



Cultivation, Dispensary, Manufacturing, or Testing Facility License
City of Boonville, Missouri
License Year January 1 – December 31

Expires December 31, _____ Date of Application _____

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE (Ord. Section 10-283):

Cultivation Facility ____ Infusion Facility ____ Dispensary Facility ____ Manufacturing Facility ____ Testing Facility ____

FEES:

License Fee ----- \$100.00

Business Location Address: _____

Name of Business: _____

Full Name of Applicant: _____

Title: _____

State Sales Tax License #: _____

Email: _____

Business Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Forms Required:

- Missouri State Marijuana Facility License Provided/Attached (required): _____ Yes _____ No
If not provided, explain why: _____
- Workman's Comp/Liability Insurance Certificate Provided/Attached: _____ Yes _____ No
If not provided, explain why: _____
- No Tax Due Statement from Missouri Department of Revenue Provided/Attached: _____ Yes _____ No
If not provided, explain why: _____
- Infusion Facilities required to provide County Health Department Inspection Compliance Form Attached: ____ Yes ____ No
If not provided, explain why: _____

Approved by Police Department: _____ Date: _____

Approved by Fire Department: _____ Date: _____

Approved by Building Inspector: _____ Date: _____

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND ACCURATE.
Return to the City of Boonville, 401 Main Street, Boonville MO 65233
Telephone: (660)882-2332 Fax: (660)882-6608

Print Name: _____

Signature of applicant: _____ Date: _____

Please return this Application along with your required forms, and your remittance of the appropriate Business License Fee payable to the City of Boonville.