



Iowa Department of Public Health
Medical Cannabidiol Manufacturer License Application
Request for Proposal #58821019

Statutory Requirements Certification Form

Applicant Business Name: _____

Name of Person Completing Form: _____

1. I certify that I have read the provisions of the Medical Cannabidiol Act and applicable administrative rules and that this application complies with all statutory and administrative regulation requirements. I agree to monitor any changes to the rules attached to this RFP, and to comply with any amendments to the rules.
2. I certify that I understand a license to manufacture medical cannabidiol issued by the department is not assignable or transferable, and any assignment or transfer of the license could result in revocation of the license.
3. I certify that the application details a plan that will enable the applicant manufacturer to manufacture and transport medical cannabidiol products to dispensaries and patients by July 1, 2021.
4. I certify that the applicant manufacturer will enter required data via an application programming interface (API) in the Department's secure sales and inventory tracking system.
5. Prohibited Activities – I certify that the applicant manufacturer will not, in the state of Iowa:
 - a. Manufacture medical cannabidiol in any location except in those areas approved by the department;
 - b. Sell, receive, transport, or distribute medical cannabidiol from any location except its manufacturing facility ;
 - c. Sell, receive, or distribute medical cannabidiol to any entity other than a dispensary licensed by the department;
 - d. Transport or deliver medical cannabidiol to any location, unless approved by the department;
 - e. Sell or transport medical cannabidiol that is not packaged and labeled in accordance with rules 641—154.21(124E) and 641—154.46(124E);
 - f. Permit any person to consume medical cannabidiol on the property of the

- manufacturing facility;
- g. Employ a person who is under 18 years of age or who has been convicted of a disqualifying felony offense.
6. I certify that no owners of the applicant manufacturing business have been convicted of a disqualifying felony offense and understand all applicant manufacturing business owners will be subject to a background investigation and a national criminal history background check conducted by the Department of Public Safety.
 7. I certify that no employees of an applicant manufacturing business have been convicted of a disqualifying felony offense and all employees of the licensed manufacturer will be subject to a background investigation and a national criminal history background check conducted by the Department of Public Safety.
 8. I certify the applicant manufacturer does not and will not share office space with, refer patients to, or have any financial relationship with a health care practitioner.
 9. I certify that the applicant manufacturer will not operate a manufacturing facility at the same physical location as a medical cannabidiol dispensary.
 10. I certify that the applicant manufacturer will not operate a manufacturing facility in any location within 1,000 feet of a public or private school existing before the date of the manufacturer's licensure by the Department.
 11. I certify that the applicant manufacturer will provide access to all medical cannabidiol forms produced by each licensed manufacturer.
 12. I certify that the applicant manufacturer will coordinate with dispensaries and the Department on quality assurance and control procedures as outlined in the administrative rules.
 13. I acknowledge that the applicant manufacturer is subject to reasonable inspection by the Department, a Department-approved consultant, or other agency, including the Iowa Department of Public Safety, pursuant to Iowa law, including but not limited to, Iowa Code chapter 124E and all applicable administrative rules.
 14. I acknowledge that the Department may assess a manufacturer a civil penalty of up to \$1,000 per violation of Iowa Code chapter 124E or administrative rules in addition to other applicable penalties.
 15. I acknowledge the Department may suspend or revoke a manufacturing license in accordance with administrative rules.



Iowa Department of Public Health
Protecting and Improving the Health of Iowans

Name – Signature: _____

Name – Printed: _____

Date: _____