

Transfer of Location Application – Cultivation Facility

Cultivation Facility License Number: _____

Licensee Name (Business Name): _____

Individual Named on License: _____

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

Phone: _____

Email: _____

Mailing Address: _____

Current Location Information

County: _____

Address: _____

Proposed Location Information

County: _____

Address: _____

Additional Information Required to Complete Application:

1. Submit a survey of the proposed location conducted by a licensed surveyor to prove that the proposed location is at least three thousand (3000) feet for cultivation facilities and at least one thousand five hundred (1500) feet for dispensaries from a public or private school, church, or daycare. The distance shall be measured from the proposed primary entrance of the facility to the nearest property line point of the school, church, or daycare facility.

2. Provide proof of authorization to occupy the proposed property.

- a. If the property on which the proposed facility is located, or will be located, is owned by the applicant/entity, submit:
- i. Confirmation of land ownership;
 - ii. Identification of all mortgagees and perfected lienholders;
 - iii. If applicable, verification of notification to all mortgagees and perfected lienholders that the property is to be used as a medical marijuana cultivation or dispensary facility; and
 - iv. Consent thereto by any mortgagees and perfected lienholders.
- b. If the property of the proposed facility is leased by the applicant/entity, submit:
- i. A copy of the lease;
 - ii. Confirmation of land ownership;
 - iii. Identification of any mortgagees and perfected lienholders;
 - iv. A written statement from property owner or landlord certifying consent for a medical marijuana cultivation or dispensary facility to be operated on the premises; and
 - v. If applicable, verification of notification by the property owner to all mortgagees and perfected lienholders that the property is to be used as a medical marijuana cultivation or dispensary facility and consent thereto by any mortgagees and perfected lienholders.
- c. If the property is not owned or currently leased by the applicant/entity, submit:
- i. 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 cultivation or dispensary facility;
 - ii. 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 cultivation or dispensary facility; and
 - iii. Consent thereto by any mortgagees and perfected lienholders.

3. Provide a plan for operating a medical cultivation facility at the proposed location in compliance with applicable laws and regulations. The plan submitted should demonstrate, when applicable, the following:
 - a. Ability to manufacture approved medical marijuana products, each with a consistent cannabinoid profile and each able to pass the required quality control testing as further described in the rules and regulations of the Arkansas Department of Health;
 - b. Ability to produce sufficient quantities of approved medical marijuana products as necessary to meet the needs of individuals with qualifying medical conditions;
 - c. Ability to comply with the security requirements as described in the rules and regulations of the Arkansas Alcoholic Beverage Control Division;
 - d. Ability to comply with regulations of the Arkansas Department of Health and the Arkansas Alcoholic Beverage Control Division regarding the inventory and tracking of marijuana products;
 - e. Ability to comply with the recordkeeping requirements of the Arkansas Department of Health and the Arkansas Alcoholic Beverage Control Division;
 - f. Ability to maintain effective control against diversion of marijuana and marijuana products;
 - g. Ability to comply with requirements for signage, packaging, labeling, and chain of custody of products;
 - h. Ability to comply with requirements for the transportation and marketing of products.
 - i. Ability to comply with all other laws and regulations regarding the operation of a medical marijuana cultivation facility.

4. Applicants shall complete the zoning compliance verification form provided with this application.

Certification

I, _____, certify that the information provided in this application form and its attachments is 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 _____, _____.

Signature of Applicant, Owner, Officer, or Board Member

Subscribed and sworn to before me this ___ day of _____, _____.

Notary Public

My Commission Expires: _____