



ARIZONA DEPARTMENT OF HEALTH SERVICES MEDICAL MARIJUANA PROGRAM

DOCUMENTATION OF COMPLIANCE WITH LOCAL JURISDICTION ZONING

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE LOCAL JURISDICTION
IN WHICH THE PROPOSED DISPENSARY IS LOCATED.

Name of Individual or Entity Applying for a Dispensary Registration Certificate:			
Physical Address of Proposed Dispensary:			
City:	County:	State:	Zip Code:
Legal Description of the Property:			
Name of Local Jurisdiction:			

☐ There are no local zoning restrictions for a proposed dispensary at the above location.

OR

☐ The location of the proposed dispensary is in compliance with local zoning restrictions related to where a dispensary may be located.

TITLE OF THE AUTHORIZED REPRESENTATIVE OF THE LOCAL JURISDICTION

PRINTED NAME

TELEPHONE NUMBER

SIGNATURE

DATE SIGNED