

# Utah Department of Agriculture and Food

4315 S 2700 W  
Taylorsville, UT  
84129

cannabis@utah.gov  
801-982-2375



## Intent to Operate: Application for Independent Medical Cannabis Pharmacy License

House Bill 54 of the 2025 Legislative session codified two additional Medical Cannabis Pharmacy licenses will be awarded. The licenses issued will be for an Independent Medical Cannabis Pharmacy. The first license will be awarded prior to January 1, 2026. The parameters for the first license are as follows:

The Licensing Board may **not** select an entity that owns a financial interest in a medical cannabis pharmacy or is owned by an entity that owns a financial interest in a medical cannabis pharmacy;

The Licensing Board **shall** select an entity in an area that is: designated as a medically underserved area as determined by the federal Health Resources and Services Administration and is located in a county of the third, fourth, fifth, or sixth class.

Applicants should utilize <https://data.hrsa.gov/tools/shortage-area/mua-find> to identify medically underserved areas within the designated counties.



### Application Fee Information

A \$2,500 application fee is required for application submission to be eligible for review. This may be paid with a check or a credit card.

#### **Check**

Make a \$2,500 check payable to Utah Department of Food and Agriculture and send to:  
P.O. Box #146500  
Salt Lake City, UT 84114-6500

Reference "Medical Cannabis Independent Pharmacy Application Fee" on the check or check stub

#### **Credit Cards**

To pay \$2,500 pharmacy application fee with a Visa, Mastercard or American Express, please call (801)982-2200 between the hours of 8am-5pm Monday through Friday. Please reference that the payment is for a Pharmacy Application Fee

*Note: If the Department does not receive payment of the \$2,500 application fee from an applicant by the submission deadline, their application will not be evaluated. This fee is non-refundable.*

*If you have any questions in regards to the payment, please contact the UDAF front desk at (801) 982-2200 Monday through Friday 8-5 pm*

### Notice to Applicants

For an applicant applying for the first license to be issued prior to January 1, 2026 - an applicant shall commit to not alienating or otherwise transferring control of the license or of the entity that holds the license to another person for at least 15 years from the day the license is issued under this chapter. By submitting an application the applicant acknowledges and agrees to this statement. 4-41a-1006(5)

Yes \_\_\_\_\_

No \_\_\_\_\_

When submitting an application for review, an applicant must adhere to the following guidelines for it to be reviewed

\* Submit document in a single file in designated order

\* 100 page limit - application submission may be less than 100 pages, but may not be more

### Bond/Liquid Cash Account

Per 4-41a-1001(2)(b) for each application that the applicant submits to the department, a statement from the applicant that the applicant will obtain and maintain: a performance bond in the amount of \$100,000 issued by a surety authorized to transact surety business in the state; or a liquid cash account in the amount of \$100,000 with a financial institution. Proof of this is required for the application to be considered complete and be eligible for review.

Submit proof of either performance bond or a liquid cash above that meets the requirements above.

## Ownership

Per 4-41a-1001 & 4-41a-1002 each individual who has a financial or voting interest of 10% or greater in the applicant or who has the power to direct or cause the management or control of the applicant will need to consent to a background check and submit fingerprints to the Department. Factors that would disqualify an individual from holding ownership would be: If they have been convicted under state or federal law of a felony in the preceding 10 years or after December 3, 2018, a misdemeanor for drug distribution. If the applicant is under the age of 21. If after September 23, 2019, until January 1, 2023, is actively serving as a legislator.

1. List all owners and any supporting credentials. Include contact information. 4-41a-1004(2)

2. Name the designated PIC and plan to maintain a PIC at all times. Include credentials of the PIC and any known PMPs that will be on staff. R66-5-5, R66-5-6

Submit background checks. Please attach background authorization forms as supporting documents to the application. 4-41a-1001(4), 4-41a-1002

*Background authorization forms do not count toward the 100-page limit. PICs must provide an ownership/director background check, but PMPs are exempt from this requirement.*

## Company

3. Proposed business name. 4-41a-109(3)

4. Provide a short bio of the company, including any mission statements or core values.

5. Does this company currently operate in the recreational or medical cannabis industry in Utah or any other states or countries? 4-41a-1005(2)

Yes \_\_\_\_\_

No \_\_\_\_\_

Please list business names and provide any relevant experience with establishing and successfully operating a business that involves complying with a regulatory environment, tracking inventory, and training, evaluating, and monitoring employees

6. Please list any formal investigation or adverse action taken against the owners or individuals with financial or management control who make up the new owners, during the past seven years by any licensing jurisdiction, government agency, law enforcement agency, or court. 4-41a-1001(2)(b)(vi), R66-5-3(9)

## Location and Business Information

Applicants must propose a specific street address for the location where they intend to establish a medical cannabis pharmacy. The proposed location must meet guidelines in 4-41a-1006, 4-41a-1001(2)(c), and 4-41a-1105. The business name must adhere to language in 4-41a-109(3). If a proposed location falls through due to circumstances outside of the licensee's control, they must propose a new location within the same city/local municipality at the discretion of the Cannabis Establishment Licensing Board.

7. Proposed physical address of business

8. Mailing address (if different than physical address)

9. Property owner/landlord contact information (Name, Phone number, E-mail address)

10. Letter of intent to occupy the location.

11. Is the proposed facility at least 200 feet away from a community location and 600 feet away from an area zoned as residential? 4-41a-1001(2)(c)

12. Please include any letters of support from the designated city or local municipalities. Include any land permit uses if available. 4-41a-1001(7)

## Operating Plan

### Facility

13. Floor Plan of facility, include the following items: 4-41a-1004(1), R66-5-7(10), R66-5-3(1)

- Public access area
- Card holder access area
- Patient Consult area
- Limited access area
- Architectural elevation
- Any other physical characteristics of the building the applicant would like to have considered

14. Proposed hours of operation for the business operations and when the facility will be open to the public. How will the Pharmacy ensure they are open a minimum of 35 hours per week? R66-5-3(3)

15. Procedure to notify patients if there is a change in hours. R66-5-3(4)

16. Please describe any signage that will be utilized for the proposed location.

17. Is the proposed facility in a shared building? 4-41a-1101(5)

18. Procedure to keep the facility lit, ventilated, clean and sanitary. R66-5-3(1)

19. Please describe the Pharmacy's plan to adhere to storage protocols described in 4-41a-1004(6) and R66-5-10

20. Will the Pharmacy offer online sales, what is the web presence of the Pharmacy?

### Staff and Training

21. Estimated number of staff and positions of onsite personnel with procedure to maintain a current list at all times. Please also list positions of any anticipated off-site/support personnel. 4-41a-1106(9), R66-5-5

22. Staff training standards. 4-41a-1004(3), R66-5-26

23. Procedure to have rules and regulations available to staff. R66-5-3

24. Duties Pharmacy Agents will perform. R66-5-23

25. Duties PIC/PMP will perform. R66-5-5

26. Procedure for entering and verifying LMP certifications.

27. Procedure for patient dosage limit checks and patient consultations.

### Inventory

28. Inventory control system that meets requirements in 4-41a-103

29. Point Of Sale System. 4-41a-103

30. Procedure for inventory checks and reconciliation. 4-41a-103, R66-5-8

31. Procedure for product recall. 4-41a-1101(13), R66-5-12

32. Procedure for disposal program if offered by facility. 4-41a-1101(11), R66-5-11

33. Transportation procedures for the following: receiving inventory, sending inventory back to processor for recall, returns or destruction if not done site. 4-41a-404, 4-41a-1203, R66-5-9

34. Procedures for a PIC to determine the pharmacy's medical cannabis inventory. R66-5-5(2)

<b>Sales</b>
35. Payment providers/options available at facility.
36. Procedure to prohibit sale of: expired, damaged, deteriorated, misbranded, adulterated, or opened medical cannabis products or devices. R66-5-3(7)
37. Procedure to ensure correct labeling on products being sold. 4-41a-1101(9)(b)
38. Product return/refund policy.
39. Procedure to keep sales within the state or RMP dosage limit, standards for partial filling. 26B-4-231
40. Procedure for PMP to verify orders/limits.
41. Procedure to prevent medical cannabis from being consumed at the Pharmacy. 4-41a-1101(7)
42. Services offered by Pharmacy (online orders, walk up, curbside, drive-thru, delivery). 4-41a-1201(1), 4-41a-1202(1), 4-41a-1203(2), R66-5-16, R66-6
- If the facility will offer home delivery, list projected zip codes
43. Procedure for patient check in (include what is applicable for facility in store, curb side, walk up, delivery). 4-41a-1101(2), R66-5-23, R66-5-16, R66-5-5(3)
<b>Security</b>
44. Describe plan to adhere to Security in Utah code 4-41a-1101 and rule R66-5-7. Ensure following items are included.
<ul style="list-style-type: none"> <li>- Alarms, surveillance (cameras), locks</li> <li>- Procedure to prevent diversion/theft</li> <li>- Emergency plan for theft or loss of product</li> <li>- Procedure to safeguard EVS &amp; ICS information</li> <li>- Procedure for cash handling</li> <li>- Back up power source</li> <li>- Maintain documentation 5 years - on/off site R66-5-8, R66-5-27</li> </ul>
<b>Strategic Plan</b>
45. If awarded the license, describe the timeline for the facility to be open to patients within one year of being awarded the license. If there are services offered by the business that will not be available on the day of opening such as delivery please give a timeline for each service detailed in the plan above. 4-41a-1001(6)
46. Describe the proposed medical cannabis pharmacy's strategic plan for opening the medical cannabis pharmacy, including gauging appropriate timing based on: the supply of medical cannabis and medical cannabis products, and the quantity and condition of the population of medical cannabis cardholders. 4-41a-1004(7)
47. Describe the suitability of the proposed location and the location's accessibility for qualifying patients, please include any statistical data that supports your answer. 4-41a-1005(2)
48. Describe the plan for the business to increase efficiency and reduce cost of Medical cannabis products for patients. Please include any statistical data that supports your answer. 4-41a-201.1(8), 4-41a-1001(2)
49. How will the Pharmacy communicate their presence and services to the local community and surrounding areas
50. How do you plan to work with current licensees to carry a variety of dosage forms and product types. If applicant has any existing relationships with current licensees, please describe. 4-41a-1004(7)
51. Describe the plan for your business to reach patients throughout the geographical region and stock enough product to ensure a variety of product brands and product types. Please include information on how you will ensure a variety of brands are represented, which brands you will carry, how you plan to ensure their availability, and ensure consistent variety for patients.
52. Has the applicant made positive connections with the local community. If yes, please outline and describe the connections made. 4-41a-1005(2)(a)(i)(C)

## Certification and Acknowledgements

Applicant understands the requirements for licensure are based on current statute and rule and are subject to change. Applicant agrees as a condition of licensing that he has read and will abide by the provisions of Utah Code 4-41a and all rules promulgated thereunder and all directives of the Utah Department of Agriculture and Food. The applicant also understands that failure to adhere to or maintain the qualifications of their license, may result in suspension or revocation of the license and/or forfeiture of the performance bond or any other remedies allowed by law.

Applicant agrees to immediately notify the department of any change in ownership or financial interest of the facility; the facility's name, change in location, remodeling, expansion, reduction or physical, non-cosmetic alteration of the facility, change in written operating procedures, or change in any information submitted in this application.

The undersigned acknowledges that representatives of the Utah Department of Agriculture and Food may inspect the records and facility of a cannabis production establishment at any time during business hours to determine and ensure the cannabis production establishment is in compliance with the law. Failure to provide the department or the department's authorized agents immediate access to records and facilities during business hours in accordance with this section may result in a civil monetary penalty; license or registration suspension or revocation; or an immediate cessation of operations under a cease and desist order issued by the department.

Applicant acknowledges and understands that cultivating, possessing, using, distributing and/or selling marijuana is prohibited by federal law, notwithstanding Utah law or any authorizations in the Agent or this Registration to the contrary. Nothing in this Application is intended to provide any guidance or assistance in violating or complying with existing federal laws regulating marijuana cultivation, distribution, or use. Similarly, compliance with state law or the terms of this Registration, or possession of the registration card does not confer immunity from enforcement of federal law or federal enforcement practices. Further, nothing in this Application or the Registration Card shall be construed as advice with regard to compliance with applicable federal, state, or local tax laws or any regulatory consequences of engaging in any business in this industry.

The undersigned acknowledges that they have read and understand the statements herein and the execution thereof is done voluntarily and by the authorization of the applicant entity.

The undersigned hereby makes application to the Utah Department of Agriculture and Food and certifies that the information contained herein and attached here is true and correct.

<b>Name:</b>		
<b>Signature:</b>		<b>Date:</b>
<b>For UDAF Office Use Only</b>		
Date Received:		Date Approved:
Compliance Officer:		