

# Application Instructions: Dispensaries

Dispensary Regions:  
**Grand Forks**  
**Williston**

Application Due Date:  
October 10, 2018  
3:00 PM Central Time

Date Issued: September 12, 2018



Division of Medical Marijuana  
600 East Blvd Ave, Dept 301  
Bismarck, ND 58505-0200  
Phone: 701.328.1311  
Email: [medmarijuana@nd.gov](mailto:medmarijuana@nd.gov)

<b>Table of Contents:</b>	<b>Page:</b>
Overview .....	3
Information Management System .....	3
Dispensary Regions .....	3
Number of Registrations and Registration Process .....	3
Timeline .....	4
Application Fees .....	4
Application Deadline and Submission .....	4
Communication with the Department .....	4
Modifications to Applications .....	5
Disqualifications .....	5
Scoring of Applications .....	5
Scored Elements for Dispensary Applications .....	5
Disclaimer .....	5
How to Apply	
NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01 .....	6
Submission of Application .....	6
Application Fee .....	6
Cover Page .....	6
Form A Information: Proposed Dispensary .....	6
Form B Information: Local Zoning Approval .....	7
Form C Information: Member Information and Experience/Training/Education .....	7
Form D Information: Employee, Volunteer, Agent Information and Experience/Training .....	7
Form E Information: Ownership and Capital Information .....	7
Form F Information: Operations Manual .....	8
Form G Information: Facility Description, Timeline, and Hours of Operation .....	9
Form H Information: Dispensing Procedures .....	9
Form I Information: Attestation .....	9
Appendix A: Scoring Criteria	
Appendix B: Score Sheets	

# **North Dakota Department of Health**

## **Division of Medical Marijuana**

### **Dispensary Application**

#### **Overview:**

North Dakota Century Code (NDCC) Chapter 19-24.1 authorizes the North Dakota Department of Health (Department) to establish a medical marijuana program to allow for the production, processing, sale, and dispensing of usable marijuana.

The Department is accepting applications from entities interested in obtaining a registration certificate to operate a dispensary. A dispensary is a Department registered entity authorized to dispense usable marijuana to registered qualifying patients and registered designated caregivers. The requirements related to the operation of a dispensary are included in NDCC Chapter 19-24.1 and North Dakota Administrative Code (NDAC) Chapter 33-44-01.

#### **Information Management System:**

The Department has selected BioTrackTHC as the state's information management system. A dispensary has the authority to select a different inventory control information system for its use. However, a dispensary's inventory control information system must adequately interface with the BioTrackTHC system. If a dispensary's selected inventory control information system does not adequately interface, as determined by the Department, the Department has the authority to require the dispensary to use the BioTrackTHC system.

#### **Dispensary Regions**

The Department has established eight regions for dispensary locations. A dispensary can apply to be located anywhere within one of the dispensary regions. The regions are comprised of a 50-mile (straight line distance) radius from eight communities in North Dakota: Bismarck-Mandan, Devils Lake, Dickinson, Fargo, Grand Forks, Jamestown, Minot, and Williston. An interactive map of the eight regions may be accessed at [www.ndhealth.gov/MM/](http://www.ndhealth.gov/MM/). The map is to be used as a guide. An applicant is responsible for verifying whether a particular location is within the 50-mile radius. Registered qualifying patients and designated caregivers may make purchases from any of the dispensaries registered by the Department.

#### **Number of Registrations and Registration Process:**

The Department is accepting registration applications for one dispensary to be located in the Grand Forks region and one dispensary to be located in the Williston region. The Department reserves the right to register less than two dispensaries. Additional open application periods will be held for the other dispensary regions.

A legal entity is not authorized to possess more than one registration certificate. An applicant must identify the region they are applying for when completing an application. If the same entity applies for more than one region and receives the highest score in more than one region, that entity will be required to select the single region in which they will operate.

The Department will deposit all nonrefundable application fees at the close of the application period. In accordance with NDCC Section 19-24.1-14, only complete applications are eligible for Department review. The requirements for a complete application are included in NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01.

A panel will review all complete applications. The review panel final scores will be used to determine one dispensary applicant in the Grand Forks region and one dispensary applicant in the Williston region to be eligible for registration. Applicants notified of their eligibility for registration must comply with the requirements in NDCC Section 19-24.1-15 in order to receive a registration certificate. All Department decisions regarding the selection of dispensary applicants eligible for registration are final.

Any applicant awarded a dispensary registration by the Department shall operate in accordance with the representations made in its application, or as modified upon mutual agreement with the Department.

**Timeline:**

EVENT	DATE
Open application period begins	September 12, 2018
Deadline for submission of questions by 3:00 PM, Central Time	September 19, 2018
Deadline for Department response to questions	September 21, 2018
Deadline for receipt of applications by 3:00 PM, Central Time	October 10, 2018
Department will select applicants eligible for registration (approximately)	November 16, 2018

**Application Fees:**

A nonrefundable application fee of \$5,000 is required with the submission of each application. A check should be made to the North Dakota Department of Health, Medical Marijuana Program.

**Application Deadline and Submission:**

A complete application and the \$5,000 nonrefundable application fee must be mailed to:

**North Dakota Department of Health  
Accounting Division (Dispensary Application)  
600 East Blvd Ave, Dept 301  
Bismarck, ND 58505-0200**

The Department will date stamp each application upon receipt. Faxed or emailed applications will not be considered. It is the applicant’s responsibility to allow sufficient time to address potential delays and ensure the application is received on or before the due date. Applications may be hand delivered to the Accounting Division within the Department of Health (Room #207 of the Judicial Wing, State Capitol). The delivery method to be used is a decision to be made by the applicant. Regardless of the delivery method used, the application must be received by the Department’s Division of Accounting by 3:00 PM (Central Time) on October 10, 2018. Late applications will not be accepted.

**Communication with the Department:**

All questions about the application and the application process must be submitted to the Department by email at [medmarijuana@nd.gov](mailto:medmarijuana@nd.gov). Emails should include in the subject line “Dispensary Application Question.” The deadline for submission of questions is September 19 at 3:00 PM, Central Time. Questions and answers of a substantive nature will be posted on the Division of Medical Marijuana’s website [www.ndhealth.gov/MM/](http://www.ndhealth.gov/MM/) to ensure all applicants have access to the same information. All other communication with Department personnel is prohibited, except for contacting the Division of Accounting as described in the following section “Modifications to Applications.”

## Modifications to Applications:

If an applicant deems it necessary to modify, add, or delete information in a previously submitted application, the applicant must submit a new, complete application, including a new \$5,000 nonrefundable application fee before the application deadline. The original application and check will be returned to the applicant upon receipt of the revised application; or, upon the applicant's request, shredded by the Department. The Division of Accounting may be contacted at 701.328.2392 to confirm receipt of an application or to request withdrawal of a previously submitted application.

## Disqualifications:

The Department may disqualify any applicant who:

- Fails to pay the application fee prior to the deadline.
- Submits incomplete, false, inaccurate, unresponsive, or misleading information.

The Department's decision to disqualify an applicant is final.

## Scoring of Applications:

Only complete applications will be eligible for review and scoring by the Department. The application review panel established by the Department will review and score all complete applications after the close of the open application period. The review panel will receive a copy of each complete application.

Each panel member will review and score every complete application. The cumulative total of all the scores assigned to an application by each panel member is the final score. The final score will determine which applicants are eligible for registration (highest score in each applicable region). No more than one applicant in each region will be eligible for registration. The Department reserves the right to select fewer than two applicants to be eligible for registration.

## Scored Elements for Dispensary Applications:

Category	Points Possible
Suitability of Facility Location	8
Character and Experience	10
Operations and Services Plan	12
Staffing and Training	8
Recordkeeping	5
Safety, Security, and Preventing Diversion	8
Affordability	5
Labeling	3
Education and Outreach	15
Dispensing Procedures	16
Facility Description, Timeline, and Hours of Operation	5
Transportation	5
<b>TOTAL</b>	<b>100</b>

See Appendix A for scoring criteria and Appendix B for review panel score sheets.

## Disclaimer:

The number of qualifying patients participating in the Medical Marijuana Program is unknown; therefore, the demand for usable marijuana is unknown. The Department does not provide any assurances regarding the demand for usable marijuana under the program.

## How to Apply:

For an application to be complete and eligible for review, the applicant must follow these instructions:

1. Be familiar with NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01 that govern the Medical Marijuana Program, including dispensaries. The state law and administrative rules are available for review on the Division of Medical Marijuana website at [www.ndhealth.gov/MM/](http://www.ndhealth.gov/MM/). Applicants should use the statutory definitions to assist with completing the application. Applications that do not meet all criteria set forth in NDCC Chapter 19-24.1 and NDAC Chapter 33-44-01 will not be considered for review.
2. Applicants should complete application forms prior to printing. Application forms will expand to fit responses (text only, if other information is deemed necessary to submit as part of a response it may be included in the Operations Manual). Draft forms will **NOT** be accepted.

Hand written applications will not be accepted. All completed application materials should be printed and submitted in a 3-ring binder. If more than one 3-ring binder is needed, please number the binders accordingly (such as 1 of 2, 2 of 2).

For the Operations Manual only: also include a searchable electronic version of the operations manual on a USB flash drive (this will be in addition to the printed operations manual included in the 3-ring binder). The searchable electronic version must allow the department the ability to search for key words or phrases.

For hand delivered applications all 3-ring binders must be submitted in a sealed envelope/box or similar packaging materials.

3. Applicants are solely responsible for submitting all required information and payment.
4. Submit a check payable to the North Dakota Department of Health, Medical Marijuana Program in the amount of \$5,000.
5. Attach a one-page cover letter to the application materials.
6. Complete and submit **Form A**, which includes:
  - a. Dispensary Region in which the applicant is applying.
  - b. Legal name and physical address of the applicant.
  - c. Contact information.
  - d. Attachments to Form A:
    - (1) Articles of incorporation or articles of organization.
    - (2) Bylaws or operating agreement.

(3) Evidence of the applicant's registration with the North Dakota Secretary of State and certificate of good standing.

7. Complete and submit **Form B**, which includes the applicable local zoning authority completing information and signing the form. The form must be signed between September 12, 2018 and October 10, 2018.

8. Complete and submit **Form C**, which includes:

- a. The name, address, and date of birth of each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.
- b. Consent to a criminal history record check for each principal officer, board member, member-manager, manager, or governor of the proposed dispensary.
- c. A description of each principal officer, board member, member-manager, manager, or governor's relevant experience (including training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, food science, food safety, production, processing, and experience running a business entity) and other pertinent information

*If the applicant needs additional space to add more names and accompanying information, please continue on a new Form C.*

9. If applicable, complete and submit **Form D**, which includes:

- a. The name, address, and date of birth of each employee, volunteer, or agent of the proposed dispensary.
- b. Consent to a criminal history record check for each employee, volunteer, or agent of the proposed dispensary.
- c. A description of each employee, volunteer, or agent's relevant experience (including training or professional licensing related to medicine, pharmaceuticals, natural treatments, botany, food science, food safety, production, processing, and experience running a business entity) and other pertinent information

*If the applicant needs additional space to add more names and accompanying information, please continue on a new Form D.*

10. Complete and submit **Form E**, which includes:

- a. A list of all individuals or business entities having direct or indirect authority over the management or policies of the proposed dispensary.
- b. A list of all individuals or business entities having an ownership interest in the proposed dispensary, whether direct or indirect, and whether the interest is in profits, land, or building, including owners of any business entity that owns all or part of the land or building.

- c. The identity of any creditor holding a security interest in the proposed dispensary premises.
- d. The total amount of capital and source of funds that will be used to open the proposed dispensary.
- e. A description of how the amount of capital included in Form E is sufficient to operate the proposed dispensary.

*If the applicant needs additional space to add more names and accompanying information, please continue on an additional new Form E.*

11. Complete and submit **Form F**, which includes:

- a. A printed copy and an electronic version of a complete Operations Manual which demonstrates compliance with NDCC Chapter 19-24.1 and NDAC Section 33-44-01-11. Both a printed copy and a searchable electronic copy on a USB flash drive must be provided.
- b. Potential staffing of the proposed dispensary.
- c. Description of the training curriculum for dispensary agents.
- d. Description of the plans to ensure an adequate supply of usable marijuana for registered qualifying patients and registered designated caregivers.
- e. Description of procedures to ensure accurate recordkeeping.
- f. Description of proposed security and safety measures and procedures for safety measures, security measures, and prevention of diversion and theft.
- g. An example of the label to be affixed to usable marijuana and a description of labeling procedures (may include a picture of proposed label in the Operations Manual).
- h. Description of procedures for transportation of usable marijuana.
- i. Description of how the proposed dispensary will make products available on an affordable basis to registered qualifying patients with limited financial resources.
- j. Description of outreach activities for registered qualifying patients and registered designated caregivers.
- k. Description of usable marijuana related supplies anticipated to be available to registered qualifying patients and designated caregivers.
- l. Description of the plans to determine patient/customer satisfaction; plans to handle and resolve patient/customer complaints; or other similar information.

12. Complete and submit **Form G**, which includes:

- a. Description of anticipated planned facility layout including display areas, restricted access areas, patient education areas, lobby or similar area, restrooms, sales transaction area, etc. (may include a drawing of proposed facility layout in the Operations Manual).
- b. Description of anticipated locations of usable marijuana related supplies and other retail items.
- c. Description of anticipated parking available for qualifying patients and designated caregivers (including the number of handicap accessible spots, the proximity of parking spots to the front door, etc.).
- d. Provide a timeline for major steps in obtaining a registration certificate if applicant is eligible for registration. Include, at a minimum, timelines regarding final plans or drawings being submitted to local government for review, construction/remodeling, hiring and training of employees, financial assurance or security bond, a current certificate of occupancy or equivalent document, and opening of the facility.
- e. Description of anticipated hours of operation.

13. Complete and submit **Form H**, which includes a description of the dispensing procedures.

14. Complete and submit **Form I**, which includes the Attestation Form.

**NOTE:** If you have difficulty accessing the PDF application form, please verify you have a current version of Adobe Reader installed on your computer. We also strongly recommend the use of the Internet Explorer 11 as your browser. The Microsoft Edge browser is not supported at this time. We do have browser instructions for Chrome and Firefox at [www.nd.gov/eforms/](http://www.nd.gov/eforms/). You may also right-click the form link and choose Save Target As to save and complete the forms.