



PHARMACY ADDENDUM
MEDICAL MARIJUANA

I, _____, owner of _____
at _____, do hereby state, that

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
Department of Development Services