

DRAFT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Authority: 381.986, Florida Statutes

Application for Low-THC Cannabis Dispensing Organization Approval

Application Type: Initial Application Renewal Application

Dispensing Region: Northwest Northeast Central Southwest Southeast

Dispensing Organization:

Name : _____

(Unless an individual, the organization name must be registered with the Department of State)

Physical Address of Cultivation Site: _____
Street City Zip Code

Mailing Address (if different): _____
P.O. Box or Street City State Zip Code

Phone Number: _____ E-mail Address: _____

Associated Nursery and Nurseryman:

Nursery: _____

Operating Nurseryman: _____

Mailing Address: _____
P.O. Box or Street City State Zip Code

Phone Number: _____ E-mail Address: _____

Owner:

Name : _____

Mailing Address: _____
P.O. Box or Street City State Zip Code

Phone Number: _____ E-mail Address: _____

Medical Director:

Name : _____

Mailing Address: _____
P.O. Box or Street City State Zip Code

Phone Number: _____ E-mail Address: _____

Inventory Agent:

Name : _____

Mailing Address: _____
P.O. Box or Street City State Zip Code

Phone Number: _____ E-mail Address: _____

The undersigned Applicant /Representative hereby agrees to operate the Dispensing Organization described in this application in accordance with the requirements of Section 381.986, Florida Statutes, and Chapter 64-4, F.A.C. The information contained in this application and the attached exhibits required by Chapter 64-4, F.A.C., which serves as a basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with requirements of the rules and statutes, is grounds for denial or revocation of the Low-THC Cannabis Dispensing Organization Approval. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Signature of Applicant

Date

Name of Applicant (print or type)

DH 8006-OCU-09/2014

Agency Clerk Use Only

Date and Time Received: _____

Delivered by: _____

Agency Clerk: _____

Incorporated: 64-4.002 and 64.4.003, Florida Administrative Code