



Ohio Medical Marijuana Control Program Dispensary Application

NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

To be Completed by Applicant		
Business Name of Applicant:		
Physical Address and Name of Proposed Medical Marijuana Dispensary:		
City:		County:
State: Ohio	Zip Code:	Phone Number:
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government		
<p>Moratorium (Required to check one box)</p> <p><input type="checkbox"/> The area of _____ HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.</p> <p><input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)</p>		
<p>Zoning (Required to check one box)</p> <p><input type="checkbox"/> The area of _____ HAS NO zoning in place at this time.</p> <p><input type="checkbox"/> The area of _____ HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.</p>		
Printed Name of Local Government Representative:		Title:
Signature:		Date: