

STATE OF FLORIDA DEPARTMENT OF HEALTH

Application for Medical Marijuana Treatment Center License Renewal

This Application for Medical Marijuana Treatment Center License Renewal (Renewal Application) is designed to allow the Florida Department of Health (Department), Office of Medical Marijuana Use (OMMU) to biennially renew the license of a Medical Marijuana Treatment Center (MMTC).

This renewal application is divided into four parts:

- I. Part I requires the applicant to demonstrate that it is in compliance with section 381.986(8)(b), Florida Statutes.
- II. Part II requires the applicant to attest that it is in compliance with the representations made in its application for licensure, as well as any amendments approved by the Department.
- III. Part III provides information on renewal application submittal, the required renewal fee, and includes the applicant signature page.
- IV. Part IV requires inspections for each medical marijuana treatment center facility to verify compliance.

Application Instructions

RENEWAL APPLICATIONS MUST BE SAVED AS OPTICAL CHARACTER RECOGNITION PORTABLE DOCUMENT FORMAT (OCR PDF) FILES AND BE SUBMITTED ON A THUMB DRIVE.

1. Organization: When submitting an application for Medical Marijuana Treatment Center License Renewal, applicants must organize the application so that each document submitted with the application is labeled accurately with the section number of the application to which it corresponds.

2. Redactions and Public Records Law: Applications for Medical Marijuana Treatment Center License Renewal are public records. Any exemptions to public records laws must be identified at the time the application is submitted. In order to claim a public records exemption, the applicant must provide a redacted copy of the application with the statutory basis for each exemption clearly identified.

UNLESS INFORMATION FALLS UNDER ANOTHER PUBLIC RECORDS EXEMPTION, FAILURE TO SPECIFICALLY AND CLEARLY IDENTIFY INFORMATION CLAIMED AS EXEMPT DUE TO BEING A TRADE SECRET <u>OR</u> FAILURE TO PROVIDE A REDACTED COPY OF THE RENEWAL APPLICATION AT THE TIME OF SUBMISSION WILL RESULT IN THE RELEASE OF THE FULL APPLICATION IN RESPONSE TO PUBLIC RECORDS REQUESTS.

Part I

Renewal Applicant Name:		
Renewal Applicant Name:(Name must be	the same as the name registered with	n the state)
Department of Agriculture and Consumer S	ervices Certificate Address:	
Street Address	City	ZIP Code
Mailing Address: (if different):		
Street Address	City	ZIP Code
Contact Name:		
Phone Number:	Email Address:	
Medical Director		
Name:		
Mailing Address: Street Address	City	ZIP Code
Phone Number:	Email Address:	
Florida MD or DO License Number:		
 Provide certified documentation from Revenue, as applicable under Flori registered to do business in the state 	ida law, demonstrating that the ren	ewal applicant has been
B. Provide a certified copy of a valid of Agriculture and Consumer Services		
C. Provide a list of all owners, manage individual's most recent backgroun include their position or proposed p	d screening pursuant to s. 381.986	(9), F.S. With each name,
Did the renewal applicant receive a	a license under section 381.986(8)(a)2.b., Florida Statutes?
	□ Yes □ No	
If the renewal applicant is applying for renew		

accordance with section 381.986(8)(a)2.b., Florida Statutes, the renewal applicant does not need to provide the documents set forth in items A and B above.

- D. Provide a diversity plan that promotes and ensures the involvement of minority persons and minority business enterprises as defined by section 288.703, Florida Statutes, or veteran business enterprises, as defined in section 295.187, Florida Statutes, in ownership, management, and employment. The plan must demonstrate the following and include information addressing effectiveness:
 - 1. Representation of minority persons and veterans in the Medical Marijuana Treatment Center's workforce;
 - 2. Efforts to recruit minority persons and veterans for employment; and
 - 3. Records of contracts for services with minority business enterprises and veteran enterprises.

Part II

Attestation of Compliance with Representations to the Department: I do hereby attest that at the time of this renewal application, the renewal applicant is in compliance with all representations made to the Florida Department of Health, Office of Medical Marijuana Use, for licensure as a Medical Marijuana Treatment Center, and any subsequent amendments approved by the Department.

Signature of Renewal Applicant/Representative

Date

Name of Renewal Applicant/Representative (print or type):

Within fifteen days of the receipt of an "Application for Medical Marijuana Treatment Center License Renewal" the Department shall schedule renewal inspections of the renewal applicant's facilities. Applications for renewal must be consistent with and be in compliance with the renewal applicant's application for licensure, as well as any subsequent amendments approved by the Department. Amendments must be approved prior to the submission of a renewal application to be considered. Renewal applicants may not submit application amendment requests as part of an Application for Medical Marijuana Treatment Center License Renewal. Any request to amend a Medical Marijuana Treatment Center license renewal will be considered separately from any request to amend a Medical Marijuana Treatment Center's application.

Part III

Completed renewal applications must be submitted to the Department of Health, Office of Medical Marijuana Use at 4052 Bald Cypress Way, Bin M-01, Tallahassee, Florida 32399.

The renewal application MUST include:

- 1. A non-refundable \$60,063.00 renewal fee in the form of a money order or cashier's check made payable to the Florida Department of Health;
- 2. A list of ALL materials for which the renewal applicant claims ANY public records exemption, including a specific legal citation to the exemption; and
- 3. A full proposed redacted version of the renewal application, if applicable.

The completed renewal application, along with supporting documents must be submitted on a thumb drive. Renewal applications submitted in hard copy form will be denied.

The undersigned renewal applicant/representative hereby agrees to operate the Medical Marijuana Treatment Center described in this application in accordance with the requirements of section 381.986, Florida Statutes, and all Department of Health rules and regulations.

The information contained in this renewal application, which serves as a basis for renewal of licensure, is true and correct. I understand that any misrepresentation of the facts in this renewal application, or failure to comply with the requirements of statutes, regulations, and rules, is grounds for denial or revocation of Medical Marijuana Treatment Center license renewal. I understand that a person knowingly making a false statement in writing with the intent to mislead a public servant in the performance of their official duty is guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Signature of Renewal Applicant/Representative

Date

Name of Renewal Applicant/Representative (print or type):

Part IV

Renewal Inspections: The Department shall inspect each Medical Marijuana Treatment Center facility for compliance. Renewal applicants will be notified by the Department of any deficiencies found during its inspections. Renewal applicants will have 21 days following notice of any deficiencies to notify the Department that all deficiencies have been addressed. Failure to address deficiencies shall be grounds result for the denial of the renewal application.