



Disclaimer

The draft dispensary application and materials are **subject to change** and **not** the final application document. The document provides prospective dispensary applicants details regarding the application process, anticipated supporting materials that must be submitted by applicants, and other relevant information.

The draft dispensary application materials are **not** to be submitted to the Department of Health as a final application. There is no current open application period for registering a dispensary.

The Department of Health reserves the right to modify and/or change information within the draft dispensary application. This includes, and is not limited to, the scoring criteria information which includes the scoring categories and the points available in each category. In addition, the Department of Health may have an open application period for all eight regions at once, multiple open application periods for each specific region, or other combination of open application periods.

Application Instructions: Dispensaries

Application Due Date
TBD, 2018
4:00 PM CT

Date Issued:

Dispensary Region:



Division of Medical Marijuana
600 East Blvd Ave, Dept 301
Bismarck, ND 58505-0200
Phone: 701.328.1311
Email: medmarijuana@nd.gov

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North Dakota Department of Health

Division of Medical Marijuana

Dispensary Application

Overview:

North Dakota Century Code (NDCC) Chapter 19-24.1 authorizes the North Dakota Department of Health (Department) to establish a medical marijuana program to allow for the production, processing, sale, and dispensing of usable marijuana.

The Department is accepting applications from entities interested in obtaining a registration certificate to operate a dispensary. A dispensary is a Department registered entity authorized to dispense usable marijuana to registered qualifying patients and registered designated caregivers. The requirements related to the operation of a dispensary are included in NDCC Chapter 19-24.1 and North Dakota Administrative Code (NDAC) Chapter 33-44-01.

Information Management System:

The Department has selected BioTrackTHC as the state's information management system. A dispensary has the authority to select a different inventory control information system for its use. However, a dispensary's inventory control information system must adequately interface with the BioTrackTHC system. If a dispensary's selected inventory control information system does not adequately interface, as determined by the Department, the Department has the authority to require the dispensary to use the BioTrackTHC system.

Dispensary Regions

The Department has established eight regions for dispensary locations. A dispensary can apply to be located anywhere within one of the dispensary regions. The regions are comprised of a 50-mile (straight line distance) radius from eight communities in North Dakota: Bismarck-Mandan, Devils Lake, Dickinson, Fargo, Grand Forks, Jamestown, Minot, and Williston. An interactive map of the eight regions may be viewed at www.ndhealth.gov/MM/. The map can be used as a guide. An applicant is responsible for verifying whether a particular location is within the 50-mile radius.

Number of Registrations and Registration Process:

The Department is accepting registration applications for <NUMBER TO BE DETERMINED> dispensaries to be located throughout North Dakota. The Department reserves the right to register less than eight dispensaries. If the Department determines additional dispensaries are necessary to increase access to usable marijuana, the Department may register additional dispensaries.

A legal entity is not authorized to possess more than one registration certificate. An applicant must identify the region they are applying for when completing an application. If the same entity applies for more than one region and receives the highest score in more than one region, that entity will be required to select the single region in which they will operate.

The Department will deposit all nonrefundable application fees at the close of the application period. In accordance with NDCC Section 19-24.1-14, only complete applications are eligible for Department review. The requirements for a complete application are included in NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01.

A panel will review all complete applications using a 'blind review.' The review panel will not have access to identifiable entity information or individual names. The review panel will select the <NUMBER TO BE DETERMINED> dispensary applicants (SUBJECT TO CHANGE) eligible for

registration. Applicants notified of their eligibility for registration must comply with the requirements in NDCC Section 19-24.1-15 in order to receive a registration certificate. All Department decisions regarding the selection of dispensary applicants eligible for registration are final.

Any applicant awarded a dispensary registration by the Department shall operate in accordance with the representations made in its application, or as modified upon mutual agreement with the Department.

Timeline:

EVENT	DATE
Open application period begins	To Be Determined (TBD)
Deadline for submission of application questions	Approximately one week after open application period begins
Deadline for Department response to application questions	Approximately 5 days from deadline for submission of questions
Open application period ends	Approximately 4 weeks after open application period begins
Department will select applicants eligible for registration (estimated)	Approximately 5 weeks after open application period begins

Application Fees:

A nonrefundable application fee of \$5,000 is required with the submission of each application. A check should be made to the North Dakota Department of Health, Medical Marijuana Program.

Application Deadline and Submission:

A complete application and the \$5,000 nonrefundable application fee must be mailed to:

**North Dakota Department of Health
Accounting Division
600 East Blvd Ave, Dept 301
Bismarck, ND 58505-0200**

The Department will date stamp each application upon receipt. Faxed or emailed applications will not be considered. It is the applicant’s responsibility to allow sufficient time to address potential delays and ensure the application is received on or before the due date. Applications may be hand delivered to the Accounting Division within the Department of Health (Room #207 of the Judicial Wing, State Capitol). The delivery method to be used is a decision to be made by the applicant. Regardless of the delivery method used, the application must be received by the Department’s Division of Accounting by 4:00 p.m. (central time) on <DATE TO BE DETERMINED>. Late applications will not be accepted.

Communication with the Department:

All questions about the application and the application process must be submitted to the Department by email at medmarijuana@nd.gov. Emails should include in the subject line “Dispensary Application Question.” The deadline for submission of questions is <DATE TO BE DETERMINED>. Questions and answers of a substantive nature will be posted on the Division of Medical Marijuana’s website <https://www.ndhealth.gov/MM/> to ensure all applicants have access to the same information. All other communication with Department personnel is prohibited, except for contacting the Division of Accounting as described in the following section “Modifications to Applications.”

Modifications to Applications:

If an applicant deems it necessary to modify, add, or delete information in a previously submitted application, the applicant must submit a new, complete application, including a new \$5,000 nonrefundable application fee before the application deadline. The original application and check will be returned to the applicant upon receipt of the revised application; or, upon the applicant's request, shredded by the Department. The Division of Accounting may be contacted at 701.328.2392 to confirm receipt of an application or to request withdrawal of a previously submitted application.

Disqualifications:

The Department may disqualify any applicant who:

- Fails to submit a complete application.
- Fails to pay the application fee prior to the deadline.
- Submits incomplete, false, inaccurate, unresponsive, or misleading information.

The Department's decision to disqualify an applicant is final.

Scoring of Applications:

Only complete applications will be eligible for review and scoring by the Department. The application review panel established by the Department will review and score all complete applications after the close of the open application period. The review panel will receive a copy of each complete application. All personal and identifying information in an application will be redacted by the Division of Accounting prior to the review panel receiving, reviewing, and scoring the applications.

Each panel member will review and score every complete application. The cumulative total of all the scores assigned to an application by each panel member is the final score. The final score will determine which applicants are eligible for registration. The Department reserves the right to select fewer than <NUMBER TO BE DETERMINED> applicants to be eligible for registration.

Scored Elements for Dispensary Applications:

Category	Points Possible
Suitability of Facility Location	8
Character and Experience	10
Operations and Services Plan	12
Staffing and Training	8
Recordkeeping	5
Safety, Security, and Preventing Diversion	8
Affordability	5
Labeling	3
Education and Outreach	15
Dispensing Procedures	16
Facility Description and Hours of Operation	5
Transportation	5
TOTAL	100

See Appendix A for additional scoring criteria.

Disclaimer:

The number of qualifying patients participating in the Medical Marijuana Program is unknown; therefore, the demand for usable marijuana is unknown. The Department does not provide any assurances regarding the demand for usable marijuana under the program.

How to Apply:

For an application to be complete and eligible for review, the applicant must follow these instructions:

1. Be familiar with NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01 that govern the Medical Marijuana Program, including dispensaries. The state law and administrative rules are available for review on the Division of Medical Marijuana website at <http://www.ndhealth.gov/MM/>. Applicants should use the statutory definitions to assist with completing the application. Applications that do not meet all criteria set forth in NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01 will not be considered for review.
2. Applicants should complete application forms prior to printing. Application forms will expand to fit all information submitted. Hand written applications will not be accepted. Applications may be submitted in a 3-ring binder, clipped, or similar fashion. However, applications should not be bound in a manner that hampers the Department from making copies (no spiral binding, adhesives, etc.).
3. Applicants are solely responsible for submitting all required information and payment.
4. Submit a check payable to the North Dakota Department of Health, Medical Marijuana Program in the amount of \$5,000.
5. Attach a one page cover letter to the application materials.
6. Complete and submit **Form A**, which includes:
 - a. Dispensary Region in which the applicant is applying.
 - b. Legal name and physical address of the applicant.
 - c. Certification of proposed location to a pre-existing public or private school.
 - d. Attachments to Form A:
 - (1) Articles of incorporation or articles of organization.
 - (2) Bylaws or operating agreement.
 - (3) Evidence of the applicant's registration with the North Dakota Secretary of State and certificate of good standing.
 - (4) A copy of the ordinance passed by local government related to zoning of a dispensary, if applicable.

7. Complete and submit **Form B**, which includes the applicable local zoning authority completing information and signing the form.

8. Complete and submit **Form C**, which includes:

- a. The name, address, and date of birth of each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.
- b. Consent to a criminal history record check for each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.

If the applicant needs additional space to add more names and accompanying information, please continue on a new Form C.

9. Complete and submit **Form D**, which includes:

- a. A description of each principal officer, board member, member-manager, manager, or governor's relevant experience (including training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, food science, food safety, production, processing, and experience running a business entity) and other pertinent information.

If the applicant needs additional space to provide information on individuals included in Form C, please continue on a new Form D.

10. If applicable, complete and submit **Form E**, which includes:

- a. The name, address, and date of birth of each employee, volunteer, or agent of the proposed dispensary.
- b. Consent to a criminal history record check for each employee, volunteer, or agent of the proposed dispensary.

If the applicant needs additional space to add more names and accompanying information, please continue on a new Form E.

11. If Form E includes names, complete and submit **Form F**, which includes:

- a. A description of each employee, volunteer, or agent's relevant experience (including training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, food science, food safety, production, processing, and experience running a business entity) and other pertinent information.

If the applicant needs additional space to provide information on individuals included in Form E, please continue on a new Form F.

12. Complete and submit **Form G**, which includes:

- a. A list of all individuals or business entities having direct or indirect authority over the management or policies of the proposed dispensary.
- b. A list of all individuals or business entities having an ownership interest in the proposed dispensary, whether direct or indirect, and whether the interest is in profits, land, or building, including owners of any business entity that owns all or part of the land or building.
- c. The identity of any creditor holding a security interest in the proposed dispensary premises.
- d. The total amount of capital and source of funds that will be used to open the proposed dispensary.
- e. A description of how the amount of capital included in Form E is sufficient to operate the proposed dispensary.

If the applicant needs additional space to add more names and accompanying information, please continue on an additional new Form G.

13. Complete and submit **Form H**, which includes:

- a. A copy of a complete Operations Manual which demonstrates compliance with NDCC Chapter 19-24.1 and NDAC Section 33-44-01-11. Applicants must remove all references to business/entity names, personnel names, and other similar identifying information from the Operations Manual. Use of the term “Business” or similar verbiage may be used in place of the business/entity name. Use of titles may be used in place of personnel names.
- b. Potential staffing of the proposed dispensary.
- c. Description of the training curriculum for dispensary agents.
- d. Description of the plans to ensure an adequate supply of usable marijuana for registered qualifying patients and registered designated caregivers.
- e. Description of procedures to ensure accurate recordkeeping.
- f. Description of proposed security and safety measures and procedures for safety measures, security measures, and prevention of diversion and theft.
- g. An example of the label to be affixed to usable marijuana and a description of labeling procedures (may attach a picture of proposed labels).

- h. Description of procedures for transportation of usable marijuana and medical marijuana waste.
- i. Description of how the proposed dispensary will make products available on an affordable basis to registered qualifying patients with limited financial resources.
- j. Description of outreach activities for registered qualifying patients and registered designated caregivers.
- k. Description of usable marijuana related supplies anticipated to be available to registered qualifying patients or registered designated caregivers.

14. Complete and submit **Form I**, which includes:

- a. Description of anticipated planned facility layout including display areas, restricted access areas, patient education areas, lobby or similar area, restrooms, sales transaction area, etc. (may attach a drawing of proposed facility layout).
- b. Description of anticipated locations of usable marijuana related supplies and other retail items.
- c. Description of anticipated parking available for qualifying patients and designated caregivers (including the number of handicap accessible spots, the proximity of parking spots to the front door, etc.).
- d. Description of anticipated hours of operation.

15. Complete and submit **Form J**, which includes a description of the dispensing procedures.

16. Complete and submit **Form K**, which includes the Attestation Form.

NOTE: If you have difficulty accessing the PDF application form, please verify you have a current version of Adobe Reader installed on your computer. We also strongly recommend the use of the Internet Explorer 11 as your browser. The Microsoft Edge browser is not supported at this time. We do have browser instructions for Chrome and Firefox at <https://www.nd.gov/eforms/>. You may also right-click the form link and choose Save Target As to save, complete and send the form on your desktop.

Appendix A Scoring Criteria

Suitability of Facility Location	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3-4	Good. Some applicability
5-6	Very Good. Substantial applicability
7-8	Excellent. Total applicability

Character and Experience	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3-5	Good. Some applicability
6-8	Very Good. Substantial applicability
9-10	Excellent. Total applicability

Operations and Services Plan	
Point Value	Explanation
0	Not addressed or response of no value
1-3	Fair. Limited applicability
4-6	Good. Some applicability
7-9	Very Good. Substantial applicability
10-12	Excellent. Total applicability

Staffing and Training	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3-4	Good. Some applicability
5-6	Very Good. Substantial applicability
7-8	Excellent. Total applicability

Recordkeeping	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3	Good. Some applicability
4-5	Excellent. Total applicability

Appendix A Scoring Criteria

Safety, Security, and Preventing Diversion	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3-4	Good. Some applicability
5-6	Very Good. Substantial applicability
7-8	Excellent. Total applicability

Affordability	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3	Good. Some applicability
4-5	Excellent. Total applicability

Labeling	
Point Value	Explanation
0	Not addressed or response of no value
1	Fair. Limited applicability
2	Good. Some applicability
3	Excellent. Total applicability

Education and Outreach	
Point Value	Explanation
0	Not addressed or response of no value
1-3	Fair. Limited applicability
4-7	Good. Some applicability
8-11	Very Good. Substantial applicability
12-15	Excellent. Total applicability

Dispensing Procedures	
Point Value	Explanation
0	Not addressed or response of no value
1-4	Fair. Limited applicability
5-8	Good. Some applicability
9-12	Very Good. Substantial applicability
13-16	Excellent. Total applicability

Appendix A Scoring Criteria

Facility Description and Hours of Operation	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3	Good. Some applicability
4-5	Excellent. Total applicability

Transportation	
Point Value	Explanation
0	Not addressed or response of no value
1-2	Fair. Limited applicability
3	Good. Some applicability
4-5	Excellent. Total applicability



DISPENSARY APPLICATION-DRAFT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MEDICAL MARIJUANA
SFN 61414 (04/2018)

Form A: Proposed Dispensary Information

TO BE COMPLETED BY APPLICANT

Region to which you are applying: (check only one)

- Bismarck/Mandan Devils Lake Dickinson Fargo
 Grand Forks Jamestown Minot Williston

Legal Name:

Name of proposed dispensary: (If different than above)

Street address of proposed dispensary:

City: ZIP Code:

ATTACHMENTS TO FORM A

Check if Attached:

- Articles of Incorporation or Articles of Organization of the proposed dispensary
 Bylaws or Operating Agreement of the proposed dispensary (including requirements of NDCC Section 19-24.1-28)
 Evidence of the dispensary facility applicant's registration with the North Dakota Secretary of State and certificate of good standing
 A copy of the ordinance passed by local government related to zoning of dispensary. If none check: N/A

Form B: Local Zoning Approval

TO BE COMPLETED BY LOCAL ZONING OFFICE		
Name of applicant requesting local zoning approval for a dispensary:		
Street address of proposed dispensary:		
City:	County:	ZIP Code:
The location of the proposed dispensary is not located within one thousand feet (604.80 meters) of a property line of a preexisting public or private school. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The appropriate board and/or commission having jurisdiction related to zoning for the proposed dispensary location has passed an ordinance, rules, and/or regulations related to zoning of a dispensary. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Except for information noted below, the location of the proposed dispensary is in compliance with local zoning ordinances, rules, and regulations. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If applicable, please answer the following:		
The ordinance, rules, and/or regulations related to zoning of a dispensary require an applicant to obtain a conditional use permit, a special use permit or other zoning permits. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The location of the proposed dispensary is eligible for the applicant to apply to receive a conditional use permit, special use permit or other required zoning permit. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The applicant has applied for the required conditional use permit, special use permit or other required zoning permit for the proposed dispensary location. <input type="checkbox"/> Yes <input type="checkbox"/> No		
A conditional use permit, special use permit or other required zoning permit has been issued for the proposed dispensary location. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide any comments or additional information related to the zoning of a dispensary: (Attach additional pages if necessary)		
Title of Authorized Zoning Representative:	Name of Local Jurisdiction/Zoning Authority:	
Printed Name:	Telephone Number:	
Signature:	Date:	

Form C: Member Information

Must be completed for each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.

INDIVIDUAL A		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual A consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL B		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual B consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL C		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual C consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL D		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual D consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL E		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual E consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form C: Member Information

Must be completed for each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.

INDIVIDUAL F		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual F consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL G		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual G consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL H		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual H consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL I		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual I consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL J		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual J consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form C: Member Information

Must be completed for each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.

INDIVIDUAL K		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual K consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL L		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual L consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form D: Member Experience/Training/Education

Using members listed in Form C, complete the following without using any names:

Individual A Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual A been convicted of a felony? Yes No

Has Individual A been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual A ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

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Individual B Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual B been convicted of a felony? Yes No

Has Individual B been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual B ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

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Individual C Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual C been convicted of a felony? Yes No

Has Individual C been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual C ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual D Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual D been convicted of a felony? Yes No

Has Individual D been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual D ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual E Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual E been convicted of a felony? Yes No

Has Individual E been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual E ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

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Individual F Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual F been convicted of a felony? Yes No

Has Individual F been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual F ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual G Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual G been convicted of a felony? Yes No

Has Individual G been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual G ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual H Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.	
Has Individual H been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual H been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual H ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.	

Individual I Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
Please mark yes or no and provide other information as requested.	
Has Individual I been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual I been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual I ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.	

Individual J Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
Please mark yes or no and provide other information as requested.	
Has Individual J been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual J been convicted of a drug-related misdemeanor offense within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Individual J ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual K Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual K been convicted of a felony? Yes No

Has Individual K been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual K ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual L Do NOT list name	Describe individual's relevant experience including training or professional licensing and the individual's experience running a business entity, if applicable.
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Please mark yes or no and provide other information as requested.

Has Individual L been convicted of a felony? Yes No

Has Individual L been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual L ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Form E: Employee, Volunteer, Dispensary Agent Information

If applicable, complete for each known employee, volunteer and agent of the proposed dispensary (including consultants).

INDIVIDUAL A		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual A consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL B		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual B consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL C		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual C consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL D		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual D consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL E		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual E consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form E: Employee, Volunteer, Dispensary Agent Information

If applicable, complete for each known employee, volunteer and agent of the proposed dispensary (including consultants).

INDIVIDUAL F		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual F consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL G		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual G consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL H		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual H consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL I		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual I consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL J		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual J consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form E: Employee, Volunteer, Dispensary Agent Information

If applicable, complete for each known employee, volunteer and agent of the dispensary facility (including consultants).

INDIVIDUAL K		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual K consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

INDIVIDUAL L		
Last Name:	First Name:	MI
Address:	City/State:	ZIP Code:
Date of Birth:	Individual L consents to a criminal history record check: (In accordance with NDCC Section 12-60-24) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form F: Experience/Training/Other Pertinent Information

Using those listed in Form E, complete the following without using any names:

Individual A Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual A been convicted of a felony? Yes No

Has Individual A been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual A ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

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Individual B Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual B been convicted of a felony? Yes No

Has Individual B been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual B ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

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Individual C Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual C been convicted of a felony? Yes No

Has Individual C been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual C ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual D Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual D been convicted of a felony? Yes No

Has Individual D been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual D ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual E Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual E been convicted of a felony? Yes No

Has Individual E been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual E ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

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Individual F Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.
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Has Individual F been convicted of a felony? Yes No

Has Individual F been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual F ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual G Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.
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Has Individual G been convicted of a felony? Yes No

Has Individual G been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual G ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual H Do NOT list name	Describe individual's experience, training and other pertinent information.
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If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual K Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual K been convicted of a felony? Yes No

Has Individual K been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual K ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Individual L Do NOT list name	Describe individual's experience, training and other pertinent information.
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Please mark yes or no and provide other information as requested.

Has Individual L been convicted of a felony? Yes No

Has Individual L been convicted of a drug-related misdemeanor offense within the last five years? Yes No

Has Individual L ever been convicted of any violation of any law other than a case that was resolved in juvenile court or minor traffic offenses (speeding, parking tickets, etc.)? Yes No

If any of the above questions are answered 'yes', please list date of conviction(s), description of the offense(s) and any other relevant information.

Form G: Ownership and Capital Information

List all individual & business entities having direct or indirect authority over the management or policies of the proposed dispensary.
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

List all individuals and business entities having an ownership interest in the proposed dispensary, whether direct or indirect.	Ownership interest is in: (check all that apply)
1.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
2.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
3.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
4.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
5.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
6.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
7.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
8.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
9.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building
10.	<input type="checkbox"/> Profits <input type="checkbox"/> Lands <input type="checkbox"/> Building

Form G: Ownership and Capital Information

List the identity of any creditor holding a security interest in the proposed dispensary premises.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

List the amount of capital and source of funds that will be used to open the proposed dispensary.

Type/Category of Capital (i.e. cash, cash equivalents, pledges, etc.)	Source of Funds (i.e. investors, board members, governors, etc.)	
1.	1.	Amount
2.	2.	Amount
3.	3.	Amount
4.	4.	Amount
5.	5.	Amount
6.	6.	Amount
7.	7.	Amount
8.	8.	Amount
9.	9.	Amount
10.	10.	Amount

Total Amount

Describe how the amount of capital included in Form G is sufficient to operate the proposed dispensary.

Form H: Operations Manual

Applicants must remove all references to business/entity names, personnel names, and other similar identifying information from the Operations Manual. Use of the term "Business" or similar verbiage may be used in place of the business/entity name. Use of titles may be used in place of personnel names.

In the following sections, provide the specific page number(s) in the proposed dispensary's Operations Manual that addresses the requested information.

If the requested information is not part of the proposed dispensary's Operations Manual, or if the applicant would like to provide additional information to what is already included in the Operations Manual (without duplicating any information), utilize the spaces below to provide the information you would like the Department to consider in review of the applications.

Attachments to Form H

A complete copy of the Operations Manual of the proposed dispensary.
Include all information as required in NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01.

Check if attached:

Requested Information

List the page numbers in your Operations Manual that provides a description of potential staffing of the proposed dispensary.

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of the training curriculum for dispensary agents:

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of the plans to ensure an adequate supply of usable marijuana for registered qualifying patients and registered designated caregiver:

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of procedures to ensure accurate recordkeeping:

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of proposed security and safety measures and the plan for safety, security and the prevention of diversion and theft:

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide an example of the label to be affixed to usable marijuana and a description of labeling procedures (may attach picture of proposed labels):

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of procedures for transportation of usable marijuana:

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of how the proposed dispensary will make products available on an affordable basis to registered qualifying patients with limited financial resources:

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of outreach activities for registered qualifying patients and registered designated caregivers.

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Requested Information

List the page numbers in the Operations Manual that provide a description of usable marijuana related supplies anticipated to be available to registered qualifying patients and designated caregivers.

If not included in the Operations Manual or if you would like to expand on information from the Operations Manual, please provide information here:

Form I: Facility Description and Hours of Operation

Description of anticipated planned facility layout including display areas, restricted access areas, patient education areas, lobby or similar area, restrooms, sales transaction area, etc. (may attach a drawing of proposed facility layout).

Enter text here:

Description of anticipated locations of usable marijuana related supplies and other retail items.

Enter text here:

Description of anticipated parking available for qualifying patients and designated caregivers (including the number of handicap accessible parking spots, the proximity of all "customer only" parking spots to the front door, etc.).

Enter text here:

Description of anticipated hours of operation:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Form J: Dispensing Procedures

Description of the process from the time an individual enters the proposed dispensary to when a registered qualifying patient or registered designated caregiver leaves the facility with product. Include, at a minimum, information regarding:

- Description of procedures for safely dispensing usable marijuana to registered qualifying patients and registered designated caregivers.
- Description of a distribution plan to provide registered qualifying patients and registered designated caregivers access to usable marijuana.
- Description of verification processes.
- Description of dispensary staff and their area of expertise in which an individual may encounter during their visit.
- Description of information that will be collected from individuals.
- Description of how the information collected will be documented and maintained.
- Description of the processes used by dispensary staff to recommend products for registered qualifying patients.
- Description of exit bags.
- If applicable, description of the home delivery dispensing process.

Enter Text Here:

Form K: Attestation Form

By signing below, I hereby certify and affirm that I have read the provisions of North Dakota Century Code Chapter 19-24.1 and North Dakota Administrative Code Chapter 33-44-01 and my application complies with all requirements.

By signing below, I hereby certify and affirm that as an applicant, I have actual notice that:

- Marijuana is a prohibited Schedule I controlled substance under federal law.
- Any activity not sanctioned by North Dakota Century Code Chapter 19-24.1 or the North Dakota Administrative Code Chapter 33-44-01 is a violation of state law and could result in arrest, prosecution, conviction, or incarceration.

By signing below, I hereby certify and affirm that I understand the \$5,000 application fee is nonrefundable.

By signing below, I certify and affirm that in filing my application:

- The North Dakota Department of Health is vested with broad discretion to select the applicants eligible for registration.
- The North Dakota Department of Health's decision in determining applicants eligible for registration as a dispensary is final.

By signing below, I hereby certify and affirm that all information included in my application is true, correct, accurate, and free from any falsifications. I understand providing false information is a violation of North Dakota state laws and is grounds for not being eligible for registration.

Printed Name	
Signature of Applicant	Date Signed

State of	County of	
Signed and sworn to (or affirmed) before me this		Date

Name(s) of Individual(s) Making Statement
Signature of Notary Public or Other Authorized Officer
Commission Expiration Date