



**Rock Community Fire Protection District**  
3749 Telegraph Rd. Arnold, MO 63010  
636-296-2211 ext 700 (Business)  
Email: [permits@rockfire-rescue.org](mailto:permits@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 REQUIREMENTS 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: \_\_\_\_\_