



MEDICAL MARIJUANA DISPENSARY NOTICE OF MODIFICATION OF APPROVED FACILITY

A physical change, alteration, or modification of an approved facility that materially or substantially alters the premises shall comply with the applicable requirements set forth in Arizona Revised Statutes Title 36, Chapter 28.1; Arizona Administrative Code Title 9, Chapter 17; and Arizona Administrative Code Title 9, Chapter 8.

The Arizona Department of Health Services (Department) requests that the certificate-holder notify the Arizona Medical Marijuana Program of its intent to modify a previously approved facility if modifications consist of, but are not limited to the following:

- (1) Any structural modification of an approved facility where the modification results in an expansion of the existing approved area beyond the plans and specifications on-file with the Department at the time of obtaining the original approval.
- (2) The sealing off, creation of or relocation of a common entryway, doorway or passage or other such means of ingress or egress.

Note: The painting and redecorating of the premise or the installation or replacement of structural finishes and existing equipment are not considered modifications that require Department notification. There are no applicable fees associated with the submittal of a Notice of Modification or related inspections.

FACILITY INFORMATION

Dispensary's Legal Name:			
Dispensary's Registration Certificate ID#:			CHAA #:
Dispensary's Physical Address*:			
City:	County:	State:	Zip Code:
Cultivation Site Physical Address* (if applicable):			Not applicable <input type="checkbox"/>
City:	County:	State:	Zip Code:

CONTACT INFORMATION

Name:	Title/Position:
E-mail:	Phone Number:

SCOPE OF WORK

Existing (Approved) Facility to be Modified:	Dispensary <input type="checkbox"/>	Cultivation Site <input type="checkbox"/>	Infusion Kitchen <input type="checkbox"/>
Location of Infusion Kitchen (if applicable):	Dispensary's Cultivation Site <input type="checkbox"/>	Dispensary <input type="checkbox"/>	

Provide a detailed description of the modifications to the approved facility:



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ON-SITE REVIEW INFORMATION

The review process may involve an on-site visit to the dispensary and, if applicable, the dispensary’s cultivation site. Are the modifications complete and ready for an onsite review by the Department?

YES NO If no, what is the date the dispensary and, if applicable, the dispensary’s cultivation site will be ready for an onsite review by the Department?

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing “medical” marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act (“Act”), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing “medical” marijuana.

I attest that the information contained herein is true and correct.

Print Name	Title
Signature	Date Signed
Print Name	Title
Signature	Date Signed

FOR INTERNAL USE ONLY



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Received: ___/___/___ Initial Review Date: ___/___/___ Initial Review Completed by: _____ On-Site Review? Yes [] No [] On-Site Review Conducted: ___/___/___ On-Site Review Conducted by: _____ Corrective Action Required (if Applicable): Yes [] No [] n/a [] File Date: ___/___/___

PROVIDE THE FOLLOWING DOCUMENTS:

- 1. 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.
2. A sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with local zoning restrictions.
3. 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.
4. A floor plan drawn to scale of the building where the dispensary is located showing the:
a. Layout and dimensions of each room,
b. Name and function of each room,
c. Location of each hand washing sink,
d. Location of each toilet room,
e. Means of egress,
f. Location of each video camera,
g. Location of each panic button, and
h. Location of natural and artificial lighting sources.
5. 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.
6. If applicable, a floor plan drawn to scale of the building at the dispensary’s cultivation site showing the:
a. Layout and dimensions of each room,
b. Name and function of each room,
c. Location of each hand washing sink,
d. Location of each toilet room,
e. Means of egress,
f. Location of each video camera,
g. Location of each panic button, and
h. Location of natural and artificial lighting sources.

NOTE: Confidential and time sensitive information will be sent to the applicant’s e-mail address provided in this application. Failure to respond to e-mails may result in your application being withdrawn or denied. It is the



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applicant's responsibility to add AZDispensaryRegistry@azdhs.gov and M2Dispensaries@azdhs.gov to their list of safe senders to avoid having messages sent to their junk e-mail folder. Instructions on how to add an e-mail address to your list of safe senders can be found in your e-mail provider's documentation. Do not respond to or send any e-mails to AZDispensaryRegistry@azdhs.gov, it is an automated system.