



**Cultivation, Dispensary, Manufacturing or Testing Facility License**

City of Columbia, Missouri  
License Year January 1 – December 31  
[business.license@como.gov](mailto:business.license@como.gov)

Expires December 31, \_\_\_\_\_ Date of Application \_\_\_\_\_, 20\_\_\_\_

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE:**

**Cultivation Facility** \_\_\_ **Dispensary Facility** \_\_\_ **Manufacturing Facility** \_\_\_ **Testing Facility** \_\_\_

**FEES:**

**License Fee (based upon annual gross receipts) ----- FEE** \_\_\_\_\_

Annual gross receipts less than \$25,000 = \$15.00 fee;  
Between \$25,000 and \$100,000 = \$25.00 fee;  
Over \$100,000 = \$0.25 per thousand. Maximum license fee is \$750.

**Processing Fee ----- FEE \$2,000.00**

**Background/Investigation Fee (In-State \$17.00)----- FEE** \_\_\_\_\_

**TOTAL FEE DUE** \_\_\_\_\_

**No. of Employees** \_\_\_\_\_ **Missouri Sales Tax Number** \_\_\_\_\_

Personal application of owner \_\_\_\_\_, manager or member \_\_\_\_\_, officer or director \_\_\_\_\_

**Name of Business** \_\_\_\_\_

**Sole Proprietorship**

A. If the application is on behalf of a sole proprietorship, the applicant shall be the person who will be actively engaged in the actual control and management of the establishment for which the license is sought.

1. Full name of applicant \_\_\_\_\_

2. Present home address \_\_\_\_\_

Apt/Ste. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Cell/home phone number \_\_\_\_\_ Number of years at above address \_\_\_\_\_

Email address \_\_\_\_\_

Residence addresses for previous five years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

5. Diversity Information (Optional)

Race: (Mark one or more)  American Indian  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific Islander

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Gender:  Male  Female

Do you consider yourself a person with a disability?  Yes  No

Veteran status:  Non-Veteran  Veteran  Service-Disabled Veteran

6. Are you a citizen of the United States of America? \_\_\_\_\_

If naturalized citizen, proof of citizenship must be attached (naturalization certificate or U.S. passport)

7. Spouse's name \_\_\_\_\_

8. Have you ever been arrested for any reason? \_\_\_\_\_ If yes, give date, city or town in which arrested,  
and final disposition of case \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been convicted of a felony? \_\_\_\_\_

If yes, give date, court of conviction and the specific crime which is the subject of the conviction.  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you a resident of Columbia, Missouri? \_\_\_\_\_

11. Name and business address of your employers for five years prior to date of this application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever had a license for the cultivation, manufacturing, dispensing, selling or testing of medical marijuana suspended or revoked? If yes, give details \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been convicted of the violation of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_  
If yes, give details \_\_\_\_\_

14. Do you have or plan to have in your employ in the business any person not of good moral character, or whose license has been revoked or suspended or who has been convicted of violating the provisions of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_

15. Have you been convicted of a violation of the provisions of any law in any state applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_ If yes, give details.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location of Premises:**

1. Fictitious business name or DBA name for which license is sought  
\_\_\_\_\_

2. Location/address of licensed premises \_\_\_\_\_  
Ste/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_  
Ste/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Business Phone No. \_\_\_\_\_

4. In what zoning district are premises located? \_\_\_\_\_

5. Attach a copy of the lease, rental agreement, contract of sale or deed for the property you wish to license.

6. Detailed description of premises (including outside area, if applicable) for which license is sought.  
\_\_\_\_\_  
\_\_\_\_\_

**Partnership**

**B. If the application is on behalf of a partnership, the applicants shall be all partners or any person with a financial interest in the partnership for the past five (5) years.**

1. Full name of applicant \_\_\_\_\_

2. Present home address \_\_\_\_\_  
Apt/Ste. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Cell/home phone number \_\_\_\_\_ Number of years at above address \_\_\_\_\_  
Email address \_\_\_\_\_  
Residence addresses for previous five years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

5. Diversity Information (Optional)

Race: (Mark one or more)  American Indian  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific Islander

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Gender:  Male  Female

Do you consider yourself a person with a disability?  Yes  No

Veteran status:  Non-Veteran  Veteran  Service-Disabled Veteran

6. Are you a citizen of the United States of America? \_\_\_\_\_

If naturalized citizen, proof of citizenship must be attached (naturalization certificate or U.S. passport)

7. Spouse's name \_\_\_\_\_

8. Have you ever been arrested for any reason? \_\_\_\_\_ If yes, give date, city or town in which arrested,  
and final disposition of case \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, give date, court of conviction and the specific crime which is the subject of the conviction.  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you a resident of Columbia, Missouri? \_\_\_\_\_

11. Name and business address of your employers for five years prior to date of this application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever had a license for the cultivation, manufacturing, dispensing, selling or testing of medical marijuana suspended or revoked? If yes, give details \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been convicted of the violation of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_  
If yes, give details \_\_\_\_\_  
\_\_\_\_\_

14. Do you have or plan to have in your employ in the business any person not of good moral character, or whose license has been revoked or suspended or who has been convicted of violating the provisions of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you been convicted of a violation of the provisions of any law in any state applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_ If yes, give details.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Name of managing officer or employee who is to be actively engaged in the actual control and management of the establishment for which the license is sought:

\_\_\_\_\_

Name

\_\_\_\_\_

Position

\_\_\_\_\_

Address

**Location of Premises:**

1. Fictitious business name or DBA name for which license is sought

\_\_\_\_\_

2. Location/address of licensed premises \_\_\_\_\_

Ste/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Ste/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Business Phone No. \_\_\_\_\_

4. In what zoning district are premises located? \_\_\_\_\_

5. Attach a copy of the lease, rental agreement, contract of sale or deed for the property you wish to license.

6. Detailed description of premises (including outside area, if applicable) for which license is sought.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Limited Liability Company**

**C. If the application is on behalf of a limited liability company (LLC), the applicants shall be all members and managers of the company for the past five (5) years.**

Name of LLC \_\_\_\_\_

Date of formation \_\_\_\_\_ State in which formed \_\_\_\_\_

Percent of Applicant's Ownership \_\_\_\_\_

1. Full name of applicant \_\_\_\_\_

2. Present home address \_\_\_\_\_

Apt/Ste. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Cell/home phone number \_\_\_\_\_ Number of years at above address \_\_\_\_\_

Email address \_\_\_\_\_

Residence addresses for previous five years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

5. Diversity Information (Optional)

Race: (Mark one or more)  American Indian  Asian  White  
 Black or African American  Native Hawaiian or Other Pacific Islander

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Gender:  Male  Female

Do you consider yourself a person with a disability?  Yes  No

Veteran status:  Non-Veteran  Veteran  Service-Disabled Veteran

6. Are you a citizen of the United States of America? \_\_\_\_\_

If naturalized citizen, proof of citizenship must be attached (naturalization certificate or U.S. passport)

7. Spouse's name \_\_\_\_\_

8. Have you ever been arrested for any reason? \_\_\_\_\_ If yes, give date, city or town in which arrested, and final disposition of case \_\_\_\_\_

\_\_\_\_\_

9. Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, give date, court of conviction and the specific crime which is the subject of the conviction.

\_\_\_\_\_

10. Are you a resident of Columbia, Missouri? \_\_\_\_\_

11. Name and business address of your employers for five years prior to date of this application.

\_\_\_\_\_

12. Have you ever had a license for the cultivation, manufacturing, dispensing, selling or testing of medical marijuana suspended or revoked? If yes, give details \_\_\_\_\_

\_\_\_\_\_

13. Have you ever been convicted of the violation of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_

If yes, give details \_\_\_\_\_

14. Do you have or plan to have in your employ in the business any person not of good moral character, or whose license has been revoked or suspended or who has been convicted of violating the provisions of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? If so, give details. \_\_\_\_\_

\_\_\_\_\_

15. Have you been convicted of a violation of the provisions of any law in any state applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_ If so, give details.

\_\_\_\_\_



16. Name of managing officer or employee who is to be actively engaged in the actual control and management of the establishment for which the license is sought

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

**Location of Premises:**

1. Fictitious business name or DBA name for which license is sought

\_\_\_\_\_

2. Location/address of licensed premises \_\_\_\_\_

Ste/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Ste/Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Business Phone No. \_\_\_\_\_

4. In what zoning district are premises located? \_\_\_\_\_

5. Attach a copy of the lease, rental agreement, contract of sale or deed for the property you wish to license.

6. Detailed description of premises (including outside area, if applicable) for which license is sought.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Corporation**

**D. If the application is on behalf of a corporation, the applicants shall be all officers, directors and stockholders for the past five (5) years who own at least ten (10) per cent or more of the corporation. Please include the number of shares held or percentage of the business owned by each officer, director and stockholder.**

Name of Corporation \_\_\_\_\_

Date of incorporation \_\_\_\_\_ State of incorporation \_\_\_\_\_

Amount paid in capital \_\_\_\_\_ Amount of authorized capital \_\_\_\_\_

Number of shares held or percentage of applicant's ownership \_\_\_\_\_

1. Full name of applicant \_\_\_\_\_

2. Present home address \_\_\_\_\_

Apt/Ste \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Cell/home phone number \_\_\_\_\_ Number of years at above address \_\_\_\_\_

Email address \_\_\_\_\_

Residence addresses for previous five years \_\_\_\_\_

4. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

5. Diversity Information (Optional)

Race: (Mark one or more) \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ White  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Do you consider yourself a person with a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Veteran status: \_\_\_\_\_ Non-Veteran \_\_\_\_\_ Veteran \_\_\_\_\_ Service-Disabled Veteran

6. Are you a citizen of the United States of America? \_\_\_\_\_

If naturalized citizen, proof of citizenship must be attached (naturalization certificate or U.S. passport)

7. Spouse's name \_\_\_\_\_

8. Have you ever been arrested for any reason? \_\_\_\_\_ If yes, give date, city or town in which arrested, and final disposition of case \_\_\_\_\_

\_\_\_\_\_

9. Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, give date, court of conviction and the specific crime which is the subject of the conviction.

\_\_\_\_\_

10. Are you a resident of Columbia, Missouri? \_\_\_\_\_

11. Name and business address of your employers for five years prior to date of this application.

\_\_\_\_\_

12. Have you ever had a license for the cultivation, manufacturing, dispensing, selling or testing of medical marijuana suspended or revoked? If yes, give details \_\_\_\_\_

\_\_\_\_\_

13. Have you ever been convicted of the violation of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_

If yes, give details \_\_\_\_\_

14. Do you have or plan to have in your employ in the business any person not of good moral character, or whose license has been revoked or suspended or who has been convicted of violating the provisions of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? If yes, give details \_\_\_\_\_

\_\_\_\_\_

15. Have you been convicted of a violation of the provisions of any law in any state applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana? \_\_\_\_\_ If yes, give details.

\_\_\_\_\_  
\_\_\_\_\_

16. Name of managing officer or employee who is to be actively engaged in the actual control and management of the establishment for which the license is sought:

\_\_\_\_\_  
Name Position

\_\_\_\_\_  
Address

*State of Missouri)*  
*ss.)*  
*County of Boone)*

I, \_\_\_\_\_, being first duly sworn, upon oath state that I am the person who is to be in fact actively engaged in the actual control of the particular establishment for which such license is sought and that each and every statement contained in the foregoing application is true. I further state that I will, at all reasonable hours, permit the entry of police officers or duly authorized representative of the City of Columbia for the purpose of inspection and search and will permit the removal of all things and articles which are had in violation of the ordinance of the City of Columbia, Missouri, and the laws of the State of Missouri, and I hereby consent to the introduction in evidence of such articles in any proceeding for the suspension and revocation of the license for which this application is made. I further promise and agree not to violate any of the ordinances of Columbia, Missouri, the laws of the State of Missouri or of the United States, in the conduct of the business for which a license is hereby sought. I further promise and agree that I will not permit the installation or operation of any unlawful gambling device in or about the premises set forth in the above application.

\_\_\_\_\_  
Licensee

Subscribed and sworn to before me, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_

My commission will expire \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Approved by Police Department \_\_\_\_\_  
 Approved by Public Health Department \_\_\_\_\_  
 Approved by Fire Department \_\_\_\_\_  
 Approved by Community Development Department \_\_\_\_\_

I approve (deny) the application for medical marijuana facility license:

\_\_\_\_\_ Date \_\_\_\_\_  
 Business Services Manager

**Applicants must provide the following as part of this application:**

- Security Plan
- Operation and Management Plan
- Emergency Response Plan
- Proof of valid and current license issued by MO Dept. of Health and Senior Services (DHSS) (Dispensaries only: include all scores issued by DHSS on applicant's State license application)
- Disclosure and Authorization form to obtain Criminal Background Check
- MBE, WBE, SDVOSB or VOSB government certifications (optional)
- Processing Fee - \$2,000 (nonrefundable)
- License Fee (based upon annual gross receipts)
- Background investigation fee(s)
- Proof of the applicant's right to occupy and use the premises
- Map of area surrounding business premises showing compliance with the 500-foot buffer rule between dispensaries and churches, schools and daycare centers.
- Dispensaries only: include all documentation submitted to DHSS as part of State medical marijuana dispensary facility license application

**Action of Medical Marijuana License Review Board**

Upon appeal of the denial by the Business Services Manager, the Medical Marijuana License Review Board (approves) (denies) the application:

\_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_