



MEDICAL MARIJUANA DISPENSARY

REGISTRATION CERTIFICATE RENEWAL APPLICATION

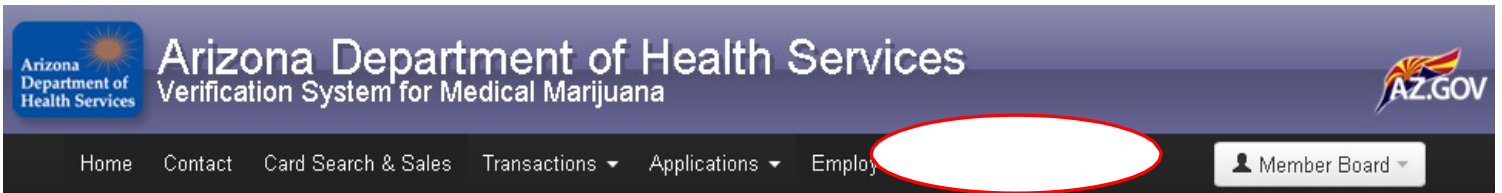
Dispensary Registration Certificate Renewal Instructions

Please read these instructions carefully before you begin the Dispensary Registration Certificate Renewal Application process.

Note: The information modified on these pages applies only to the user’s current browser session. These changes **are not** applied to the database. You will lose any changes made to the list once you navigate away from the page.

Application information and other instructions may change. Please refer back to the ADHS website for the most current information.

1. Within the Medical Marijuana Verification System, Principal Officers will now see a link to “Renew Certificate.”



2. Open this page and you will see six sections that reflect the information for 1) General Information, 2) Designated Principal Officer/Board Member Information, 3) Medical Director, 4) Hours of Operation, 5) Principal Officer/Board Member, and 6) Dispensary Agent. Information for each of the sections will be populated with current data submitted to the Department. Please review each section and make any necessary changes.

The numbers next to the name of the tabs indicate the number of current records for that section. For example, the screen shot below would indicate the dispensary has 8 currently active Dispensary Agents.



Note: To view all information on each section, please scroll down to the bottom of the page.

3. General Information

To edit general dispensary information, make the changes within the fields.

Clicking on the “Save Changes” button applies the changes directly to the record and you will see that information change immediately. The “Cancel” will close the form and reject changes made, if any.

4. Designated Principal Officer/Board Member

To edit a Designated PO/BM record, click on the “EDIT” button and you will be able to make the changes within the fields.

To remove a Designated PO/BM record from this list, click on the “DELETE” button.



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If a current Designated PO/BM record is missing from the list, click on

[+ Add Designated Principle Officer or Board Member](#)

and enter all required fields.

Clicking on the “Save Changes” button applies the changes directly to the record and you will see that information change immediately. The “Cancel” will close the form and reject changes made, if any.

5. Medical Director

To edit a Medical Director record, click on the “EDIT” button and you will be able to make the changes within the fields.

To remove a Medical Director record from this list, click on the “DELETE” button.

If a current Medical Director record is missing from the list, click on

[+ Add Medical Director](#)

and enter all required fields.

Clicking on the “Save Changes” button applies the changes directly to the record and you will see that information change immediately. The “Cancel” will close the form and reject changes made, if any.

6. Hours of Operation

For each day the dispensary is open, ensure the checkbox next to the day of the week is checked. All fields can be edited.

Clicking on the “Save Changes” button applies the changes directly to the record and you will see that information change immediately. The “Cancel” will close the form and reject changes made, if any.

7. Principal Officer/Board Member

To edit a PO/BM record, click on the “EDIT” button and you will be able to make the changes within the fields.

To remove a PO/BM record from this list, click on the “DELETE” button.

If a current PO/BM record is missing from the list, click on

[+ Add Principal Officer/Board Member](#)

and enter all required fields.

Clicking on the “Save Changes” button applies the changes directly to the record and you will see that information change immediately. The “Cancel” will close the form and reject changes made, if any.

8. Dispensary Agent

To edit a Dispensary Agent, click on the “EDIT” button and you will be able to make the changes within the fields.



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To remove a Dispensary Agent record from this list, click on the “DELETE” button.

If a current Dispensary Agent record is missing from the list, click on



and enter all required fields.

Clicking on the “Save Changes” button applies the changes directly to the record and you will see that information change immediately. The “Cancel” will close the form and reject changes made, if any.

9. Once the sections have been reviewed and any necessary edits are made, click on the “Print Certification Renewal” button at the bottom of the page.



10. Along with the information in the five sections reviewed, a blank “Supplemental Requests” form and “Principal Officer and Board Member Attestation Supplement Form” will be printed.
11. Fill out these forms and ensure the appropriate parties sign and date where required.
12. Gather all other required documents:
 - a. A copy of the dispensary’s approval to operate certificate issued by the Department, if issued within the previous 12 months.
 - b. Documentation to comply with R9-17-308.B.3-4, including compliance with R9-17-310.A.13-17.
13. Include the non-refundable \$1,000.00 Dispensary Registration Certificate Renewal Application fee per R9-17-102 in the form of a cashier’s check or money order made payable to “Arizona Department of Health Services.”

Before mailing, please ensure you have the required items for the application:

1. Forms printed from the Verification System
2. A copy of the ATO certificate, if applicable
3. Financial Audit Documentation
4. Non-refundable \$1,000.00 Application Fee

Please mail Dispensary Registration Certificate Renewal Applications to:

Arizona Department of Health Services
ATTN: Medical Marijuana Program
P.O. Box 19065
Phoenix, AZ 85005

NOTE: Confidential and time sensitive information will be sent to the applicant’s e-mail address provided in this application. Failure to respond to e-mails may result in your application being withdrawn or denied. It is the applicant’s responsibility to add M2Dispensaries@azdhs.gov to their list of safe senders to avoid having messages sent to their junk e-mail folder. Instructions on how to add an e-mail address to your list of safe senders can be found in your e-mail provider’s documentation.



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Information Details

General Information

1. **Dispensary's Legal Name** – Enter the legal name of the entity applying for renewal. In most cases, this is the same name that appears on the entity's Transaction Privilege Tax License issued by the Arizona Department of Revenue. This name was previously provided by the applying entity on the Arizona Department of Health Services' Approval to Operate and Dispensary Registration Certificate Application(s).
2. **Dispensary's Registration Certificate ID#** - Enter the dispensary registration certificate number as it appears on the dispensary's expiring registration certificate. This number is also listed on the dispensary's approval to operate certificate.
3. **CHAA** – Enter the number of the Community Health Analysis Area (CHAA) in which the dispensary's registration certificate was awarded.
4. **Dispensary's Physical Address** – Enter the street address (physical location) of the dispensary. Enter the city, county, state, and zip code in the appropriate boxes. Do not enter the dispensary's mailing address.
5. **Dispensary's Mailing Address** – Enter the street address where official correspondence from the Department (notices, certificates, etc) is to be mailed. Enter the city, county, state, and zip code in the appropriate boxes. NOTE: All official correspondence, certificates, notices will be mailed to this address.
6. **Dispensary's Transaction Privilege Tax #** - Enter the number of the license issued to the applying entity/dispensary by the Arizona Department of Revenue.
7. **Dispensary's DBA (if applicable)** – Enter the name that the dispensary is conducting business under if different from the dispensary's legal name.
8. **Dispensary's Phone Number** – Enter the telephone number of the dispensary.
9. **Applying Entity's Name** – Enter the name of the applying entity. In most cases, this is the legal name of the dispensary except in the event that an individual, corporation, partnership, limited liability company, association or cooperative, joint venture, or other business organization is submitting the application on behalf of the dispensary.
10. **E-mail Address** – Enter the e-mail address of the applying entity. Database generated e-mail will be delivered to this address and may include time-sensitive information about the status of the application.

Designated Principal Officer or Board Member Information

Identify the designated Principal Officer or Board Member that has been designated to submit dispensary registry ID card applications to the Department on behalf of the dispensary by providing his/her Last Name, First Name, Middle Initial, Telephone Number, and E-mail Address in the appropriate boxes.

Medical Director Information

Identify the medical professional that is under contract with the dispensary and is currently serving as the dispensary's Medical Director by providing his/her **Last Name, First Name, Middle Initial, License Number, and License Type** in the appropriate boxes.

Hours of Operation

Enter the dispensary's **hours of operation** for each day of the week during which the dispensary is available to dispense medical marijuana to qualifying patients and designated caregivers. Per R9-17-310(A)(1), the dispensary shall be available to dispense at least 30 hours each week between the hours of 7:00 AM and 10:00 PM.



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Designated Principal Officer or Board Member Information

For **each** Principal Officer and Board Member, provide the following:

1. Identify each Principal Officer and Board Member by providing his/her **Last Name, First Name, and Middle Initial** in the appropriate boxes.
2. Indicate if the individual is either a Principal Officer (**PO**) or Board Member (**BM**) by marking the appropriate box.
3. **Date of Birth** – Enter his/her date of birth.
4. **Dispensary Agent Registry ID#** - Enter the Agent ID number printed on his/her Dispensary Agent Registry Card.
5. **Residence Address** – Enter his/her street address, city, county, state, and zip code in the appropriate boxes. This must be an Arizona address and cannot be a P.O. Box.
6. **Supplemental Questions** – Mark a response (**YES** or **NO**) on the Principal Officer and Board Member Information Form for each of the four questions:
 - a. Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked?
 - b. Is this individual a physician currently providing written certifications for qualifying patients?
 - c. Is this individual a law enforcement officer?
 - d. Is this individual employed by or a contractor of ADHS?

Make as many entries as necessary to ensure all Principal Officers and Board Members are identified by printing and completing additional information forms as needed and submitting them with the application.

Dispensary Agent Information

For **each** Dispensary Agent, provide the following:

1. Identify each Dispensary Agent by providing his/her **Last Name, First Name, and Middle Initial** in the appropriate boxes on the form.
2. **Date of Birth** – Enter his/her date of birth.
3. **Dispensary Agent Registry ID#** - Enter the Agent ID number printed on his/her Dispensary Agent Registry Card.
4. **Residence Address** – Enter his/her street address, city, county, state, and zip code in the appropriate boxes. This must be an Arizona address and cannot be a P.O. Box.
5. Make as many entries as necessary to ensure all Dispensary Agents are identified by printing and completing additional information forms as needed and submitting them with the application.



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Supplemental Requests

Mark a response (**YES** or **NO**) on the Application indicating whether or not the applicant agrees to allow the Arizona Department of Health Services (ADHS) to submit supplemental requests for information.

Principal Officer and Board Member Attestation Supplement Form

1. Read the disclosure and attestation.
2. Have each Principal Officer and Board Member identified in the Principal Officer and Board Member Information section print his/her **Name**, indicate his/her **Title**, **Sign**, and **Date** the application form.

Make as many entries as necessary to ensure all Principal Officers and Board Members identified in the Principal Officer and Board Member Information section have signed the application. A supplement form is available for use. Use as many forms as needed and submit with the application

