



NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

This form must be signed by an individual with authority to sign on behalf of the local government or zoning office where the Applicant proposes to locate its dispensary. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question C-2.2 of the online Application.

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		
Moratorium (Required to check one box)		
<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.		
<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)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. <i>*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.</i>		
<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.		



STATE OF OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Permit (Required to check one box)	
<input type="checkbox"/> The Applicant has received local zoning approval and was issued a permit. *If Applicant checks this box, Applicant must attach the permit issued.	
<input type="checkbox"/> The Applicant has applied for local zoning approval, but was not yet issued a permit.	
<input type="checkbox"/> No zoning approval was applied for and no permit was received at this time.	
Printed Name of Local Government Representative:	Title:
Signature:	Date: