



ZONING REPORT MARIJUANA BUSINESS

Applicant must complete this form for each proposed location. The form must be submitted to the Zoning Department, which will complete the lower portion and return it to the applicant. The applicant must then submit this form as a part of the application packet.

APPLICANT/PROPERTY OWNER

Applicant Name:	Trade Name of Business (DBA):
Applicant Contact:	Email:
Applicant Contact Phone(s):	
Property Address:	Existing Use of Property:
Property Owner:	Property Owner Phone:

PROPOSED USE: ✓ Check all that are located at above location:

- | | |
|---|--|
| <input type="checkbox"/> Medical Marijuana Center | <input type="checkbox"/> Retail Marijuana Store |
| <input type="checkbox"/> Medical Marijuana Optional Premises Cultivation | <input type="checkbox"/> Retail Marijuana Cultivation Facility |
| <input type="checkbox"/> Medical Marijuana Infused Products Manufacturing | <input type="checkbox"/> Retail Marijuana Products Manufacturing |
| <input type="checkbox"/> Medical Marijuana Testing Facility | <input type="checkbox"/> Retail Marijuana Testing Facility |
| <input type="checkbox"/> Medical Marijuana Research Development Facility | |
| <input type="checkbox"/> Medical Marijuana Research Development Cultivation | |

Attach a to-scale site plan for proposed business

Description of proposed use:

TO BE COMPLETED BY ZONING DEPARTMENT

Reviewed By:	Date:
Zone District:	Allowed?
Land Use Approval Required:	
<input type="checkbox"/> None	<input type="checkbox"/> Sign Permit Required
<input type="checkbox"/> Minor Amendment/Development Review Completed	<input type="checkbox"/> Building Permit Needed
Notes/comments:	