



LIC-4002-MOD

License or Application No.: _____

Instructions: The purpose of this form is to make modifications to the Business Premises location on a previously submitted Application. Please provide the information requested below including all suite or unit numbers. This form should be submitted to request a relocation prior to the execution of a new lease. After DCR approves the requested relocation, the Applicant will have 60 days, unless more time is authorized by DCR, to finalize and submit documents. **Please note: the Applicant will not be able to conduct Commercial Cannabis Activity at the new location until the new Business Premises passes an Initial Inspection.**

A majority owner or a sufficient number of Owners to constitute a majority ownership of the business is necessary to request an Application or License modification, and those Owners must submit notarized signatures

Existing Business Premises Location: _____

Proposed Business Premises Location: _____

Is the Primary Mailing Address for this Legal Business Entity changing? No Yes

If "Yes" provide the new Primary Mailing Address: _____

By signing below I declare under penalty of perjury that I am the majority owner or I am otherwise authorized to make these changes on behalf of the business identified above. I also declare under penalty of perjury that each Applicant, Owner, and/or other financial interest holder associated with this business consents to the modification requested herein.

Additionally, I declare under penalty of perjury that the statements contained in this form and any attachments or supporting documents are complete and true to the best of my knowledge. I understand that submission of false or misleading information, or the failure to disclose a material fact, may result in denial of this application, administrative action or penalties, and/or revocation of authorization to conduct commercial cannabis activities.

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

Name: _____ Signature _____ Date: _____

For DCR Use Only

Zoning Compliance? Yes No Sensitive Use Distance Compliance? Yes No

Community Plan Area Before Relocation: _____

Community Plan Area After Relocation: _____

