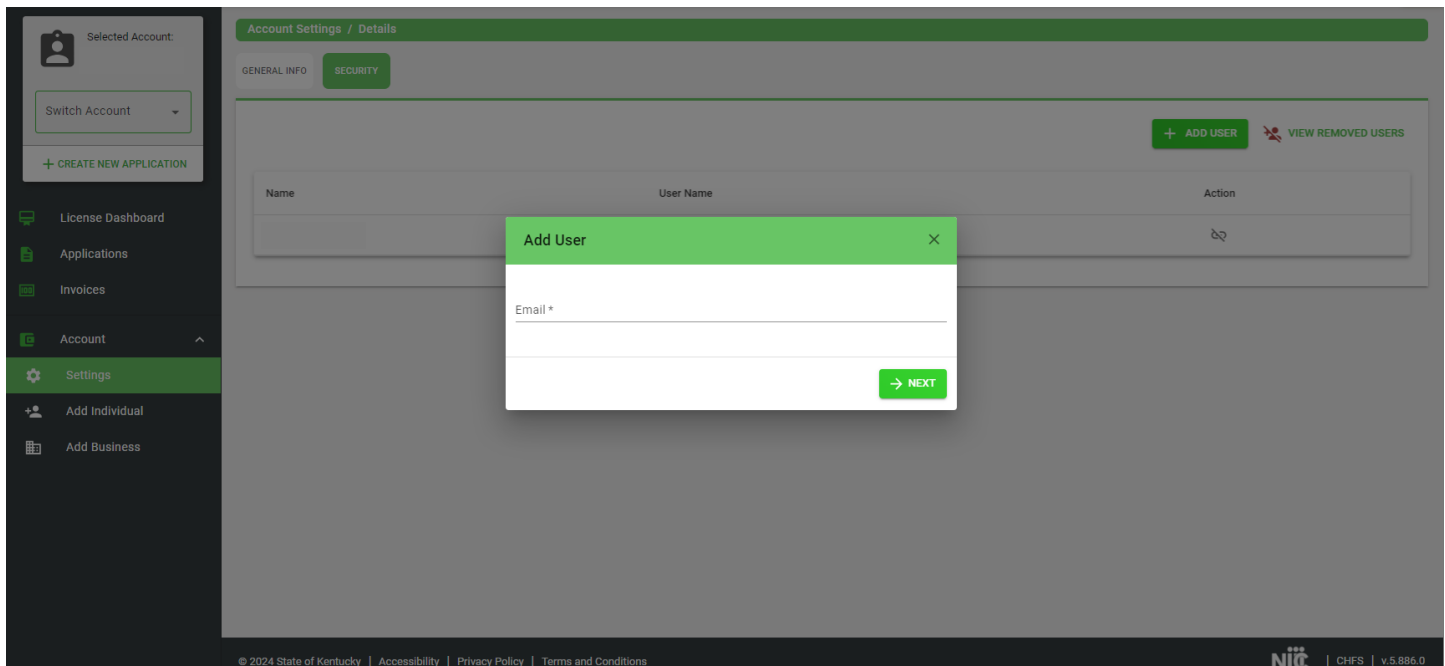
## Getting Started

### 4. Navigating the portal (continued)

Under the **Security** tab, you can view, add, remove, or recover authorized users to your account. To add a new user, click the **+New User** button and submit the preferred email address for the new user account. Click next and provide the first and last name with the same email address entered previously. The new user will receive an email with a randomly generated password to log in. Once the new user has logged in they will have all permissions with full access to the account.

To remove a user, select the trash can icon under the action column. Users can also be recovered by selecting **View Removed Users** and the circular arrows under the action column.

### Portal Image



The **Account** tab also allows the user to **Add Business** or **Add Individual**, which will create a new and separate account for the portal. Please read the warning before proceeding.

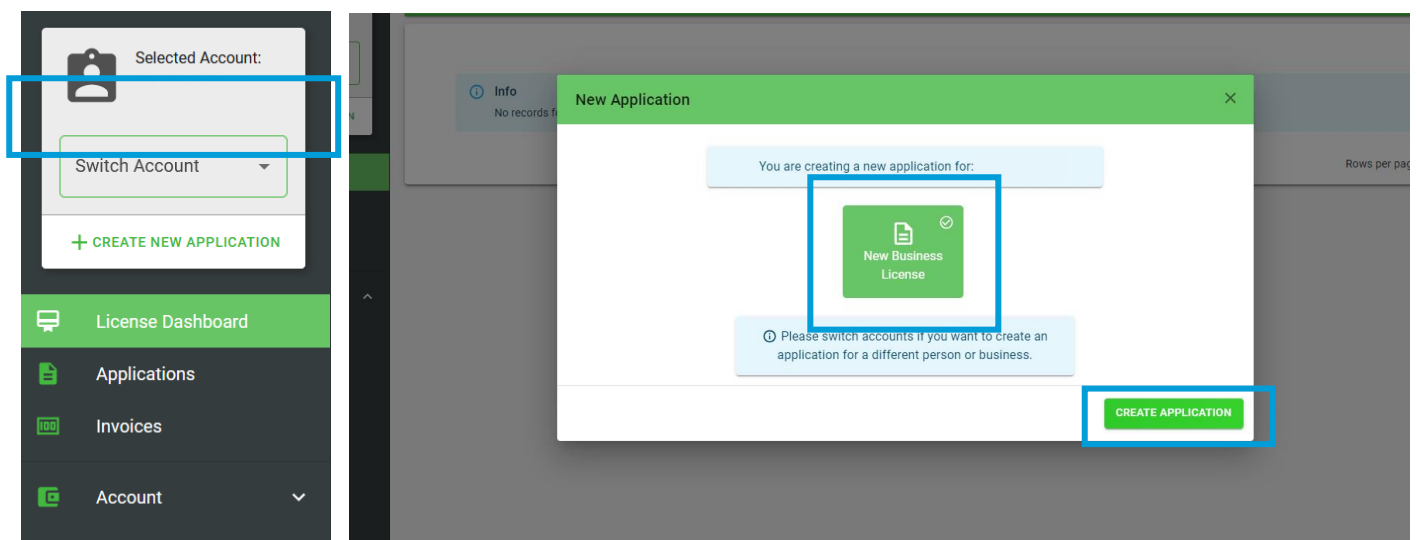
If you create multiple accounts, or are added to manage multiple accounts, you can toggle between them using the gray box in the left-hand panel under **Selected Account**.

## Getting Started

### 5. Creating a new application

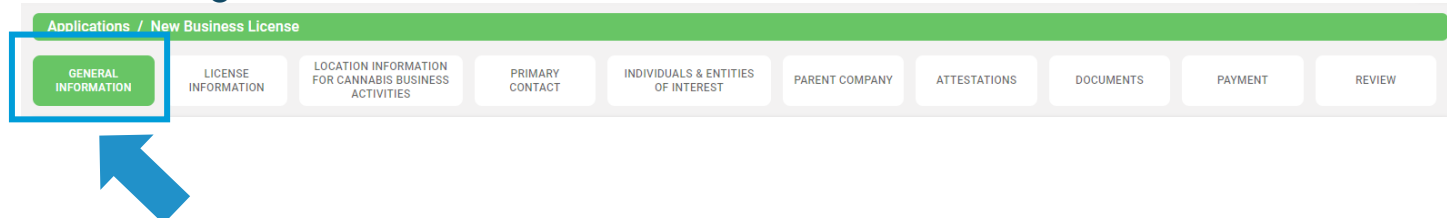
To start an application, click the **+Create New Application** button from the **Applications** tab or on the left menu panel. This will prompt a light box titled “New Application” in which the user must click **New Business License**, confirming that the new application is created for the active account, then click **Create Application**.

#### Portal Image



A blank application will populate with **header tabs** indicating which section is currently in view. The header tabs can be used to navigate to each application section. Each section requires information related to the title and can be completed at any time while preparing the application. Be sure to save the information for each section by clicking **save** or **save & next** before moving to another tab.

#### Portal Image



## Getting Started

### 6. Editing and saving an application

Once an application is created, it can be saved by clicking **save** or **save & next** before leaving each section and edited at any time. Note that some sections allow multiple entries, and each entry will need to be saved separately within the section.

The saved application will be accessible in the **Applications** tab from the License Dashboard. Once the application has been submitted it cannot be edited unless it is deemed deficient and the Program requests additional information or documentation.

#### Portal Image

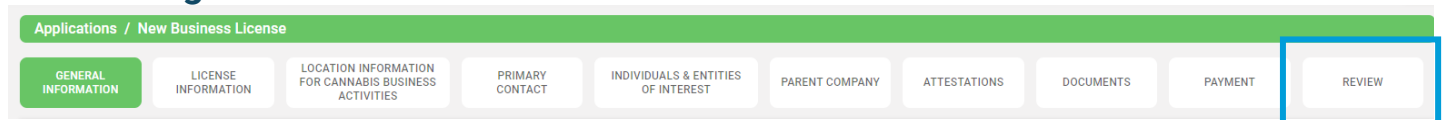
Application ID	Title	Status	Application Type	Submitted Date ↑	Actions
Not Applicable	Application 1	Open	New Business License	Not Applicable	
Not Applicable	Application 2	Open	New Business License	Not Applicable	
Not Applicable	Application 3	Open	New Business License	Not Applicable	
Not Applicable	Application 4	Open	New Business License	Not Applicable	

Rows per page: 10 1-4 of 4

### 7. Reviewing an application

As you update an application with information and documentation, you can visit the **Review** tab to see what fields are completed or missing. The **red X** indicates missing information. Learn more about reviewing an application on page 64.

#### Portal Image



## Getting Started

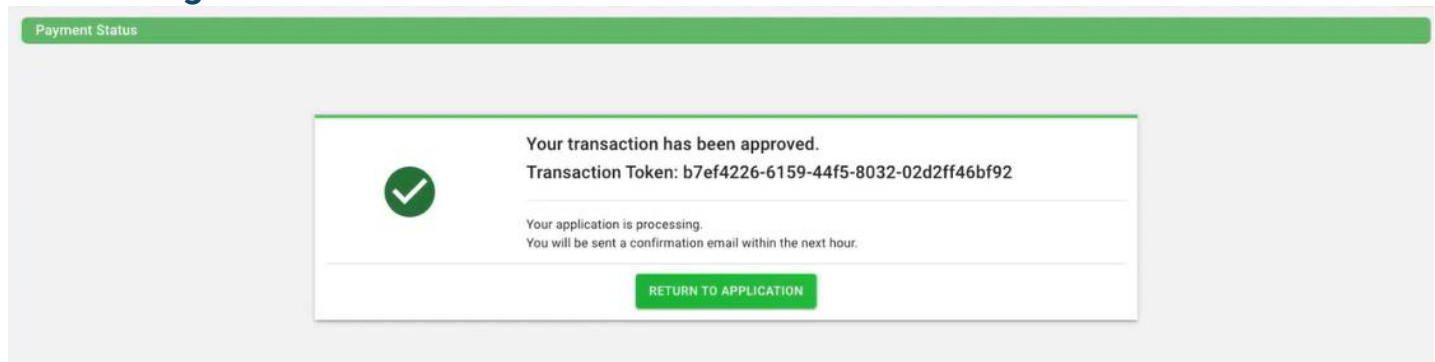
### 8. Submitting an application

It is recommended that applicants use the **Business License Application Checklist** provided in the Appendix and reference the **Business Licensing Application Guide** while completing each section of the application. For more resources on completing each section of the business guide, visit the **Resources** tab on the **Businesses** page at [kymedcan.ky.gov](https://kymedcan.ky.gov).

After you have completed each section with all of the required information and documentation and have thoroughly reviewed your final application on the review tab, you can select **Pay and Submit**.

This will prompt the payment screen for your selected business license application fee, where you will again select the form of payment you would like to use and provide your payment information. Once you have done so, you can hit next and submit payment.

#### Portal Image



If the payment is successfully processed, you will be taken back to your account to a page indicating that your transaction has been approved and that your application is being processed. This will also provide you with a token in case you need to reference the transaction. You will also receive a confirmation email. If you have any issues with payment, please use the **Help** icon in the portal.

The confirmation of payment email does not indicate that the Program has acknowledged receipt of your application. This only means your application has been successfully submitted through the portal to the Program. You will receive notification of application receipt from the Program within fifteen (15) calendar days and that is when the review process begins.

Learn more about the application submission and review process on pages 8 and 67.

# Business Licensing Application Guidance

The following guidance includes detailed **descriptions** of the information requested through the online portal for the business license application. Each section includes an overview of the requested information with references to the **relevant regulation** and **acceptable documents** to fulfill the application requirement with **examples** for reference.

The navigational status bar shown below is provided at the top of each page to indicate the tab in which the information is requested on the application. The **green arrow** shows which tab(s) on the application contain the requested information.



This guidance contains three (3) sections based on the type of information requested from the tabs covered in each section: Business Information, Applicant Information, and Legal and Payment Information. All sections include required **Documents** relevant to the information requested.

<b>Business Information</b>
<p>These tabs require information and documents related to the proposed cannabis business.</p> <div style="text-align: right; margin-top: 10px;"> </div>
<b>Applicant Information</b>
<p>These tabs require information and documents related to the individuals or entities involved in the proposed cannabis business.</p> <div style="text-align: right; margin-top: 10px;"> </div>
<b>Legal and Payment Information</b>
<p>These tabs require legal attestations, payment information for the license application fee, and final review and submission of the application.</p> <div style="text-align: right; margin-top: 10px;"> </div>

It is recommended that applicants reference this guide in addition to the **Business License Applicant Check List** provided in the Appendix when completing each section of the application.



## Business Information

### General Information

The **General Information** tab is where the applicant provides business information for the individual or entity applying for a license. This includes the **legal business name**, **business type**, any **trade name or DBAs** (“doing business as”), **federal tax identification number**, **Kentucky Secretary of State organization number**, **website** address (if any), **email address**, and **phone number** of the proposed cannabis business.

Here the applicant will also indicate if the proposed cannabis business has a **Management Services Agreement** in place. If yes, be sure to upload the agreement in the **Documents** tab (more on page 44).

### Application Portal

Applications / New Business License

GENERAL INFORMATION
LICENSE INFORMATION
LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES
PRIMARY CONTACT
INDIVIDUALS & ENTITIES OF INTEREST
PARENT COMPANY
ATTESTATIONS
DOCUMENTS
PAYMENT
REVIEW

Legal Business Name *	Business Type *	Trade Name (DBAs) *
Federal Tax ID * 123123123	Kentucky Secretary of State Organization Number *	Website
Email Address * nick.therrell@ky.gov	Phone Number *	Do you have a management service agreement in place? * <input type="radio"/> Yes <input type="radio"/> No

SAVE
SAVE & NEXT
CANCEL

### Relevant Regulation

#### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(a) The legal name, business type, any trade name or doing business as (“DBA”), mailing address, federal tax identification number, website (if any), email address, and phone number of the proposed cannabis business and confirmation that the entity is registered with the Kentucky Secretary of State and authorized to do business in Kentucky;*





## Business Information

### License Information

The **License Information** tab is where the applicant selects what category of cannabis business license is being requested. Applicants may submit one (1) or more applications for the license category selected, subject to certain restrictions.

See application permissions and restrictions on pages 6-7.

### Application Portal

Applications / New Business License

GENERAL INFORMATION | LICENSE INFORMATION | LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES | PRIMARY CONTACT | INDIVIDUALS & ENTITIES OF INTEREST | PARENT COMPANY | ATTESTATIONS | DOCUMENTS | PAYMENT | REVIEW

License Type\*  
This is required.

SAVE | SAVE & NEXT | CANCEL

### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*

*(b) The type of cannabis business license requested;*



# Business Information

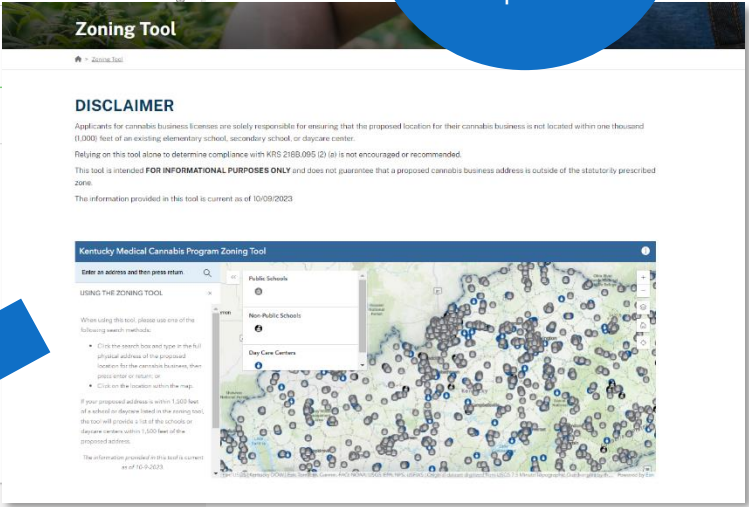
## Location Information

The **Location Information For Cannabis Business Activities** tab is where the applicant will provide a physical address, mailing address, and global positioning system (GPS) coordinates for the proposed cannabis business. The physical address must be in the state of Kentucky and must not be within 1,000 feet of the nearest property boundary of any school or daycare facility.

Here the applicant will also indicate if there is an **existing lease or deed** for the site and location of the proposed cannabis business, or if there will be a **Contingent Agreement** to lease or purchase the property identified for cannabis business subject to receiving a license. The applicant must upload an existing lease, deed, or Contingent Agreement in the **Documents** tab.

### Application Portal

Use this interactive **Zoning Tool** available at [kymedcan.ky.gov](http://kymedcan.ky.gov) to help assist with this question.





## Business Information

### Location Information (continued)

The **Location Information For Cannabis Business Activities** tab is where the applicant will provide a physical address, mailing address, and global positioning system (GPS) coordinates for the proposed cannabis business. The physical address must be in the state of Kentucky and must not be within 1,000 feet of the nearest property boundary of any school or daycare facility.

Here the applicant will also indicate if there is an **existing lease or deed** for the site and location of the proposed cannabis business, or if there will be a **Contingent Agreement** to lease or purchase the property identified for cannabis business subject to receiving a license. The applicant must upload an existing lease, deed, or Contingent Agreement in the **Documents** tab.

### Relevant Regulation

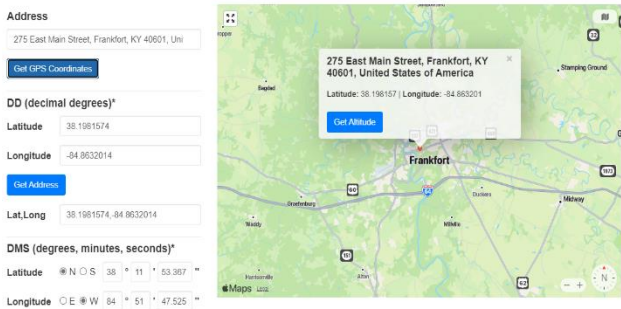
#### 915 KAR 001:010E Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(d) Proposed location of cannabis business activities, including the physical address of the proposed cannabis business and the global positioning system (GPS) coordinates for any proposed cannabis business activities as well as:*

### Example

- Example 1 – Online map tool screenshot<sup>1</sup>



<sup>1</sup> GPS coordinates identified via <https://www.gps-coordinates.net>



# Business Information

## Documents

Applicants must upload the following documentation relevant to the proposed cannabis business in the **Documents** tab. These documents can be uploaded and saved at any time during the application process. It is recommended that applicants gather all required documentation prior to uploading.

- Site plan\*
- Existing Lease or Deed or Contingent Agreement\*
- Confirmation of sufficient capital available\*
- Financial plan\*
- Business Entity Formation documents\*
- If applicable, summary of experience of operating a business in Kentucky
- A timeline showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the state\*
- Summary of the intended plan of operation\*
- If applicable, management service agreement

### Application Portal

*\*-Required Documentation*

Applications / New Business License

GENERAL INFORMATION
LICENSE INFORMATION
LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES
PRIMARY CONTACT
INDIVIDUALS & ENTITIES OF INTEREST
PARENT COMPANY
ATTESTATIONS
DOCUMENTS
PAYMENT
REVIEW

Each attachment must be uploaded using the corresponding document upload link below. Please reference the included Pro Tips for document requirements and helpful information. You may upload up to 20 documents in each category. Each document must be 25MB or less.

● Resumes or Curricula Vitae of Principal Officers and Board Members * ⓘ	<a href="#">UPLOAD</a>	+
● Business Entity Formation Documents * ⓘ	<a href="#">UPLOAD</a>	+
● Site Plan * ⓘ	<a href="#">UPLOAD</a>	+
● Existing Lease or Deed or Contingent Agreement * ⓘ	<a href="#">UPLOAD</a>	+
● Financial Plan * ⓘ	<a href="#">UPLOAD</a>	+
● Ownership Organizational Structure Document * ⓘ	<a href="#">UPLOAD</a>	+
● If applicable, summary of prior business experience ⓘ	<a href="#">UPLOAD</a>	+
● Summary of the intended plan of operation * ⓘ	<a href="#">UPLOAD</a>	+
● A timeline showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the state * ⓘ	<a href="#">UPLOAD</a>	+
● Documentation of sufficient capital available * ⓘ	<a href="#">UPLOAD</a>	+
● Description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business * ⓘ	<a href="#">UPLOAD</a>	+
● Notarized Application Signature Page * ⓘ	<a href="#">UPLOAD</a>	+

SAVE
→ SAVE & NEXT
CANCEL



## Business Information

### Documents

#### 1. Existing lease, deed, or Contingent Agreement\*

Here the applicant should upload **documentation demonstrating that the individual or entity has the authority to use the proposed cannabis business’s physical location** for, at a minimum, the term of the license. This could be a contingent agreement for property sale or lease, or an existing lease or deed, depending on the agreement type indicated in the **Location Information** tab.

#### Application Portal



#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*

*(d) Proposed location of cannabis business activities, including the physical address of the proposed cannabis business and the global positioning system (GPS) coordinates for any proposed cannabis business activities as well as:*

- 1. Documentation such as a contingent agreement for property sale or lease or an existing deed or lease that shows the applicant has the authority to use the proposed location as a cannabis business for, at a minimum, the term of the license; and**
- 2. A site plan for the proposed cannabis business.**

#### Accepted Documentation

This item requests documentation that the applicant has the authority to use the proposed location as a cannabis business for, at a minimum, the one-year term of the initial license. These documents could include:

- An existing lease or deed for the property where the applicant proposes to conduct cannabis business activities.
- A contingent agreement for sale or lease of that property if awarded a license.



# Business Information

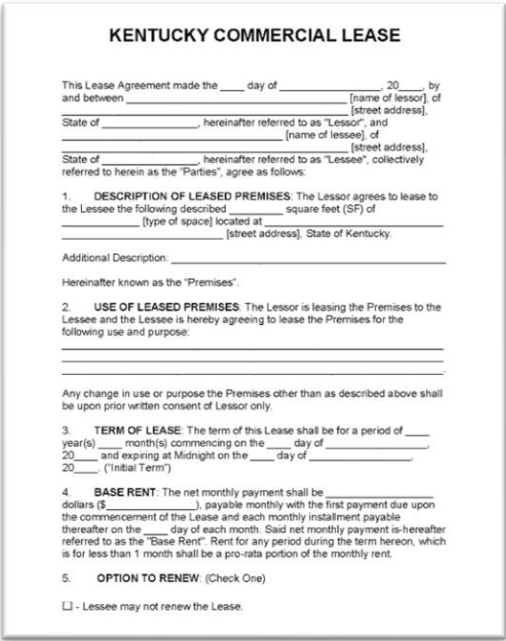
## Documents

### 1. Existing lease, deed, or Contingent Agreement (continued)

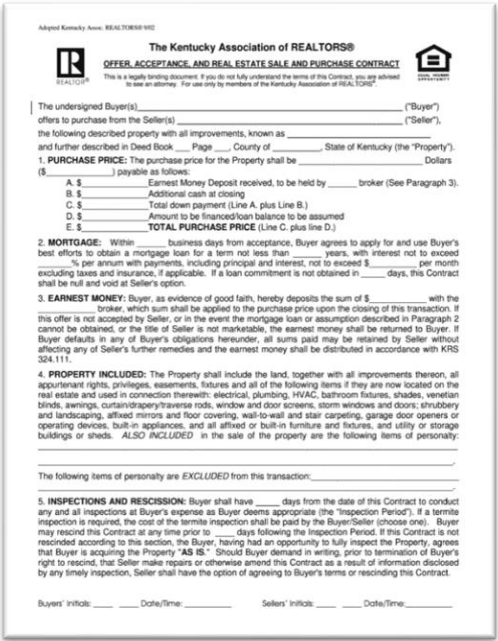
Here the applicant should upload documentation demonstrating that the individual or entity has the authority to use the proposed cannabis business’s physical location for, at a minimum, the term of the license. This could be a contingent agreement for property sale or lease, or an existing lease or deed, depending on the agreement type indicated in the Location Information tab.

#### Examples

- [Example 1 – Commercial lease agreement<sup>2</sup>](#)
- [Example 2 – Commercial real estate purchase contract<sup>3</sup>](#)



Example 1



Example 2

<sup>2</sup> Template image via [www.leaseagreement.com](http://www.leaseagreement.com). Note that the term of lease listed on the lease agreement must expire on or after the expected expiration date of the license being sought.

<sup>3</sup> Note: A commercial real estate contract must have a closing date on or before the expected commencement date of the license OR have a contingency clause stating that the closing date will occur upon issuance of the license.



## Business Information

### Documents

#### 2. Site plan\*

Here the applicant should upload a **technical drawing or digital rendering of the site location** indicating where cannabis business activities will be conducted.

#### Application Portal

● Site Plan \* ⓘ UPLOAD +

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*  
*(d) Proposed location of cannabis business activities, including the physical address of the proposed cannabis business and the global positioning system (GPS) coordinates for any proposed cannabis business activities as well as:*  
*1. Documentation such as a contingent agreement for property sale or lease or an existing deed or lease that shows the applicant has the authority to use the proposed location as a cannabis business for, at a minimum, the term of the license; and*  
**2. A site plan for the proposed cannabis business.**

#### Accepted Documentation

- A technical drawing or rendering of the facility where the applicant intends to conduct cannabis business activities.
- A general idea of the layout of the facility and the location of limited access areas, meaning those areas only accessible to authorized personnel.





# Business Information

## Documents

### 2. Site plan\* (continued)

Here the applicant should upload a **technical drawing or digital rendering of the site location** indicating where cannabis business activities will be conducted.

#### Examples

- Example 1 – Narrative description of the site

█ **Exhibit F(f):** A description of the proposed Licensed Premises, including street address, plat/lot number and zoning district.

█  
█  
Premises at █ (the "Company") seeks to site its proposed Licensed █ the "Facility"). The Facility is located in the C-3 Zone at plot 1-72.

The Facility is a 6,557 SF standalone building that is uniquely suited to site a █. Previously utilized as a restaurant, it has a total of 136 parking spaces, including three handicap accessible spaces immediately adjacent to the Facility's front entrance, and an existing ADA compliant ramp to facilitate patient access to the building. As shown on the enclosed plans, there is also a secured area of the parking lot for product loading and cash transportation

The Company has taken care to design the layout of the Facility to ensure that there is ample space to allow for patient enrollment, waiting, and education. Specifically, the 808 square foot Check-In area will provide enough area for patients to queue in the interior of the facility, and prevent individuals from lining up on the exterior of the property. The Check-In area will also have patient education materials available for review. A separate, 101 square foot Consult Room, will also allow for discrete patient consultations where individuals will be able to obtain additional and/or specialized education related to their unique health needs. Medical marijuana will only be dispensed in the Limited Access area designated on the enclosed Floor Plan as the █ Sales Floor.

The Facility has also been specifically designed to ensure compliance with all security regulations set forth in █. The Restricted Access areas of the Facility will not be accessible to any patients or caregivers, or other unauthorized visitors. As shown on the attached Security Plan and Floor Plan, the Restricted Access area of the Facility will include the following rooms:

- Vault (which will be used for storage of medical marijuana. No marijuana cultivation or manufacturing will take place on site)
- Secure Entry/Service Door Employee Entrance
- Intake Vault (which will be used for processing and packaging marijuana shipments from off site cultivation facilities)
- IT Office
- Utility Officer
- Security Office
- Manager's Office
- Kitchenette
- Employee Bathrooms
- Janitor's Closet

The remainder of the Facility will be designated as a Limited Access area that is only accessible to qualifying patients, caregivers, and authorized visitors. Limited Access areas include:

█ **Exhibit F(v):** A description of objective parameters (such as distances from streets and public areas) and/or proposed measures (such as black-out window shades) that ensure that marijuana at the premises shall not be visible from the street or other public areas

█  
█ recognizes the critical importance of ensuring that marijuana within the premises is not visible from the street or other public areas surrounding its proposed █ the "Facility"). The Facility has been uniquely designed to maintain the existing aesthetic of the commercial building without compromising patient privacy and strict adherence to the laws and regulations set forth by the █

The Company plans to utilize SOLYX Glass Finish on all exterior windows. SOLYX is a smooth, charcoal tinted translucent polyester film that obscures direct visibility while allowing for good light transmission. This film will prohibit exterior visibility of marijuana and marijuana products from the exterior of the facility while allowing the natural flow of light to permeate through the facility.

- Entry vestibule
  - Public Restrooms
  - Check-In
  - Consult Room
  - Compassion Center Sales Floor
- The enclosed Security Plan also depicts all proposed walls, partitions, entrances, exits, and the location of security alarms, cameras, and surveillance recording equipment.
- The Company hopes to have the opportunity to increase patient access to medical cannabis by locating its proposed Facility in a central location. As demonstrated on the enclosed plans, the site is easily accessible by vehicle, located just blocks away from the █ and along █. The █ has a stop immediately in front of the property.





# Business Information

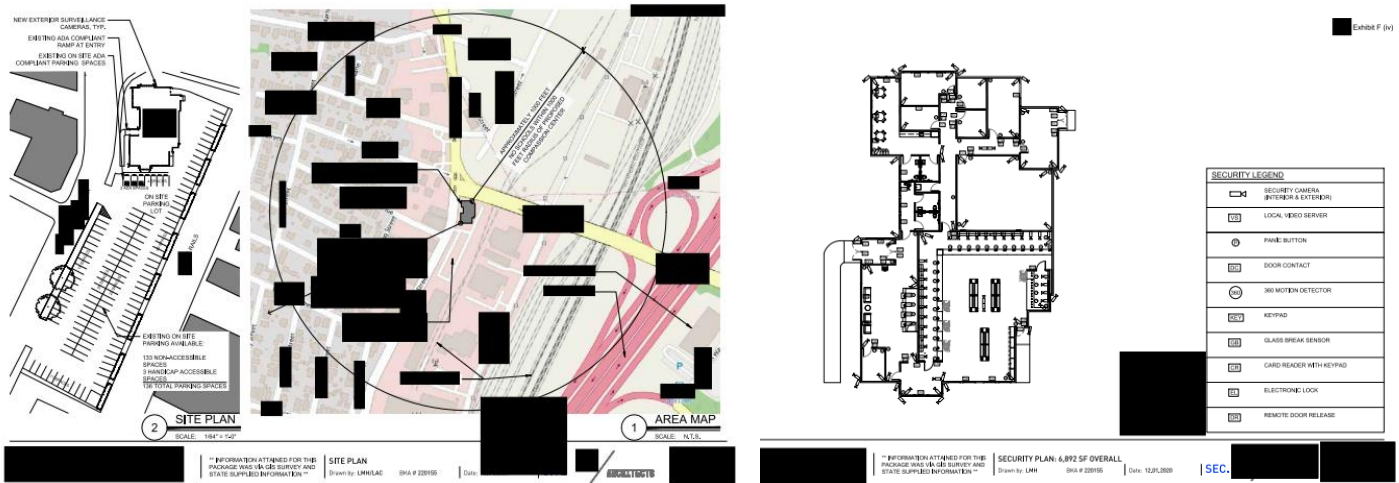
## Documents

### 2. Site plan\* (continued)

Here the applicant should upload a **technical drawing or digital rendering of the site location** indicating where cannabis business activities will be conducted.

#### Examples

- Example 2 – Site map and floorplans





## Business Information

### Documents

#### 3. Confirmation of sufficient capital\*

Here the applicant should upload **documentation of sufficient capital** available to the individual or entity, either on deposit or through extension of credit from one or more financial institutions. **An applicant cannot use the same capital for more than one (1) application.**

#### Application Portal



#### Relevant Regulation

##### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(q) Documentation of sufficient capital available to the applicant, either on deposit or through extension of credit from one or more financial institutions, in the following amounts as applicable:*

1. Tier I cultivator: \$50,000;
2. Tier II cultivator: \$200,000;
3. Tier III cultivator: \$500,000;
4. \*Tier IV cultivator: \$1,000,000;
5. Processor: \$150,000;
6. Producer: \$150,000 plus the applicable cultivator tier amount;
7. Dispensary: \$150,000; or
8. Safety Compliance Facility: \$150,000

*\*Tier IV cultivator and producer licenses will not be available during the initial licensing phase*

#### Accepted Documentation

Supporting documents uploaded to the portal may include:

- Bank statements showing the applicant's deposit(s).
- Letter of credit or similar document from a financial institution extending credit to the applicant.





## Business Information

### Documents

#### 4. Financial plan\*

Here the applicant should upload a **financial plan** for the proposed cannabis business, including budget and cash flow planning and debt management.

#### Application Portal

● Financial Plan \* ⓘ UPLOAD +

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**  
*The applicant shall submit the following in the initial license application:*  
*(p) Financial plan for the proposed cannabis business, including budget and cash flow planning and debt management;*

#### Accepted Documentation

A Financial Plan provides an overview of the proposed cannabis business's current financial situation and projections for growth. It includes information such as the business's anticipated:

- Income
- Expenses
- Cash flow
- Budget(s)
- Debt management



## Business Information

### Documents

#### 4. Financial plan\* (continued)

Here the applicant should upload a **financial plan** for the proposed cannabis business, including budget and cash flow planning and debt management.

#### Examples

- Example 1 – Income Statement

Three Year Projected Income Statement Example

	Annual		
	2021	2022	2023
<i>(Dollars in 000's)</i>			
Headcount	20	20	20
Transactions Basket Size			
Gross Revenue			
Discounts / Others			
<b>Net Revenue</b>			
COGS			
<b>Gross Profit</b>			
% Gross Margin	47.4%	47.4%	47.4%
<b>Operating Expenses</b>			
Payroll and Related Expenses			
Patient Outreach			
Professional Services			
Facilities and Supplies			
Rent			
Other Opex			
<b>Total Operating Expenses</b>			
OpEx % of Sales	51.3%	30.8%	28.5%
<b>EBITDA</b>			
% Margin	(3.9%)	16.6%	18.9%
Total D&A	200	200	200
<b>EBIT</b>			
% Margin	(12.1%)	13.8%	16.6%
Net Interest Expense	-	-	-
Other (Income) / Loss	-	-	-
<b>Income Before Tax</b>	<b>(296)</b>	<b>984</b>	<b>1,416</b>
<b>Tax Expense</b>			
% Effective Tax Rate	(101.7%)	89.2%	74.4%
% Gross Profit	26.0%	26.0%	26.0%
<b>Net Income</b>	<b>\$(597)</b>	<b>\$106</b>	<b>\$363</b>
% Margin	(24.4%)	1.5%	4.2%



# Business Information

## Documents

### 4. Financial plan\* (continued)

Here the applicant should upload a **financial plan** for the proposed cannabis business, including budget and cash flow planning and debt management.

#### Examples

- Example 2 – Description of Budgets and Debt Management Plan

US \$350,000 September 10, 2020

**PROMISSORY NOTE**

FOR VALUE RECEIVED, [REDACTED] non-profit corporation with a mailing address at [REDACTED] ("Borrower"), does hereby promise to pay to the order of [REDACTED] ("Lender") having, the principal amount of Three Hundred Fifty Thousand and 00/100 (\$350,000.00) Dollars ("Loan"), together with interest, in arrears, from the date hereof on the unpaid principal balance as hereinafter provided.

Principal and interest shall be payable in equal monthly installments of Four Thousand and 00/100 (\$4,000.00) Dollars, commencing on the 1st day of August, 2021, and continuing on the same day of each successive month thereafter through September, 2023 (each, a "Payment Date"), when the entire principal balance and all accrued interest and other sums due hereunder, if not sooner paid, shall be paid in full. The principal amount outstanding from time to time hereunder shall bear simple interest at the rate of eight (8%) percent per annum ("Interest Rate"). Interest shall be calculated on the basis of a three hundred sixty (360) day year counting the actual number of days elapsed. All payments hereunder shall be applied first against interest then due and payable and the balance in reduction of principal. This Note may be prepaid in full or in part at any time and from time to time without prepayment penalty or premium.

In no event shall the amount of interest payable with respect to the outstanding principal balance, together with all other charges which are required to be treated as interest under applicable usury law, exceed the amount of interest allowable by such laws. Any change in the applicable laws or the maximum rate thereunder shall be effective as to the determination of the amount of allowable interest as of the effective date of such change. In the event that any amount is collected in excess of the applicable allowable rate, the excess amount collected shall be applied to reduce the principal debt.

Upon and after a default or event of default under this Note or any other document or instrument evidencing, securing or relating to the Loan, and after the expiration of any applicable cure or grace period (an "Event of Default"), the Loan shall bear interest, payable upon demand, at a rate per annum equal to the sum of the Interest Rate plus four (4%) percent ("Default Rate").

If any payment of principal or interest due hereunder is not paid within ten (10) calendar days from the date same becomes due or any other payment hereunder is not paid on or before the maturity date, any such payment so unpaid, as the case may be, shall bear interest from the date such was due until paid at the Default Rate. Interest on such payment so unpaid shall be compounded monthly and shall be payable upon demand. Such charge shall be paid by Borrower without prejudice to the right of Lender to collect any other amounts provided to be paid under this Note or any other agreement or, with respect to late payments, to declare an Event of Default.

Both principal and interest shall be paid by Borrower in lawful money of the United States of America such that Lender has received immediately available funds for the credit of Borrower

The Company has made several assumptions to generate this three-year profit and loss statement, including those relating to material and labor costs, market conditions, staffing necessities, and patient and caregiver growth rates. The Company will utilize the [REDACTED] in Available Capital it has obtained as well as operating income to run the [REDACTED]. The Company is confident this amount of capital is more than adequate to pay for renovation, purchase equipment and supplies, pay consultants and vendors, pay employee salaries, reinvest in the community, pay any permit and license fees associated with its operations, and cover any other unforeseen expenses that may arise.

The Company anticipates its medical marijuana product sales revenue in 2021 to be \$[REDACTED] increasing to \$[REDACTED] in 2022, its first full year of sales, and \$[REDACTED] in 2023. This assumption is based off of the most recent annual report issued by the [REDACTED] Department of Health, for the fiscal year ending June 30, 2020, there was a total of 19,803 active patient registrations and 867 active authorized purchaser registrations.<sup>25</sup> This represents approximately 1.87 percent of [REDACTED] population and is a significant increase from patient enrollment throughout the previous year, when there was a total of 16,218 active patient registrations and 819 active authorized purchaser registrations.<sup>26</sup>

The Company believes an increase in the number of licensed [REDACTED] will result in increased patient enrollment across the state. [REDACTED] patient registrations increased significantly once additional medical marijuana treatment centers were opened across the [REDACTED], as prospective patients were able to incorporate visits to their local treatment center into their health and wellness routine. The Company believes that this transition will happen rapidly as the use of medical marijuana becomes normalized and new compassion centers open.

According to a recent analysis by [REDACTED] the average consumer is willing to travel a maximum of seventeen minutes for a routine visit to a store. A sizable population of the state lives well over this 17 minute barrier, which may prevent them from seeking alternative treatment. The Company believes that [REDACTED] residents would be well served with the addition of its proposed dispensary in [REDACTED]. Notably, almost 27 percent of [REDACTED] residents reside within Zone 2, which is also a major commuter destination.

Using its 17 minute driving analysis, the Company believes its location – and ideal proximity to numerous highways across the state coupled with 125 parking spaces – will ease patient access in [REDACTED]. Its facility is also located proximate to numerous [REDACTED] stations, the [REDACTED]



## Business Information

### Documents

#### 5. Business entity formation documents\*

Here the applicant should upload **business entity formation documents** such as articles of incorporation, articles of organization, or bylaws.

#### Application Portal

● Business Entity Formation Documents \* ⓘ UPLOAD +

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:  
(c) Business entity formation documents such as articles of incorporation, articles of organization, or bylaws;*

#### Accepted Documentation

Supporting documents uploaded to the portal may include:

- Articles of Incorporation
- Articles of Organization
- Corporate Bylaws





# Business Information

## Documents

### 5. Business entity formation documents\* (contined)

Here the applicant should upload **business entity formation documents** such as articles of incorporation, articles of organization, or bylaws.

#### Examples

- Example 1 - Articles of Incorporation<sup>4</sup>

<sup>4</sup> Form available via the Kentucky Secretary of State at [www.sos.ky.gov](http://www.sos.ky.gov). Example 2 – Articles of Organization<sup>4</sup>





# Business Information

## Documents

### 5. Business entity formation documents\* (continued)

Here the applicant should upload **business entity formation documents** such as articles of incorporation, articles of organization, or bylaws.

#### Examples

- Example 2 – Articles of Organization<sup>5</sup>

**COMMONWEALTH OF KENTUCKY**  
MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Articles of Organization**  
Nonprofit Limited Liability Company

**NLC**

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:  
Article I: The name of the non-profit limited liability company is:

Article II: The street address of the non-profit limited liability company's initial registered office in Kentucky is:  
Street Address Only (No Post Office Box Numbers) City State Zip Code  
and the name of the initial registered agent at that office is:

Article III: The mailing address of the non-profit limited liability company's initial principal office is:  
Street Address or Post Office Box Number City State Zip Code

Article IV: The non-profit limited liability company is to be managed by (must check one):  
 A. a manager(s);  
 B. its member(s).

Article V: The purpose of the non-profit limited liability company is:

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time \_\_\_\_\_

Please indicate the county in which your business operates:  
County: \_\_\_\_\_

To complete the following, please shade the box completely:  
Please indicate the size of your business:  Small (Fewer than 50 employees)  Large (50 or more employees)  
Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:  Women-Owned  Veteran Owned  Minority Owned

Please indicate which of the following best describes your business:  
 Agriculture  Mining  Services  Construction  
 Wholesale Trade  Retail Trade  Manufacturing  Finance, Insurance, Real Estate  
 Public Administration  Transportation, Communications, Electric, Gas, Sanitary Services  
 Other

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Organizer Printed Name Date  
Signature of Organizer Printed Name Date  
Signature of Organizer Printed Name Date

I, \_\_\_\_\_, consent to serve as the registered agent on behalf of the limited liability company.  
Print Name of Registered Agent  
Signature of Registered Agent Printed Name Date

(1/20)

**COMMONWEALTH OF KENTUCKY**  
MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Articles of Organization**  
Professional Limited Liability Company

**PLC**

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:  
Article I: The name of the professional limited liability company is:

Article II: The street address of the professional limited liability company's initial registered office in Kentucky is:  
Street Address Only (No Post Office Box Numbers) City State Zip Code  
and the name of the initial registered agent at that office is:

Article III: The mailing address of the professional limited liability company's initial principal office is:  
Street Address or Post Office Box Number City State Zip Code

Article IV: The professional limited liability company is to be managed by (must check one):  
 A. a manager(s);  
 B. its member(s).

Article V: The profession to be practiced through the professional limited liability company:

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_

Please indicate the county in which your business operates:  
County: \_\_\_\_\_

To complete the following, please shade the box completely:  
Please indicate the size of your business:  Small (Fewer than 50 employees)  Large (50 or more employees)  
Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:  Women-Owned  Veteran Owned  Minority Owned

Please indicate which of the following best describes your business:  
 Agriculture  Mining  Services  Construction  
 Wholesale Trade  Retail Trade  Manufacturing  Finance, Insurance, Real Estate  
 Public Administration  Transportation, Communications, Electric, Gas, Sanitary Services  
 Other

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Organizer Printed Name Date  
Signature of Organizer Printed Name Date  
Signature of Organizer Printed Name Date

I, \_\_\_\_\_, consent to serve as the registered agent on behalf of the limited liability company.  
Print Name of Registered Agent  
Signature of Registered Agent Printed Name Date

(1/20)

<sup>5</sup> Form available via the Kentucky Secretary of State at [www.sos.ky.gov](http://www.sos.ky.gov).

General  
Information

License  
Information

Location  
Information

Primary  
Contact

Individuals  
& Entities  
of Interest

Parent  
Company

Attestations

Documents

Payment

Review

## Business Information

### Documents

#### 5. Business entity formation documents\* (continued)

Here the applicant should upload **business entity formation documents** such as articles of incorporation, articles of organization, or bylaws.

#### Examples

- [Example 3 – Corporate Bylaws<sup>6</sup>](#)

CORPORATE BYLAWS OF

---

INCORPORATED IN THE STATE OF KENTUCKY

**ARTICLE I – CORPORATE AUTHORITY**

Section 1. *Incorporation:* \_\_\_\_\_, (the "Corporation") is a duly organized corporation authorized to do business in the State of Kentucky by the filing of Articles of [Organization] [Incorporation] on \_\_\_\_\_, 20\_\_\_\_.

Section 2. *State law:* The Corporation is organized under **Title 23, Chapter 271B and Title 23, Chapter 273 of the Kentucky Revised Statutes** and except as otherwise provided herein, the Statutes shall apply to the governance of the Corporation

**ARTICLE II - OFFICES**

Section 1. *Registered Office and Registered Agent:* The registered office of the Corporation in the State of \_\_\_\_\_, shall be [address] \_\_\_\_\_. The registered agent of the Corporation shall be \_\_\_\_\_.

Section 2. *Other Offices:* The Corporation may also have offices at such other places, both within and without the State of \_\_\_\_\_, as the Board of Directors may from time to time determine or the business of the Corporation may require.

**ARTICLE III – MEETINGS OF SHAREHOLDERS**

Section 1. *Place of Meetings:* Meetings of shareholders shall be held at the principal office of the Corporation or at such place as may be determined from time to time by the Board of Directors of the Corporation.

Section 2. *Annual Meetings:* Each year, the Corporation shall hold an annual meeting of shareholders on such date and at such time as shall be determined from time to time by the Board of Directors, at which meeting shareholders shall elect a Board of Directors and transact any other business as may properly be brought before the meeting.

<sup>6</sup> Note: Corporate bylaws are unique to each organization.



## Business Information

### Documents

#### 6. If applicable, experience of operating a business in Kentucky

Here the applicant should upload **any documentation regarding any experience establishing and operating a business within Kentucky or any other jurisdiction**, and the nature of the business conducted by the organization.

#### Application Portal

If applicable, summary of prior business experience ⓘ  +

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*

*(m) If applicable, documentation that the applicant is capable of successfully establishing and operating a cannabis business in the commonwealth, including:*

- 1. Demonstrated experience establishing and operating a for-profit or nonprofit organization or other business within Kentucky or any other jurisdiction, and the nature of the business conducted by the organization;*
- 2. Any history relating to receipt of a similar license or other authorization in other jurisdictions, including provisional licenses, suspensions, revocations, or disciplinary actions to include civil monetary fines or warnings; and*
- 3. Any history of response to suspensions, revocations, disciplinary actions, civil monetary fines, or warnings imposed relating to any similar license or other authorization in another jurisdiction, and the plans of correction or other responses made to those actions.*

#### Accepted Documentation

A narrative summary (limit 1,000 words) of the applicant's prior business experience in Kentucky and other jurisdictions, including any history relating to receipt of cannabis business licenses in other jurisdictions.



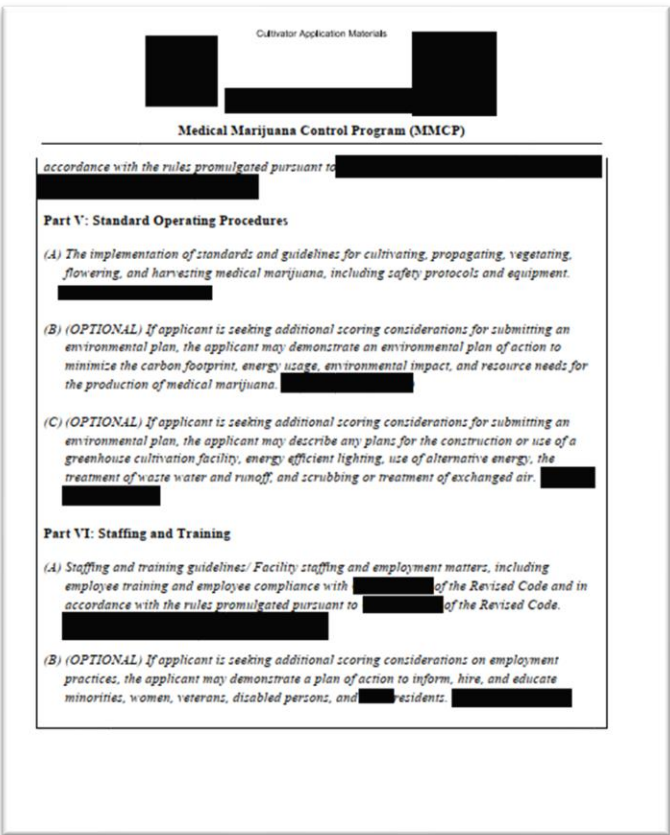
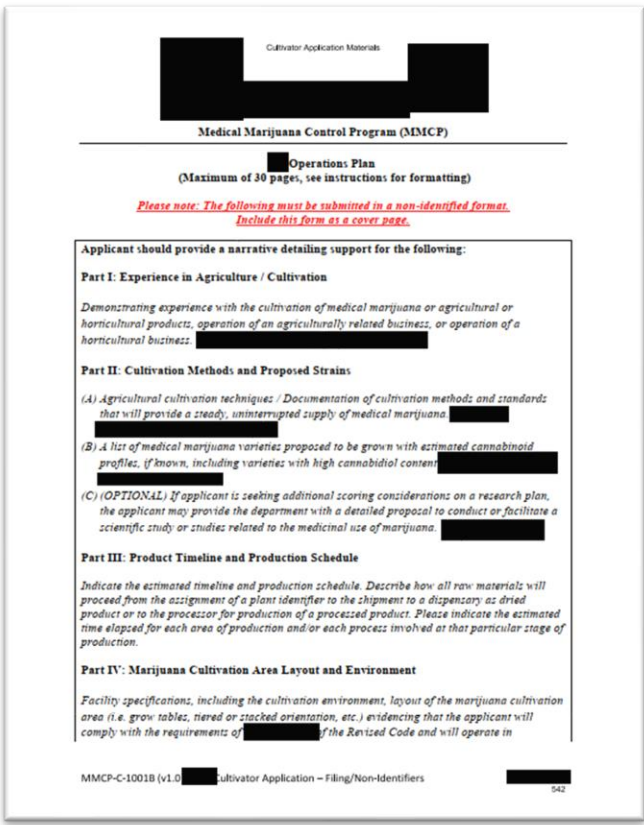
# Business Information

## Documents

### 6. If applicable, experience of operating a business in Kentucky (continued)

Here the applicant should upload any documentation regarding any experience establishing and operating a business within Kentucky or any other jurisdiction, and the nature of the business conducted by the organization.

### Examples





## Business Information

### Documents

#### 7. Timeline to become operational\*

Here the applicant should upload a **timeline** showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the Commonwealth.

#### Application Portal

A timeline showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the state \*

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*  
*(o) A timeline showing the steps and estimated amount of time the applicant shall take to begin cannabis business activities in the commonwealth;*

#### Accepted Documentation

A timeline outlining the steps that will be taken for the proposed cannabis business to begin conducting cannabis business activities in the Commonwealth with an estimate for the amount of time needed to accomplish each step.



# Business Information

## Documents

### 7. Timeline to become operational\* (continued)

Here the applicant should upload a **timeline** showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the Commonwealth.

### Examples

Below, please find a detailed timeline for initiating operations, as well as the Company's strategy for maintaining compliance with its Proposed Startup Timetable.

Date	Event	Basis of Estimate
<b>Pre-Licensing</b>		
On or Before 12/15/2020	Property Interest Obtained: Executed Letter of Intent to Lease the Premises <sup>2</sup>	As per the terms of the Letter of Intent, included within Exhibit F(vi)
On or Before 12/15/2020	[REDACTED]	[REDACTED]
On or Before 12/15/2020	Appoint Compliance Officer <sup>5</sup>	Evidence of Appointment as included within Exhibit B
On or Before 12/15/2020	[REDACTED]	[REDACTED]
On or Before 12/15/2020	Establish Legal, Banking, and Accounting Relationships	Ongoing coordination with vendors
On or Before 12/15/2020	[REDACTED]	Receipt of design drawings, including underlying drawings for existing facility
On or Before 12/15/2020	Obtain Certification Confirming Non-Profit Compliance <sup>7</sup>	See Form 4, and related Annexes.
On or Before 12/15/2020	Finalize Management Agreements and Lending Agreements <sup>8</sup>	Evidence provided in Annex D of Form 4
On or Before 12/15/2020	Submit Application to the Department, including all information required pursuant to [REDACTED]	As per the Requirements of the Department
<b>License Selection</b>		
TBD	Department Selects Licenses; Company submits \$500,000 fee <sup>9</sup>	As per the Requirements Pertaining to [REDACTED]
<b>Post License Selection Through Lottery<sup>10</sup></b>		
Within Three Months of Selection	Receive Special Permit and Municipal Building Permit	All local permitting and related applications will be coordinated between the Company and local counsel

Within Three Months of Selection	Begin Facility Build Out/Renovation	In consultation with Architects, Engineers, General Contractor, and Security Professionals
Within Three Months of Selection	Connect with State Approved Medical Marijuana Tracking System and Request the Process for Obtaining Administrator Credentials, and Obtain All Necessary Equipment and Software to Implement Tracking <sup>11</sup>	As per the Company's Chief Compliance Officer
Within Three Months of Selection	Begin Hiring Additional Employees and Commence Employee Outreach Efforts	Determination made in consultation with the Management Consultant
Within Three Months of Selection	[REDACTED]	[REDACTED]
Within Six Months of Selection	Schedule Utility Service Upgrade	In Consultation with Architects, Engineers, and General Contractor
Within Seven Months of Selection	Finish Facility Build Out/Renovation	In consultation with the General Contractor
Within Seven Months of Selection	Install all necessary Security Equipment, Including Security Alarms and Video Surveillance Equipment <sup>12</sup>	In consultation with Security Professionals
Within Eight Months of Selection	Receive Certificate of Occupancy	In consultation with the General Contractor
<b>Pre-Operational Inspection</b>		
Within Nine Months of Selection	[REDACTED]	[REDACTED]
Within Nine Months of Selection	Request for the Department to Conduct a Pre-License Inspection of Compassion Center Premises <sup>14</sup>	Coordination between the Company and Department
Within Nine Months of Selection	Begin Submitting Applications for Registry Identification Cards <sup>15</sup>	Determination made in consultation with the Management Consultant
Within Nine Months of Selection	[REDACTED]	[REDACTED]
<b>Post-Licensure/Commence Operations</b>		
Within One Month of Issuance of License	[REDACTED]	In compliance with Department Regulations
Within One Month of Issuance of License	[REDACTED]	In compliance with Department Regulations
Within Two Months of Issuance of License	Schedule Post-License Inspection with the Department Prior to Conducting Retail Sales <sup>19</sup>	In compliance with Department Regulations
Within Two Months of Selection	Provide On Site Training to All Agents <sup>19</sup>	In compliance with Department Regulations
Within Two Months	Conduct Initial Comprehensive Inventory <sup>20</sup> and Ensure Compliance with All Packaging and Labeling Requirements <sup>21</sup>	Coordination between the Company's Compliance Officer and the Management Consultant
Within Three Months	Commence Patient Sales at Compassion Center	As per the Company, and in compliance with Department Regulations





## Business Information

### Documents

#### 8. Operational plan\*

Here the applicant should upload the **intended plan of operation** for the proposed cannabis business. The operational plan should describe how the applicant will address the following:

- Security
- Employee qualifications, supervision, and training
- Transportation
- Storage and labeling
- Inventory management
- Recordkeeping
- Preventing unlawful diversion
- Workforce development and job creation

#### Application Portal



#### Relevant Regulation

##### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(r) A summary of the intended plan of operation that describes, at a minimum, how the applicant's proposed cannabis business operations shall address:*

- a. Security;*
- b. Employee qualifications, supervision, and training;*
- c. Transportation of medicinal cannabis;*
- d. Storage and labeling of medicinal cannabis;*
- e. Inventory management;*
- f. Recordkeeping;*
- g. Preventing unlawful diversion of medicinal cannabis; and*
- h. Workforce development and job creation.*



# Business Information

## Documents

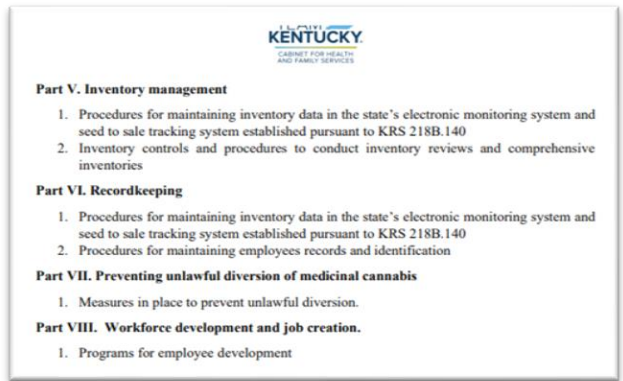
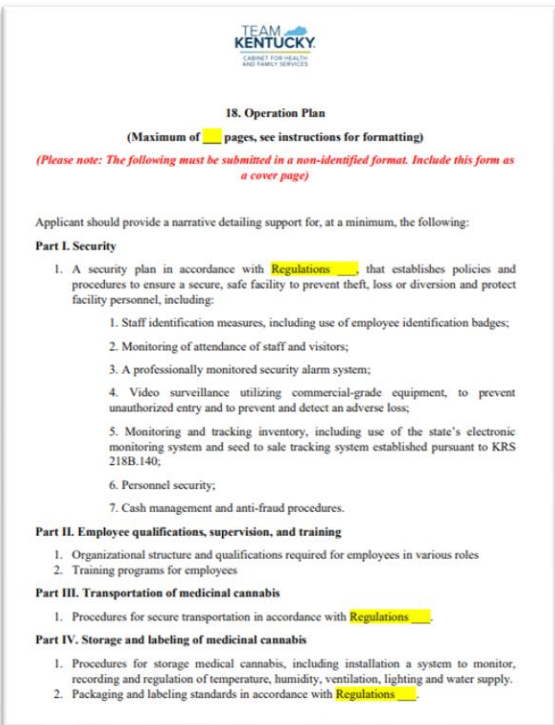
### 8. Operational plan\* (continued)

Here the applicant should upload the **intended plan of operation** for the proposed cannabis business.

#### Accepted Documentation

Outline and summaries of how the proposed cannabis business intends to address, at a minimum, security; employee qualifications, supervision and training; transportation of medical cannabis; storage and labeling of medical cannabis; inventory management; recordkeeping; preventing unlawful diversion of medical cannabis; and workforce development and job creation.

#### Examples







## Business Information

### Documents

#### 9. If applicable, Management Service Agreement

Here the applicant should upload documentation of any **Management Service Agreement** in place for the proposed cannabis business, if applicable. See the **General Information** tab on page 21.

#### Application Portal

● Management Services Agreement(s) \* ⓘ UPLOAD +

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*  
*(t) Documentation of any management service agreement in place for the proposed cannabis business;*

#### Accepted Documentation

A copy of the management services agreement with the third-party management contractor(s).



# Applicant Information

## Primary Contact

The **Primary Contact** tab is where the applicant will provide contact information. This includes **first and last name, business title, phone number, email address, and a verified street address** for the primary contact for the application. Here the applicant will also provide information for any **individuals or entities that assisted with the preparation of the application** other than the primary contact.

### Application Portal

Applications / New Business License

GENERAL INFORMATION
LICENSE INFORMATION
LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES
PRIMARY CONTACT
INDIVIDUALS & ENTITIES OF INTEREST
PARENT COMPANY
ATTESTATIONS
DOCUMENTS
PAYMENT
REVIEW

Address Verified? \*  No ✓ VERIFY ADDRESS

This is required.

Entity or individual who assisted the applicant with preparing the application

Address Verified?  No ✓ VERIFY ADDRESS

SAVE
→ SAVE & NEXT
CANCEL

### Relevant Regulation

#### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(s) The name, mailing address, business title, phone number, and email address of the primary contact for the application as well as the name, address, and email address of any entity or individual who assisted the applicant with preparing the application;*



## Applicant Information

### Individuals & Entities of Interest

The **Individuals & Entities of Interest** tab is where the applicant will identify and provide contact information for all individuals and entities with at least ten percent (10%) equity or similar interest in the proposed cannabis business, as well as any Principal Officers, Board Members, and Financial Sources without an ownership interest. The section is also used to identify any physician or advanced practice registered nurses (APRNs) with an ownership or investment interest in or a compensation agreement with the proposed cannabis business.

Individuals are required to provide the full name, phone number, email address, and a verified residence and mailing street address, in addition to a driver’s license number, date of birth, and social security number. Here the applicant will also indicate the role and ownership percentage that the individual holds in the proposed cannabis business.

Entities are required to provide an entity name and any business names, including DBAs (if applicable), in addition to the entity type, FEIN number, phone number, and email address, with a verified street and mailing address. Here the applicant will also indicate the role and ownership percentage that the entity holds in the proposed cannabis business. Entities must also provide information for a primary contact/responsible person, including a first and last name, business title, phone number and email address, with a verified street address.

### Application Portal

This section allows for multiple individuals and entities to be entered. Each individual or entity will be entered into a separate grid, which requires pushing a **SAVE RECORD** button before continuing with the next entry. The **SAVE RECORD** button will add the entry. The **SAVE** button at the bottom of this page will save your progress on the page in case you need to exit the system and come back later to complete the application. If you need to edit or remove an entry, make sure all open records have been saved first. The form will adjust information fields based on the **type of record** selected.



# Applicant Information

## Individuals & Entities of Interest (continued)

The **Individuals & Entities of Interest** tab is where the applicant will identify and provide contact information for all individuals and entities with at least ten percent (10%) equity or similar interest in the application, as well as any Principal Officers, Board Members, and Financial Sources without an ownership interest. The section is also used to identify any physician or advanced registered nurses (ARNs) with ownership or investment interest in a compensation agreement with the proposed cannabis business license.

### Application Portal

**Individual (Owner or Non-Owner) Form Fields**

Use this section to identify all individuals and entities that have at least 10% equity or similar interest in the application as well as any Principal Officers, Board Members, and Financial Sources without an ownership interest. Use this section to also identify any physician or advanced practice registered nurse that has an ownership or investment interest in or compensation agreement with the proposed cannabis business.

**Applicant Information**

Application of owner\*  
 Individual (Owner or Non-Owner)

**Individual**

Last First Name\* Last Middle Initial\* Last Last Name\*  
 SSN\* Phone Number (Country)\* Phone Number (City)\*  
 Business Connection (if applicable) \* Business Connection (City/State)\*  
 Board/Security Position\* Role/Percent of that apply\*  
 Email Address\* Ownership Percentage of this business application\*  
**Residence Street Address**  
 Street\* City\* State\* Zip Code\*  
 Address Verified\* [Verify Address]  
**Mailing Address**  
 Street\* City\* State\* Zip Code\*  
 Address Verified\* [Verify Address]

**Entity (Owner or Non-Owner) Form Fields**

Use this section to identify all individuals and entities that have at least 10% equity or similar interest in the application as well as any Principal Officers, Board Members, and Financial Sources without an ownership interest. Use this section to also identify any physician or advanced practice registered nurse that has an ownership or investment interest in or compensation agreement with the proposed cannabis business.

**Applicant Information**

Application of owner\*  
 Entity (Owner or Non-Owner)

**Entity**

Entity Name\*  
 SSN\* Phone Number\* State\*  
 Street Address\* Ownership Percentage of this business application\*  
**Street Address**  
 Street\* City\* State\* Zip Code\*  
 Address Verified\* [Verify Address]  
**Mailing Address**  
 Street\* City\* State\* Zip Code\*  
 Address Verified\* [Verify Address]

**Entity's Primary Contact/Responsible Person**

First Name\* Last Name\* Business Title\*  
 Phone Number\* Email Address\* Street Address\*  
 City\* State\* Zip Code\*  
 Address Verified\* [Verify Address]

### Relevant Regulation

#### 915 KAR 1:010E, Section 3(5):

- The applicant shall submit the following in the initial license application:
- (j) The name and address of any physician or advanced practice registered nurse that has an ownership or investment interest in or compensation agreement with the proposed cannabis business as well as any additional information required by the cabinet;
  - (n) A description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business;



## Applicant Information

### Parent Company

The **Parent Company** tab is where the applicant will indicate if a parent company has ownership or control of the proposed cannabis business. If yes, the applicant will include the legal **entity name** and any **business names, including DBAs (if applicable)**, in addition to the **relationship/title, email address, phone number, FEIN number, and verified physical and mailing address** for the parent company. Here the applicant will also indicate the **ownership percentage** that the parent company holds in the proposed cannabis business.

Entities must also provide information for individual owners of the parent company, including the **first and last name, relationship/title, verified residential and mailing address, and ownership percentage** that the individual owner holds of the parent company.

### Application Portal

Applications / New Business License

GENERAL INFORMATION
LICENSE INFORMATION
LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES
PRIMARY CONTACT
INDIVIDUALS & ENTITIES OF INTEREST
PARENT COMPANY
ATTESTATIONS
DOCUMENTS
PAYMENT
REVIEW

Enter information about Parent Company(ies) and Parent Company Individuals with ownership in the Cannabis Business Applicant.

Does a Parent Company have ownership or control in this Cannabis business? \*

Yes

No

**Parent Company Details**

Legal Entity Name *	Business Name or DBA's (if applicable)	Relationship/Title *
Email Address *	Phone Number *	FEIN *
Ownership Percentage of this Business Application *		

**Parent Company Business Physical Address**

Street Address *	Unit No. / Apt No.	City *
State *	Zip Code *	

Address Verified? \*  No ✓ VERIFY ADDRESS

This is required.

**Parent Company Mailing Address**

COPY FROM PHYSICAL STREET ADDRESS



## Applicant Information

### Parent Company (continued)

The **Parent Company** tab is where the applicant will indicate if a parent company has ownership or control of the proposed cannabis business. If yes, the applicant will include the legal **entity name** and any **business names, including DBAs (if applicable)**, in addition to the **relationship/title, email address, phone number, FEIN number, and verified physical and mailing address** for the parent company. Here the applicant will also indicate the **ownership percentage** that the parent company holds in the proposed cannabis business.

Entities must also provide information for individual owners of the parent company, including the **first and last name, relationship/title, verified residential and mailing address, and ownership percentage** that the individual owner holds of the parent company.

### Relevant Regulation

#### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(g) Disclosure of any parent company or parent individual that has an ownership interest in the proposed cannabis business and each identified individual or entity's ownership percentage as well as any additional information required by the cabinet;*



# Applicant Information

## Documents

Applicants must upload the following documentation relevant to the individuals and entities involved in the proposed cannabis business in the **Documents** tab. These documents can be uploaded and saved at any time during the application process. It is recommended that applicants gather all required documentation prior to uploading.

- Resumes or Curricula Vitae of Principal Officers and Board Members\*
- Ownership Organizational Structure Document\*
- Description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business\*

### Application Portal

\*-Required Documentation

Applications / New Business License

GENERAL INFORMATION
LICENSE INFORMATION
LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES
PRIMARY CONTACT
INDIVIDUALS & ENTITIES OF INTEREST
PARENT COMPANY
ATTESTATIONS
DOCUMENTS
PAYMENT
REVIEW

Each attachment must be uploaded using the corresponding document upload link below. Please reference the included Pro Tips for document requirements and helpful information. You may upload up to 20 documents in each category. Each document must be 25MB or less.

● Resumes or Curricula Vitae of Principal Officers and Board Members * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Business Entity Formation Documents * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Site Plan * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Financial Plan * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Ownership Organizational Structure Document * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● If applicable, summary of prior business experience ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Summary of the intended plan of operation * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● A timeline showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the state * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Documentation of sufficient capital available * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+
● Notarized Application Signature Page * ⓘ	<span style="background-color: #28a745; color: white; padding: 2px 5px;">UPLOAD</span>	+

SAVE
→ SAVE & NEXT
CANCEL



## Applicant Information

### Documents

#### 10. Resumes or Curricula Vitae of Principal Officers and Board Members\*

Here the applicant should upload a **curricula vitae (CV) or resume for each principal officer and board member** of the proposed cannabis business.

#### Application Portal

● Resumes or Curricula Vitae of Principal Officers and Board Members \* ⓘ UPLOAD +

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*  
*(e) The name, address, date of birth, and curricula vitae or resume of each principal officer and board member of the proposed cannabis business as well as any additional information required by the cabinet;*

#### Accepted Documentation

Supporting documents uploaded to the portal may include:

- Resumes
- Curriculum vitae





# Applicant Information

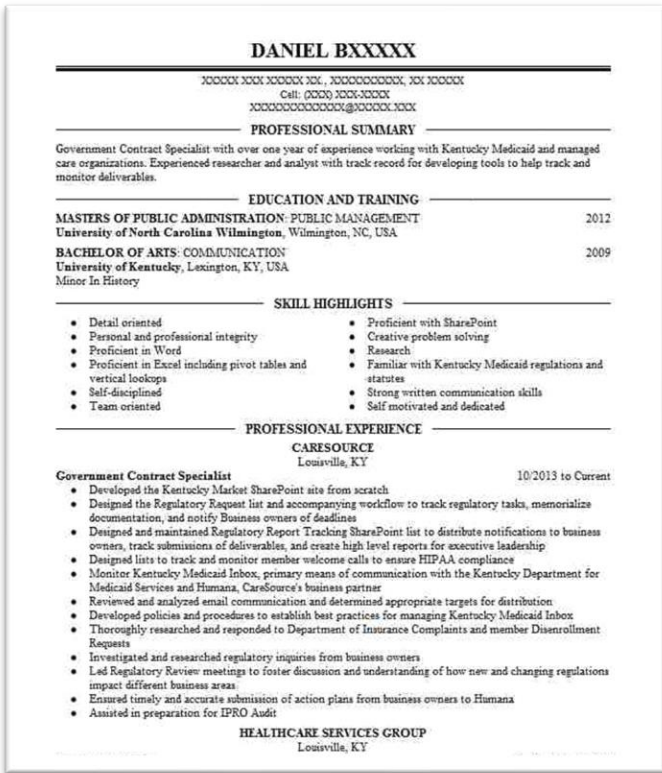
## Documents

### 10. Resumes or Curricula Vitae of Principal Officers and Board Members\* (continued)

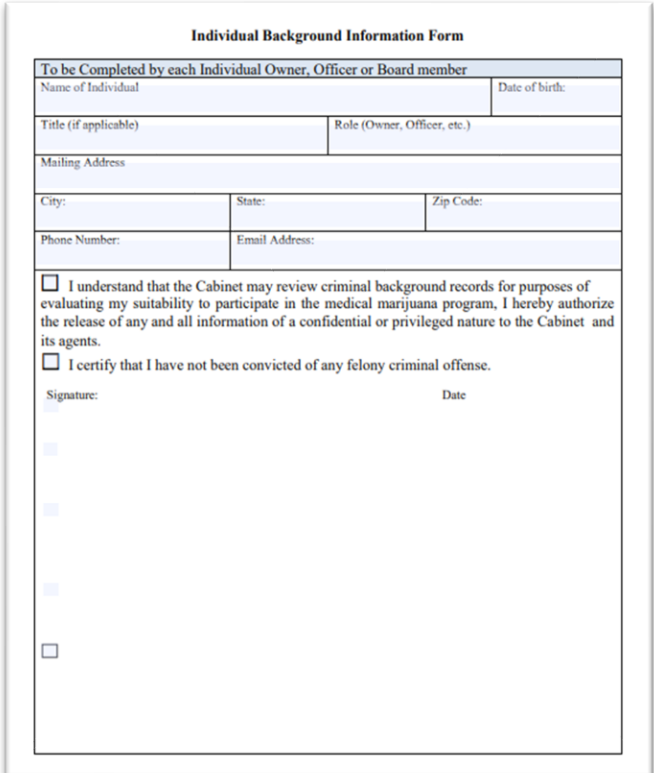
Here the applicant should upload a **curricula vitae (CV) or resume for each principal officer and board member** of the proposed cannabis business.

#### Examples

- [Example 1 – Resume](#)
- [Example 2 – Board Member or Principal Officer Basic Information](#)



Example 1



Example 2



# Applicant Information

## Documents

### 11. Ownership Organizational Structure Document\*

Here the applicant should upload a document illustrating the **ownership organizational structure** of the proposed cannabis business.

#### Application Portal



#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

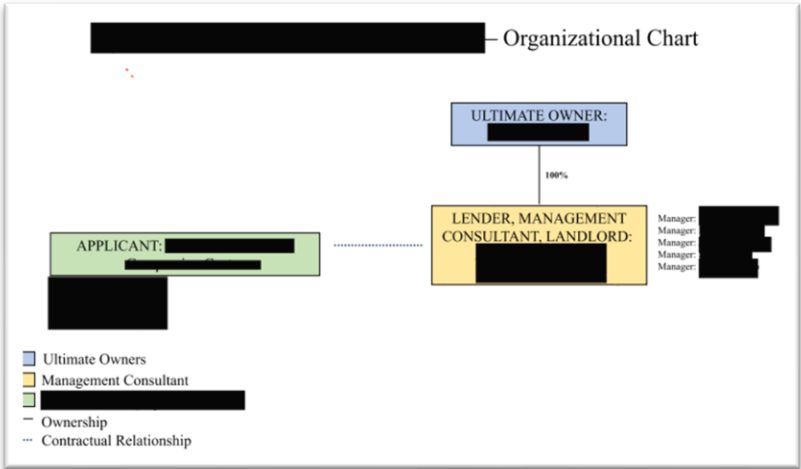
*The applicant shall submit the following in the initial license application:  
 (h) A document showing the ownership organizational structure of the proposed cannabis business;*

#### Accepted Documentation

A visual diagram or chart showing the ownership structure of the applicant's proposed cannabis business, including any parent, affiliate, and subsidiary companies.

#### Examples

- Example 1 – Organizational Chart





## Applicant Information

### Documents

#### 12. Duties of officers, board members, and employees\*

Here the applicant should upload a document with a **summary description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest** in the proposed cannabis business who are not involved in the day-to-day operations of the business.

#### Application Portal

● Description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business \* ⓘ UPLOAD +

#### Relevant Regulation

##### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:*

*(n) A description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business;*

#### Accepted Documentation

- Document outlining the division of duties and responsibilities amongst key individuals involved in the operation of the proposed cannabis business.
- Document outlining any duties and responsibilities of any individual or entity with a financial interest in the business.



# Applicant Information

## Documents

### 12. Duties of officers, board members, and employees\* (continued)

Here the applicant should upload a document with a **summary description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest** in the proposed cannabis business who are not involved in the day-to-day operations of the business.

#### Examples

- Example 1 – List of Roles and Duties

**ROLES AND DUTIES**

The Company intends on hiring the roles outlined below to operate its [redacted]. When such a position has already been filled, the Company will indicate the name of the individual who has filled it and affix a copy of their resume to this document.

```

graph TD
    Board[Board of Directors] -.-> MC[Management Consultant]
    Board --> GM[General Managers (2)]
    GM --> PSR[Patient Services Representatives]
    GM --> DS[Director of Security]
    GM --> CO[Compliance Officer]
    DS --> SA[Security Agents]
    CO --> IM[Inventory Manager]
    IM --> IA[Inventory Associates]
    
```

<b>Role:</b> General Manager	<b>Number of Hires:</b> 2
<p>The General Manager is responsible for the execution of [redacted] and sales operations and delivering consistent, best-in-class patient experiences that drive profitable top line sales. All General Manager duties and responsibilities must be executed with a commitment to the values of the Company and in a manner that supports our team, patients, and communities.</p> <p>Duties:</p> <ul style="list-style-type: none"> <li>Hire a diverse staff for the [redacted] by recruiting top talent with a diverse set of skills among candidates.</li> <li>Provide consistent, focused coaching and mentorship to drive desired behaviors and maximize staff success.</li> <li>Work to ensure consistent onboarding, training and professional development is delivered.</li> <li>Create work schedules that optimize employee time and talent; plan and organize employee workload and assignments; and evaluate employee performance, create remedial plans to address staff deficiencies and impose appropriate disciplinary measures to address prohibited or undesirable staff conduct.</li> <li>Analyze key business metrics, create action plans and achieve buy-in from the team.</li> <li>Maintain effective P&amp;L management by driving sales growth by managing expenses, budgets, deposits and accounts receivable.</li> <li>Oversee execution of all retail operations, including workforce management and inventory reconciliation.</li> <li>Ensures all technology solutions are working and functioning as designed.</li> <li>Work with Security and Compliance agents to ensure diversion/theft/loss prevention security policies and practices are being followed.</li> <li>Develop expertise in all [redacted] rules, regulations and laws.</li> <li>Execute and enforce compliance, according to state laws.</li> </ul>	



# Legal and Payment Information

## Attestations

The **Attestations** tab is where the applicant will attest, indicating yes or no, to statements regarding any **criminal history or offenses, financial investments, location and security assurances, property entrance and data permissions, insurance and liability, trainings, and standard operating procedures.** Here the applicant will also attest to **comply with the applicable laws and administrative regulations** of the state regarding medical cannabis businesses. The applicant will provide the name of the individual submitting the application with the date of completion.

### Application Portal

Applications / New Business License

GENERAL INFORMATION   LICENSE INFORMATION   LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES   PRIMARY CONTACT   INDIVIDUALS & ENTITIES OF INTEREST   PARENT COMPANY   **ATTESTATIONS**   DOCUMENTS   PAYMENT   REVIEW

Has any principal officer or board member of the Applicant been convicted of a felony criminal offense? \*

Yes

No

Has any of the Applicant's board members managed or served on the board of a business or not-for-profit entity that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding? \*

Yes

No

Applicant attests that all physicians or advanced practice registered nurses that have any ownership or investment interest in or compensation agreement with the Applicant's proposed cannabis business have been disclosed on the Individuals & Entities of Interest tab of this application. \*

Yes

No

Applicant attests that the site of its proposed cannabis business is not within one thousand (1,000) feet of an existing elementary or secondary school or a daycare center. \* ⓘ

Yes

No

Applicant attests that they can continuously maintain sufficient capital for operations of its cannabis business for, at a minimum, the term of the initial license. \*

Yes

No

Applicant attests that they can continuously maintain effective security, surveillance, and accounting control measures to prevent diversion, abuse, and other illegal conduct regarding medicinal cannabis \*

Yes

No

Applicant consents to the Cabinet for Health and Family Services verifying information provided in this application with any relevant governmental agency or third party. \*

Yes

No

If issued a license, the applicant attests that they will pay the applicable license fee within fifteen (15) calendar days of notification in a manner prescribed by the Cabinet for Health and Family Services. \*

Yes

No

If issued a license, the applicant attests that they will conduct a criminal background check into the criminal history of each person seeking to be a principal officer, board member, agent, volunteer, or employee of the cannabis business before that person begins work and shall not employ, take on as a volunteer, or have as a board member, principal officer, or agent any person who was convicted of a disqualifying felony offense or is younger than twenty-one (21) years of age. \* ⓘ

Yes

No

Applicant attests that they obtain and maintain workers' compensation insurance for all employees in the state and will pay all required employer contributions to the Kentucky Office of Unemployment Insurance. \*

Yes

No



## Legal and Payment Information

### Attestations (continued)

The **Attestations** tab is where the applicant will attest, indicating yes or no, to statements regarding any **criminal history or offenses, financial investments, location and security assurances, property entrance and data permissions, insurance and liability, trainings, and standard operating procedures**. Here the applicant will also attest to **comply with the applicable laws and administrative regulations** of the state regarding medical cannabis businesses. The applicant will provide the name of the individual submitting the application with the date of completion.

### Application Portal (continued)

Applicant attests that they will obtain and maintain commercial general liability insurance for \$1,000,000 per occurrence / \$2,000,000 per aggregate and commercial automobile insurance for any vehicle used to transport medicinal cannabis or medicinal cannabis products. \* ⓘ

Yes  
 No

Applicant attests that they will complete all trainings required by the Cabinet for Health and Family Services for the proposed cannabis business's principals, agents, employees, and volunteers as provided in KRS Chapter 218B and administrative regulations promulgated thereunder. \*

Yes  
 No

Applicant attests that they will establish any standard operating procedures required by KRS Chapter 218B and administrative regulations promulgated thereunder prior to the first date of cannabis business activities in the state, including those specific to its cannabis business category. The standard operating procedures that apply to cannabis businesses include but are not limited to security; recordkeeping; employee qualifications, supervision, and training; quality assurance; adverse event reporting and recall; waste disposal and sanitation; transportation of medicinal cannabis; inventory management; cash management and anti-fraud procedures; and preventing unlawful diversion of medicinal cannabis. \* ⓘ

Yes  
 No

Applicant consents to sharing medicinal cannabis sales data with law enforcement. \*

Yes  
 No

Applicant attests that they will use the state's designated electronic monitoring system and seed to sale tracking system in the manner prescribed by the Cabinet. \*

Yes  
 No

Applicant attests and confirms that they have disclosed all individuals and entities with an ownership interest of at least 10% equity or similar interest in the proposed cannabis business as well as any parent company(es) and parent company individuals with an ownership interest in its proposed cannabis business. \*

Yes  
 No

Applicant consents to reasonable inspections, examinations, searches, and seizures as contemplated by KRS Chapter 218B and applicable administrative regulations promulgated thereunder. \* ⓘ

Yes  
 No

Applicant attests that they will comply with all applicable laws and administrative regulations of the state regarding medicinal cannabis and cannabis businesses. \* ⓘ

Yes  
 No

Applicant swears and affirms that all information and documentation provided to the Cabinet for Health and Family Services with this initial license application is true and correct. \*

Yes  
 No

Applicant understands and acknowledges that a false statement made in this application to the Cabinet for Health and Family Services is punishable under the applicable provisions of KRS 523.100. \*

Yes  
 No



## Legal and Payment Information

### Attestations (continued)

The **Attestations** tab is where the applicant will attest, indicating yes or no, to statements regarding any **criminal history or offenses, financial investments, location and security assurances, property entrance and data permissions, insurance and liability, trainings, and standard operating procedures.** Here the applicant will also attest to **comply with the applicable laws and administrative regulations** of the state regarding medical cannabis businesses. The applicant will provide the name of the individual submitting the application with the date of completion.

### Application Portal (continued)

A screenshot of a web application form. It features two input fields: "Name of Individual Submitting Application \*" and "Submission Date \*". The date field contains "03/03/2024" and has a calendar icon. Below the form are three buttons: "SAVE" (with a floppy disk icon), "SAVE & NEXT" (with a right arrow icon), and "CANCEL".

### Relevant Regulation

#### 915 KAR 1:010E, Section 3(5):

*The applicant shall submit the following in the initial license application:  
(v) An attestation that: [1 through 18]*



## Legal and Payment Information

### Documents

Applicants must upload a **notarized signature page** for the application, in addition to the following documentation relevant to **any criminal history of individuals or entities** involved in the proposed business in the **Documents** tab. These documents can be uploaded and saved at any time during the application process. It is recommended that applicants gather all required documentation prior to uploading.

- Disclosure of Criminal History of Applicant’s Principal Officer and Board Member (if applicable)
- Instances of Adverse Actions Taken Against Businesses that Prospective Board Member Managed or Served on the Board (if applicable)
- Notarized Signature Page\*

### Application Portal

*\*-Required Documentation*

Each attachment must be uploaded using the corresponding document upload link below. Please reference the included Pro Tips for document requirements and helpful information. You may upload up to 20 documents in each category. Each document must be 25MB or less.

Resumes or Curricula Vitae of Principal Officers and Board Members *	UPLOAD	+
Disclosure of Principal Officers and Board Members regarding Criminal History Document *	UPLOAD	+
Summary of any instances where Applicant's board member(s) previously served on a board for a business or not-for-profit entity that was convicted, fined, censured, or had a registration or license suspended or revoked in administrative or judicial proceeding *	UPLOAD	+
Business Entity Formation Documents *	UPLOAD	+
Site Plan *	UPLOAD	+
Existing Lease or Deed or Contingent Agreement *	UPLOAD	+
Management Services Agreement(s) *	UPLOAD	+
Financial Plan *	UPLOAD	+
Ownership Organizational Structure Document *	UPLOAD	+
If applicable, summary of prior business experience	UPLOAD	+
Summary of the intended plan of operation *	UPLOAD	+
A timeline showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the state *	UPLOAD	+
Documentation of sufficient capital available *	UPLOAD	+
Description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business *	UPLOAD	+
Notarized Application Signature Page *	UPLOAD	+

SAVE    → SAVE & NEXT    CANCEL



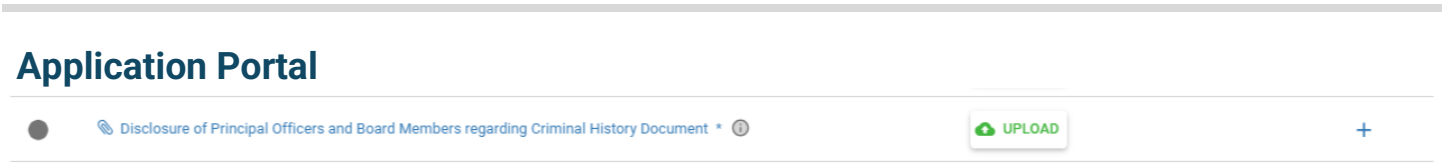


## Legal and Payment Information

### Documents

#### 13. Felony offenses of officers or board members (if applicable)

Here the applicant must upload a **Disclosure of Criminal History of Applicant’s Principal Officer and Board Member Form** if any principal officers or board members of the proposed cannabis business have been convicted of a felony offense.



#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:  
(k) Disclosure of whether any principal officer or board member of the applicant has been convicted of a felony criminal offense, and if so, a description of each felony offense;*

#### Accepted Documentation

Information must be provided via the **Cabinet’s Disclosure of Criminal History of Applicant’s Principal Officer and Board Member form**. The Disclosure form is available for download on the website for the Kentucky Medical Cannabis Program (<https://kymedcan.ky.gov/>) or in the Appendix and may be signed electronically.



## Legal and Payment Information

### Documents

#### 14. Instances of Adverse Actions Taken Against Businesses that Prospective Board Member Managed or Served on the Board (if applicable)

Here the applicant should upload a **summary of any instances in which a business or not-for-profit entity that any of the applicant’s board members managed or served on the board of was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding.**

#### Application Portal

#### Relevant Regulation

**915 KAR 1:010E, Section 3(5):**

*The applicant shall submit the following in the initial license application:*  
*(l) Disclosure of any instances in which a business or not-for-profit entity that any of the applicant’s board members managed or served on the board of was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding;*  
**See also KRS 218B.085(2)(d).**

#### Accepted Documentation

Narrative summary explaining any of these instances, including identification of the business or not-for-profit entity involved, a description of the adverse action taken and by whom, and an explanation of the reasons the adverse action was taken.

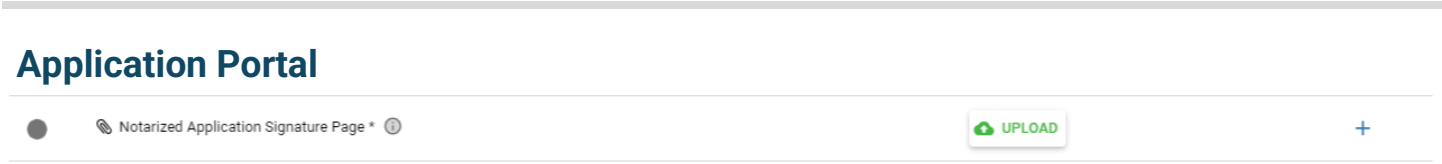


## Legal and Payment Information

### Documents

#### 15. Notarized signature page\*

Here the applicant should upload a **notarized application signature page**. The signature page must be hand signed by the applicant before a notary and contain a notary certificate.



#### Relevant Regulation

##### 915 KAR 1:010E, Section 3(5):

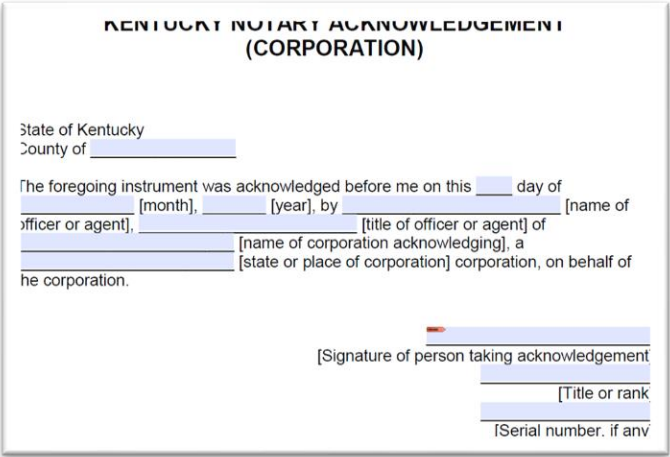
The applicant shall submit the following in the initial license application:  
(u) A notarized signature page signed by the applicant;

#### Accepted Documentation

The Application Signature Page is available for download and printing on the website for the Kentucky Medical Cannabis Program (<https://kymedcan.ky.gov/>) and available in the Appendix.

#### Examples

- Example 1 – Notary Acknowledgement





## Legal and Payment Information

### Payment

The **Payment** tab is where the applicant will select what method of payment will be used to submit the application fee. The application fee can be paid using credit card or ACH/echeck. Applicants will be prompted to provide the method of payment selected here following final review and submission of the completed application.

### Application Portal

Applications / New Business License

GENERAL INFORMATION LICENSE INFORMATION LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES PRIMARY CONTACT INDIVIDUALS & ENTITIES OF INTEREST PARENT COMPANY ATTESTATIONS DOCUMENTS **PAYMENT** REVIEW

You will be transferred to the payment collection portal on submission.

Payment Options \*

Credit Card

ACH/echeck

### Accepted Documentation

Not applicable



# Legal and Payment Information

## Review

The **Review** tab is where the applicant will view the completed application and address any missing information. Fields with missing or incomplete information will contain a **red X**. Be sure to **review all fields and uploads** before submitting the application. **Once you have submitted an application through the online portal, you will not be able to make any edits or changes.**

### Application Portal

Applications / New Business License

GENERAL INFORMATION

LICENSE INFORMATION

LOCATION INFORMATION FOR CANNABIS BUSINESS ACTIVITIES

PRIMARY CONTACT

INDIVIDUALS & ENTITIES OF INTEREST

PARENT COMPANY

ATTESTATIONS

DOCUMENTS

PAYMENT

REVIEW

Warning: If any items are marked with a red X you will not be able to file your application. Confirm the completeness and accuracy of your application before filing.

**General Information**

<input type="checkbox"/> Legal Business Name:	<input type="checkbox"/> Business Type:	<input type="checkbox"/> Trade Name (DBAs):
<input type="checkbox"/> Federal Tax ID:	<input type="checkbox"/> Kentucky Secretary of State Organization Number:	<input type="checkbox"/> Website:
<input type="checkbox"/> Email Address:	<input type="checkbox"/> Phone Number:	<input type="checkbox"/> Do you have a management service agreement in place?:

**License Information**

License Type:

**Location Information for cannabis business activities**

**Physical Street Address**

<input type="checkbox"/> Street:	<input type="checkbox"/> Unit No / Apt No:	<input type="checkbox"/> City:
<input type="checkbox"/> County:	<input type="checkbox"/> Region:	<input type="checkbox"/> State:
<input type="checkbox"/> Zip Code:	<input type="checkbox"/> Location - Latitude:	<input type="checkbox"/> Location - Longitude:
<input type="checkbox"/> Address Verified?: No		

**Business Mailing Address**

<input type="checkbox"/> Street:	<input type="checkbox"/> Unit No / Apt No:	<input type="checkbox"/> City:
<input type="checkbox"/> State:	<input type="checkbox"/> Zip Code:	
<input type="checkbox"/> Address Verified?: No		
<input type="checkbox"/> Do you have an existing lease or deed for the site and location that you have identified for conducting cannabis business activities?:		
<input type="checkbox"/> Are you entering into a Contingent Agreement to lease or purchase the property identified for cannabis business activities subject to receiving a license?:		
<input type="checkbox"/> Are you located within 1000 feet of the nearest property boundary line of a school or daycare?:		

**Primary Contact**

<input type="checkbox"/> First Name:	<input type="checkbox"/> Last Name:	<input type="checkbox"/> Business Title:
<input type="checkbox"/> Phone Number:	<input type="checkbox"/> Email Address:	
<input type="checkbox"/> Street:	<input type="checkbox"/> Unit No / Apt No:	<input type="checkbox"/> City:
<input type="checkbox"/> State:	<input type="checkbox"/> Zip Code:	





## Legal and Payment Information

### Review

The **Review** tab is where the applicant will view the completed application and address any missing information. Fields with missing or incomplete information will contain a **red X**. Be sure to **review all fields and uploads** before submitting the application. **Once you have submitted an application through the online portal, you will not be able to make any edits or changes.**

### Application Portal (continued)

Attestations

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- Has any principal officer or board member of the Applicant been convicted of a felony criminal offense?:
- Has any of the Applicant's board members managed or served on the board of a business or not-for-profit entity that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding?:
- Applicant attests that all physicians or advanced practice registered nurses that have any ownership or investment interest in or compensation agreement with the Applicant's proposed cannabis business have been disclosed on the Individuals & Entities of Interest tab of this application. :
- Applicant attests that the site of its proposed cannabis business is not within one thousand (1,000) feet of an existing elementary or secondary school or a daycare center.:
- Applicant attests that they can continuously maintain sufficient capital for operations of its cannabis business for, at a minimum, the term of the initial license.:
- Applicant attests that they can continuously maintain effective security, surveillance, and accounting control measures to prevent diversion, abuse, and other illegal conduct regarding medicinal cannabis:
- Applicant consents to the Cabinet for Health and Family Services verifying information provided in this application with any relevant governmental agency or third party.:
- If issued a license, the applicant attests that they will pay the applicable license fee within fifteen (15) calendar days of notification in a manner prescribed by the Cabinet for Health and Family Services.:
- If issued a license, the applicant attests that they will conduct a criminal background check into the criminal history of each person seeking to be a principal officer, board member, agent, volunteer, or employee of the cannabis business before that person begins work and shall not employ, take on as a volunteer, or have as a board member, principal officer, or agent any person who was convicted of a disqualifying felony offense or is younger than twenty-one (21) years of age. :
- Applicant attests that they obtain and maintain workers' compensation insurance for all employees in the state and will pay all required employer contributions to the Kentucky Office of Unemployment Insurance.:
- Applicant attests that they will obtain and maintain commercial general liability insurance for \$1,000,000 per occurrence / \$2,000,000 per aggregate and commercial automobile insurance for any vehicle used to transport medicinal cannabis or medicinal cannabis products.:
- Applicant attests that they will complete all trainings required by the Cabinet for Health and Family Services for the proposed cannabis business's principals, agents, employees, and volunteers as provided in KRS Chapter 218B and administrative regulations promulgated thereunder.:
- Applicant attests that they will establish any standard operating procedures required by KRS Chapter 218B and administrative regulations promulgated thereunder prior to the first date of cannabis business activities in the state, including those specific to its cannabis business category. The standard operating procedures that apply to cannabis businesses include but are not limited to security; recordkeeping; employee qualifications, supervision, and training; quality assurance; adverse event reporting and recall; waste disposal and sanitation; transportation of medicinal cannabis; inventory management; cash management and anti-fraud procedures; and preventing unlawful diversion of medicinal cannabis.:
- Applicant consents to sharing medicinal cannabis sales data with law enforcement. :
- Applicant attests that they will use the state's designated electronic monitoring system and seed to sale tracking system in the manner prescribed by the Cabinet.:
- Applicant attests and confirms that they have disclosed all individuals and entities with an ownership interest of at least 10% equity or similar interest in the proposed cannabis business as well as any parent company(ies) and parent company Individuals with an ownership interest in its proposed cannabis business.:
- Applicant consents to reasonable inspections, examinations, searches, and seizures as contemplated by KRS Chapter 218B and applicable administrative regulations promulgated thereunder.:
- Applicant attests that they will comply with all applicable laws and administrative regulations of the state regarding medicinal cannabis and cannabis businesses.:
- Applicant swears and affirms that all information and documentation provided to the Cabinet for Health and Family Services with this initial license application is true and correct.:
- Applicant understands and acknowledges that a false statement made in this application to the Cabinet for Health and Family Services is punishable under the applicable provisions of KRS 523.100.:

Name of Individual Submitting Application:  Submission Date: 03/03/2024



## Legal and Payment Information

### Review

The **Review** tab is where the applicant will view the completed application and address any missing information. Fields with missing or incomplete information will contain a **red X**. Be sure to **review all fields and uploads** before submitting the application. **Once you have submitted an application through the online portal, you will not be able to make any edits or changes.**

#### Application Portal (continued)

Name of Individual Submitting Application: ✓ Submission Date: 03/03/2024

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**Documents**

<input type="checkbox"/> Resumes or Curricula Vitae of Principal Officers and Board Members:	No Document present
<input type="checkbox"/> Business Entity Formation Documents:	No Document present
<input type="checkbox"/> Site Plan:	No Document present
<input type="checkbox"/> Financial Plan:	No Document present
<input type="checkbox"/> Ownership Organizational Structure Document:	No Document present
If applicable, summary of prior business experience:	No Document present
<input type="checkbox"/> Summary of the intended plan of operation:	No Document present
<input type="checkbox"/> A timeline showing the steps and estimated amount of time the applicant will take to begin cannabis business activities in the state:	No Document present
<input type="checkbox"/> Documentation of sufficient capital available:	No Document present
<input type="checkbox"/> Description of the duties, responsibilities, and roles of each principal officer, board member, employee, and any other individual or entity with a financial interest in the proposed cannabis business who are not involved in the day-to-day operations of the business:	No Document present
<input type="checkbox"/> Notarized Application Signature Page:	No Document present

---

**Payment**

Payment Options:

### Application submission

Once the applicant has carefully reviewed all of the application fields and uploads provided in the **Review** tab and determines that all information and documentation is correct, the applicant can select Submit to send the final application to the Cabinet for review. The applicant will be unable to submit the application with any missing required information.

Selecting Submit will prompt payment for the application fee using the method selected in the **Payment** tab. The application will not be processed if payment for the application fee is incomplete.



## Appendix

### References and Terms

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For definitions of various terms used throughout this Guide, please refer to KRS 218B.010 (“Definitions for chapter”) and 915 KAR 1:001 (“Definitions for 915 KAR Chapter 1”).

### Resources

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1. **Business License Applicant Check List**
2. **Medical Cannabis Dispensary Licensing Regions**
3. **Website Resources**

### Documents and Forms

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1. **Attestations**
2. **Notarized Signature Form**
3. **Disclosure of Felony Offense**

## Business Licensing Application Checklist

### Initial Setup

- Internet
- Computer
- Internet Browser (Google Chrome preferred)
- Active email account

### General Information

- Legal Business Name
- Applicant email address
- Business type
- Phone Number
- Trade Name(s) (DBAs)
- Website (If Applicable)
- Federal Tax ID
- Kentucky Secretary of State number

### Primary Contact

*The primary contact for the application must submit:*

- First Name, Last Name, Business Title
  - Phone Number
  - Email
  - Street, County, Zip Code, Region, City, State
- An entity or individual who assisted the applicant with preparing the application the following must provide:*
- First Name, Last Name
  - Email
  - Street, County, Zip Code, Region, City, State

### License Information

- Category of business license requested

### Location Information

*Physical Street Address*

- Street, County, Zip Code, Region, City, State
- Global Positioning System (GPS) coordinates of proposed location

*Business Mailing Address*

- Street, County, Zip Code, Region, City, State

### Parent Company (If Applicable)

- Legal Entity Name
- Business Name (Doing Business As)
- Relationship/Title to proposed business
- Email address
- Phone number
- FEIN
- Ownership percentage of the applicant business
- Physical Address
- Mailing Address
- Owner Residential Address
- Parent Company Individuals
  - First Name
  - Last Name
  - Ownership Percentage of Parent Company
  - Relationship/Title

## Business Licensing Application Checklist (continued)

### Individuals & Entities of Interest

All individuals and entities that have at least 10% equity or similar interest in the applicant as well as any Principal Officers, Board Members, and Financial Sources without an ownership interest.

#### Entity

- Entity Name
- FEIN
- Email address
- Business Name (DBAs)
- Entity Type
- Phone Number
- Role
- Email Address
- Ownership Percentage
- Street Address
- Mailing Address

#### Individual

- Legal Name
- Phone Number
- State ID Issuing State
- ID Number
- Date of Birth
- Social Security Number
- Role
- Email Address
- Ownership Percentage
- Residence Street Address
- Mailing Address

### Attestations

- Applicants must truthfully answer to all attestations in the application and provided in the Appendix .

### Supporting Documents

#### Business Information

- Business Entity Formation Documents
- Site Plan
- Financial Plan
- If applicable, summary of prior business experience
- Operational Plan
- Timeline showing steps and estimated amount of time it will take to begin cannabis operations
- Documentation of Sufficient capital available
- If applicable, management service agreement

#### Applicant Information

- Curricula vitae or resume of each principal officer and board member of the proposed cannabis business\*
- Ownership Organizational Structure Document\*
- A description of the duties, responsibilities, and roles of each principal officer, board member, employee, and other individual or entity with financial interest in the business not involved in daily operations\*

#### Attestations

- Felony Offense of Officers or Board Members Disclosure Form (if applicable)
- Instances of Adverse Actions Taken Against Businesses that Prospective Board Member Managed or Served on the Board (if applicable)
- Notarized Signature Page\*

# Medical Cannabis Dispensary Licensing Regions

Medical Cannabis Dispensary Licensing Regions



<p><b>Region 1 (Bluegrass):</b> Anderson, Bourbon, Boyle, Clark, Fayette, Franklin, Garrard, Harrison, Jessamine, Madison, Mercer, Scott, and Woodford Total Population: 773,805 Households: 338,225 17 Years and Under: 170,170 18 Years and Older: 603,635</p>	<p><b>Region 2 (Kentuckiana):</b> Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble Total Population: 1,024,500 Households: 449,327 17 Years and Under: 227,694 18 Years and Older: 796,806</p>	<p><b>Region 3 (Northeast):</b> Bath, Boyd, Carter, Elliott, Fleming, Greenup, Lewis, Mason, Manifee, Montgomery, Morgan, Nicholas, Robertson, and Rowan Total Population: 258,581 Households: 115,449 17 Years and Under: 57,412 18 Years and Older: 201,169</p>	<p><b>Region 4 (South Central):</b> Allen, Barren, Butler, Edmonson, Logan, Metcalfe, Monroe, Simpson, and Warren Total Population: 298,662 Households: 131,688 17 Years and Under: 69,029 18 Years and Older: 228,394</p>
<p><b>Region 5 (Cumberland):</b> Bell, Casey, Clinton, Cumberland, Harlan, Knox, Laurel, Lincoln, McCreary, Pulaski, Rockcastle, Russell, Wayne, and Whitley Total Population: 371,308 Households: 172,525 17 Years and Under: 84,878 18 Years and Older: 286,430</p>	<p><b>Region 6 (Mountain):</b> Breathitt, Clay, Estill, Floyd, Jackson, Johnson, Knott, Lawrence, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Powell, and Wolfe Total Population: 323,611 Households: 151,257 17 Years and Under: 69,802 18 Years and Older: 253,809</p>	<p><b>Region 7 (Pennyrile):</b> Caldwell, Christian, Hopkins, Lyon, Muhlenberg, Todd, and Trigg Total Population: 196,732 Households: 87,090 17 Years and Under: 46,302 18 Years and Older: 150,430</p>	<p><b>Region 8 (West Kentucky)</b> Ballard, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, McCracken, and Marshall Total Population: 214,754 Households: 102,961 17 Years and Under: 45,863 18 Years and Older: 168,891</p>
<p><b>Region 9 (Lincoln Trail):</b> Adair, Breckinridge, Grayson, Green, Hardin, Hart, Larue, Marion, Meade, Nelson, Taylor, and Washington Total Population: 356,091 Households: 156,212 17 Years and Under: 84,202 18 Years and Older: 271,889</p>	<p><b>Region 10 (Northern Kentucky):</b> Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton Total Population: 476,871 Households: 199,276 17 Years and Under: 115,168 18 Years and Older: 361,703</p>	<p><b>Region 11 (Green River):</b> Davies, Hancock, Henderson, McLean, Ohio, Union, and Webster Total Population: 216,809 Households: 93,692 17 Years and Under: 51,416 18 Years and Older: 165,393</p>	<p><b>TEAM KENTUCKY</b> MEDICAL CANNABIS PROGRAM Spatial Analysis by: DGI Date Exported: 2/14/2024 2:37 PM</p>

## Website Resources

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For the following materials and tools, please visit the **Businesses** page on the Program website.

- Frequently Asked Questions (FAQs)
- Business License Types One-pager Summaries
- Interactive Zoning Tool
- Contact Us Form

## Attestations

All applicants are required to attest to the following statements at the time of application. **Note that certain attestations require additional supporting documentation based on the response provided.**

Yes	No	Attestation
		Applicant attests that the site of its proposed cannabis business is not within one thousand (1,000) feet of an existing elementary or secondary school or a daycare center.
		Applicant attests that they can continuously maintain sufficient capital for operations of its cannabis business for, at a minimum, the term of the initial license.
		Applicant attests that they can continuously maintain effective security, surveillance, and accounting control measures to prevent diversion, abuse, and other illegal conduct regarding medicinal cannabis.
		Applicant attests that they will comply with all applicable laws and administrative regulations of the state regarding medicinal cannabis and cannabis businesses.
		Applicant consents to the Cabinet for Health and Family Services verifying information provided in this application with any relevant governmental agency or third party.
		If issued a license, the applicant attests that they will pay the applicable license fee within fifteen (15) calendar days of notification in a manner prescribed by the Cabinet for Health and Family Services.
		If issued a license, the applicant attests that they will conduct a criminal background check into the criminal history of each person seeking to be a principal officer, board member, agent, volunteer, or employee of the cannabis business before that person begins work and shall not employ, take on as a volunteer, or have as a board member, principal officer, or agent any person who was convicted of a disqualifying felony offense or is younger than twenty-one (21) years of age.
If yes, additional documents required. See below.		Has any principal officer or board member of the Applicant been convicted of a felony criminal offense?
		Applicant attests and confirms that they have disclosed all individuals and entities with an ownership interest of at least 10% equity or similar interest in the proposed cannabis business as well as any parent

Yes	No	Attestation
		company(ies) and parent company individuals with an ownership interest in its proposed cannabis business.
		Applicant consents to reasonable inspections, examinations, searches, and seizures as contemplated by KRS Chapter 218B and applicable administrative regulations promulgated thereunder.
		Applicant attests that they obtain and maintain workers' compensation insurance for all employees in the state and will pay all required employer contributions to the Kentucky Office of Unemployment Insurance.
		Applicant attests that they will obtain and maintain commercial general liability insurance for \$1,000,000 per occurrence / \$2,000,000 per aggregate and commercial automobile insurance for any vehicle used to transport medicinal cannabis or medicinal cannabis products.
		For applicants seeking a safety compliance facility license, the applicant attests that one (1) or more of its prospective principal officers or board members are not a principal officer or board member of a cultivator, processor, producer, or dispensary applying to operate in Kentucky.
		For applicants seeking cultivator, processor, producer, or dispensary licenses, the applicant attests that one (1) or more of its prospective principal officers or board members are not a principal officer or board member of a safety compliance facility applying to operate in Kentucky.
		Applicant swears and affirms that all information and documentation provided to the Cabinet for Health and Family Services with this initial license application is true and correct.
		Applicant attests that they will establish any standard operating procedures required by KRS Chapter 218B and administrative regulations promulgated thereunder prior to the first date of cannabis business activities in the state, including those specific to its cannabis business category. The standard operating procedures that apply to cannabis businesses include but are not limited to security; recordkeeping; employee qualifications, supervision, and training; quality assurance; adverse event reporting and recall; waste disposal and sanitation; transportation of medicinal cannabis; inventory management; cash management and anti-fraud procedures; and preventing unlawful diversion of medicinal cannabis.
If yes, additional documents required.		Has any of the Applicant's board members managed or served on the board of a business or not-for-profit entity that was convicted, fined, censured, or had a registration or license suspended or revoked in any administrative or judicial proceeding?

Yes	No	Attestation
		Applicant attests that all physicians or advanced practice registered nurses that have any ownership or investment interest in or compensation agreement with the Applicant's proposed cannabis business have been disclosed on the Individuals & Entities of Interest tab of this application.
		Applicant attests that they will complete all trainings required by the Cabinet for Health and Family Services for the proposed cannabis business's principals, agents, employees, and volunteers as provided in KRS Chapter 218B and administrative regulations promulgated thereunder.
		Applicant consents to sharing medicinal cannabis sales data with law enforcement.
		Applicant attests that they will use the state's designated electronic monitoring system and seed to sale tracking system in the manner prescribed by the Cabinet.
		Applicant understands and acknowledges that a false statement made in this application to the Cabinet for Health and Family Services is punishable under the applicable provisions of KRS 523.100.



**CABINET FOR HEALTH AND FAMILY SERVICES  
KENTUCKY MEDICAL CANNABIS PROGRAM  
INITIAL APPLICATION FOR CANNABIS BUSINESS LICENSE**

**APPLICANT SIGNATURE PAGE**

I hereby verify and affirm that I am an authorized representative of the Applicant and have been given authority to execute this document on behalf of the Applicant. Further, I hereby verify and affirm on behalf of the Applicant that all of the information provided in and with this Initial Application for Cannabis Business License is true and accurate. I understand that if the Cabinet for Health and Family Services (CHFS) later determines any of the information provided in the Initial Application for Cannabis Business License to be false, misleading, or inaccurate, CHFS may suspend or revoke any cannabis business license issued to the Applicant.

By submitting this application, the Applicant further acknowledges and understands there is no guarantee to receive a cannabis business license from CHFS and that licenses in cannabis business categories will be issued pursuant to a lottery if the number of eligible applications in a category exceeds the maximum number of licenses available within that category following the close of the initial license application period. By signing below, the Applicant consents to entry into a license lottery in accordance with 915 KAR 1:020E, Section 3, and understands the risks associated with participation in a lottery.

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Printed Name of Applicant Authorized Representative

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Signature of Applicant Authorized Representative



STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The above named individual, \_\_\_\_\_, appeared before me to swear or affirm that the statements made in the Applicant's Initial Application for Cannabis Business License were true and correct to the best of his/her knowledge and belief this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Notary Public, State at Large  
My Commission Expires:

**CABINET FOR HEALTH AND FAMILY SERVICES  
KENTUCKY MEDICAL CANNABIS PROGRAM  
INITIAL APPLICATION FOR CANNABIS BUSINESS LICENSE**

**DISCLOSURE OF CRIMINAL HISTORY OF  
APPLICANT'S PRINCIPAL OFFICER OR BOARD MEMBER**

I, \_\_\_\_\_, am a principal officer or board member of  
\_\_\_\_\_, which is applying for a cannabis business license  
in the Commonwealth of Kentucky. I have been convicted of the following felony criminal  
offense(s) in the jurisdictions identified below:

**Description of felony offense and jurisdiction of conviction:**

I hereby verify and affirm that all of the information contained in this Disclosure form is true and  
accurate, and that I have disclosed all my prior felony convictions on this form.

\_\_\_\_\_  
Signature of Principal Officer or Board Member

Date:

