



Marijuana Establishment License Renewal Application

Application Type

Retail Store

Manufacturing Facility

Cultivation Facility

Hospitality

Applicant

Contact Name:

Entity Name:

Trade Name:

Facility Address:

City, State Zip:

Phone:

Email:

Mailing Address (if different than above)

Address:

City, State, Zip:

State License No.:

State License Expiration Date:

Have you received any of the following from the Marijuana Enforcement Division within the last 12 months? If yes, please attach supporting documents.

Order to Show Cause	Yes	No
Summary Suspension	Yes	No
Administrative Hold	Yes	No

Name (Printed):

Name (Signature):

Date: