



Medical Marijuana Program

450 Columbus Boulevard, Suite 901, Hartford, CT 06103-1840 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



Change of Dispensary Facility Location Form

INSTRUCTIONS: You must complete all portions of this application. This application must be accompanied by a check or money order in the amount of \$1000.00, made payable to: “*Treasurer, State of Connecticut.*” Upon approval, the applicant will be required to pay an additional \$1,500.00. **All application fees are non-refundable.**

Section A: Business Information

1. Legal Name of Applicant:		
2. Trade Name of Applicant:		
3. Applicant’s Business Address:		
4. City:	5. State:	6. Zip Code:
7. Name of Primary Contact:		8. Primary Contact Title:
9. Primary Contact E-mail Address:		10. Primary Contact Telephone Number:

Section B: Current Dispensary Facility Information

11. Dispensary Facility Address:		12. Dispensary Facility License No.:	
13. City:		14. State: CT	15. Zip Code:
16. Telephone Number:		17. Fax Number:	

Section C: New Dispensary Facility Information

18. New Dispensary Facility Address:			19. City:	
20. State: CT	21. Zip Code:	22. Telephone Number:		23. Fax Number:
24. Own or Lease Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy.			25. Name of Property Owner:	
26. Have you met all state and local building, fire and zoning requirements and local ordinances for the new dispensary facility location: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a copy of the final planning and zoning approval documentation for the proposed new location.				



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27. Please provide the following information as part of your application:

- A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas.
- Exterior signage that will be displayed on the exterior of the proposed dispensary facility.
- Photographs of the surrounding neighborhood and adjacent businesses sufficient to evaluate the proposed dispensary facility’s compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood.
- A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:
 - The location and square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold;
 - The square footage of the overall dispensary facility;
 - The square footage and location of areas used as storerooms or stockrooms within the dispensary department;
 - The size of the counter that will be used for selling marijuana and marijuana products within the dispensary department;
 - The location of the dispensary facility sink and refrigerator, if any;
 - The location of all approved safes and approved vaults that will be used to store marijuana and marijuana products;
 - The location of the toilet facilities;
 - The location of all doors and windows;
 - The location of a break room and location of personal belonging lockers;
 - The location and size of patient counseling areas, if any;
 - The locations where any other products or services, in addition to marijuana and marijuana products, will be offered, if any; and
 - The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress.
- A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans’ home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location.

Section D: Dispensary Department Hours

28. State the proposed dispensary department hours of operation for each day, excluding holidays. The dispensary department is where marijuana will be sold.

Monday	_____ to _____	Friday	_____ to _____
Tuesday	_____ to _____	Saturday	_____ to _____
Wednesday	_____ to _____	Sunday	_____ to _____
Thursday	_____ to _____		



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Section E: Dispensary Facility Hours

29. State the proposed dispensary facility hours of operation for each day, excluding holidays. The dispensary facility includes areas where non-marijuana products and services will be offered.

Monday	_____ to _____	Friday	_____ to _____
Tuesday	_____ to _____	Saturday	_____ to _____
Wednesday	_____ to _____	Sunday	_____ to _____
Thursday	_____ to _____		

Section F: Security System

Identify the company or companies that will provide security services for the proposed dispensary facility location. If more than two companies will provide security services, complete this section for each such additional company.

30. Primary Security Company Name:

31. Primary Security Company Address (including Apartment or Suite #):

32. City:

33. State:

34. Zip Code:

35. Telephone Number:

36. Fax Number:

37. E-mail Address:

38. Backup Security Company Name (if applicable):

39. Backup Security Company Address (including Apartment or Suite #):

40. City:

41. State:

42. Zip Code:

43. Telephone Number:

44. Fax Number:

45. E-mail Address:

46. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in 21a-408-61 and Section 21a-408-62 of the Regulations of Connecticut State Agencies.

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

47. Signature:



48. Printed Name:

49. Date Signed: