



SOLDOTNA

Application for Marijuana Establishment Zoning Permit

City of Soldotna
Economic Development + Planning
177 N. Birch Street
Soldotna, AK 99669
907-262-9107
www.soldotna.org
planning@soldotna.org

OWNER/APPLICANT

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email: _____

BUSINESS AND MARIJUANA LICENSE INFORMATION

Business Name: _____

Business License #: _____

Have you initiated a State of Alaska Marijuana License Application (check one)? Yes No

If yes, please provide your license number and indicate which step of the application process you are currently at (check one box below):

License #: _____

Step of initiated application:

<input type="checkbox"/> Supplemental Forms	<input type="checkbox"/> AMCO Completeness Review	<input type="checkbox"/> 60 Day Local Government Review
<input type="checkbox"/> Approved/Awaiting Premises Inspection	<input type="checkbox"/> Approved/Awaiting License Delivery	<input type="checkbox"/> Complete/Already Have License

Type of Marijuana Establishment (check all that apply):

<input type="checkbox"/> Retail store	<input type="checkbox"/> Testing facility	<input type="checkbox"/> Manufacturing facility	<input type="checkbox"/> Cultivation facility
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Site Physical Address: _____ Parcel ID#: _____

On an attached sheet, describe what uses currently exist in neighboring properties or buildings, and how your business will be operated, including gross floor area of the business, hours of operation, number of anticipated employees, products or services offered, and any outdoor storage.

Buffer Zones for Establishment

SMC 17.10.295(F) prohibits marijuana establishments to be located within the following buffer zones surrounding each premise or lot. For each buffer zone, check the box verifying that your establishment is not within the buffer zone. Also indicate the nearest such facility to your establishment providing the name and address of the facility and the approximate distance from the facility (measured from either lot line or perimeter as indicated) to your proposed marijuana establishment location (measured to the building itself or nearest interior segregating wall for multiple-tenant buildings).

Schools and public colleges and universities (500 ft from nearest lot line)

Nearest facility name and address: _____

Approximate distance from facility: _____

<input type="checkbox"/> State licensed day cares (500 ft from nearest lot line) Nearest facility name and address: _____ Approximate distance from facility: _____
<input type="checkbox"/> Recreation or youth centers (500 ft from nearest lot line) Nearest facility name and address: _____ Approximate distance from facility: _____
<input type="checkbox"/> Places of worship (500 ft from perimeter) Nearest facility name and address: _____ Approximate distance from facility: _____
<input type="checkbox"/> Correctional facilities (500 ft from nearest lot line) Nearest facility name and address: _____ Approximate distance from facility: _____
<input type="checkbox"/> Libraries (500 ft from nearest lot line) Nearest facility name and address: _____ Approximate distance from facility: _____
<input type="checkbox"/> Substance abuse treatment facilities, transitional housing, and recovery facilities (500 ft from nearest lot line) Nearest facility name and address: _____ Approximate distance from facility: _____
<input type="checkbox"/> City park (300 ft from nearest lot line) Nearest facility name and address: _____ Approximate distance from facility: _____

DOCUMENTATION
Additional Required Attachments: <ul style="list-style-type: none"> -Site Plan Drawing(s) -Written consent of the property owner -Sign Permit Application -\$53 Fee (Includes sales tax and site plan and sign permit application fees) -Tax Compliance Certificate for Business

You can review the City's Marijuana Establishments code ([SMC 17.10.295](https://library.municode.com/ak/soldotna/codes/code_of_ordinances)) online at https://library.municode.com/ak/soldotna/codes/code_of_ordinances

AUTHORITY TO APPLY FOR SITE PLAN REVIEW:

I hereby certify that all the information contained in this application is true and correct. I certify that I am or I have been authorized to act for (written permission from the property owner required) the owner of the property described above and that I petition for a zoning permit in conformance with Title 17 of the Soldotna Municipal Code. I understand that payment of the application fee is nonrefundable and does not ensure approval. I also understand that any assigned hearing dates are tentative and may have to be modified for administrative reasons.

Signature (Representatives must provide written proof of authorization) _____
Date

Official Use Only	Accepted by: _____	Fee: _____	Tentative Hearing Date: _____	Resolution No.: _____
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