



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

Business Canopy License Renewal 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

→ Business canopy license renewal 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 (Fingerprints required every three years, name based background check performed other years).
- Proof of three consecutive years residency for each person of interest.
- 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.

BUSINESS GENERAL INFORMATION

Entity Name: _____ Federal EIN: _____

Trade Name(s) and DBAs: _____

Business Structure: _____ Current Canopy Tier: _____

Update Canopy License Tier level with renewal? (Fee applies) Yes No

Request Tier change to: _____ (Increase limited to one level. Providers may go down if they choose.)

Renew chemical manufacturing endorsement (MIPP)? (Fee applies) Yes No

Note: All chemical manufacturing (MIPP) locations and the chemical manufacturing endorsement are renewed with the Canopy Business License. Fees will be calculated in addition to Canopy Fee.

PRIMARY CONTACT INFORMATION

Full Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____



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PERSONS OF INTEREST

(Persons of interest include any person with a financial interest as defined in §50-46-302 (8). 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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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: _____