



**Zoning Administration
Medical Cannabis
Facilities
Zoning Letter Application**

For Staff Use Only

Name of Applicant:	Application Number:
Zoning District:	Date Application Received:
For purposes of this application, the date received is the date the Zoning Administration staff receives the signed zoning letter application, whether by electronic mail or in-person.	

Letters will only be processed for and provided to Applicants who certify below that they are an applicant for licensure from the Alabama Medical Cannabis Commission.

Instructions

- As a courtesy, and upon completion of this written application, Zoning Administration will provide to the below applicant (“Applicant”) a zoning letter confirming whether, or the extent to which, the proposed medical cannabis facility meets the applicable provisions of Article 77 of the Zoning Ordinance of the City of Huntsville (“Zoning Ordinance), concerning medical cannabis facilities, as of the date the zoning letter is issued. To the extent early applications are allowed to be submitted prior to the effective date of Article 77, submissions are subject to the adoption of Article 77, and zoning letters will not be issued until the effective date of Article 77.
- The letter will **not** address the following:
 - Whether, or the extent to which, buildings or structures yet to be constructed meet applicable provisions of the Zoning Ordinance related to density, PVA lighting and landscaping, and other requirements that can only be processed in conjunction with an application for a building permit
 - Signage related to the proposed use
- A copy of the medical cannabis zoning regulations will be provided upon request or may be accessed at the following site: <https://www.huntsvilleal.gov/city-of-huntsville-considers-medical-cannabis-program/>
- This form is provided to you in Word format for ease of completion. Please complete this form in full. A separate application form shall be required for each medical cannabis facility.
- If you have any questions about the medical cannabis regulations or this application, you may contact Zoning Administration at 256-564-8008.
- Submissions may be made using one of the following methods:
 - In-person delivery to the Office of Zoning Administration, 308 Fountain Circle, Second Floor, Huntsville, AL; or
 - Via electronic mail to: travis.cummings@huntsvilleal.com with a copy to each of the following:
jon.johnson@huntsvilleal.gov
courtney.edwards@huntsvilleal.gov
robert.baudendistel@huntsvilleal.gov

Applicant Information

Applicant’s Full Name (**zoning letter to be issued in the name of**):

Applicant is a/an (check which applies):

Individual or Sole Proprietor: General Partnership: Limited Partnership: Limited Liability Company:

Corporation: Other: (please explain):

Applicant's Address:

Applicant's E-mail Address (**zoning letter will only be sent to this address**):

Applicant's Contact Person (must be an individual):

Applicant's Contact Address:

Applicant's Contact Phone Number:

Applicant's Contact E-mail Address:

Medical Cannabis Facility Information

What type of medical cannabis facility is this application for? Check the type of medical cannabis facility.

Cultivator: Dispensary: Processor: Secure Transporter: State Testing Laboratory:

Integrated Facility (Dispensing Site Only): Integrated Facility (Cultivator, Processor & Secure Transporter):

Premises Information

(Premises means a structure, whether stand-alone or within a multi-use structure, strip mall or other such retail facility, housing a medical cannabis facility, all portions of the real property where a medical cannabis facility operates, including but not limited to the parking lot and any peripheral space outside the structure housing the facility.)

Medical Cannabis Facility Premises Address (include suite or unit numbers where applicable):

Property Owner(s) Name:

County or Counties where Premises is Located:

PIN Number of the Premises:

Parcel Number of the Premises:

Medical Cannabis Facility Information

Check which applies:

Facility is in a stand-alone building:

Facility is in a multi-use structure (e.g. a strip mall):

State the actual number of available parking spaces (this must be the actual number of parking spaces available for use by the facility):

Are there any limitations on the use of the parking spaces? Yes: No: If the answer is yes, then please explain:

In the case of a multi-use structure, will the parking spaces be shared with any other occupants of the building?

Yes: No: If the answer is yes, then please explain:

Please state:

Gross Floor Area of Facility:

Estimated Number of Employees:

Ancillary Dispensing Site Facilities

Ancillary dispensing site facilities mean facilities that are ancillary to the operation of a dispensing site that is owned or leased and operated by a dispensary or an integrated facility, such as a business office and warehouse, where no medical cannabis products are offered for sale at such facilities. The term does not include those aspects of an integrated facility related to its activities as a cultivator, processor, or secure transporter.

Ancillary dispensing site facilities shall be allowed in the zoning districts where the particular type of use is generally allowed. For example, if the ancillary dispensing site facility is a warehouse, then the warehouse shall be allowed in the zoning district where warehouses are generally allowed, subject to applicable regulations.

Does this application include an ancillary dispensing site facility or facilities? Yes: No:

If the answer is yes, then please complete the information below for each such facility.

Site #1

Ancillary Dispensing Site Facility Premises Address (include suite or unit numbers where applicable):

Property Owner(s) Name:

County or Counties where Premises is Located:

PIN Number of the Premises:

Parcel Number of the Premises:

Site #2 (if applicable)

Ancillary Dispensing Site Facility Premises Address (include suite or unit numbers where applicable):

Property Owner(s) Name:

County or Counties where Premises is Located:

PIN Number of the Premises:

Parcel Number of the Premises:

Ancillary Dispensing Site Facilities Information
(please complete if application includes ancillary dispensing site facilities)

Site #1

Type of Facility (e.g. office, warehouse, etc.):

Will there be any retail sales on-site? Yes: No:

Check which applies:

Facilities are in a stand-alone building:

Facilities are in a multi-use structure (e.g. a strip mall):

State the number of available parking spaces (this must be the number of parking spaces available for use by the facilities):

Are there any limitations on the use of the parking spaces? Yes: No: If the answer is yes, then please explain:

In the case of a multi-use structure, will the parking spaces be shared with any other occupants of the building?

Yes: No: If the answer is yes, then please explain:

Please State:

Gross Floor Area of Facilities:

Estimated Number of Employees:

Site #2 (if applicable)

Type of Facility (e.g. office, warehouse, etc.):

Will there be any retail sales on-site? Yes: No:

Check which applies:

Facilities are in a stand-alone building:

Facilities are in a multi-use structure (e.g. a strip mall):

State the number of available parking spaces (this must be the number of parking spaces available for use by the facilities):

Are there any limitations on the use of the parking spaces? Yes: No: If the answer is yes, then please explain:

In the case of a multi-use structure, will the parking spaces be shared with any other occupants of the building?

Yes: No: If the answer is yes, then please explain:

Please State:

Gross Floor Area of Facilities:

Estimated Number of Employees:

Submittal Requirement Check List

In addition to this Application form, please submit the submittal requirements set forth below on the Submittal Requirement Check List. Zoning Administration staff shall have the authority to request additional information as may be required.

If the application includes an ancillary dispensing site facility or facilities, then please include submittals for that facility or those facilities, as the case may be.

Required Submittals:	Provided	Not Provided	Not Applicable
1. Recorded instrument(s) evidencing a current leasehold estate, fee estate, option to purchase, or real estate sales contract for the Applicant in the Premises (<i>mandatory submittal for Dispensaries and Integrated Facilities (Dispensing Site Only)</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. An aerial photograph of the Premises, including clearly identified site boundaries	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory
3. With regard to the medical cannabis facilities that are allowed in a Heavy Industry District under Section 77.3.2, subsection (6) of that section requires a buffer of screen planting for those facilities that abut a residential use. A buffer of screen planting is a strip of land not less than 15 feet wide that contains prescribed landscaping. For the full definition please refer to Article 3, Section 3.1 of the Zoning Ordinance. If the Applicant's facilities will require a buffer of screen planting, then the site plan of the Premises required in item number 4 below will need to include the buffer of screen planting area, but not the required plant materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A site plan of the Premises with the location of all existing buildings and structures, the location of the Premises, parking area for the Premises, lot lines or boundaries, loading areas, and the buffer of screen planting area if applicable	<input type="checkbox"/>	<input type="checkbox"/>	Mandatory
5. Any additional information that may be needed to demonstrate compliance with applicable regulations of the Zoning Ordinance. Please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature

Instruction for signing Application: Only an individual who is the Applicant or who is an Applicant's duly authorized agent, attorney, officer, or partner may sign this Application.

I, the undersigned, hereby agree, certify, attest and/or acknowledge as Applicant or on behalf of the Applicant that: (1) I am duly authorized to execute and submit this Application; (2) I have read this Application; (3) All information and documents provided are true and correct; and (4) The Applicant is an applicant for medical cannabis facility licensure from the Alabama Medical Cannabis Commission. I understand that the zoning letter will be issued in reliance on the foregoing statements.

Signature of Applicant (if signing on behalf of Applicant, please state in what capacity):

Signature: _____

Type name of person signing:

State capacity of person signing (if applicable):

Date:

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