



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

Business License Update 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 License Update 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.
- Appropriate supporting documents as outlined in each section
- 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.

Information to Update (Select all that apply):

- Business General Information (Business Name, Trade Name, Federal EIN, add chemical manufacturing endorsement)
- Primary Contact Information
- Persons of interest (adding, removing, or modifying information on file)
- Location Address change (physical or mailing)
- Canopy tier change
- Other (Explain and attach further documentation as needed): _____

Briefly describe the reason for updates:

BUSINESS GENERAL INFORMATION

Entity Name: _____ Federal EIN: _____

Trade Name(s) and DBAs: _____

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

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.)



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UPDATE LOCATION INFORMATION

Location is currently registered for (select all that apply):

Cultivation Manufacturing (MIPP) Dispensary

Location Update will change this location to (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. If you are adding an activity to your location, attach a new form as needed.

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.)
- Adding a Person of Interest requires photocopy of valid ID, Proof of MT Residency, Applicant Rights and Consent to Fingerprint, two fingerprint cards, and Questions page for each new Person of Interest.

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: _____