

There are 3 steps to having a
Medical Cannabis
business in The City of Olive Branch.

1. City of Olive Branch Medical Cannabis Permit

- See packet provided for requirements.

Turn in paperwork binder and payment to City Clerk's office.

For Questions: 662-892-9211 or 9242

Planning Department: 662-892-9334

**2. City of Olive Branch Privilege Tax License
(Business License)**

- Fire Inspection
- Use & Occupancy Inspection

Turn in application, inspections and payment to Business License office.

For Questions: 662-892-9238

Building (U&O) Department: 662-892-9333

Fire Admin. Office: 662-890-7376

3. State Licensing through MDOH/MDOR

- See MS State websites for instructions.



**CITY OF OLIVE BRANCH MEDICAL CANNABIS ESTABLISHMENT
APPLICATION CHECKLIST**

Facility Type: _____
(Ex. Dispensary, Research, Testing, Cultivation or Processing)

- ___ 1. Legal name of business and physical address of business (No PO Box allowed).
- ___ 2. Proof of Mississippi Secretary of State Registration, if applicable (enclose organizational documents).
- ___ 3. Mississippi Sales Tax Permit Number (enclose copy of permit).
- ___ 4. Management Service Agreements, if applicable.
- ___ 5. Deed, Lease Agreement, or Contingent Agreement, authorizing use and occupancy of proposed medical cannabis establishment location.
- ___ 6. Land Survey by a Mississippi-licensed surveyor documenting that the main entrance of the proposed establishment is not within 1,000 feet of a school, church, or childcare facility's nearest property boundary line.
- ___ 7. Waiver of Minimum Distance Requirements* (childcare, school, church), if applicable.
- ___ 8. List of all parties with 10% or greater economic interest in the proposed establishment.
- ___ 9. Acknowledgement of Waiver and Authorization to Release Information for each member/party.*
- ___ 10. List of professional licenses held by each member/party and verification of good standing.
- ___ 11. Site Plan of proposed establishment premises, including interior layout, parking, utility services, trash receptacles, landscaping, and other matters as may be required by the City Planning Department.
- ___ 12. Operation plan as required by applicable MDOH/MDOR regulations.
- ___ 13. Security plan as required by applicable MDOH/MDOR regulations.
- ___ 14. First year non-refundable application/license fees of \$2,500.00. Renewal licenses will require payment of a \$1,000.00 non-refundable license fee at least 60 days in advance of the renewal date.
- ___ 15. Zoning Compliance letter from City of Olive Branch Planning Department
- ___ 16. Licensee Certification/Oath*
- ___ 17. Copies of all filing documents and information required for submission to MDOH/MDOR

*Required forms for items 7, 9, and 16 are attached.

**NOTE: All application materials must be submitted to the City Clerk in a three-ring binder with tabbed numbering that corresponds with the above list. The binder must indicate on the

cover and the spine the name, address, and telephone number of the Applicant. The Applicant must also provide a check or cashier's check for the non-refundable application/license fee at the time of submission. A returned or dishonored check shall be a valid reason for delay or denial of a license/permit.

***The City shall have 30 days from submission of the required binder to either approve or deny the application.

**** Medical Cannabis Permittees shall:

1. Be required to maintain a state/local privilege tax/business license.
2. Supplement the local application binder referenced above with any future submissions provided to or required by any state agency.
3. Be subject to the City's standard building and fire inspection processes consistent with other commercial or industrial enterprises.
4. Maintain compliance with all applicable local and state ordinances, statutes, rules, and regulations or risk the termination of any medical cannabis permit issued pursuant to this application.

FOR CLERK USE ONLY

DATE

_____ Complete application and payment received.
_____ Fire Department Approval
_____ Planning and Building Department Approval
_____ Final Approval by City Clerk

Application Denied: [reason for denial]



**APPLICATION FOR WAIVER OF MINIMUM
DISTANCE REQUIREMENTS BY
A SCHOOL, CHURCH, OR CHILD CARE FACILITY**

The undersigned, _____, whose street address is _____

and having full knowledge of the distance limitations imposed by SB 2095, 2022 Regular Session upon a Licensed Cannabis Establishment, do hereby approve a waiver from the distance requirements necessary for the issuance of a Cannabis Establishment License to _____ whose address is _____.

I certify that I am vested with authority on behalf of _____
(Name of school, church, or child care facility)

to approve this waiver of the distance requirement as set forth in SB 2095, 2022 Regular Session. As such, I understand that if approved an establishment may be located less than 1,000 feet but not closer than 500 feet from the nearest property boundary line of the school, church or child care facility on whose behalf I am authorized to act. I further understand that this waiver has no expiration date and will remain in effect for the duration of the Cannabis Establishment License for which it is executed. I also understand this Approval for Waiver will be submitted by the establishment business as part of its application to receive a Cannabis Establishment License from the State.

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, _____.

NOTARY PUBLIC

My Commission expires:



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize the recipient of this document to furnish the City of Olive Branch with any and all information that you may have concerning me, my criminal record, if any, any professional license I may have, my reputation, and my military service records, if any. You may allow inspection of records by, and copies of these records may be provided to, an authorized representative of the City of Olive Branch. Pursuant to Miss. Code Ann. Sections 27-3-83(3)(d), I hereby waive the confidentiality provisions of Miss. Code Ann. Sections 27-3-73, 27-7-83, 27-13-57 and 27-65-81, regarding information relating to any finally determined tax debt I owe to the State of Mississippi, if any, as well as confirmation of whether I am participating in a payment plan with the Mississippi Department of Revenue for payment of any such finally determined tax liability. Other information of a confidential or privileged nature may be included. Your reply will be used by the City in determining my fitness and eligibility to be granted a medical cannabis establishment permit.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

I hereby release you, your organization and others from liability or damages which may result from furnishing the information requested.

Applicant's Signature

Date

Applicant's Trade Name

XXX-XX-_____
Applicant Last 4 digits SSN

SWORN TO AND SUBSCRIBED before me, this the ____ day of _____,
_____.

NOTARY PUBLIC

My Commission expires:



LICENSEE CERTIFICATION AND OATH

I, _____, certify under penalty of perjury that the organization applying for this Medical Cannabis Establishment License does meet the qualifications of a licensee as described in the Mississippi Medical Cannabis Act and applicable state and local regulations. I affirm that this organization will comply fully with the provisions of the Mississippi Medical Cannabis Act and applicable state and local regulations in the cultivation, processing, transportation, testing, research, dispensing and disposal of medical cannabis products, as applicable to the organization, and will keep all records and make all reports and remittances as required thereby. I certify that the information presented on this application to be true and correct. I also agree that making a material misrepresentation on this application (or personal record form attached hereto) shall be a basis for denial of this application or revocation of a license in the future, or imposition of potential criminal penalties.

Signature

Date

Title

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____,
_____.

NOTARY PUBLIC

My Commission expires:

APPLICATION FOR PRIVILEGE LICENSE

ALL LICENSES EXPIRE SEPT. 30 REGARDLESS OF DATE ISSUED. PENALTIES APPLY OCT. 1ST.

Original Start Date of Business: _____

Type of Business:

Sales Service Manufacture Distribution Vending Other

Describe your business: _____

Company Name _____

dba _____

MAILING Address _____

City _____ State _____ ZIP _____

LOCATION of Business _____

Olive Branch, MS 38654

Account information:

Email: _____

Local Bus. Phone # _____ (R)
Public

Applicant is: Owner Representative

Other Phone # _____
Private

Name _____

Ownership, if diff. _____

Owner or representative's contact information
if different from above:

Yearly Base Fee.....	
other / prorated	
Penalty	
Pay This Amount	\$

State Sales Tax Permit #: _____

Federal Tax ID #: _____

I hereby certify that all information given on this application for the purpose of securing a privilege license and determining amount due is true and correct.

Signature	Title (owner, representative, etc.)	Date
-----------	-------------------------------------	------

*THE ABOVE APPLICATION IS REQUIRED UNDER TITLE 27, CHAPTER 17 OF THE MISSISSIPPI CODE 1972 TO OPERATE A BUSINESS. NO LICENSE WILL BE ISSUED WITHOUT A PROPERLY EXECUTED APPLICATION. THE TAX COLLECTOR IS REQUIRED TO KEEP ON FILE FOR THREE YEARS. *ALL LICENSES WILL EXPIRE ON SEPTEMBER 30, REGARDLESS OF DATE ISSUED. LICENSE MUST BE RENEWED BY THIS DATE EACH YEAR TO AVOID PENALTIES. IT IS YOUR RESPONSIBILITY TO SEE THAT THIS TAX IS PAID ON TIME. A COLLECTOR WILL NOT MAKE A PERSONAL CALL TO COLLECT UNLESS LICENSE IS DELINQUENT.

****Payment & required documentation must accompany application.****

City of Olive Branch
9200 Pigeon Roost Rd.,
Olive Branch, MS 38654
Ph. 662-892-9238
Fax 662-892-9223
pamela.stout@obms.us

Office Use: Acct.# _____ AFFIDAVIT
CID# _____ SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE _____ DAY OF
Bill# _____
Batch# _____ 20_____
Serial # _____
Exp. Date: _____

Z / F / E / Prmt / Pro



**EMERGENCY CONTACT INFORMATION
 for COMMERCIAL BUSINESSES / COMPANIES**

For Official Use Only - Confidential Information

BUSINESS / COMPANY INFORMATION

BUSINESS/COMPANY NAME		BUSINESS PHONE NUMBER	
LOCATION ADDRESS (Olive Branch, MS)	HOURS OF OPERATION	DAYS OF OPERATION	

ALARM SYSTEM INFORMATION

ALARM INSTALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF ALARM <input type="checkbox"/> ROBBERY <input type="checkbox"/> BURGLAR (DOOR/WINDOW ENTRY) <input type="checkbox"/> BURGLAR (MOTION) <input type="checkbox"/> FIRE		
ALARM COMPANY NAME	ALARM COMPANY PHONE NUMBER		

AFTER HOURS EMERGENCY CONTACT INFORMATION

1) NAME	HOME PHONE NUMBER	CELL PHONE NUMBER
2) NAME	HOME PHONE NUMBER	CELL PHONE NUMBER
3) NAME	HOME PHONE NUMBER	CELL PHONE NUMBER
4) NAME	HOME PHONE NUMBER	CELL PHONE NUMBER
5) NAME	HOME PHONE NUMBER	CELL PHONE NUMBER

OTHER INFORMATION / COMMENTS

PERSON COMPLETING FORM	TITLE	DATE