



Marijuana Ordinance Application  
**Facility Address Change Request Form**

I, \_\_\_\_\_, declare there has been no change to the physical location of my marijuana facility as previously submitted. This is a revision or correction to the address of the existing location as submitted in the Marijuana Ordinance Application and/or other supporting documentation and drawings.

**Reason for Request:** Please Print (attach another sheet if needed)


**Please Print All Information**

Applicant Name:			
Contact Number:			
Company/Business:			
Address as Submitted:			
Address as Corrected:			
Provisional Certificate or City Operating License #:	<input type="checkbox"/> Cert	<input type="checkbox"/> Lic	<input type="checkbox"/> NA #

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_