



CITY OF SAN LUIS
Department of Development Services
Business License Application
License & Tax Division
P.O.Box 3750-1090 E. Union Street
San Luis, AZ 85349
(928) 341-8563

Received by: _____

Medical Marijuana Business License Application

This application must be filed and approved before you can lawfully engage in business in the City of San Luis, Arizona. A separate license is necessary for each business location. This license is non-transferable and shall be valid until **owner requests cancellation** or revoked by the city license and tax division.

New Applicant **Location Change** **Information Update** **MM NO:** _____

- 1) Business Name: _____
 - A) Doing Business As: _____
- 2) Location of Business: _____
- 3) Mailing Address: _____
- 4) Business Phone No.: () _____ E-mail: _____
- 5) ****Brief explanation of services/ sales that will be conducted:** _____

- 6) AZ State Transaction Privilege License (Tax) No. (Please provide copy) _____
- 7) AZ State License/Dept. of Health Service _____
- 8) Date Business will begin: _____
- 9) City of San Luis Special Use Permit No. _____
Owner(s) Name: _____
- 10) Driver's License No. / ID _____
- 11) Type of Ownership-Proprietor/Partnership/Corporation
 - A) *Proprietorship – Owner name* _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
 - B) *Partnership – 1. Name* _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____

2. Name _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
 - C) *Corporation Name* _____
Corporation Address _____
Corp. Phone Number _____
President _____
Home Address _____
Vice President _____
Home Address _____

- 13) If Business was purchased, former owner/name _____
- 14) Will Business location also be used as a residence? _____
- 15) Other Business Locations: _____
- 16) Has remodeling work been done prior to this application? _____
Describe remodeling _____
- 17) How much parking is available for business? _____
Is parking area paved? Yes No *If an alley is used for access, is alley paved?* Yes No N/A
- 18) Is this property owned or leased by the business? _____
If leased, give property owner name _____

PLEASE PROCEED TO THE FOLLOWING DEPARTMENTS IN LISTED ORDER. This is necessary for all new businesses, new owners, location changes, and/or changes or additions to any type of business. Application can be processed internally with the time frame of 5-10 days.

- 1) DEPT. OF DEVELOPMENT SERVICES/PLANNING & ZONING DIVISION** – (1090 E. Union St., San Luis, AZ 85349)
 Change of use or establishment of a new use may require compliance with current parking, sign, landscaping or other development regulations. Please contact this office at (928) 341-8563, if you have any questions or need assistance with zoning requirements.

Use approved **Use approved w/conditions** **Use disapproved**

Signature of Department _____ Date: _____
 Comments/Requirements _____

- 2) BUILDING SAFETY** – (1090 E. Union St., San Luis, AZ 85349) (928) 341-8565

Signature of Department _____ Date: _____ Approved Disapproved
 Comments/Requirements _____

- 3) FIRE DEPARTMENT** – (1165 N McCain Avenue, San Luis, AZ 85349) (928) 341-8550

Signature of Department _____ Date: _____ Approved Disapproved
 Comments/Requirements _____

- 4) POLICE DEPARTMENT** – (1030 E. Union St, San Luis, AZ 85349) (928) 341-2420

Signature of Department _____ Date: _____ Approved Disapproved
 Comments/Requirements _____

I swear that all statements made in this application are true and complete the best of my knowledge. I understand that any false statements of material facts and failure to pay in a timely manner will be subject me to cancellation of license. I also agree to comply with all Federal, State, and City laws as pertains to this business. Applicant has read and understands the above comments, limitations, and/or requirements in connection to the issuance of the business license. The city will revoke business license for non-compliance to above and reserves the right to deny or revoke business license for above and stated and/or violations.

Name: _____ Signature: _____ Date: _____

In addition to any other application requirements, an applicant for any "medical marijuana dispensary" or "medical marijuana dispensary offsite cultivation location" conditional use permit shall provide the following:

- _____ 1) A notarized authorization executed by the property owner, acknowledging and consenting to the purposed use of the property as a medical marijuana dispensary or a medical marijuana dispensary offsite cultivation location, as applicable.
- _____ 2) The legal name of the medical marijuana dispensary or medical marijuana dispensary offsite cultivation location.
Name: _____
- _____ 3) If the application is for a medical marijuana dispensary offsite cultivation location, the name and location of the medical marijuana dispensary with which is associated.
Name: _____
Address: _____
- _____ 4) The name, address, and birth date of each officer and board member of the nonprofit medical marijuana dispensary.
(See attached Form)
- _____ 5) The name, address, birth date, and valid registry identification card number of each nonprofit medical marijuana dispensary agent.
(See attached Form)
- _____ 6) A copy of the operating procedures adopted in compliance with A.R.S. § 36-2804 (B) (1) (c).
- _____ 7) A notarized certification that none of the nonprofit medical marijuana dispensary officers or board members has been convicted of any of the following offenses:
 - _____ i. A violent crime as defined in A.R.S. § 13-901.03 (B) that was classified as a felony in the jurisdiction where the person was convicted.
 - _____ ii. A violation of state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted except an offense for which the sentence, including any term of probation, incarceration or supervised release, was completed ten or more years earlier or an offense involving conduct that would be immune from arrest, prosecution or penalty under A.R.S. § 36-2811 except that the conduct occurred before the effective date of that statute or was prosecuted by an authority other than the state of Arizona.
- _____ 8) A notarized certification that none of the nonprofit medical marijuana dispensary officers or board members has served as an officer or board member for a medical marijuana dispensary that has had its registration certificate revoked.
- _____ 9) A floor plan showing the location, dimensions and type of security measures demonstrating the medical marijuana dispensary or medical marijuana dispensary offsite cultivation location will be secured, enclosed, and locked as required by law.
- _____ 10) A scale drawing depicting the property lines and the separations from the nearest property boundary of the parcel containing the medical marijuana dispensary or medical marijuana dispensary offsite cultivation location the property boundary of the parcel containing any excising uses listed in paragraph E below. If any of the uses are located within 50 feet of the minimum separation, the drawing, showing actual surveyed separations, shall be prepared by a registered land surveyor.

Indicate distance from the following locations (from property line to property line):

Any other medical marijuana dispensary or medical marijuana dispensary offsite cultivation location (2,000 feet minimum requirement):

A residential substance abuse diagnostic and treatment facility or other residential drug or alcohol rehabilitation facility (2,000 feet minimum required):

A residential substance abuse diagnostic and treatment facility or other residential drug or alcohol rehabilitation facility (1,000 feet minimum required):

A childcare center (1,000 feet minimum required):

Church or religious institution (1,000 feet minimum required):

A public library or public park (1,000 feet minimum required):

1) The name, address, and birth date of each officer and board member of the nonprofit medical marijuana dispensary.

- a) Name: _____
Address: _____
DOB: _____

- b) Name: _____
Address: _____
DOB: _____

- c) Name: _____
Address: _____
DOB: _____

- d) Name: _____
Address: _____
DOB: _____

- e) Name: _____
Address: _____
DOB: _____

2) The name, address, birth date, and valid registry identification card number of each nonprofit medical marijuana dispensary agent.

- a) Name: _____
Address: _____
DOB: _____ Registry identification card number _____

- b) Name: _____
Address: _____
DOB: _____ Registry identification card number _____

- c) Name: _____
Address: _____
DOB: _____ Registry identification card number _____

- d) Name: _____
Address: _____
DOB: _____ Registry identification card number _____

- e) Name: _____
Address: _____
DOB: _____ Registry identification card number _____