



Fee: \$25.00

APPLICATION FOR A MEDICAL MARIJUANA FACILITY

PLACE HOLDER APPLICATION

ALL APPLICABLE SECTIONS OF THIS APPLICATION MUST BE COMPLETE AND THE INFORMATION CONTAINED HEREIN MUST BE CONSISTENT WITH ALL MATERIALS, PLANS AND DRAWINGS SUBMITTED

Date: _____

Now comes _____, the Applicant, and states to the City Council
Full Name of Party with Legal Interest

that they have the following legal interest in the tract of land, located in the City of Hazelwood, State of Missouri, as described below:

Owner Lessee Other – Specify: _____

Site Information

Site Address: _____

Ward Number: _____ Locator Number: _____ Zoning: _____

Acreage: _____ Present Use: _____

Existing Gross Square Footage of Building(s): _____ Proposed Gross Square Footage of Building(s): _____

Required Parking Spaces: _____ Proposed Parking Spaces: _____

Parties in Interest

Applicant's Agent Name/Title (Corp., Officer, Partner, etc.): _____

Address: _____

Phone Number: _____ Email Address: _____

Representative Name/Title (Architect, Engineer, Attorney, etc.): _____

Company Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Request

The applicant hereby requests to operate a Medical Marijuana Facility as _____
and describes the proposed method, operation and type of facility of the use as follows:

The applicant states that the use will comply with all City zoning requirements.

