



DEPARTMENT OF HEALTH  
 MEDICAL MARIJUANA DISPENSARY  
 LICENSING PROGRAM  
 601 KAMOKILA BOULEVARD, ROOM 337  
 KAPOLEI, HAWAII 96707  
 Ph: (808) 586-3100 Fax: (808) 692-7414  
<http://health.hawaii.gov/medicalmarijuanadisensary/>

OFFICE ONLY	
Date MMDL Received:	
Date Sent to EHA:	
<b>DECLARATION #</b>	<b>DATE</b>

**Medical Marijuana Dispensary Declaration of Possession of State and County Permits, Licenses and Exemptions**  
 SECTION 11-850-73, Hawaii Administrative Rules

**PROJECT/PROPERTY INFORMATION**

Dispensary Name:
Address:
Business Phone Number:
Business Email:
License Number:

**STRUCTURE INFORMATION**

Tax Map Key:	
Dimensions of Structure: Length (ft)	x Width (ft)
Total Floor Area of Structure (sq. ft.):	
List of all permits, licenses and exemptions (copies to be attached):	
Property Area (acres):	
Structure Composition:	
Distance from nearest Structure:	Distance from nearest Setback:
Structure is:	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing
Electrical improvements to be installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, electrical permit required)
Plumbing improvements to be installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plumbing permit required)

Please submit the following information. Attach extra sheets if necessary:

- Provide a minimum 8-1/2"x11" exhibit showing the approximate location of production center structure, property lines, other structures on property, setbacks to all structures, dimensions of structures, and any other pertinent information.
- List quantities of all fuels, hazardous chemicals, pesticides, and compressed gases present on property.
- List quantities of all chemicals, reagents, solvents, and ingredients that will be used in the cultivation, extraction, and manufacturing process of marijuana and marijuana products.
- Provide copies of valid operating permits for the air conditioning or ventilating systems.

**Comments** (for department use only):

**CERTIFICATION AND DECLARATION**

- I have read and fully understand section 11-850-7, HAR, and certify that the dispensary production center is in compliance with all applicable federal and state laws and county ordinances.
- I have obtained all required permits, licenses, exemptions, and approvals and shall comply with all appropriate rules, regulations, codes and laws associated with this dispensary production center which may include and not be limited to: County ordinances, fire, wastewater, HAR, and federal and state laws.
- I understand that it is my sole responsibility to confirm compliance with all applicable federal and state laws and county ordinances. Failure to comply or to remain in compliance may result in monetary fines or immediate suspension, revocation or non-renewal of my dispensary license pursuant to chapter 329D, Hawaii Revised Statutes (HRS) and/or chapter 11-850, HAR and all penalties allowed by law.

Licensee Name:
Signature:
Address:
Phone Number:
Email: