

**APPLICATION FOR WAIVER OF MINIMUM
DISTANCE REQUIREMENTS BY
A SCHOOL, CHURCH, OR CHILD CARE FACILITY**

The undersigned, _____, whose address is _____ and having full knowledge of the distance limitations imposed by Senate Bill 2095, the Mississippi Medical Cannabis Act of 2022 (MMCA 2022), upon a licensed medical cannabis establishment, do hereby approve a waiver from the distance requirements necessary for the issuance of a license to operate a medical cannabis business.

The medical cannabis establishment seeking to become licensed is _____ to be located at _____.

I understand that this medical cannabis establishment is seeking to become licensed as a (check all that apply):

- Cultivation Facility that will be growing, cultivating, and harvesting medical cannabis.
- Processing Facility that will be manufacturing medical cannabis and medical cannabis products and selling them to retail medical cannabis dispensaries.
- Testing Facility that will be analyzing medical cannabis.
- Transportation Entity that will be transporting medical cannabis.
- Disposal Entity that will be involved in the commercial disposal or destruction of medical cannabis.
- Research Facility that will be researching cannabis and its medical use.

I certify that I am vested with authority on behalf of _____ to approve this waiver of the distance requirement as set forth in MMCA 2022. As such, I understand that if approved a medical cannabis establishment (as described above) may be located less than 1,000 feet, but not closer than 500 feet from the nearest property boundary line of the school, church, or childcare facility on whose behalf I am authorized to act.

I further understand that this waiver has no expiration date and will remain in effect for the duration of the medical cannabis establishment's license for which it is executed.

I also understand that this Approval for Waiver will be submitted by the applicant business named as part of its application to receive licensure as a medical cannabis establishment from the State.

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____, _____.

NOTARY PUBLIC
My commission expires: _____