REVISED 03/20/13

ZONING VERIFICATION FORM
MARIJUANA BUSINESS LICENSE APPLICATION

YOU MUST OBTAIN AN APPROVED ZONING VERIFICATION FORM FOR THE PROPOSED LOCATION OF YOUR BUSINESS BEFORE PROCEEDING WITH THE APPLICATION PROCESS

A $100 FEE MUST ACCOMPANY THIS FORM.

PROPERTY

Street Address:_____ Lafayette, Colorado 80026

Lot Area (in Square Feet or Acres): _____ Existing Zoning: _____

Existing Use of Property: _____

PROPOSED USE

Trade Name of Establishment (d/b/a): _____

Description of proposed use: (include proposed use and summarize type of activity, as applicable):

_____

_____

Size of Business in square feet (attach floor plan, drawn to scale):_____

USE CATEGORY

☐ Retail Marijuana Cultivation
☐ Retail Marijuana Store
☐ Retail Products Manufacturer
☐ Dually Licensed Marijuana Cultivation
☐ Medical Marijuana Center Cultivation
☐ Medical Marijuana Center
☐ Medical Marijuana Products Manufacturer
☐ Dually Licensed Products Manufacturer
☐ Dually Licensed Medical Marijuana Center / Retail Store

MAP

Attach an area map, drawn to scale, indicating the footprint of the proposed medical marijuana or retail marijuana establishment, and indicating within a radius of 1,000 feet from the proposed footprint to the nearest property line or roadway rights-of-way boundary of the following land uses and roadways:

☐ Commercially licensed day care facility
☐ Licensed medical marijuana center or retail marijuana store
☐ Public or private school
☐ Hospital
☐ Public Road, north of South Boulder Road
☐ Residential subdivision, residentially zoned property or property with residential as the principal use
☐ East Simpson Street east of Public Road to 500-501 East Simpson Street
☐ 120th and 119th Streets north of Emma Street to US Hwy 7
☐ US Hwy 287 and US Hwy 7

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CONTACT INFORMATION
Name of Owner or Contact Person: _____
Business Mailing Address: _____
(if different from physical address)
Business Phone:_____ Business Email: _____

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and I understand that there may be additional reviews required to complete the planning process.

Signature: _____ Date: _____

STAFF USE ONLY

Application reviewed by: _____ Date: _____

Zoning District: _____ Use Category: _____

Previous Reviews: _____

☐ Approved
☐ Denied

Reason for denial:
_____
_____

Further Discretionary Review Required: _____