



## CHECKLIST

*Applicable to Pain Management Clinics, Pharmacies and Medical Marijuana Treatment Center Dispensing Facilities. Individual employees applying for their On-Site Dispensing of Controlled Substances (OSDCS) permits are not required to submit an additional distance survey and Security Plan or property owner authorization*

Facility	Individual	
✓		Local Business Tax Receipt Application
✓		Property-Owner Authorization
✓	✓	OSDCS Application Form
✓	✓	OSDCS Permit Payment
✓		Complete Copy of Application Form Filed with the State of Florida
✓	✓	State of Florida Licenses
✓	✓	Completed Level 2 Background Screening, within one year, for every owner, manager and any employee who dispenses or has access to controlled substances
✓	✓	A passport photograph of the Applicant, every Owner, and each Employee
✓		Distance Survey to Schools and similar businesses, pursuant to Sections 32-777(d) and 32-778
✓		Security Plan
✓		On-site community relations contact
✓	✓	Copy of State or Federal indication card or driver licenses

## APPLICATION FROM

Facility

Individual

### BUSINESS INFORMATION

Business Name:			
Business Location:			
	<i>(Must be physical Address. P.O.Boxes not accepted.)</i>		
Phone:	(____)-____-____	Email:	
Hours of Operation:			
Number of Employees:			

### APPLICANT INFORMATION

Facility

Individual Employee

Name:			
Company:			
Phone:	(____)-____-____	Email:	
Address:			

### PROPERTY-OWNER INFORMATION

Name:			
Company:			
Phone:	(____)-____-____	Email:	
Address:			
DOB (____/____/____)	Identification type	Identification #	

### ON-SITE COMMUNITY RELATIONS CONTACT INFORMATION

Name:			
Company:			
Phone:	(____)-____-____	Email:	
Fax:			
Address:			



## QUESTIONNAIRE

		Yes	No
1	Has the applicant or any owner or employee previously received an on-site dispensing of controlled substances permit or Identification Tag from the City? <i>If yes, state the name and address of previous business?</i>		
2	Has the applicant or any Owner held other permits or licenses under this Code? <i>If yes, state the names and locations of such other permitted or licensed establishments.</i>		
3	Has the applicant or any owner been a partner in a partnership or an officer or director of a corporation whose permit or license issued under this Code has previously been suspended or revoked? <i>If yes, list the name and location of the establishment for which the license was suspended or revoked, as well as the date of the suspension or revocation. (Use extra sheet if necessary.)</i>		
4	Has the applicant or any owner has lost any privilege or had any permit or license to do business revoked by any local, state or federal government? <i>If yes, what was the nature of such privilege, permit or license and the reason for such revocation?</i>		
5	Has the applicant or any owner or employee has been found guilty of or has pleaded guilty or nolo contendere to a felony relating to any business in this State or in any other State or Federal court, regardless of whether a judgment of conviction has been entered by the court having jurisdiction of such cases?		
6	Has the applicant or any owner or employee has been found guilty of, or have pleaded guilty or nolo contendere to, a felony relating to a battery or a physical violence on any person in this State or in any other State or Federal court, regardless of whether a judgment of conviction has been entered by the court having jurisdiction of such cases?		
7	Has the applicant or any owner has filed a petition to have their respective debts discharged by a bankruptcy court having jurisdiction of such cases?		

## SECURITY PLAN GUIDE

The Applicant shall submit a security plan demonstrating compliance with applicable statutes and State administrative rules. In addition to proving compliance with all State requirements, the security plan shall, at a minimum, provide the following:

- Fully operational lighting and alarms reasonably designed to ensure the safety of persons and to protect the Premises from theft, both in the Premises and in the surrounding rights-of-way, including:
  - A silent security alarm that notifies the Police Department that a crime is taking place;
  - A vault, drop safe or cash management device that provides minimum access to the cash receipts; and
  - A security camera system capable of recording and retrieving, for at least forty-five (45) days, an image which shall be operational at all times during and after business hours. The security cameras shall be located:
    - at every ingress and egress to the dispensary, including doors and windows;
    - on the interior where any monetary transaction shall occur; and
    - at the ingress and egress to any area where controlled substances are stored.
- Traffic management and loitering controls;
- Cash and inventory controls for all stages of operation on the Premises, and during transitions and delivery.
- On-site armed security personnel from one hour before the business opens to the public until one hour after the business closes to the public.



**ON-SITE DISPENSING OF CONTROLLED SUBSTANCES PERMIT**

City of Hallandale Beach - Development Services Department  
400 S. Federal Highway, Hallandale Beach, Florida 33009  
Phone: 954-457-1341 Fax: 954-457-1488 Email: ssewell@cohb.org  
Website: www.cohb.org

**Notarized Affidavit**

The information within this application is truthful, independently verifiable, and complete and the photocopies of the attached driver's licenses or state or federally issued photo identification cards are currently valid and are true and correct copies of the originals.

<b>AUTHORIZED REPRESENTATIVE</b>
<p>I/we are fully aware of the request being made to the City of Hallandale Beach. If I/we are unable to be present, I/we hereby authorize _____ (individual/firm) to represent me/us in all matters related to this application. I/we hereby acknowledge</p>

**OWNER/CONTRACTOR AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

State of Florida

County of Broward

By: \_\_\_\_\_

The foregoing instrument was acknowledged

(owner/agent signature\*)

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_

(Name of person acknowledging)

\_\_\_\_\_

(Joint owner signature)

Notary \_\_\_\_\_

(Signature of Notary Public – State of Florida)

Personally know \_\_\_\_\_ or Produced identification \_\_\_\_\_

Type of identification produced: \_\_\_\_\_ or Driver's License \_\_\_\_\_

\*If joint ownership, both parties must sign. If partnership, corporation or association, authorized officer must sign on behalf of the group. A notarized letter of authorization from the owner of record must accompany the application, if an authorized agent signs for the owner(s).