

DRAFT

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



Request to Alter, Expand or Consolidate Low-THC Cannabis Dispensing Organization

Dispensing Region: Northwest Northeast Central Southwest Southeast

Dispensing Organization:

Name : _____
(Of approved dispensing organization)

Physical Location Address
of Dispensing Organization Site: _____
Street City Zip Code

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

Phone Number: _____ E-mail Address: _____

Change Requested:

Alteration Expansion Consolidation

Description of Proposed Change (Attach plans, drawings and evidence of code compliance as necessary):

The undersigned Applicant /Representative hereby requests approval to alter, expand or consolidate the dispensing organization in accordance with the requirements of Chapter 64-4, F.A.C. The information contained in this application and the attached exhibits, which serves as a basis for approval, 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 revocation of the Low-THC Cannabis Dispensing Organization Approval.

Signature

Printed Name

Date

Agency Clerk Use Only

Date and Time Received: _____
Delivered by: _____
Agency Clerk: _____