



Application # _____

**Medical Cannabis
Certificate of Occupancy Application**

City of Biloxi, Planning Division

676 Dr. Martin Luther King Jr., Blvd., Biloxi, MS 39530

Ph. (228)435-6266 Fax (228)435-6188

Please check which Cannabis Category you are applying for:

- Research Testing Facility Cultivation Processing Disposal Dispensary
 Transportation

Address: _____ Unit # _____

Owner Information

Business Name: _____

Owner Name: _____

Mailing Address: _____

City, State Zip _____

Work Phone: _____ Cell Phone: _____

Email: _____

Current Property Use _____

- Legal name of business and physical address (PO Box not allowed).
 Proof of Mississippi Department of Revenue of Mississippi Department of Health license and registration.
 Waiver of Minimum Distance Requirements* (childcare, school, church), if applicable.

Owner's Signature _____ Date _____

By signing this application, you agree to comply with all requirements as cited in the City of Biloxi's Land Development Ordinance, and you have proven that you meet the distance requirements set by the State of Mississippi.



CZC – MEDICAL CANNABIS

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Note: No request through the Biloxi planning department can be initiated without this form.

Planning Staff Only

Tax Parcel Number: _____
Current Zoning _____ PC Case # _____
State License # _____
Setbacks: Front _____ Back _____ Left _____ Right _____
Lot Sq. Ft or Acres _____ Impervious % _____
FEMA Flood Zone _____ Base Flood Elevation _____ Design Flood _____
Is this project in compliance with the Zoning Requirements? Yes No
Does the project require DRC review? Yes No / if yes, Hearing Date is _____
Date: _____

Planning Division Approval

Flood Plain Manager Only

Is this project in compliance with the FEMA Requirements? Yes No
Date: _____

Flood Plain Manager Approval

AHRC Staff Only

Will this project require an AHRC Hearing? Yes No / if yes, Hearing Date is _____
Date: _____

AHRC Staff Approval