



CITY OF OLIVE BRANCH MEDICAL CANNABIS ESTABLISHMENT APPLICATION CHECKLIST

Facility Type: _____
(Ex. Dispensary, Research, Testing, Cultivation or Processing)

- ___ 1. Legal name of business and physical address of business (No PO Box allowed).
- ___ 2. Proof of Mississippi Secretary of State Registration, if applicable (enclose organizational documents).
- ___ 3. Mississippi Sales Tax Permit Number (enclose copy of permit).
- ___ 4. Management Service Agreements, if applicable.
- ___ 5. Deed, Lease Agreement, or Contingent Agreement, authorizing use and occupancy of proposed medical cannabis establishment location.
- ___ 6. Land Survey by a Mississippi-licensed surveyor documenting that the main entrance of the proposed establishment is not within 1,000 feet of a school, church, or childcare facility's nearest property boundary line.
- ___ 7. Waiver of Minimum Distance Requirements* (childcare, school, church), if applicable.
- ___ 8. List of all parties with 10% or greater economic interest in the proposed establishment.
- ___ 9. Acknowledgement of Waiver and Authorization to Release Information for each member/party.*
- ___ 10. List of professional licenses held by each member/party and verification of good standing.
- ___ 11. Site Plan of proposed establishment premises, including interior layout, parking, utility services, trash receptacles, landscaping, and other matters as may be required by the City Planning Department.
- ___ 12. Operation plan as required by applicable MDOH/MDOR regulations.
- ___ 13. Security plan as required by applicable MDOH/MDOR regulations.
- ___ 14. First year non-refundable application/license fees of \$2,500.00. Renewal licenses will require payment of a \$1,000.00 non-refundable license fee at least 60 days in advance of the renewal date.
- ___ 15. Zoning Compliance letter from City of Olive Branch Planning Department
- ___ 16. Licensee Certification/Oath*
- ___ 17. Copies of all filing documents and information required for submission to MDOH/MDOR

*Required forms for items 7, 9, and 16 are attached.

**NOTE: All application materials must be submitted to the City Clerk in a three-ring binder with tabbed numbering that corresponds with the above list. The binder must indicate on the

cover and the spine the name, address, and telephone number of the Applicant. The Applicant must also provide a check or cashier's check for the non-refundable application/license fee at the time of submission. A returned or dishonored check shall be a valid reason for delay or denial of a license/permit.

***The City shall have 30 days from submission of the required binder to either approve or deny the application.

**** Medical Cannabis Permittees shall:

1. Be required to maintain a state/local privilege tax/business license.
2. Supplement the local application binder referenced above with any future submissions provided to or required by any state agency.
3. Be subject to the City's standard building and fire inspection processes consistent with other commercial or industrial enterprises.
4. Maintain compliance with all applicable local and state ordinances, statutes, rules, and regulations or risk the termination of any medical cannabis permit issued pursuant to this application.

FOR CLERK USE ONLY

DATE

_____ Complete application and payment received.

_____ Fire Department Approval

_____ Planning and Building Department Approval

_____ Final Approval by City Clerk

Application Denied: [reason for denial]
