

Medical Marijuana Zoning Approval					
Applicant Name:	GAD	Kirksville	LLC		
Applicant Address: _	5804	Lightpost :	Dr. Columbia, Ma	065201	
Applicant Phone Number: 660 - 233 - 2359					
Applicant Email:	Jigne	sh125@9w	mil. (om		
Site Address:	20[	bute 291	1 Lee's Sun	mit, MO	
Site Zone:	CP-2		)	-	

- 1. What use is the requested use? Check all that apply:
  - Dispensary
  - Cultivation
  - Extraction
  - Testing
  - □ Transportation
- 2. Is the requested use allowed in the zone of the subject property?
  - Yes
  - □ No
- 3. Is the proposed medical marijuana use located in a building with a residence?
  - □ Yes
- 4. Has the applicant provided a survey demonstrating compliance with the buffer

requirements?

Yes

□ No

Staff Signature/Date	Applicant Signature/Date