

License Number _____

Cultivation Dispensary

Business Name _____

Date Received _____

MMC Change in Information Form

Summary of Information Received Please indicate whether the Change in Information is or is not a material change in the original applicaton for licensure You may attach additional pages if necessary

Does the information received change the applicant, ownership structure, or board members of the entity? Yes No

If the answer to the above question is "yes", does the change introduce individuals or entities not listed in the original application? N/A Yes No If "yes" have the appropriate background checks been received? N/A State? Yes No Federal? Yes No

Does the information received contain security sensitive information regarding an applicant, owner, or board member? Yes No

Does the information received contain security sensitive information regarding the structure or floor plan of the facility? Yes No

Does the information received alter the designated primary entrance of the facility? Yes No

If the designated primary entrance to the facility has changed or will change, was proof provided that the facility will remain in compliance with the distance setbacks from the nearest church, school, or daycare? Yes (Form of Proof Provided: _____)
No
Not Applicable

Does this change in information require a referral to the Alcoholic Beverage Control Division?
Yes No If "yes", provide date of referral:

Form Completed By: _____

Date: _____