



Application for Medical Marijuana Zoning Certification

Dispensary or Infused Products Manufacturing Type 2 Post-Extraction Facilities

****SUBMITTING INSTRUCTIONS****

1. Pre-apply and pay Processing fees online at this [LINK](#)
2. Send complete application to: zoning@springfieldmo.gov

Case No.	
Date Filed	
Received By	
Receipt No.	

Fee Amount: \$108

I. APPLICANT/REPRESENTATIVE INFORMATION:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

PROPERTY OWNER INFORMATION:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Location of Proposed Medical Marijuana use: _____
Property Address Location

2. Type of Medical Marijuana Use: (Check all that apply)

- Medical Marijuana Dispensary
- Medical Marijuana Infused Products Manufacturing Type 2 Post-Extraction Facility (A facility which uses marijuana extractions to incorporate into edibles, ointments, etc., and does not use combustible gases, CO₂ or other hazardous substances).

3. Type of facility to be used: (Check one)

- Freestanding facility
- Facility that is part of a larger structure

4. Medical Marijuana Distance Requirements:

In the case of a freestanding facility, the distance between the facility and the school, daycare, or church shall be measured from the external wall of the facility structure closest in proximity to the school, daycare, or church to the closest point of the property line of the school, daycare, or church. If the school, daycare, or church is part of a larger structure, such as an office building or strip mall, the distance shall be measured to the entrance or exit of the school, daycare, or church closest in proximity to the facility.

In the case of a facility that is part of a larger structure, such as an office building or strip mall, the distance between the facility and the school, daycare, or church shall be measured from the property line of the school, daycare, or church to the facility's entrance or exit closest in proximity to the school, daycare, or church. If the school, daycare, or church is part of a larger structure, such as an office building or strip mall, the distance shall be measured to the entrance or exit of the school, daycare, or church closest in proximity to the facility.

Measurements shall be made along the shortest path between the demarcation points that can be lawfully traveled by foot.

(Per 19CSR30-95.040)



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4 (a) 1000 Foot Separation (1100 feet assessment area) for Elementary or Secondary Schools

No facility shall be located within one thousand (1,000) feet of a then-existing elementary or secondary school as prescribed and subject to all other requirements in section 36-474., medical marijuana facilities.

For purposes of this subsection an “elementary or secondary school” means any public school, as defined Section 160.011 RSMo., or a private school giving instruction in a grade or grades not higher than the twelfth grade but does not include any private school in which education is primarily conducted in private homes.

Please indicate in the blanks provided the type of use, distance and exact address of any of the above listed uses which are within **1,100** feet of the proposed medical marijuana facility/property:

Use: _____

Distance: _____ Address: _____

Staff Confirmation: Complies with separation Does not comply with separation

Use: _____

Distance: _____ Address: _____

Staff Confirmation: Complies with separation Does not comply with separation

4 (b) 200 Foot Separation (300 feet assessment area) for Child Day Care Centers or Churches

No facility shall be located within two hundred (200) feet of a then-existing child care center or church and as prescribed and subject to all other requirements in section 36-474., medical marijuana facilities.

For purposes of this subsection, a “child day care center” means a child-care facility, as defined by Section 210.201 RSMo., that is licensed by the state of Missouri.

For purposes of this subsection a “church” means a permanent building regularly used as a place of religious worship.

Please indicate in the blanks provided the type of use, distance and exact address of any of the above listed uses which are within **300** feet of the proposed medical marijuana facility/property:

Use: _____

Distance: _____ Address: _____

Staff Confirmation: Complies with separation Does not comply with separation

Use: _____

Distance: _____ Address: _____

Staff Confirmation: Complies with separation Does not comply with separation

Use: _____

Distance: _____ Address: _____

Staff Confirmation: Complies with separation Does not comply with separation



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OWNER/APPLICANT ACKNOWLEDGEMENT OF RESPONSIBILITIES:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I agree that if this request is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations.

Signature of Property Owner Date

Signature of Applicant Date

Applicants who are not the property owner of record are required to have the application co-signed by the property owner and provide a signed statement by the property owner authorizing the submittal of the application on their behalf by the applicant.

FOR OFFICE USE ONLY

The property at _____ is zoned _____ and the proposed Medical Marijuana Dispensary/Medical Marijuana Infused Products Manufacturing Type 2 Post-Extraction facility is a permitted use in this zoning district. Applicant's information has been checked and verified and appears to meet all spacing requirements of the City Code.

Conditional Overlay District#: _____

Landmarks District: Yes ___ No ___

Urban Conservation District#: _____

Live/Work Overlay District: Yes ___ No ___

University Combining District: Yes ___ No ___

Conditional Use Permit#: _____

Airport Overlay District#: _____

Pending zoning applications: Yes ___ No ___

If Yes, Case #: _____

*THIS CERTIFICATE DOES NOT SIGNIFY BUILDING CODE REVIEW OR APPROVAL NOR SUBDIVISION REVIEW OR APPROVAL AND IS NOT AN AUTHORIZATION TO UNDERTAKE ANY WORK WITHOUT SUCH REVIEW AND APPROVAL WHERE EITHER IS REQUIRED.

THE INFORMATION PROVIDED BY THE CITY IS BASED ON PUBLIC RECORDS AND SURVEY OF THE AREA MADE BY CITY STAFF. THE CITY PROVIDES THIS INFORMATION TO ASSIST THE APPLICANT WITH COMPLIANCE WITH ARTICLE XIV OF THE MISSOURI CONSTITUTION AND THE PROVISIONS OF 19 CSR 30-94.010 ET. SEQ., IT IS THE CITY'S POSITION THAT THE APPLICANT BEARS THE FINAL RESPONSIBILITY TO COMPLY WITH 19 CSR 30-94.010 ET. SEQ. GENERALLY AND 30-95.040(2)(F)3.

THE CITY MAKES NO REPRESENTATION OR WARRANTY AS TO THE COMPLETENESS OF THIS INFORMATION. INFORMATION PROVIDED REGARDING CHILD DAYCARE CENTERS IS BASED ONLY UPON THOSE THAT HAVE BEEN LICENSED WITH THE CITY OR STATE OR WHICH HAVE OTHERWISE BEEN IDENTIFIED THROUGH PUBLIC DATABASES. THIS CITY'S VISUAL SURVEY OF THE AREA IS DONE TO ASSIST THE APPLICANT BUT SHOULD NOT BE TAKEN AS ASSURANCE NO CHURCHES OR OTHER QUALIFIED PROTECTED USES ARE PRESENT WITHIN THE BUFFER ZONE



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BEFORE ANY STRUCTURE TO WHICH THIS CERTIFICATE IS APPLICABLE MAY BE OCCUPIED OR USED FOR ANY PURPOSE, A CERTIFICATE OF OCCUPANCY MUST BE OBTAINED. SEE SECTION 36-333 OF ZONING ORDINANCE OF THE CITY OF SPRINGFIELD FOR DETAILS.

Director of Planning and Development or Representative

Date

Medical Marijuana Zoning Certification Letter Information

OVERVIEW

HELPFUL HINTS

- Use the application form provided.
- Make sure the property is located in the City of Springfield city limits prior to requesting a letter.
- Make sure to include payment with your submittal.

Submit to:

City of Springfield
Planning & Development Dept.
840 Boonville Avenue
Springfield, MO 65802

What is a Medical Marijuana Zoning Certification Letter?

A Medical Marijuana zoning certification letter is a document provided by the City to verify the current zoning of a proposed Medical Marijuana use site along with an indication of whether the current use is permitted and meets the requirements of the City of Springfield Medical Marijuana Ordinance.

What type of information is provided in a Medical Marijuana Zoning Certification Letter?

The zoning certification letter will determine:

- Whether the proposed Medical Marijuana use complies with all applicable City of Springfield zoning regulations.

The Medical Marijuana Zoning Certification letter is provided in a standard format approved by the City of Springfield.

How do I obtain a Medical Marijuana Zoning Certification Letter?

Complete the application above and submit with the required application fee of \$108.