

(1) BUSINESS SPECIFICATIONS

A. Facility Ownership Information: Provide the following information regarding ownership of the marijuana facility to be licensed:

Property Tax ID Number	Owner of Property
Property Street Address	Type of Ownership or Use Interest (e.g., own, rent, land contract)

(2) MUNICIPALITY INFORMATION

- A. Name of Municipality in which the marijuana facility will be located: _____
- B. City, State, and Zip Code of Municipality: _____
- C. Contact Person for Municipality: _____
- D. Municipality's Email Address: _____
- E. Date of Municipal Application (if applicable): _____
- F. Municipality Phone: _____
- G. County of Municipality: _____
- H. Municipality Notice Sent Via Certified Mail Yes No
- I. Date Municipality Notice was sent via Certified Mail: _____

(3) EMPLOYEE INFORMATION

- A. Number of employees who will work for this marijuana facility: _____ (if unknown, estimate)
- B. Do you plan to hire independent contractors (e.g., people you will report on a 1099 form)? Yes No

(4) FACILITY INFORMATION

- A.** Is this location currently licensed or the subject of another facility license application? Yes No
- B.** If yes, name the current applicant or licensee (provide any documentation related to the transfer of ownership)
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- C.** Is the facility ready for inspection by CRA and Bureau of Fire Services (BFS)? Yes No
- D.** Is the facility ready for plan review by BFS (growers and processors only)? Yes No N/A
- E.** If no for either question above, indicate anticipated date or provide a timeline when the facility will be ready for CRA and BFS inspection and/or plan review. Please note, a facility is ready for inspection when the business is ready to begin operations.
