

## City of Mesa Marijuana Facility Renewal Application

Facility Type (Check all that apply):

☐ Medical Marijuana Dispensary    ☐ Dual Licensee Facility    ☐ Cultivation Facility    ☐ Infusion Facility

### Facility Information

Non-profit Organization: \_\_\_\_\_

AZDHS Dispensary Registration Certificate number: \_\_\_\_\_ (provide copy)

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning District: ☐ LI    ☐ GI

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_ Applicant's E-Mail: \_\_\_\_\_

Property Owner (Print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ (property owner authorization is required)

***The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspected the site and surrounding properties for specific uses and verifies that the proposed site location meets the requirements of Section 11-31-34 of the MZO; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of registration, and removal of registered location from Mesa Map of Registered Marijuana Facilities.***

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date