



**State of Vermont
 Marijuana Registry**
 45 State Drive
 Waterbury, Vermont 05671-1300
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Department of Public Safety

Marijuana Dispensary Application

Instructions: Carefully review all pages. Complete the applicant information section below. **ALL** criteria and measures **must** be clearly addressed, even when no point values are assigned. Failure to submit the required fee will result in the application being considered non-responsive and not accepted for review. Additionally, failure to clearly address all of the Criteria and Measures contained within this application in written form appropriately noting where each measure is addressed will result in the application being considered non-responsive and not accepted for review. All applications **must** be submitted with a non-refundable \$2,500 fee payable to the Department of Public Safety. All communications concerning this application must be addressed to Lindsey Wells.

Contact Information: Lindsey Wells
 [Telephone] (802) 241-5222
 [E-mail] Lindsey.Wells@vermont.gov
 [Fax] (802) 241-5230

Closing Date: July 28, 2017 at 4:30pm

APPLICANT INFORMATION:

DISPENSARY NAME: _____

RESPONSIBLE PARTY: _____

POINT OF CONTACT: _____

MAILING ADDRESS*: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

E-MAIL*: _____ TELEPHONE NO: (_____) _____

**To receive communication regarding this application (required).*

OVERVIEW:

Scope and Background: The Department of Public Safety was tasked with establishing five (5) marijuana dispensaries throughout the state of Vermont. Four (4) dispensaries have already been established in Vermont and the Department is seeking to establish the fifth dispensary.

Regulation by Municipalities: Each applicant should be aware nothing prevents a municipality from prohibiting the establishment of a dispensary within its boundaries or from regulating the time, place, and manner of dispensary operation through zoning or other local ordinances.

Certificate Expiration Date: The active operating certificate awarded by the Department of Public Safety to will be issued for a period of 12 months with an option to renew for additional 12 month periods.



REQUIRED CONTENT FOR SUBMISSION

Each application MUST address section A and B. Applications that fail to address sections A and B will be rejected as non-responsive, and will not be considered.

A.) Selection Criteria and Measures

Each application must address each of the following criteria and measures. Applications that fail to address all criteria and measures will be rejected as non-responsive, and will not be considered.

Criterion 1: Business plan and facility information (up to 25 points)

Measure 1 [up to 10 points]

Describe the secure locked facility that will be used for cultivating marijuana, including, but not limited to, security measures contained in Section 6.10 and visibility to the public. If applicable, describe the facility or location that will be used to cultivate hemp, including, but not limited to, security measures contained in Section 6.14.2 of the Rules Regulating Cannabis for Symptom Relief (Rules).

Measure 2 [up to 15 points]

A business plan that thoroughly describes the expected financial development for the first three years of dispensary operations. The business plan, at a minimum, shall include:

- A detailed financial plan describing the amount and source of capital and debt obligations demonstrating viability for the first three years of operation. Additionally, this plan shall include the availability of funds allocated for capital and operating expenditures;
- A proposed sliding-scale pricing policy that addresses a registered patient's ability to pay;
- Projected income statements for the first three years of operations;
- A description of experience possessed by the principal(s) and owner(s) relevant to managing non-profit or for-profit entities.

Criterion 2: Overall health needs of registered patients [up to 35 points]

Measure 1 [up to 10 points]

Demonstrate the convenience of the proposed location for registered patients. Provide documentation that the facility is accessible for registered patients with limited mobility and that the proposed geographic region is underserved and/or the convenience of this geographic location including the projected impact to the registered patient population. Attach comments from cardholders regarding the location, if available.

Measure 2 [up to 15 points]

Provide a cultivation plan detailing the process that will be implemented to provide an adequate supply of marijuana and projected number of registered patients expected to designate this dispensary, including:

- Start-up timetable providing an estimated time from dispensary registration until opening for patient appointments, and explain the assumptions used for the basis of these estimates;
- Provide documentation regarding the proposed process to ensure the quality, purity, and dose consistency of marijuana for symptom relief;
- Disclose proposed strains, marijuana and marijuana-infused products, and any other form(s) of marijuana anticipated to be dispensed.

Measure 3 [up to 5 points]

Provide a staffing plan and proposed business hours that will allow registered patients to access marijuana for symptom relief in a timely manner in accordance with Section 6.12 of the Rules.

Measure 4 [up to 5 points]

Provide examples of patient education materials to be distributed to registered patients and caregivers in accordance with Section 6.11.4 of the Rules.

Criterion 3: Safe and secure communities [up to 40 points]

Measure 1 [up to 25 points]

Provide plans, policies and procedures for recordkeeping, inventory, quality control, and security to deter and prevent unauthorized access and theft for the proposed dispensary location(s) as required under Section 6.10 and 6.11 of the Rules, including:

- A recordkeeping plan addressing maintaining confidential patient information and records in conformity with Vermont law and the Federal Health Insurance Portability and Accountability Act (HIPAA);
- A security plan to deter and prevent unauthorized entrance into areas containing marijuana and theft of marijuana, including a retention policy for electronic and video monitoring for each location.

Measure 2 [up to 15 points]

Provide personnel policies as required under Section 6.11 of the Rules.

B.) Entity Information

Each application must address each of the following items. Applications that fail to address all items below will be rejected as non-responsive, and will not be considered.

- Organizational documents that create the dispensary, govern its operation and internal affairs, and govern relations between and among its owners;
- The proposed location(s), physical address and documentation from the landlord or property owner providing consent to operate a dispensary at the identified location. If the proposed location(s) has yet to be determined, the applicant shall identify the municipality in which the proposed dispensary will be located;
- Verification from the municipality(ies) local codes and ordinances do not prohibit dispensaries and the proposed physical address is not located within 1,000 feet of a pre-existing public or private school boundary or licensed/regulated childcare facility.
 - In the event that the municipality is unable to provide verification that the proposed physical address is not located within 1,000 feet from and existing public or private school boundary or licensed/regulated childcare facility, a sworn affidavit of the applicants or other qualified individual may be substituted, provided that the affidavit sets out that reasonable efforts were made.
- The name, address, dates of birth, and valid Vermont driver's license or non-driver identification number of each principal and owner;
- A list of all individuals or entities proposed that will have direct or indirect entitlements to the land or building(s), and/or providing capital to the entity;
- An acknowledgement that the applicant will pay for the costs associated with all persons that apply as a principal, owner, or employee of a dispensary for a registry identification card.

GENERAL REQUIREMENTS:

Application Determinations: A panel shall be convened by the Department to evaluate and score each application. This panel shall include a registered patient, a registered caregiver, and VMR personnel. This panel shall solicit input from registered patients and caregivers. The panel shall review each completed application that addresses all criteria and measures, including supporting information submitted during the open application period. Supplemental information may be requested and considered by the panel. The decision to grant a dispensary registration certificate shall be based on the overall health needs of registered patients. The maximum point value is determined by the quality of the applicant's submission. The maximum points that may be awarded for each criterion are indicated in Section 5.4 of these rules. For an application to be considered responsive, an application must receive at least 70 points and address all of the criteria and measures.

Applicants' Conference: An applicant's conference will be held at 45 State Drive, Waterbury, VT 05671-1300 at 10:00 am on July 18th, 2017. This conference will be to answer any questions about the application potential applicants may have for the Department. Please be advised individuals attending conference may be required to present a valid government issued photo ID when entering the facility.

Final agency action: The award decision shall be made in writing to the successful applicants. Written notice of denial of an application (non-selection) is considered final department action.

Limited operating registration certificate: The selected applicant(s) will receive information from the Department regarding obtaining fingerprint supported criminal history record(s) and appropriate registry identification card(s). No person shall operate a registered dispensary without a Department-issued registration certificate.

Submission Instructions: All applicants must submit an unbound original and a digitally searchable PDF file containing all components of the application. The digital PDF document(s) will be accepted via email submitted to DPS.MJRegistry@vermont.gov. All applications must be sealed and addressed to the Department of Public Safety, Marijuana Dispensary Application, 45 State Drive, Waterbury, VT 05671-1300 by the application closing date and time. Faxed applications will not be accepted. Applications not in possession of the Department at the application closing date will be returned to the applicant, and will not be considered.

Confidentiality: Applications, supporting information, and other information regarding dispensary applicants are confidential.

Federal Law Notice: The production, possession, and distribution of marijuana remains a violation of federal law. Persons in violation of federal law may be subject to federal prosecution. Neither, 18 V.S.A. Chapter 86, nor the Rules Regulating Cannabis for Symptom Relief, provides any protection against a violation of federal law.

I certify that I have read and understand the requirements of the Rules Governing the Vermont Therapeutic Use of Cannabis Program. I further certify that this application is prepared in conformity with the Rules Governing the Vermont Therapeutic Use of Cannabis Program and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE of Responsible Party: _____ DATE: _____

You must answer questions 1 and 2.

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxed would impose an unreasonable hardship (32 V.S.A. § 3113).

1. You must check one of the two statements below regarding taxes:

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000. fine or both).

OR

I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

2. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:

I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000 fine or both).

OR

I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

OR

I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Federal Tax ID Number: _____-_____-_____

*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

Statement of Applicant

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: _____ Date: _____

