

Business Licensing Application Guide

2024

Foreword

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", written over a light blue circular 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.**

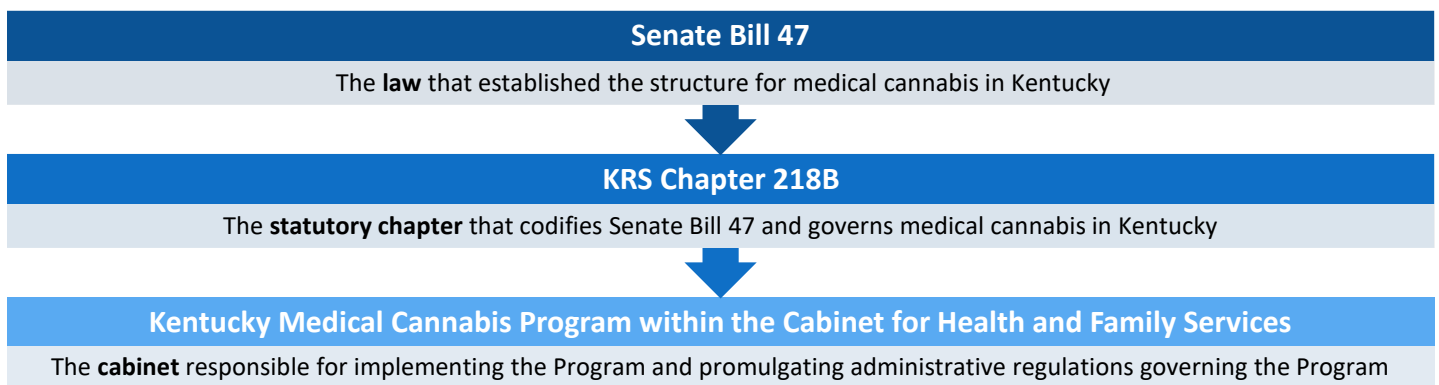
Each application requires applicants to submit information, documents, and attestations of fact using the Program’s online application portal. Examples provided in this guide are illustrative only. All applications and documentation submitted will be reviewed by the Program to determine eligibility of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

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.



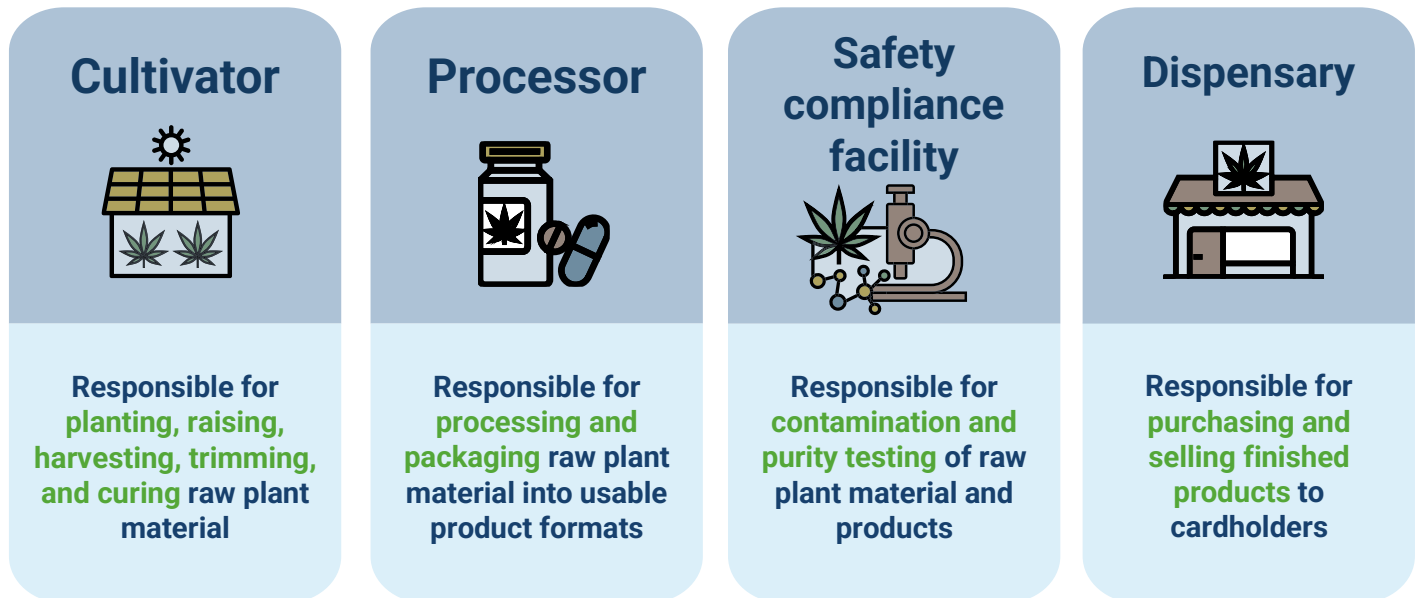
Senate Bill 47 is codified in **KRS Chapter 218B**, and **915 KAR Chapter 1** contains all administrative regulations related to medical cannabis business licensing and operations.

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.



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:

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

**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*

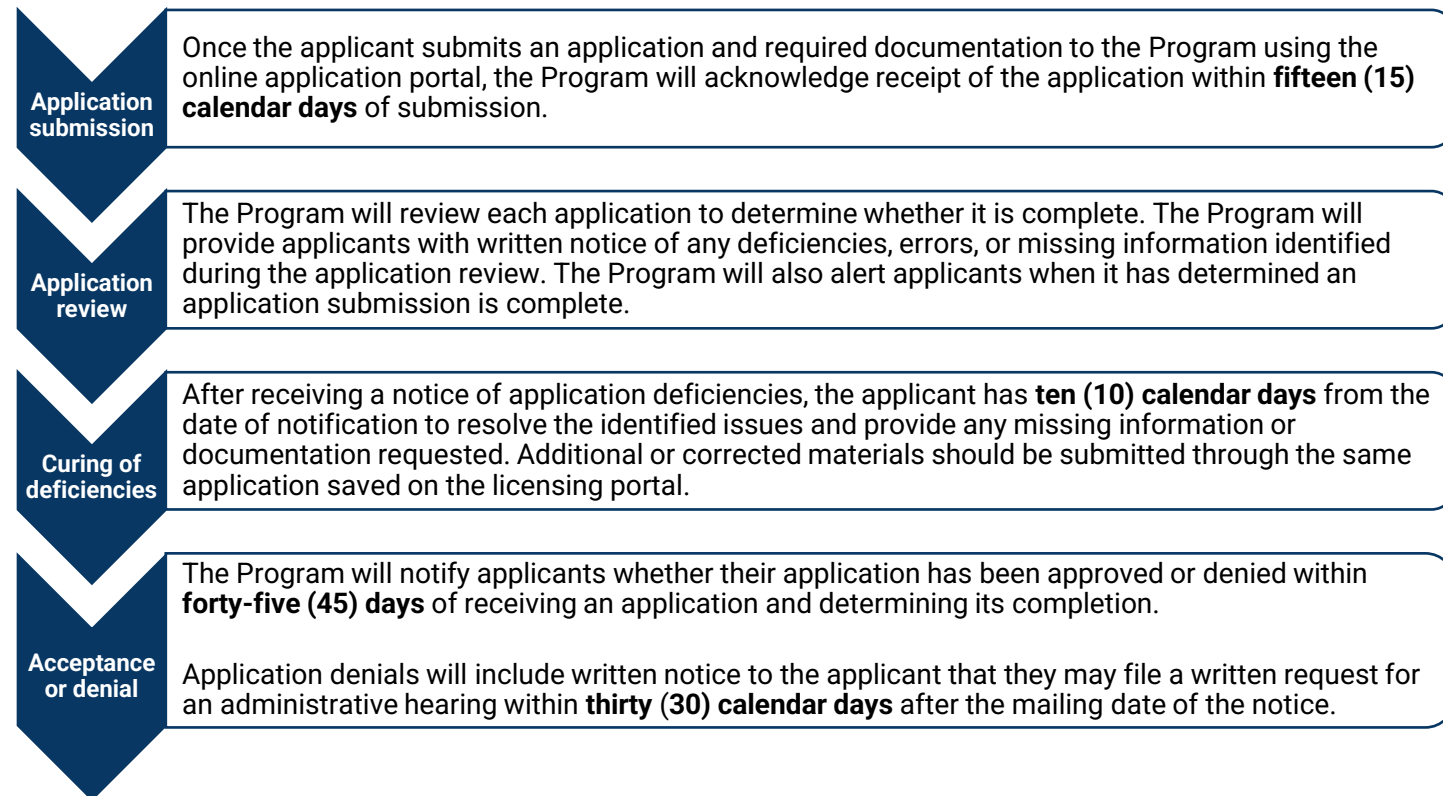
Following license approval, license fees must be paid by credit card or ACH/echeck to the Cabinet within **fifteen (15) calendar days** of invoice receipt. Licenses will not be issued to businesses that fail to timely pay the associated licensing fee.

*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	\$25,000
Dispensary		\$30,000	\$30,000
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.

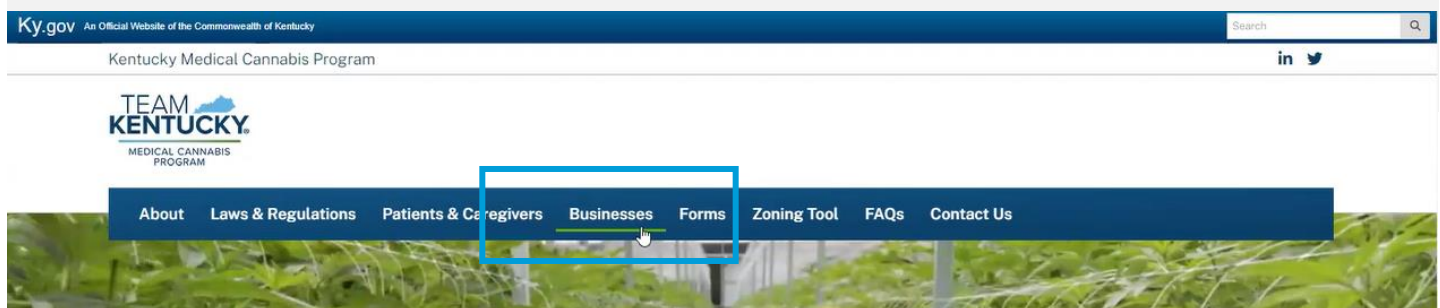
Applicants should review the Application Checklist provided in the Appendix and download or print the Business Licensing Application Guide to reference while preparing and submitting a business license application.

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. 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 shows the Registration Portal interface. At the top left is the TEAM KENTUCKY OFFICE OF MEDICAL CANNABIS logo. In the top right corner, there is a dark grey bar with a blue border containing a user icon and the word 'REGISTER' in green. Below this, the main content area is light grey. In the center, there is a white 'Sign-in' form with a dark grey header. The form contains two input fields: 'Username *' and 'Password *'. Below these fields is a checkbox labeled 'Accept Terms and Conditions.' At the bottom of the form are two green buttons: 'SIGN IN' and 'FORGOT PASSWORD'.

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

TEAM KENTUCKY OFFICE OF MEDICAL CANNABIS PROGRAM

REGISTER

Create an Account

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.

Legal First Name * Legal Last Name *

Email * Confirm Email *

Phone Number *

What type of application would you like to get started with? *

Password * Re-enter Password *

☐ Please read and accept [Terms and Conditions](#) before proceeding.

[CANCEL](#) [REGISTER](#)

[If you didn't receive your verification email, please click here.](#)

Getting Started

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 or call 502-875-3733.

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:502-875-3733).

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.

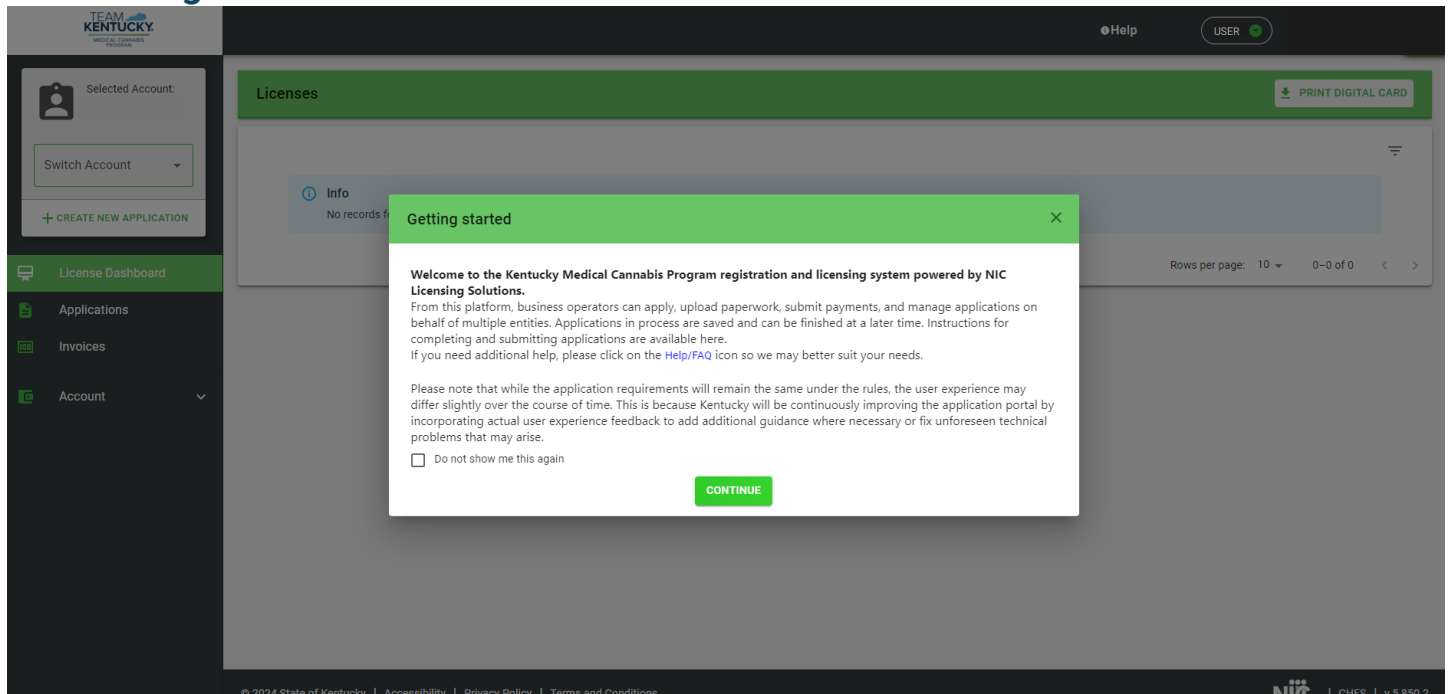
Portal Image

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



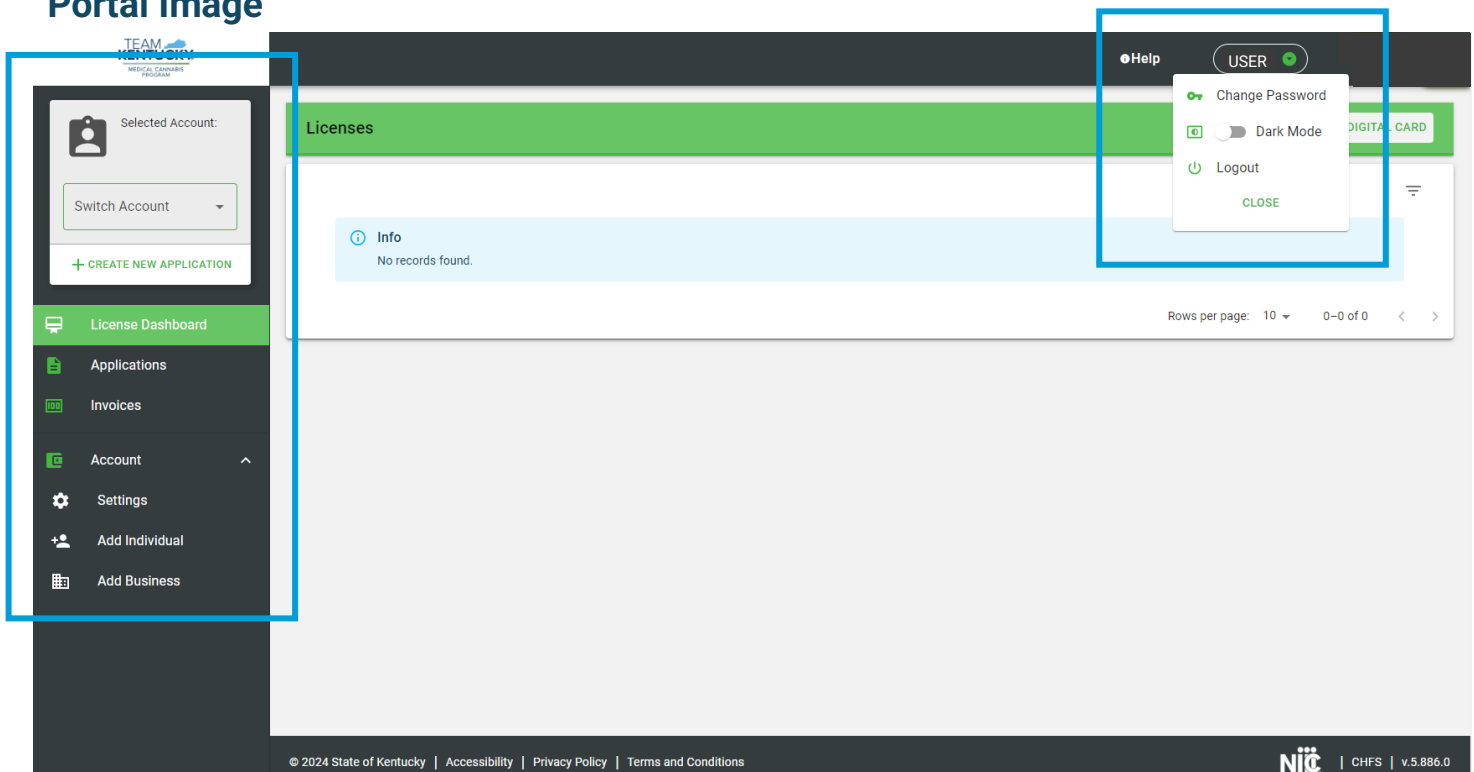
The **Business Licensing Application Portal** provides applicants with a user dashboard that contains the business license applications and invoices. Upon issuance, business licenses will be available in the user dashboard. All information and documentation for business license applicants and licensees 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 the following navigation items: License Dashboard, Applications, Invoices, Account (expanded), Settings (selected), Add Individual, and Add Business. The main content area shows the 'GENERAL INFO' tab with the following fields:

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

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

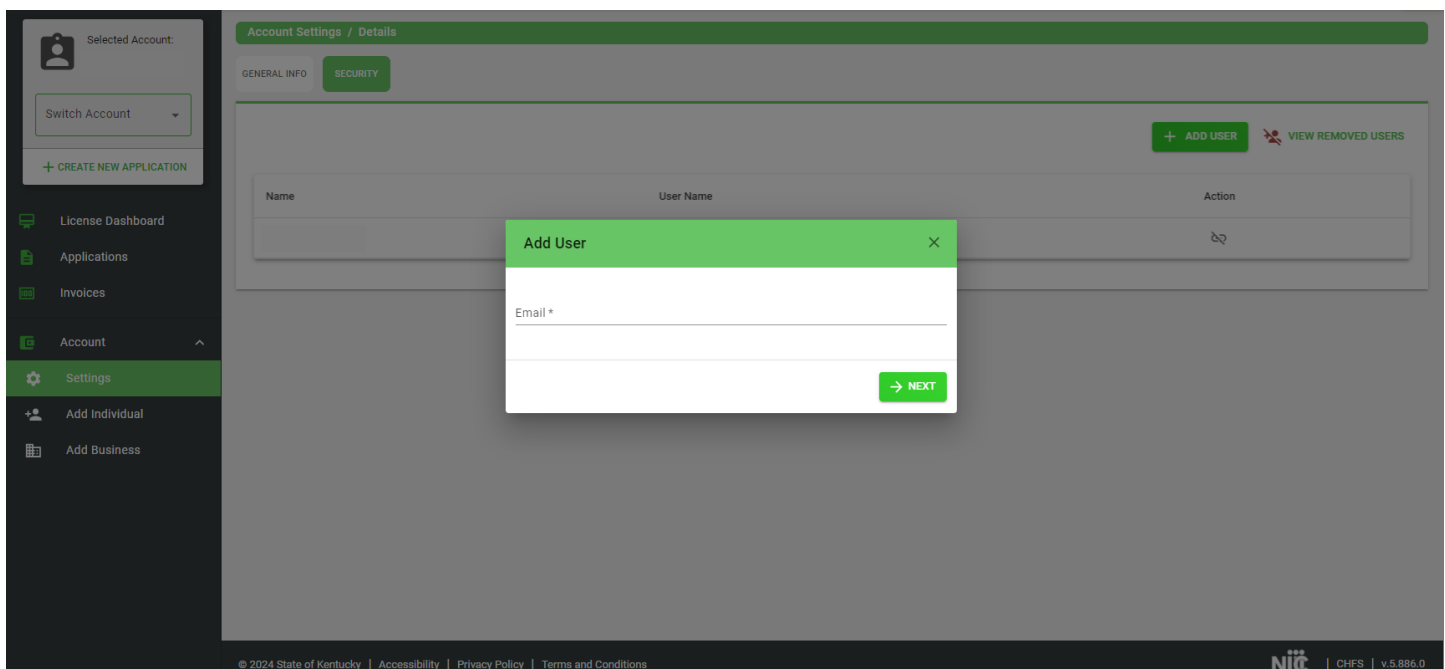
Getting Started

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.

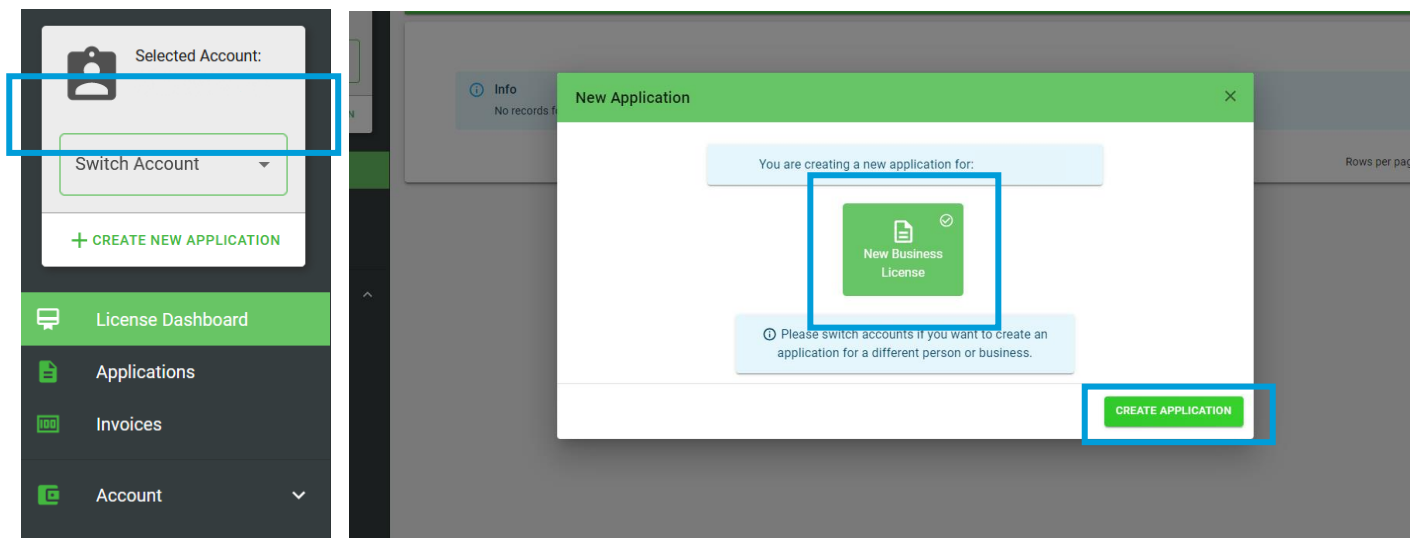
If you create multiple accounts, or are added to manage multiple accounts, you can toggle between them using the gray box in the left-hand panel under **Selected Account**.

Getting Started

5. Creating a new application

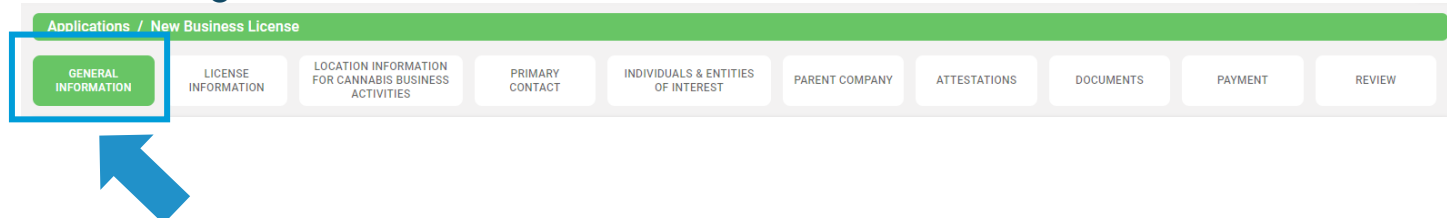
To start an application, click the **+Create New Application** button from the **Applications** tab or on the left menu panel. This will prompt a light box titled “New Application” in which the user must click **New Business License**, confirming that the new application is created for the active account,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

Applications + CREATE NEW APPLICATION					
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

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



Getting Started

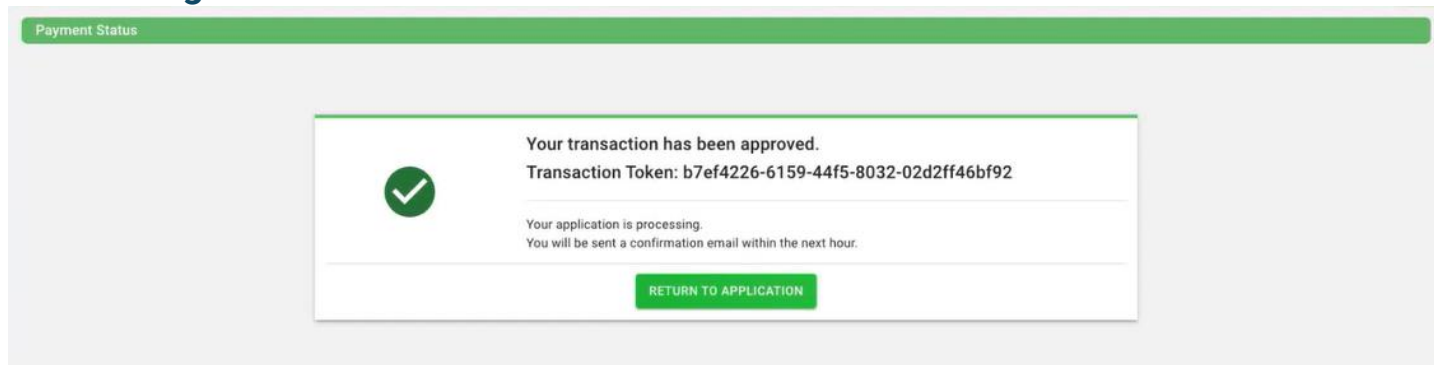
8. Submitting an application

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.

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.

Business Information

These tabs require information and documents related to the proposed cannabis business.



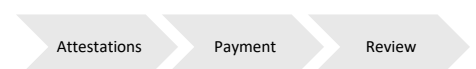
Applicant Information

These tabs require information and documents related to the individuals or entities involved in the proposed cannabis business.



Legal and Payment Information

These tabs require legal attestations, payment information for the license application fee, and final review and submission of the application.



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? *
☐ Yes
☐ 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

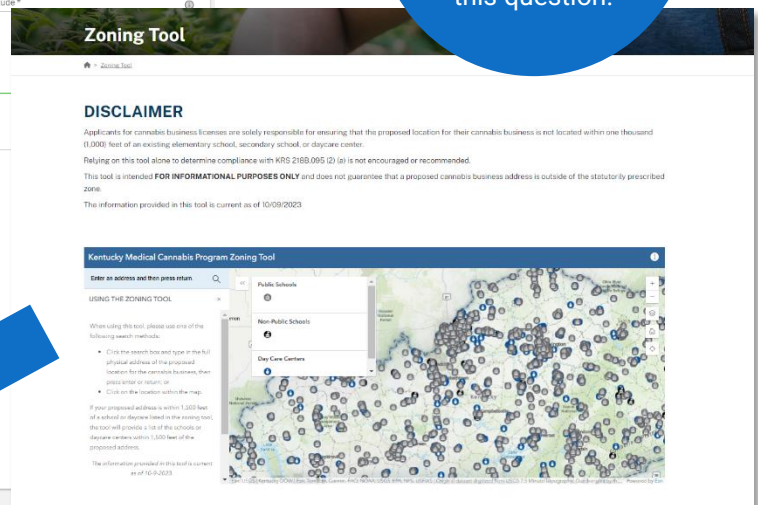
Location Information

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 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 screenshot¹

Address
275 East Main Street, Frankfort, KY 40601, United States

Get GPS Coordinates

DD (decimal degrees)*
Latitude 38.1981574
Longitude -84.8632014

Get Address

Lat,Long 38.1981574,-84.8632014

DMS (degrees, minutes, seconds)*
Latitude 38° 11' 53.387" N
Longitude 84° 51' 47.525" W

¹ 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 *	UPLOAD	+
Business Entity Formation Documents *	UPLOAD	+
Site Plan *	UPLOAD	+
Existing Lease or Deed or Contingent Agreement *	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



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



Existing Lease or Deed or Contingent Agreement * ⓘ

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

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 agreement²](#)
- [Example 2 – Commercial real estate purchase contract³](#)

Example 1

Example 2

² Template image via 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.

³ 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(i): A description of the proposed Licensed Premises, including street address, plot/lot number and zoning district.

[REDACTED] (the "Company") seeks to site its proposed Licensed Premises at [REDACTED] 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 [REDACTED]. 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 [REDACTED] Sales Floor.

The Facility has also been specifically designed to ensure compliance with all security regulations set forth in [REDACTED]. 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

[REDACTED] recognizes the critical importance of ensuring that marijuana within the premises is not visible from the street or other public areas surrounding its proposed [REDACTED] 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 [REDACTED]

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 [REDACTED] and along [REDACTED]. The [REDACTED] has a stop immediately in front of the property.



Business Information

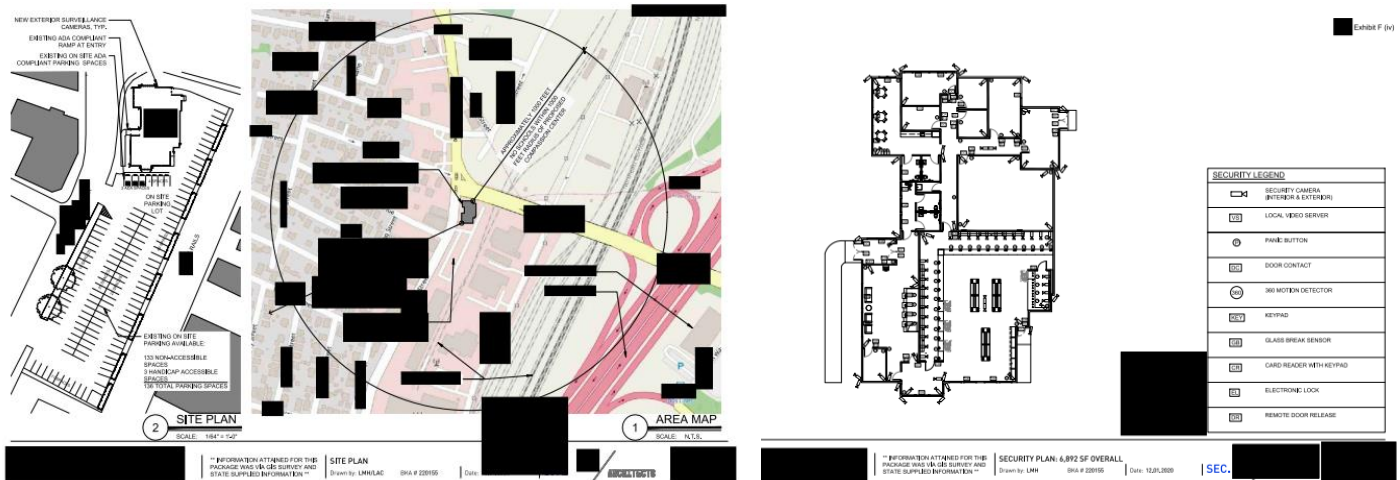
Documents

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



Documentation of sufficient capital available * ⓘ

UPLOAD



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

3. Confirmation of sufficient capital* (continued)

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.

Examples

- Example 1 – Bank Statement
- Example 2 – Sample Loan Commitment Letter

First Citizens Bank
231 Valley Farms Street
Santa Monica, CA 90403
firstcitizensbank@domain.com

STATEMENT OF ACCOUNT

Account Number: 111-234-567-890
Statement Date: mm/dd/yyyy
Period Covered: mm/dd/yyyy to mm/dd/yyyy

John Smith
2450 Courage St, STE 108
Brownsville, TX 78521

Opening Balance: 175,800.00
Total Credit Amount: 510,000.00
Total Debit Amount: 94,000.00
Closing Balance: 591,800.00
Account Type: Current Account
Number of Transactions: 8

Date	Description	Credit	Debit	Balance
mm/dd/yyyy	Payment - Credit Card	5,400.00		170,400.00
mm/dd/yyyy	Payment - Insurance		3,000.00	167,400.00
mm/dd/yyyy	Account Transfer In	500,000.00		667,400.00
mm/dd/yyyy	Cheque Deposit	10,000.00		677,400.00
mm/dd/yyyy	Payment - Electricity		1,500.00	675,900.00
mm/dd/yyyy	Payment - Water Utility		600.00	675,300.00
mm/dd/yyyy	Payment - Car Loan		3,500.00	671,800.00
mm/dd/yyyy	Account Transfer Out		80,000.00	591,800.00
--- End of Transactions ---				

© templatelab.com

Example 1

Sample Loan Commitment Letter

[Financial Institution Letterhead]

Date _____

APPLICANT Name _____

Address _____

Dear APPLICANT:

This letter is to advise you that your loan application to the _____ Business Loan Fund has been approved subject to the following terms:

Loan Amount \$ _____

Interest Rate _____%

Amortization Term _____ years

Origination Fee _____

Annual Administration Fee _____

This approval is subject to the following terms and conditions:

- 1) Specific conditions
- 2) Required documentation
- 3) Required loan documents for signature
- 4) Out-of-pocket expenses at closing

Please sign and return one copy of this letter indicating your acceptance of these terms.

Sincerely,

[Signature of Authorized Representative of Financial Institution]

APPLICANT hereby agrees to and accepts the terms of this loan offered in this commitment letter.

[APPLICANT representative's signature]
[Printed Name and Title]

1

Example 2



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

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

Sample Narrative Financial Plan

A financial plan provides an evaluation of the present and future financial state of an applicant's business by using currently known variables to predict future income, assets, and debt management plans. A sample breakdown of a narrative financial plan is below:

Part 1: Executive Summary

Provide a brief summary of each aspect of the financial plan.

Part 2: Current Financial Condition

Provide an overview of the Applicant's current financial condition.

Part 3: Budgeting and Cash Flow Planning

Provide an estimated budget for your business and how you anticipate the flow of cash in and out of the business, including paying bills.

Part 4: Debt Management

If the Applicant has or anticipates having debt, provide an explanation for how the debt will be managed and ultimately satisfied.



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* (continued)

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

Examples

- Example 1 - Articles of Incorporation⁴

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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

Articles of Incorporation
Non-profit Corporation

NAI

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is _____

Article II: The purpose for which the corporation is organized _____

Article III: The name of the registered agent is _____
and the street address of the corporation's initial registered office in Kentucky is _____

Street Address (No Post Office Box Numbers) _____ City _____ State _____ Zip Code _____

Article IV: The mailing address of the corporation's principal office is _____

Street or P.O. Box Number _____ City _____ State _____ Zip Code _____

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is _____
The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Name	Street or P.O. Box Number	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Article VI: The name and mailing address of the incorporator is _____

Name	Street Address or P.O. Box Number	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Article VII: This application will be effective upon filing.

Please indicate if the following applies to your business ownership:
☐ Veteran Owned

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

Signature of Incorporator _____ Printed Name _____ Title _____ Date _____
I, _____ consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent _____

Signature of Registered Agent _____ Printed Name & Title _____ Date _____

(2/23)

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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

Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is _____

Article II: The number of shares the corporation is authorized to issue is _____

Article III: The street address of the corporation's initial registered office in Kentucky is _____

Street Address (No Post Office Box Numbers) _____ City _____ State _____ Zip Code _____
and the name of the initial registered agent at that office is _____

Article IV: The mailing address of the corporation's principal office is _____

Street Address or Post Office Box Number _____ City _____ State _____ Zip Code _____

Article V: The name and mailing address of the incorporator is as follows:

Name	Street Address or Post Office Box Number	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Article VI: This application will be effective upon filing.

Article VII: ☐ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) and 14A.2-165 (see instructions).

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

Signature of Incorporator _____ Printed Name _____ Title _____ Date _____
I, _____ consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent _____

Signature of Registered Agent _____ Printed Name _____ Title _____ Date _____

(2/23)

⁴ Form available via the Kentucky Secretary of State at www.sos.ky.gov.



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 Organization⁵

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

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 nonprofit limited liability company is:

Article II: The street address of the nonprofit 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 nonprofit limited liability company's initial principal office is:

Street Address or Post Office Box Number City State Zip Code

Article IV: The nonprofit 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 nonprofit 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 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 ☐ Finance, Insurance, Real Estate

☐ Public Administration ☐ Manufacturing ☐ 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, Print Name of Registered Agent, consent to serve as the registered agent on behalf of the limited liability company.

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

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 ☐ Finance, Insurance, Real Estate

☐ Public Administration ☐ Manufacturing ☐ 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, Print Name of Registered Agent, consent to serve as the registered agent on behalf of the limited liability company.

Signature of Registered Agent Printed Name Date

(1/20)

⁵Form available via the Kentucky Secretary of State at www.sos.ky.gov.



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 Bylaws⁶

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.

⁶ 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 ⓘ

UPLOAD



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

Cultivator Application Materials

Medical Marijuana Control Program (MMCP)

Operations Plan
(Maximum of 30 pages, see instructions for formatting)

Please note: The following must be submitted in a non-identified format. Include this form as a cover page.

Applicant should provide a narrative detailing support for the following:

Part I: Experience in Agriculture / Cultivation

Demonstrating experience with the cultivation of medical marijuana or agricultural or horticultural products, operation of an agriculturally related business, or operation of a horticultural business.

Part II: Cultivation Methods and Proposed Strains

(A) Agricultural cultivation techniques / Documentation of cultivation methods and standards that will provide a steady, uninterrupted supply of medical marijuana.

(B) A list of medical marijuana varieties proposed to be grown with estimated cannabinoid profiles, if known, including varieties with high cannabidiol content.

(C) (OPTIONAL) If applicant is seeking additional scoring considerations on a research plan, the applicant may provide the department with a detailed proposal to conduct or facilitate a scientific study or studies related to the medicinal use of marijuana.

Part III: Product Timeline and Production Schedule

Indicate the estimated timeline and production schedule. Describe how all raw materials will proceed from the assignment of a plant identifier to the shipment to a dispensary as dried product or to the processor for production of a processed product. Please indicate the estimated time elapsed for each area of production and/or each process involved at that particular stage of production.

Part IV: Marijuana Cultivation Area Layout and Environment

Facility specifications, including the cultivation environment, layout of the marijuana cultivation area (i.e. grow tables, tiered or stacked orientation, etc.) evidencing that the applicant will comply with the requirements of the Revised Code and will operate in

MMCP-C-1001B (v1.0) Cultivator Application – Filing/Non-Identifiers 542

Cultivator Application Materials

Medical Marijuana Control Program (MMCP)

accordance with the rules promulgated pursuant to

Part V: Standard Operating Procedures

(A) The implementation of standards and guidelines for cultivating, propagating, vegetating, flowering, and harvesting medical marijuana, including safety protocols and equipment.

(B) (OPTIONAL) If applicant is seeking additional scoring considerations for submitting an environmental plan, the applicant may demonstrate an environmental plan of action to minimize the carbon footprint, energy usage, environmental impact, and resource needs for the production of medical marijuana.

(C) (OPTIONAL) If applicant is seeking additional scoring considerations for submitting an environmental plan, the applicant may describe any plans for the construction or use of a greenhouse cultivation facility, energy efficient lighting, use of alternative energy, the treatment of waste water and runoff, and scrubbing or treatment of exchanged air.

Part VI: Staffing and Training

(A) Staffing and training guidelines/ Facility staffing and employment matters, including employee training and employee compliance with of the Revised Code and in accordance with the rules promulgated pursuant to of the Revised Code.

(B) (OPTIONAL) If applicant is seeking additional scoring considerations on employment practices, the applicant may demonstrate a plan of action to inform, hire, and educate minorities, women, veterans, disabled persons, and residents.







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

- Example 1 – Sample Dispensary Timeline
- Example 2 – Sample Cultivator Tier II Timeline

Dispensary Operational Timeline	
Date of when action is completed	Action
4/15/2024	Organize/register company with Commonwealth of Kentucky
5/1/2024	Raise capital for application fees and proof of sufficient capital
5/25/2024	Identify location and secure lease
7/1/2024	Compile and submit application
10/15/2024	Selected for a license in the lottery
10/20/2024	Pay initial license fee
11/15/2024	Raise remodel and additional operating capital
1/1/2025	Commence remodel activities
1/10/2025	Purchase equipment (Computers, ID readers, etc)
1/15/2025	Contact Processor and Cultivator license winners - enter into purchase agreements
1/20/2025	Purchase transportation vehicle
1/21/2025	Contract with Metrc
1/30/2025	Create SOPs and other regulatory required documentation
2/1/2025	Conduct interviews and hire staff
3/1/2025	Remodel completed
3/5/2025	Onboard and train staff
3/10/2025	Provide OMC with required written confirmations and notice of intended first day of cannabis business activities
3/30/2025	Following inspection, receive OMC approval to commence operations
4/10/2025	Commence operations

Example 1

Cultivator Tier II Operational Timeline	
Date of when action is completed	Action
4/19/2024	Organize/register company with Commonwealth of Kentucky
5/1/2024	Raise capital for application fees and proof of sufficient capital
5/25/2024	Identify location and secure lease
7/1/2024	Compile and submit application
10/15/2024	Selected for a license in the lottery
10/20/2024	Pay initial license fee
11/15/2024	Raise construction and additional operating capital
1/1/2025	Commence construction activities
1/10/2025	Purchase equipment (lights, trimmers, etc)
1/15/2025	Contact Processor and Dispensary license winners - enter into sales agreements
1/20/2025	Identify testing facility - enter into testing agreement
1/21/2025	Contract with Metrc
1/30/2025	Create SOPs and other regulatory required documentation
2/1/2025	Conduct interviews and hire staff
3/1/2025	Construction completed
3/5/2025	Onboard and train staff
3/10/2025	Provide OMC with required written confirmations and notice of intended first day of cannabis business activities
4/1/2025	Following inspection, receive OMC approval to commence operations
4/5/2025	Request OMC open window for initial inventory
4/10/2025	Commence operations - bring in initial inventory

Example 2



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



Summary of the intended plan of operation * ⓘ

UPLOAD



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:

- Security;*
- Employee qualifications, supervision, and training;*
- Transportation of medicinal cannabis;*
- Storage and labeling of medicinal cannabis;*
- Inventory management;*
- Recordkeeping;*
- Preventing unlawful diversion of medicinal cannabis; and*
- 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

**Operational Plan
For Cannabis Business**

Applicant should provide a narrative detailing support for, at a minimum, the following:

Part I. Security

1. A security plan in accordance with **Kentucky regulations** that establishes policies and procedures to ensure a secure, safe facility to prevent theft, loss or diversion and protect facility personnel, including:
 1. Staff identification measures, including use of employee identification badges;
 2. Monitoring of attendance of staff and visitors;
 3. A professionally monitored security alarm system;
 4. Video surveillance utilizing commercial-grade equipment, to prevent unauthorized entry and to prevent and detect an adverse loss;
 5. Monitoring and tracking inventory, including use of the state's electronic monitoring system and seed to sale tracking system established pursuant to KRS 218B.140;
 6. Personnel security;
 7. Cash management and anti-fraud procedures.

Part II. Employee qualifications, supervision, and training

1. Organizational structure and qualifications required for employees in various roles
2. Training programs for employees

Part III. Transportation of medicinal cannabis

1. Procedures for secure transportation in accordance with **Kentucky regulations**.

Part IV. Storage and labeling of medicinal cannabis

1. Procedures for storage medical cannabis, including installation a system to monitor, recording and regulation of temperature, humidity, ventilation, lighting and water supply.
2. Packaging and labeling standards in accordance with **Kentucky regulations**.

Part V. Inventory management

1. Procedures for maintaining inventory data in the state's electronic monitoring system and seed to sale tracking system established pursuant to KRS 218B.140
2. Inventory controls and procedures to conduct inventory reviews and comprehensive inventories

Part VI. Recordkeeping

1. Procedures for maintaining inventory data in the state's electronic monitoring system and seed to sale tracking system established pursuant to KRS 218B.140
2. Procedures for maintaining employees records and identification

Part VII. Preventing unlawful diversion of medicinal cannabis

1. Measures in place to prevent unlawful diversion.

Part VIII. Workforce development and job creation.

1. Programs for employee development



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

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First Name *
Last Name *
Business Title *

Phone Number *
Email Address *

Street *
Unit No / Apt No
City *

State *
Zip Code *

Address Verified? * ☐ No ☒ Yes **VERIFY ADDRESS**

This is required.

Entity or individual who assisted the applicant with preparing the application

First Name
Last Name
Email Address

Street
Unit No / Apt No
City

State
Zip Code

Address Verified? ☐ No ☒ Yes **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

Entity (Owner or Non-Owner) Form Fields

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.

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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

This is required.

Parent Company Mailing Address



Applicant Information

Parent Company (continued)

The **Parent Company** tab is where the applicant will indicate if a parent company has ownership 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

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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	+
● Business Entity Formation Documents * ⓘ	UPLOAD	+
● Site Plan * ⓘ	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

**-Required Documentation*



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

DANIEL BXXXXX

XXXXXX XXX XXXXX XX, XXXXXXXXXXX, XX XXXXX
Cell: (XXX) XXX-XXXX
XXXXXXXXXXXXXXXX@XXXX.XXX

PROFESSIONAL SUMMARY

Government Contract Specialist with over one year of experience working with Kentucky Medicaid and managed care organizations. Experienced researcher and analyst with track record for developing tools to help track and monitor deliverables.

EDUCATION AND TRAINING

MASTERS OF PUBLIC ADMINISTRATION: PUBLIC MANAGEMENT	2012
University of North Carolina Wilmington, Wilmington, NC, USA	
BACHELOR OF ARTS: COMMUNICATION	2009
University of Kentucky, Lexington, KY, USA	
Minor In History	

SKILL HIGHLIGHTS

<ul style="list-style-type: none"> • Detail oriented • Personal and professional integrity • Proficient in Word • Proficient in Excel including pivot tables and vertical lookups • Self-disciplined • Team oriented 	<ul style="list-style-type: none"> • Proficient with SharePoint • Creative problem solving • Research • Familiar with Kentucky Medicaid regulations and statutes • Strong written communication skills • Self motivated and dedicated
--	---

PROFESSIONAL EXPERIENCE

CARESOURCE
Louisville, KY

Government Contract Specialist 10/2013 to Current

- Developed the Kentucky Market SharePoint site from scratch
- Designed the Regulatory Request list and accompanying workflow to track regulatory tasks, memorialize documentation, and notify Business owners of deadlines
- Designed and maintained Regulatory Report Tracking SharePoint list to distribute notifications to business owners, track submissions of deliverables, and create high level reports for executive leadership
- Designed lists to track and monitor member welcome calls to ensure HIPAA compliance
- Monitor Kentucky Medicaid Inbox, primary means of communication with the Kentucky Department for Medicaid Services and Humana, CareSource's business partner
- Reviewed and analyzed email communication and determined appropriate targets for distribution
- Developed policies and procedures to establish best practices for managing Kentucky Medicaid Inbox
- Thoroughly researched and responded to Department of Insurance Complaints and member Disenrollment Requests
- Investigated and researched regulatory inquiries from business owners
- Led Regulatory Review meetings to foster discussion and understanding of how new and changing regulations impact different business areas
- Ensured timely and accurate submission of action plans from business owners to Humana
- Assisted in preparation for IPRO Audit

HEALTHCARE SERVICES GROUP
Louisville, KY



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



Ownership Organizational Structure Document * ⓘ

UPLOAD



Relevant Regulation

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

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

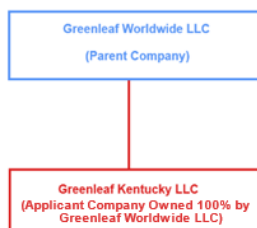
(h) A document showing the ownership organizational structure of the proposed cannabis business;

Accepted Documentation

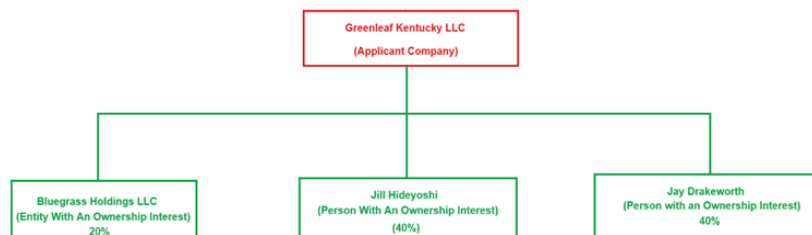
A visual diagram or chart showing the ownership structure of the applicant's proposed cannabis business, including any parent, affiliate, and subsidiary companies.

Examples

- Example 1 – Organizational Chart with Parent Company
- Example 2 – Organizational Chart without Parent Company and Entity Interest



Example 1



Example 2



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	
<p>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.</p>	
<pre> 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] </pre>	
Role: General Manager	Number of Hires: 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"> • Hire a diverse staff for the [REDACTED] by recruiting top talent with a diverse set of skills among candidates. • Provide consistent, focused coaching and mentorship to drive desired behaviors and maximize staff success. • Work to ensure consistent onboarding, training and professional development is delivered. • 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. • Analyze key business metrics, create action plans and achieve buy-in from the team. • Maintain effective P&L management by driving sales growth by managing expenses, budgets, deposits and accounts receivable. • Oversee execution of all retail operations, including workforce management and inventory reconciliation. • Ensures all technology solutions are working and functioning as designed. • Work with Security and Compliance agents to ensure diversion/theft/loss prevention security policies and practices are being followed. • Develop expertise in all [REDACTED] rules, regulations and laws. • Execute and enforce compliance, according to state laws. 	



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

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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)

Name of Individual Submitting Application *	Submission Date * 03/03/2024
<div><div>SAVE</div><div>→ SAVE & NEXT</div><div>CANCEL</div></div>	

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



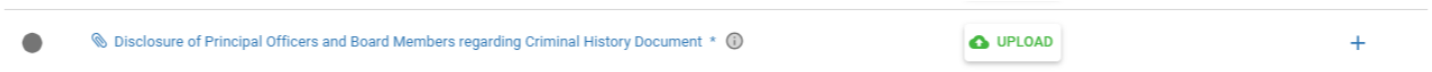
Legal and Payment Information

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.

Application Portal



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

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

+

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.

Application Portal



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

KENTUCKY NOTARY ACKNOWLEDGEMENT
(CORPORATION)

State of Kentucky
County of _____

The foregoing instrument was acknowledged before me on this ____ day of _____ [month], _____ [year], by _____ [name of officer or agent], _____ [title of officer or agent] of _____ [name of corporation acknowledging], a _____ [state or place of corporation] corporation, on behalf of the corporation.

[Signature of person taking acknowledgement]

[Title or rank]

[Serial number, if any]



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

SAVE

→ SAVE & NEXT

CANCEL

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

X Legal Business Name:
X Business Type:
X Trade Name (DBAs):

X Federal Tax ID:
X Kentucky Secretary of State Organization Number:
Website:

X Email Address:
X Phone Number:
X Do you have a management service agreement in place?:

License Information

X License Type:

Location Information for cannabis business activities

Physical Street Address

X Street:
Unit No / Apt No:
X City:

X County:
X Region:
X State:

X Zip Code:
X Location - Latitude:
X Location - Longitude:

X Address Verified?: No

Business Mailing Address

X Street:
Unit No / Apt No:
X City:

X State:
X Zip Code:

X Address Verified?: No

X Do you have an existing lease or deed for the site and location that you have identified for conducting cannabis business activities?:

X Are you entering into a Contingent Agreement to lease or purchase the property identified for cannabis business activities subject to receiving a license?:

X Are you located within 1000 feet of the nearest property boundary line of a school or daycare?:

Primary Contact

X First Name:
X Last Name:
X Business Title:

X Phone Number:
X Email Address:

X Street:
Unit No / Apt No:
X City:

X State:
X 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)

Primary Contact

☒ First Name:
 ☒ Last Name:
 ☒ Business Title:

☒ Phone Number:
 ☒ Email Address:

☒ Street:
 Unit No / Apt No:
 ☒ City:

☒ State:
 ☒ Zip Code:

☒ Address Verified?: No

Entity or individual who assisted the applicant with preparing the application

First Name:
 Last Name:
 Email Address:

Street:
 Unit No / Apt No:
 City:

State:
 Zip Code:

☒ Address Verified?: No

Entity or individual who assisted the applicant with preparing the application

First Name:
 Last Name:
 Email Address:

Street:
 Unit No / Apt No:
 City:

State:
 Zip Code:

☒ Address Verified?: No

Individuals & Entities of Interest

Applicant Information

☒ Select type of record:

☒ Email Address:
 ☒ Ownership Percentage of this Business Application:

Mailing Address

☒ Street:
 Unit No / Apt No:
 ☒ City:

☒ State:
 ☒ Zip Code:

☒ Address Verified?: No

Parent Company

☒ Does a Parent Company have ownership or control in this Cannabis business?:

Attestations

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



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

- ✗ 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)

X Name of Individual Submitting Application:

✓ Submission Date: 03/03/2024

Documents

X Resumes or Curricula Vitae of Principal Officers and Board Members:	No Document present
X Business Entity Formation Documents:	No Document present
X Site Plan:	No Document present
X Financial Plan:	No Document present
X Ownership Organizational Structure Document:	No Document present
If applicable, summary of prior business experience:	No Document present
X Summary of the intended plan of operation:	No Document present
X 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
X Documentation of sufficient capital available:	No Document present
X 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
X Notarized Application Signature Page:	No Document present

Payment

X Payment Options:

CANCEL

SUBMIT

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

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

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

Documents and Forms

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



Region 1 (Bluegrass):

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

Region 5 (Cumberland):

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

Region 9 (Lincoln Trail):

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

Region 2 (Kentuckiana):

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

Region 6 (Mountain):

Breathitt, Clay, Estill, Floyd, Jackson, Johnson, Knott, Lawrence, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Powell, and Wolfe
Total Population: 323,811
Households: 151,257
17 Years and Under: 69,802
18 Years and Older: 253,809

Region 10 (Northern Kentucky):

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

Region 3 (Northeast):

Bath, Boyd, Carter, Elliott, Fleming, Greenup, Lewis, Mason, Menifee, 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

Region 7 (Pennyryle):

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

Region 11 (Green River):

Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster
Total Population: 216,809
Households: 93,692
17 Years and Under: 51,418
18 Years and Older: 165,393

Region 4 (South Central):

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

Region 8 (West Kentucky)

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

Website Resources

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

Kentucky Medical Cannabis Program

Business Licensing Application Guide

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?

Kentucky Medical Cannabis Program

Business Licensing Application Guide

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.

Printed Name of Applicant Authorized Representative

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:

