



ZONING REPORT MARIJUANA BUSINESS

Applicant must complete this form for each proposed location. The form must be submitted to the planning division, who will complete the lower portion, and return it to the applicant. This will take a minimum of three business days to complete. The applicant must then submit this form as a part of their marijuana business license application packet.

PROPERTY

Applicant Name (list corporation, LLC, partnership, sole proprietor):
Street Address:
Existing Use of Property:
Property Owner:
Property Owner Contact Information:

PROPOSED USE

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

DESCRIPTION OF PROPOSED USE (attach additional sheet if necessary):

CONTACT INFORMATION:

Name of Applicant or Contact Person:		
Trade Name of Business:		
Email Address:		
Phone:	(work)	(home)
		(cell)

TO BE COMPLETED BY THE PLANNING DIVISION

Application Reviewed By:	Date:
Zone District:	Allowed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No

The purpose of this report is to verify whether the proposed marijuana business is an allowed use on the listed property. This report is not intended, nor shall it be interpreted, as evidence that the proposed business complies with all of the applicable provisions of the land development code, such as landscaping, setbacks, sign code, etc.

If eligible for refund, to whom should the refund be sent:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____