



## 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):