

## Local Zoning Attestation Form

This form must be completed as part of the Natural Medicine Business application submission. The Natural Medicine Division must confirm that all businesses are in compliance with local zoning code requirements. If there are no natural medicine specific zoning regulations, the Natural Medicine Division will confirm compliance with any applicable local zoning requirements.

**Please note that the Division will not license to a private residence.**

In order to show compliance with Rule 2125(2)(b),

I,  
an authorized representative of:

Business Name  Business License Number

## Physical Address

attest that the license above is in substantial compliance with the local jurisdiction zoning requirements for my business type:

**This includes confirmation that the proposed licensed premises:**

Initial Here Is not located at a private residence; and

Initial Here Is zoned properly for the Natural Medicine Business; or

Initial Here Does not have a local jurisdiction requirement regarding Natural Medicine Business locations.

**Confirmation of your zoning ordinance can be shown in different ways, please attach a copy of one of the following:**

A PDF copy of your jurisdiction's zoning code

A copy of email correspondence from your local jurisdiction confirming their zoning requirements for your Natural Medicine Business type

A copy of email correspondence from your local jurisdiction confirming they have no requirements regarding Natural Medicine Businesses

Printed Name

Owner License Number

**Signature**

Date (MM/DD/YY)