

# ARKANSAS MEDICAL MARIJUANA TRANSPORTER/DISTRIBUTOR LICENSE REQUEST FOR APPLICATION

## Overview

The Arkansas Medical Marijuana Commission (hereinafter referred to as “Commission”) is responsible for awarding licenses for the operation of medical marijuana transporter/distributor (hereinafter referred to as “Transporter”) pursuant to Amendment 98 of the Constitution of the State of Arkansas of 1874, known as the Medical Marijuana Amendment of 2016.

## Number of Licenses

The Medical Marijuana Amendment of 2016 does not place any limitation on number of licenses to be issued for transporters. The Commission will award a license to all qualified, acceptable applicants.

## Important Information

For an application to be considered:

- A completed application must be submitted to the Arkansas Medical Marijuana Commission, care of Alcoholic Beverage Control Division, 1515 W. 7<sup>th</sup> Street, Suite 503, Little Rock, Arkansas, on or before 12:00 p.m., on the Friday preceding the next scheduled Commission meeting. Each application will be time-stamped upon submission. The time stamp shall serve as the official record of when the application was delivered to the Commission.
- The application fee of \$5,000.00 must be submitted in the form of a cashier check, money order or check.
- A Performance Bond in the amount of \$100,000.00 listing the State of Arkansas as the secured party must be submitted.

## Freedom of Information Act

Applicants should be aware that applications and all supporting materials are subject to the Arkansas Freedom of Information Act of 1967 (Ark. Code Ann. §25-19-101, et. seq.). Certain information is exempt from disclosure under the Act, including information that would give an advantage to competitors or bidders. Ark. Code Ann. §25-19-105(b)(9)(A). Applicants should specifically identify particular sentences, paragraphs, pages, sections, data, or other information which the applicant believes would provide an advantage to competitors or bidders and is therefore exempt from disclosure under FOIA. Each page containing such information must contain a footer notifying the commission that the material on the page is requested to be

“Confidential” and redacted from any Freedom of Information request. In addition to declaring the material “Confidential”, and therefore exempt, the applicant must provide a sufficient explanation to justify the claimed exemption. Final determination of whether information shall be released pursuant to FOIA request lies with the Commission. The Commission reserved the right to apply any FPOIA exemption to information received by the applicant, whether requested or not.

### Completion of the Application

- Familiarize yourself with the following:
  - Amendment 98 of the Constitution of the State of Arkansas of 1874;
  - Rules Governing the Application for, issuance of, and renewal of licenses for medical marijuana transporters in Arkansas; and
  - Rules governing the Oversight of Medical Marijuana Transporters by the Alcoholic Beverage Control Division
  
- Provide complete responses to the General Application Form and provide required attachments, if necessary.
  
- All owners, officers, and board members affiliated with the proposed transporter are required to complete a Disclosure Statement and attach any required forms of proof specified in the application. Copies of items required to show proof of identity and age will be accepted; however, the Commission reserves the right to require production of an original document for inspection.
  
- All owners, officers, and board members affiliated with the proposed transporter are required to complete an application for a Criminal History Check by the Arkansas State Police. The results from the Criminal History Check must be included with the application packet, **unless** the Criminal History Check is completed by live scan in concert with the Criminal History Check by the Federal Bureau of Investigation. All Criminal History Checks must be completed and the results received at the Alcoholic Beverage Control Division prior to the application being submitted to the Commission for consideration of licensure.
  
- All owners, officers, and board members affiliated with the proposed transporter are required to submit to a Criminal History Check by the Federal Bureau of Investigation. NOTE: This portion of the application process will not be completed until after the application has been submitted to the office of the Alcoholic Beverage Control. Upon submission of the application to the Alcoholic Beverage Control the applicant will be

provided a memorandum to present to live scan for fingerprinting. If fingerprints are not being conducted through live scan a fingerprint card will be provided.

- ✿ Provide complete information required by Property Ownership form.
- ✿ Provide complete Proof of Zoning Compliance form.
- ✿ Provide completed Authority to Release Information form.
- ✿ Provide completed Applicant Record Notification form.
- ✿ Payment of required application fee.
- ✿ Submission of performance bond.

**NOTE:**

Application packets which do not include all listed items or are otherwise incomplete will not be accepted.

Payment must be made in full. Partial payments will not be accepted.

# Medical Marijuana Transporter/Distributor Application

## SECTION 1. APPLICANT INFORMATION

Name of Individual Completing Application: \_\_\_\_\_

Affiliation of Individual to Business: \_\_\_\_\_

Applicant Business Entity: \_\_\_\_\_

Fictitious Trade Name (if applicable): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Address (if different): \_\_\_\_\_

Business entity type: \_\_\_\_\_

Date of business formation or incorporation: \_\_\_\_\_

State(s) of Incorporation: \_\_\_\_\_

Registered Agent Name: \_\_\_\_\_

Registered Agent Address: \_\_\_\_\_

### NOTE:

**Attach all applicable organizational documents for the business: including but not limited to articles of incorporation, by-laws (including the distribution of all stocks issued), organizational documents (including organizational chart of the ownership structure including officers/board members which set forth specific ownership interests that equal 100%)**

Contact Information for Business Point of Contact (Please provide preferred methods of contact for the purposes of this application.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Has the business entity previously filed an application for a transporter/distributor license, under the same or a different name? If so, please list name under which the application was filed, and the status of that application.

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**SECTION 2. MANAGEMENT OF OPERATIONS**

Check Applicable box(es):

- There will be a manager at the facility overseeing daily operations other than a listed owner, officer or board member.
- There will be a management company overseeing the business operations of the permit.

If either box is checked please provide the following information.

**For Manager:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**For Management Company:**

Name of Individual to Contact: \_\_\_\_\_

Email address for Individual: \_\_\_\_\_

Phone Number for Individual: \_\_\_\_\_

**NOTE:**

**Attach a copy of the management agreement entered into between the above listed management company and the Applicant Business Entity.**

**SECTION 3. PROPERTY INFORMATION**

County of Proposed Location: \_\_\_\_\_

City of Proposed Location: \_\_\_\_\_

Applicants for transporting/distributing must certify that the proposed transporter/distributor facility will comply with any zoning restrictions enacted by the city, town, or county in which the facility is located.

Has the city, town, or county where the proposed transporter/distributor facility is to be located enacted any zoning restrictions that would be applicable to this facility, including but not limited to restrictions specifically for medical marijuana facilities?

Yes                       No

If you answered “yes” to the previous question, please identify all restrictions and list the corresponding ordinance:

\_\_\_\_\_

\_\_\_\_\_

If the property where the applicant intends to operate a transporting/distributing facility is owned by the entity submit:

- Confirmation of land ownership;
- Identification of any and all mortgages and perfected lienholders;
- If applicable, verification of notification to any, and all, mortgagees and perfected lienholders that property is to be used as a medical marijuana transporter/distributor facility; and
- Consent thereto by any mortgagees and perfected lienholders to such usage.

If the property where the applicant intends to occupy is leased by entity, submit:

- A copy of the lease;
- Confirmation of land ownership;
- Identification of any and all mortgagees and perfected lienholders;
- A written statement from the property owner or landlord certifying consent for a medical marijuana transporter/distributor facility to be operated on the premises; and
- If applicable, verification of notification by the property owner to any, and all, mortgagees and perfected lienholders that the property is to be used as a medical

marijuana transporter/distributor facility and consent thereto by any mortgagees and perfected lienholders.

If the property the entity intends to occupy is not owned or currently leased by the entity, submit:

- A written statement from the property owner or landlord certifying consent for the applicant/entity to lease or purchase the land for the purpose of operating a medical marijuana transporter/distributor facility;
- If applicable, verification of notification by the property owner to any, and all, mortgagees and perfected lienholders that the property is to be used as a medical marijuana transporter/distributor facility; and
- Consent thereto by any mortgagees and perfected lienholders.

### Zoning Certification

I, \_\_\_\_\_, certify that if a license is awarded by the Medical Marijuana Commission, the transporter/distributor to be located at: \_\_\_\_\_, will be operated in compliance with the zoning restrictions listed herein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Owners, Officer, Board Member or  
Manager

\_\_\_\_\_  
Title

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

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

My Commission Expires: \_\_\_\_\_

## Application Certification

I, \_\_\_\_\_, certify that the information provided in this application and its attachments are complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed. I certify that I have the authority to complete and submit this application on behalf of the entity, owners, officers, and/or board members that have a financial interest in the Applicant Business Entity

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

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

My Commission Expires: \_\_\_\_\_

**NOTE: Please attach documentation to demonstrate the signature of the individual completing the application maintains the appropriate authority to submit this application.**



**SECTION 4. OWNER, OFFICER, OR BOARD MEMBER DISCLOSURE STATEMENT**

This section must be completed by each owner, officer, or board member of the Applicant Business Entity for which the Medical Marijuana Transporter/Distributor Application is being submitted. Please attach additional pages to the application, if necessary.

**Legal Name:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Alias(es) or former names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Any person submitting a Disclosure Statement must present at least one supporting document to prove your legal name. Acceptable forms are located at Appendix 1 to this application.

**Contact Information:**

Residence address: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

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

**Affiliation with Proposed Facility:**

Identify your affiliation with the proposed transporter/distributor facility (Applicant, Owners, Officer, Manager, Board member, etc.).

\_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ No of Shares/Units: \_\_\_\_\_

If the owner is a corporation please list stockholders in the corporation, stockholder's residence address, and percentage of ownership held by the individual in the corporation:

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**Date of Birth:**

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**NOTE:**

**In addition to providing your date of birth you are required to submit at least one supporting document to prove your date of birth in addition to your driver's license or government issued identification. Acceptable forms are located at Appendix 2 to this application.**

**Tax Liability:**

Do you have any outstanding tax delinquencies owed to the State of Arkansas?

Yes       No

If you answered "yes" to the previous question, please explain the nature of such delinquencies:

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Do you have any outstanding tax delinquencies owed to the Federal government?

Yes       No

If you answered "yes" to the previous question, please explain the nature of such delinquencies:

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**NOTE:**

**Please attached tax clearance letter issued by the Arkansas Department of Finance and Administration**

**Other Financial Liabilities:**

Are you a party to any legal proceedings where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000.00 above any insurance coverage available to cover the claim?

Yes                       No

**Regulatory History:**

Have you or has an entity over which you exercised management or control, ever had any fines or other penalties in excess of \$10,000.00 levied by any regulatory agency?

Yes                       No

If the answer above is “yes,” attach a statement providing the details of such fines or penalties. Any documents submitted in response to this requirement must be labeled “Regulatory History”

**Professional Licensure:**

Do you presently hold a type of professional licensure?

Yes                       No

If yes, identify the type of license and license number: \_\_\_\_\_

Is the license in good standing?

Yes                       No

**Other Licenses:**

Do you hold a financial interest in any other license issued by the Medical Marijuana Commission or the Alcoholic Beverage Control? If so, please identify the nature of the financial interest and the license in which that financial interest is held.

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**NOTE:**

**All owners, officers, and board members of the Applicant Business Entity for which the Medical Marijuana Transporter/Distributor Application is being submitted must complete a Criminal History Check completed by the Arkansas State Police and the Federal Bureau of Investigations.**

**The results from the Criminal History Check must be included with the application packet, UNLESS the Criminal History Check is completed by live scan in concert with the Criminal History Check by the Federal Bureau of Investigation. Upon submission of the application to the Alcoholic Beverage Control the applicant will be provided a memorandum to present to live scan for fingerprinting. If fingerprints are not being conducted through live scan and the Criminal History Check is completed by the Arkansas State Police a fingerprint card will be provided.**

**A completed Authority to Release Information form and Applicant Record Notification form must be completed on behalf of each owners, officer, and board member. These forms must be completed and submitted with the Medical Marijuana Transporter/Distributor Application.**

## Disclosure Statement Certification

I, \_\_\_\_\_, certify that the information I provided in Section 4 of this form and its attachments are complete and accurate. I understand that any misstatement or concealment of fact may be grounds for refusal of application or revocation of license if later disclosed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Owners, Officer, Board Member or  
Manager

\_\_\_\_\_  
Title

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

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

My Commission Expires: \_\_\_\_\_

## **SECTION 5. QUALIFICATIONS**

Applicant's response to this portion of the application shall be limited to a twenty-five (25) page summary addressing the subsections below. Any exhibits the applicant would like to attach to bolster his or her application must be clearly identified and referenced in the summary.

### **Qualifications of the Applicant:**

The Commission will evaluate the education and business experience of each applicant. Applicants should describe, in detail, any experience the applicant considers relevant to demonstrate qualifications required to operate a medical marijuana transporter/distributor facility. Experience, if any, in the following should be specifically identified:

- Regulated Industries
- Commercial shipping or transportation
- Creating and implementing a business plan
- Creating and implementing a financial plan
- Experience with secure inventory tracking and control
- Experience as an owner or manager of a business that requires twenty-four-hour security and monitoring.

### **Ability to Operate a Transporter/Distributor Facility in Compliance with Applicable Laws, Rules and Regulations:**

The Commission will evaluate the applicant's ability to transport medical marijuana products. Applicants should include any information relevant to transporting medical marijuana products and shall specifically address the following:

- Description of any vehicles and secured containers to be used in the transportation/distribution of medical marijuana to licensed facilities;
- Description of security measures to be in place during actual transportation/distribution of medical marijuana to licensed facilities.

The Commission will evaluate the applicant's ability to comply with the construction specifications, storage and security requirements of the Alcoholic Beverage Control. Applicants should specifically address the following:

- Describe the material used or to be used in the construction of the foundation, exterior walls, and the roof of the facility;
- Describe the proposed plans to ensure that any storage of medical marijuana at the transporter/distributor facility cannot be and will not be perceptible from the structure in terms of:
  - Common visual observation;
  - Odors, smell, fragrances, or any other olfactory stimulus.
- Provide a blueprint or drawing of the transporter/distributor facility. Identify the total square footage of the facility. Identify the primary entrance to the facility.

Identify each point of ingress and egress to the facility. Identify storage areas and any other defined areas within the facility, and label the areas according to their purpose;

- Provide color photos of the exterior portions of the facility, or a color photo of any proposed site for the construction of a facility. For existing structures, applicants should submit at least four photos depicting the front, rear and sides of the building. If the facility has not been constructed, applicants should submit a color photo of the proposed site;
- Identify the type of alarm system to be used within the facility and around the perimeter of the facility;
- Identify the type of video surveillance system to be used in the facility and around the perimeter of the facility;
- Identify any other means of security or surveillance. If an outside contractor will be used for security, please provide the name, address and phone number of the contractor;
- Provide a retention plan for security and surveillance system records;
- Describe any additional plans or methods for security or the prevention of diversion of medical marijuana;
- Provide a proposed plan for the storage of medical marijuana waiting to be delivered.

### **Operations Plan:**

Applicants must be ready, willing, and able to properly carry out the activities of a medical marijuana transporter/distributor operation. Applicants must submit the following:

- Business plan for operating a transporter/distributor operation on a long-term basis. The plan should include, but not be limited to the following:
  - Detailed description of the estimated amount of capital and debt commitment for the proposed transporter/distributor operation. Estimates should include a breakdown of amounts needed for start-up, as well as, long term stability.
  - Proposed staffing requirements, hiring criteria for staff, daily operations schedules.
  - Please attach a detailed timetable setting forth the time frame in which you intend to be operational beginning with the issuance of a license to you.
- **A detailed timeline for opening the transporter/distributor facility once licensed including the specified date for initiating operations.**

**Financial Disclosure**

Applicants must prove financial stability and access to financial resources. Applicants shall provide the following:

- Legal sources of finances immediately available to begin operations;
- Credit histories for the owners of the entity;
- Summary of financial statements for businesses previously or currently owned or operated by the applicant owners of the entity; and
- Any other information that may be necessary to prove financial stability.



## APPENDIX 1 – ESTABLISH LEGAL NAME

Any person submitting a Disclosure Statement must present at least one supporting document to prove your legal name. You may provide legible copies of the original documents. The Medical Marijuana Commission reserves the right to request and review the original of any document submitted by copy. Any documents submitted in response to this requirement must be labeled with “Section 4, Appendix 1.”

1. Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual’s state of birth or marriage;
2. Valid, unexpired U.S. passport or U.S. passport card;
3. Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the Commission of State;
4. Valid, unexpired permanent resident card (Form I-551) issued by the Commission of Homeland Security (DHA) or the U.S. Citizenship and Immigration Services (USCIS).
5. Unexpired employment authorization document issued by the Commission of Homeland Security, Form I-766 or Form I-688B;
6. Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicants most recent admittance into the United States or a Commission of Homeland Security admittance stamp on the passport;
7. Certificate of naturalization issued by Commission of Homeland Security, Form N-550 or Form N-570;
8. Certificate of citizenship, Form N-560 or Form N-561, issued by Commission of Homeland Security;
9. Court-issued, certified copy of a divorce decree; or
10. Certified copy of a legal change of name order.

## **APPENDIX 2 – ESTABLISH DATE OF BIRTH**

Any person submitting a Disclosure Statement must present at least one supporting document to prove your date of birth along with a copy of his or her valid, unexpired driver's license or government issued photo identification to prove his or her date of birth. You may provide legible copies of the original documents. The Medical Marijuana Commission reserves the right to request and review the original of any document submitted by copy. Any documents submitted in response to this requirement must be labeled with "Section 4, Appendix 2."

1. Certified copy of a birth certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth;
2. Valid, unexpired U.S. passport or U.S. passport card;
3. Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the Commission of State;
4. Valid, unexpired permanent resident card (Form I-551) issued by the Commission of Homeland Security (DHA) or the U.S. Citizenship and Immigration Services (USCIS).
5. Unexpired employment authorization document issued by the Commission of Homeland Security, Form I-766 or Form I-688B;
6. Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicants most recent admittance into the United States or a Commission of Homeland Security admittance stamp on the passport;
7. Certificate of naturalization issued by Commission of Homeland Security, Form N-550 or Form N-570;
8. Certificate of citizenship, Form N-560 or Form N-561, issued by Commission of Homeland Security.