

## Medical Marijuana Program Dispensary Approval to Operate Application Instructions

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

**Please read these instructions carefully before you begin the Dispensary Approval to Operate Application process.**

### **General Information**

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](#)). An application for approval to operate a dispensary is not complete until the applicant provides the Department with written notice that the dispensary is ready for an inspection by the Department.

### **How to Apply for Approval to Operate a Dispensary**

1. Print and review the Dispensary Approval to Operate Application Checklist from the Arizona Medical Marijuana Program website, ([www.azdhs.gov/medicalmarijuana/dispensaries/](http://www.azdhs.gov/medicalmarijuana/dispensaries/)). This checklist includes the information you will need to fill out on the Dispensary Approval to Operate Application (application) and will list additional documents and information that you will need to send in with the application.
2. Open the Dispensary Approval to Operate Application located on the Arizona Medical Marijuana Program website ([www.azdhs.gov/medicalmarijuana/dispensaries/](http://www.azdhs.gov/medicalmarijuana/dispensaries/)) and save a copy on your computer.
3. Fill out the application, typing the required information into the blank boxes.
4. Once the application is filled out, print the application and make sure the appropriate parties sign and date where required.
5. Gather all other required documents (refer to the Dispensary Approval to Operate Application Checklist, Dispensary Approval to Operate Application, and R9-17-305 for details), including:
  - a. 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;
  - b. 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;
  - c. 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;
  - d. A floor plan drawn to scale of the building where the dispensary is located showing the layout and dimensions of each room, name and function of each room, location of each hand washing



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- sink, location of each toilet room, means of egress, location of each video camera, location of each panic button, and location of natural and artificial lighting sources;
- e. 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
  - f. If applicable, a floor plan drawn to scale of each building at the dispensary's cultivation site showing the layout and dimensions of each room, name and function of each room, location of each hand washing sink, location of each toilet room, means of egress, location of each video camera, location of each panic button, and location of natural and artificial lighting sources.
6. Dispensary Approval to Operate Applications and all additional required documents must be sent to the P.O. Box listed below at least 60 days before the expiration of the dispensary registration certificate.

### **Please mail Dispensary Approval to Operate Applications to:**

Arizona Department of Health Services  
ATTN: Medical Marijuana Dispensary Program  
P.O. Box 19000  
Phoenix, AZ 85005