



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Medical Marijuana Treatment Center Request for License Transfer

This Medical Marijuana Treatment Center Request for License Transfer (Request) is designed to allow the Florida Department of Health (Department), Office of Medical Marijuana Use, to review a Medical Marijuana Treatment Center's (MMTC) request for license transfer.

Instructions

When submitting a Request, it must be organized so that each submitted document is accurately and completely labeled. Requests must be saved as optical character recognition portable document format (OCR PDF) files.

Requests must be submitted either electronically to OMMULicenseOperation@flhealth.gov or delivered to The Office of Medical Marijuana Use at 4052 Bald Cypress Way, Bin M-01, Tallahassee, Florida 32399. Requests physically delivered to the Department at the above address must be submitted on a USB Flash Drive.

Requests submitted to the Department are public records. Any exemption to public records law must be identified at the time the Request is submitted. To claim a public records exemption, the requestor must provide a redacted copy of the Request and any attachments with a clearly identified statutory basis for each exemption.

UNLESS INFORMATION FALLS UNDER ANOTHER PUBLIC RECORDS EXEMPTION, FAILURE TO SPECIFICALLY AND CLEARLY IDENTIFY INFORMATION CLAIMED AS EXEMPT AS A TRADE SECRET OR CONFIDENTIAL BUSINESS INFORMATION OR FAILURE TO PROVIDE A REDACTED COPY OF THIS FORM, INCLUDING ALL ATTACHMENTS, AT THE TIME OF SUBMISSION WILL RESULT IN THE RELEASE OF THE FULL FORM, INCLUDING ALL ATTACHMENTS, IN RESPONSE TO PUBLIC RECORDS REQUESTS.

Part I

MMTC Entity Name:

(For the entity holding a MMTC license, provide the name as registered with the Florida Department of State)

MMTC Fictitious Name:

MMTC Mailing Address:

Street Address City ZIP Code

MMTC Contact Name: _____

Phone Number: _____ **Email Address:** _____

List all other MMTC contacts to be included in correspondence regarding this Request below.

MMTC Contact Name	Phone Number	Email Address

Part II

Provide a detailed description of the proposed license transfer, to include transfer timeline and a continuity of business plan.

Part III

Transferee Name:

(If a business entity, use the name registered with the Florida Department of State.)

Transferee Florida Department of Agriculture Certificate of Registration Address:

Street Address	City	ZIP Code
----------------	------	----------

Transferee Mailing Address (if different from above):

Street Address	City	ZIP Code
----------------	------	----------

Transferee Point of Contact Name(s): _____

Transferee Phone Number: _____ **Transferee Email Address:** _____

Proposed effective date for the transfer of license: _____

Part IV

Provide a proposed capital structure, including a fully diluted capitalization table identifying each security holder for all securities issued, including options, warrants, calls, rights of first refusal, and any right to acquire an interest. Provide an explanation of each security offered, to include all rights associated with each security. Fully diluted capitalization tables must account for 100 percent of securities.

For any entity listed in the proposed full diluted capitalization table, provide the following information.

- a. Registered business name and the jurisdiction where the name is registered.
- b. Date of registration.
- c. Any registered tradename(s).
- d. All owners, officers, board members, and managers.

For each individual meeting the definition of “owner” pursuant to Rule 64-4.001(15), F.A.C., as well as each officer, board member, and manager provide the requested information in the table below. This table may be provided as a separate attachment.

Name of Individual	Date of Birth	Date of Background Screening	Name of Entity (if applicable)	Proposed Percentage of MMTC Ownership	Role at MMTC (owner, officer, board member, or manager)

Each identified individual must go to the Florida Department of Law Enforcement (FDLE) or one of its approved vendors for fingerprinting and, at such time, give to FDLE or the FDLE-approved vendor the entity ORI number FL924890Z (DOH – OFFICE OF MEDICAL MARIJUANA USE). The list does not indicate passage of any background screening. All owners must successfully pass the required background screening prior to the Department approving the license transfer.

Part V

Provide the following documents and requested narratives as attachments to this Request.

1. A copy of the sales contract or transfer agreement germane to the requested license transfer.
2. A certified copy of Florida Department of State records demonstrating that any entity that is a transferee has been registered to do business in the state of Florida for five consecutive years before the submission of this Request.
3. Copies of all Florida Department of State records for any fictitious name filing the transferee intends to use to conduct business as an MMTC.
4. A copy of the transferee's Department of Agriculture and Consumer Services Registration.
5. Audited, certified financials of the transferee issued within the immediately preceding 12 months of the submission of the Transfer Request. Note that the certified financials must be the transferee's. Certified financials for parent companies, subsidiaries, or other entities that are not the transferee will not be accepted.
6. A list of the transferee's subsidiaries.
7. If a transferee is identified as a wholly-owned subsidiary, identify the parent company.
8. A list of pending lawsuits to which the transferee is a party. Include the case number, court, and jurisdiction.
9. A copy of the civil complaint for all lawsuits within the past seven (7) years to which the transferee was a party.
10. A statement identifying whether any individual or entity comprising any portion of the transferee owns, controls, or holds power to vote five (5) percent or more of voting shares of any another medical marijuana treatment center.

Part VI

Attestation of Accuracy of Representations to the Department by the authorized MMTC representative:

I do hereby attest that all information submitted and attached to this Transfer Request is true and correct to the best of my knowledge.

Signature of MMTC representative

Date

Printed Name

Title

Transferee Attestation of Accuracy of Representations to the Department:

I do hereby attest that all information submitted and attached to this Transfer Request is true and correct to the best of my knowledge, and I hereby certify that neither the transferee, nor any owner, officer, board members or manager of the transferee, hold any interest in another MMTC.

Signature of Transferee

Date

Printed Name

Title

PART VII

I agree that upon approval of a license transfer, the transferee assumes all responsibility and liability for any violations of statute or department rule by, and any regulatory obligations of, the transferor. The transferee shall operate the medical marijuana treatment center in accordance with the representations made in the initial application for licensure, and any approved variances, on file with the department at the time of the transfer. All proposed alternatives to the specific representations in the initial application must be submitted in accordance with section 381.986(8)(e), Florida Statutes, and department rule.

Signature of Transferee

Date

Printed Name

Title

DRAFT