



# Medical Marijuana Program



450 Columbus Boulevard, Suite 901, Hartford, CT 06103-1840 • (860) 713-6066  
Fax: (860) 706-5361 • E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)

## Change of Production Facility Location 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 \$3,500.00, made payable to: “*Treasurer, State of Connecticut.*” Upon approval, the applicant will be required to pay an additional \$1,500.00. **All application fees are non-refundable.**

### Section A: Business Information

1. Legal Name of Applicant:		
2. Trade Name of Applicant:		
3. Applicant’s Business Address:		
4. City:	5. State:	6. Zip Code:
7. Name of Primary Contact:		8. Primary Contact Title:
9. Primary Contact E-mail Address:		10. Primary Contact Telephone Number:

### Section B: Current Production Facility Information

11. Production Facility Address:		12. Production Facility License No.:	
13. City:		14. State: CT	15. Zip Code:
16. Telephone Number:		17. Fax Number:	

### Section C: New Production Facility Information

18. New Production Facility Address:			19. City:	
20. State: CT	21. Zip Code:	22. Telephone Number:		23. Fax Number:
24. Own or Lease Property: <input type="checkbox"/> Own <input type="checkbox"/> Lease <b>Provide a copy of the lease, deed or other documents evidencing the right to occupy.</b>			25. Name of Property Owner:	
26. Have you met all state and local building, fire and zoning requirements and local ordinances for the new production facility location:  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please include a copy of the final planning and zoning approval documentation for the proposed new location.				



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27. Please provide the following information as part of your application:

- Exterior signage that will be displayed on the exterior of the proposed production facility.
- Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed production facility’s compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood;
- A site plan drawn to scale of the proposed production facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the production facility;
- A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans’ home or any camp or military establishment that are within 1000 feet of the proposed production facility location; and
- A blueprint, or floor plan drawn to scale, of the proposed production facility, which shall, at a minimum, show and identify the following:
  - The location and square footage of the area where marijuana is to be grown;
  - The square footage of the areas where marijuana is to be harvested;
  - The square footage of the areas where marijuana is to be packaged and labeled;
  - The square footage of the areas where marijuana is to be produced and manufactured;
  - The square footage of the overall production facility;
  - The square footage and location of areas to be used as storerooms or stockrooms;
  - The location of any approved safes or approved vaults that are to be used to store marijuana;
  - The location of the toilet facilities;
  - The location of all break rooms and personal belonging lockers; and
  - The locations of all areas that may contain marijuana or marijuana products that shows walls, partitions, counters and all areas of ingress and egress. Said diagram shall also reflect all production, propagation, vegetation, flowering, harvesting, storage and manufacturing areas

## Section D: Security System

Identify the company or companies that will provide security services for the proposed production facility location. If more than two companies will provide security services, complete this section for each such additional company.

28. Primary Security Company Name:

29. Primary Security Company Address (including Apartment or Suite #):

30. City:

31. State:

32. Zip Code:

33. Telephone Number:

34. Fax Number:

35. E-mail Address:



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36. Backup Security Company Name (if applicable):			
37. Backup Security Company Address (including Apartment or Suite #):			38. City:
39. State:	40. Zip Code:	41. Telephone Number:	42. Fax Number:
43. E-mail Address:			
44. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in 21a-408-61 of the Regulations of Connecticut State Agencies.			

**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. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

45. Signature: 	46. Printed Name:	47. Date Signed:
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