



Medical Marijuana Program

450 Columbus Blvd., Ste. 901, Hartford, CT 06103 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



Change Dispensary Facility Manager 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 \$50.00, made payable to “Treasurer, State of Connecticut.” **All application fees are non-refundable.**

IMPORTANT NOTICE: You must hold an active CT Dispensary license in order to be identified as a Dispensary Facility Manager.

Section A: Dispensary Facility Information

Name of Dispensary Facility		Facility License Number	
Street Address	City	State	Zip Code
Email Address		Telephone Number	

Section B: Current Dispensary Facility Manager Information

Current Dispensary Facility Manager	Dispensary License Number
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Section C: New Dispensary Facility Manager Information

New Dispensary Facility Manager	Dispensary License Number
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Appointment of a Dispensary Facility Manager must be verified by an owner of the Dispensary Facility:

I verify the applicant listed above is employed at the above facility.

Signature of Dispensary Facility Owner	Date
Print Name of Dispensary Facility Owner	License Number of Dispensary Facility Owner

➔ Return this completed form with applicable fee directly to this office at:

Department of Consumer Protection
450 Columbus Blvd., Ste. 901
Hartford, CT 06103