

## TOWN OF NUNN MARIJUANA CULTIVATION FACILITY APPLICATION

This Application is for the following License Type:

*(check only 1 license type and file a separate license application if another license type is also applicable):*

- ☐ Retail Marijuana Cultivation Facility      ☐ Medical Marijuana Cultivation Facility  
☐ Retail Marijuana Product Manufacturing Facility      ☐ Medical Marijuana Products Manufacturer

Applicant is applying for:

- ☐ New License (\$2,500 fee)      ☐ License Renewal (\$500 fee)

Applicant is applying as (attach organizational documents):

- ☐ Corporation    ☐ Individual    ☐ Partnership    ☐ Limited Liability Company    ☐ Association/Other

Applicant Name \_\_\_\_\_

Trade Name of Establishment (doing business as) \_\_\_\_\_

Address of Premises location \_\_\_\_\_

Street Address      City      State      Zip Code

Business Mailing Address *(if different from premises location)* \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business Email \_\_\_\_\_

FEIN No. \_\_\_\_\_

Maximum Expected Plant Count: \_\_\_\_\_ Lights Count: \_\_\_\_\_ Lights Wattage Used: \_\_\_\_\_

**1. Applicant Ownership and Management Structure (not required for Renewals unless there are Amendments)**

(A) The Applicant must provide the name and address of ALL OWNERS, OFFICERS, DIRECTORS, PARTNERS, MANAGING MEMBERS, CITY KEYHOLDERS, FINANCIERS, AGENTS, AND ALL OTHER INDIVIDUALS NAMED IN THIS APPLICATION. If necessary, provide additional information on a separate sheet.

NAME	MAILING ADDRESS	POSITION	% OWNED

2. Are any of the individuals listed above with the Applicant under 21 years of age? \_\_\_\_ Yes \_\_\_\_ No

3. Provide the name of the owner or manager who will reply within 24 hours to the Town of Nunn, and the applicant representative's phone number and email address when premises inspection or Town enforcement is required.

Owner/Manager: \_\_\_\_\_

Applicant Representative: \_\_\_\_\_

4. Does the Applicant have legal possession of the proposed licensed premises for at least 12 months from the date that this application was filed by virtue of ownership, lease or other arrangement?

Applicant must provide a copy of recorded Deed, or signed Lease or other possession evidence.

Ownership \_\_\_\_\_ Lease \_\_\_\_\_ Other \_\_\_\_\_ (*explain in detail, use extra sheet*)

If leased, list the name of the landlord and tenant, and date of expiration **exactly** as they appear on the lease:

Landlord: \_\_\_\_\_ Tenant: \_\_\_\_\_ Expires: \_\_\_\_\_

5. Are proposed premises within 1,000 feet of any school, university, addiction recovery or licensed daycare?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please provide a statement on the amount of projected daily average and peak electrical load for the business and a certification from the landlord and utility provider that the location is equipped to meet those requirements.

7. The total square footage of the Facility location equals: \_\_\_\_\_

8. Are patients or customers allowed at this location?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Describe the plan for view obstruction of product from outside the location:

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**ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH NEW LICENSE APPLICATIONS BUT NOT REQUIRED FOR ANNUAL RENEWAL APPLICATIONS UNLESS THERE ARE CHANGES**

**For Renewals, are there changes to any information contained in your original application or your last renewal application?**

\_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**                      \_\_\_\_\_ **Renewing Representative's Initials**

*\*For any changes, Licensees should submit the pertinent form or attachment containing new or changed information.*

**ALL ATTACHMENTS IN HARD COPY FORM**

- ☐ **Attachment 1:** A copy of any application submitted to the State that is related to activities for which a license from the Town is being requested ("State Application") including all attachments and supplemental information submitted in connection with such application.
- ☐ **Attachment 2:** Proof of compliance with land use regulations within the Town of Nunn.
- ☐ **Attachment 3:** Description of the plan for ventilation of the marijuana business that indicates the ventilation systems that will be used to prevent any odor of marijuana off business premises.
- ☐ **Attachment 4:** Full remittance of the Town Application and License Fees.

**THIS APPLICATION IS NOT CONSIDERED COMPLETE UNTIL PAYMENT OF ALL FEES REQUIRED BY TOWN OF NUNN ORDINANCE 310, INCLUDING RECEIPT OF \$2,500 FEE FOR NEW LICENSE APPLICATIONS, \$500.00 FOR RENEWALS.**

**OATH OF APPLICANT**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Nunn Municipal Code and all rules and regulations which govern my Marijuana Cultivation License Application and my issued License.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_