



Rock Community Fire Protection District
3749 Telegraph Rd. Arnold, MO 63010
636-296-2211 (Business)
Email: tberg@rockfire-rescue.org

Marijuana Establishment Annual Permit Application

Business Name: _____ Site Address: _____

City, State, Zip: _____

Business Phone: _____ Email Address: _____

MO Sales Tax ID: _____

Bldg. Owner: _____ Owner Address: _____

Owner Phone: _____ Owner Email: _____

Building Square foot: _____

Type of establishment or business (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Retail Marijuana Dispensary/Store | <input type="checkbox"/> Medical Marijuana Center |
| <input type="checkbox"/> Retail Marijuana Cultivation | <input type="checkbox"/> Medical Marijuana Optional Premise Cultivation |
| <input type="checkbox"/> Retail Marijuana Product Manuf. | <input type="checkbox"/> Medical Marijuana Infused Products (Edibles) |
| <input type="checkbox"/> Retail Marijuana Testing Facility | |

Type of processes performed onsite (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Plant extraction | <input type="checkbox"/> CO2 Enrichment System |
| <input type="checkbox"/> Compressed gas storage/use | <input type="checkbox"/> Fumigation/Thermal Insecticide Fogging |
| <input type="checkbox"/> Flammable liquid storage/use | <input type="checkbox"/> LPG storage/use |
| <input type="checkbox"/> Pesticide inventory statement (SUBMIT) | <input type="checkbox"/> Extraction Machines (print number of Ext. Machines) |

Type of Security Plan and Practices (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Security Plan (SUBMIT) | <input type="checkbox"/> Security Gate/Fence (SUBMIT SITE PLAN) |
|---|---|

I HAVE READ THE ROCK COMMUNITY FIRE PROTECTION DISTRICT POLICY REGARDING MARIJUANA ESTABLISHMENTS OR BUSINESSES. I FURTHER UNDERSTAND THAT A SITE INSPECTION WILL BE CONDUCTED 3 TIMES A YEAR BY THE ROCK COMMUNITY FIRE PROTECTION DISTRICT FIRE PREVENTION BUREAU. ALL REQUIRMENTS SHALL MEET THE 2015 IFC CODES AND RCFPD ORDINANCE #101. PERMITS MAY BE REVOKED WITHOUT REFUND IF AN FIRE/BUILDING CODE VIOLATIONS ARE NOT CORRECTED SET BY THE FIRE CODE OFFICIAL.

All permit fees shall be paid annually.

Owner: _____ Date: _____
Signature Print Name

Office Use Permit number _____ Annual Permit fee: \$ _____

Application received by: _____ Date: _____