



**LICENSED ENTITY: CHANGE OF LOCATION**

Please provide the following information regarding the entity: Please note, changing the location of a licensed marijuana facility results in the issuance of a new license and requires the payment of the regulatory assessment for the new license .

<b>Entity Name &amp; License Number</b> (e.g. GR-C-012345)	<b>Assumed Name</b> (if applicable)		
<b>Current Physical Address</b>	<b>New Physical Address</b>		
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top; padding: 5px;"> <b>Proposed Change of Location</b>  <b>Facility License Documents</b>  <input type="checkbox"/> Facility Demographics  <input type="checkbox"/> Disclosures   <b>Attestations</b>  <input type="checkbox"/> G – Acknowledgement and Consent to Investigations, Statue, &amp; Rule Compliance  <input type="checkbox"/> H – Applicant’s Interest &amp; Experience Attestation  <input type="checkbox"/> I – Confirmation of Sec. 205 Compliance – Part 1: Municipality  <input type="checkbox"/> I – Confirmation of Sec. 205 Compliance – Part 2: Applicant  <input type="checkbox"/> J – Confirmation of Sec. 408 Compliance            <input type="checkbox"/> Declarations Page of the Insurance Policy of the Fully Executed Surety Bond  <input type="checkbox"/> Acknowledgement of Attestations </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <b>Business Plans</b>  <input type="checkbox"/> Marijuana Business Location Plan  <input type="checkbox"/> Business Plan including, but not limited to:            <input type="checkbox"/> Technology Plan            <input type="checkbox"/> Marketing Plan            <input type="checkbox"/> Staffing Plan            <input type="checkbox"/> Inventory and Recordkeeping Plan   <b>Additional Required Documents</b>  <input type="checkbox"/> Deed or Lease Agreement  <input type="checkbox"/> Certificate of Occupancy  <input type="checkbox"/> Certified Mail Receipt with Letter Sent to Municipality  <input type="checkbox"/> Documents Related to the Transfer of Ownership (if applicable) </td> </tr> </table>		<b>Proposed Change of Location</b> <b>Facility License Documents</b> <input type="checkbox"/> Facility Demographics <input type="checkbox"/> Disclosures  <b>Attestations</b> <input type="checkbox"/> G – Acknowledgement and Consent to Investigations, Statue, & Rule Compliance <input type="checkbox"/> H – Applicant’s Interest & Experience Attestation <input type="checkbox"/> I – Confirmation of Sec. 205 Compliance – Part 1: Municipality <input type="checkbox"/> I – Confirmation of Sec. 205 Compliance – Part 2: Applicant <input type="checkbox"/> J – Confirmation of Sec. 408 Compliance <input type="checkbox"/> Declarations Page of the Insurance Policy of the Fully Executed Surety Bond <input type="checkbox"/> Acknowledgement of Attestations	<b>Business Plans</b> <input type="checkbox"/> Marijuana Business Location Plan <input type="checkbox"/> Business Plan including, but not limited to: <input type="checkbox"/> Technology Plan <input type="checkbox"/> Marketing Plan <input type="checkbox"/> Staffing Plan <input type="checkbox"/> Inventory and Recordkeeping Plan  <b>Additional Required Documents</b> <input type="checkbox"/> Deed or Lease Agreement <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Certified Mail Receipt with Letter Sent to Municipality <input type="checkbox"/> Documents Related to the Transfer of Ownership (if applicable)
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<b>Reason for Change of Location:</b> Provide an explanation for the proposed change of location (e.g., larger facility, eviction).			
<b>Will the new address be sharing locations with a licensed marijuana facility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do the two facilities share the same ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Person Completing Form**

<b>Name</b> (First, Middle, Last)	<b>Affiliation with Entity</b>
<b>Email Address</b>	<b>Phone</b>