



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

Dispensary 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

→ **Dispensary 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.
 - All dispensaries associated with a Canopy License are renewed together on a single application.
- 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: _____

Number of licensed dispensaries: _____

Dispensary License Numbers (D-XXXXXX): _____

*If dispensary information has changed from its last application, submit a Location Update Application.

PERSONS OF INTEREST SIGNATURES (Attach additional sheet if needed)

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____