



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):

- Retail Marijuana Store
- Retail Marijuana Cultivation Facility
- Retail Marijuana Products Manufacturer
- Retail Marijuana testing facility
- Medical Marijuana Center
- Optional Premises Cultivation Operation
- Medical Marijuana-Infused Products Manufacturer

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

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