

## Application for a Change in Location of a Medical Cannabis Organization

Sixty (60) days prior to the expected change in location, a Medical Cannabis Organization will need to submit this application for approval and the applicable fee of \$250, payable to WV DHHR, to the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Medical Cannabis, 350 Capitol Street, Room 523, Charleston, WV 25301.

Medical Cannabis Organization Name:			
Principal Business Address:	Number/Street	State	Zip code
Name of Entity Owner(s):			FEIN/TIN#
Current Address:	Number/Street	State	Zip code
Name of Authorized Agent:		Title:	Phone Number:
Type of Medical Cannabis Organization:			
<input type="checkbox"/> Grower <input type="checkbox"/> Processor <input type="checkbox"/> Dispensary			

Provide the reason for the change in location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide the proposed location information:  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location GPS Coordinates: +Latitude: \_\_\_\_\_ -Longitude: \_\_\_\_\_  
 Address/Location of nearest School/Daycare(s): \_\_\_\_\_  
(\*add additional pages if necessary)

Items to include with application for change in location:

- Proof of insurance for the new location
- Written statement from the County Commission that the business has not been disallowed within the boundaries of that county
- Evidence of clear legal title to or option to purchase the proposed site or facility; fully-executed copy of the application unexpired lease for the proposed site/facility that includes consent of the property owner to use for such purposes by the applicant, for at a minimum the term of the permit; or other evidence satisfactory to the Bureau that shows the applicant has the authority to use the proposed site/facility for such purposes
- Evidence that proposed site meets county zoning requirements
- Updated Plan of Operation
- Updated Floor Plan that includes applicable storage, security, and sanitary design specifications
- Updated Security Plan

Submitted by Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
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Reviewed by: \_\_\_\_\_  
 Approved                       Denied

Reason if denied: \_\_\_\_\_  
 \_\_\_\_\_

Approver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_