



DISPENSING ORGANIZATION APPLICATION

Please read the instructions on pages 3-5 carefully before submitting the application ↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

TYPE OF APPLICATION		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	License Number if Renewal:
BUSINESS INFORMATION		
Name of Corporation, Company, or Full Name of Sole Proprietor		
Assumed Name (D.B.A., if any)		
Physical Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Business Phone:	Business Email:	
Business Website:		
BUSINESS STRUCTURE (select one)		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation (Inc., Corp)	<input type="checkbox"/> Limited Liability Partnership (LLP) Other
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company (LLC)
Where are the papers for this business filed?		
<input type="checkbox"/> Texas	<input type="checkbox"/> Out of State _____	Please specify State
Is your stock privately held or publicly traded?		
<input type="checkbox"/> Privately Held	<input type="checkbox"/> Publicly Traded	

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OWNERSHIP INFORMATION			
Individual #1			
Last Name	First Name	M.I.	Suffix
Date of Birth	Email Address		
Ownership Percentage Held	State Issued Driver License or ID Card Number		State
Select the role(s) for this individual <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <i>If Officer please specify Officer type</i>			
Individual #2			
Last Name	First Name	M.I.	Suffix
Date of Birth	Email Address		
Ownership Percentage Held	State Issued Driver License or ID Card Number		State
Select the role(s) for this individual <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <i>If Officer please specify Officer type</i>			
Individual #3			
Last Name	First Name	M.I.	Suffix
Date of Birth	Email Address		
Ownership Percentage Held	State Issued Driver License or ID Card Number		State
Select the role(s) for this individual <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <i>If Officer please specify Officer type</i>			
Individual #4			
Last Name	First Name	M.I.	Suffix
Date of Birth	Email Address		
Ownership Percentage Held	State Issued Driver License or ID Card Number		State
Select the role(s) for this individual <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <i>If Officer please specify Officer type</i>			
Individual #5			
Last Name	First Name	M.I.	Suffix
Date of Birth	Email Address		
Ownership Percentage Held	State Issued Driver License or ID Card Number		State
Select the role(s) for this individual <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Shareholder <i>If Officer please specify Officer type</i>			

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ACKNOWLEDGEMENTS

_____ (Initials) I acknowledge that I am familiar with the federal laws governing marijuana and its interstate transportation.

_____ (Initials) I acknowledge the authority of Department personnel to enter and to inspect the controlled premises, including locations where low-THC cannabis or products are stored, sold, dispensed, or tested, or any other records required to be kept by the statutes, laws, regulations, or rules governing the Compassionate Use Program in accordance with TAC §12.21.

_____ (Initials) I understand that all directors, managers, and employees are responsible for knowing and complying with all state laws and regulations governing the Compassionate Use Program, cannabis, or the interstate transportation thereof, as well as all rules promulgated thereunder. I agree to comply with all applicable laws, statutes, regulations, and rules.

_____ (Initials) I understand that no low-THC cannabis products or byproducts will be acquired, possessed, cultivated, manufactured, tested, dispensed, sold, served, delivered, or transported on any Dispensing Organization premises or property prior to receiving official approval to do so by the Department and local jurisdictional authorities in which the premises reside.

_____ (Initials) I verify that all information provided in the application and any attachment exhibit is true and correct, and I understand that this is an official government record and that any false statement made on this document, or any other supplement provided to the Department may result in criminal prosecution.

_____ (Initials) I understand all fees submitted to DPS are non-refundable and are not transferable.

_____ (Initials) I understand that all communications will be sent to the following email: _____

Printed Name and Title of the individual authorized to submit the application on behalf of this business

Applicant Signature

Date

Owner or Company Representative Signature

Date

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STEP BY STEP APPLICATION INSTRUCTION	
STEP ONE	<ul style="list-style-type: none"> A. Download and complete the CUP Dispensing Organization Application Form CUP-101. B. Complete and sign form. C. Submit the form to Contact Us. Select option "Submit Document(s)" D. Enter required information and follow the instructions to attach the completed Form CUP-101 using "Add Documents" <ul style="list-style-type: none"> a. Do not submit any other items until a confirmation email is received with further instructions. All other required documentation (Exhibits A through H) must be submitted via a secure portal. Instructions and a secure login will be provided to the applicant in an email after the CUP-101 form is received. b. See STEP TWO for more information about the application fee.
STEP TWO	<ul style="list-style-type: none"> A. Once the form is submitted, an invoice will be sent by RSD via email within 3-5 business days of receipt of the CUP-101. The invoice will provide instructions for submitting the application fee in the amount of \$7,356 to the Comptroller through a wire transfer. B. In addition, a separate email providing login information will be sent by RSD within 3-5 business days of receipt of the CUP-101. The email will contain instructions to securely login to submit the required supporting documentation through a secure electronic portal. Email attachments will not be accepted. C. The applicant will be required to utilize the secure electronic portal to submit the remaining documentation to complete the application.
STEP THREE	<ul style="list-style-type: none"> A. RSD will begin evaluating the application and may contact the applicant with questions or request additional information. B. Director, Manager and Employee Registration Applications will not be accepted until after the Dispensing Organization Application window has closed. C. Applicants will be contacted by email to submit Director, Manager and Employee applications.

APPLICATION INFORMATION	
<p>This application must be completed and submitted by any individual, company, or organization seeking to be licensed under Texas Health and Safety Code Chapter 487, to cultivate, process, and dispense low-THC cannabis. Applicants are expected to show compliance with all applicable administrative rules and statutory provisions of Texas Administrative Code (TAC) Chapter 12, and Texas Health and Safety Code Chapter 487. References to specific provisions are provided for guidance only.</p>	
DOCUMENTATION REQUIREMENTS	
Exhibit A	<p>Ownership documentation TAC §12.11(b)(1) Proof of ownership and current status, including but not limited to a current Certificate of Existence or Certificate of Authority from the Texas Office of the Secretary of State and a Certificate of Good Standing from the Texas Comptroller of Public Accounts</p>
Exhibit B	<p>Proof of required liability insurance TAC §12.11(b)(6) A certificate of insurance as proof of commercial general liability insurance coverage against claims of liability for damage to property of third parties and for personal injuries to third parties, including bodily injury, property damage, and product liability, with limits of:</p> <ul style="list-style-type: none"> a) \$1,000,000 each occurrence. b) \$2,000,000 General Aggregate limit. c) \$1,000,000 Product Liability. <p>If a certificate of insurance is not available at the time of application, a letter of intent to obtain required insurance may be submitted. Prior to final approval of a license, applicants will be required to provide a valid certificate of insurance.</p>
Exhibit C	<p>Proof of the ability to secure the premises, resources, and employees necessary to operate as a dispensing organization TAC §12.11(b)(7)(B)</p> <ul style="list-style-type: none"> 1. Descriptions of all property's applicant proposes to utilize to cultivate, process, and dispense low- THC cannabis, including ownership information for the properties. 2. Descriptions of the methods proposed for the cultivation, processing, and dispensing of low THC cannabis. 3. Descriptions of the types and locations of worker safety equipment and plans and procedures for complying with federal Occupational Safety and Health Administration (OSHA) regulations for workplace safety. 4. A list of current and proposed staff, including, position, duties and responsibilities, and an organizational chart illustrating the supervisory structure of the dispensing organization. 5. Description of the applicant's proposed testing laboratory, and description of the proposed testing protocols and methods. 6. A proposal establishing the ability to secure premises reasonably located to allow patient access through existing infrastructure.

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Exhibit D	<p>Proof of the ability to maintain accountability of all raw materials, finished products, and any by products to prevent diversion or unlawful access to or possession of these substances TAC §12.11(b)(7)(C)</p> <ol style="list-style-type: none"> 1. Floor plan of each facility or proposed floor plans for proposed facilities, including: <ol style="list-style-type: none"> a. Locking options for all means of ingress and egress consistent with life safety requirements. b. Alarm systems. c. Video surveillance. d. Name, layout and function of each room; and e. Storage, including safes and vaults. 2. Diversion prevention procedures. 3. Emergency management plan. 4. System for tracking source plant material throughout cultivation, processing, and dispensing. 5. Inventory control system as required by Title 37, TAC §12.8. 6. Policies and procedures for recordkeeping. 7. Electronic vehicle tracking systems. 8. Vehicle security systems. 9. Methods of screening and monitoring employees. 10. Employee qualifications and experience with chain of custody or other tracking mechanisms. 11. Waste disposal plan. 12. Recall procedures for any product that has a reasonable probability of causing adverse health consequences based on a testing result, patient reaction, or other reason. 13. Access to specialized resources or expertise regarding data collection, security, and tracking
Exhibit E	<p>Proof of the financial ability to maintain operations for two (2) years from the date of application TAC §12.11(b)(7)(E)</p> <ol style="list-style-type: none"> 1. Description of applicant's business organization, and corporate structure if applicable. 2. List of all owners of any non-corporate applicant, or all shareholders of a corporate applicant. 3. List of all individuals and entities with control over the applicant. 4. Projected two (2) year budget. 5. Description of available assets sufficient to support the dispensing organization activities.
Exhibit F	<p>Proof of the technical and technological ability to cultivate, process, and/or dispense low-THC cannabis, evidenced by experience in the areas listed below TAC §12.11(b)(7)(A)</p> <ol style="list-style-type: none"> 1. Cultivation, analytical organic chemistry and micro-biology; and analytical laboratory methods. 2. Patient education and interaction, and the handling of confidential information including familiarity with the requirements of the Health Insurance Portability and Accountability Act (HIPAA)
Exhibit G	<p>Proof of infrastructure reasonably located to dispense low-THC cannabis to registered patients TAC §12.11(b)(7)(D)</p> <ol style="list-style-type: none"> 1. Map showing the location of the applicant's proposed dispensing facilities with streets; property lines. buildings; parking areas; outdoor areas, if applicable; fences; security features; fire hydrants, if applicable; and access to water and sanitation systems. 2. Floor plan of the actual or proposed building or buildings where dispensing activities will occur showing areas designed to protect patient privacy and areas designed for retail sales, with proposed hours of operation. 3. Detailed description of HIPAA compliant computer network utilized by all facilities. 4. Identifying descriptions of any vehicles to be used to transport product. 5. Description of all communication systems.
Exhibit H	<p>Project Schedule and Plan</p> <ol style="list-style-type: none"> 1. A plan detailing how the applicant would stand up operations if licensed including timelines, deliverables, milestones, and projected date for filling prescriptions. 2. The plan must also identify how the applicant would provide statewide coverage for patients.

Privacy Policy Texas Government Code, Title 5, Chapter 559, Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES
(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/hm/GV.559.htm>