

Project Name \_\_\_\_\_

Assessor's Parcel Number(s) \_\_\_\_\_ Existing Zoning \_\_\_\_\_

Business Address \_\_\_\_\_

Proposed square footage of medical marijuana establishment \_\_\_\_\_

Marijuana Establishment Category ☐ Dispensary ☐ Cultivation ☐ Manufacturing/infusion ☐ Laboratory

|                       |  |               |
|-----------------------|--|---------------|
| <b>PROPERTY OWNER</b> | Name _____                               | Company _____ |
|                       | Address _____                            | City _____    |
|                       | State _____ Zip _____ Phone (____) _____ | Email _____   |
| <b>APPLICANT</b>      | Name _____                               | Company _____ |
|                       | Address _____                            | City _____    |
|                       | State _____ Zip _____ Phone (____) _____ | Email _____   |
| <b>CONTACT PERSON</b> | Name _____                               | Company _____ |
|                       | Address _____                            | City _____    |
|                       | State _____ Zip _____ Phone (____) _____ | Email _____   |

Distance Separation Analysis results will be available within five working days. The subject analysis is valid for 120 days. This application does not guarantee approval of a Conditional Use Permit or a Privileged Business License for a marijuana establishment.

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

Print Name \_\_\_\_\_

| NOTARY   |  |
|--|--|
| State of _____ County of _____                     |  |
| The instrument was acknowledged before me by _____ |  |
| on _____   |  |
| Notary Public _____                                |  |

Owner's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

| NOTARY   |  |
|--|--|
| State of _____ County of _____                     |  |
| The instrument was acknowledged before me by _____ |  |
| on _____   |  |
| Notary Public _____                                |  |

| FOR OFFICE USE ONLY |       |
|---------------------|-------|
| CVTD#               | _____ |
| Accepted By         | _____ |
| Date                | _____ |

### SUBMITTAL PROCESS

Please email the completed application and required information to: [planner@cityofhenderson.com](mailto:planner@cityofhenderson.com)

- ☐ All files need to be legible and submitted in a PDF format. All PDF's must be fully compressed and flattened.
- ☐ We can accept up to 25 MB per email.
- ☐ If your files are larger than that, email us and we can send you a link to the City's FTP site to upload the files for submittal.

### CHECKLIST

The application cannot be accepted until the filing requirements below have been met.

- ☐ Copy of most recent assessor's parcel map. Click [here](#).
- ☐ Detailed and legible site plan with proposed Marijuana Establishment use designated.
- ☐ Building footprint with proposed Marijuana Establishment location clearly defined.
- ☐ Original signed and notarized application
- ☐ Complete signed and notarized disclaimer forms (each owner, operator, and board member must complete and submit at time of DSA application)