

## Marihuana Facility/Provisioning/Retail Renewal Application

An application for a new annual permit for a medical marihuana facility, provisioning center, marihuana retailer or a safety compliance facility shall be submitted to the city clerk on a form provided by the city, which shall fulfill all of the requirements indicated on the form, including the requirements of this section and, including but not limited to:

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### PROPERTY INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### EXPLANATION OF SERVICES

Please attach the following information in separate attachments along with this application:

1. The name and address of all owners of the real property where the facility is located.
2. Proof of applicant's ownership or legal possession of the premises.
3. A zoning compliance permit.

Please note the following annual renewal fees:

- Marihuana Retailer/Safety Compliance Facility Fee or Annual Renewal: **\$5,000**
- Medical Marihuana Provisioning Center App. Fee or Annual Renewal: **\$5,000**
- Medical Marihuana Caregiver Facility or Annual Renewal: **\$2,000**