



Marijuana Cultivator 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 Marijuana Cultivator License. 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 Marijuana Cultivating**
 - **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 telephone number

- 8.) Business entity legal structure (i.e., Partnership, Corp, LLC, Sole Proprietor)

 - a. Please Provide: A certificate of good standing, registration, or incorporation from Secretary of State
- 9.) 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.) Residential Address

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

8.) Cultivation licenses will be issued according to the state's tiered canopy system up to and including a tier 4 canopy license. Please mark the one that applies.

- a. ___ A micro tier canopy license allows for a canopy of up to 250 square feet at one indoor cultivation facility.
- b. ___ A tier 1 canopy license allows for a canopy of up to 1,000 square feet at one indoor cultivation facility.
- c. ___ A tier 2 canopy license allows for a canopy of up to 2,500 square feet at up to two indoor cultivation facilities.
- d. ___ A tier 3 canopy license allows for a canopy of up to 5,000 square feet at up to three indoor cultivation facilities.
- e. ___ A tier 4 canopy license allows for a canopy of up to 7,500 square feet at up to four indoor cultivation facilities.

- 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 cultivator license from the State of Montana?
YES _____ NO _____
- 12.) Is the applicant, principals, registered manager and employees all over the age of twenty-one (21)?
YES _____ NO _____
- 13.) Has the applicant, principals, registered manager or employees been determined by any marijuana business licensing commission, any other licensing board within the State, or the Montana Department of Revenue to not be persons of good character and record within the preceding three (3) years?
YES _____ NO _____
- 14.) 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 _____
- 15.) 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 _____
- 16.) 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 _____
- 17.) Is the applicant, principals, or creditors in default on any city, county, state or federal taxes, fees, fines or charges?
YES _____ NO _____
- 18.) 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 _____
- 19.) Are the applicant or principals in default on any student loan debt?
YES _____ NO _____
- 20.) Is the applicant, principals or 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 _____
- 21.) Do the applicant and principals have any orders or judgments against them for child support in default or arrears?
YES _____ NO _____

22.) 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 _____

23.) Is the applicant or any principals a peace officers or prosecuting attorneys?

YES _____ NO _____

24.) Are the applicant or any principals licensed physicians who recommend medical marijuana?

YES _____ NO _____

25.) 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

A marijuana cultivator shall use the seed-to-sale tracking system developed pursuant to 16-12-105 to create shipping manifests documenting the transport of marijuana and marijuana products throughout the state.

A marijuana transporter may deliver marijuana or marijuana products to licensed premises or registered cardholders only and may not make deliveries of marijuana or marijuana products to individual consumers.

A person delivering marijuana or marijuana products for a marijuana cultivator must possess a valid marijuana worker permit issued by the state and be a current employee of the marijuana transporter business.

A marijuana cultivator licensee must create and maintain a manual of written standard operating procedures to produce marijuana. The marijuana cultivator licensee must keep the manual at the licensed premises and make it available for City inspection at all times. The manual must include, at a minimum:

- (a) when and how all pesticides or other chemicals are to be applied during the production process;
- (b) water usage and wastewater disposal protocols; and

If a marijuana cultivator makes a material change to the standard operating procedures, it must document the change and revise the written standard operating procedures manual accordingly.

A marijuana cultivator licensee must maintain on the licensed premises:

- (a) the material safety data sheet for all pesticides, fertilizers, or other agricultural chemicals used in the production of marijuana at the licensed premises; and
- (b) the original label, or a copy, for all pesticides, fertilizers, or other agricultural chemicals used in the production of marijuana at the licensed premises.

A marijuana cultivator licensee must maintain a log of all pesticides, fertilizers, or other agricultural chemicals used in the production of marijuana in the seed-to-sale tracking system.

A marijuana cultivator licensee may not cultivate hemp at a licensed premise.

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.
