

**FLORIDA DEPARTMENT OF HEALTH
OFFICE OF MEDICAL MARIJUANA USE**



**APPLICATION AND INSTRUCTIONS FOR
MMTC LICENSE RENEWAL**

SECTION 1 – INTRODUCTION

This Application and Instructions for MMTC License Renewal (renewal application) is designed to collect the information necessary to process and complete your license renewal in a timely manner. Your assistance in providing all required information will help the Florida Department of Health's Office of Medical Marijuana Use (OMMU) to process your renewal application as soon as possible.

Please read these instructions carefully and completely before submitting your renewal application. Questions regarding your renewal application may be emailed to the OMMU at OMMULicenseOperation@flhealth.gov. Emails are generally responded to within 48 hours during normal business hours.

SECTION 2 –THE RENEWAL PROCESS

For your renewal application to be considered for approval by OMMU, you must submit a complete license renewal application and the renewal fee. Upon receipt of your renewal application and renewal fee, OMMU will review the renewal application to ensure that all required written materials are included. When your renewal application arrives, your renewal fee will be deposited.

If your renewal application contains any apparent errors or omissions, the OMMU will notify you in writing and request any additional information required. The request for additional information will include a deadline for submitting the information identified to the OMMU. If the correct information and materials requested are timely received, your renewal application will be deemed complete and ready for evaluation.

SECTION 3 – PREPARING AND SUBMITTING A RENEWAL APPLICATION

Generally

Renewal applications should provide a straightforward, concise description of the information or materials requested. Within the renewal application, applicants shall not include or apply any conditions or exceptions to any statutory or rule requirements. A renewal application or response to a request for additional information shall not cross-reference materials previously submitted to the Department in an initial application, application amendment, or variance request.

It is solely the applicant's responsibility to ensure that the renewal application and any additional information is supplied timely and completely to the Department. Renewal

applications must be received by the Department on or before the date and time set forth in Florida Administrative Code rule 64ER19-4. Renewal applications delivered by hand must be delivered to the physical address listed below. Renewal applications that are shipped or mailed, must be sent to the mailing address listed below.

Physical Address

Florida Department of Health
Office of the General Counsel
ATTN: Agency Clerk
2585 Merchants Row Blvd., Suite 110
Tallahassee, Florida 32399

Mailing Address:

Florida Department of Health
Office of the General Counsel
ATTN: Agency Clerk
4052 Bald Cypress Way, Bin A-02
Tallahassee, Florida 32399

Format of Renewal Application

The following materials must be included in the renewal application and must be bound in a three-ring notebook with dividers tabbed as follows:

Tab A – Form I General Information

Tab B – Declaration of Exempt Information

Tab C – Entity Ownership

Tab D – Florida Business Registration and DACS Certification

Tab E – Personnel

Tab F – Operations

Tab G – Financial Ability

Tab H – Diversity Plan

Tab I – Medical Director

Tab J – Performance Bond

Tab K – Form II Attestation of Accuracy and Familiarity with Medical Marijuana Law

A complete copy of the renewal application in PDF format must be submitted on a USB flash drive. The PDF copy must be identical to the original hardcopy version of the renewal application. If there are any discrepancies between the original hardcopy and PDF version, the original hardcopy will control.

A redacted copy of the application with the statutory basis for each exemption clearly identified, as described in Tab B, below, must be included on the USB flash drive.

The renewal fee must be in the form of a cashier's check payable to "Florida Department of Health," and enclosed in an envelope.

Tab A – General Information and Renewal Application Fee

Complete each section in Form I and include the completed form behind Tab A of your binder.

Tab B – Declaration of Exempt Information

All renewal application materials and electronic and written communications pertaining to a renewal application, whether sent from or received by the Department, are subject to the Florida Public Records Law. Approval or denial of a renewal application does not affect the public record status of the materials. Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, Florida Statutes.

How to Claim Protection for Exempt Materials

If an applicant considers any portion of the documents, data or records submitted in its license renewal application to be a trade secret and/or otherwise exempt from public inspection or disclosure pursuant to Florida's Public Records Law, the applicant must prominently and conspicuously mark all such information in the renewal application as "Confidential – Exempt from Public Disclosure." The applicant must submit a brief, written description of the grounds for claiming exemption from the Public Records Law, including the specific statutory citation for such exemption.

An applicant must also simultaneously provide the Department with a separate, electronic, redacted copy of its renewal application, redacting all data or information claimed to be exempt from public disclosure. The file name of the electronic, redacted copy must contain the name of the applicant and "Redacted Copy." The first page of the electronic, redacted copy and each page on which information is redacted must prominently display the phrase "Redacted Copy." Except for the redactions, the redacted copy must be an exact duplicate of the original, unredacted renewal application. The redacted copy must be submitted simultaneously with the original, unredacted renewal application.

If an applicant fails to mark any materials submitted to the Department as exempt from public disclosure, the applicant waives the exemption under Chapter 119, Florida Statutes. Any claim of trade secret exemption for any information contained in the renewal application will be waived upon submission of the renewal application to the Department, unless the claimed trade secret information is submitted in accordance with these instructions. Applicants exclusively bear the burden of complying with these instructions to ensure their exempt information is appropriately marked.

Tab C – Entity Ownership

Renewal applicants must include the following ownership information behind Tab C:

1. An organizational chart illustrating the supervisory structure of the renewal applicant. The organizational chart must include the identities of all employees, owners and managers of the applicant, as those terms are defined in Florida Administrative Code rule 64-4.001.
2. A fully diluted capitalization table listing all share types and the aggregate sum of shares associated to any natural persons, whether considered owners or investors.
3. All agreements concerning control of the entity holding the MMTC license, or any change of control, including changes to management, owners or investors, regardless of whether the change is contingent or vested.
4. A statement identifying whether the applicant, or any individual or entity that owns, controls, or holds power to vote five (5) percent or more of the voting shares of the applicant, holds direct or indirect ownership or control of voting shares or has any other form of ownership in another licensed MMTC.

Tab D – Florida Business Registration and DACS Certification

The applicant must provide certified documentation from the Florida Department of State (DOS) demonstrating that the applicant has been registered to do business in the state of Florida for the previous five consecutive years. Such documentation must include a letter from the Florida DOS certifying the applicant's continuous registration to do business in Florida for the five-year period immediately preceding the applicant's submission of its renewal application to the Department.

The applicant must provide documentation demonstrating that it continues to possess a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to section 581.131, Florida Statutes. The name of the applicant as provided on Form I of the renewal application, must match the name that appears on a current certificate of registration from the Department of Agriculture and Consumer Services.

Tab E – Personnel

Behind Tab E, the applicant must include information that will allow the Department to confirm that the applicant's current employees, owners and managers, as those terms are defined in Florida Administrative Code rule 64-4.001, have passed a background screening as provided by section 381.986(9), Florida Statutes. Such information shall include the following:

An alphabetical listing of all current employees, owners and managers of the applicant, as those terms are defined in Florida Administrative Code rule 64-4.001, together with all of the following information for each individual:

- a. Last name, first name
- b. Date of birth
- c. Social Security number
- d. Hire date
- e. Job title

The information supplied by the applicant will be compared to the data in the Applicant Fingerprint Retention and Notification Program authorized by section 943.05(2)(b), Florida Statutes, and established by the Florida Department of Law Enforcement, as provided in Florida Administrative Code rule 11C-6.010.

Tab F – Operations

Behind Tab F, the applicant must include information concerning the MMTC's compliance with, and ability to continue operations pursuant to, the requirements in section 381.986, Florida Statutes. Specifically, the applicant shall provide the following information:

1. Cultivation.

- a. Provide a list of the additives, pesticides, fungicides and herbicides you use for the cultivation of marijuana in compliance with Florida Administrative Code Chapter 64ER19-3.
- b. Provide your standard operating procedures regarding the inspection processes for pests that endanger or threaten the horticulture or agriculture of the state in accordance with Chapter 581, Florida Statutes, and any rules adopted thereunder.
- c. Provide your standard operating procedures for the fumigation or treatment of plants in accordance with Chapter 581, Florida Statutes, and any rules adopted thereunder.

- d. Identify and describe all marijuana and low-THC cannabis product(s) that you produce and make available for purchase.
- 2. Processing.**
- a. Provide your standard operating procedures for testing marijuana for contaminants and potency of active ingredients before it is dispensed, including your record maintenance practices for all testing and samples of each homogenous batch of marijuana.
 - b. Provide documentation that the each of your processing facilities has passed a Food Safety Good Manufacturing Practices inspection by a nationally accredited certifying body.
 - c. Provide your standard operating procedures concerning the storage, handling, management and disposal of solid and liquid waste generated during marijuana production and processing.
 - d. Explain how you package the marijuana products identified in response to request 1.d. above.
 - e. State whether pre-rolled marijuana cigarettes are included in your product offerings, and if so, identify the wrapping paper you use for the cigarettes.
- 3. Dispensing.**
- a. Provide your dispensing policies and procedures that relate to the following:
 - i. Confidentiality of patients' medical conditions, health status and purchases of medical marijuana.
 - ii. Ensuring all qualified patients and caregivers have an active profile in the Medical Marijuana Use Registry and present Medical Marijuana Use identification cards prior to purchasing medical marijuana.
 - iii. Ensuring that no more than the maximum supply of marijuana is dispensed to a qualified patient or caregiver within the specified statutory time frames.
 - iv. Ensuring employees record in the registry all information required pursuant to sections 381.986(8)(e)16.c. and (8)(e)16.h., Florida Statutes.
 - v. Ensuring employees and volunteers receive training on the legal requirements to dispense marijuana to qualified patients.
- 4. Security.**
- a. Provide a copy of your personnel policy(ies) reflecting your compliance with sections 381.986(8)(f)6., (8)(f)7., and (8)(f)8, Florida Statutes.
 - b. Provide your alcohol and drug-free workplace policy.
- 5. Transportation.**
- a. Provide a list of the make, model and VIN number of each vehicle you use for the transportation of marijuana and marijuana delivery devices.

- b. Provide a copy of your transportation policy(ies) that addresses your compliance with the requirements of section 381.986(8)(g), Florida Statutes.
- 6. Facilities.**
- a. List the physical address of all properties you utilize in any way for the operation of your MMTC business, including, but not limited to, cultivation facilities, processing facilities, call centers, fulfillment centers, storage centers, management offices and record retention centers.

Tab G – Financial Ability

Behind Tab G, the applicant must provide audited, certified financial statements of the applicant that were issued within the immediately preceding 12 months of submission of the renewal application and that have been prepared in accordance with Generally Accepted Auditing Principles (GAAP) and Generally Accepted Auditing Standards (GAAS) by a Certified Public Accountant, licensed pursuant to Chapter 473, Florida Statutes, or equivalent law of another state.

The certified financials included in this section must belong to the identified applicant. Certified financials for parent companies, subsidiaries or other entities or persons that are not the identified applicant will not be accepted.

Tab H – Diversity Plan

Behind Tab H, the applicant must submit a statement showing the effectiveness of the diversity plan required under section 381.986(9)(b)10, Florida Statutes, including the following information:

1. The representation of minority persons and veterans in the Medical Marijuana Treatment Center's workforce.
2. Efforts to recruit minority persons and veterans for employment.
3. A record of contracts for services with minority business enterprises and veteran business enterprises.

Tab I – Medical Director

Behind Tab I, applicants must provide a response to each of the following questions and requests for information.

1. **Identity of Medical Director.** Identify your medical director (together with his/her Florida MD or DO license number) and provide documentation evidencing the medical director's most recent completion of the 2-hour Florida Medical Marijuana

Course for MMTC Medical Directors and subsequent examination offered by the Florida Medical Association or Florida Osteopathic Medical Association.

2. **Scope of Oversight.** Describe the scope of the medical director's supervision and oversight over the activities of the licensed MMTC.
3. **Managing Conflicts of Interests.** Describe your plan for ensuring that your medical director (and other owners, managers and employees) do not engage in behavior that creates, or may create, a conflict of interest with ordering physicians, including, but not limited to, kickbacks.

Tab J – Performance Bond

Behind Tab J, applicants must demonstrate their ability to maintain their existing performance bond for the duration of the 2-year renewal period, as required under section 381.986(8)(b)7.a., Florida Statutes, by providing a commitment letter from the surety issuing the performance bond. Alternatively, applicants may provide an irrevocable letter of credit payable to the Department of Health, as authorized under section 381.986(8)(b)7.b., Florida Statutes.

Tab K – Attestation of Accuracy

Complete each section in Form II and include the completed form behind Tab K of your binder.

FORM I

Renewal Applicant General Information

Renewal Applicant Name: _____
(Name must be the same as the name registered with the state)

Doing Business As: _____

Department of Agriculture and Consumer Services Certificate Address:

Street Address City ZIP Code

Mail Address (if different): _____
Street Address City ZIP Code

Contact Name: _____

Phone Number: _____ Email Address: _____

Attestation of Accuracy, Compliance, and Familiarity with the Law

I do hereby attest that, at the time of this renewal application, the renewal applicant is in compliance with all representations made to the Florida Department of Health, Office of Medical Marijuana Use, for licensure as a Medical Marijuana Treatment Center, including representations in the renewal application and the initial application, except as modified by application amendments or variances approved by the Department.

In addition, I do hereby attest that I have read and am familiar with section 381.986, Florida Statutes, and Department rules adopted thereunder.

Signature of Renewal Applicant/Representative

Date

Name of Renewal Applicant/Representative (print or type)