



# Osceola County

## Medical Marijuana Dispensary Application

Osceola County Board of County Commissioners  
 Community Development Department  
 1 Courthouse Square, Suite 1400  
 Kissimmee, FL 34741  
 Phone: (407) 742-0200 ~ Fax: (407) 742-0205

Application No: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 DRC Meeting: \_\_\_\_\_  
 PC Meeting: \_\_\_\_\_  
 BCC Meeting: \_\_\_\_\_

**Required Documents**

- Business Tax Receipt (BTR)
- Business License with the State of Florida
- Florida Department of Health Approval for Operation
- Site Plan
- Area Location Map
- Individual Identification/ Entity Proof of Registration/ Agent Authorization Affidavit
- Business Narrative
- Application Fee  
\$10,000.00

**Applicant/Operator**

Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Agent/Contact (if other than Applicant)**

Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Licenses**

BTR #: \_\_\_\_\_  
 State License #: \_\_\_\_\_

**Proposed Location**

Site Address: \_\_\_\_\_  
 Parcel ID(s): \_\_\_\_\_  
 Total Acreage: \_\_\_\_\_  
 General Location: \_\_\_\_\_

**Certification**

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:

( ) **Individual/Natural Person (not an Entity):** If the Applicant is an individual, clear copy of government issued identification including name, address and photograph of the individual should be included with application; if other than the Applicant signs the application, application shall include a notarized authorization for the Agent to represent the individual for the application and process.

( ) **Entity (not a natural person):** If the Applicant is a business entity, information regarding the entity, including without limitation the name and address of the entity, its legal status and proof of registration with, or a certificate of good standing from, the Florida Secretary of State, as applicable, shall be included with application; Applicant shall include a list with the application of all persons who are the managers, officers, directors, contractual agents, partners, and licensors of such entity, as well as all members, shareholders, or Investors holding an ownership interest of 10% or more of such entity. If other than the President or General Partner of the entity signs the application, application shall include a notarized authorization for the Agent to represent the entity for the application and review process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Signer

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_