ORANGE COUNTY ZONING DIVISION
201 South Rosalind Avenue, 1st Floor, Orlando, Florida 32801
Phone: (407) 836-3111 Email: Zoning@ocfl.net
www.orangecountyfl.net

Application –Medical Marijuana Treatment Center (MMTC) Facility

The Zoning Manager reserves the right to determine whether this application is complete and accurate. An incomplete Medical Marijuana Treatment Center (MMTC) Application will not be processed and will be returned to the applicant. The processing time may take up to thirty (30) days. If granted, Zoning Division approval is valid for six (6) months.

Section A - General Information (to be completed by applicant/property owner):

Name of Establishment:_____

Address of Establishment: _____City: _____State: _____Zip:_____

Parcel ID# (Click here for Parcel Information):_____

Applicant Name:_____

Phone Number: _____ Email Address:_____

Property Owner: _____

Section B - Please check the appropriate box or boxes of the license for which you are applying:

- ☐ Cultivating
- ☐ Processing
- ☐ Dispensing

Has the MMTC under which this facility will operate received approval from the Florida Department of Health as an MMTC? If the answer is No, STOP HERE, the facility does not qualify for approval under state statute.

Yes___ No ____

Section C - Orange County Zoning Code Requirements and State Requirements:

Chapter 38, Sections 38-1, 38-77, 38-79, and 38-80 of the Orange County Code of Ordinances contain the requirements for the cultivating, processing, and dispensing of medical marijuana; including distance separation requirements from public and private schools (K-12).

Permitted Orange County Zoning Districts per Use:

Cultivating – A-1, A-2

Processing – I-2/I-3, I-4

Dispensing – C-1, C-2, C-3, I-1/I-5, I-2/I-3, I-4, U-V, NC, NAC

The State requirements for Medical Marijuana fall under Florida Statute §381.986.

Section D – Submittal Requirements:

- ☐ Orange County Application and Fee (Fee Directory)
- ☐ Property Appraiser Map (Identify the Subject Property) https://www.ocpafl.org/searches/ParcelSearch.aspx
- ☐ State of Florida Department of Health approvals

FOR OFFICE USE ONLY

ZDM Number: _____ Date: _____

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MEDICAL MARIJUANA TREATMENT CENTER FACILITY PROOF OF SEPARATION AFFIDAVIT

This notice is to certify that, _____ (applicant) whose physical address is _____(subject property), and the Parcel ID# is _____, meets all of the Medical Marijuana Treatment Center requirements as set forth in the Orange County Code of Ordinances for the purposes of obtaining zoning approval, including, but not limited to the distance separation requirement from schools.

1) The nearest school is _____ **feet** (circle one) (North, South, East, West) from the subject property. **Minimum distance separation is 500 feet measured from the subject property to the closest school property line.**
   a. Name of school: _____
   b. Address of school: _____

Affirmation: I, _____ (applicant), have read and understand the Orange County Code requirements. I have conducted my own measurements and due diligence and I hereby certify that this application complies with the code requirements, including, but not limited to, the distance separation requirements from all schools. I further understand that if a license is issued, and it is thereafter determined that I do not comply with the aforementioned requirements, Orange County has the authority to rescind Zoning Division approval.

Applicant Signature: _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, as an individual/officer/agent, on behalf of himself/herself or on behalf of _____, a corporation/partnership/limited liability company. He/she is personally known to me or has produced _____as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ___ day of _____, 20____.

_____
Notary Public

(Notary Seal)

My Commission Expires: _____