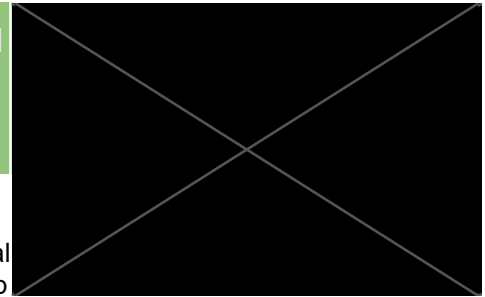




Utah Department of Agriculture

4315 S 2700 W
Taylorsville,
UT 84129



Medical Cannabis Pharmacy Operating Plan

In accordance with 26-61a-304, 4-41a and R66 a licensed Utah medical cannabis pharmacy must submit a written operating plan that describes how the pharmacy will comply with all applicable operating standards, statutes and administrative rules. This document is not intended to be a full comprehensive list of all operating standards, statutes and administrative rules. Medical cannabis facilities must be familiar with and comply with all operating standards, statutes and administrative rules. Statutes and administrative rules change frequently, verify you are using the most up to date form.

Application type

☐ New Application

☐ Renewal

Business Information

Submit a current local business license or permit from the city/municipality.

Business Entity type: _____ Individual _____ Corporation _____ Partnership _____ LLC

Business Name: _____ DBA: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

E-mail: _____

Contact Name: _____

Contact Position: _____

Days/Hours of Business Operation: _____

Days/Hours of Open to Public: _____

Business Owner(s) Information

List of owners with 10% or greater financial or voting rights (include name and percentages). 4-41a-1202 (3)(b), 4-41a-1202 (10). List persons with power to direct or cause management or control of courier. 4-41a-1202 (3)(b)

Owner(s)

Name: _____

Phone Number: _____

E-mail: _____

Ownership % _____

Mailing Address _____

Name: _____

Phone Number: _____

E-mail: _____

Ownership % _____

Mailing Address _____

Management

Name: _____

Phone Number: _____

E-mail: _____

Position _____

Name: _____

Phone Number: _____

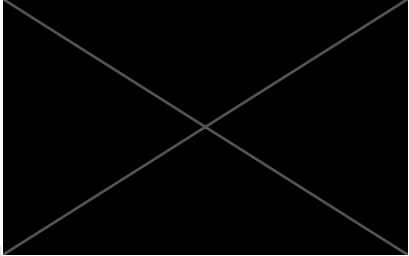

E-mail: _____

Position _____

Name: _____

Phone Number: _____

E-mail: _____

Name:		Position	
Phone Number:		Name:	
E-mail:		Phone Number:	
Ownership %		E-mail:	
Mailing Address		Position	

The applicant understands that as an applicant and potential licensee you are REQUIRED to know the current statutory law, administrative rules and Departmental policies and comply in full? ___ Yes ___ No

Descriptions of the credentials and experience of each officer, director, and owner and prospective employee who have a financial or voting interest of 10% or greater in the proposed cannabis pharmacy; or the power to direct or cause the management or control of a proposed cannabis production establishment. *Only required if this in an initial application or if information has changed*

A description of any investigation or adverse action taken by any licensing jurisdiction, government agency, law enforcement agency, or court in any state for any violation or detrimental conduct in relation to any of the applicant's cannabis-related operations or businesses.

An active business license from the city

Proof of Performance bond/liquid cash account.

Medical Cannabis Pharmacy Operating Checklist

Please attach operating plan in designated order in a single PDF

Organization Information

1. List of payment providers. 4-41a-1201(1-2), R66-5-16(3)(b)
2. Advertising Standards, signage, website, educational events etc. 4-41a-109, 4-41a-1104, R66-7, R66-5-17
3. Quality Improvement Plan. R66-5-5(3)(l)
4. Procedure to have laws/rules readily available for staff. R66-5-3(1)(d)
5. Procedure to store records of all transactions and employee lists. Include a list of current employees and positions. R66-5-3(1)(b), R66-5-5(3)(i)
6. Acknowledgment that license is not able to be sold or transferred. 4-41a-1001(10)(a), R66-5-3(8)(a)
7. Procedure of handling permanent closure of business. R66-5-14

Building Requirements

8. Floor plan and architectural elevation. 4-41a-1004(1)
9. Procedure to keep facility lit, ventilated, clean and sanitary. R66-5-3(1)(a), R66-5-5(3)(h), R66-5-10
10. Procedure for hours of operations (open at least 35 hours and how to advise patients of closure during normal hours). R66-5-3(3-4)

Security Plan

11. Floor plan with camera positions and areas of coverage. 4-41a-1101(12)(g-h), R66-5-7
12. Alarms, surveillance, locks. 4-41a-1101(12)(g-h), R66-5-7
13. Procedure to prevent diversion/theft. R66-5-7(6-8), R66-5-8(4), R66-5-8(6-8)
14. Emergency plan. R66-5-5(3)(i), R66-5-8
15. Procedure to store inventory. R66-5-3(6)
16. Check-in procedure. R66-5-5(3), R66-5-16, R66-5-23
17. Procedure to prevent consumption of cannabis at pharmacy. 4-41a-1101(7)
18. Procedure on delivery.

19. Transportation Procedure (between pharmacies, recalls/disposition back to processor, etc.). 4-41a-1203, R66-5-9
Employee Procedures
20. Training Standards. R66-5-23, R66-5-26
21. Adequate staffing: PMP on duty, PIC assignments, reasonable ratio of agents to pharmacists, agent duties, supervision during deliveries, access while pharmacy closed. R66-5-5, R66-5-6
Inventory Procedures
22. Storage/ICS usage/product options. R66-5-8
23. Procedure to ensure correct labeling. 26B-4-201(23), 26B-4-201(39)(a)(ii), 4-41a-1101(8-9), 4-41a-1102(3)(a)(iv-vi), R66-5-5(3)(a), R66-5-7(7)(b)(ii)
24. Disposal Program>Returns process. 4-41a-1101(11), 4-41a-1205(3-4), R66-5-8(2), R66-5-9(2), R66-5-11
25. Procedure for product Recall. R66-5-12
Sales Procedures
26. Procedure to keep sales within the state or RMP dosage limit, standards for partial filling. 26B-4-231, R66-5-5
27. Procedure to prohibit sale of expired, misbranded, adulterated, opened product. R66-5-3(7), R66-5-10(4)
28. Procedure to enter LMP certifications. R66-5-22
29. How do you plan to meet requirements related to the patient information insert. What options are planned to be provided for patients. 26B-4-201(41), 4-41a-1101(12)(i)
Change Requests (Renewal Only)
30. Attach all approved change requests to the application R66-5-18
Home Delivery (If Applicable)
31. List and description of vehicles meeting appropriate standards. R66-6-3(3)(f), R66-6-3(6)
32. Location and description of where the vehicles are housed when not in use. 4-41a-1202(13), R66-6-3(3)(f), R66-6-3(8)
33. Procedure to maintain records of employees. 4-41a-1204(9), R66-6-3(3)(e)
34. Employee Training Standards. R66-6-7
35. Security Plan. 4-41a-1202(13)(d)
36. Storage plan that keeps product safe and sanitary. 4-41a-1202(13)(e), 4-41a-1205(3)(a)(i)
37. Procedure for creating/maintaining the manifest and trip log. 4-41a-404, R66-6-3(3)(g), R66-6-3(3)(i)
38. Procedure if items are missing. R66-6-3(9)
39. Return procedures. 4-41a-1205(3-4), R66-6-3(10)
Delivery Procedures
40. Payment has been made prior to delivery. 4-41a-1205 (2)(c)(iii)
41. Record keeping in ICS. R66-6-3(3)(b), R66-6-4(2)(a)
42. No person other than courier agent in vehicle. R66-6-3(3)(h), R66-6-4(2)(d)
43. Verify delivery is to the cardholder. R66-6-3(4)(a), R66-6-4(3)(a)
44. Only deliver during 6am-10pm. R66-6-3(4)(b), R66-6-4(3)(b)
45. Does not leave product unattended for more that 1 hour in vehicle. R66-6-3(4)(c), R66-6-4(3)(c)
46. Does not make changes to orders. R66-6-3(4)(d), R66-6-4(3)(d)
47. No product consumed. R66-6-3(4)(e), R66-6-4(3)(e)
48. Wear a name badge. R66-6-3(5)(a), R66-6-4(4)(a)
49. Provide PMP contact info and hours of availability. R66-6-3(5)(b), R66-6-4(4)(b)

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.

Name:		
Signature:		Date:
For UDAF Office Use Only		
Date Received:	Date Approved:	
Compliance Officer:		



Pharmacy Operation Change Request Form

Please limit change request form to one (1) request item and one (1) location. Please allow sufficient time for Department review and response. Additional information may be requested after submission. Ruling affiliated with changes made to Pharmacy can be found in: 4-41a-103, 4-41a-108, 4-41a-1001, 4-41a-1002, 4-41a-1004, 4-41a-1101, 4-41a-1104, R66-5-3, R66-5-4, R66-5-5, R66-5-7, R66-5-8, R66-5-9, R66-5-10, R66-5-11, R66-5-15 & R66-5-22

Change Request Information

Cannabis Facility: **BEEHIVE BC LLC**

Contact Name:

Contact Phone: **8018606255**

Contact E-mail: **BIJAN@BEEHIVEFARMACY.COM** Date of Submission: **8.11.15**

Company Representative(s) to be present at licensing board. **BIJAN SAKAKI**

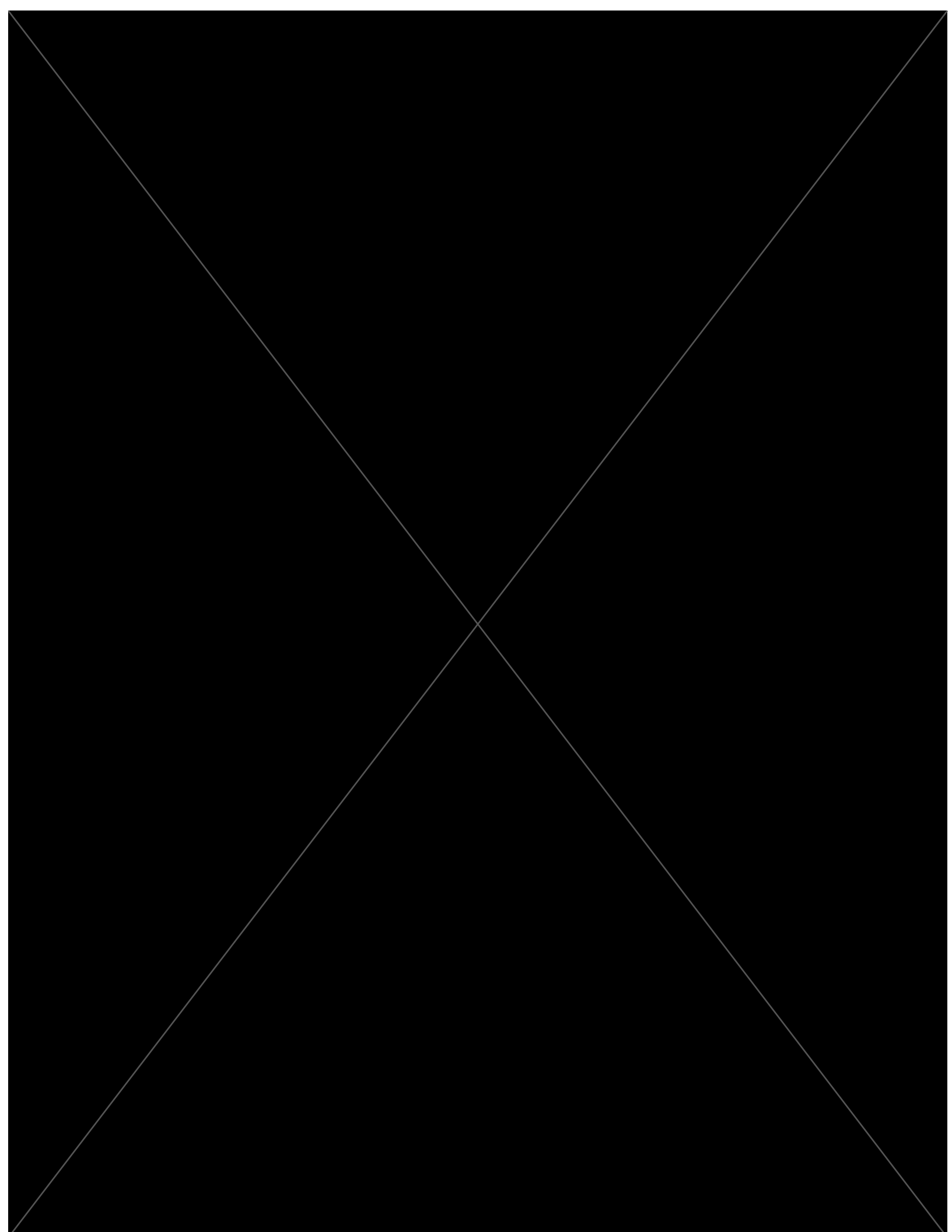
Change Request Details

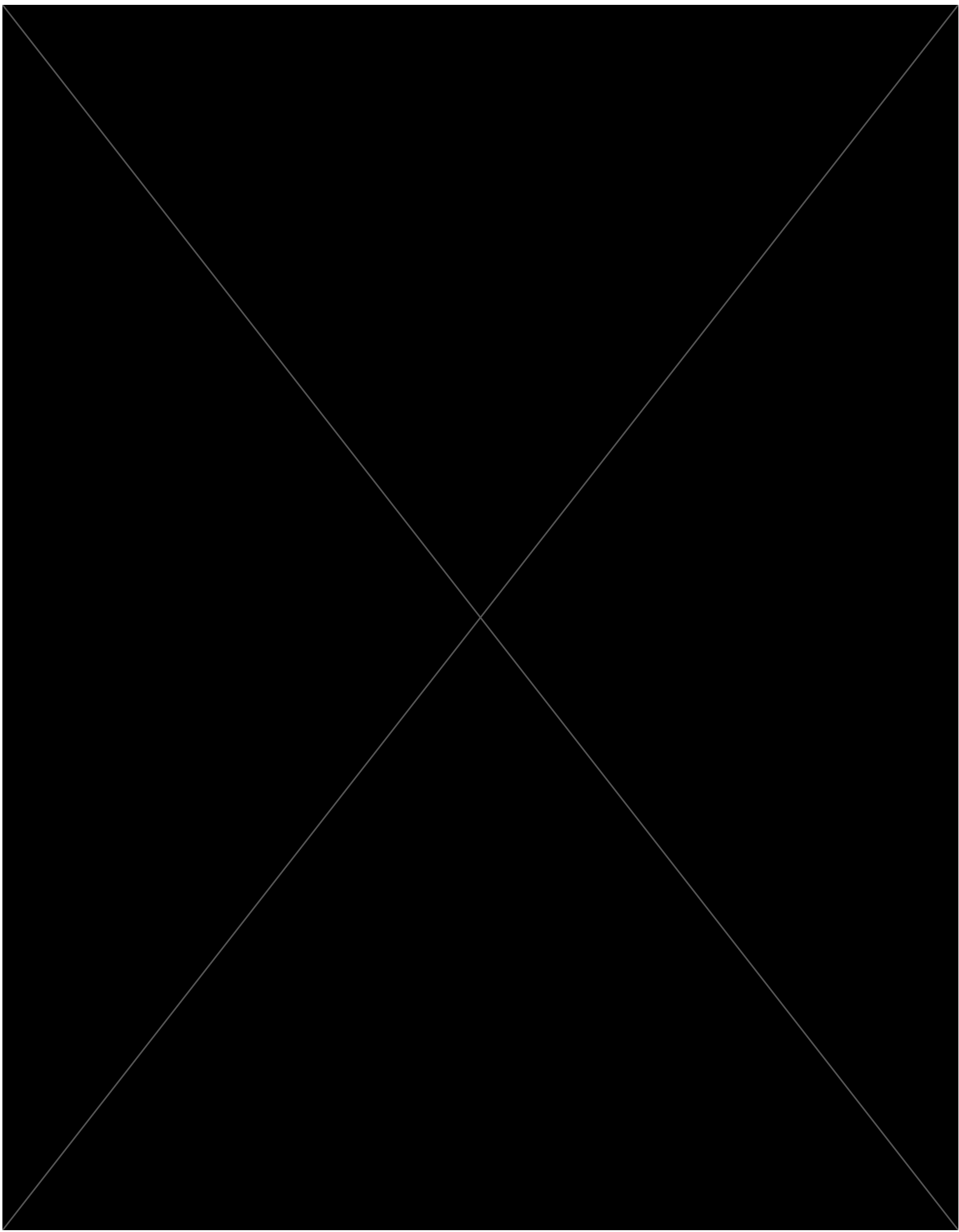
Specify area of change

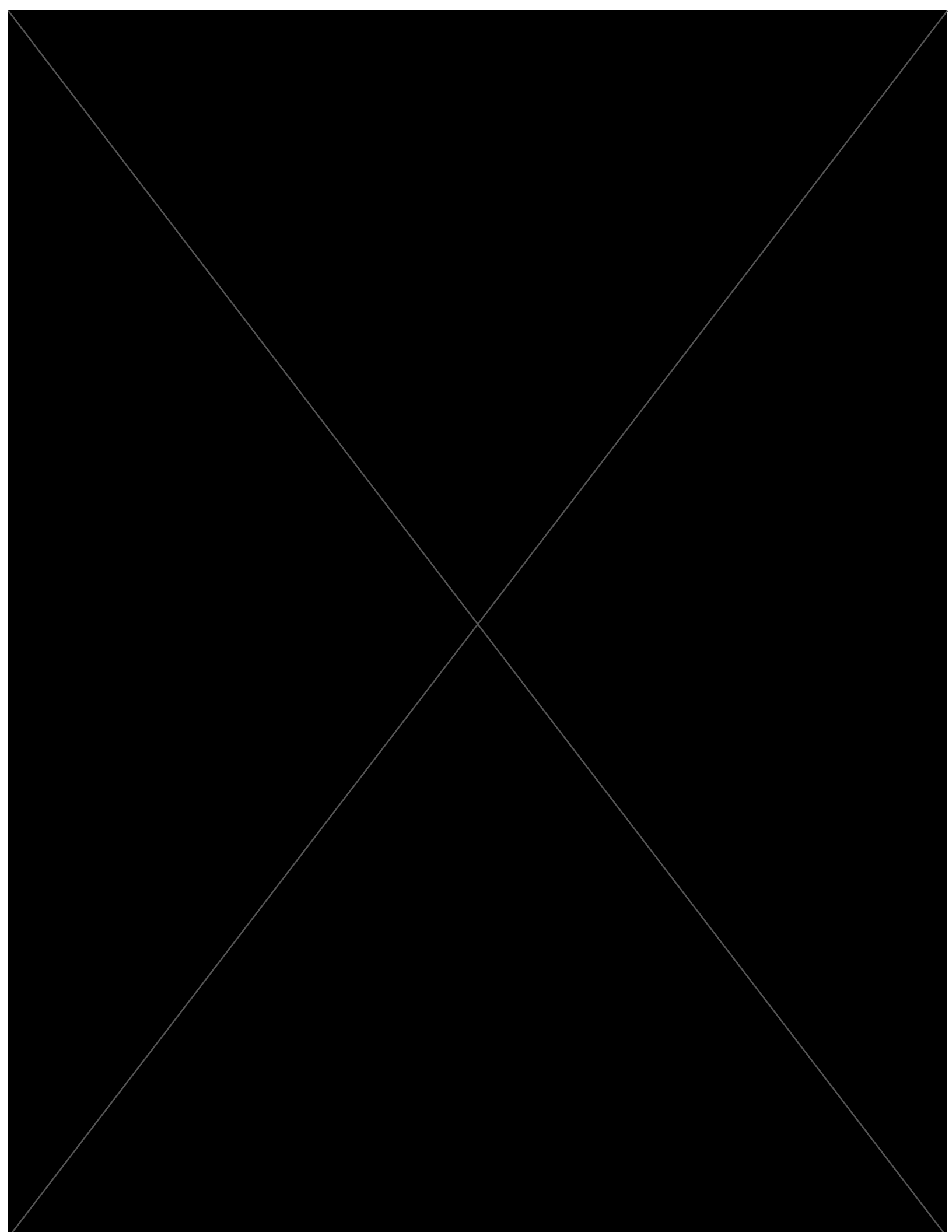
- | | |
|---|--|
| <input type="checkbox"/> New owner/Director/Financial backing | <input type="checkbox"/> Change in Operating Plan: SOP/ General |
| <input type="checkbox"/> Change in Company Structure | <input type="checkbox"/> Change in Educational Material |
| <input type="checkbox"/> Change in facility name | <input type="checkbox"/> Change in hours |
| <input checked="" type="checkbox"/> Change in Location | <input type="checkbox"/> Changes in electronic systems: ICS/POS/Security |
| <input type="checkbox"/> Change in facility physical characteristics/floor plan | <input type="checkbox"/> Changes in vehicles |
| <input type="checkbox"/> Change in PIC | <input type="checkbox"/> Other - provide brief description: |
| <input type="checkbox"/> Change in Operating Plan: SOP, Storage, Security Plan, or Training | |

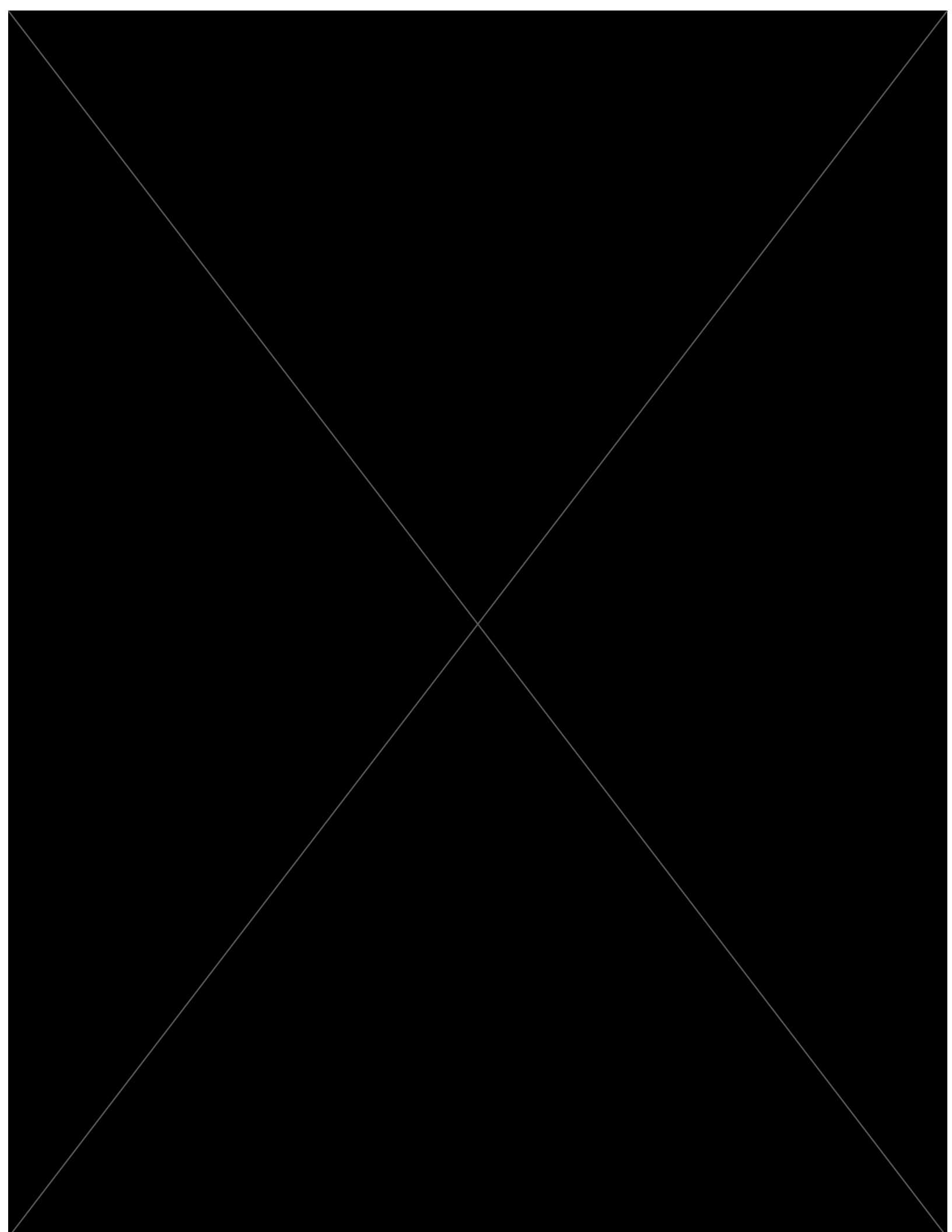
Submit a Change Request Application. Please attach **ALL** information from the checklist that will be affected.

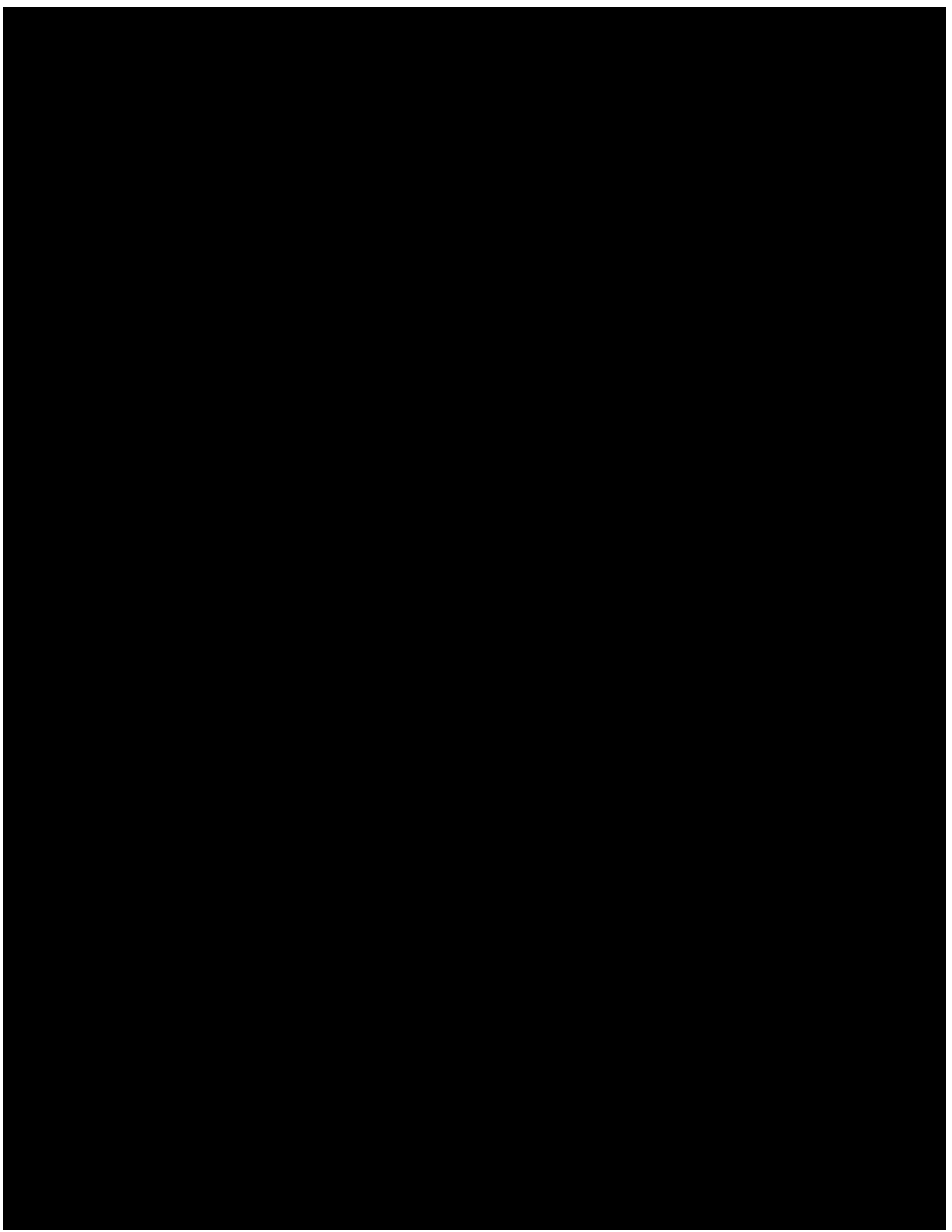
- 1) Date changes should go into affect. Provide timeline or phases if applicable.
- 2) New/proposed address or facility contact information.
- 3) New building blueprint - Floor plan and cameras
- 4) SOPs/Protocols affected by the change in operating plan
- 5) Vehicle information as required in current ruling/codes
- 6) Credentials of new PIC
- 7) Submit new owner/Director background information - UDAF background authorization form, payment & fingerprints
- 8) Submit new business license from city
- 9) Updated bond
- 10) Educational material - Agent or patient targeted
- 11) Any supporting documents for the change request

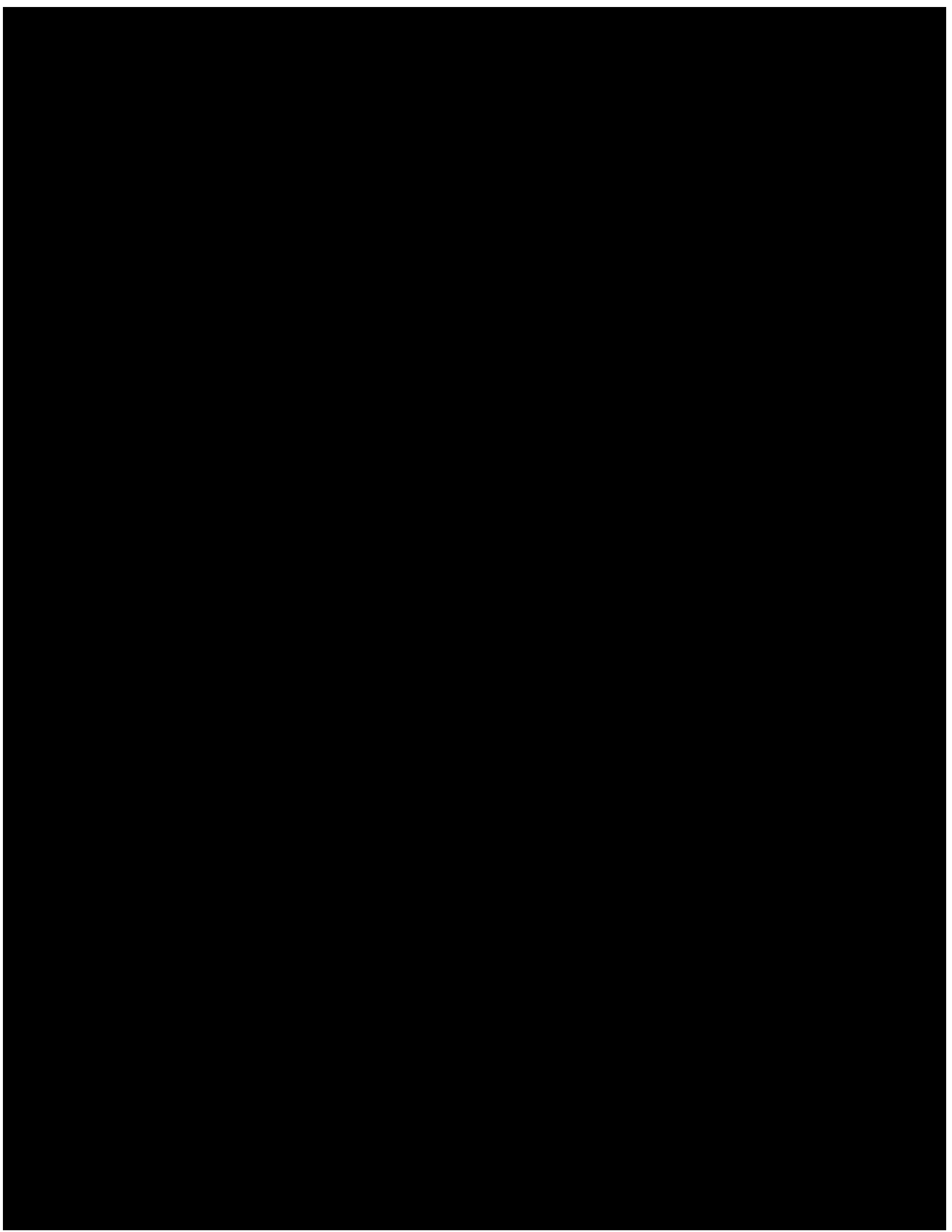


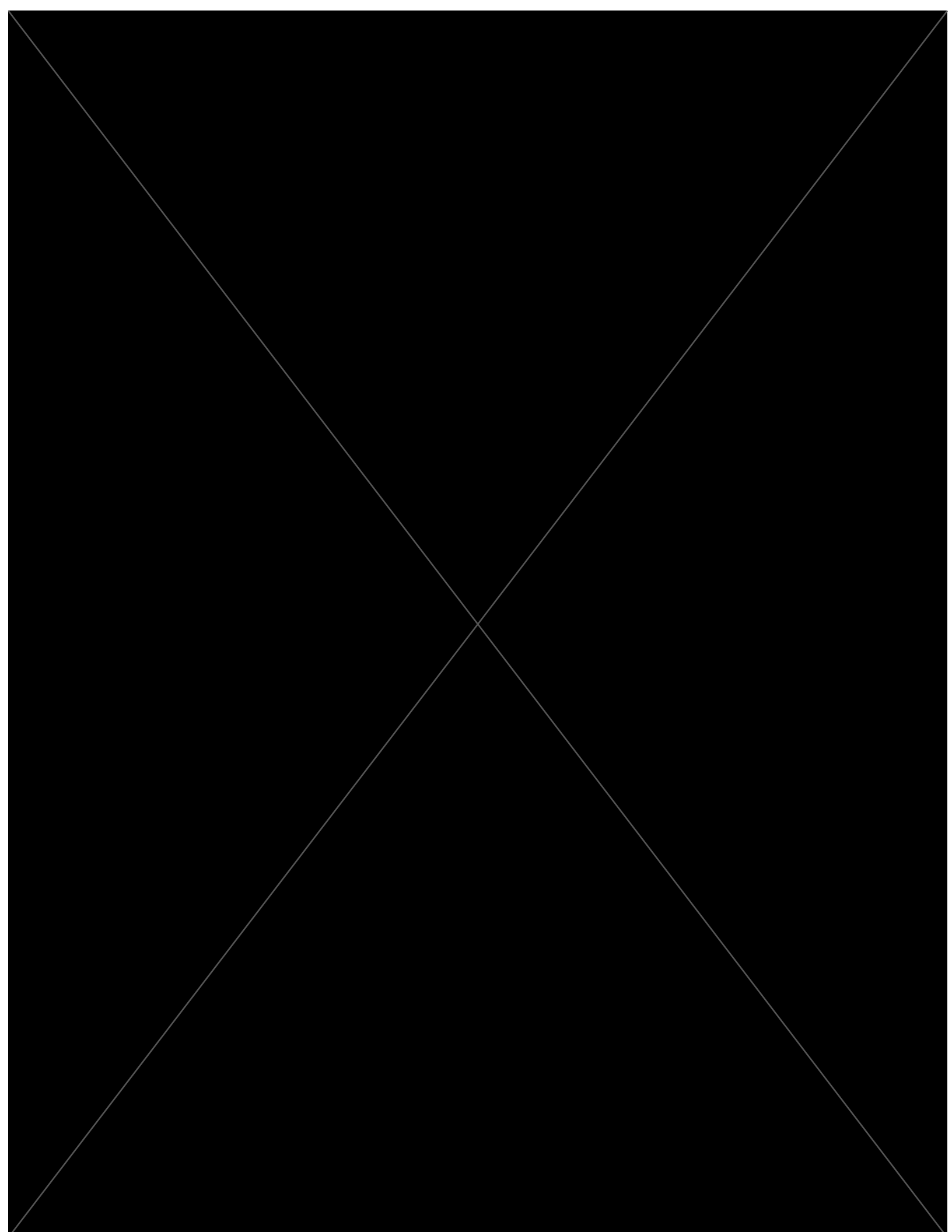












29. How do you plan to meet requirements related to the patient information insert. What options are planned to ensure all patients have access to the information as outlined in 4-41a-1101(12)(i) and 26B-4-201(41)?

Patient Insert information is provided upon every purchase by having a QR Code displayed at each register for a patient to scan, as well as having the direct URL for the patient insert information at the bottom of each printed receipt for every patient transaction.

QUESTIONS / COMMENTS

Bijan@BeehiveFarmacy.com

Mindy@BeehiveFarmacy.com