



**City Planning & Development
Department**

Permits Division (816) 513-1500
City Hall, 5th Floor
414 E 12th Street, Kansas City, Missouri 64106
www.kcmo.gov/planning

**Zoning Clearance for
Business License:
Affidavit for Marijuana
Related Facility**

Applicants for the Kansas City, Missouri Business License related to marijuana uses shall complete this application for Zoning Clearance and Affidavit of Zoning Compliance. The applicant shall include map(s) of the proposed marijuana facility and surrounding area demonstrating compliance with the separation requirements from schools, churches, and day-care centers as defined within the City’s Zoning and Development Code. These maps shall be of great enough detail to show compliance with these requirements and shall be marked to show the shortest path of travel between the proposed marijuana facility and uses that can lawfully be traveled by foot. See the full zoning regulations in [Section 88-354](#) of the Zoning & Development Code.

Date: _____
Address of the Proposed Business: _____ Kansas City, MO _____
County or City Parcel Identification Number: _____
Name and type of previous business located at this location (if applicable): _____
Applicant Company Name: _____ Contact Person: _____
Applicant Company Address: _____
Business Phone Number: _____ Email Address: _____
Proposed Use (check all that apply):

Medical Marijuana Uses:	Comprehensive or Testing Marijuana Uses:
<input type="checkbox"/> medical marijuana cultivation facility	<input type="checkbox"/> comprehensive marijuana cultivation facility
<input type="checkbox"/> medical marijuana dispensary	<input type="checkbox"/> comprehensive marijuana dispensary
<input type="checkbox"/> medical marijuana-infused products manufacturing facility	<input type="checkbox"/> comprehensive marijuana-infused products manufacturing facility
	<input type="checkbox"/> marijuana testing facility

By signing below, you are stating that the information provided is accurate to the best of your knowledge and confirming that you have attached individual maps confirming the distance separation requirements of the proposed use to any established schools, churches, and day-care centers. In addition, you acknowledge that failure to comply with the applicable regulations for this business operation that your zoning clearance and business licensed may be revoked.
Zoning & Development Code: [Section 88-354](#)
Acknowledgement:
Business Owner Name (print): _____ Signature: _____

Staff Use Only:
Zoning Clearance Permit #: _____ Zoning District: _____
Determination: Denied Approved Approved with conditions
The proposed use is classified as a _____ and is a permitted use in this location per the Kansas City, Missouri Zoning and Development Code (Chapter 88).
Reviewed by: _____ Date: _____
(For the Director of City Planning and Development)
This determination addresses the proposed land use only compliance to the permitted uses in this zoning district and does not represent a review or approval of the building height, lot and building standards, or parking requirements of the proposed use. Additionally, this determination does not represent a review or approval of requirements of Chapter 18, Code of Ordinances, the Building and Rehabilitation Code or any other codes of ordinances. Building permits may be required if the project involves building alterations, remodeling, other building construction work, or a change in the use or occupancy of the existing building.
Additional Comments or Conditions: _____

Notice: Appeals from the decision of the City Planning and Development must be filed with the Board of Zoning Adjustment within fifteen (15) calendars days of the date of such decision. [Board of Zoning Adjustment \(BZA\)](#)