

**MEDICAL MARIJUANA PROGRAM
DOCUMENTATION OF ZONING COMPLIANCE (v. 1.0)**

To be completed by an authorized representative of the local jurisdiction in which the proposed location of the medical marijuana dispensary is located.

APPLICANT INFORMATION			
Name of Entity Applying for a Marijuana Dispensary Registration Certificate			
Street Address of Proposed Marijuana Dispensary Registration Certificate			Ste., Unit, etc. #
City	County	State	Zip Code
Legal Description of the Property and/or Assessor's Parcel Number			
LOCAL JURISDICTION INFORMATION AND DETERMINATION			
Name of Local Jurisdiction			
Title of Authorized Representative		Name of Authorized Representative	
Phone Number (XXX) XXX-XXXX		Email Address	
Local Jurisdiction Authorized Representative Select One Box Below, Sign, and Date			
<input type="checkbox"/> There are no local zoning restrictions for a proposed medical marijuana dispensary at the above location.			
<input type="checkbox"/> The location of the proposed medical marijuana dispensary is in compliance with local zoning restrictions related to where a medical marijuana dispensary may be located.			
<input type="checkbox"/> The location of the proposed medical marijuana dispensary is in compliance with local zoning restrictions related to where a medical marijuana dispensary may be located, subject to the requirements outlined in local zoning ordinances such as a use permit, variance, or other requirements necessary for the proposed medical marijuana dispensary to open and operate at this location.			
<input type="checkbox"/> The location of the proposed medical marijuana dispensary is NOT in compliance with local zoning restrictions related to where a medical marijuana dispensary may be located and/or medical marijuana dispensaries are prohibited in the jurisdiction.			
_____ Signature of Authorized Representative of Local Jurisdiction		_____ Date Signed	