



Medical Cannabis Organization Facility Modification Application

§64-109-14. Application for approval of alteration of a facility.

14.1. Except as provided in subsection 14.2, after the issuance of a permit, a medical cannabis organization may not make a physical change, alteration, or modification of the facility that materially or substantially alters the facility or its usage as described in the plot plans originally approved by the bureau.

14.2. A medical cannabis organization wishing to make any of the following alterations to the facility for which its permit was issued must submit an application for approval of alteration of a facility to the bureau together with the fee required.

***The fee of \$250 must be paid by certified check or money order, payable to WV Department of Health, and submitted to the WV Office of Medical Cannabis, 350 Capitol Street, Room 523, Charleston, WV 25301.*

Medical Cannabis Organization Name:		Permit #:	
Facility Address:	Number/Street:	State:	Zip Code:
Name of Entity Owner(s):		FEIN/TIN#:	
Current Mailing 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			

**You must attach renovation plans and specifications for the interior and/or exterior of the facility to be altered.*

Type of modification:

- Increase in total square footage of the facility.
- Decrease in total square footage of facility.
- Sealing off, creation of, or relocation of a common entryway, doorway, passage, or other means of public ingress or egress when the common entryway, doorway, or passage alters or changes limited access areas.
- Additional electric fixtures or lighting equipment.
- Lowering of ceiling.
- Electrical modifications that require inspection by state or local government entities.

Other: (Specify) _____

Submitted by Signature: _____

Title: _____ Date: _____

Reviewed by: _____

- Approved Denied

Reason if denied: _____

Approver's Signature: _____ Date: _____