



Medical Marijuana Dispensary License

Finance Department
P.O. Box 1178 Billings, Montana 59103
406-657-8364
businesslicense@billingsmt.gov

A complete application will include all of the following items, for each owner of a Medical Marijuana Dispensary. Please use the page at the end to provide clarification or additional explanation to any questions.

- ✓ **Initial application fee of \$350 Checks made payable to City of Billings**
- ✓ **Completed attached application**
- ✓ **Lease agreement for the property location to be used for Medical Marijuana**
 - **A signed letter of intent, with contact info for property owner is sufficient**
- ✓ **Zoning Compliance permit through City of Billings-Planning**
- ✓ **Security plan for the proposed license**
- ✓ **Credit Report**
- ✓ **Government Issued ID**
- ✓ **State WIN fingerprint background check**
- ✓ **Copy of State License or, if not yet issued a copy of the submitted applications for the State of Montana License**
- ✓ **Copy of State Workers Permit**

Section I – Business Information

1.) Business Legal Name

2.) Business Name (DBA)

3.) Legal Business Form

4.) Physical Business Address

5.) Business Mailing Address, if different

6.) E-mail Address

7.) Business Entity Legal Structure (e.g, partnership, Corp, LLC, Sole Proprietor)

a. Please Provide: A certificate of good standing, registration, or incorporation from Secretary of State

8.) Hours and Days of Operation

Section II – Business Location Premises Information

1.) Name of Business Premises Owner

2.) Physical Address of Business Premises Owner

3.) Phone Number of Owner of Premises

4.) E-mail Address of Building Owner

Section III– Applicant Information

1.) Applicant Name

2.) Applicant Aliases

3.) Date of Birth

4.) Place of Birth

5.) Telephone Number(s)

6.) Email Address

7.) Business telephone number

8.) Residential Address

- a. If applicant has resided in this location for less than 2 years, list most recent previous address

9.) Has the applicant, either as an owner or employee, ever been refused any similar license or permit in the city or elsewhere?

YES _____ NO _____

10.) Has the applicant, either as an owner or employee, ever had any similar license or permit revoked or suspended in the city or elsewhere?

YES _____ NO _____

11.) Has the applicant obtained a license from the State of Montana to sell medical marijuana?

YES _____ NO _____

- 12.) Are you currently in the process of the medical marijuana dispensary license from the State of Montana?
YES _____ NO _____
- 13.) Is the applicant, principals, registered manager and employees all over the age of twenty-one (21)?
YES _____ NO _____
- 14.) Has the applicant, principals, registered manager or employees been determined by any marijuana business licensing commission, or any other licensing board within the State, or the Montana Department of Revenue to not be a person of good character and record within the preceding three (3) years?
YES _____ NO _____
- 15.) Has the applicant, principals, registered manager or any employees had a discharged sentence for any felony in the five (5) years immediately preceding the application, or are they currently subject to a deferred judgment or sentence for a felony?
YES _____ NO _____
- 16.) Has the applicant, principals or registered manager held an interest in any liquor license, medical marijuana license or other license issued by any city, county or state that has been revoked, suspended, or fined within the preceding two (2) years?
YES _____ NO _____
- 17.) Has the applicant, principals, registered agent, creditors or employees had their authority, if any, to act as a primary caregiver revoked by the State within the preceding two (2) years?
YES _____ NO _____
- 18.) Is the applicant, principals, or creditors in default on any city, county, state or federal taxes, fees, fines or charges?
YES _____ NO _____
- 19.) Do the applicant, principals, or creditors have any outstanding warrants for their arrest, or have any outstanding liens or judgments payable to the City?
YES _____ NO _____
- 20.) Is the applicant or principals in default on any student loan?
YES _____ NO _____
- 21.) Is the applicant, principals and employees trained or experienced in, and able to comply with, the requirements of this Article and state law pertaining to medical marijuana dispensaries and other marijuana businesses for which application is made?
YES _____ NO _____
- 22.) Do the applicant or principals have any orders or judgments against them for child support in default or arrears?
YES _____ NO _____
- 23.) Do applicant, principals, registered manager and employees all hold valid occupational licenses and registrations for medical marijuana issued by the State of Montana?
YES _____ NO _____
- 24.) Are the applicant or principal's peace officers or prosecuting attorneys?
YES _____ NO _____
- 25.) Are the applicant or principals licensed physicians who recommend medical marijuana?
YES _____ NO _____
- 26.) Is the applicant aware of the provisions of the ordinance and will you comply with them?
YES _____ NO _____

Attach any additional information demonstrating owner, applicant, or employee training, certification, or experience that demonstrates your ability to comply with the requirements of ordinance.

Section IV– Applicant Attestation

THIS LICENSE CONFERS ONLY A LIMITED AND CONDITIONAL PRIVILEGE SUBJECT TO THE REQUIREMENTS, CONDITIONS, LIMITATIONS AND QUALIFICATIONS OF THE BILLINGS, MONTANA CITY CODE, AS AMENDED, AND STATE LAW. THIS LICENSE DOES NOT CONFER A PROPERTY RIGHT OF ANY KIND. THE LICENSE AND THE PRIVILEGE CREATED BY THE LICENSE MAY BE FURTHER REGULATED, LIMITED OR COMPLETELY EXTINGUISHED BY THE CITY WITHOUT ANY COMPENSATION TO THE LICENSEE. THIS LICENSE IS SUBJECT TO THE FUTURE EXERCISE OF THE LOCAL OPTION DESCRIBED IN Montana Code Annotated §16-12-301, AND OTHER FUTURE ORDINANCES PASSED BY THE PEOPLE OF THE CITY OF BILLINGS OR CITY COUNCIL. THE HOLDER OF THIS LICENSE SHALL BE SUBJECT TO ANY ORDINANCE OR PROHIBITION PASSED AFTER THE LICENSE WAS APPROVED OR ISSUED. IN THE EVENT THAT THE PEOPLE OF THE CITY OF BILLINGS, BY A MAJORITY VOTE OF THE REGISTERED ELECTORS OF THE CITY, AT A REGULAR OR SPECIAL ELECTION, OR A MAJORITY OF CITY COUNCIL, VOTE TO PROHIBIT BY ORDINANCE THIS TYPE OF LICENSE AND THE OPERATION OF THIS TYPE OF MEDICAL MARIJUANA DISPENSARY WITHIN THE CITY OF BILLINGS, PURSUANT TO Montana Code Annotated §16-12-301, THEN THIS LICENSE SHALL BE VOID AND THE OPERATION OF THIS MEDICAL MARIJUANA DISPENSARY SHALL BE ILLEGAL ON THE EFFECTIVE DAY OF SUCH ORDINANCE.

(b) The licensee shall post the following on the licensed premises in a prominent place where the public, patients, and primary caregivers can easily view and read while standing in a location accessible to the public:

- (1) The license certificate issued by the State, along with any conditions on the same. (
- 2) The license certificate issued by the City, along with any conditions on the same.
- (3) A notice at least twenty-four (24) inches by twenty-four (24) inches in letters at least one (1) inch in height, stating:

THIS MEDICAL MARIJUANA LICENSED PREMISES IS MANAGED BY: (STATE NAME, ADDRESS AND PHONE NUMBER FOR REGISTERED MANAGER). THE PRINCIPALS IN THIS BUSINESS ARE AS FOLLOWS: (NAMES)

- (4) A notice at least twenty-four (24) inches by twenty-four (24) inches in letters at least one (1) inch in height, stating:

IF YOU HAVE CONCERNS ABOUT THE WAY THIS MEDICAL MARIJUANA LICENSED PREMISES IS OPERATED, OR OTHER ACTIVITY ON THESE PREMISES, PLEASE CONTACT THE CITY OF BILLINGS AT: (406) 657-8200.

- (5) If the Licensee has received any sanction from the City during the preceding five (5) years, a notice at least twenty-four (24) inches by twenty-four (24) inches in letters at least one (1) inch in height, stating:

THIS MEDICAL MARIJUANA LICENSE HAS BEEN SANCTIONED BY THE CITY OF BILLINGS DURING THE PRECEDING FIVE (5) YEARS FOR THE FOLLOWING MISCONDUCT: (STATE DATE, VIOLATION AND SANCTION RECEIVED, LISTING ALL VIOLATIONS AND SANCTIONS IMPOSED IN THE PRECEDING FIVE (5) YEARS).

(6) A notice at least thirty (30) inches by thirty (30) inches in letters at least one (1) inch in height, stating:

THE MEDICAL MARIJUANA, MARIJUANA PLANTS AND MEDICAL MARIJUANA PRODUCTS SOLD ON THESE PREMISES ARE CULTIVATED, MANUFACTURED AND PROCESSED WITHOUT ANY GOVERNMENTAL OVERSIGHT AS TO HEALTH, SAFETY OR EFFICACY. THERE MAY BE HEALTH RISKS ASSOCIATED WITH THE CONSUMPTION OF MEDICAL MARIJUANA AND MEDICAL MARIJUANA PRODUCTS.

A notice at least thirty (30) inches by thirty (30) inches in letters at least one (1) inch in height, stating:

THE DIVERSION OF MEDICAL MARIJUANA FOR NON-MEDICAL PURPOSES IS A VIOLATION OF STATE AND LOCAL LAW. THE USE OF MEDICAL MARIJUANA MAY IMPAIR A PERSON'S ABILITY TO DRIVE A MOTOR VEHICLE OR OPERATE MACHINERY. IT IS ILLEGAL UNDER STATE LAW TO DRIVE A MOTOR VEHICLE OR OPERATE MACHINERY WHILE UNDER THE INFLUENCE OF OR IMPAIRED BY MARIJUANA. POSSESSION AND DISTRIBUTION OF MEDICAL MARIJUANA IS A VIOLATION OF FEDERAL LAW. SMOKING OR CONSUMING MEDICAL MARIJUANA WITHIN THESE PREMISES, WITHIN FIFTEEN (15) FEET OF THESE PREMISES OR ANYWHERE IN PUBLIC IS UNLAWFUL.

(c) The licensee shall post the following on the licensed premises in a prominent place near other notices to employees, where the licensee, principals, registered manager and employees can easily view the same, a notice at least twenty-four (24) inches by twenty-four (24) inches in letters at least one (1) inch in height, stating:

NOTICE TO LICENSEE, PRINCIPALS, REGISTERED MANAGER AND EMPLOYEES: THESE PREMISES, THE ADJACENT GROUNDS AND EVERY ROOM, AREA, LOCKER, SAFE AND CONTAINER ON THE LICENSED PREMISES AND ADJACENT GROUNDS EXCEPT YOUR PERSON, THE PERSONAL EFFECTS IN YOUR IMMEDIATE POSSESSION, AND YOUR PRIVATE VEHICLE, ARE SUBJECT TO 25 INSPECTION BY CITY EMPLOYEES AND POLICE OFFICERS AT ANY TIME THAT ANY PERSON IS PRESENT ON THE LICENSED PREMISES, WITHOUT A WARRANT, AND WITHOUT REASONABLE SUSPICION TO BELIEVE THAT ANY OFFENSE HAS OCCURRED. YOU HAVE NO REASONABLE EXPECTATION OF PRIVACY ON THESE PREMISES AND THE ADJACENT GROUNDS EXCEPT IN YOUR PERSON, THE PERSONAL EFFECTS IN YOUR IMMEDIATE POSSESSION, AND YOUR PRIVATE VEHICLE.

I swear or affirm that the information submitted in and with this application is true, complete, correct, and within my personal knowledge. To the extent that any of the information is outside of my personal knowledge, I swear or affirm that I have made a diligent effort to verify the truthfulness and accuracy of the submitted information.

I understand that the following statute applies to this application:

§45-7-203. Unsworn falsification to authorities. (1) A person commits an offense under this section if, with the purpose to mislead a public servant in performing an official function, the person:

- (a) makes any written false statement that the person does not believe to be true;**
- (b) purposely creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements from being misleading;**
- (c) submits or invites reliance on any writing that the person knows to be forged, altered, or otherwise lacking in authenticity; or**

(d) submits or invites reliance on any sample, specimen, map, boundary mark, or other object that the person knows to be false.

(2) A person convicted of an offense under this section shall be fined not to exceed \$500 or be imprisoned in the county jail for any term not to exceed 6 months, or both.

I understand that a false or misleading statement, or omission of necessary information to prevent a statement from being misleading may lead to a denial of the license or to sanctions against an issued license, up to and including revocation of the license.

Signature of Applicant

Date _____

Printed Name and Title:

Office Use Only:

Date Rec'd: _____

Form of ID Presented: _____

Name Match (Initial): _____

Tender: Cash _____ Credit _____ Check _____

Use this page to provide any additional information or explanation to answers provided above. Use as many pages as necessary.
