



LEE'S SUMMIT MISSOURI

Medical Marijuana Zoning Approval

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant Email: _____

Site Address: _____

Site Zone: _____

1. What use is the requested use? Check all that apply:

- Dispensary
- Cultivation
- Extraction
- Testing
- Transportation

2. Is the requested use allowed in the zone of the subject property?

- Yes
- No

3. Is the proposed medical marijuana use located in a building with a residence?

- Yes
- No

4. Has the applicant provided a survey demonstrating compliance with the buffer requirements?

- Yes
- No

Staff Signature/Date	Applicant Signature/Date