License Number		Cultiva	ation	Dispensary	
Business Name		Date F	Date Received		
MMC Change in Information Form					
Summary of Information Rec the original application for lic			n is or is	not a material change in	
Does the information reentity? Yes	eceived change the appli No	cant, ownership structu	re, or bo	oard members of the	
If the answer to the abolisted in the original ap background checks been	plication? N/A	es the change introduce : Yes No If "y State? Yes No	es" hav	uals or entities not e the appropriate eral? Yes No	
Does the information received contain security sensitive information regarding an applicant, owner, or board member? Yes No					
Does the information re plan of the facility?	ceived contain security s Yes No	sensitive information reg	garding	the structure or floor	
Does the information received alter the designated primary entrance of the facility? Yes No					
If the designated prima that the facility will renschool, or daycare?	nain in compliance with	•	om the	nearest church,	
	No				
	Not Applicable				
Does this change in info		cal to the Alcoholic Roye	rago Co	antrol Division?	
_	_			dictor Division:	
Yes No	If	"yes", provide date of re	terral:		
Form Completed By:					
Date:					