OMC-BUS002 Rev. 11-24 Page 1 of 2 Commonwealth of Kentucky Cabinet for Health and Family Services Office of Medical Cannabis https://kymedcan.ky.gov KRS Chapter 218B; 915 KAR Chapter 1	TEAM KENTUCKY OFFICE OF MEDICAL CANNABIS **Application to Request Approval of a Change in Cannabis Business Location**	License No. _____ License Category _____ County _____ Date _____

Instructions and Required Attachments

All information and documentation must be received **before** a request will be reviewed. The change of location of a site or facility for a cannabis business license will not occur unless and until the Office of Medical Cannabis approves the location change in writing.

The Office will consider the location requirements contained in KRS Chapter 218B and 915 KAR Chapter 1 in making its determination of this request.

Submit this completed form and all required attachments via email in PDF format to: kymedcanreporting@ky.gov.

Request Approval or Denial: The Office of Medical Cannabis will approve the location change only if the location requirements contained in KRS Chapter 218B and 915 KAR Chapter 1 will continue to be met. The Office will review the request and notify the applicant in writing whether the request is approved or denied. Incomplete request forms will also be denied. For dispensary applications, the Office will not approve a change of location that is outside the boundaries of the medical cannabis region for which the applicant applied or that otherwise is not in compliance with the location restrictions contained in 915 KAR 1:020, Section 3(3).

Prior to any location change approval, the applicant must provide evidence that the applicant has the authority to use the proposed site as a cannabis business. Along with this signed form, please provide the documentation required by 915 KAR 1:010, Section 3(5)(d) in PDF format (i.e., documentation that shows the applicant has the authority to use the location as a cannabis business for, at a minimum, the term of the license such as a lease, deed, or contingent agreement as well as a site plan).

Section I. *Information*

Reason For Location Change Request: (*check only one*)

☐ Current location listed is within territory that prohibits medical cannabis business operations.

☐ County dispensary limit was reached during the lottery selection process.

☐ Other circumstances. Please explain the need to change location:

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License No. _____

Section II. *Applicant Information*

License No. : _____

License Category: _____ Dispensary Region (if applicable): _____

Applicant Name (Business Name): _____

Business Phone Number: _____ Business Email-Address: _____

Business Mailing Address: _____

Primary Contact Information

Legal Name: _____ Business Title/Role: _____

Phone Number: _____ Email-Address: _____

Section III. *Location Information*

Current Location Information

Address: _____

County: _____ Dispensary Region (if applicable): _____

GPS Coordinates: _____

Proposed Location Information

Address: _____

County: _____ Dispensary Region (if applicable): _____

GPS Coordinates: _____

Are you located within 1,000 feet of the nearest property boundary line of a school or daycare? Yes ☐ No ☐

Section IV. *Acknowledgment and Signature*

I hereby verify and affirm that I am an authorized representative of the Applicant and have been given authority to execute this document on behalf of the Applicant. Further, I hereby verify and affirm that all of the information provided in and with this Application to Request Approval of a Change in Cannabis Business Location is true and correct. I understand that if the Office of Medical Cannabis later determines any of the information provided in this Application to be false or misleading, the Office may suspend or revoke any cannabis business license issued to the Applicant. I further acknowledge that any false statement made to the Office is punishable under the applicable provisions of KRS 523.100.

_____
Printed Name of Applicant's Authorized Representative

_____ _____
Signature of Applicant's Authorized Representative Date