



The following information is required in addition to the Land Use Permit Application.

Cannabis Activities Proposed

- Cultivation, Nursery, Manufacturing Facility, Testing Facility, Dispensary, Distribution Facility

For Cultivation and Nurseries ONLY

Approved Cooperative/Collective Registration number. Note: If you do not hold an approved cooperative/collective registration, you cannot apply for cultivation until 2019.

Approved registration number: CCM2016-_____.

What is the applicant on the approved registration? Note: The applicant name on the registration must match the applicant name on the land use permit.

Name of applicant: _____

Are you planning on cultivating on the same site that a registration was approved for?

- Yes, No

What type of State cultivation license are you seeking?

- Type 1, Type 2, Type 3, Type 4, Type 5, Microbusiness, Indoor, Outdoor, Mixed-light

Designate the total square footage of your cultivation canopy area(s). This is not necessarily the maximum canopy size allowed by the tier of license for which you are applying, but the amount of canopy area you intend to produce.

Check one or more of the following that apply and attach a detailed diagram of your designated canopy area. Include specific dimensions, in feet and inches, in the diagram.

I have designated the specific area and dimensions of my newly designated canopy area(s):

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- On my floor plan submitted with the application
- On an additional document submitted with my application

Record your estimates of electrical usage in kilowatt-hours (kWh). To determine how many kWh a piece of equipment uses, take the following steps:

- Determine the wattage of the device by checking manufacturer specifications
- Multiply this number by the number of hours each month the device will be in use to determine watt-hours.
- Divide each month's watt-hours by 1,000 to determine kWh. Round to three decimal places.
- Repeat this for each piece of equipment and the total amounts for each month.
- Estimates should assume the business is in full production for each month.

Describe all sources of electrical power and the total annual kWh expected to be drawn from each. For example, if the operation uses on-site power generation from a source such as solar panels, document the amount of power you expect to use from that source in addition to any other sources.

Source or utility name	Expected kWh drawn annually
Total Annual kWh:	

Clearly identify the measurement unit you are using to estimate or report your water usage. If you are using multiple units, you may use additional columns to record that information. If you are using reclaimed water, identify that as a source. If you are utilizing more sources of water than may be included on this form, you may include that information on a separate page submitted with this application.

Estimate the total water used in the production of marijuana by month. If recording estimates for multiple sources, estimate these amounts separately.

Source			
Month and Year			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Totals			

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Do you plan on using pesticides?

- Yes No

List of pesticides anticipated to be used: _____

For Manufacturing ONLY

What type of State manufacturing license are you seeking? *Note: Volatile manufacturing is prohibited.*

- Type 6 Type 7 Type N Type P
 Microbusiness

What type of products do you plan on manufacturing?

- Oils Edibles Topicals Other _____

Will the facility be utilizing a closed-loop extraction system?

- Yes No

(If extracting) What types of extraction will you be performing?

- Butane Propane Hexane Carbon Dioxide
 Ethanol Mechanical None
 Other _____

For Distribution ONLY

What type of State distribution license are you seeking?

- Type 11 Type 11 – Transport Only

Will you be operating a storage-only business?

- Yes No

How many vehicles do you anticipate transporting/distributing product?

- 1-5 6-10 11+ N/A Storage Only/Other

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For Dispensaries ONLY

What type of State dispensary license are you seeking? *Note: Dispensaries are not allowed to have storefronts open to the public.*

Type 9 – non-storefront dispensary Type 10 Microbusiness

Will you be delivering to other jurisdictions?

Yes No

How many vehicles do you anticipate delivering product?

1-5 6-10 11+ N/A Storage Only/Other

How many deliveries per day do you anticipate delivering product?

<10 11-50 51-100 >100 N/A Storage Only/Other