



**MEDICAL CANNABIS  
SPECIAL LICENSE APPLICATION**

525 High Street - Paris, KY 40361  
Phone (859) 987-2110; Fax (859) 987-3653  
**License Fee: \$ 500**

Applications must be submitted at least 10 business days before the license is needed to allow time for processing the application and documents. After receiving a Cannabis license from the State of Kentucky and obtaining zoning approval from the Paris-Bourbon County Planning Commission, you may apply for this special license.

Kentucky has adopted KRS Chapter 218B providing for the legalization of the use of medical cannabis and the operation of medical cannabis facilities in the Commonwealth pursuant to the terms and conditions of state law.

The City of Paris Board of Commissioners adopted Ordinance 2024-24 which codified the intent of the City to permit entities operating and licensed in accordance with KRS Chapter 218B and other federal and Kentucky law to operate within the City of Paris pursuant to KRS 218B.130.

No person or entity shall operate a Medicinal Cannabis Business at any location in the City of Paris unless that entity also possesses valid City Business licenses and the required Special License. Licenses are responsible for payment of occupational fees on net profits earned from the operation and on withholdings from employee compensation paid for work done or services performed within the City in accordance with City ordinances.

All medicinal cannabis business special license fees and renewals expire on December 31 following the most recent application or renewal; or upon the revocation of any licenses or permits issued by the Commonwealth of Kentucky.

**APPLICANT BUSINESS INFORMATION**

Organization Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other ☐ Non-Profit

Organization Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Start and End Date: \_\_\_\_\_ Federal ID (EIN): \_\_\_\_\_

KY State ID Number: \_\_\_\_\_ Social Security #: (If Individual): \_\_\_\_\_

Website address: \_\_\_\_\_ Email address: \_\_\_\_\_

**SELECT SPECIAL LICENSE, (you may select one option per application)**

- ☐ Cultivator..... \$ 500.00..... [915 KAR 1:030 Cultivator](#)
- ☐ Dispensary .....\$ 500.00..... [915 KAR 1:070 Dispensary](#)
- ☐ Processor ..... \$ 500.00..... [915 KAR 1:407 Processor](#)
- ☐ Producer ..... \$ 500.00..... [915 KAR 1:050 Producer](#)
- ☐ Safety Compliance Facility.....\$ 500.00..... [915 KAR 1:060 Safety Compliance Facility](#)

**LOCATION AND COMPLIANCE VERIFICATION**

Location Business Address:		PVA Parcel Number:	
Local Contact Name:		Local Phone Number:	
Local Mailing Address:		Emergency Contact:	
Email Address:		Business Zone:	

In case of an Emergency outside normal business hours contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have any principal officers or board members of the proposed cannabis business been convicted of a felony offense? \_\_\_\_\_

<b>COMPLIANCE QUESTIONS</b>	<b>ANSWER</b>
<b>BUILDING</b>	<b>BUILDING</b>
Do you have legal possession of the premises for at least one (1) year from the date the license is issued, either through ownership, lease, or another arrangement?	
Is Knox Box installed at the location?	
Do you have a written security plan?	
Is the proposed location ready for city staff inspection?	
The cannabis business is not within one thousand (1,000) feet of an existing child-care center, as defined by KRS Chapter 199.894(3), family child-care home, as defined by KRS Chapter 199.894(5), or a registered childcare provider in the Child Care Assistance Program, as regulated by 922 KAR 2:180.	
<b>LAND USE</b>	<b>LAND USE</b>
Has the Zoning Administrator been contacted regarding your proposed use?	
Is the use permitted in the location you have identified?	
If yes, is a zoning permit required?	
Confirmation from the Paris-Bourbon County Planning Commission that the proposed property complies with zoning requirements.	
<b>UTILITY</b>	<b>UTILITY</b>
Is an allocation for water being requested?	
If yes, how many gallons per day have been requested?	
Does the location have an adequate power supply?	
Projected volume and content of discharge into the sewer system?	
Proposed inceptor, filter or other device necessary to prevent harmful materials from entering the City's sewer system?	
Will your facility require a Pretreatment Permit?	

## **RULES AND REGULATIONS**

The application shall be made at least (10) business days before the license is required in order to process the application and accompanying documents.

### **Reasons for Denial or Revocation of Special License**

1. A special license may be denied or revoked when any of the following circumstances occur:
  - i. When the applicant intentionally or knowingly makes a false statement as to a material matter in the application.
  - ii. When the applicant fails to complete any part of an applicant.
  - iii. When the licensee has failed to pay or is subject to an unsatisfied fee, tax, fine, penalty, or lien from the City of Paris for any reason.
  - iv. When the business cannot provide sufficient support to show the proposed location does not meet a required standard.
  - v. When the operator, owner, or the business fails to comply with any applicable state or local law or regulation, including, without limitation, mandatory zoning, building, safety, maintenance, health, sanitation, fire, electrical, plumbing, and mechanical codes.
  - vi. When the operator, owner, or the business is otherwise found to be not in compliance with City Code of Ordinances §60.014.

or the licensee has been found in violation of any other portion of city ordinance two or more times during the relevant license term. A licensee whose special license is revoked is not eligible to apply for another medicinal cannabis business license at the location for which the special license was revoked for a period of one year.

2. Any person or entity that has been determined to have violated regulations regarding medicinal cannabis businesses in the City of Paris as determined by the City Manager, or their designee, is subject to civil penalties in the amount of \$ 500.00 per offense. Each day that the violation continues after notification of the offense has been served shall constitute a separate offense. The local government shall possess a lien on the property owned by the Licensee for all final citations.

### **Procedure to Deny, Revoke, Fail to Renew, or Issue a Citation Related to a Special License**

1. Upon finding a condition exists to deny an application, revoke a license, fail to renew a license, or issue a citation the City Manager or their designee shall issue notice to the Licensee or Applicant requiring that it come forward and show cause why the above action should not be taken.
2. The licensee or applicant shall have ten (10) calendar days to respond to the notice in writing and present evidence showing that the proposed action should not be taken.
3. Within thirty (30) calendar days, the City Commission, or their designee shall review all evidence and hold a hearing at which the Licensee or Applicant shall be allowed to present witnesses on its behalf. A final decision will be made. The licensee or applicant may then pursue and appeal through the Circuit Court.
4. Failure to respond to the notice by the City Manager or their designee or otherwise failure to present evidence shall result in the City Manager or their designee taking the proposed action described in the notice.

PROPERTY OWNER AUTHORIZATION			
Owner Name:		Phone Number:	
Mailing Address:		Email Address:	

**Declaration:** As owner (or authorized representative of the owner) of the property indicated above, I authorize the applicant to seek a Cannabis Special License, and a City Business License to conduct business on my property related to Cannabis.

Property Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, (year), by \_\_\_\_\_ (name of person acknowledged.)

(SEAL)

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Notary ID: \_\_\_\_\_

**APPLICATION AGREEMENT - *Applicant agrees to comply with all material respects, applicable laws, rules, regulations, and provisions as stated within the application.***

- 1. Special License Fee:** A license fee of \$ 500.00 to be paid at time of filing the application for each individual and or business. This fee is non-refundable. *(Please note that this fee is separate from, and in addition to any fees imposed by the City's Occupational License Ordinance).*
- 2. Business License:** The occupational license fee of \$ 75.00 will be made at the time of application and is non-refundable.
- 3. Payroll Withholding:** A license fee at the rate of 1.5 % of gross wage shall be withheld and remitted for salaries, wages, commissions, and other compensations for work or services rendered in any activity.
- 4. Net Profit:** Income from the operation of a business or enterprise after providing for all costs and expenses incurred in the conduct of services rendered shall be remitted as a Net Profit Fee. The Net Profit Fee is 1.5% of profits.
- 5. Business:** Business entities and/or individuals must be in good standing with the City of Paris and the State of Kentucky. This includes proper documentation, payment of taxes, fees, licenses, and permits, as well as compliance with both State and City ordinances. Additionally, all requirements of the applicable building and fire codes must be met.

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers, and supervisors listed in this application, that the information provided in this application and its attached exhibits is accurate and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the rejection of this application, denial of the permit, or revocation of an issued permit.

I understand that by submitting this application, I permit the City of Paris to reproduce the materials provided for distribution to City staff, boards, City Commission members, and other relevant agencies as needed to process the

application. Furthermore, this application and all supporting documents are subject to the Kentucky Open Records Act.

**APPLICANT STATEMENT REGARDING KNOWLEDGE OF THE STATE OF KENTUCKY CANNABIS CODES AND REGULATIONS AND THE CITY OF PARIS ORDINANCES AND LOCAL RULES OF PROCEDURE OF GOVERNING A CANNABIS BUSINESS**

The City of Paris expects applicants of a Cannabis Special License to be well-versed in the cannabis laws, codes, regulations, and ordinances of both the State of Kentucky and the City of Paris. Applicants are encouraged to seek further clarification of any relevant information if needed.

I, \_\_\_\_\_, hereby state that I have read KAR Title 915 Chapter 001 and KRS Chapter 218B as amended, and the regulations promulgated thereunder, and the City of Paris Ordinances ORD 2024-23, ORD 2024-24, and ORD 2024-34, regarding general business licensing and Cannabis special licensing and understand the contents thereof.

\_\_\_\_\_  
Printed Name of Applicant                      Signature of Applicant                      Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, (year), by \_\_\_\_\_  
(name of person acknowledged.)

(SEAL)

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_  
Notary ID: \_\_\_\_\_

<b>DOCUMENTATION CHECKLIST, (attach to application)</b>
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Failure to submit the required documentation may result in the denial of your application.

1. City of Paris Annual Business License Application and Payment of \$75 (*non-refundable*)
2. Payment for Special License of \$ 500 (*non-refundable*)
3. A copy of the Issued Kentucky Cannabis Permit
4. Conditional Use Permit Approval
5. Certificate of Occupancy
6. Proof of Insurance
7. Knox Box Installed
8. [Registration of Alarm System with the City](#)
9. Written Copy of the Security Plan
10. Proof of Business Registration with the Kentucky Secretary of State
11. Evidence of Possession, Ownership, or Lease of the Property

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Provide a recent clear photo of approximately two (2) inches square showing the head and shoulders of the applicant.

A copy of one of the following items of the Applicant(s):

- ☐ Kentucky driver's license issued on or after; OR
- ☐ Kentucky identification card issued on or after; OR
- ☐ Kentucky registry identification card; OR
- ☐ Photograph page in the Dispensary Agent's U.S. passport; OR
- ☐ Birth certificate verifying U.S. citizenship; OR
- ☐ U.S. Certificate of Naturalization; OR
- ☐ U.S. Certificate of Citizenship

Payment options are certified check, cashier's check, or money order payable to the City of Paris.

Return application, supporting documentation, and payment to:

The City of Paris  
525 High Street  
Paris, KY 40361  
Attn: City Clerk

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**Official Use Only**

Department Authorization

Fire Department: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notes: \_\_\_\_\_

Police Department: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notes: \_\_\_\_\_

Code Enforcement: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notes: \_\_\_\_\_

Planning & Zoning: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notes: \_\_\_\_\_

Account Number: \_\_\_\_\_ City Manager Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

