



Iowa Department of Public Health  
Medical Cannabidiol Manufacturer License Application  
Request for Proposal #58821019

Proper Zoning Form

**Notice: This form must include information and signatures from a local zoning authority, must be notarized and submitted with the application.**

**Applicant Business Name:** \_\_\_\_\_

**Name of Person Completing Form:** \_\_\_\_\_

1. Business address of business applying for a manufacturing license:
  
2. Proposed physical address of manufacturing facility, including county name:
  
3. Yes or No: Local zoning ordinances allow for a manufacturing facility at the proposed physical address.
  
4. Yes or No: The manufacturing business has confirmed with the local zoning office the zoning classification and regulations applicable to the property identified in #2 above.
  
6. Yes or No: The manufacturing business has obtained a certificate of occupancy, or its equivalent, which certifies that the property identified in #2 above will be used as permitted under the zoning ordinance.
  
7. If the manufacturing business has not obtained a certificate of occupancy, has one been requested?
  
8. Yes or No: The manufacturing business has filed a request for rezoning with the local zoning authority.
  
9. If the answer to question #8 is yes, what is the anticipated date of the decision on the rezoning request?

**Name – Signature:** \_\_\_\_\_



Name – Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**The section below must be completed by an authorized representative of the local zoning authority and a notary public:**

Signature of Authorized Zoning Representative: \_\_\_\_\_

Printed Name of Authorized Zoning Representative: \_\_\_\_\_

Local Zoning Authority: \_\_\_\_\_

Phone Number of Authorized Zoning Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of individual).

(SEAL)

\_\_\_\_\_  
Notary Public