

ZONING VERIFICATION 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 <u>three business days</u> to complete. The applicant must then submit this form as a part of their marijuana business license application packet. This verification is valid for a six-month period from the date of staff signing.

PROPERTY					
Applicant Name (li	st corporation	n, LLC, partne	ership, sole prop	rietor):	
Street Address:					
Existing Use of Pro	operty:				
Property Owner:					
Property Owner Co	ontact Informa	ation:			
PROPOSED USE					
Retail Marijuana Store Retail Marijuana Cultivation Facility Retail Marijuana Products Manufacturer Retail Marijuana Testing Facility Medical Marijuana Center Optional Premises Cultivation Operation Medical Marijuana-Infused Products Manufacturer					
DESCRIPTION OF PROPOSED USE (attach additional sheet if necessary):					
CONTACT INFORM					
Name of Applicant		erson:			
Trade Name of Bu	siness:				
Email Address:					
Phone:	(work) (h		me)	(cell)	
TO BE COMPLETE	D BY CITY S	STAFF:			
Application Review	ved By:			Date:	
Zone District:	-			Allowed Use:	Yes No
Delivery Method:	Email	Mail	Pick-up	Delivered by:	

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.