

Date

Applicant's name

Applicant's current mailing address, line 1

Applicant's current mailing address, line 2

Applicant's current phone number

Applicant's current email address

Name of medicinal cannabis retail business

Medicinal cannabis retail business location address, line 1

Medicinal cannabis retail business location address, line 2

Medicinal cannabis retail business phone number

Medicinal cannabis retail business location property owner name

Medicinal cannabis retail business location property owner address, line 1

Medicinal cannabis retail business location property owner address, line 2

Medicinal cannabis retail business location property owner phone number

Re: Interest in renewing registration application

Dear Planning Division,

My name is ____, on behalf of the ____ medicinal cannabis retail business, and I am interested in renewing my registration application for 2020. I understand that there is no fee to process a renewal request. Please feel free to contact me using the information above if you have any questions.

Thank you,

Signature & Date

Full Name