



Medical Marijuana Program

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Request for Change of Production Facility Name Form

INSTRUCTIONS: You must complete all portions of this application. This application must be accompanied by a check or money order in the amount of \$100.00, made payable to: "Treasurer, State of Connecticut." **All application fees are non-refundable.**

Section A: Requestor's Information

Name (First, Middle, Last):		Title/Position:	
Home Address (including Apartment or Suite #):			
City:	State:	Zip Code:	Date of Birth:
Telephone Number:	E-mail Address:		

Section B: Previous Production Facility Name

Current Production Facility Name:		Production Facility License No.:	
Current Production Facility Address:			
City:	State: CT	Zip Code:	
Telephone Number:	Fax Number:	E-mail Address:	

Section C: New Production Facility Name

New Production Facility Name:		Production Facility License No.:	
New Production Facility Address:			
City:	State: CT	Zip Code:	
Telephone Number:	Fax Number:	E-mail Address:	

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

Signature: 	Date Signed:
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