

MEDICAL CANNABIS ORGANIZATION

GROWER • PROCESSOR • DISPENSARY

PERMIT APPLICATION CHECKLIST

NOTE: CHECKLIST & INSTRUCTIONS ARE SUBJECT TO CHANGE. Please refer to the West Virginia Office of Medical Cannabis (OMC) website at www.medcanwv.org for the most current, up-to-date information. Please email medcanwv@wv.gov for specific questions about the application process. This Permit Application Checklist is provided for convenience in order to aid the application process. Please review your application carefully prior to submission.

FIRST TIME REGISTRATION: To start the online application process, you must first create a new user account in the system. The following is required:

- First & last name – the individual responsible for the account and application information.
- Email address – this is the email address the account confirmation email will be sent to as well as follow-up notices about unclear or incomplete information on the application (if any). It will be important to monitor this email inbox for notices regarding the online account and online application.
- Phone number – primary number that may be used if questions arise in setting up the account.
- Password – required to access and track all application and license information for the future. The password should be a strong password that the account manager will remember.
- Acceptance of terms and conditions for the website.

ACCOUNT RECOGNITION: Monitor the email account; a confirmation email will be sent to the email address entered during the registration process. Once the email is received, click on the link to confirm your email address. You may then start the application process.

ONLINE APPLICATION

After logging into the application system, select the New Business License option to create a new application. The application starts with general information about the commercial establishment.

GENERAL INFORMATION

- Entity name – Individual owner name or primary entity name for the commercial establishment.
- Select permit type – Dispensary, Grower, Processor
- Federal EIN
- Trade name – Name of the commercial establishment
- Phone number
- Website
- Email
- Business structure – Sole Proprietor (Individual owner); Limited Liability Company (LLC); Corporation (Inc. or Corp.); Limited Partnership; Limited Liability Partnership; etc.

APPLICANTS: All Principals, Operators, Financial Backers, Employees at the time of application. Ownership percentages MUST equal 100%.

- Applicant information – Full legal name; phone number; email; date of birth; role; ownership percentage; social security number; ID document; ID number; expiration date; issuing state.
 - If a business entity is listed as a Principal, Operator or Financial Backer within a medical cannabis organization, list the business entity name and the President, CEO, COO, or CFO of that entity in this section.
 - Street address – Street name; unit or apartment number; city, state & zip code.
 - Mailing address – Street name; unit or apartment number; city, state & zip code.
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LOCATION INFORMATION

- Location type – Select from the drop-down list.
 - Facility address – Street name; unit or apartment number; city, state & zip code, GPS coordinates.
 - Location mailing address – Street name; unit or apartment number; city, state & zip code.
 - Do you own the property of the commercial establishment?
 - Owner/landlord information – Full legal name; phone number; street name; unit/apartment number; city, state & zip code.
 - Primary contact – Full legal name; title; phone number; email; fax number; street name; unit/apartment number; city, state & zip code.
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QUESTIONS: Be prepared to answer these questions on the online application.

- Do you understand that you must obtain workers' compensation insurance if you are issued a permit?
- Do you attest that all applicants are of good moral character?
OMC is required by the West Virginia Medical Cannabis Act to make a determination that the permit applicant, including each financial backer, principal and employee thereof, is of good moral character. W.Va. Code §§ 16A-6-2(a)(7)(A) & 16A-6-3(a)(7). Thus, in addition to crimes prohibiting an individual from participation in a medical cannabis organization as enumerated in W.Va. Code § 16A-6-12, OMC has determined that evidence of certain criminal convictions also disqualify a person from participation in a medical cannabis organization as evidence contrary to good moral character as follows:
 - Any conviction of a drug-related crime, including:
 - Conviction of any crime under the West Virginia Controlled Substances Act or its corollary in another state (excluding non-felony DUI).
 - Conviction of a crime of violence, including:
 - Any conviction requiring the individual to register as a sex offender.
 - Any conviction requiring the individual to register on the child abuse registry.
 - Any conviction of a crime of dishonesty, such as embezzlement, bribery, or fraud.
 - Any conviction of a crime against the government.
- Do you attest that you possess the ability to obtain in an expeditious manner the right to use the proposed site and facility, including equipment, to properly perform the activities described in this application?

- Do you attest that you can continuously maintain effective security, surveillance, and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical cannabis plants and medical cannabis?
- Do you attest that you can continuously comply with all applicable laws of the State, the West Virginia Medical Cannabis Act, the rules, and terms of the permit?
- Do you understand that a false statement made in the application is punishable under the applicable provisions of law?
- Do you attest that your plans are in compliance with all applicable local zoning laws?
- Do the applicants agree to execute any releases as deemed necessary?
- Do you understand the capital requirements for permit application set forth in the West Virginia Medical Cannabis Act?

REQUIRED DOCUMENTS: There is a maximum of 25 documents per category and 10MB per document.

- Organizational documents: West Virginia Secretary of State business license or Certificate of Authority for out-of-state businesses.
- Organizational chart: Legal entity as well as functional operation.
- Tax clearance certificates:
 - [Tax Letter of Good Standing](#)
 - [Workforce WV Compliance Letter](#)
- Property title, Lease, or Option to Purchase Agreement.
- Site and facility plans – See 64 CSR 109, section 6.2.
- Description of duties for each position in the functional operation.
- Curriculum Vitae (CV) or résumé for individuals – A current CV must be attached for EVERY Principal, Operator, Financial Backer, and Employee listed in the Applicants Section of the permit application.
- Applicants that are Business Entities – For Corporations or Limited Liability Companies listed in the Applicants Section as Principles, Operators, or Financial Backers, see 64 CSR 109, subdivision 6.2.g, and for General Partnerships, Limited Partnerships, Limited Liability Partnerships, and Limited Liability Limited Partnerships listed in the Applicants section as Principles, Operators, or Financial Backers; see 64 CSR 109, subdivision 6.2.h for required documentation.
- Affidavit of suitability – Available on the WV Office of Medical Cannabis website.
- Criminal Background Check Application Rights Acknowledgement – Each person for whom a criminal background check will be performed must acknowledge receipt of this information.
- Proof of identification – Upload a copy of the identification listed in the Applicants Section.
- Account Verification Release Form – Available on the WV Office of Medical Cannabis website.
- Affidavit of Capital Adequacy – Available on the WV Office of Medical Cannabis website.
- Timetable Outlining the Steps to Become Operational.
- Sample Medical Cannabis Product Label that complies with 64 CSR 110, section 16 and 64 CSR 112, section 8.
- Water utility – For facilities that will utilize a public water source, please obtain a letter from the utility stating they will provide service to your facility; for facilities that will utilize a private water source please provide a current permit or detailed list of steps you will take to obtain a potable water source.
- Sewage utility – For facilities that will utilize a public sewage system please obtain a letter from the utility stating they will provide service for your facility; for facilities that utilize independent sewage

disposal systems please provide a current permit or detailed list of steps you will take to obtain sewage service.

- Verification of zoning requirements – Please contact the county or city municipality zoning office to provide you with a certification of zoning compliance.
- Supplemental documentation as necessary.
- Plan of operation, including – Security, Employee Qualifications and Training, Transportation, Storage of Medical Cannabis, Labeling of Medical Cannabis, Inventory Management, (Grower) Nutrient Practices, (Grower/Processor) Quality Control and Testing of Medical Cannabis for Potential Contamination, Record Keeping, Preventing Unlawful Diversion of Medical Cannabis, (Grower/Processor) Policies and Procedures for Cultivation/Processing Medical Cannabis, Waste Management Plans.

PAYMENTS/FEES: The initial Application fee and the Permit fee must be submitted at the same time when the online application is submitted. The initial Application fee and Permit fee must be two separate checks; all fees must be paid by certified check or money order payable to WV DHHR addressed to the Office of Medical Cannabis at 350 Capitol Street, Rm 523, Charleston, WV 25301.

Please include entity name and application reference number in the memo line of the check.

Applicants should be aware that it may take an extended period of time for the refund of Permit fees in the case of an unsuccessful application.

A review tab is available to help identify incomplete information. If any items are marked with a red X, they must be completed before submission. At any time during the application process, the application may be saved so that you may log back in later to continue completing the application. When applying for multiple permits under the same company, use the same email username and password to start a new application.

- \$5,000 Grower/Processor – Initial Application – Non-Refundable
- \$2,500 Dispensary – Initial Application – Non-Refundable
- \$50,000 Grower/Processor – Permit Fee – Refundable, if not granted a permit
- \$10,000 Dispensary – Permit Fee – Refundable, if not granted a permit