**Residential Cannabis Grow Compliance Checklist – MO**

*Use this checklist to verify your setup complies with state regulations and best practices.*

**Eligibility & Plant Limits**

\_\_\_\_\_ I am 21 or older and a qualified medical marijuana patient with a valid Missouri Medical Marijuana Card.

\_\_\_\_\_ I have a valid Patient Cultivation ID from the Missouri Department of Health & Senior Services (DHSS).

\_\_\_\_\_ I cultivate no more than 6 flowering plants, 6 non-flowering plants, and 6 clones (under 14 inches) at a time.

\_\_\_\_\_ I understand that exceeding these limits or growing without proper authorization may result in legal penalties.

**Location & Visibility**

\_\_\_\_\_ My plants are cultivated at the address listed on my cultivation authorization—this is my private, locked space.

\_\_\_\_\_ My grow area is enclosed and not visible to the public, including from roads, sidewalks, or neighboring properties.

\_\_\_\_\_ I do not cultivate cannabis in public areas, federal land, or any location not approved for home growing.

\_\_\_\_\_ If I rent, I have written permission from my landlord or property owner to cultivate cannabis on-site.

**Security & Access**

\_\_\_\_\_ My grow area is secure, locked, and not accessible to unauthorized individuals, including visitors.

\_\_\_\_\_ No one under 21 is allowed to enter the grow area, even if they live in the home.

\_\_\_\_\_ Only I (or my licensed caregiver, if applicable) have access to the cultivation space.

**Identification & Safety**

\_\_\_\_\_ I display my Patient Cultivation Authorization and Medical Marijuana Card near my grow area.

\_\_\_\_\_ Each plant is labeled with my name, patient license number, and “For Personal Medical Use Only.”

\_\_\_\_\_ I use safe electrical setups and avoid fire risks such as overloaded outlets or makeshift wiring.

\_\_\_\_\_ I maintain adequate ventilation and odor control and keep a smoke detector or fire extinguisher nearby.

**Legal Compliance**

\_\_\_\_\_ I cultivate cannabis solely for personal medical use—not for resale, sharing, or gifting.

\_\_\_\_\_ I do not transfer cannabis to any individual who is not authorized under the Missouri program.

\_\_\_\_\_ I comply with Missouri possession limits: up to a 90-day supply as determined by my physician and DHSS.

\_\_\_\_\_ I understand that transporting cannabis across state lines is illegal under federal law.

***🖊️ Acknowledgment***

I have reviewed this checklist and understand the legal requirements for personal cannabis cultivation in the state of Missouri. I acknowledge that staying within these guidelines is my responsibility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_