



MEDICAL MARIJUANA TREATMENT CENTER (MMTC) Request for Authorization

Pursuant to section 381.986(8)(e), Florida Statutes, licensed MMTCs shall cultivate, process, transport, and dispense marijuana for medical use. MMTCs are vertically integrated and are the only businesses in Florida authorized to dispense medical marijuana and low-THC cannabis to qualified patients and caregivers. Each MMTC must receive authorization at three stages prior to dispensing low-THC cannabis or medical marijuana: **(1)** cultivation authorization, **(2)** processing authorization and **(3)** dispensing authorization.

To request the relevant authorization from the Department of Health, Office of Medical Marijuana Use (OMMU), submit this completed request form to the OMMU. MMTCs must submit a separate request form for each facility.

Upon receipt of the completed request form, the OMMU will inspect the MMTC's facility and operations. After completion of the inspection, the OMMU will send written notice to the MMTC either granting the relevant authorization or identifying any omissions, deficiencies, or violations.

An MMTC may not cultivate, process, or dispense marijuana or marijuana delivery devices, until it has received the relevant written authorization from the OMMU in the order specified in the MMTC Authorization Procedures rule.

MMTC Information			
MMTC Name		MMTC License Number	
MMTC Address of Facility to be Inspected			
Street	City	State	ZIP code
Contact Person Name		Contact Person Phone Number	
Contact Person Email Address			

Type of Authorization Requested (Check only one of the boxes below)		
<input type="checkbox"/> Cultivation	<input type="checkbox"/> Processing	<input type="checkbox"/> Dispensing

Attestation

As an authorized representative of the MMTC, I hereby represent and warrant that I am permitted to submit this request on behalf of the MMTC and to make the following representations/attestations on behalf of the MMTC.

I attest that the MMTC requesting authorization has the ability to begin cultivating, processing, or dispensing upon submittal of this request.

I affirm that all representations/attestations provided are true and correct. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Signature Date

Name of Signatory (Print or Type)