

Applicant must attach to this Application a map showing the MM Facility meets the location buffer requirements

**Proposed Medical Marijuana Facility Information**

Name & Type of MM Facility
Street Address
City, State, & ZIP
Zoning District & Locator No.
Name of Shopping Plaza
Expected Opening Date

**Contact Information**

This is the individual who will receive updates from staff

Name
Address
City, State, & ZIP
Phone
E-mail

**Company Information**

Must be a legally registered entity in the State of Missouri

Name of Company
Address
City, State, & ZIP
Phone
E-mail

I certify, to the best of my knowledge, that the above named MM facility is located at minimum 1,000 feet away from any currently existing elementary or secondary school, place of worship, or child care center. Additionally, I have paid a \$100 location verification fee.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**For Planning Department & Public Works Department Staff Use:**

- The proposed location meets the Zoning Ordinance requirements for a MM facility. Attached to this application is a map and a letter of approval from the Director of Planning stating the MM facility meets the locational buffer requirement.
- The proposed location does not meet the Zoning Ordinance requirements for a MM facility. Attached to this application is a map and a letter of denial from the Director of Planning.
- It could not be determined whether the proposed location meets the Zoning Ordinance requirements for a MM facility. Attached to this application is a map and a letter from the Director of Planning requesting the Department of Public Works send field inspectors to verify the location of the proposed MM facility.