



SPECIAL MARIJUANA BUSINESS LICENSE

(DUE January 15th Annually; Use Approved Copy For Public Display)

Business Name _____
 Business Address (Physical) _____
 Business Address (Mailing) _____
 Owner Name _____ Owner Phone # _____
 Owner Address (Mailing) _____
 Owner Email Address _____
 Facility Manager Name _____ Phone # _____

Type of Marijuana Business: ___ Adult Use Dispensary ___ Marijuana Manufacturing

- 1) Is this application for a 'same location' renewal OR a new license? _____
- 2) Has this business changed locations within the past calendar year? _____
- 3) Has the business received an affirmative Zoning Conformance letter from City of Polson? (Attach copy)
- 4) Has the business received an approved Change of Use permit from the City of Polson? (Attach Copy)
- 5) Has the business received all required licenses from the State of Montana? (Attach copies)
- 6) Has the business owner, facility manager, and all staff reviewed the City of Polson municipal code with regard to regulations related to the sale and manufacturing of Marijuana? _____
- 7) Has \$1500.00 application fee been submitted with this application? _____
- 8) Was a marijuana business in operation at this location prior to January 20, 2022? _____
 (if so, the current business operating at this location is exempt from distance requirements)

Business owner, by signature below, certifies that the physical location from which the marijuana business is to be operated meets all the following distance requirements AND they have provided documentation of the same prepared by a survey, engineering, or mapping professional.

- 300 linear feet from property zoned residential
- 500 linear feet from a church, synagogue, or place of worship
- 500 linear feet from any building, facility, or park owned by the City of Polson;
- 500 linear feet from another marijuana business;
- 1,000 linear feet from a public or private school which provide instruction in the class range from kindergarten to 12th grade and which are either subject to MCA 20-5-402 or are listed as a kindergarten provider by the Lake County Superintendent of Schools
- 1,000 linear feet from a private daycare facility registered with the State of Montana.

As the owner/applicant for a Special Marijuana Business License from the City of Polson, I acknowledge and understand that dishonest or incorrect statements on this application, OR failure to comply with the Polson Municipal Code, Montana Code Annotated, or United States Code, may result in the suspension or revocation of a Special Marijuana Business License. Further, compliance with Polson Municipal Code for the purpose of this license does not shield any person, corporation, or other legal entity from the requirements of, or enforcement by, other governing entities, or from civil liabilities.

_____ Business Owner Signature Date _____

STAFF USE ONLY: \$1500 Fee Received by _____ Date _____ ; Required Distance Documentation received by _____ Date _____ ; Permit # _____ - 2022 issued on _____. City Manager _____
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