



Department of Public Safety  
**Vermont Criminal Information Center**  
103 South Main Street  
Waterbury, VT 05671-2101  
(802)241-5115  
vcic.vermont.gov

## Marijuana Registry Dispensary Application

Application Due Date: September 3, 2013  
Application Fee: \$2,500.00  
Contact: Lindsey Wells  
Telephone: (802) 241-5115  
E-mail: Lindsey.Wells@state.vt.us  
Fax: (802) 241-5552

**Applications submitted without the applicable fee will be returned. Each applicant should know that municipalities have the authority to prohibit the establishment of a dispensary and may regulate the time, place and manner of dispensary operation through zoning and local ordinances. Also all applicants must comply with the state laws governing the creation of marijuana dispensaries and the rules adopted by the Department. If in compliance, they are exempted from certain state laws but are not exempted from federal law.**

Please submit a check made out to the Department of Public Safety for the appropriate application fee.

**APPLICANT:**

DISPENSARY NAME: \_\_\_\_\_

PRINCIPAL OFFICER: \_\_\_\_\_

MAILING ADDRESS\*: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO : (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \*: \_\_\_\_\_

\*To receive communication regarding this application (required).

**OVERVIEW:**

Scope and background: The Department of Public Safety was tasked with establishing four (4) medical marijuana dispensaries throughout the state of Vermont. Three (3) dispensaries have already been established in Vermont and the Department is seeking to establish a fourth dispensary.

Registration period: Dispensaries awarded from this application process will be for a period of 12 months with an option to renew for additional 12-month periods.

Single point of contact: Address all communications concerning this application process in writing to the attention of: Lindsey Wells, Marijuana Program Administrator, Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671. Questions that are not written and addressed to Ms. Wells will not be answered. Likewise, applications not reaching Ms. Wells will not be considered.

In completing the application, the applicant must address all criteria and measures, even when no point values are assigned. Failure to address all of the criteria and measures will result in the rejection of the application as non-responsive.

Where appropriate, the application should provide references noting where each measure is addressed.

## **Criterion 1: Submission of Required Information Regarding Applicant and Facility (up to 25 points)**

### **Measure 1**

The applicant shall provide the legal name of the corporation, a copy of the articles of incorporation and by-laws of the corporation. [no points assigned]

### **Measure 2**

The applicant shall provide the proposed physical address(s) of the dispensary and any second location (if applicable) associated with the dispensary where marijuana is cultivated, if a precise address has been determined. [no points assigned]

- For each proposed physical address, provide documentation from landlord or property owner giving consent to operate a dispensary at the identified location.
- If the applicant indicated that a precise address has not been determined, the applicant must identify the general location(s) where the facilities will be sited, and when.

### **Measure 3**

The applicant shall provide evidence of compliance with the following: [no points assigned]

- Compliance with local codes and ordinances for each physical address which will be used for dispensing and cultivating marijuana under the VMP from the municipality where the proposed physical address(s) are located.
- Verification from the municipality or regulating state agencies that the proposed location(s) are not within one thousand (1,000) feet of a pre-existing public or private school boundary or licensed or regulated childcare facility.

### **Measure 4**

The applicant shall describe the enclosed, locked facility that will be used in the growing and cultivation of marijuana, its security measures, as required in the rules, and whether it is visible from the street or from other public areas. [up to 5 points]

### **Measure 5**

The applicant shall provide the name, address and date of birth of each principal officer and board member of the dispensary, along with a Vermont driver's license number or other state-issued identification card number. [no points assigned]

### **Measure 6**

The applicant shall provide a list of all persons or business entities having direct or indirect authority over the management or policies of the dispensary. The applicant shall further provide a list of all persons or business entities having 5% or more ownership in the dispensary itself. [no points assigned]

### **Measure 7**

The applicant shall provide the identity of any creditor holding a security interest in the premises, if any. [no points assigned]

### **Measure 8**

The applicant shall include a signed cover letter, and the completed application form supplied by the department. [no points assigned]

### **Measure 9**

The applicant shall describe how the dispensary will operate on a long-term basis as a non-profit organization and a business plan that includes, at a minimum, the following: [up to 20 points]

- A detailed description of the amount and of the source of the equity and debt commitment for the proposed dispensary that demonstrates: 1) the immediate and long-term financial feasibility of the proposed financing plan; 2) the relative availability of funds for capital and operating needs; and 3) the financial capability to undertake the project.
- A proposed sliding-scale fee system based on patient ability to pay for services to registered patients for the purchase of marijuana for therapeutic purposes.
- Projected income statements for the first three (3) years after implementation.

## **Criterion 2: Overall Health Needs of Registered Patients and Safety of the Public [up to 75 points]**

### **Measure 1**

The applicant demonstrates their proposed location will be convenient for registered patients and caregivers and has attached comments, if any, from registered patients and caregivers concerning the location. [up to 10 points]

### **Measure 2**

The applicant demonstrates a steady supply of marijuana for therapeutic use will be available to the projected number of registered patients. [up to 10 points]

- The applicant shall demonstrate that there is a start-up timetable which provides an estimated time from registration of the dispensary to full operation, and the assumptions used for the basis of those estimates.
- The applicant shall demonstrate that steps will be taken to ensure the quality of the marijuana, including purity and consistency of dose.

- The applicant shall disclose the various strains of marijuana the dispensary plans to dispense, and the form(s) in which marijuana will be dispensed. When a dispensary adds new strains or forms in which marijuana is dispensed, this information must be supplied to the department.

#### Measure 3

The applicant demonstrates its board members have experience running a non-profit organization or other business. [up to 10 points]

#### Measure 4

The applicant demonstrates that its plan for record keeping, inventory, quality control and security and other policies and procedures will discourage unlawful activity. The applicant shall include plans for at least one security alarm system for each location and additional planned measures to deter and prevent the unauthorized entrance into areas containing marijuana. The applicant must also address measures planned to prevent the theft of marijuana. Interior must be equipped with electronic monitoring system, video camera(s) and panic button(s). The electronic monitoring system and panic(s) must be connected to an outside security provider that professionally monitors premises and business for intrusion and robbery events. [up to 20 points]

#### Measure 5

The applicant shall fully describe a staffing plan including accessible business hours, staffing numbers from registration through opening for patient appointments, and employee confidentiality training requirements regarding dispensary operations and patient information. [up to 20 points]

#### Measure 6

The applicant consents to pay for state and federal background checks for all proposed and future registry card holders who are dispensary principal officers, board members, or employees. [no points assigned]

#### Measure 7

The applicant must demonstrate a strong patient education component, which includes at least the following information: [up to 5 points]

- Dispensaries must have educational materials available to assist in the selection of prepared marijuana. These materials must address, at a minimum, the differing effects of strains of marijuana, forms of marijuana, and routes of administration. Dispensaries shall provide "tracking sheets" to registered patients and registered caregivers who request them to keep track of the strains used and their effects.
- Dispensaries must demonstrate that they will educate patients on achieving a proper dosage for the respective mode of administration. Emphasis shall be on using the smallest amount possible to achieve the desired effect. The impact of potency must also be explained.
- Dispensaries must provide information on tolerance, dependence and withdrawal. Dispensaries are not required to continue to furnish marijuana for therapeutic purposes if it is believed that a registered patient or caregiver is abusing marijuana or other substances.
- Dispensaries must provide information regarding substance abuse signs and symptoms, as well as referral information.

## 2. GENERAL REQUIREMENTS:

**Final agency action:** The award decision shall be made in writing to the successful applicant. The department may deny an application for a dispensary if it determines that an applicant's criminal history record indicates that the person's association with a dispensary would pose a demonstrable threat to public safety. Written notice of denial of an application (non-selection) is considered a final department action.

**Application review:** A panel shall be convened to review and score the applications and any attached supporting documents.

All applicants are hereby notified that sealed applications must be received and time stamped by the Department of Public Safety, 103 South Main Street, Waterbury, VT 05671 by the application closing date. Applications not in possession of the Department of Public Safety at the application closing date will be returned to the vendor, and will not be considered.

Department of Public Safety may, for cause, change the date and/or time of application closing date or issue an addendum. If a change is made, the State will make a reasonable effort to inform all applicants by posting at:  
[http://vcic.vermont.gov/marijuana\\_registry/marijuana\\_dispensaries](http://vcic.vermont.gov/marijuana_registry/marijuana_dispensaries)

**I certify that I have read and understand the requirements of the Rules Governing the Vermont Therapeutic Use of Cannabis Program. I further certify that this application is prepared in conformity with the Rules Governing the Vermont Therapeutic Use of Cannabis Program and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.**

SIGNATURE OF PRINCIPAL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**Applicant's Statement Regarding Taxes and  
Unemployment Compensation Contributions**

You must answer questions 1 and 2.

**Regarding Taxes**

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxed would impose an unreasonable hardship (32 V.S.A. § 3113).

1. You must check one of the two statements below regarding taxes:

☐ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000. fine or both).

**OR**

☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application of Hardship".

**Regarding Unemployment Compensation Contributions**

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

2. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contribution:

☐ I hereby certify, under the pains of penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000 fine or both).

**OR**

☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application of Hardship".

**OR**

☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Federal Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*The disclosure of your social security number is mandatory. It is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

**Statement of Applicant**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **DISPENSARY APPLICATION CHECK LIST**

\_\_\_\_\_ Is the nonrefundable application fee in the amount of \$2,500.00 paid to the Department of Public Safety enclosed?

\_\_\_\_\_ Is the application and tax form signed and dated? An original signature is required. A stamped or photocopy of a signature will not be accepted.

\_\_\_\_\_ Are all attachments enclosed?

\_\_\_\_\_ Submit completed application package along with fee to:

Vermont Criminal Information Center  
Department of Public Safety  
Marijuana Dispensary Application  
103 South Main Street  
Waterbury, VT 05671

### **Submission methods:**

U.S. mail: Applications are cautioned that it is their responsibility to originate the mailing of applications in sufficient time to ensure applications are received and time stamped by the Department of Public Safety prior to the application closing date.

Express delivery: If applications are being sent via an express delivery service, packages will not be considered received by the Department until the express delivery package has been received and time stamped by the Department of Public Safety.

Hand delivery: Hand carried applications shall be delivered to a representative of the Department prior to the application closing date.

Electronic: Electronic applications will not be accepted.

Fax applications: Faxed application will not be accepted.

**Closing date: September 3, 2013 at 4:30 PM.**