

## Bureau of Medical Marijuana

### Request for Approval: Additional Dispensary Location

### 28 Pa. Code § 1161a.40

An applicant for a dispensary permit shall include a primary dispensary facility location and may include up to two additional dispensary facility locations, in its initial permit application. Pursuant to regulation § 1161a.40, a permittee may file an application for additional dispensary facility locations at a later date.

A dispensary may not begin operations at an additional location until the Bureau approves the application for an additional dispensary location.

To request approval for an additional dispensary location please submit 1) this form, 2) the requested fees 3) a Request Form Cover Page, and 4) all additional documentation as listed below. A request will be deemed incomplete, and not considered, until all required documentation and fees has been submitted.

#### Submitting your Request

All documents must be saved as a PDF file with the following file naming format: [name on permit]\_[name of document]. Files should be submitted in a singular correspondence if via email to [RA-DHMMRCompliance@pa.gov](mailto:RA-DHMMRCompliance@pa.gov) OR submitted to the following address on a single USB drive if via mail:

Bureau of Medical Marijuana - Request Form  
Department of Health  
Room 628 Health and Welfare Building  
625 Forster Street  
Harrisburg, PA 17120

Please ensure the application is properly signed and dated. A signature may be scanned and provided electronically in a PDF file.

#### Fees

The following fees must be submitted in the form of certified check or money order made out to “Commonwealth of Pennsylvania”, enclosed in two separate envelopes within the request package. The Request for Approval fee is non-refundable. The Permit Fee will be refunded if the request for an additional dispensary location is not approved.

Request for Approval Fee: Additional dispensary location: \$5,000

Permit Fee for the dispensary location: \$30,000

#### Proposed Facility Information

Name of Proposed Facility:	
Street Address:	
City:	Zip Code:
Municipality:	County:

#### Documentation

Please submit the following:

- A signed statement that the applicant has performed a search of available public records and the proposed dispensary location is not within 1,000 feet of the property line of a public, private, or parochial school or a day-care center.
- A copy of the initial application filed with the Department for the permit with updated information provided for the following sections:

<input type="checkbox"/>	Section 1: Application Name, Address and Contact Information	Provide any changes to the applicant's name, address and contact information since the initial application for a permit was filed with the Department.
<input type="checkbox"/>	Section 2: Dispensary Information	Indicate the existing facility location authorized by the permit and provide a description of the proposed location including public access to the dispensary location.
<input type="checkbox"/>	Section 4, Part C: Principals, Financial Backers, Operators and Employees	Attach a list of any principals, financial backers, operators, and employees that have been added to medical marijuana organization since the issuance of the permit by the Department.
<input type="checkbox"/>	Section 8, Part D: Operational Timetable	Attach a timetable for the proposed location indicating the steps that will be taken for the proposed location to become operational within 6-months from the date the proposed location is approved by the Department.
<input type="checkbox"/>	Section 10, Part D: Security and Surveillance	Attach a statement outlining the security and surveillance methods and procedures that will be implemented at the proposed location.
<input type="checkbox"/>	Section 16, Part D: Sanitation and Safety	Attach a statement of the intended sanitation and safety measures that will be implemented at the proposed location.
<input type="checkbox"/>	Section 23 Part F: Community Impact	Attach a statement describing the positive impact the proposed location will have on the community and patients.
<input type="checkbox"/>	Attachment C: Property Title, Lease or Option to Acquire Property Location	Attach copies of any documentation for the proposed location showing an ownership interest in the proposed location.
<input type="checkbox"/>	Attachment D: Site and Facility Plan	Based on the instructions, attach copies of the site plan for the proposed location. Include any documentation provided by the local municipality showing the dispensary location complies with local zoning requirements and can operate at the proposed location as a dispensary.

### Additional Attestation

I hereby affirm that all other sections of the initial applications remain unchanged and will apply to the proposed location.

Permit ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name Role in MMO