



MARIJUANA BUSINESS LICENSE LETTER OF INTENT

APPLICANT INFORMATION	
Name of Applicant (list Corporation/LLC/Partnership/Sole Proprietor):	
Trade Name (DBA):	
Street Address or Property PIN of Marijuana Business:	Business Phone:
Mailing Address:	Alternate Phone:
Primary Contact Name and Title:	Email Address:

Type of Business (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Retail Marijuana Store | <input type="checkbox"/> Medical Marijuana Center |
| <input type="checkbox"/> Retail Marijuana Cultivation Facility | <input type="checkbox"/> Optional Premises Cultivation Operation |
| <input type="checkbox"/> Retail Marijuana Products Manufacturer | <input type="checkbox"/> Medical Marijuana-Infused Products Manufacturer |
| <input type="checkbox"/> Retail Marijuana Testing Facility | |

Proposed Size of Operation (attach separate sheet if necessary):

Proposed Scope of Operation (attach separate sheet if necessary):