



# Medical Marijuana Program Dispensary Approval to Operate Application Checklist

Please note that this checklist information and other instructions may change. Please refer back to the ADHS website for the most current information.

Please review this checklist **prior to** completing a Dispensary Approval to Operate Application. An entity applying for approval to operate a dispensary must have a dispensary registration certificate and must ensure that the following criteria has been met and all the required information is included in the application as outlined below.

<input type="checkbox"/> 1. To apply for approval to operate a dispensary, a person holding a dispensary registration certificate shall submit to the Department an application in a Department-provided format ( <i>see <a href="#">Approval to Operate Application</a> on the Medical Marijuana Program website</i> ) that includes:	
<input type="checkbox"/> The name and registry identification number of the dispensary;	
<input type="checkbox"/> The physical address of the dispensary;	
<input type="checkbox"/> The name, address, and date of birth of each dispensary agent;	
<input type="checkbox"/> The name and license number of the dispensary's medical director;	
<input type="checkbox"/> If applicable, the physical address of the dispensary's cultivation site;	
<input type="checkbox"/> The dispensary's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;	
<input type="checkbox"/> The dispensary's proposed hours of operation during which the dispensary plans to be available to dispense medical marijuana to qualifying patients and designated caregivers;	
<input type="checkbox"/> Whether the dispensary agrees to allow the Department to submit supplemental requests for information;	
<input type="checkbox"/> Whether the dispensary and, if applicable, the dispensary's cultivation site are ready for an inspection by the Department;	
<input type="checkbox"/> If the dispensary and, if applicable, the dispensary's cultivation site are not ready for an inspection by the Department, the date the dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department;	
<input type="checkbox"/> An attestation that the information provided to the Department to apply for approval to operate a dispensary is true and correct; and	
<input type="checkbox"/> The signature of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;	
<input type="checkbox"/> 2. A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the building as a dispensary and, if applicable, as the dispensary's cultivation site, such as a certificate of occupancy, a special use permit, or a conditional use permit;	
<input type="checkbox"/> 3. A sworn statement signed and dated by the individual or individuals in R9-17-301 certifying that the dispensary is in compliance with local zoning restrictions;	
<input type="checkbox"/> 4. The distance to the closest public or private school from:	
<input type="checkbox"/> a. The dispensary; and	<input type="checkbox"/> b. If applicable, the dispensary's cultivation site;
<input type="checkbox"/> 5. A site plan drawn to scale of the dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;	
<input type="checkbox"/> 6. A floor plan drawn to scale of the building where the dispensary is located showing the:	
<input type="checkbox"/> a. Layout and dimensions of each room,	<input type="checkbox"/> e. Means of egress,
<input type="checkbox"/> b. Name and function of each room,	<input type="checkbox"/> f. Location of each video camera,
<input type="checkbox"/> c. Location of each hand washing sink,	<input type="checkbox"/> g. Location of each panic button, and
<input type="checkbox"/> d. Location of each toilet room,	<input type="checkbox"/> h. Location of natural and artificial lighting sources;
<input type="checkbox"/> 7. If applicable, a site plan drawn to scale of the dispensary's cultivation site showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and	
<input type="checkbox"/> 8. If applicable, a floor plan drawn to scale of each building at the dispensary's cultivation site showing the:	
<input type="checkbox"/> a. Layout and dimensions of each room,	<input type="checkbox"/> e. Means of egress,
<input type="checkbox"/> b. Name and function of each room,	<input type="checkbox"/> f. Location of each video camera,
<input type="checkbox"/> c. Location of each hand washing sink,	<input type="checkbox"/> g. Location of each panic button, and
<input type="checkbox"/> d. Location of each toilet room,	<input type="checkbox"/> h. Location of natural and artificial lighting sources.



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### IMPORTANT NOTES:

1. As per A.A.C. R9-17-305, at least 60 days before the expiration of the dispensary registration certificate and before operating a dispensary, a person holding a dispensary registration certificate shall submit to the Arizona Department of Health Services (Department), an application in a Department-provided format, the Dispensary Approval to Operate Application.
2. As per A.A.C. R9-17-107(B), an application for approval to operate a dispensary is not complete until the date, the applicant states on a written notice provided to the Department, that the dispensary is ready for an inspection by the Department.
3. As per A.A.C. R9-17-305(B), a dispensary's cultivation site may be located anywhere in the state where a cultivation site is allowed by the local jurisdiction.