



### 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. **Please use this form for modification of premises too.**

#### 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:

**Attach a to-scale site plan for proposed business**

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

- New marijuana operations
- Marijuana operations with new owners or a change of name
- Medical Marijuana Store
- Medical Marijuana Cultivation Facility
- Medical Marijuana Products Manufacturing
- Medical Marijuana Testing Facility
- Marijuana Research and Development Facility
- Expanding marijuana operations
- Retail Marijuana Store
- Retail Marijuana Cultivation Facility
- Retail Marijuana Products Manufacturing
- Retail Marijuana Testing Facility

Description of proposed use and or proposed changes:

#### TO BE COMPLETED BY ZONING DEPARTMENT

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