



SATELLITE LOCATION APPLICATION

Dispensing Organization Information			
Name of Dispensing Organization			
Dispensing Organization License Number			
Assumed Name (D.B.A., if any)			
Physical Address		County	
City	State	Zip Code	
Mailing Address		Telephone Number	
City	State	Zip Code	
E-mail Address			
Satellite Location Information			
Name of Satellite Location			
Physical Address		County	
City	State	Zip Code	
Mailing Address		Telephone Number	
City	State	Zip Code	
E-mail Address			
Own or Lease Property <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease			
<i>Provide a copy of the lease, deed, or other documents evidencing the right to occupy the location.</i>			
Name of Property Owner			
Does this location have a Drive-Thru window that will be used for patient pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee working at the Pick-up location <input type="checkbox"/> Delivery Driver <input type="checkbox"/> Satellite Location Registered Employee			
Is this location within 1,000 feet of a school or day care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
All regulated premises shall be located at least 1000 feet from any private or public school or day care center that existed prior to the date of initial license application, measured from the closest points on the respective property lines. TAC §12.7 (n)			
	Point-of-Contact Name		
	Phone Number	Email Address	

Operational Information									
Frequency		<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Monthly	
Days of Operation		Hours of Operation		Enter beginning time		Enter ending time			
<input type="checkbox"/> Monday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Tuesday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Wednesday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Thursday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Friday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Saturday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Sunday		Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Hour:	Min:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Security System									
Identify the company or companies that will provide security services (such as video surveillance, access control, and intrusion alarms) for the proposed satellite location. If more than two companies will provide security services, complete this section for each such additional company.									
Primary Security Company Name									
Primary Security Company Address (including Apartment or Suite #)							County		
City					State		Zip Code		
E-mail Address							Telephone Number		
Backup Security Company Name (If applicable)									
Primary Security Company Address (including Apartment or Suite #)							County		
City					State		Zip Code		
E-mail Address							Telephone Number		
Attach a detailed description of the security plan to be offered by the security company or companies.									

Please provide the following information as part of your application:

- A site plan drawn to scale of the proposed satellite location showing streets, property lines, buildings, parking areas, and outdoor areas.
- Exterior signage that will be displayed on the exterior of the proposed satellite location.
- Photographs of the surrounding area including parking lots, businesses, or neighborhoods within the immediate area.
- A blueprint, or floor plan drawn to scale, of the proposed dispensary facility which shall, at a minimum, show and identify the following:
 - The location and square footage of the area which will constitute the designated dispensing area from which low-THC products will be sold;
 - The square footage of the overall satellite location;
 - The square footage and location of areas used as storerooms or stockrooms within the satellite location;
 - The size of the counter that will be used for selling regulated products within the satellite location;
 - The location and description of all safes, vaults, and locked enclosed areas where low-THC products will be stored;
 - The location and size of patient pickup areas;
 - Location and description of prescription processing area(s), including locations of computers that would be used to access protected patient information;
 - The location of all areas that may contain low-THC products showing the location of walls, partitions, counters and all areas of ingress and egress, including locations of all windows and doors;
 - The location of cameras and surveillance equipment; and
 - The plan for destroying patient related health information, such as labels or leaflets specific to the patient, and a plan on how product that has been removed from active inventory, possibly due to expiration or patient returns, will be destroyed and accounted for.

Acknowledgements

_____ (Initials) I agree to notify the department within five business days of the closure or cessation of operations at a previously approved satellite location.

_____ (Initials) I acknowledge the authority of Department personnel to enter and to inspect the controlled premises, including locations where low-THC cannabis or products are stored, sold, dispensed, or tested, or any other records required to be kept by the statutes, laws, regulations, or rules governing the Compassionate Use Program in accordance with TAC §12.21.

_____ (Initials) I understand any change to the regularly scheduled hours of operation must be pre-approved by the department.

_____ (Initials) I acknowledge the authority of Department personnel to enter and to inspect the satellite location premises.

_____ (Initials) I verify that all information provided in the application and any attachment exhibit is true and correct, and I understand that this is an official government record and that any false statement made on this document, or any other supplement provided to the Department may result in criminal prosecution.

Printed Name and Title of the individual authorized to submit the application on behalf of this business

Applicant Signature

Date

Privacy Policy Texas Government Code, Title 5, Chapter 559, Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES
(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.
Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>

*** THIS AREA IS FOR DPS USE ONLY ***

The Satellite Location for _____,
(Dispensing Organization Name) (Satellite Location Number)

at _____,
(Address) (City) (State) (Zip) (County)

is ☐ Approved ☐ Not Approved

Approver Name		Signature	
Approver Title		Date	
