

REVISED 01/30/13

## ZONING VERIFICATION FORM MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION

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

## A \$100 FEE MUST ACCOMPANY THIS FORM.

The fee will be credited toward the cost associated with your license application, when you submit your completed Medical Marijuana Business Application.

PROPERTY	
Street Address:	Lafayette, Colorado 80026
Lot Area (in Square Feet or Acres):	Lafayette, Colorado 80026 Existing Zoning:
Existing Use of Property:	
PROPOSED USE	
Trade Name of Establishment (d/b/a):	
	use and summarize type of activity, as applicable):
	, drawn to scale):
USE CATEGORY	
□ Medical Marijuana Center □ Optional Pre	emise Cultivation   Infused Product Manufacturer
CONTACT INFORMATION	
Name of Owner or Contact Person:	
Business Mailing Address:	
(if different from physical address)	
Business Phone: Busi	ness Email:
filing the application I understand that there may process.	ted are true and correct to the best of my knowledge and that in be additional reviews required to complete the planning  Date:
ST	TAFF USE ONLY
	THE COL CIVILI
	Date:
	Use Category:
□ Approved	
□ Denied Reason:	
Further Discretionary Review Required:	



