



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

Business New Location 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 location 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.
- A valid Canopy License is required for any Location License to be approved. A New Business Canopy Application and New Business Location License Applications may be submitted at the same time or separately. Additional Location Licenses may be added at any time.
- For businesses with existing locations, the new location will receive the same expiration date. New Location fees will be prorated as needed. Contact the Medical Marijuana Program for more information.
- Property Owner Permission Form if applicable
- All return correspondence will be sent to Canopy License Primary Contact email address.
- Application materials must be mailed to: DPHHS/MMP, PO BOX 202926, HELENA MT 59620-2926 or emailed to mtmarijuanaprogram@mt.gov.

ASSOCIATED CANOPY LICENSE INFORMATION

Entity Name: _____ Trade Name (DBA): _____

Federal EIN: _____ Canopy License Number: _____

PRIMARY CONTACT INFORMATION FOR PROPOSED LOCATION

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**

LOCATION INFORMATION

Type of location (Select all that apply):

- Cultivation Manufacturing (MIPP) Dispensary

Location Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax (optional): _____

Website: _____

Is this property rented or leased? Yes No

If the property is rented or leased, attach a notarized Property Owner Permission Form with this application.

Names and signatures of all Persons of Interest: (make additional copies of this page as needed)

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____