



FOOD ESTABLISHMENT LICENSE APPLICATION

MEDICAL MARIJUANA DISPENSARY INFUSION KITCHENS

ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

GENERAL INFORMATION

Dispensary's Legal Name:			
Dispensary's Registration Certificate ID#:			CHAA #:
Dispensary's Mailing Address:			
City:	County:	State:	Zip Code:
Contact Name (Last, First, MI):		Contact Phone #:	E-mail:

INFUSION KITCHEN LOCATION

Infusion Kitchen Location: <input type="checkbox"/> Dispensary <u>OR</u> <input type="checkbox"/> Dispensary's Off-site Cultivation Site			
Infusion Kitchen's Physical Address: <i>*This must be an Arizona address and cannot be a P.O. Box.</i>			
City:	County:	State:	Zip Code:
Is infusion kitchen ready for an inspection by the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO			

INFUSION KITCHEN INFORMATION

For the items below, "PHF" means Potentially Hazardous Food as defined in the [Arizona Food Code](#) (AFC 1-201.01(B)(61)). Place a check mark in the appropriate check boxes:

Will PHF be prepared, sold, or served? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will PHF be prepared, sold, or served only upon being ordered by a consumer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will PHF be prepared in advance based on consumer projections? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will PHF be prepared, sold, or served using time only as a public health control (AFC 3-501.19)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will PHF be prepared in advance using a multiple stage food preparation method? Multiple stage means 2 or more of the following: combining PHF ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing. <input type="checkbox"/> YES <input type="checkbox"/> NO
Will PHF be transported off the premises and consumed elsewhere? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will PHF be served to a Highly Susceptible Population (AFC 1-201.01(B)(40))? <input type="checkbox"/> YES <input type="checkbox"/> NO

A license to operate a Food Establishment is required pursuant to AFC 8-301.11. Upon signing this Food Establishment License Application, the Applicant hereby certifies that all of the information contained herein is true and correct.

Print Name	Title
Signature	Date Signed



FOOD ESTABLISHMENT LICENSE APPLICATION
MEDICAL MARIJUANA DISPENSARY INFUSION KITCHENS

PROVIDE THE FOLLOWING DOCUMENTS WITH APPLICATION:

1. Facility and Operating Plans, including:
 - a. Intended Menu;
 - b. Anticipated volume of food to be stored, prepared, and sold or served;
 - c. Finish schedules;
 - d. Equipment will be certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program to ensure compliance with the requirements of 9 A.A.C. 8, Article 1.
 - e. Evidence that standard procedures that ensure compliance with the requirements of 9 A.A.C. 8, Article 1 are developed or are being developed; and
 - f. Other information that may be required by the Department for the proper review of the proposed construction, conversion or modification, and procedures for operating a food establishment.

NOTE: Confidential and time sensitive information will be sent to the applicant's e-mail address provided in this application. Failure to respond to e-mails may result in your application being withdrawn or denied. M2Dispensaries@azdhs.gov to their list of safe senders to avoid having messages sent to their junk e-mail folder. Instructions on how to add an e-mail address to your list of safe senders can be found in your e-mail provider's documentation.