



Prior to filing out this application and/or submitting this application to the Planning Division. Please ensure that you have submitted a Service Request (SR) to the Planning Division. This can be done by using the SR link below.

## **SERVICE REQUEST**

**PLEASE DO NOT SKIP** this step. If this step is skipped then your application will not be processed. The SR allows the Planning Division to account for your request within our system, assigns you with a SR number, which then allows your request to be assigned a planner. I repeat if you skip submitting a service request your application will not be processed until it is assigned a SR number.

If you have any questions, comments, and/or concerns regarding this please do not hesitate to contact the Planning Division at **623-930-2800**.



## ZONING REQUIREMENTS FOR MEDICAL MARIJUANA DISPENSARY, CULTIVATION AND INFUSION FACILITIES

The City of Glendale Zoning Ordinance, effective March 25, 2011, amended on March 27, 2018, has specific regulations for medical marijuana dispensaries, cultivation and infusion facilities, which are consistent with the Arizona Medical Marijuana Act, that was approved by Arizona voters on November 2, 2010. A copy of the Ordinances can be read at [https://library.municode.com/az/glendale/codes/code\\_of\\_ordinances](https://library.municode.com/az/glendale/codes/code_of_ordinances)

The purpose of this document is to provide information regarding the requirements for establishing a medical marijuana facility within the City of Glendale. The following criteria are required by the City of Glendale's Zoning Ordinance:

### Dispensaries:

1. Medical Marijuana dispensaries are only allowed in the G-O (General Office), C-2 (General Commercial) and C-3 (Heavy Commercial) zoning districts.
2. A proposed facility shall be located a minimum of 5,280 feet (1 mile) from all existing medical marijuana dispensaries, cultivation and infusion facilities.
3. No facility shall be located within 1,320 feet of all elementary, secondary or high schools.
4. No facility shall be located within 500 feet of residentially zoned property. This distance shall be measured in a straight line from the exterior walls of the building or portion thereof in which the business is conducted to the property line of the protected use.
5. Maximum building size is 6,000 square feet.
6. Hours of operation are 8:00 a.m. to 10:00 p.m.
7. No outdoor display of merchandise is allowed.

### Cultivation and Infusion Facilities:

1. Medical Marijuana cultivation and infusion facilities are only allowed in the M-1 (Light Industrial) and M-2 (Heavy Industrial) zoning districts.
2. A proposed facility shall be located a minimum of 5,280 feet (1 mile) from all existing medical marijuana dispensaries, cultivation and infusion facilities.
3. No facility shall be located within 1,320 feet of all elementary, secondary or high schools.
4. No facility shall be located within 1,320 feet of residentially zoned property. This distance shall be measured in a straight line from the exterior walls of the building or portion thereof in which the business is conducted to the property line of the protected use.
5. Maximum building size of an off-site cultivation facility is 25,000 square feet.
6. Maximum building size of an infusion or manufacturing facility is 10,000 square feet.
7. All business shall be conducted within an enclosed building.

### Application Process:

- Complete **Research and Reservation Application Forms**.
- A **survey by a registered land surveyor is required at the time of application submittal**. Failure to have this survey will deem the application incomplete and the application will be rejected.
- Refer to the Planning Fee Schedule on the City of Glendale website at: [https://www.glendaleaz.com/work/planning\\_zoning/forms\\_fees\\_applications](https://www.glendaleaz.com/work/planning_zoning/forms_fees_applications)
- Submit **two checks or money orders** made payable to the City of Glendale; one for research and one for reservation. No cash or credit card payments will be accepted.

For further assistance, please contact the Development Services Center at (623) 930-2800.



**PLANNING**  
Development Services Department

DATE STAMP  
TIME \_\_\_\_\_

**MEDICAL MARIJUANA RESEARCH**

*Internal Use Only*

Taken By: \_\_\_\_\_ Application No.: \_\_\_\_\_ Fee: \_\_\_\_\_

**BUSINESS INFORMATION:**

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Type of Facility:  Dispensary  Cultivation Facility  Infusion Facility  
Parcel Number: \_\_\_\_\_ Size of Facility (*in square feet*): \_\_\_\_\_  
Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**TO BE COMPLETED BY PROPERTY OWNER:**

\_\_\_\_\_  
(Print or type name of owner of record) (Owner of record Signature) (Date)

*\* By signing this form, the property owner acknowledges that a medical marijuana facility is proposed to be located on the above mentioned property. Property owner information will be verified upon research by city staff.*

*Internal Use Only*

Zoning District: \_\_\_\_\_ Council District: \_\_\_\_\_  
Approved:  Denied:  Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Planner Signature



**PLANNING**  
Development Services Department

DATE STAMP

TIME:

**MEDICAL MARIJUANA RESERVATION**

*Internal Use Only*

Taken By: \_\_\_\_\_ Application No.: \_\_\_\_\_ Fee: \_\_\_\_\_

**BUSINESS INFORMATION:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Facility:  Dispensary  Cultivation Facility  Infusion Facility

Parcel Number: \_\_\_\_\_ Size of Facility (*in square feet*): \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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Email: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
(Date)

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\_\_\_\_\_  
Planner Signature