

# Medical Cannabis Establishment Certificate of Occupancy Attachments and Supporting Documentation

Department of Development Services  
71 East Troy St., 3<sup>rd</sup> Floor  
Tupelo, MS

Please provide the following information along with a signed Commercial Certificate of Occupancy Application to the Department of Development Services

Please note: Prior to submitting this information, the applicant should provide a Letter of Intent and receive Zoning Verification from the City of Tupelo. For more information, please contact Jenny Savely, City Planner at [jenny.savely@tupeloms.gov](mailto:jenny.savely@tupeloms.gov)

1. Date State License awarded or most recent renewal date for licensing of a medical cannabis establishment to the Mississippi Department of Health AND date of expiration \_\_\_\_\_
2. Type of medical cannabis establishment having received licensing \_\_\_\_\_
3. Date of Zoning Verification Letter received from the City of Tupelo Department of Development Services  
\_\_\_\_\_
4. Parcel number \_\_\_\_\_
5. Address of location \_\_\_\_\_  
\_\_\_\_\_
6. Location of main point of entry of the medical cannabis establishment relative to the lot or existing structure.  
\_\_\_\_\_  
\_\_\_\_\_
7. Hours of Operation \_\_\_\_\_

**Please INITIAL or indicate Not Required (N/R) that the following required attachments are included with your application.**

1. Copy of License from Mississippi Department of Health for a medical cannabis establishment \_\_\_\_\_
2. Ownership documentation (deed or lease agreement with accompanying deed) \_\_\_\_\_
3. Map of the lot with main point of entry indicated. \_\_\_\_\_
4. Letter of waiver of protected place distance requirement and licensing waiver from licensing agency to affirm distance waiver (if applicable) \_\_\_\_\_
5. Professional or occupational licensure (if applicable) \_\_\_\_\_
6. Food permit if producing edibles as an established cannabis processing/micro-processing or research facility \_\_\_\_\_
7. MDOR Employee certification \_\_\_\_\_
8. MDOH or other licensing agency certification \_\_\_\_\_
9. List of Principal Officer and Board Members (if applicant is an entity) \_\_\_\_\_
10. Description of security measures being used and State required possession limits for type of establishment \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Phone \_\_\_\_\_

Applicant Email \_\_\_\_\_

Signature \_\_\_\_\_