

### LICENSE TYPE

Please indicate the license type for which you are applying:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grower Class A | <input type="checkbox"/> Processor           | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower Class B | <input type="checkbox"/> Provisioning Center |   |
| <input type="checkbox"/> Grower Class C | <input type="checkbox"/> Secure Transporter  |   |

### MARIJUANA FACILITY INFORMATION

Please provide the following information regarding the marijuana facility seeking a state operating license.

<b>Applicant Name</b> (as appears on official business documents)	<b>Assumed Name/DBA</b> (Attach copy of filed assumed name certificate, if applicable)
<b>Mailing Address</b>	<b>FEIN/SSN</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Phone</b>
<b>Email Address</b>	<b>Business Location Zoning Category</b> (e.g., agriculture, commercial, residential)

### PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact for this license application.

<b>Name</b> (First, Middle, Last)	<b>Date of Birth</b> (mm/dd/yyyy)
<b>Mailing Address</b>	<b>Phone</b>
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Email Address</b>

<b><u>VALIDATION - FOR DEPARTMENT USE ONLY</u></b>
<b>CRA RECEIPT</b>