

MEDICAL CANNABIS ESTABLISHMENT LICENSE CHECKLIST

Medical Cannabis Dispensary License applications will be available via the City's electronic medical cannabis licensing system no later than July 2022.

The following information must accompany an application for REVIEW. The application will not be considered COMPLETE until ALL documents have been received.

- Legal name of business and physical address (No PO Box allowed)
- Deed of Trust, Lease Agreement, or Contingent Agreement, if applicable
- Land Survey by a Mississippi-licensed surveyor proving that the main entrance of the dispensary is not within 1,000 feet of a school, church, or childcare facility's nearest property boundary line.
- Waiver of Minimum Distance Requirements (childcare, school, church), if applicable
- A "to scale" rendering of the floor plan of the proposed licensed premises including the defined boundaries of the premises and a scaled floorplan sketch of all enclosed areas with clear identification of the main entrance, walls, all areas of ingress and egress, and all limited access areas.
- A "to scale" site plan reflecting all structures and boundaries of the proposed licensed premises; D An elevation drawing or rendering of the exterior of the proposed licensed premises.
- Operation plan

For Dispensaries:

The plan must demonstrate how the applicant's proposed premises and business will comply with applicable laws and rules regarding employee qualifications, including background checks and training, record-keeping systems; hours of operation; preventing non-cardholders under the of 21 from entering the licensed premises; and preventing non-cardholders from obtaining or attempting to obtain any items sold by the dispensary.

For Medical Cannabis Cultivation and Processing Facilities:

The plan must demonstrate the facilities employment practices that include a plan of action to inform, hire, and educate minorities, women, veterans, and persons with disabilities, engage in fair labor practices and provide employee protections; record-keeping systems; hours of operation; preventing diversion of cannabis and/or cannabis products; types and quantities of cannabis products that will be produced at the cannabis processing facility; methods of processing cannabis and/or cannabis products; inventory control and tracking; procedures for proper labeling and packaging; transportation of cannabis and/or cannabis products; and disposal of cannabis waste.

Security plan:

The plan must list the measures that will be taken by the medical cannabis establishment to ensure that medical cannabis products are properly secured and safe. It shall include information relating to surveillance systems, camera placement, door security, alarm systems, and measures taken to secure manners of egress and ingress onto the premises.

MEDICAL CANNABIS DISPENSARIES

QUESTION:	ANSWER: (CIRCLE ONE)
(1) Will the medical cannabis dispensary employ anyone who has been convicted of a disqualifying felony, anyone under the age of 21, or anyone that does not have a valid work permit issued by the Department of Health?	Yes No N/A
(2) Will the medical cannabis dispensary complete a background check on each employee and require employees to complete all training and continuing education requirements required by the State of Mississippi?	Yes No N/A
(3) Will the medical cannabis dispensary allow any person entry into the premises without showing a valid registry identification card?	Yes No N/A
(4) Will the medical cannabis dispensary make a diligent effort to verify that the registry identification card presented to the dispensary is valid?	Yes No N/A
(5) Will the medical cannabis dispensary make a diligent effort to verify that the person presenting the documentation is the person identified on the document presented to the dispensary employee?	Yes No N/A
(6) Will the medical cannabis dispensary make a diligent effort to only dispense an amount of cannabis to a person that would not cause the person to possess more than the allowable amount of cannabis?	Yes No N/A
(7) Will the medical cannabis dispensary be located within any building with a medical provider?	Yes No N/A
(8) Will the medical cannabis dispensary maintain the required security, alarm, video surveillance, and operational requirements set forth by the City of Greenwood, Mississippi Department of Revenue, and State of Mississippi?	Yes No N/A
(9) Will the medical cannabis dispensary keep all cannabis products on the dispensary's premises in a locked, secure location or enclosure within any areas such that the cannabis products are not visible from any area outside the licensed premises?	Yes No N/A
(10) Will the medical cannabis dispensary display cannabis products in such a way that prevents access to persons who are not employees?	Yes No N/A
(11) If the medical cannabis dispensary intends to conduct the activities of accepting deliveries, managing inventory, entering transfers and deliveries into the tracking systems, conducting employee training, or performing administrative work, cleaning, or other maintenance two hours before or two hours after normal business hours, will the medical cannabis dispensary in form the Office of Community Development in writing and receive approval before conducting such activities?	Yes No N/A
(12) Will there be consumption of cannabis products on the premises?	Yes No N/A
(13) Will the medical cannabis dispensary allow inspection of the premises by the City of Greenwood or the Department of Revenue during business hours?	Yes No N/A
(14) Will the medical cannabis dispensary conform to the prevailing building and fire codes adopted by the City of Greenwood?	Yes No N/A
(15) Will the exterior signage of the medical cannabis dispensary comply with the ordinances of the City of Greenwood and the regulations set forth by the State of Mississippi?	Yes No N/A

MEDICAL CANNABIS CULTIVATION AND PROCESSING ESTABLISHMENTS

QUESTION:	ANSWER: (CIRCLE ONE)
(1) Will all cultivation, harvesting, processing, and packaging of cannabis take place in an indoor, enclosed, locked, and secure facility at the physical address of the medical cannabis establishment?	Yes No N/A
(2) Will the medical cannabis establishment restrict access to only authorized personnel to locked and secure areas with signage and daily records of entry and exit?	Yes No N/A
(3) Will the medical cannabis establishment employ anyone who has been convicted of a disqualifying felony, anyone under the age of 21, or anyone that does not have a valid work permit issued by the Department of Health?	Yes No N/A
(4) Will the medical cannabis establishment complete a background check on each employee and require employees to complete all training and continuing education requirements required by the State of Mississippi?	Yes No N/A
(5) Will the medical cannabis establishment maintain the required facility, perimeter, alarm, video surveillance, sanitation, and operational requirements set forth by the City of Greenwood, Mississippi Department of Health, and State of Mississippi?	Yes No N/A
(6) Will the medical cannabis establishment permit any person to consume cannabis on the property of the establishment?	Yes No N/A
(7) Will the medical cannabis establishment allow inspection of the premises by the City of Greenwood or the Department of Health during normal business hours?	Yes No N/A
(8) Will the medical cannabis establishment conform to the prevailing building and fire codes adopted by the City of Greenwood?	Yes No N/A

MEDICAL CANNABIS INDEMNIFICATION AGREEMENT

This MEDICAL CANNABIS ESTABLISHMENT INDEMNIFICATION AGREEMENT (hereafter the "Agreement") is entered into this ____ day of _____ 20____, by and between (the "Medical Cannabis Establishment License Applicant"), and the City of Greenwood, Mississippi, a Mississippi Municipal Corporation ("City of Greenwood").

1. Purpose of this Agreement. The Medical Cannabis Establishment Applicant has submitted an Application for a Medical Cannabis License to the City of Greenwood. The purpose of this Agreement is to provide assurance that the Applicant agrees to provide indemnity protection for the City of Greenwood, Mississippi for any liability including, but not limited to, attorneys' fees arising out of or in any manner connected with the operation of a medical cannabis establishment that is the subject of the Medical Cannabis License Application.

2. Indemnity and Release. To the fullest extent permitted by law, Applicant will indemnify and hold harmless the City of Greenwood, and its officials, officers and employees, from and against liability, claims, damages, losses and expenses, including but not limited to attorney's fees arising out of or in any manner that result from any arrest or prosecution of the Applicant's business owners, operators, employees, clients or customers of the licensee for a violation of State or federal laws, rules or regulations in the operation of a medical cannabis establishment the Applicant operates in the City of Greenwood.

3. The issuance of a medical cannabis license by the City of Greenwood pursuant to this section shall not be deemed to create an exception, defense, or immunity for any person in regard to any potential criminal liability the person may have under State or federal law for the cultivation, possession, sale, distribution or use of marijuana.

4. In the event there is a claim against the City of Greenwood, Mississippi or its officials, officers or employees who are indemnified under this Agreement brought by an employee of a Medical Cannabis Establishment Applicant, or its subcontractors, or anyone directly or indirectly employed by them or anyone for whose acts they may be liable, then this indemnification obligation shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the Medical Cannabis Establishment Applicant or its sub-contractors or employees under the workers compensation laws.

Under penalties of perjury, I declare that I have examined this Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant Signature:	Date:
INTERNAL REVIEW	
Legal Review Signature:	Date:
Community Development Signature:	Date:
City Clerk Signature:	Date:
Comments:	

Application Status:	Date:
(If Denied, Reason for Denial)	
License Issue Date:	License Number:



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