



Montana Department of Public Health and Human Services
Montana Medical Marijuana Program

New Business Canopy License Application

Applicant must complete all sections of this form and submit all required materials to comply with the registration requirements of the Montana Marijuana Program. Please note this paper application is for temporary use only while the digital licensing system is reconfigured. All applications received via paper application will be entered into the digital system by the Medical Marijuana Program when it becomes available.

REVIEW THE CHECKLIST BELOW BEFORE SENDING APPLICATION MATERIALS TO THE DEPARTMENT

New business canopy license applications must include:

- This application form, filled out completely and legibly.
Application Fee(s): Fees sent by mail must be paid by check or money order. Cash is only accepted if delivered in person to DPHHS BFSD office. Fees are non-refundable regardless of application outcome.
Clear photocopy of valid Montana ID for each person of interest (Driver's License, State ID, Tribal ID).
Signed Applicant Rights and Consent Fingerprint plus two fingerprint cards for each person of interest.
Proof of three consecutive years residency for each person of interest.
Applications for locations may be included and processed concurrently or sent in later.
All return correspondence will be sent to applicant's Primary Contact email address below.
Application materials must be mailed to: DPHHS/MMP, PO BOX 202926, HELENA MT 59620-2926 or emailed to mtmarijuanaprogram@mt.gov.

BUSINESS GENERAL INFORMATION

Entity Name: Federal EIN:

Trade Name(s) and DBAs:

Business Structure: Starting Canopy Tier: Micro Tier 1

Add a chemical manufacturing endorsement (MIPP)? (Fee applies) Yes No

PRIMARY CONTACT INFORMATION

Full Name: Title:

Phone Number: Email Address:

Street Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:



## Montana Department of Public Health and Human Services Montana Medical Marijuana Program

### PERSONS OF INTEREST

(Persons of interest include any person with a financial interest as defined in § 50-46-302 (8), MCA. Attach additional sheets as needed.)

Person of Interest #: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

ID Document Type (attach a copy of ID): \_\_\_\_\_ ID Number: \_\_\_\_\_

ID Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person of Interest #: \_\_\_\_\_ Ownership Percentage: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

ID Document Type (attach a copy of ID): \_\_\_\_\_ ID Number: \_\_\_\_\_

ID Expiration Date: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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Montana Medical Marijuana Program**

**QUESTIONS**

(Print and complete this page for each Person of Interest)

Person of Interest #: \_\_\_\_\_

I will not divert to any other person the marijuana that I cultivate or manufacture for registered cardholders:

Agree  Disagree

I am not in the custody of or under the supervision of the department of corrections or a youth court:

Agree  Disagree

I will only cultivate, manufacture or dispense marijuana at registered locations at which I am licensed to do so:

Agree  Disagree

I do not have any felony convictions:  Agree  Disagree

I do not have a conviction for a drug offense:  Agree  Disagree

I have never been convicted of fraudulently representing myself as a registered cardholder or provider:

Agree  Disagree

I have not failed to pay any taxes, interest, penalties or judgments due to any government agency; stay out of default on a government student loan; pay child support; or remedy an outside delinquency for child support or for taxes or judgments owed to any government agency:  Agree  Disagree

I am not a registered cardholder who has opted to obtain marijuana through the system of licensed providers:

Agree  Disagree

No portion of this property is being shared with, rented, or leased to another provider or registered cardholder:

Agree  Disagree

I have met all the local jurisdiction requirements to operate as a licensed marijuana business, including required business licenses, permits, and inspections:  Agree  Disagree

All of the marijuana I cultivate and/or manufacture will be dispensed to registered cardholders only:

Agree  Disagree

I understand that the business name, city, county, and phone number will be published on the department's website:

Agree  Disagree

I understand that licensed marijuana businesses are subject to announced and unannounced inspections:

Agree  Disagree

I have been a legal resident of Montana for at least three years:  Agree  Disagree

I have not previously been a provider revoked under § 50-46-327, MCA:  Agree  Disagree

I have not been a provider with a revoked license in the previous 3 years, per § 50-46-330 (6), MCA:

Agree  Disagree

I declare under penalty of perjury, that these answers are true and correct:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_