

Introduction

House Bill 54 of the 2025 Legislative session codified two additional Medical Cannabis Pharmacy licenses will be awarded. The licenses issued will be for an Independent Medical Cannabis Pharmacy. The first license will be awarded prior to January 1, 2026. The parameters for the first license are as follows:

- The Licensing Board **may not** select an entity that owns a financial interest in a medical cannabis pharmacy or is owned by an entity that owns a financial interest in a medical cannabis pharmacy;
- The Licensing Board **shall** select an entity in an area that is: designated as a medically underserved area as determined by the federal Health Resources and Services Administration and is located in a county of the third, fourth, fifth, or sixth class.

Applicants should utilize <https://data.hrsa.gov/tools/shortage-area/mua-find> to identify medically underserved areas within the designated counties.

For an applicant applying for the first license to be issued prior to January 1, 2026 - an applicant shall commit to not alienating or otherwise transferring control of the license or of the entity that holds the license to another person for at least 15 years from the day the license is issued under this chapter. By submitting an application the applicant acknowledges and agrees to this statement. 4-41a-1006(5)

Application and timeline

Applicants will apply through the grant program at <https://udafgrants.utah.gov/submit>. The application will be open from July 1, 2025 - July 31, 2025.

An application can be started, saved and finished at a different time. Applicants will need to have a Utah ID to save or submit an application in the system. The system will prompt the user to create this log in if they do not have one already.

Applications will undergo a thorough review process. Selected candidates will be presented at the Board Meeting on October 9th 2025.

Questions on the application or process should be submitted to cannabis@utah.gov with a subject of "Independent Medical Cannabis Pharmacy Application Inquiry"

Application Fee Information

A \$2,500 application fee is required for application submission to be eligible for review. This may be paid with a check or a credit card.

Check

Make a \$2,500 check payable to Utah Department of Food and Agriculture and send to:
P.O. Box #146500
Salt Lake City, UT 84114-6500

Reference "Medical Cannabis Independent Pharmacy Application Fee" on the check or check stub

Credit Cards

To pay \$2,500 pharmacy application fee with a Visa, Mastercard or American Express, please call (801) 982-2200 between the hours of 8am-5pm Monday through Friday. Please reference that the payment is for a Pharmacy Application Fee

Note: If the Department does not receive payment of the \$2,500 application fee from an applicant by the submission deadline, their application will not be evaluated. This fee is non-refundable.

If you have any questions in regards to the payment, please contact the UDAF front desk at (801) 982-2200 Monday through Friday 8am-5pm.

Independent Pharmacy Application Scorecard

Section	Points
Company Information	
Ownership	20 points
Company	40 points
Location & Business Information	70 points
Operating Plan	
Facility	80 points
Staff & Training	70 points
Sales *	90 points
Security *	30 points
Strategic Plan *	
#46	20 points
#47	30 points
#48	20 points
#49	30 points
#50	20 points
#51	20 points
#52	40 points
#53	20 points
<i><u>Items with an “*” will be weighed heavier</u></i>	

Supplemental Documents

County Classification Map

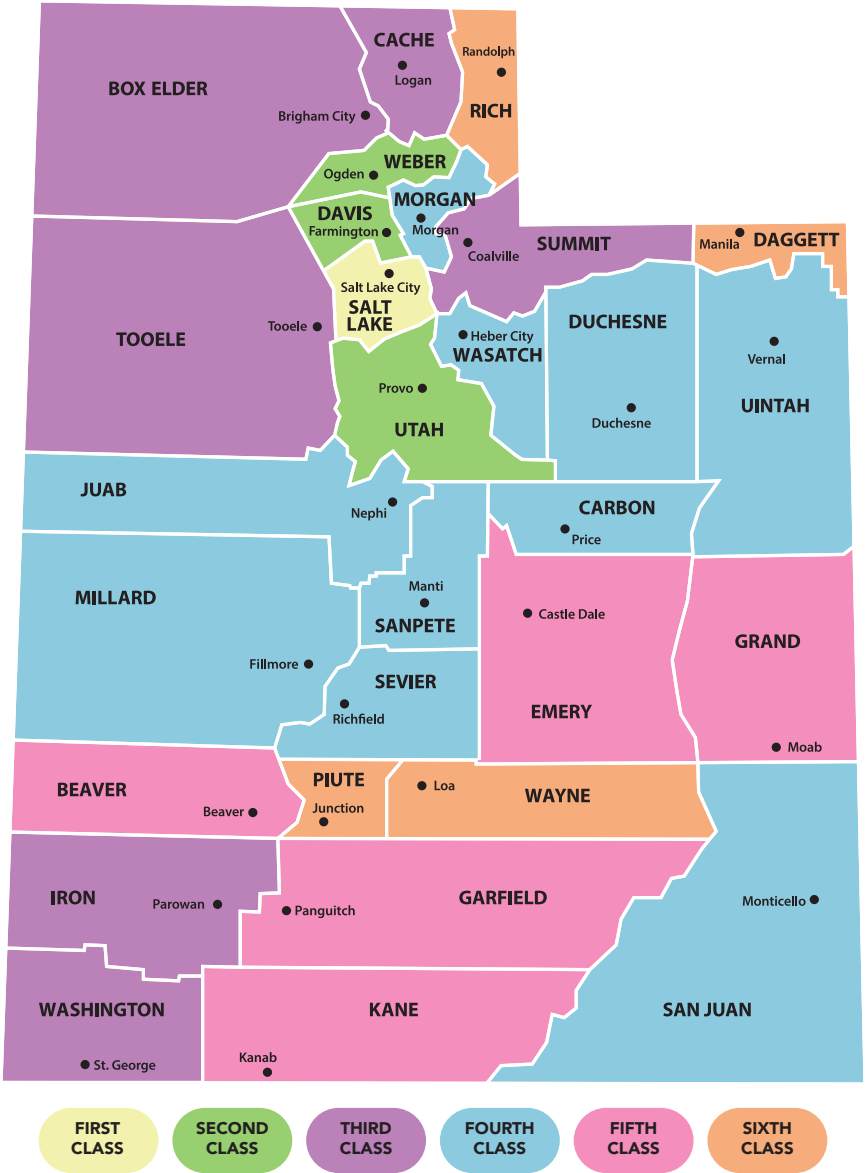
This map shows the county classification to help the applicant determine where they would like to locate their proposed Medical Cannabis Pharmacy. Applicants will utilize the map in conjunction with the Medically Underserved Area and Medically Underserved Population designations website for selecting a location.

When using the weblink below, select Utah and make sure that Designated is checked in the MUA/P status Box and All items are checked in the MUA/P Designation/Population Types Box

Medically Underserved Area & Medically Underserved Population Site:

<https://data.hrsa.gov/tools/shortage-area/mua-find>

Independent Medical Cannabis Application Handout



Performance Bond/ Liquid Cash Account

Per 4-41a-1001(2)(b) for each application that the applicant submits to the department, a statement from the applicant that the applicant will obtain and maintain: a performance bond in the amount of \$100,000 issued by a surety authorized to transact surety business in the state; or a liquid cash account in the amount of \$100,000 with a financial institution.

Acknowledgement of the liquid cash/bond account will be required for application submission. Obtaining the liquid cash/bond account will need to occur prior to being issued a license.



Bond No. _____
Account No. _____

**Medical Cannabis Pharmacy
LIQUID CASH ACCOUNT BOND**

KNOW ALL PERSONS BY THESE PRESENTS:

THAT WE, _____, as PRINCIPAL, and Utah First Federal Credit Union, a federal credit union and being duly authorized to transact financial business in the state of Utah, including the business of holding liquid cash account bonds as indemnity and suretyship in this state, with its principal office at 200 E. South Temple, Salt Lake City, Utah 84111, as SURETY, are held and firmly bound and do hereby acknowledge our indebtedness to the State of Utah, Department of Agriculture and Food, as OBLIGEE, in the sum of One Hundred Thousand and 00/100 Dollars (\$100,000.00) for which payment from this account will and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the condition of this obligation is such that the Principal is obtaining a license from the Utah Department of Agriculture and Food to carry on business as a Medical Cannabis Pharmacy.

WHEREAS, the Principal is required to comply with the requirements of Utah Code Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies, specifically Utah Code § 4-41a-1001 (2) (b) (iii) and is therefore posting this Liquid Cash Account Bond.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. Registration/licensing of the Principal to conduct business in this state as a Medical Cannabis Pharmacy;
2. Failure by the Principal to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to, Utah Code Title 4, Chapter 41a, Cannabis Production Establishments and Pharmacies, specifically Utah Code § 4-41a-1001 (2) (b) (iii).

THIS LIQUID CASH ACCOUNT BOND shall expire at such time as the Principal's registration/licensing is withdrawn, terminates through non-renewal or non-issue, or is revoked

by the Obligee except as to liability for acts or omissions which occur prior to such time. This Liquid Cash Account Bond may also be canceled by the Surety upon 30 days written notice to the Principal and the Obligee.

NO suit may be maintained to enforce any liability arising under this Liquid Cash Account Bond unless brought within one (1) years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Liquid Cash Account Bond.

The recovery under this Liquid Cash Account Bond, in any suit brought in accordance with the prior paragraph, is limited to the face amount of the Liquid Cash Account Bond inclusive of all costs, fees and expenses.

The liability of the Surety is fully extinguished upon payment of the face amount of the Liquid Cash Account Bond regardless of the number of claims, the number claimants or the number of actions commenced.

Signed, sealed and dated this _____, day of _____, _____.

Principal

By: _____

Surety

By: _____



Bond No. _____

Medical Cannabis Pharmacy PERFORMANCE BOND

KNOW ALL PERSONS BY THESE PRESENTS:

THAT WE, _____, as Principal, and _____, a _____ Corporation and being duly authorized to transact business of indemnity and suretyship in this state, with its principal office at _____, as Surety, are held and firmly bound and do hereby acknowledge our indebtedness to the State of Utah, Department of Agriculture and Food, as Obligee, in the sum of One Hundred Thousand and 00/100 Dollars (\$100,000.00) for which payment well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the condition of this obligation is such that the Principal is obtaining a license from the Utah Department of Agriculture and Food to carry on business as a Medical Cannabis Pharmacy.

WHEREAS, the Principal is required to comply with the requirements of Utah Code Title 4, Chapter 41a, Part 1 Cannabis Production Establishments, specifically Utah Code § 4-41a-1001 (2) (b) (iii) (A) and is therefore posting this Bond.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. Registration/licensing of the Principal to conduct business in this state as a Cannabis Processing Facility;
2. Failure by the Principal to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to, Utah Code Title 4, Chapter 41a.

THIS BOND shall expire at such time at the Principal's registration/licensing is withdrawn, terminated through non-renewal or non-issue, or is revoked by the Obligee except as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon 30 days written notice to the Principal and the Obligee.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within one (1) years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

Signed, sealed and dated this _____, day of _____, _____.

Principal

By: _____

Surety

By: _____

Background Submission & Authorization Forms

Per 4-41a-1001 & 4-41a-1002 each individual who has a financial or voting interest of 10% or greater in the applicant or who has the power to direct or cause the management or control of the applicant will need to consent to a background check and submit fingerprints to the Department. Factors that would disqualify an individual from holding ownership would be: If they have been convicted under state or federal law of a felony in the preceding 10 years or after December 3, 2018, a misdemeanor for drug distribution. If the applicant is under the age of 21. If after September 23, 2019, until January 1, 2023, is actively serving as a legislator.

PIC's must provide an ownership/director background check, but PMP's are exempt from this requirement.

Submission with a Live Scan

If an applicant is submitting their background application via Live Scan they will just need to mail or e-mail in the "Medical Cannabis Pharmacy Owner/Director Criminal Background Screening Authorization Form"

Submission with a Fingerprint Card

If an applicant is submitting their background with a physical fingerprint card, they will need to mail the following documents:

- Original fingerprint card
- Medical Cannabis Pharmacy Owner/Director Criminal Background Screening Authorization Form
- Medical Cannabis Pharmacy Owner/Director Live Scan Fingerprint Authorization Form

Documents can be e-mailed to: cannabis@utah.gov

Documents can be mailed to:

Medical Cannabis Program
PO Box 146500
Salt Lake City, UT 84114

Cannabis Pharmacy Owner/Director Background Checklist

Part One: Submit Screening Authorization Form

- ☐ Print Cannabis Pharmacy Owner/Director Background Check packet
- ☐ Review FBI Privacy Act Statement (p. 3)
- ☐ Sign and initial Criminal Background Screening Authorization Form (p. 2)
- ☐ Make payment of \$51.50 by calling 801-982-2200
- ☐ Email completed Criminal Background Screening Authorization Form (p. 2) and payment receipt to cannabis@utah.gov

Part Two: Submitting Fingerprints

- ☐ Complete Live Scan Fingerprinting Authorization Form (p. 4)
- ☐ Take completed Live Scan Fingerprinting Authorization Form (p. 4) to any fingerprinting location
- ☐ If doing fingerprints via Live Scan, this part is complete. If doing fingerprints via hard card, please mail cards to UDAF with the completed Live Scan Fingerprinting Authorization Form.

A list of live scan locations can be found at the end of this document. Google "live scan near me" or "fingerprinting near me" for most up to date listings.

UDAF offers live scan services to Medical Cannabis Pharmacy applicants free of cost. Email cannabis@utah.gov to set up an appointment if interested.

For questions, please email cannabis@utah.gov.


UTAH DEPARTMENT OF AGRICULTURE & FOOD

Medical Cannabis Pharmacy Owner/ Director
Criminal Background Screening Authorization Form



First Name:

Last Name:

I understand that my personal information including name, DOB, SSN and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by Utah Department of Agriculture and Food (UDAF) to determine my eligibility for licensure as a medical cannabis pharmacy owner or director, or continued licensure as a medical cannabis pharmacy owner or director. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. UDAF will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview.

I understand that I may request to review any results of this inquiry and understand that UCA 53-10-108 does not allow UDAF to provide a copy of those results to me. Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by UDAF as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). Until the completion of the background check, I understand that I will not be issued a medical cannabis pharmacy license and continued licensure is contingent upon the results of the background screening. I have read this Privacy Act Statement and understand my rights according to this statement.

Applicant Signature:

Date:

By initialing this line, I acknowledge I have received and read the attached FBI Privacy Act Statement.

FBI Privacy Act Statement

(Written copy must be provided to all applicants submitting fingerprints for an FBI background check. Also located on the back of the FBI Applicant fingerprint card FD-258)

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



**Utah Department of Agriculture & Food
Medical Cannabis Pharmacy Owner/Director
Live Scan Fingerprint Authorization Form**



You must present this form and current, valid government issued photo identification (e.g., DL, state ID, military ID, passport, etc.) to be fingerprinted.

Applicant Information

First Name: _____	Eye Color: _____
Middle Name: _____	Hair Color: _____
Last Name: _____	Height: _____
Address: _____	Weight: _____
City, State & Zip: _____	Gender: _____
County: _____	Race: _____
Place of Birth: _____	Date of Birth: _____
Citizenship: _____	SSN: _____

The above information has been reviewed by me and is correct.

Applicant Signature: _____ Date: _____

Billing Information

<u>Billing Code</u> B-2637	<u>Reason Fingerprinted</u> UCA 4-41a-1002	<u>Agency</u> UDAF	<u>WIN/FBI</u> NFUF
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Fingerprint Vendor Use

The fingerprint technician must sign, date and fill in the Applicant TCN.

Applicant TCN: _____

Technician Signature: _____ Date: _____