Department *of* Agriculture and Food | Specialized Products

4315 South 2700 West, TSOB South Bldg., Floor 2, Taylorsville, UT 84129

PO Box 146500 Salt Lake City, UT 84114-6500

(801) 982-2200

2026 Independent Medical Cannabis Pharmacy Application Information

Introduction

House Bill 54 of the 2025 Legislative session codified that two additional Medical Cannabis Pharmacy licenses will be awarded. The first license was awarded on December 4, 2025. The second license will be awarded prior to January 1, 2027 by the newly created Specialized Products Authority Licensing Board (Board). The parameters for the second license are as follows:

The 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;
- Owns any interest in or operates a medical cannabis production establishment
- Owned, partially or entirely, or operated by a medical cannabis production establishment

The 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
- 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.

The Specialized Product Authority Board shall evaluate each application based upon the applicable statutes, administrative rules, and the evidence contained in the administrative record.

Note: UDAF has interpreted the statutory language to mean that any entity that fits into the definition of cannabis production establishment (Section 4-41a-102) or medical cannabis pharmacy (Section 26B-4-201), in Utah or elsewhere, does not qualify for this license (See definitions below).

Definitions

- 26B-4-201 (36) "Medical cannabis pharmacy" means a person that:

(a)

(i) acquires or intends to acquire medical cannabis from a cannabis processing facility or another medical cannabis pharmacy or a medical cannabis device; or

(ii) possesses medical cannabis or a medical cannabis device; and

(b) sells or intends to sell medical cannabis or a medical cannabis device to a medical cannabis cardholder.

- 4-41a-102 (18) "Cannabis production establishment" means a cannabis cultivation facility, a cannabis processing facility, or an independent cannabis testing laboratory.

Application and Timeline

- Applicants will apply through the grant program at https://udafgrants.utah.gov/submit. The application will be open from August 3, 2026 - September 2, 2026.
- You can start your application once it goes live, save your progress, and finish it later. A Utah ID is required to save or submit your application. If you don't have one, the system will automatically prompt you to create a login.
- Applications will undergo a thorough initial review process to determine eligibility. Following this review, candidates will be presented at a Fall Board meeting. Board meeting dates have not yet been set, and our Department will communicate new developments with applicants. A license will be awarded prior to January 1, 2027.
- The Board will conduct an anonymous evaluation process to ensure objective review.

Mandatory Compliance Guidelines to keep in mind

  - Adhere to Naming Conventions: Specific sections require full legal names, whereas others strictly mandate the use of initials.

    - Ensure Exact Compliance: Applicants must follow these instructions precisely to ensure their application is accepted.
- Questions on the application or process should be submitted to cannabis@utah.gov with the subject of "Independent Medical Cannabis Pharmacy Application Inquiry". Questions submitted will be reviewed by the Department and answered on a publicly available document for all potential applicants to view.
- Review of applications will begin once the application window has closed. It is the applicant's responsibility to ensure a complete application has been submitted by the deadline. Incomplete applications will not be considered.

Application Fee Information

A $2,500 application fee is required for an application submission to be eligible for review. This may be paid with a check or a credit card. When making the payment, please reference that the payment is for a Pharmacy Application Fee.

- Phone (credit card):
  801-982-2200
- Mailed to:
  Utah Department of Agriculture & Food
  Specialized Products Division
  PO Box 146500
  Salt Lake City, UT 84114
- Physical Delivery:
  Utah Department of Agriculture & Food
  Specialized Products Division
  4315 S 2700 W 2nd Floor, Suite 2200
  Taylorsville, UT 84129

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 regarding the payment, please contact the UDAF front desk at (801) 982-2200 Monday through Friday, 8 am-5 pm.

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 & Inventory *	90 points
Security*	30 points
Strategic Plan*	
#45	20 points
#46	30 points
#47	20 points
#48	30 points
#49	20 points
#50	20 points
#51	40 points
#52	20 points
Items marked with an asterisk (*) carry more weight.	

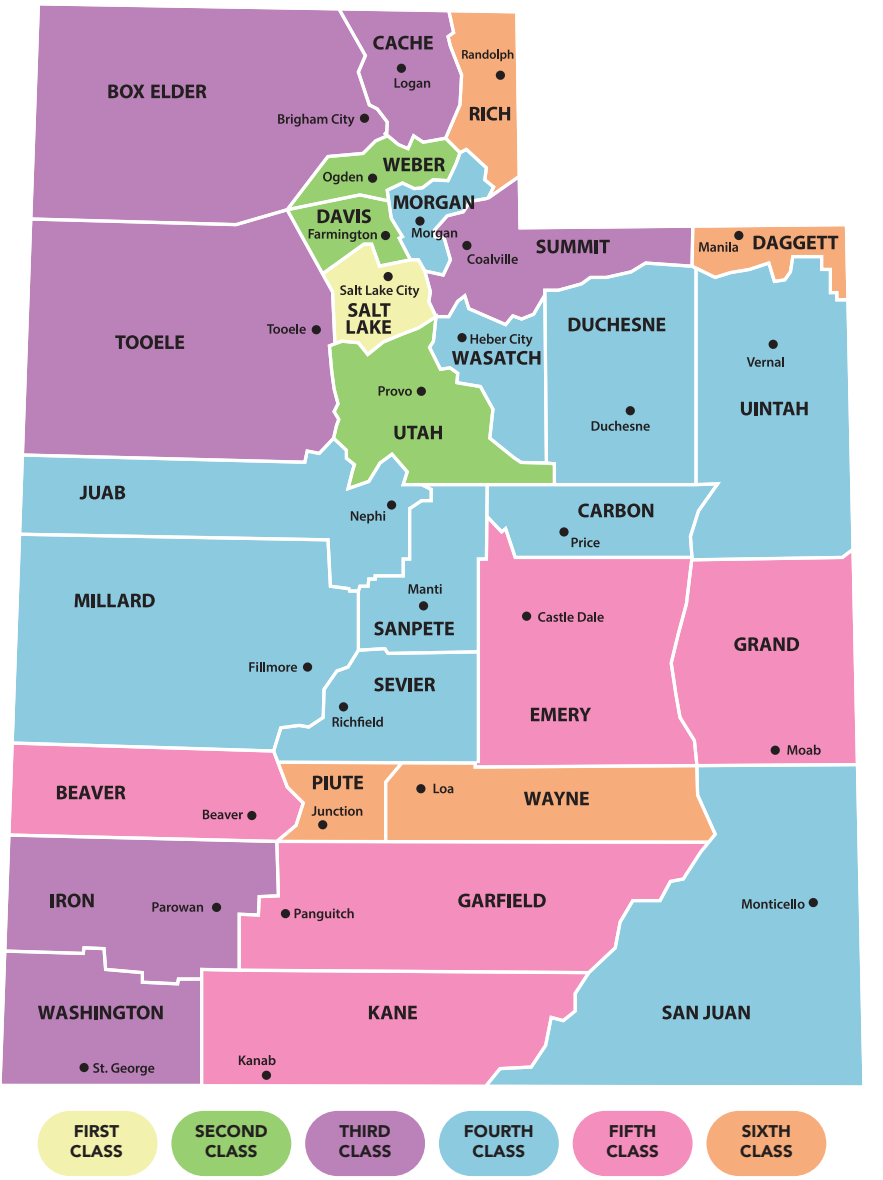
Supplemental Documents

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 (MUA/P) 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-fin


BOX ELDER
CACHE
Logan
Randolph
RICH
Brigham City
WEBER
Ogden
MORGAN
DAVIS
Farmington
Morgan
Coalville
SUMMIT
Manila
DAGGETT
Salt Lake City
SALT LAKE
TOOELE
Tooele
Heber City
WASATCH
DUCHESNE
Vernal
Provo
Duchesne
UTAH
UINTAH
JUAB
Nephi
CARBON
Price
MILLARD
Manti
SANPETE
Castle Dale
GRAND
Fillmore
SEVIER
Richfield
EMERY
Moab
BEAVER
Beaver
PIUTE
Junction
Loa
WAYNE
IRON
Parowan
Panguitch
GARFIELD
Monticello
WASHINGTON
St. George
KANE
Kanab
SAN JUAN
FIRST CLASS
SECOND CLASS
THIRD CLASS
FOURTH CLASS
FIFTH CLASS
SIXTH CLASS

Background Submission & Authorization Forms

Per 4-41a-1001 & 4-41a-1002, any 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. An individual is disqualified from holding a license :

- 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 they are under the age of 21.
- If after September 23, 2019, until January 1, 2023, they are actively serving as a legislator.

A Pharmacist In Charge (PIC) must provide an ownership/director background check, but Pharmacy Medical Providers (PMP) 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

Physical cards must be sent via one of the approved delivery methods below. Alternatively, fingerprints may be submitted digitally via Live Scan.

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

Note: *Applicants must submit prints under the designated B code (B2637) as listed on the provided background forms.* ***Backgrounds submitted under incorrect codes are not valid and will not be accepted, and the application will be ineligible to be presented to the Board.***

There is a $51.50 processing fee for each Background check submitted to the Department. You can find payment details under the Application Fee Information (previous section), and all documents can be delivered to the Department in one of the following ways:

- **E-mail:** cannabis@utah.gov (Authorization form only. Fingerprint cards will not be accepted via e-mail.)
- **Mailed to:**
  Utah Department of Agriculture & Food
  Specialized Products Division
  PO Box 146500
  Salt Lake City, UT 84114
- **Physical Delivery:**
  Utah Department of Agriculture & Food
  Specialized Products Division
  4315 S 2700 W 2nd Floor, Suite 2200
  Taylorsville, UT 84129

Medical Cannabis Pharmacy Owner/Director Background Checklist

*New application for licensure or change in ownership request **CANNOT** be reviewed until all steps are complete.*

Part One: Make Payment and Submit Background Screening Authorization Form

- ☐ Print UDAF Owner/Agent Background Check packet
- ☐ Review FBI Privacy Act Statement *(p. 3)*
- ☐ Sign and initial Criminal Background Screening Authorization Form *(p. 2)*
- ☐ Make payment ($51.50) for background check via phone by calling 801-982-2200
- ☐ Send completed Criminal Background Screening Authorization Form *(p. 2)* and payment receipt to cannabis@utah.gov

Part Two: Submit Fingerprints

- ☐ Complete Live Scan Fingerprinting Authorization Form *(p. 4)*
- ☐ Take completed Live Scan Fingerprinting Authorization Form *(p. 4)* to fingerprinting location of your choice
- ☐ If submitting fingerprints via Live Scan, this part is complete. If submitting fingerprints via hard card (FD-258), please mail fingerprint cards to UDAF with the completed Live Scan Fingerprinting Authorization Form

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

Web search "live scan near me" or "fingerprinting near me" for most up to date fingerprint service listings. Fingerprinting can also be completed at UDAF free of charge, email cannabischeck@utah.gov to schedule.

For questions, please email cannabis@utah.gov

Department of Agriculture and Food | Specialized Products

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 production establishment owner or director, or continued registration as a medical cannabis production establishment 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 approved to be a medical cannabis production establishment owner or director and continued approval for 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 FBl'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 FBl'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 FBl'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).

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		Gender	
Zip Code		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

Billing Code	Reason Fingerprinted	Agency	WIN/FBI
B-2637	4-41a-202	UDAF	NFUF

Fingerprint Vendor Use

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

Applicant TCN _____

Technician Signature _____ Date _____