

# Arkansas Medical Marijuana Dispensary License Request for Application

## Overview

The Arkansas Medical Marijuana Commission is responsible for awarding licenses for the operation of medical marijuana dispensaries pursuant to Amendment 98 of the Constitution of the State of Arkansas of 1874, The Medical Marijuana Amendment of 2016.

## Number of Licenses

The Medical Marijuana Commission anticipates issuing thirty-two dispensary licenses, with a maximum of four licenses in each of the eight geographic zones identified by the Commission. The Commission reserves the right to award fewer than thirty-two licenses if the Commission concludes that an insufficient number of qualified applicants submitted a response to the request for applications prior to the deadline. In such an event, the Commission may re-issue a request for applications until at least thirty-two dispensary licenses are awarded.

## Application Timeline

June 20, 2017	Notice that applications will be accepted
June 30, 2017	First day that applications will be accepted
September 18, 2017	Deadline for receipt of applications (4:30 PM CT)
Approximately ????????????????	Estimated date for rewarding licenses

## Important Information

### Submission Deadline

For an application to be considered, a complete response to the application and application fee must be hand delivered to the Medical Marijuana Commission, care of the Alcoholic Beverage Control Administration, 1515 W. 7<sup>th</sup> Street, Suite 503, Little Rock, Arkansas, on or before 4:30 pm on Monday, September 18, 2017. Each application will be time-stamped upon submission. The time-stamp shall serve as the official record of when the application was delivered to the Commission. Applications will be accepted between the hours of 8:00 a.m. and 4:30 p.m. from June 30, 2017 to September 18, 2017.

## Modifications to Applications

It is the applicant's responsibility to allow sufficient time to address potential delays. Sole responsibility rests with the applicant to ensure that their application is received and time-stamped on or before the submission deadline.

Applicants may submit a modification to their application at any time prior to the submission deadline. Any submissions of modifications shall be accompanied by a cover letter explaining the purpose of the modification.

## Communications with the Medical Marijuana Commission

As of June 20, 2017, all questions concerning applications shall be submitted in writing to the email address: [mmcadmin@dfa.arkansas.gov](mailto:mmcadmin@dfa.arkansas.gov). Questions and answers of a substantive nature will be posted on the Medical Marijuana Commission's website: [www.mmc.arkansas.gov](http://www.mmc.arkansas.gov).

## Disqualification

The Commission may disqualify any applicant for the following reasons:

- Failure to provide complete responses or information required by the application;
- Provision of misleading, incorrect, false, or fraudulent information;
- Failure to pay all applicable fees as required;
- Failure to post a performance bond upon notification that applicant has been selected for licensure;
- An applicant, owner, board member, or officer has a background history that indicates the applicant does not have a reputable and responsible character or would pose a risk to health, safety, or welfare of the public or qualifying patients.

## Freedom of Information Act

Applicants should be aware that applications and all supporting materials are subject to the Arkansas Freedom of Information Act of 1967 (Ark. Code Ann. § 25-19-101 et seq.) Certain information is exempt from disclosure under the Act, including information that would give an advantage to competitors or bidders. (ACA § 25-19-105) Applicants should specifically identify particular sentences, paragraphs, pages, sections, data, or other information that the applicant believes is exempt from disclosure under FOIA. Each page containing such information must contain a footer notifying the Commission that the material on the page is requested to be "Confidential" and redacted from any Freedom of Information request. In addition to declaring the material "Confidential", therefore exempt, the applicant must provide a sufficient explanation to justify the claimed exemption. Final determination of whether or not information shall be released pursuant to a FOIA request lies with the Commission. The Commission reserves the right to apply any FOIA exemption to information received by the applicant, whether requested or not.

## Scoring and Awarding of Licenses

### Instructions for Completing the Application

- Familiarize yourself with the following:
  - Amendment 98 of the Constitution of the State of Arkansas of 1874;
  - Rules and Regulations Governing the Application For, Issuance, and Renewal of Licenses for Medical Marijuana Cultivation Facilities and Dispensaries in Arkansas;
  - Rules and Regulations Governing the Oversight of Medical Marijuana Cultivation Facilities and Dispensaries by the Alcoholic Beverage Control Division; and
  - Rules and Regulations Governing Medical Marijuana Registration, Testing, and Labeling in Arkansas.
- Provide complete responses to the General Application Form and provide required attachments, if necessary.
- The applicant and all owners, officers, and board members affiliated with the proposed dispensary are each required to complete a Disclosure Statement, and attach any required forms of proof specified in the application. Copies of items required to show proof of age, citizenship, and residency will be accepted; however, the Commission reserves the right to require applicants to produce an original document for inspection.
- The applicant and all owners, officers, and board members affiliated with the proposed dispensary are required to complete an application for a Criminal History Check by the Arkansas State Police. Results from the Criminal History Check must be included with the application packet when it is submitted to the Commission.
- The applicant and all owners, officers, and board members affiliated with the proposed dispensary are required to submit to a Criminal History Check by the Federal Bureau of Investigation. NOTE: This portion of the application process will not be completed until AFTER the application packet has been submitted to the Commission.
- Provide complete information required by Property Ownership Form
- Provide complete information required by School and Church disclosure form.
- Provide a complete Proof of Zoning Compliance Form
- Provide complete and comprehensive responses to all information requested in the Merit Portion of the application.
- Complete “Authority to Release Information” form.
- **ALL RESPONSES, ATTACHMENTS, AND EXHIBITS PRODUCED IN RESPONSE TO ANY PORTION OF THE APPLICATION MUST INCLUDE A HEADER REFERENCING THE ITEM NUMBER AND SUBPART TO WHICH IT APPLIES.**

### Proof of Assets Requirement

- Provide proof of assets or a surety bond in the amount of \$200,000.00, and proof of at least \$100,000.00 in liquid assets. If the applicant is submitting an application on behalf of an entity, the assets do not have to be held by the entity. Assets may be held by the applicant or any owner of the applying entity.

### Instructions for Submitting the Application

- Hand-Deliver completed application packets to:

Arkansas Medical Marijuana Commission c/o Arkansas Alcoholic Beverage Control  
1515 W. 7<sup>th</sup> Street, Suite 503  
Little Rock, Arkansas 72201  
501-682-1105

- Application packets must include the following:
  - An original and six paper copies of the completed application;
  - A compact disk containing an electronic version of your completed application in a searchable PDF file format;
  - Proof of assets or a surety bond in the amount of \$200,000.00, and proof of at least \$100,000.00 in liquid assets; and
  - Background results from the Arkansas State Police for the applicant and all owners, officers, and board members affiliated with the proposed dispensary.
- NOTE: Applicants will receive fingerprint cards and instructions for completing the background check by the Federal Bureau of Investigation upon submission of a complete application to the Commission.

### Instructions for Submitting the Application Fee

- Upon submission of a complete application packet to the Medical Marijuana Commission, the applicant will receive a payment voucher for the application fee of \$15,000.00.
- The voucher must be delivered along with the entire application fee to:  
[INSERT CASHIER'S OFFICE INFO]
- PAYMENT MUST BE MADE IN FULL. PARTIAL PAYMENTS WILL NOT BE ACCEPTED.

**APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**  
**SECTION A. GENERAL INFORMATION**

**1. Name of Applicant** (Must be a natural person.)

\_\_\_\_\_

**2. Business Name** \_\_\_\_\_

**Fictitious Trade Name (if any)** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Business telephone number** \_\_\_\_\_

**3. Business entity type** \_\_\_\_\_

**Date of business formation or incorporation** \_\_\_\_\_

**State(s) of Incorporation** \_\_\_\_\_

**Registered Agent Name** \_\_\_\_\_

**Registered Agent Address** \_\_\_\_\_

**4. List all owners, stockholders, shareholders, officers, and board members of the proposed dispensary. Identify the nature of the individual's or corporation's affiliation with the proposed dispensary. (Attach any necessary additional pages to this form. Include a header on any attachments. The header for this response should include "Section A. Number 4.")**

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5. County of Proposed Location \_\_\_\_\_

6. City of Proposed Location (If inside city limits) \_\_\_\_\_

7. Has the applicant or business entity filed, or does the applicant or business entity intend to file an additional application for a dispensary license under the same or a different name at a different location? If so, please provide the location(s) and any other name under which the application(s) will be made.

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8. Has the applicant or business entity filed, or does the applicant or business entity intend to file an application for a dispensary license, under the same or a different name? If so, please provide the location(s) and any other name under which the application(s) will be made.

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9. Is the Applicant or any owner, stockholder, shareholder, officer, or board member in any way affiliated with any other applicants(s) for dispensaries/cultivation centers? If yes, please identify the individual and the name of the proposed cultivation facility or dispensary.

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Certification

I, \_\_\_\_\_, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

## SECTION B. Applicant, Owner, Officer, or Board Member Disclosure Statement

**Identify your affiliation with the proposed dispensary (Applicant, Owner, Officer, Board Member?) Include your percentage of equity ownership in the dispensary, if any.**

Affiliation: \_\_\_\_\_

Percentage of Equity Ownership: \_\_\_\_\_

### **Legal Name**

\*In addition to the information below, you are required to provide supporting documents to prove your legal name. See Section B, Appendix 1 for acceptable forms of proof.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Alias(es) or former names \_\_\_\_\_

SSN \_\_\_\_\_

### **Date of Birth**

\*In addition to providing your date of birth, you are required to provide supporting documents to prove your date of birth. See Section B, Appendix 2 for acceptable forms of proof.

Date of Birth \_\_\_\_\_

### **Contact Information**

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

Phone Number (primary contact number) \_\_\_\_\_



Email Address \_\_\_\_\_

**Residency**

Are you an Arkansas resident? \_\_\_\_\_

If you are not an Arkansas resident, please identify your primary place of residence.

\_\_\_\_\_

Have you been an Arkansas resident for the past seven (7) years? \_\_\_\_\_

If you answered “yes” to the question above, in addition to providing the information requested below, you are required to provide supporting documents to prove your residency for the past seven (7) years. See Section B, Appendix 3 for acceptable forms of proof.

Provide the address of your primary residence(s) for the past seven (7) years. Identify the dates (month and year) you resided at each listed location:

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\_\_\_\_\_

**Tax Liability**

Do you have any outstanding tax delinquencies owed to the State of Arkansas: \_\_\_\_\_

If you answered “yes” to the previous question, please explain the nature of any delinquencies:

\_\_\_\_\_

\_\_\_\_\_

**Professional Licensure**

Do you presently hold any type of professional license? \_\_\_\_\_

If yes, identify the type of license and license number \_\_\_\_\_

Is the license in good standing? \_\_\_\_\_

**Certification**

I, \_\_\_\_\_, certify that the information provided in this form and its attachments is complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant, Owner, Officer, or Board Member

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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This draft is a working document. All information contained herein is subject to change and may differ substantially from the final document. The information contained in this document should not be considered the position or views of the Agency or the Governor.

# **APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**

## **SECTION B. Applicant, Owner, Officer, or Board Member Disclosure Statement** **APPENDIX 1 – ESTABLISH LEGAL NAME**

Any person submitting a Disclosure Statement must present at least one (1) of the source documents listed below to prove his or her legal name. You may provide legible copies of the original documents. The Medical Marijuana Commission reserves the right to request and review the original of any document submitted by copy. Any documents submitted in response to this requirement must be labeled with “Section B, Appendix 1”.

1. Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual’s state of birth or marriage;
2. Valid, unexpired U.S. passport or U.S. passport card;
3. Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Commission of State;
4. Valid, unexpired permanent resident card (Form I-551) issued by the Commission of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
5. Unexpired employment authorization document issued by the Commission of Homeland Security, Form I-766 or Form I-688B;
6. Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant’s most recent admittance into the United States or a Commission of Homeland Security admittance stamp on the passport;
7. Certificate of naturalization issued by Commission of Homeland Security, Form N-550 or Form N-570;
8. Certificate of citizenship, Form N-560 or Form N-561, issued by Commission of Homeland Security;
9. Court-issued, certified copy of a divorce decree; or
10. Certified copy of a legal change of name order.

# **APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**

## **SECTION B. Applicant, Owner, Officer, or Board Member Disclosure Statement** **APPENDIX 2 – ESTABLISH DATE OF BIRTH**

Any person submitting a Disclosure Statement must present at least one (1) of the source documents listed below and a copy of his or her valid, unexpired driver's license or government issued photo identification card to prove his or her date of birth. You may provide legible copies of the original documents. The Medical Marijuana Commission reserves the right to request and review the original of any document submitted by copy. Any documents submitted in response to this requirement must be labeled with "Section B, Appendix 2".

1. Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth or marriage;
2. Valid, unexpired U.S. passport or U.S. passport card;
3. Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Commission of State;
4. Valid, unexpired permanent resident card (Form I-551) issued by the Commission of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
5. Unexpired employment authorization document issued by the Commission of Homeland Security, Form I-766 or Form I-688B;
6. Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant's most recent admittance into the United States or a Commission of Homeland Security admittance stamp on the passport;
7. Certificate of naturalization issued by Commission of Homeland Security, Form N-550 or Form N-570;
8. Certificate of citizenship, Form N-560 or Form N-561, issued by Commission of Homeland Security;
9. Court-issued, certified copy of a divorce decree; or
10. Certified copy of a legal change of name order.

# **APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**

## **SECTION B. Applicant, Owner, Officer, or Board Member Disclosure Statement APPENDIX 3 – ESTABLISH SEVEN YEARS OF RESIDENCY IN ARKANSAS**

Any person submitting a Disclosure Statement and declaring at least seven (7) years of residency in Arkansas must present at least two (2) of the source documents listed below. You may provide legible copies of the original documents. The Medical Marijuana Commission reserves the right to request and review the original of any document submitted by copy. Any documents submitted in response to this requirement must be labeled with “Section B, Appendix 3”.

1. Arkansas tax return Form AR1000 for each of the seven years preceding the application without schedules, worksheets, or attachments, and redacted to remove all financial information and all but the last four digits of the individual’s social security number;
2. Evidence of voter registration for the seven years preceding the application;
3. Ownership, lease, or rental documents for place of primary domicile for the seven (7) years preceding the application;
4. Billing statements including utility bills for the seven (7) years preceding the application; or
5. Vehicle registration for the seven (7) years preceding the application.

# **APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**

## **SECTION C. PROPERTY INFORMATION**

### **PART 1. PROOF OF AUTHORIZATION TO OCCUPY PROPERTY**

If the property on which the proposed dispensary is located, or will be located, is owned by the applicant/entity, submit:

- Confirmation of land ownership;
- Identification of any and all mortgagees and perfected lienholders;
- If applicable, verification of notification to any and all mortgagees and perfected lienholders that the property is to be used as a medical marijuana dispensary; and
- Consent thereto by any mortgagees and perfected lienholders.

If the property of the proposed dispensary is leased by the applicant/entity, submit:

- A copy of the lease;
- Confirmation of land ownership;
- Identification of any mortgagees and perfected lienholders;
- A written statement from property owner or landlord certifying consent for a medical marijuana dispensary to be operated on the premises; and
- If applicable, verification of notification by the property owner to any and all mortgagees and perfected lienholders that the property is to be used as a medical marijuana dispensary and consent thereto by any mortgagees and perfected lienholders.

If the property is not owned or currently leased by the applicant/entity, submit:

- A written statement from the property owner or landlord certifying consent for the applicant/entity to lease or purchase the land for the purpose of operating a medical marijuana dispensary;
- If applicable, verification of notification by the property owner to any and all mortgagees and perfected lienholders that the property is to be used as a medical dispensary; and
- Consent thereto by any mortgagees and perfected lienholders.

**Part 2. PROOF THAT PROPOSED LOCATION IS AT LEAST 1500 FEET FROM THE NEAREST PUBLIC OR PRIVATE SCHOOL, CHURCH, OR DAYCARE.**

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**APPLICATION FOR MEDICAL MARIJUANA DISPENSARY**

**SECTION D. COMPLIANCE WITH LOCAL ZONING RESTRICTIONS**

Applicants for dispensaries must certify that the proposed dispensary will comply with any zoning restrictions enacted by the city, town, or county in which the facility is located.

Has the city, town, or county where the proposed dispensary is to be located enacted any zoning restrictions for medical marijuana dispensaries?

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If you answered, “yes” to the question above, identify all restrictions and list the corresponding ordinance.

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Certification

I, \_\_\_\_\_, certify that if a license is awarded by the Medical Marijuana Commission, the dispensary to be located at: \_\_\_\_\_, will be operated in compliance with the zoning restrictions listed on Page 1 of this form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# APPLICATION FOR MEDICAL MARIJUANA DISPENSARY

## SECTION E. REQUIRED MERIT CRITERIA

### **Schedule 1 – Qualifications of Applicant**

Section V(9)(b)(i)

**(Page Limitation??)**

**(\_\_ points)**

The Commission will evaluate the education and business experience of each applicant. Points will be awarded based on each applicant's demonstration of the requisite education, knowledge, and experience to operate a medical marijuana dispensary. Applicants should describe, in detail, any experience the applicant considers relevant to demonstrate qualifications required to operate a medical marijuana dispensary. Experience, if any, in the following should be specifically identified:

- Regulated Industries
- Agriculture or horticulture
- Commercial manufacturing
- Creating and implementing a business plan
- Creating and implementing a financial plan
- Experience with secure inventory tracking and control
- Experience with the cultivation and production of medical marijuana
- Experience as an owner or manager of a business that requires twenty-four hour security and monitoring

### **Schedule 2 – Ability to Operate a Dispensary in Compliance with Applicable Laws, Rules, and Regulations**

Section V(9)(b)(ii)

**(\_\_ points)**

Schedule 2a. **(\_\_ points)** The Commission will evaluate the applicant's ability to manufacture approved medical marijuana products, each with a consistent cannabinoid profile and each able to pass the required quality control testing standards established by the Arkansas Department of Health. Points will be awarded based on the applicant's demonstration of a working knowledge of medical marijuana cultivation, as well as, experience with and proposed procedures for testing and quality control. Applicants should include any information relevant to testing and quality control. Applicants should specifically address the following:

- A detailed plan for producing sufficient quantities of approved medical marijuana products to meet the needs of individuals with qualifying medical conditions.  
Applicants should include:
  - Estimated number of immature and mature medical marijuana plants to be grown by the facility at any given time.

- The types of medical marijuana strains that will be grown by the facility in the first year of production.
- List all usable marijuana products, including extracts, concentrates, oils, and edibles the facility intends to produce in its first year of operation.
- Description of cultivation procedures to be implemented in the facility. Descriptions should include the following:
  - Grow mediums
  - Use of pesticides or other chemicals to aid in the cultivation of medical marijuana
  - Types of areas to be used in the cultivation of plants at various stages of growth.
- Description of any manufacturing or processing procedures to be implemented by the dispensary. Description should include procedures to be implemented for the manufacturing and processing of any medical marijuana extracts, concentrates, or edibles.
- A detailed plan for testing the following:
  - Potency of marijuana (measurements for THC, THCA, CBD, and CBDA)
  - Microbiological contaminants
  - Pesticides
  - Solvents
  - Water activity and moisture content
  - Metals
- A detailed plan for the prevention of cross contamination of plants.
- A detailed plan for the disposal of waste products and unusable medical marijuana consistent with the rules of the Arkansas Alcoholic Beverage Control.

**Schedule 2b. (\_\_\_ points)** The Commission will evaluate the applicant's ability to comply with the construction specifications for dispensaries described in the Arkansas Alcoholic Beverage Control's rules for Medical Marijuana. Points will be awarded based on the applicant's proposed plans for construction or renovation of the dispensary, if required, to ensure the production and dispensing of medical-grade marijuana in a safe and secure environment. Applicants should include any relevant information and specifically address the following:

- Describe the material used or to be used in the construction of the foundation, exterior walls, and the roof of the dispensary.
- Describe proposed plans to ensure that cultivation and processing activities cannot be and will not be perceptible from the structure in terms of:
  - Common visual observation;
  - Odors, smell, fragrances, or other olfactory stimulus;
  - Light pollution, glare, or brightness;
  - Adequate ventilation to prevent mold; and
  - Noise
- Provide a blueprint or drawing of the dispensary. Identify the total square footage of the facility. Identify the primary entrance to the dispensary. Identify each point of ingress and egress to the facility. Identify all restricted or limited access areas within the facility. Label all areas of the dispensary to be used for cultivation. Label all areas of the dispensary that will be accessible to qualified patients and designated caregivers for the

purpose of dispensing medical marijuana. Identify storage areas and any other defined areas within the dispensary, and label the areas according to their purpose.

- For each area of the dispensary utilized for any stage of medical marijuana cultivation, identify the following for each area:
  - Specific stage of cultivation that will occur in the area;
  - Square footage of the individual area; and
  - Maximum planned canopy height for medical marijuana grown in the individual area.
- Provide a plot plan of the dispensary drawn to a reasonable scale. The plot plan must show all of the following: All public roads accessible by the dispensary and all uses of adjacent property.
- Provide color photos of the exterior portions of the dispensary, or a color photo of any proposed site for the construction of a dispensary. For existing structures, applicants should submit at least four photos depicting the front, rear, and sides of the building. If the dispensary has not been constructed, applicants should submit a color photo of the proposed site.

Schedule 2c. (\_\_\_ points) The Commission will evaluate the applicant's ability to comply with the security and storage requirements for dispensaries described in the Arkansas Alcoholic Beverage Control's rules for Medical Marijuana. Points will be awarded based on the applicant's demonstration of a plan that will deter and prevent both unauthorized entrance into the facility and theft and diversion of medical marijuana. Applicants should include any relevant information and specifically address the following:

- Identify the type of alarm system to be used within the dispensary and around the perimeter of the dispensary.
- Identify the type of video surveillance system to be used in the dispensary and around the perimeter of the dispensary.
- Identify any other means of security or surveillance. If an outside contractor will be used for security, please provide the name, address, and phone number of the contractor.
- Provide a retention plan for security and surveillance system records.
- Describe any additional plans or methods for security or the prevention of diversion of medical marijuana.
- Provide a proposed plan for the storage of harvested medical marijuana.

Schedule 2d. (\_\_\_ points) The Commission will evaluate the applicant's ability to comply with the requirements for packaging medical marijuana established by the Arkansas Alcoholic Beverage Control Administration and the requirements for labeling medical marijuana established by the Arkansas Department of Health. Points will be awarded based on the applicant's ability to provide adequate packaging and labeling of medical marijuana.

- Describe the types of packaging to be used for the products produced by the dispensary or received from a cultivation facility that require packaging prior to dispensing to a qualified patient or designated caregiver. Provide any photos or diagrams that may be useful in understanding the packaging. Packaging should not only include the product-level packaging; but also, packaging and containers that will be used for transporting medical marijuana from dispensaries to other dispensaries, cultivation facilities, qualified patients,

and designated caregivers.

- Describe the methods of labeling to be used by the dispensary. Provide any photos or samples that may be useful in describing the labels. Labeling should not only include product-level labeling, but also, labeling of containers and packaging to be used in transporting medical marijuana to other dispensaries, cultivation facilities, qualified patients, and designated caregivers.
- Describe the process for weighing, packaging, and preparing medical marijuana for transport to marijuana to other dispensaries, cultivation facilities, qualified patients, and designated caregivers.

**Schedule 2e. (\_\_\_ points)** The Commission will evaluate the applicant's ability to comply with the requirements of the Alcoholic Beverage Control Administration for the transportation of medical marijuana products. Points will be awarded based on the applicant's demonstration of a plan to reduce the risk of diversion, loss or theft of medical marijuana during transport. Applicants should describe containers and vehicles to be used for transportation of medical marijuana, as well as, any other information relevant to the applicant's plan for transport.

### **Schedule 3 – Operations Plan**

#### **Section V(9)(b)(v)**

**(\_\_\_ points)**

An applicant must be ready, willing, and able to properly carry out the activities of a medical marijuana dispensary. The Commission will award points based on the applicant's ability to demonstrate compliance with this requirement. Applicants shall submit the following:

- Business plan for operating a dispensary on a long term basis. The plan should include, but not be limited to the following:
  - Detailed description of the estimated amount of capital and debt commitment for the proposed dispensary. Estimates should include a breakdown of amounts needed for start-up, as well as, long term stability.
  - Proposed staffing requirements, hiring criteria for staff, daily operations schedules.
- Estimated timeline for opening the dispensary.

### **Schedule 4 – Financial Disclosure**

#### **Section V(9)(b)(vi)**

**(\_\_\_ points)**

Applicants must prove financial stability and access to financial resources. The Commission will award points based on the applicant's ability to demonstrate financial stability. Applicants shall

provide the following:

- Legal sources of finances immediately available to begin operating a dispensary.
- Disclosure of bankruptcy filings by the applicant or entities owned or operated by the applicants.
- Credit histories for the applicant and owners of the entity.
- Summary of financial statements for businesses previously or currently owned or operated by the applicant owners of the entity.
- Any other information that may be necessary to prove financial stability.

### **Bonus Section**

#### **Schedule 5 – Affiliation with a Medical Doctor, Doctor of Osteopathy, or Doctor of Pharmacy**

**Section V(9)(c)(i)**

**(\_\_ points)**

Dispensaries will be required to hire a pharmacist consultant. Applicants are not required to affiliate with a medical doctor or doctor of osteopathy; however, the Commission will award bonus points to those applicants with an affiliation with one of the identified medical professionals. The Commission will also consider affiliations with a doctor of pharmacy if the affiliation will be in addition to the requirement of retaining a pharmacist consultant. If the dispensary will be affiliated with a medical doctor, doctor of osteopathy, or doctor of pharmacy, please provide the name, title, and degree of affiliation with the dispensary for each identified medical professional.

#### **Schedule 6 – Economic Impact and Diversity**

**Section V(9)(c)(ii)**

**(\_\_ points)**

**Schedule 6a. (\_\_ points)** The Commission will award points to applicants based on the projected economic impact a dispensary may have on an area. Points shall be awarded to applicants based on the Arkansas Economic Development Commission's tier-ranking of counties based on the following factors: poverty rate, population growth, per capita personal income, and unemployment rate. Applicants do not need to provide any information for this section. Points shall be awarded based on the county of the proposed dispensary and its ranking as determined by the Arkansas Economic Development Commission.

**Schedule 6b. (\_\_ points)** The Commission will award bonus points to applicants based on the projected impact of the diversity of the area. Applicants should include information including, but not limited to the following:

- Ownership in the dispensary by minority groups;
- Ownership in the dispensary by veterans; and
- Ownership in the dispensary by women.

## **Schedule 7 – Community Benefit**

### **Section V(9)(c)(iii)**

**(\_\_ points)**

Schedule 7a. (\_\_ points) The Commission will award bonus points for substance abuse plans to be implemented by an applicant if they are awarded a dispensary license. If an applicant intends to implement a substance abuse plan, the applicant should provide a detailed description of the plans that will be undertaken to combat substance abuse in Arkansas. If the plan includes working with existing substance abuse programs, please identify those programs.

Schedule 7b. (\_\_ points) The Commission will award bonus points for compassionate care plans to be implemented by an applicant if they are awarded a dispensary. Provide a detailed explanation of the plan.

Schedule 7c. (\_\_ points) The Commission will award bonus points for medical marijuana research plans, education plans, and plans to promote patient and public safety. Please describe, in detail, any plans the applicant will undertake if awarded a dispensary license for the purpose of research, education, or patient and public safety.

Schedule 7d. (\_\_ points) The Commission will award bonus points based on the percentage of ownership in the dispensary by Arkansas residents. Please identify the percentage of ownership in the proposed dispensary held by Arkansas residents.