



INDEPENDENCE
★ COMMUNITY DEVELOPMENT ★

111 East Maple Ave, Independence, MO 64050 (Physical Address)

P O Box 1019, Independence, MO 64051 (Mailing Address)

Phone: 816.325.7079 / bllicenses@indepmo.org / www.indepmo.org/businesslicense

**MEDICAL MARIJUANA
BUSINESS LICENSE APPLICATION**

Any individual or company operating a business or providing a service in the City of Independence is required to have a City Business License.

The initial business license fee is based on the amount of projected gross receipts for a full twelve-month period. Gross receipts are defined as twelve times the gross monthly average of receipts, revenues, business or fees earned by a business or person, consistent with the reporting and accounting basis adopted for Federal taxation purposes. If the projected gross receipts are \$25,000 or less per year, the license fee is \$75.00. If your projected gross receipts are more than \$25,000, the fee is \$75.00 plus \$0.31 for each \$1,000 or part thereof more than \$25,000.

- Businesses based in Independence shall report on their total gross receipts, whether those receipts are generated inside or outside of Independence.
- Business licenses expire twelve months from the time of application.

Planning and Zoning

If your proposed business is to be located inside the City limits of Independence contact the Planning Division to assure that the location selected is zoned for the intended business use. You may contact the Planning Division regarding zoning regulations or rezoning requests at 816-325-7421 or 816-325-7823.

Building Inspection Division

Contact the Building Inspection Division to determine whether the building in which you intend to locate your business is approved for your proposed use. If you will be locating your business in an existing building and are proposing to make structural changes to the building or erecting or replacing a sign, the Building Inspection Division can be reached at 816-325-7401 regarding required permits.

The Clean Indoor Air Act of 2006 prohibits smoking within enclosed areas of public places and places of employment. "No Smoking" signs or the international "No Smoking" symbol shall be clearly and conspicuously posted at every entrance.

Missouri Retail Sales Tax & Liability Insurance

Businesses that have retail sales are required to have a Missouri Retail Sales Tax License issued by the State of Missouri Department of Revenue. Questions regarding your Retail Sales Tax License should be directed to the Missouri Department of Revenue's Sales Tax Division at P O Box 3666, Jefferson City, MO 65105. You may contact them at 573-751-9268 or visit their website at <https://dor.mo.gov/business/sales/notaxdue/>. If your business is required to have a Retail Sales Tax License, you must have this number issued to you by the State of Missouri before making application for your Independence business license and submit a "CERTIFICATE OF NO TAX DUE", issued by the Missouri Department of Revenue within the last 90 days, with your application.

Please email your certificates of liability insurance and/or workers' compensation coverage to BLicenses@indepmo.org.

If you have additional questions or need assistance completing the application form or calculating the fee, please call Regulated Industries at 816-325-7079 or email BLicenses@indepmo.org. Office hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

To access the City's Business License Code (Chapter 5) online, go to www.indepmo.org, click on "Government" at the top and then click on "Municipal Code".



MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

111 East Maple Ave, Independence, MO 64050 (*Physical Address*)

P O Box 1019, Independence, MO 64051 (*Mailing Address*)

Phone: 816.325.7079 / blicenses@indepmo.org / www.indepmo.org/businesslicense

Business Name: _____

Business Address: _____

Business Start Date: _____

Business Phone: _____

Type of Facility:

- Cultivation Facility
- Dispensary Facility
- Infused Products Manufacturing Facility
- Testing Facility
- Transportation Facility

Type of Organization

- Individual Partnership Corporation LP LLC

Date of Incorporation/Organization: _____

State of Incorporation/Organization: _____

The corporation must be registered and in good standing with the Missouri Secretary of State's office in order to process.

Owner/Corporation Name: _____

Owner/Corporation Address: _____

City: _____ State: _____ Zip: _____

Principle Contact Name: _____

Cell Phone Number: _____ Email: _____

Individual Responsible for Business Operations: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Email: _____

Date of Birth: _____ SSN: _____

Driver's License Number: _____ State Issued: _____

Additional Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____ Email: _____

Date of Birth: _____ SSN: _____

Driver's License Number: _____ State Issued: _____

Have you had any conviction of, or plea of guilty to, a felony or previous record of suspension or revocation of an occupation license in any jurisdiction?

Yes No

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

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?

Yes No

If yes, give details. _____

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?

Yes No

If yes, give details. _____

Business Information

MO Sales Tax #: _____ Taxpayer ID or SSN: _____

Number of Employees: _____

AFFIDAVIT

MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

I (please print) _____ being of lawful age and duly sworn upon my/our oath do swear that the answers and information given in this application are true and complete to the best of my/our knowledge and belief.

Applicant's Signature

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20____

Notary Public

My Commission expires: _____

Fee Calculation

The **minimum** business license fee is \$75.00. The **maximum** license fee is \$50,000.00.

The initial business license fee is based on the amount of projected gross receipts for a full twelve-month period. Gross receipts are defined as twelve times the gross monthly average of receipts, revenues, business or fees earned by a business or person, consistent with the reporting and accounting basis adopted for Federal taxation purposes. If the projected gross receipts are \$25,000 or less per year, the license fee is \$75.00. If your projected gross receipts are more than \$25,000, the fee is \$75.00 plus \$0.31 for each \$1,000 or part thereof over \$25,000.

1. If projected gross receipts are LESS than \$25,000, enter gross receipts here: _____

Total Amount Due: \$75.00

2. If projected gross receipts are GREATER than \$25,000, enter gross receipts here: _____

****The Total Amount Due will auto calculate your fee once you insert your Gross Receipts.****

Total Amount Due: _____

PLEASE NOTIFY US IF YOU DISCONTINUE YOUR BUSINESS

AFFIDAVIT

The information given on this application is true and complete, to the best of my knowledge and belief. I understand that a Business License can only be granted subject to the restrictions upon its use. I hereby agree that I will observe those restrictions as specifically enumerated in Chapter 5 of the City Code of the City of Independence, Missouri. I further agree to submit, prior to any change in location of my business, an application for a license transfer to the City License Officer.

Signature of Applicant

Date

ALL APPLICATION FORMS MUST BE COMPLETE AT TIME OF SUBMISSION AND MUST INCLUDE THE FOLLOWING INFORMATION.

INCOMPLETE OR PARTIAL APPLICATIONS WILL NOT BE ACCEPTED

1. **MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION** – (form furnished) - To be completed by the individual responsible of the licensed business. Original signature and notarization is required.
2. **STATE LICENSE** – All applications must be accompanied by proof of a valid and current license or certificate issued by the DHSS for each medical marijuana facility type for which a license is sought.
3. **IDENTITY** – Valid driver's license, identification card or unexpired passport or card.
4. **PHOTOGRAPH** – A recent photograph of ALL SIDES of the exterior of the premises for which the license is sought.
5. **SECURITY PLAN** – A written security plan shall be submitted with the business license application for the medical marijuana facility. The plan shall detail security measures for the site and the transportation of medical marijuana and medical marijuana products to and from off-site premises to ensure the safety of employee and the public and to protect the property from theft or other criminal activity. Each facility shall comply with the security requirements established by the State of Missouri and include, but not limited to, the following elements in the security plan:
 - a. **Cameras** – The medical marijuana facility shall install and use security cameras to monitor and record all areas of the premises, except in restrooms and consultation rooms while a patient is undressed. Such security cameras shall specifically include all areas where a person may gain or attempt to gain access to marijuana or cash maintained by the medical marijuana facility. Cameras shall be of sufficient resolution to record operations of the business to an off-site location and shall also include any parking lots or areas near the facility and all potential areas of ingress or egress to the business with sufficient detail to identify facial features and clothing. Recordings from security cameras shall be maintained for a minimum of forty (40) days in a secure off-site location in the city or through a service over a network that provides on-demand access, commonly referred to as a "cloud." The off-site location shall be identified in the security plan submitted to the city and access to recordings maintained must be provided to the Independence Police Department upon request. Any change in location of the off-site location shall be updated within seventy-two (72) hours of any such change.
 - b. **Use of safe for storage** – The medical marijuana facility shall install and use a secure safe for storage of all processed marijuana and cash on the premises when the business is closed to the public. The safe shall be incorporated into the building structure or securely attached thereto. For marijuana-infused products or marijuana being tested in a testing facility that must be kept refrigerated or frozen, the business may lock the refrigerated container or freezer in a manner authorized by the city in place of use of a safe, so long as the container is affixed to the building structure and secure from intrusion.
 - c. **Alarm system** – The medical marijuana facility shall install and use an alarm system that is monitored by a company that is staffed twenty-four (24) hours a day, seven (7) days a week. The security plan submitted to the city shall identify the company monitoring the alarm, including contact information, and must be updated within seventy-two (72) hours of any change of monitoring company. If the alarm system includes a panic alarm, an operable dedicated phone

for law enforcement to respond to the alarm shall remain on the premises at all times.

d. Lighting system – The medical marijuana facility shall have sufficient exterior lighting for security purposes and shall otherwise comply with applicable city code requirements.

6. **OPERATION AND MANAGEMENT PLAN** – A written operation and management plan shall be submitted with the business license application for the medical marijuana facility. The operation and management plan shall include, but not be limited to, the following elements: organizational structure, location, property description, proof that facilities are wheelchair accessible, proof that facilities comply with the Americans with Disabilities Act, hours of operation and staffing, description of proposed operations, list of any hazardous materials used as part of its operations, distribution practices, employee safety procedures and guidelines, fire mitigation and prevention systems in compliance with the International Fire Code as adopted by the City of Independence, sanitation requirements and waste management processes, ventilation system and air quality controls showing how odor emission will not be detectable off the premises, and proposed water system and utility demand. The operation and management plan must also meet the minimum facility standards established by the State of Missouri and comply with the City Code.
7. **EMERGENCY RESPONSE PLAN** – A written emergency response plan shall be submitted with the business license application for the medical marijuana facility. The plan shall identify emergency plans and contingency plans that would be executed in the event of an emergency arising from the site's usage as a medical marijuana facility. The emergency response plan must meet any minimum standards established by the State of Missouri and comply with the City Code.
8. **Liability Insurance**
9. **Fee Calculation Sheet** – To be completed and signed by applicant.