

General Information

Any individual or company operating a business or providing a service in the City of Independence is responsible for obtaining all required licenses and permits, including a City Business License. Please consult the [New Business Requirements Checklist](#) for complete information.

Medical marijuana businesses in Independence must complete the same business license application form and provide the same basic documents as other businesses but are also required to provide some additional items as required by city code and state law. This supplement outlines the additional items required of all medical marijuana business license applications. Should you have any additional questions about the business license application process for a medical marijuana business, please contact the Regulated Industries Division at (816) 325-7079 or blicenses@indepmo.org.

Zoning Verification

Proposed medical marijuana facilities inside the city limits of Independence should contact a city planner in the Development Services Division to ensure that the location selected is zoned for the intended use and meets any other distance requirement outlined in state law. Contact a planner at cdplanning@indepmo.org or by calling (816) 325-7421.

Construction and Building Permits

Whether you plan to occupy an existing space or plan new construction, please contact the Building Inspection Division to determine what type of permits will be required. Additionally, if you plan erect or replace a sign, a sign permit is required. Contact the Building Inspection Division at bpermits@indepmo.org or (816) 325-7401.

The Clean Indoor Air Act of 2006 prohibits smoking within enclosed areas of public places and places of employment. “No Smoking” signs or the international “No Smoking” symbol shall be clearly and conspicuously posted at every entrance.

Medical Marijuana Application Requirements

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

1. **BUSINESS LICENSE APPLICATION** – To be completed by the individual responsible of the licensed business (see business license application form).
2. **REQUIRED MEDICAL MARIJUANA SUPPLEMENTARY QUESTIONS** – To be completed by the owner or individual responsible for the business (see attached).
3. **STATE LICENSE** – All medical marijuana business license applications must be accompanied with proof of a valid and current license or certificate issued by the DHSS for each facility type for which a license is sought.
4. **FORM OF IDENTIFICATION** – Valid driver’s license, identification card or unexpired passport or card.
5. **PHOTOGRAPH** – A recent photograph of **ALL SIDES** of the exterior of the premises for which the license is sought.

6. **SECURITY PLAN** – A written security plan shall be submitted with the business license application for the medical marijuana facility. The plan shall detail security measures for the site and the transportation of medical marijuana and medical marijuana products to and from off-site premises to ensure the safety of employees and the public and to protect the property from theft or other criminal activity. Each facility shall comply with the security requirements established by the State of Missouri and include, but not limited to, the following elements in the security plan:
- a. **Cameras** – The medical marijuana facility shall install and use security cameras to monitor and record all areas of the premises, except in restrooms and consultation rooms while a patient is undressed. Such security cameras shall specifically include all areas where a person may gain or attempt to gain access to marijuana or cash maintained by the medical marijuana facility. Cameras shall be of sufficient resolution to record operations of the business to an off-site location. Cameras shall include any parking lots or areas near the facility and all potential areas of ingress or egress to the business with sufficient detail to identify facial features and clothing. Recordings from security cameras shall be maintained for a minimum of forty (40) days in a secure off-site location in the city or through a service over a network that provides on-demand access, commonly referred to as a "cloud." The off-site location shall be identified in the security plan submitted to the city and access to recordings maintained must be provided to the Independence Police Department upon request. Any change in location of the off-site location shall be updated within seventy-two (72) hours of any such change.
 - b. **Use of safe for storage** – The medical marijuana facility shall install and use a secure safe for storage of all processed marijuana and cash on the premises when the business is closed to the public. The safe shall be incorporated into the building structure or securely attached thereto. For marijuana-infused products or marijuana being tested in a testing facility that must be kept refrigerated or frozen, the business may lock the refrigerated container or freezer in a manner authorized by the city in place of use of a safe, so long as the container is affixed to the building structure and secure from intrusion.
 - c. **Alarm system** – The medical marijuana facility shall install and use an alarm system that is monitored by a company that is staffed twenty-four (24) hours a day, seven (7) days a week. The security plan submitted to the city shall identify the company monitoring the alarm, including contact information, and must be updated within seventy-two (72) hours of any change of monitoring company. If the alarm system includes a panic alarm, an operable dedicated phone for law enforcement to respond to the alarm shall remain on the premises at all times.
 - d. **Lighting system** – The medical marijuana facility shall have sufficient exterior lighting for security purposes and shall otherwise comply with applicable city code requirements.
7. **OPERATION AND MANAGEMENT PLAN** – A written operation and management plan shall be submitted with the business license application for the medical marijuana facility. The operation and management plan shall include, but not be limited to, the following elements: organizational structure, location, property description, proof that facilities are wheelchair accessible, proof that facilities comply with the Americans with Disabilities Act, hours of operation and staffing, description of proposed operations, list of any hazardous materials used as part of its operations, distribution practices, employee safety procedures and guidelines, fire mitigation and prevention systems in compliance with the International Fire Code as adopted by the City of Independence, sanitation requirements and waste management processes, ventilation system and air quality controls showing how odor emission will not be detectable off the premises, and proposed



Business License

Medical Marijuana Supplement

Regulated Industries Division
111 E. Maple Avenue
Independence, MO 64050
(816) 325-7079
blicenses@indepmo.org

water system and utility demand. The operation and management plan must also meet the minimum facility standards established by the State of Missouri and comply with the City Code.

8. **EMERGENCY RESPONSE PLAN** – A written emergency response plan shall be submitted with the business license application for the medical marijuana facility. The plan shall identify emergency plans and contingency plans that would be executed in the event of an emergency arising from the site’s usage as a medical marijuana facility. The emergency response plan must meet any minimum standards established by the State of Missouri and comply with the City Code.
9. **CERTIFICATE OF LIABILITY INSURANCE**

Medical Marijuana Supplementary Questions

1. What type of medical marijuana facility are you applying for?
 Cultivation Facility Dispensary Facility Infused Products Manufacturing
 Test Facility Transportation Facility
2. Have you had any conviction of, or entered a guilty plea, to a felony or previous record of suspension or revocation of an occupation license in any jurisdiction?
 Yes No

If yes, give date, court of conviction and the specific crime which is the subject of the conviction:

3. Do you have or plan to have in your employ in the business any person not of good moral character, or whose license has been revoked or suspended or who has been convicted of violating the provisions of any local, state or federal law applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana?
 Yes No

If yes, give detail:

4. Have you been convicted of a violation of the provisions of any law in any state applicable to the cultivation, manufacturing, dispensing, selling or testing of marijuana?
 Yes No

If yes, give detail:



Business License Application Form

Regulated Industries Division
111 E. Maple Avenue
Independence, MO 64050
(816) 325-7079
blicenses@indepmo.org

Business Information

Application Type: New Renewal Change of Ownership Address Transfer (in-town) Temporary Business

Name of Business _____ Account Number (existing accounts only) _____

Doing Business as Name (d/b/a) (if different than above) _____

Description of Business Activity _____

Business Address _____ Suite/Unit # _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

This Business is: Sole Proprietor Partnership Corporation LP LLC
Business Type: Home, Phone or Mail-based In-Town Out-of-Town

**Consult the Business License Guide for Following Types of Businesses for additional requirements:
Medical Marijuana, Pawn Shop, Short-Term Rental, Taxi, Trash/Refuse Hauler, Watch Guard**

Does the business include retail sales: No Yes Missouri Sales Tax Number: _____
Date of Incorporation or Organization: _____ State of Incorporation or Organization: _____
Number of Employees: _____ FEIN or SSN: _____
Do you certify that your business holds the required liability insurance and/or workers' compensation coverage?
No Yes If yes, email certificate of insurance to insurancecerts@indepmo.org.

Owner Information

Business Owner _____

Mailing Address _____ Suite/Unit # _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Individual Responsible (if different than above; license and renewals sent to this contact) _____

Mailing Address _____ Suite/Unit # _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Fee Calculation

If applying for an Insurance Company, Pawn Shop or Watch Guard License, you will need to consult the Schedule of Fees for the fee amount due.

The **minimum** business license fee is \$75, **maximum** fee is \$50,000.
Use the formula below (number 6) to calculate the cost of the license.

		Total Fee Due
1. Change of Ownership	\$50 fee	_____
2. Address Transfer (in-town only)	\$50 fee	_____
3. Temporary Business	\$150 fee	_____
4. New Food Truck (out-of-town only)	\$25 fee	_____
5. New Small Business (10 or fewer employees, 1 st year)	\$75 fee	_____
6. New Business or Renewal *If projected gross receipts is less than \$25,000, skip to Line E		
A. Projected gross receipts for next 12-month period	_____	
B. Subtract \$25,000 from Line A	_____	
C. Divide Line B by \$1,000	_____	
D. Multiply Line C by \$0.31	_____	
E. Add in the minimum fee (\$75.00)	_____	

Total Base Fee Due (Lines A-E)

If the business will include the following, add in the additional fees below:

7. Taxicabs (with Council approval)	_____ @ \$25 per vehicle	_____
8. Trash Hauler (with Council approval)	_____ @ \$25 per vehicle	_____
9. Amusement Device	_____ @ \$15 per machine	_____
10. Billiard Table	_____ @ \$20 per table	_____
11. Coin Operated Pool Table	_____ @ \$10 per table	_____
12. Game Board	_____ @ \$50 per board	_____
13. Juke Box	_____ @ \$50 per machine	_____
14. Public Dance License	\$60 per year or \$10 per month	_____

TOTAL FEES DUE WITH APPLICATION (Add lines 1-14 for total fee due)

By signing below, you certify that the information given in this application is true to the best of your knowledge and that the license is non-transferable. You also agree that you will observe the restrictions specifically enumerated in Chapter 5 of the Independence City Code related to business and occupation licensing and that you will notify us if you discontinue your business.

Signature of Applicant

Printed Name

Title

Date