

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

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

APPLICANT INFORMATION			
Name of Entity Applying for a Marijuana Establishment License			
Street Address of Proposed Marijuana Establishment			Ste., Unit, etc. #
City	County	State	Zip Code
Legal Description of the Property and/or Assessor's Parcel Number			
LOCAL JURISDICTION INFORMATION			
Name of Local Jurisdiction			
Title of Authorized Representative		Name of Authorized Representative	
Phone Number (XXX) XXX-XXXX		Email Address	
LOCAL JURISDICTION DETERMINATION			
Select One Box Below, Sign, and Date			
<p>There are no local zoning restrictions for a proposed marijuana establishment at the above location.</p> <p>The location of the proposed marijuana establishment is in compliance with local zoning restrictions related to where a marijuana establishment may be located.</p> <p>The location of the proposed marijuana establishment is in compliance with local zoning restrictions related to where a marijuana establishment 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 marijuana establishment to open and operate at this location.</p> <p>The location of the proposed marijuana establishment is NOT in compliance with local zoning restrictions related to where a marijuana establishment may be located and/or marijuana establishments are prohibited in the jurisdiction.</p>			
<hr/> Signature of Authorized Representative of Local Jurisdiction			<hr/> Date Signed