

Has the applicant been denied an application for an Adult Use or a Medical Marijuana license by another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet.	
Has the applicant had an Adult Use or a Medical Cannabis license suspended or revoked by another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet.	
Name of Property Owner (If different than applicant):	
Mailing Address:	
Telephone:	Email Address:
<input type="checkbox"/> Attach copy of lease of subject property	

Property Owner Signature	Property Owner Printed Name	Date
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Attach copy of all current State Cannabis License(s) conditional or other if any or registry identification card

Permit Fees (Payable upon Select Board permit issuance):

- Adult Use Cannabis Retail Store: \$ **400.00**

- Adult Use Cannabis Cultivation Facility: \$**400.00**

- Cannabis Nursery Cultivation: \$**400.00**

- Adult Use Cannabis Manufacturing Facility: \$ **400.00**

- Adult Use Cannabis Testing Facility: \$**400.00**

- Medical Cannabis Caregiver Retail Store: \$**400.00**

- Medical Cannabis Cultivation Facility: \$**400.00**

- Medical Cannabis Manufacturing Facility: \$**400.00**

- Medical Cannabis Dispensary: \$**400.00**

- Medical Cannabis Testing Facility: \$**400.00**

I'm applying for a Cannabis Store, a Cannabis Cultivation Facility, or a Cannabis Products Manufacturing Facility license, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Cannabis Testing Facility license.

I'm applying for a Cannabis Testing Facility permit, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Cannabis Store, a Cannabis Cultivation Facility, or a Cannabis Manufacturing Facility.

By signing this application, you agree to pay all fees associated with this application and adhere to all applicable ordinances in The Town of Bethel Code.

Applicant Signature

Applicant Printed Name

Date

Approved By Town of Bethel Board of Selectboard

Denied by Town of Bethel Board of Selectboard

(Attach Reasons of Denial)

Date: _____

