



Mississippi Medical Cannabis Program Industry Portal User Guide

Table of Contents

Overview	3
Register	3
Log In	4
Managing Multiple Accounts	4
Payment	6
Submit a New Application	6
Digital Cards and Business Licenses	18
Support	19

Overview

NIC Licensing Solutions (NLS) is the official web portal for the Mississippi Medical Cannabis Program. Industry stakeholders can utilize NLS to manage the application process for:

- New businesses (Cultivator Facilities, Disposal Entities, Processing Facilities, Research Facilities, Testing Facilities, Transportation Entities)
- New dispensary applications
- Practitioner registration and patient certifications
- Patient applications
- Caregiver applications
- Agent/Employee applications

Register

New users must first register by navigating to the Registration page:

<https://ms-doh-public.nls.egov.com/>

Register to join Mississippi Medical Cannabis Program Portal.

WARNING: Please be sure that the information provided during registration is 100% accurate. This data will be used in your application, and you CANNOT modify this information after you register.

Legal First Name * Legal Last Name *

Email * Confirm Email *

Phone Number *

What type of application would you like to get started with? *

Password * Re-enter Password *

Please read and accept [Terms and Conditions](#) before proceeding.

I'm not a robot reCAPTCHA
Privacy - Terms

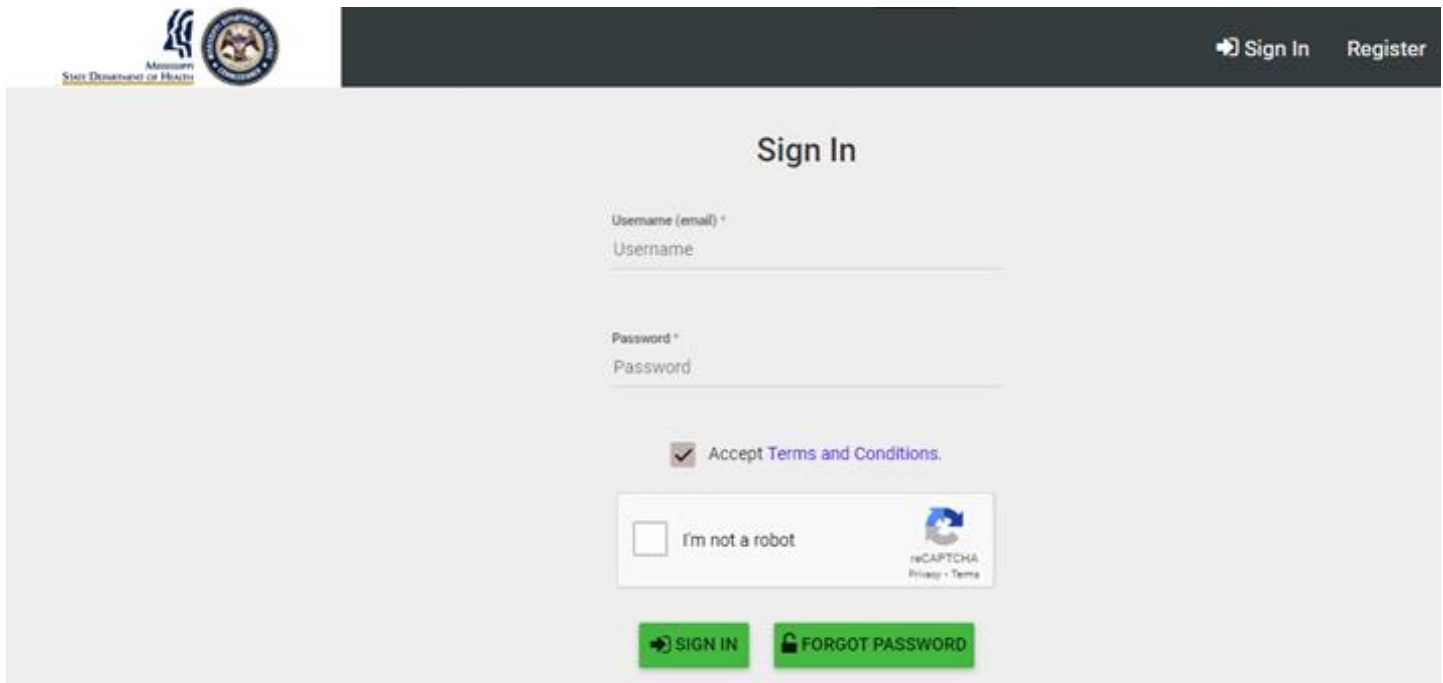
REGISTER

[↻](#) If you didn't receive your verification email, please click here.

Once the registration information is submitted, confirm your email address by clicking the link sent to your inbox. **You will not be able to log in until you verify your email address.** (if you do not see the email link, please check all your inboxes (i.e., spam, junkmail, or quarantine).

Log In

Once your new account email has been verified, you can log in:



Mississippi State Department of Health

Sign In Register

Sign In

Username (email) *
Username

Password *
Password

Accept Terms and Conditions.

I'm not a robot

reCAPTCHA
Privacy - Terms

SIGN IN FORGOT PASSWORD

If you forget your password, click the Forgot Password button, provide your email address, and follow the instructions.

Managing Multiple Accounts

In order to keep your applications organized, separate accounts are required to submit applications for a specific individual or business. For example, if you want to apply for your patient license and a business license, you will be required to maintain those applications in two separate accounts: one for you and one for the business.

Adding multiple accounts is applicable in *very rare circumstances*, such as an adult patient who also helps to maintain the account of a minor patient or an attorney/consultant who manages the licensing for multiple businesses. Do **NOT** create a new business account for a separate location unless that location is operated by a different business.

To add a new account, expand the Account tab in the left sidebar and select Add Individual or Add Business:

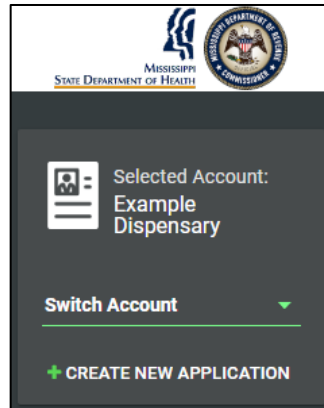
The screenshot shows a warning dialog box with a green header and a light blue background. On the left is a red warning icon. The main text reads: "WARNING: You are about to create an additional account. If you just registered, you do NOT need to create another account. Please close this box and click the Create New Application button to start your application. The account you are currently working in is displayed in the left navigation:". Below this is a dark grey box containing a user icon, the text "Selected Account: Complia, LLC", and a green "+ CREATE NEW APPLICATION" button. At the bottom of the dialog is a green "CONTINUE TO ACCOUNT CREATION" button. A paragraph of text explains that adding multiple accounts is for very rare circumstances like a patient or attorney managing multiple businesses, and advises not to create a new account for a separate location unless it's operated by a different business.

Next, click Continue to Account Creation:

The screenshot shows a form titled "Create New Account - Business" with a green header. It contains five input fields: "Phone Number *", "Email *", "Business Name *", "Website", and "Tax ID Number *". Below the "Tax ID Number *" field is a note: "Please enter your social security number if you do not have an EIN. This field is limited to 9 characters". At the bottom right are two green buttons: "CANCEL" and "CREATE ACCOUNT".

The box in the upper left corner of the screen allows you to easily switch between accounts

To switch between accounts, click the drop down and select the desired account.

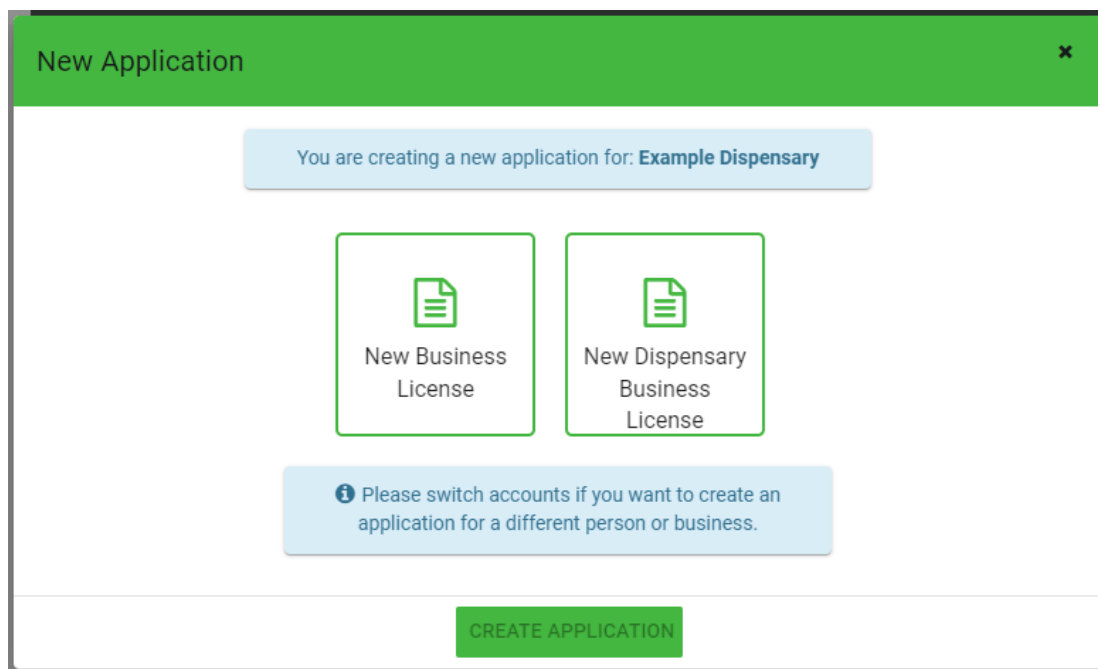


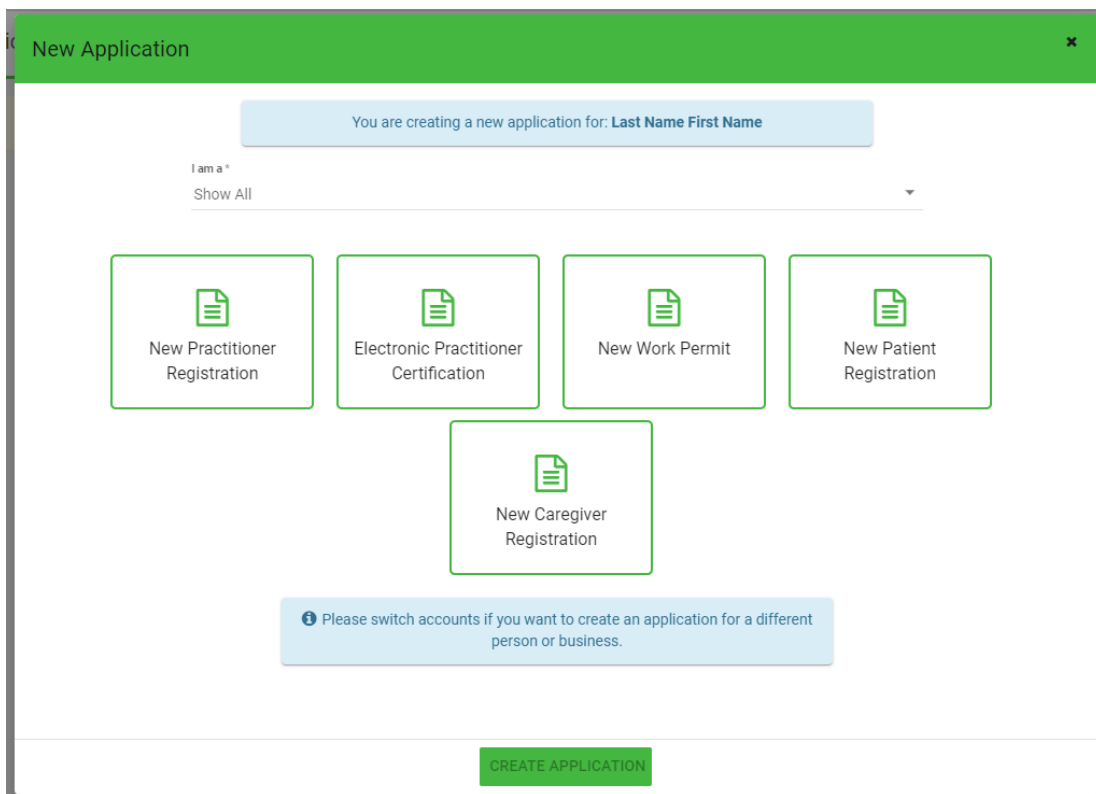
Payment

Most applications in NLS require the payment of fees as detailed by the Mississippi Cannabis rules and regulations. Please contact the Mississippi Medical Cannabis Program if you have payment related questions.

Submit a New Application

To start a new application, click the Create New Application button in the center of the screen. If you are applying as an individual, click on the “I am a...” dropdown and select the option that best applies to you. You can also select “see all” to view all application types.





Next, choose the application type you'd like to create. Be sure to verify that you are working in the proper account by verifying the information in the blue box. Click Create Application to start the application.

Once the application is created, complete all of the required information. Each application contains required data fields, question responses, and document uploads:

New Dispensary Registration: General Information:

Applications / New Dispensary Business License

GENERAL INFORMATION

LOCATION INFORMATION

PRIMARY CONTACT INFORMATION

OWNERSHIP INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

Legal Name * i Business Type * v Trade Name (DBAs) i

FEIN or SSN (if sole proprietor) or ITIN * Sales Tax Permit Number * Website i

Phone Number * Email * i
 Date you will begin doing business * i
 Date you will begin doing business v
This field is required.

Do you have a management service agreement in place? * Do you have a Secretary of State ID number? *

Yes Yes
 No No

License Information

License Type *
 Dispensary v

New Dispensary Registration: Location Information:

GENERAL INFORMATION

LOCATION INFORMATION

PRIMARY CONTACT INFORMATION

OWNERSHIP INFORMATION

QUESTIONS AND ATTESTATIONS

DOCUMENTS

PAYMENTS

REVIEW

Physical Street Address

Street * i
PO Boxes are not acceptable.

County * v i

Location Phone Number *

Address Verified? * No

Unit No / Apt No

State * v

Location - Latitude
+ . i

City * i

Zip Code *

Location - Longitude
- . i

✓ VERIFY ADDRESS

New Dispensary Registration: Location Information: (CONTINUED)


Mailing Address

 COPY FROM PHYSICAL STREET ADDRESS

Street * Unit No / Apt No City *

State * Zip Code *

Address Verified? * No

Is this location under construction? (Must be operational within a year) * 

- Yes
 No

Do you own the property? *

- Yes
 No

Do you lease the property location? * 

- Yes
 No

Are you entering into a Contingent Agreement to lease or purchase the property subject to receiving a license? *

- Yes
 No

Are you located within 1000 feet of the nearest property boundary line of a church, school or childcare facility? *

- Yes
 No

Is the business property located in a municipality or county that requires a dispensary to obtain a business license or permit before it may begin operations? *

- Yes
 No

I attest that the proposed premises is not located in a city or county that has voted to opt out of the Medical Cannabis Program in a manner that would prohibit the applied for medical cannabis establishment from being eligible to operate in the proposed location. *

- Yes
 No

New Dispensary Registration: Primary Contact Information:

GENERAL INFORMATION	LOCATION INFORMATION	PRIMARY CONTACT INFORMATION	OWNERSHIP INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
First Name * <input type="text"/>							
Last Name * <input type="text"/>							
Title * <input type="text"/>							
Phone Number * <input type="text"/>							
Email * <input type="text"/>							
Fax <input type="text"/>							
Primary Contact Address							
Street * <input type="text"/>							
Unit No / Apt No <input type="text"/>							
City * <input type="text"/>							
State * <input type="text"/>							
Zip Code * <input type="text"/>							
Address Verified? * <input type="checkbox"/> No <input type="button" value="✓ VERIFY ADDRESS"/>							

New Dispensary Registration: Ownership Information:

GENERAL INFORMATION	LOCATION INFORMATION	PRIMARY CONTACT INFORMATION	OWNERSHIP INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
Applicant Information							
Select type of record * <input type="text"/>							
Residence Or Street Address							
Street * <input type="text"/>							
Unit No / Apt No <input type="text"/>							
City * <input type="text"/>							
State * <input type="text"/>							
Zip Code * <input type="text"/>							
Address Verified? * <input type="checkbox"/> No <input type="button" value="✓ VERIFY ADDRESS"/>							

New Dispensary Registration: Ownership Information: (CONTINUED)

Mailing Address

[COPY FROM RESIDENCE STREET ADDRESS](#)

Street * Unit No / Apt No City *

State * Zip Code *

Address Verified? * No [VERIFY ADDRESS](#)

[SAVE RECORD](#) [ADD NEW RECORD](#)

New Dispensary Registration: Questions and Attestations:

GENERAL INFORMATION LOCATION INFORMATION PRIMARY CONTACT INFORMATION OWNERSHIP INFORMATION **QUESTIONS AND ATTESTATIONS** DOCUMENTS PAYMENTS REVIEW

Do you hold a professional license? *

Yes

No

By attesting to this paragraph, I understand that ABC moving forward expeditiously on issuance of a Cannabis Dispensary License is contingent on the FBI fingerprint cards returning with no disqualifying criminal record. If a disqualifying criminal record(s) is discovered from the FBI fingerprints, the permit will be revoked immediately.

Signature * [i](#) Signature Date *

This field is required.

New Dispensary Registration: Documents:

***NOTE:** Depending on responses to certain questions of the application, additional specific files may be required for final submission.

GENERAL INFORMATION	LOCATION INFORMATION	PRIMARY CONTACT INFORMATION	OWNERSHIP INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
					Owner/Officer Government Issued Identification	UPLOAD	+
					Background Check Affidavit *	UPLOAD	+
					Vendor Contractor Agreements	UPLOAD	+
					Land Survey for 1000 ft Distance Requirement *	UPLOAD	+
					Waiver to Release Information *	UPLOAD	+
					Licensee Certification/Oath *	UPLOAD	+
					Operational/Security Plan *	UPLOAD	+
					Site Plan (Diagram of Licensed Premises) *	UPLOAD	+
					Evidence of Local Business Permit or License - Municipality or County	UPLOAD	+
					Zoning Approval - Municipality or County	UPLOAD	+
					SOPs consistent with the rules and regulations for oversight of medical cannabis establishment	UPLOAD	+
					SOPs for Recordkeeping	UPLOAD	+
					SOPs for Security Measures	UPLOAD	+

New Dispensary Registration: Payments:

GENERAL INFORMATION LOCATION INFORMATION PRIMARY CONTACT INFORMATION OWNERSHIP INFORMATION QUESTIONS AND ATTESTATIONS DOCUMENTS **PAYMENTS** REVIEW

Payment Options *

Credit Card

ACH

ACH- Please note it may take 7-10 days to process e-check/ACH debits.

New Dispensary Registration: Review:

This is the final page, which will indicate if there are required fields missing data. The “red X” indicates where there is a missing requirement. Click on the tab to complete the missing information or document.

***NOTE:** Depending on responses to certain questions of the application, additional specific files may be required for final submission.

GENERAL INFORMATION LOCATION INFORMATION PRIMARY CONTACT INFORMATION OWNERSHIP INFORMATION QUESTIONS AND ATTESTATIONS DOCUMENTS PAYMENTS **REVIEW**

Please review the application for accuracy and completeness. If you have any items marked with a red X, your application will not be accepted. Please review these items to ensure accuracy

WARNING: Once your application is submitted, it cannot be modified. Please make sure your application is final and complete before submitting.

General Information

✗ Legal Name:	✗ Business Type:	Trade Name (DBAs):
✗ FEIN or SSN (if sole proprietor) or ITIN:	✗ Sales Tax Permit Number:	Website:
✗ Phone Number:	✗ Email:	✗ Date you will begin doing business:
✗ Do you have a management service agreement in place?:	✗ Do you have a Secretary of State ID number?:	

License Information

✓ License Type: Dispensary

New Dispensary Registration: Review: (CONTINUED)

Location Information

Physical Street Address

- Street: Unit No / Apt No: City:
- County: State: Zip Code:
- Location Phone Number: Location - Latitude: Location - Longitude:
- Address Verified?: No

Mailing Address

- Street: Unit No / Apt No: City:
- State: Zip Code:
- Address Verified?: No
- Is this location under construction? (Must be operational within a year):
- Do you own the property?:
- Do you lease the property location?:
- Are you entering into a Contingent Agreement to lease or purchase the property subject to receiving a license?:
- Are you located within 1000 feet of the nearest property boundary line of a church, school or childcare facility?:
- Is the business property located in a municipality or county that requires a dispensary to obtain a business license or permit before it may begin operations?:
- I attest that the proposed premises is not located in a city or county that has voted to opt out of the Medical Cannabis Program in a manner that would prohibit the applied for medical cannabis establishment from being eligible to operate in the proposed location.:

Primary Contact Information

- First Name: Last Name: Title:
- Phone Number: Email : Fax:

Primary Contact Address

- Street: Unit No / Apt No: City:
- State: Zip Code:
- Address Verified?: No

New Dispensary Registration: Review: (CONTINUED)

Ownership Information

Applicant Information

✘ Select type of record:

Residence Or Street Address

✘ Street:

Unit No / Apt No:

✘ City:

✘ State:

✘ Zip Code:

✘ Address Verified?: No

Mailing Address

✘ Street:

Unit No / Apt No:

✘ City:

✘ State:

✘ Zip Code:

✘ Address Verified?: No

Questions and Attestations

✘ Do you hold a professional license?:

✘ Signature:

✘ Signature Date:

New Dispensary Registration: Review: (CONTINUED)

Documents

Owner/Officer Government Issued Identification:	No Document Present
✘ Background Check Affidavit:	No Document Present
Vendor Contractor Agreements:	No Document Present
✘ Land Survey for 1000 ft Distance Requirement:	No Document Present
✘ Waiver to Release Information:	No Document Present
✘ Licensee Certification/Oath:	No Document Present
✘ Operational/Security Plan:	No Document Present
✘ Site Plan (Diagram of Licensed Premises):	No Document Present
Evidence of Local Business Permit or License - Municipality or County:	No Document Present
Zoning Approval - Municipality or County:	No Document Present
SOPs consistent with the rules and regulations for oversight of medical cannabis establishment:	No Document Present
SOPs for Recordkeeping:	No Document Present
SOPs for Security Measures:	No Document Present

Payments

✔ Payment Options: ACH

Fee Details

DISPENSARY APPLICATION FEE	\$15,000
DISPENSARY LICENSE FEE	\$25,000
TOTAL NON-REFUNDABLE FEE	\$40,000

uploaded.

New Business License:

Applications / New Business License

GENERAL INFORMATION	LICENSE INFORMATION	LOCATION INFORMATION	PRIMARY CONTACT PERSON	OWNERSHIP INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENT	REVIEW
---------------------	---------------------	----------------------	------------------------	-----------------------	----------------------------	-----------	---------	--------

New Patient License:

Applications / New Patient Registration

GENERAL INFORMATION	CONTACT INFORMATION	CERTIFYING PRACTITIONER/ CONDITION INFORMATION	CAREGIVER INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENTS	REVIEW
---------------------	---------------------	--	-----------------------	----------------------------	-----------	----------	--------

New Practitioner Registration:

Applications / New Practitioner Registration

PRACTITIONER INFORMATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	REVIEW
--------------------------	---------------------	----------------------------	-----------	--------

New Agent/Work Permit:

Applications / New Work Permit

GENERAL INFORMATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENT	REVIEW
---------------------	---------------------	----------------------------	-----------	---------	--------

New Caregiver Registration:

Applications / New Caregiver Registration

GENERAL INFORMATION	CONTACT INFORMATION	QUESTIONS AND ATTESTATIONS	DOCUMENTS	PAYMENT	REVIEW
---------------------	---------------------	----------------------------	-----------	---------	--------

You are welcome to save the application and return to it at a later time if you need more time. Simply click save and log off.

As your application is nearing completion, navigate to the Review tab to verify all required items are completed. If you see any red X's, you'll need to go back to the applicable tab to complete the missing items.

Once your application is submitted, it will be available for review by Mississippi Medical Cannabis Program personnel. Please be sure to monitor your inbox for updates as your application is reviewed. If there are issues with your application, it may be rejected. You will receive an email notification when this occurs. Rejected applications must be corrected and resubmitted through NLS.

Digital Cards and Business Licenses

To view and download and/or print your card, simply login to your License Dashboard on the left sidebar. Go to the far right and click on the green “Print Digital Card” button.

Licenses [PRINT DIGITAL CARD](#)

Status	Application ID	Title	License Type	License Number	Expiry Date ↑	Actions
Approved	1434	Example Example	New Work Permit	AGNT000014	06/20/2023	View License Download License

Page: 1 Rows per page: 25

Then download license, will create a pdf file. You just print like any other pdf file. It does not open in the screen, for privacy reasons. It will download a pdf file that you can save/print/open.



Support

For questions regarding application requirements, acceptable documentation, the status of your application, payments, rules, regulations, policy, or other program specific questions, please contact the Mississippi Medical Cannabis Program:


You can quickly find answers to Frequently Asked Questions (FAQS) [here](#).

If you are a dispensary and have a policy or procedural question, please contact the Mississippi Department of Revenue (MS DOR) at

Email Address: abcpermitdepartment@dor.ms.gov 

Phone Number: 601-923-7690

If you are an Individual (Patient, Practitioner, Caregiver, Agent) or a business other than dispensary and have a policy or procedural question, please contact the Mississippi Department of Health (MSDH) at

Email Address: MCLicensing@msdh.ms.gov 

Phone Number: 601-206-1540

For technical support and payment questions, please contact NIC Mississippi at

Email Address: nlssupport-ms@egov.com 

Phone Number: 601-351-5023