



Virginia Department of
Health Professions
Board of Pharmacy

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APPLICATION FOR A PHARMACEUTICAL PROCESSOR PERMIT

Check Appropriate Box(es):

<input type="checkbox"/> Initial Application	\$10,000.00	<input type="checkbox"/> Annual License Renewal Fee ¹	\$10,000.00
<input type="checkbox"/> Change of Ownership Requiring Criminal Background ⁷	\$250.00	<input type="checkbox"/> Initial Permit ²	\$60,000.00
<input type="checkbox"/> Change of Ownership Not Requiring Criminal Background ⁷	\$100.00	<input type="checkbox"/> Change of Location ⁴	\$1,000.00
<input type="checkbox"/> Change of Name	\$100.00	<input type="checkbox"/> Remodel, Expansion, Acquisition ⁵	\$1,000.00
<input type="checkbox"/> Change of PIC ¹	\$100.00	<input type="checkbox"/> Re-Inspection ⁶	\$1,000.00
<input type="checkbox"/> Change of Responsible Party ¹	\$100.00	<input type="checkbox"/> Change in Hours of Operation ³	No fee

Application fees are not refundable. Applications are valid for one year from the date of receipt. The required fees must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials.

Name of Pharmaceutical Processor		Area Code and Telephone Number	
Street Address		Area Code and Fax Number	
City	State	Zip Code	Designated Health Service Area
If a current pharmaceutical processor permit is held, indicate the permit number 02		Area Code and Telephone Number (currently working number)	
(Print) Name of the Pharmacist-In-Charge (PIC) (if change of PIC, list incoming) ^{1,2}		License Number of the PIC ^{1,2} 0202-	
Effective Date of Change (if change of PIC, date assuming role as PIC) ¹		Email Address of PIC ^{1,2}	
(Print) Name of the Responsible Party (if change of Responsible Party, list incoming) ^{1,2}		License Number of Responsible Party if applicable:	
Effective Date of Change (if change of Responsible Party, date assuming role as Responsible Party) ¹		Email Address of Responsible Party ^{1,2}	
Hours of Operation ^{1, 2, 3}	Dispensary: _____ Processor: _____	Anticipated Opening Date ²	
Name of Owner Applicant		Telephone Number of Owner Applicant	
Email Address of Owner Applicant	Expected Completion Date of Remodel or Expansion or Date for Change of Location ^{4,5}		Requested Inspection Date ^{2,4,5,6}
FOR OFFICE USE ONLY:			
Date processed:	Check No:	Receipt No:	Application No:
Assigned Inspection Date:			
Permit Number 02	Date Inspected:	Reviewed By:	Date Reviewed:
Date Issued:	Date Scanned to MLO:		

OWNERSHIP TYPE — check one:			
Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>
Name of ownership entity if different from name of application:			
Street Address:		Phone No.	
City:	State:	Zip Code:	
State(s) of incorporation:			

List all other trade or business names used by this facility	
Name: _____	Name: _____
Name: _____	Name: _____

LIST OF OWNERS/OFFICERS, RESIDENCE ADDRESSES, AND PERCENTAGE OF SHARES OWNED FOR EACH OWNER OR LIST IS ATTACHED <input type="checkbox"/>	
Name: _____	Title: _____
Residence Address: _____	
Name: _____	Title: _____
Residence Address: _____	

⁷Any owner with 5% or greater share of the total ownership must submit to a criminal history record search and submit the applicable application fee. Instructions will be provided for how to complete the record search once this application is received and processed.

Please respond to all of the following questions:

1. Have you, any owner, employee, or agent of this business entity ever been convicted of, pled *nolo contendere* to, or currently have charges pending for 1) any felony, 2) any misdemeanor involving moral turpitude, or 3) violation of any federal or state law relating to controlled substances? If yes, provide name of owner, employee, or agent, name of jurisdiction and date of charges or convictions, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. ☐ Yes ☐ No
2. Have you, any owner, employee, or agent of this business ever had any civil action under any federal or state statute or regulation or local ordinance relating to the applicant's, licensee's, permit holder's or registrant's profession, or involving drugs, medical devices or fraudulent practices, including, but not limited to, fraudulent billing practices? If yes, provide name of owner, employee, or agent, name of jurisdiction and date of charges or convictions, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. ☐ Yes ☐ No
3. Has any owner, employee, or agent of this business had a license or registration suspended or revoked or denied issuance of such license or registration? If yes, provide name of employee or agent, name of jurisdiction, date of action, and attach copies of any official documents related to the issue. ☐ Yes ☐ No
4. Does a practitioner of medicine or osteopathy licensed by the Board of Medicine, a physician assistant licensed by the Board of Medicine or a nurse practitioner jointly licensed by the Board of Medicine and the Board of Nursing, and who issues written certifications, or such practitioner's co-worker, employee, spouse, parent or child, have a direct or indirect financial interest in this business? ☐ Yes ☐ No

NOTE:

Qualifying applicants will be informed of the need to submit to fingerprinting and providing personal descriptive information to be forwarded along with their fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding the applicant.

A 14-day notice is required for scheduling an opening or change of location inspection. Cannabis seeds and Cannabis products may not be stocked prior to the initial inspection and approval. An inspector will call prior to the requested date to confirm readiness for inspection or the applicant, PIC or responsible party may call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector. PIC or responsible party must sign below.

Signature of Owner Applicant

Date

Signature of PIC (required except for initial application if PIC not known)

Date

Signature of Responsible Party (required except for initial application if Responsible Party not known)

Date

Information Required for Initial Application

To be considered for issuance of a conditional approval, the following information must be submitted, in accordance with the current Request for Application (RFA), along with the application form and initial application fee. Refer to the *Evaluation Criteria* found within the RFA for how the submitted information will be evaluated.

- ☐ **Financial Position:** Detailed information regarding the applicant's financial position, indicating all assets, liabilities, income and net worth to demonstrate the financial capacity of the applicant to build and operate a facility to cultivate Cannabis plants intended only for the production and dispensing of medical cannabis products. This may include evidence of an escrow account, letter of credit, or performance surety bond.
- ☐ **Location within the Health Service Area:** Description of the facility's proposed location within the health service area as established by the Board of Health.
- ☐ **Security Plans:** Details regarding the applicant's plans for security to maintain adequate control against the diversion, theft, or loss of the Cannabis plants and the medical cannabis products.
- ☐ **Authorization to Conduct Business:** Documents sufficient to establish that the applicant is authorized to conduct business in Virginia in good standing, such as through the State Corporation Commission, and that all applicable state and local building, fire, and zoning requirements and local ordinances are met or will be met prior to issuance of the permit.
- ☐ **Industry Involvement and Disciplinary Action:** Information about current or previous involvement in the medical cannabis industry. Information about previous applications for permits or registration related to medical cannabis in any state and if so, the status of that application, permit, registration including any disciplinary action taken by any state on the permit, registration, or an associated license.
- ☐ **Agriculture, Production, and Dispensing Expertise:** Information regarding expertise in agriculture and other production techniques required to produce cannabis products and to safely dispense such products.
- ☐ **Marketing Plans:** Information regarding the business and marketing plans related to the operation of the pharmaceutical processor or the sale of cannabis products.
- ☐ **Facility Exterior and Blueprint:** Any text or graphic material showing the exterior appearance of the proposed pharmaceutical processor. Include a blueprint of the proposed pharmaceutical processor which shall show and identify square footage of each area of the facility, to include the location of all safes or vaults used to store the Cannabis plants and products and the location of all areas that may contain Cannabis plants and cannabis products, showing the placement of walls, partitions, counters and all areas of ingress and egress.
- ☐ **Product and Site Safety:** Plan to safely cultivate Cannabis and produce cannabis products that is safe, unadulterated, comply with the legal definitions for cannabis products, and satisfy quality assurance testing. Plan to produce a safe work environment for employees.
- ☐ **Expected Hours of Operation:** A facility shall be open a minimum of 35 hours a week for eligible persons to purchase medical cannabis products, except as otherwise authorized by the Board.
- ☐ **Compassionate Need Plan:** Documents related to any compassionate need program, e.g., discounted pricing for qualifying patients the pharmaceutical processor intends to offer.
- ☐ **Delivery Service Plan:** A plan detailing any delivery service the pharmaceutical processor intends to offer that mitigates any risk of diversion, theft, or loss.
- ☐ **Research Plan:** A plan detailing any research the pharmaceutical processor intends to perform or in which it may participate.

Information Required for Initial Permit

In addition to satisfactory inspection of the facility conducted by the Board or its agent, an applicant that has received conditional approval shall complete the following steps and provide the required information prior to issuance of an initial permit:

- ☐ **Application:** Submission of an Application for a Pharmaceutical Processor Permit. Check the box indicating "Initial Permit", designate the pharmacist-in-charge (PIC), indicate the requested inspection date, and submit the required fee for "Initial Permit".
- ☐ **Criminal Background Checks:** Evidence of criminal background checks of all employees or agents of the processor to ensure compliance with §54.1-3442.6 of the Code of Virginia.
- ☐ **Electronic Tracking System:** Evidence of utilization of an electronic tracking system.
- ☐ **Attestation:** Submission of an attestation indicating full compliance with all state and local laws and ordinances for the operation of a pharmaceutical processor.