



MEDICAL MARIJUANA DISPENSARY  
REGISTRATION CERTIFICATE RENEWAL APPLICATION

REQUIRED DOCUMENTS/APPLICATION FEE/INSTRUCTIONS

*Please note that application information and other instructions may change. Please refer back to the ADHS website for the most current information.*

Please read these instructions carefully before you begin the Dispensary Registration Certificate Renewal Application process.

How to Apply for a Dispensary Registration Renewal Certificate

1. Open the Dispensary Registration Certificate Renewal Application located on the Arizona Medical Marijuana Program website ([www.azdhs.gov/medicalmarijuana/dispensaries/](http://www.azdhs.gov/medicalmarijuana/dispensaries/)) and save a copy onto your computer.
2. Fill out the application, typing the required information into the blank boxes (see following page for additional guidance).
3. Once the application is filled out, print the application and make sure the appropriate parties sign and date where required.
4. Gather all other required documents:
  - a. A copy of the dispensary's approval to operate certificate issued by the Department, if issued within the previous 12 months.
  - b. A copy of an annual financial statement for the previous calendar year, or for the portion of the previous calendar year the dispensary was operational, prepared according to generally accepted accounting principles.

Note: An annual financial statement typically includes balance sheets, statements of net assets, statements of revenues, expenses, and changes in net assets, statements of cash flow, and/or any supporting statement that is intended to communicate an entity's financial position at a point in time or given period.

**c. A report of an audit by an independent certified public accountant of the financial statement.**

**Note: Financial documentation submitted with this application shall demonstrate compliance with the following rules and statute(s):**

- i. Not lending any part of the dispensary's income or property without receiving adequate security and a reasonable rate of interest (R9-17-310(A)(13));
- ii. Not purchasing property for more than adequate consideration in money or cash equivalent (R9-17-310(A)(14));
- iii. Not paying compensation for salaries or other compensation for personal services that is in excess of a reasonable allowance (R9-17-310(A)(15));
- iv. Not selling any part of the dispensary's property or equipment for less than adequate consideration in money or cash equivalent (R9-17-310(A)(16));
- v. Not engaging in any other transaction that results in a substantial diversion of the dispensary's income or property (R9-17-310(A)(17)); and
- vi. Dispensary is operated on a not-for-profit basis (A.R.S. §36-2806(A)).



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- d. Include the non-refundable \$1,000.00 Dispensary Registration Certificate Renewal Application fee per R9-17-102 in the form of a cashier's check or money order made payable to "*Arizona Department of Health Services*".

Please mail Dispensary Registration Certificate Renewal Applications to:

Arizona Department of Health Services  
ATTN: Medical Marijuana Program  
P.O. Box 19000  
Phoenix, AZ 85005

NOTE: Confidential and time sensitive information will be sent to the applicant's e-mail address provided in this application. Failure to respond to e-mails may result in your application being withdrawn or denied. It is the applicant's responsibility to add [AZDispensaryRegistry@azdhs.gov](mailto:AZDispensaryRegistry@azdhs.gov) to their list of safe senders to avoid having messages sent to their junk e-mail folder. Instructions on how to add an e-mail address to your list of safe senders can be found in your e-mail provider's documentation. Do not respond to or send any e-mails to [AZDispensaryRegistry@azdhs.gov](mailto:AZDispensaryRegistry@azdhs.gov), it is an automated system.



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## APPLICATION INSTRUCTIONS

### General Information

1. **Dispensary's Legal Name** – Enter the legal name of the entity applying for renewal. In most cases, this is the same name that appears on the entity's Transaction Privilege Tax License issued by the Arizona Department of Revenue. This name was previously provided by the applying entity on the Arizona Department of Health Services' Approval to Operate and Dispensary Registration Certificate Application(s).
2. **Dispensary's Registration Certificate ID#** - Enter the dispensary registration certificate number as it appears on the dispensary's expiring registration certificate. This number is also listed on the dispensary's approval to operate certificate.
3. **CHAA** – Enter the number of the Community Health Analysis Area (CHAA) in which the dispensary's registration certificate was awarded.
4. **Dispensary's Physical Address** – Enter the street address (physical location) of the dispensary. Enter the city, county, state, and zip code in the appropriate boxes. Do not enter the dispensary's mailing address.
5. **Dispensary's Mailing Address** – Enter the street address where official correspondence from the Department (notices, certificates, etc) is to be mailed. Enter the city, county, state, and zip code in the appropriate boxes. NOTE: All official correspondence, certificates, notices will be mailed to this address.
6. **Dispensary's Transaction Privilege Tax #** - Enter the number of the license issued to the applying entity/dispensary by the Arizona Department of Revenue.
7. **Dispensary's DBA (if applicable)** – Enter the name that the dispensary is conducting business under if different from the dispensary's legal name.
8. **Dispensary's Phone Number** – Enter the telephone number of the dispensary.
9. **Applying Entity's Name** – Enter the name of the applying entity. In most cases, this is the legal name of the dispensary except in the event that an individual, corporation, partnership, limited liability company, association or cooperative, joint venture, or other business organization is submitting the application on behalf of the dispensary.
10. **E-mail Address** – Enter the e-mail address of the applying entity. Database generated e-mail will be delivered to this address and may include time-sensitive information about the status of the application.

### Designated Principal Officer or Board Member Information

1. Identify the designated Principal Officer or Board Member that has been designated to submit dispensary agent registry ID card applications to the Department on behalf of the dispensary by providing his/her Last Name, First Name, Middle Initial, Telephone Number, and E-mail Address in the appropriate boxes.

### Medical Director Information

1. Identify the medical professional that is under contract with the dispensary and is currently serving as the dispensary's Medical Director by providing his/her Last Name, First Name, Middle Initial, License Number, and License Type in the appropriate boxes.

### Hours of Operation

1. Enter the dispensary's hours of operation for each day of the week during which the dispensary is available to dispense medical marijuana to qualifying patients and designated caregivers. Per R9-17-310(A)(1), the dispensary shall be available to dispense at least 30 hours each week between the hours of 7:00 AM and 10:00 PM.



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### Principal Officer and Board Member Information

For each Principal Officer and Board Member, provide the following:

1. Identify each Principal Officer and Board Member by providing his/her Last Name, First Name, and Middle Initial in the appropriate boxes.
2. Indicate if the individual is either a Principal Officer (PO) or Board Member (BM) by marking the appropriate box.
3. Date of Birth – Enter his/her date of birth.
4. Dispensary Agent Registry ID# - Enter the Agent ID number printed on his/her Dispensary Agent Registry Card.
5. Residence Address – Enter his/her street address, city, county, state, and zip code in the appropriate boxes. This must be an Arizona address and cannot be a P.O. Box.
6. Supplemental Questions – Mark a response (YES or NO) on the Principal Officer and Board Member Information Form for each of the four questions:
  - a. Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked?
  - b. Is this individual a physician currently providing written certifications for qualifying patients?
  - c. Is this individual a law enforcement officer?
  - d. Is this individual employed by or a contractor of ADHS?
7. Make as many entries as necessary to ensure all Principal Officers and Board Members are identified by printing and completing additional information forms as needed and submitting them with the application.

### Dispensary Agent Information

For each Dispensary Agent, provide the following:

1. Identify each Dispensary Agent by providing his/her Last Name, First Name, and Middle Initial in the appropriate boxes on the form.
2. Date of Birth – Enter his/her date of birth.
3. Dispensary Agent Registry ID# - Enter the Agent ID number printed on his/her Dispensary Agent Registry Card.
4. Residence Address – Enter his/her street address, city, county, state, and zip code in the appropriate boxes. This must be an Arizona address and cannot be a P.O. Box.
5. Make as many entries as necessary to ensure all Dispensary Agents are identified by printing and completing additional information forms as needed and submitting them with the application.

### Supplemental Requests

1. Mark a response (YES or NO) on the Application indicating whether or not the applicant agrees to allow the Arizona Department of Health Services (ADHS) to submit supplemental requests for information.

### Attestation

1. Read the disclosure and attestation.
2. Have each Principal Officer and Board Member identified in the Principal Officer and Board Member Information section, print his/her Name, indicate his/her Title, Sign, and Date the application form.



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3. Make as many entries as necessary to ensure all Principal Officers and Board Members identified in the Principal Officer and Board Member Information section have signed the application. A supplement form is available for use. Use as many forms as needed and submit with the application.