



Medical Marijuana Program Initial DRC Application Checklist

Pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.1 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 17, the Department conducts an annual review to determine if new dispensary registration certificates (DRC) may be issued. If the Department determines licenses shall be issued, the Department will post information on its website at least 30 days prior to the 10-day period applications will be accepted. Applications are only accepted during an announced allocation period. Applications must be submitted through the Department's Facility Licensing Portal by the designated principal officer or board member of the applying entity. For a complete list of the application and eligibility requirements, please refer to A.A.C. R9-17-304.

To complete the application, you will need the following information and documents available to upload digitally.

APPLICATION CHECKLIST	
Information Required to Complete Application	
<input type="checkbox"/>	<p>The following information about the applying entity:</p> <ul style="list-style-type: none">✓ Legal name of applying entity/proposed medical marijuana dispensary✓ Type of business organization✓ Arizona mailing address✓ Telephone number✓ Email address (The principal officer or board member (PO/BM) submitting the application must be the applying entity's designated PO/BM. All email communications will go to the designated PO/BM's email address, and they must respond to any notices and resubmit the application through their Facility Licensing Portal account)
<input type="checkbox"/>	<p>The email address that each Principal Officer and Board Member (PO/BM) uses to login to the Individual and Facility Licensing Portal. (Refer to A.A.C. R9-17-301 to determine who must be listed on the application as PO/BM.) Before your application can be submitted, the system will validate that each PO/BM:</p> <ul style="list-style-type: none">✓ Has an active Facility Agent Card✓ Has not already been listed as a PO/BM on 5 submitted applications
<input type="checkbox"/>	<p>The following information about the proposed dispensary:</p> <ul style="list-style-type: none">✓ Physical address✓ Geographic area of the physical address (per A.R.S. §36-2803.01(E), a geographic area is a city, town, or unincorporated area of a county)✓ County of the physical address✓ If the proposed address was previously used by a dispensary:<ul style="list-style-type: none">○ The name of the dispensary that previously used the proposed address○ The approximate date the dispensary left the proposed address<ul style="list-style-type: none">▪ Information above should be provided to the best of the applicant's ability. ADHS cannot provide this information due to the confidentiality required by A.R.S. §36-2810.
<input type="checkbox"/>	<p>The following information about the medical director of the proposed dispensary:</p> <ul style="list-style-type: none">✓ Legal name✓ Professional license number <p>*The medical director is not required to have an agent card until a dispensary applies for approval to operate.</p>
<input type="checkbox"/>	<p>\$4,000 non-refundable fee using a credit card</p>

APPLICATION CHECKLIST (continued)	
Documentation Required to Upload in Application	
<input type="checkbox"/>	Documentation that the applying entity is in good standing with the Arizona Corporation Commission
<input type="checkbox"/>	For each PO/BM, a completed and signed "Principal Officer and Board Member Attestation for Initial Dispensary Registration Certificate Application." PO/BM must attest that: ***Required form is available on our website
<input type="checkbox"/>	For each PO/BM, a signed and dated sworn statement that the proposed dispensary is in compliance with any local zoning restrictions. *For your convenience, a form template is available on our website. Sworn statement MUST be notarized.
<input type="checkbox"/>	Statement, in Department-provided format, signed and dated within 60 calendar days before the date of application by a representative of the local jurisdiction certifying that the proposed dispensary is in compliance with any local zoning restrictions. ***Required form is available on our website
<input type="checkbox"/>	Documentation, in Department-provided format, signed and dated within 60 calendar days before the date of application of: <ul style="list-style-type: none"> ✓ Ownership by the applicant of the proposed dispensary location OR ✓ Permission from the owner of the proposed dispensary location for a dispensary to operate at the physical address (must be notarized) ***Required form is available on our website
<input type="checkbox"/>	Policies and procedures that comply with the requirements in A.A.C. Title 9, Chapter 17 for: <ul style="list-style-type: none"> ✓ Inventory control ✓ Qualifying patient recordkeeping ✓ Security