Case No. 13-___-000__
Accepted By: _____
Date: ___/___/2013
Fees Paid: $_____

Planning & Zoning
Medical Marijuana – Zoning Permit Application

PROJECT INFORMATION		
Business Name:		
Business Address:		
Assessor Parcel Number(s):		
Pre-Application Meeting Date: ___/___/2013	City of Goodyear Planner:	
APPLICANT INFORMATION		
This application must be executed by the owner(s) of the subject property or provide an Authorization Letter executed by the owner(s) of the subject property stating that the Applicant is authorized to represent the property owner(s) in this application.		
Applicant Name:	Company:	
Address:	City:	State:
Phone Number: (____) ____-_____	Email Address:	
Signature of Property Owner(s):		Date: ___/___/2013

Proposed Use Requiring the Zoning Permit:

- ❑ Medical Marijuana Dispensary
- ❑ Medical Marijuana Cultivation (requires a separate application)

Medical Marijuana Dispensary Information:

Legal Name:_____Address:_____

City:_____State:_____ Zip:_____Phone:_____

E-mail :_____24-Hour Emergency Contact:_____

ALL SUBMITTALS MUST INCLUDE THE FOLLOWING INFORMATION:

- ❑ **4** Copies – Narrative;
- ❑ **4** Copies – Vicinity Map (folded);
- ❑ **4** Copies – Site Plan (24”x36”, folded);
- ❑ **4** Copies – Floor Plan (24”x36”, folded) (*must demonstrate conformance with ARS 36-2806*);
- ❑ Signed property owner authorization (*including an explicit acknowledgement that the use is for a medical marijuana dispensary*);
- ❑ Name and address of each principal officer and board member;
- ❑ Name(s) and location(s) of any and all medical marijuana cultivation location associated with the dispensary;
- ❑ Copy of the Operating Procedures for the Medical Marijuana; and,
- ❑ Fees: $165.

An applicant may receive a clarification from an interpretation or application of a statute, ordinance, code, or authorized substantive policy statement as provided in Section 9-839.

Development Services Department
195 North 145th Avenue, Building D
Goodyear, AZ 85338 / 623-932-3005 / www.goodyearaz.gov