

Medical Cannabis Cultivator Application for Zoning Determination



Pursuant to the State of Ohio requirement for proper zoning (Form 1G), the Village of Johnstown will issue a zoning permit conditional upon awarding of a cultivation license from the State of Ohio and the Village of Johnstown, Ohio. This zoning permit is non-transferable and must be signed by an applicant listed on the State of Ohio cultivator application.

This form can be returned to the Village Manager electronically, by mail or in person to:

Jim Lenner, Village Manager
599 S. Main Street, PO Box 457
Johnstown, Ohio 43031
jlenner@johnstownohio.org

Applicant Name: _____ Phone: _____

Applicant Email: _____

Applicant Address: _____

Physical Address for Cultivation: _____

Business Name: _____

Application Level: Level I Level II

Signature: _____ Date: _____

FOR VILLAGE USE ONLY

Date Received: _____ Received By: _____

Approved: Denied:

I certify the address listed above is approved for medical cannabis cultivation use subject to the issuance of licenses from the State of Ohio and Village of Johnstown.

Signature: _____ Date: _____

Print Name: _____