



# CITY OF PORT ST. LUCIE

BUSINESS TAX DIVISION  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida 34984

**\*SUPPLEMENTAL APPLICATION  
FOR MEDICAL MARIJUANA DISPENSING FACILITY**  
*(Please note that a review of this form is not the FINAL STEP for your business. Please contact the Business Tax Division for a business tax receipt.)*

**A. Applicant Contact Information**

Applicant's Name: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Proposed Location of the Medical Marijuana Dispensing Facility**

Medical Marijuana Dispensing Facility Name: \_\_\_\_\_  
Medical Marijuana Dispensing Facility Parcel ID Number: \_\_\_\_\_  
Medical Marijuana Dispensing Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Medical Marijuana Dispensing Facility's Hours of Operation: \_\_\_\_\_

**C. Property Owner's Contact Information**  
*If the Applicant and the property owner are not the same person, this application must be jointly submitted.*

Property Owner's Name: \_\_\_\_\_  
Property Owner's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

*\*A City of Port St Lucie Local Business Tax Receipt (formerly known as Occupational License) is required for any person maintaining a permanent business location or branch office within the city limits for the privilege of engaging in or managing any business, profession, or occupation within the city's jurisdiction. Please contact the Business Tax Division at 772-344-4356 to obtain a business tax receipt.*

**D. Required Information**

*The following items are required to be submitted with this application. Failure to do so will result in a denial.*

Yes  No  I have enclosed a detailed and documented Security Plan that evidences that the Medical Marijuana Dispensing Facility complies with Florida Statute Section 381.986 and Section 120.02(A)(1)(b) of the City of Port St. Lucie’s Code of Ordinances.

Yes  No  I have enclosed a detailed and documented plan which addresses traffic management and loitering controls in accordance with Section 120.02(A)(2) of the City of Port St. Lucie Code of Ordinances.

Yes  No  I have enclosed a signed and sealed survey verifying the dispensing facility is not located within a five hundred (500) foot radius of an existing public or private preschool, elementary school, middle school, or high school. The distances specified shall be determined by the horizontal distance measured in a straight line from the closest property line to the closest property line of the lot on which the dispensing facility is located, without regard to intervening structures, as specified under Section 120.03 (A) of the City of Port St. Lucie Code of Ordinances.

**E. Applicant’s Certifications**

\_\_\_\_\_  
*Initials* I certify that the Medical Marijuana Dispensing Facility complies with all applicable city code of ordinances, state laws, regulations and licensure requirements.

\_\_\_\_\_  
*Initials* I certify that I shall notify the Business Tax Division within five (5) business days of receipt of any notice of violation or warning from the state or of any changes to the Medical Marijuana Dispensing Facility’s state licensing approvals.

\_\_\_\_\_  
*Initials* I certify that if my Medical Marijuana Dispensing Facility receives a notice of violation or warning from the state it shall, no later than twenty (20) business days after receipt of the notice, I shall provide the City with a copy of the corrective action plan and timeframes and completion date to address the identified issues.

\_\_\_\_\_  
*Initials* I certify that there shall be no on-site consumption of Medical Marijuana.

\_\_\_\_\_  
*Initials* I certify that there shall be no on-site sale of alcoholic beverages.

I, \_\_\_\_\_, being duly sworn affirm that I certify that the above information is correct and that I have read and understand the requirements of the City of Port St. Lucie Code of Ordinances and affirm that the proposed subject to this application complies with those requirements.

Applicant Name: \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
by \_\_\_\_\_ who is personally known to me or who has produced  
(Name)  
\_\_\_\_\_ as identification and who did take an oath.  
(Type of Identification)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type, Print or Stamp Name

\_\_\_\_\_  
Serial Number

I, \_\_\_\_\_, being duly sworn affirm that I certify that the above information is correct and that I have read and understand the requirements of the City of Port St. Lucie Code of Ordinances and affirm that the proposed subject to this application complies with those requirements.

Property Owner's Name: \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_,  
by \_\_\_\_\_ who is personally known to me or who has produced  
(Name)  
\_\_\_\_\_ as identification and who did take an oath.  
(Type of Identification)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type, Print or Stamp Name

\_\_\_\_\_  
Serial Number

**OFFICE USE ONLY**

\_\_\_\_\_  
(Reviewer's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Date

Approved

Denied