

Apply for a New Marijuana Business License

Notes:

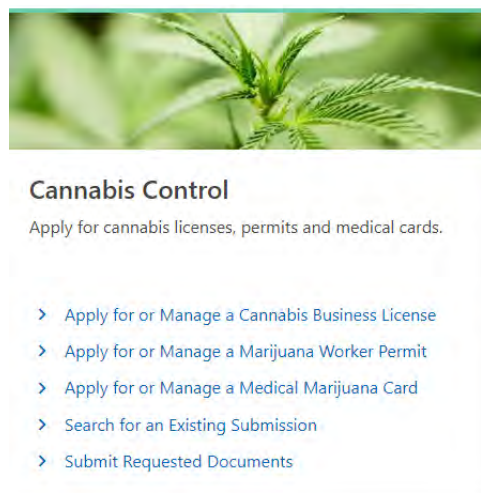
1. New applications for Cultivators, Dispensaries, and Manufacturers will not be accepted until 07/01/2023.
2. A Transporter License is only required if the applicant plans to transport product for a third party; a Transporter License is not required if the applicant is transporting marijuana and marijuana products for their own business.

Reminder: Your online work session will timeout after 45 minutes of inactivity. Save your work if you will be away from your computer.

Step 1: Navigate to <https://tap.dor.mt.gov/>



Step 2: Scroll to the **Cannabis Control** icon and select **Apply for or Manage a Cannabis Business License**.



Step 3: Cannabis Licensing Options. Select one (1) of the following options to apply:

- Apply for a Dispensary, Manufacturer, Cultivator and/or Transporter License
- Apply for a Testing Laboratory License
- Apply for a Combined-Use License (*Montana tribal entities only)

Cannabis Licensing Options

Search our online services



Cannabis Licenses

New cannabis license.

- > Apply for a Dispensary, Manufacturer, Cultivator and/or Transporter License
- > Renew a Cannabis Business License
- > Apply for a Testing Laboratory License
- > Apply for a Combined-Use License (Tribal Entities Only)
- > Submit Requested Documents (Return for Corrections)

Step 4: Instructions

* If the applicant has an existing Cannabis License, they will not be able to apply without first logging in.

Indicate if the entity is a **Business** or an **Individual**.

If the applicant is a **Business**, enter and re-enter the business' FEIN (Federal Tax Identification Number).

If the applicant is an **Individual**, enter and re-enter the individual's SSN (Social Security number).

Step 5: License Type. Select the type(s) of license being applied for:

After choosing the license type(s), select **Next** in the bottom, right corner.

Step 6: Applicant Information. This screen will appear differently for a **Business** entity application versus an **Individual** application.

*** Required Information for a Business:**

- business type (corporation, partnership, etc.)
- legal business name
- phone number
- email
- verify email

The screenshot shows the 'Applicant Information' form for a Business entity application. At the top, there is a progress bar with three steps: 'Instructions', 'License Type', and 'Applicant Information', with the third step being active. The form fields include: 'Business Type' (Required), 'Legal Business Name' (Required), 'Phone Number' (Required), and 'Email' (Required). There are also 'Verify Email' and 'Verify Email' fields. At the bottom, there are 'Cancel', 'Save Draft', 'Previous', and 'Next' buttons.

Enter in the required information and hit **Next** in the bottom, right corner of the screen.

***Required Information for an Individual:**

- first and last name
- date of birth
- phone number
- email
- verify email

The screenshot shows the 'Applicant Information' form for an Individual application. The form fields include: 'First Name' (Required), 'Middle Initial' (Optional), 'Last Name' (Required), 'Date of Birth' (Required), 'Phone Number' (Required), 'Email' (Required), and 'Verify Email' (Required). At the bottom, there are 'Cancel', 'Save Draft', 'Previous', and 'Next' buttons.

Enter in the required information and click **Next** in the bottom, right corner of the screen.

Step 7: Address. Enter in the **Location Address**.

Part I: The applicant must verify their address. Click on the red statement that says **Address needs to be verified**.

Part II: The applicant must indicate if their **Mailing Address** is the same as their **Location Address** – “Yes” or “No”

If the mailing address differs from the **Location Address, please enter the **Mailing Address** when prompted.*

Location Address

Street:

Street 2:

Unit Type: Unit #:

City: HELENA State: MONTANA

Zip: 59601-0000 County:

Attention:


 Address needs to be verified 

Is your mailing address the same as your location address? Yes No


Step 8: Address Search.

Address Search

Verified [Select this address](#)

 HELENA MT 59601-4558

As Entered [Select this address](#)

 HELENA MT 59601

Select the address that is **verified** and hit **Save**. After entering all the required information, hit **Next** in the bottom, right corner.

Step 9: Instructions for Adding Owners. List all owners of the cannabis business to be licensed that have an ownership percentage. The total percentage **must** equal 100%.

Instructions for Adding Owners

List all owners of the Cannabis Business to be licensed that have an ownership percentage. The total percentage must equal 100.

Owners

Name	ID	Ownership Percer
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="+ Add Owner"/>		<input type="button" value="+ Add Owner"/>

The applicant must also indicate which entity type they are applying for under-**Business or Individual**.

Business Screen Option:

Owners

+ Add Owner X Delete Owner

Entity Type: Business (Required)

Ownership Percentage: (Required)

Business Name: (Required)

FEIN: (Required)

Verify FEIN: (Required)

+ Add Owner X Delete Owner

Individual Screen Option:

Owners

+ Add Owner X Delete Owner

Entity Type: Individual (Required)

Ownership Percentage: (Required)

First Name: (Required)

Last Name: (Required)

Date of Birth: (Required) - Owner must be 21 or older

SSN: (Required)

Verify SSN: (Required)

+ Add Owner X Delete Owner

After the required information is complete, select the **Next** button in the bottom, right corner.

Step 9: Sources of Funding. The applicant(s) will specify their source of funding for their operation.

- **Institutional loan:** a loan or equity capital provided by a financial institution, instead of by one (1) or more individuals.

** If using an institutional loan, please enter the loan amount, the date the loan was acquired, the loan number, the creditor's name, and the maturity date*

- **Non-institutional loan:** a loan by a person(s), other than a state or federally regulated banking or financial institution, who loans money or supplies financing to an applicant or a licensee.

** If using a non-institutional loan, please enter the non-institutional loan creditor type, the creditor name, the loan amount, the date the loan was acquired, and the maturity date*

- **Other Sources:**

** Please enter the amount and source of funding*

Sources of Funding

An institutional loan is defined as a loan or equity capital provided by a financial institution, instead of by one or more individuals.

A non-institutional loan is defined as a loan by a person, other than a state or federally regulated banking or financial institution, who loans money or supplies financing to an applicant or a licensee.

Do you have Institutional Loans? Yes No

Do you have Non-Institutional Loans? Yes No

Do you have other sources of funding? Yes No

Other Sources

Amount	Source of Funding

Cancel Save Draft Previous Next

After entering the required information, select **Next** in the bottom, right corner.

Step 10: General Questions. The applicant must mark "I agree" to the following statements:

- Applicant(s) has reviewed all requirements for registered premises and all proposed premises are ready for inspection
- Applicant(s) affirms understanding that after an inspection, deficiencies must be remedied within 10 days or my application may be denied
- Applicant(s) affirms they understand that it is my responsibility to know and operate within the laws and rules governing the industry in Montana and that the department is available to offer assistance and information prior to submitting this application
- Applicant(s) affirms they understand the department does not offer legal advice and recommends consulting my own legal counsel as needed
- Applicant(s) affirms they understand that all licensed premises are required to be approved by the fire and building officials having jurisdiction. They have received approval from these entities and will submit documentation as part of the application
- Applicant(s) affirms they understand will need to operate in the proper zoning and within the purview of local ordinances, and documentation must be submitted as part of their application
- Applicant(s) affirms they understand submitting an application requires a non-refundable deposit of 20% of the fees associated with the license
- Applicant(s) affirms they understand communications from the Department of Revenue Cannabis Control Division will come via email by default and they are responsible for checking the registered email address. (Applicants can opt out of email communications by contacting the department)
- Applicant(s) affirms they understand the natural person having day-to-day operational control over the business must be a Montana resident in accordance with [§16-12-203 \(1\)\(a\)\(ii\), MCA](#)
- Applicant(s) agrees that all persons with financial or owner's interest, controlling beneficial owners, and/or passive beneficial owners have no pending citations for violations occurring under [§16-12-203, MCA](#) or the marijuana laws of any other state or jurisdiction ([§16-12-203 \(1\)\(a\)\(iii\)\(B\), MCA](#))
- Applicant(s) affirms they understand a Marijuana Worker Permit is required for all employees and owners who perform work for or on behalf of a marijuana business if the individual participates in any aspect of the marijuana business (HB701 §7 (1)). Worker permits are applied for separately by each individual
- Applicant(s) affirm they understand their source(s) of funding will be evaluated for compliance with [§16-12-203 \(1\)\(a\)\(v\), MCA](#)
- Applicant(s) affirms they understand the department may reasonably request information or records at renewal or as part of any other investigation following initial licensure of a marijuana business ([§16-12-203 \(1\)\(g\), MCA](#))
- Applicant(s) confirms that no person, owner, or person with a financial interest that is part of this business or application has a felony conviction or a conviction for a drug offense, including but not limited to, a conviction for a violation of any marijuana law in any other state within the past 5 years ([§16-12-203 \(2\)\(a\), MCA](#))
- Applicant(s) confirms that no person, owner, or person with a financial interest that is part of this business or application is in the custody of or under the supervision of the Department of Corrections or a youth court ([§16-12-203 \(2\)\(b\), MCA](#))
- Applicant(s) confirms that no person, owner, or person with a financial interest that is part of this business or application has been convicted of a violation under [HB701 §19](#) or of making a fraudulent representation under the former medical marijuana program administered by the Department of Public Health and Human Services ([§16-12-203 \(2\)\(c\), MCA](#))
- Applicant(s) confirms that no person, owner, or person with a financial interest that is part of this business or application is under 21 years of age ([§16-12-203 \(2\)\(d\), MCA](#))
- Applicant(s) confirms that no person, owner, or person with a financial interest that is part of this business or application has failed to pay any taxes, interest, penalties, or judgments due to a government agency, comply with any provisions of Title 15 or Title 16, including the failure to file any tax return or report, stay out of default on a government-issued student loan, pay child support, or remedy an outstanding delinquency for child support or for taxes or judgments owed to a government agency ([§16-12-203 \(2\)\(e\), MCA](#))
- Applicant(s) confirms that no person, owner, or person with a financial interest that is part of this business or application has had a license issued under this chapter or a former medical marijuana license revoked within 3 years of the date of the application ([§16-12-203 \(2\)\(f\), MCA](#))
- Applicant(s) confirms person, owner, or person with a financial interest that is part of this business or application has resided in Montana for less than 1 year ([§16-12-203 \(2\)\(g\), MCA](#))

- Applicant(s) affirms that they understand that marijuana for use pursuant to this chapter must be cultivated and manufactured in Montana unless federal law otherwise allows for the interstate distribution of marijuana ([§16-12-203 \(3\), MCA](#))
- Applicant(s) affirms they understand the department may deny or revoke a license based on proof that the applicant made a false statement in any part of the original application or renewal application ([§16-12-207 \(2\), MCA](#))

Step 11: For this example, the applicant has chosen to also apply for a Dispensary License. The applicant will then click on +Add Premises.

Instructions for Adding Dispensary Locations

Add each Registered Premises that will have a Dispensary. There is a fee of \$5,000 for each premises being registered.

+ Add Premises

Dispensary Locations

Premises Name	Address
+ Add Premises	
+ Add Premises	

Cancel
Save Draft
< Previous
Next >

Complete the required information:

- does the licensee own the premises? select "Yes" or "No"
- name of premises
- premises phone number
 - *This phone number will be published on the CCD website in the appropriate licensee list per §16-12-104(10), MCA*
- on-site contact: first and last name
 - *This would be the person overseeing day-to-day operations of this site. This should be a person who is regularly physically present at the site and available for routine contact*
- location address
 - *address will also need to be verified, similar to step #8*

New Premises + Add Premises X Delete Premises

Location Address and Contact Information of Registered Premises

Is the premises owned by the licensee?

Yes No

Premises Name * Required Premises Phone Number * Required

This phone number will be published on the CCD website in the appropriate licensee list per §16-12-104(10), MCA.

On Site Contact

This would be the person overseeing day-to-day operations of this site. This should be a person who is regularly physically present at the site and available for routine contact.

First Name * Required

Last Name * Required

Location Address

Street

Street 2

Unit Type * Required Unit * Required

City * Required State * Required

Zip * Required County * Required

Actual County

Is the county displayed correct for your business?

Yes No

Attention

⚠ Address needs to be verified

Cancel
Save Draft
< Previous
Next >

Once complete, select **Next** in the bottom, right-hand corner.

Step 12: The following required documents must be uploaded:

- approved Building Inspection Report
- city/county approval-zoning, business license (if applicable)
- Consent to Fingerprint
- documentation of date of birth
- approved Fire Inspection Report
- source of funding verification
- business organization chart
- documentation of property ownership
- documentation of Montana residency

**Individuals applying for a business license, with at least a 5% financial interest or greater, must be a resident of Montana at application submission and for 1 year prior to requesting licensure.*

Application

Address Owners Funding Sources General Questions Dispensaries **Attachments**

Instructions

Instructions: The table below contains all of the items required to submit your application.

- The first column contains the item name.
- The second column contains the number of items that are required.
- The third column contains the number of items that are attached.

Step 1: Attach an item by clicking the Add Attachment button or by clicking the Item Name from the list.
Step 2: Select the item type from the drop-down list and add a description.

You may attach additional items if necessary.

[For additional information on required attachments visit the CCD web page: Click here](#)

Required Attachments

Item Name	Number Required	Number Attached	OK
Building Inspection Report	1	0	<input type="checkbox"/>
City/County Approval	1	0	<input type="checkbox"/>
Consent to Fingerprint	1	0	<input type="checkbox"/>
Documentation of Date of Birth	1	0	<input type="checkbox"/>
Fire Inspection Report	1	0	<input type="checkbox"/>
Source of Funding Verification	1	0	<input type="checkbox"/>
Business Organization Chart	1	0	<input type="checkbox"/>
Documentation of Property Ownership	1	0	<input type="checkbox"/>
Documentation of Montana Residency	1	0	<input type="checkbox"/>

Attachments Add

Type	Name	Description	Size
There are no attachments.			

After uploading all required documents, select **Next** in the bottom, right-hand corner.

Step 13: Fees Due

All business license applications with the Cannabis Control Division require a 20% deposit payment with submission **before** the review process will begin. The deposit fee is to process the application and is non-refundable regardless of application approval or denial.

Fees Due

All business license applications with the Cannabis Control Division require a 20% deposit payment with submission before the review process will begin. The deposit fee is to process the application and is non-refundable regardless of application approval or denial.

After a successful application review and premises inspection, an invoice will be sent for the remaining balance due of the new licensing fees. Full payment of this invoice must be received before the application is approved and a license is issued.

Amount due on approval	4,000.00	Payment can also be submitted after submission.
Amount due for application to be considered (20% of total fees)	1,000.00	Additional Payment Options:
Total	5,000.00	<ul style="list-style-type: none">• Electronic Credit Card Payment via Pay Online on the confirmation screen• By physical mail.• In-person to the Department of Revenue

Would you like to submit an e-Check payment with your application? Yes No

Application Fees

Fee	Processing Amount	Approval Amount	Total
TEST TEST - Dispensary Fee	1,000.00	4,000.00	5,000.00
	1,000.00	4,000.00	5,000.00

Payment options:

1. Payment can be made **during** the application process via **e-Check**. Fill out all fields.

Payment Source

Bank Account Type

Checking

Savings

Name on Account *
Required

Routing Number *
Required

Populate Routing Number

Account Number *
Required

Confirm Account Number *
Required

Payment

Pay a Statement of Account, Notice of Assessment, or account liability not associated with a return.

Payment Date
01-Jul-2023

Amount
1,000.00

Confirm Amount *
Required

After entering the payment details, click **Next** in the bottom, right-hand corner.

2. Payment can be made **after** the application is submitted.

Additional Payment Options:

- electronic credit card payment via [Pay Online](#) on the confirmation screen
- call Cannabis Control at 406.444.0596 and press option #1 to make a payment
- by physical mail to:

MT DOR-CCD
PO Box 5835
Helena, MT 59604-5805

- in-person at the Department of Revenue

After choosing a payment option, select **Next** in the bottom, right-hand corner.

Payments: The application payment must be made within 10 days or the application will be denied. The application fee is non-refundable, regardless of application approval or denial.

After a successful application review and premises inspection, an invoice will be sent for the remaining balance due of the new licensing fees. Full payment of this invoice must be received before the application is approved and a license is issued.

Application

Questions Dispensaries Attachments Fees Payment Affirmation

Affirmation and Signature

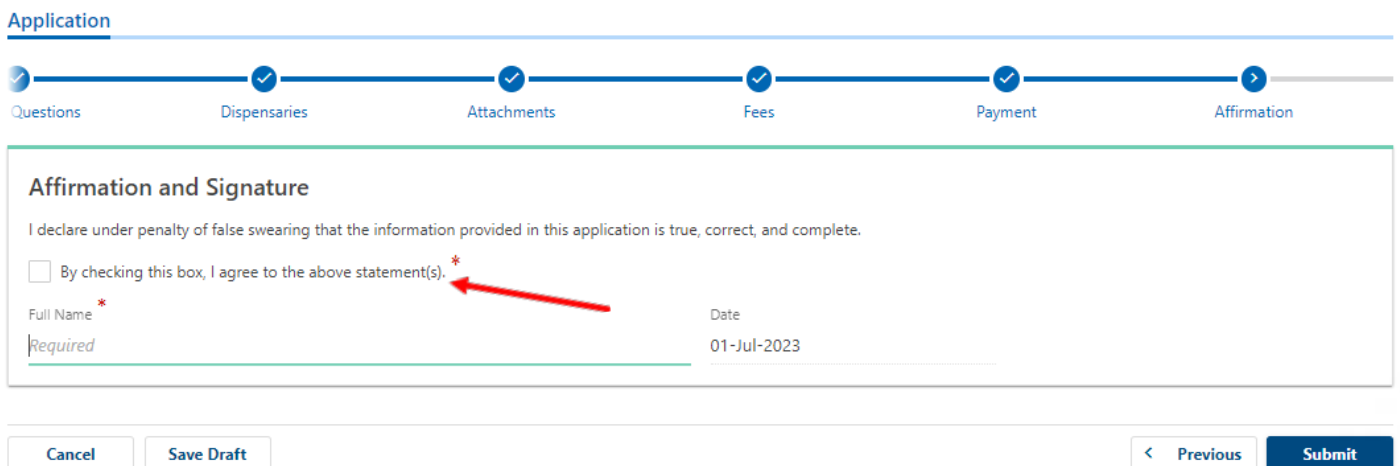
I declare under penalty of false swearing that the information provided in this application is true, correct, and complete.

By checking this box, I agree to the above statement(s). *

Full Name * Date

Required 01-Jul-2023

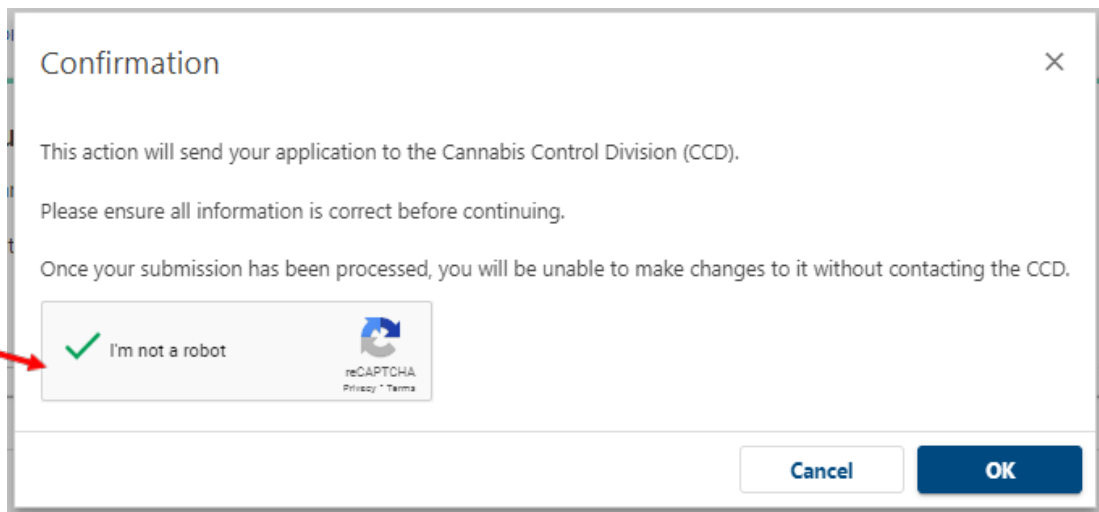
Cancel Save Draft < Previous Submit



The applicant must enter their full name and check the box before hitting **Submit**:

Step 15: The first **Confirmation** screen.

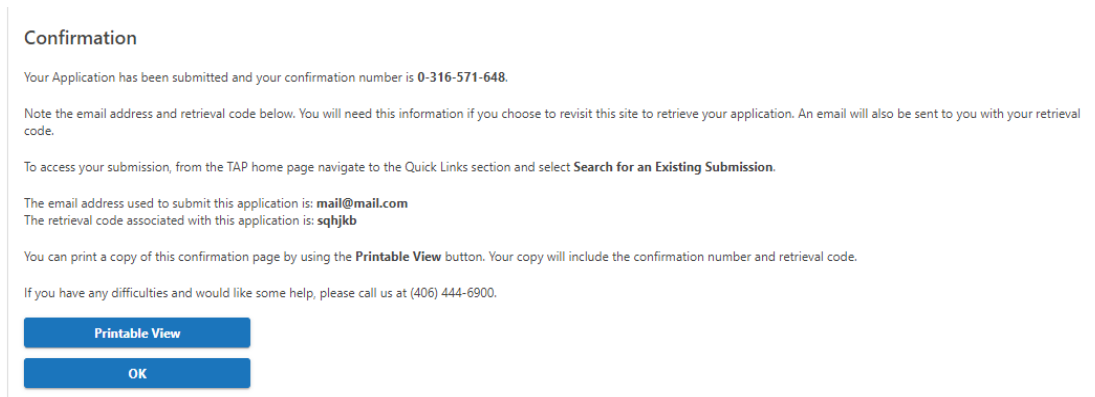
Here, the applicant will check box in the CAPTCHA section and select **OK**.



Step 16: The second **Confirmation** screen. This screen provides:

- the submitted application's confirmation number
- the email and the retrieval code for the applicant revisit the site to retrieve their application (the applicant will also receive an email with this information)
- the ability to print a copy of this confirmation page by selecting the **Printable View** button

For additional assistance, applicants may contact the Cannabis Control Division at 406.444.0596; please select option #2 to be connected to a License Technician.



Forms and Resources

- [Fingerprinting Requirements and Instructions](#)
- [Consent to Fingerprint and Privacy Statement](#)
- [Business Structure Form](#)
- [Business Organization Chart](#)-sample only
- [Property Owner Permission Form](#)
- [Authorization to Release Information](#)