

City of Cape Coral

Department of Development Services

PHARMACY ADDENDUM MEDICAL MARIJUANA

I,, owner of	
at	
I will not be dispensing Medical Marijuana at this location.	
I will be dispensing Medical Marijuana at this location and I have submitted my proof of license from the State of Florida to the Zoning Department, City of Cape Coral, to be attached to my records.	
	Date:
Owner Signature	
CITY PLANNING/ZONING DEPARTMENT	
	Date:
CSR (only if proof of license submitted)	
	Date:
City Planning Division	
City of Cape Coral	"S ÷×
Department of Development Services	
	JP.
2018 April Marijuana Addendum	

Development Services • City of Cape Coral • P.O. Box 150027 • Cape Coral, Florida 33915-0027 (239) 574-0600 • Fax (239) 574-0591 • www.capecoral.gov