

DEPARTMENT OF CANNABIS REGULATION APPLICATION AMENDMENT FORM

This is a request form to amend an application previously submitted to the Department of Cannabis Regulation (DCR) for a License and/or Temporary Approval to conduct commercial cannabis activities. This form must be submitted in-person to DCR's offices or the Office of Finance. You will be asked to show identification before submission of the form. DCR must review and approve any amendments to previously-submitted applications before the changes will take effect, and you may be contacted and asked to supply supporting documentation.

Please note: By signing and submitting this form, you are certifying under penalty of perjury that the information you supply is true and accurate to the best of your knowledge. Submission of false or misleading information may result in the denial of your application.

APPLICANT INFORMATION

Applicant Name: _____

Title: _____

Mailing Address: _____

Contact phone number: _____

Email: _____

BUSINESS INFORMATION

Application ID/License No.: _____

Legal Business Name: _____

DBA Name: _____

Business Tax Registration Certificate (BTRC) No.: _____

Business Premises Address: _____

APPLICATION AMENDMENT INFORMATION

I am submitting this form for approval to:

Change the Business Premises address in my application.

New Business Premises Address:

Change or add an agent of service to my application.

Name of New Agent of Service: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Remove existing agent of service? [check one]: **No** **Yes**

Name: _____

Add an owner to my application.

1) Name of New Owner: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Ownership percentage: _____

2) Name of New Owner: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Ownership percentage: _____

3) Name of New Owner: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Ownership percentage: _____

4) Name of New Owner: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Ownership percentage: _____

5) Name of New Owner: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Ownership percentage: _____

Remove an owner from my application.

Remove existing owner? [check one]: **No** **Yes.**

Name: _____

Remove existing owner? [check one]: **No** **Yes.**

Name: _____

Remove existing owner? [check one]: **No** **Yes.**

Name: _____

Remove existing owner? [check one]: **No** **Yes.**

Name: _____

Other. Information is included below.

I hereby certify that the above statements are true.

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____