



Cannabis Business Permit (Local Approval 1) information change request

Request

I, [full name of applicant] the

[applicant title] of

[legal business name]

am requesting Community Development Department (CDD) staff in the Economic Development Division change select information in my Cannabis Business Permit application. My application number in the Viewpoint system is

[XXXXX].

Field requesting to change (select all that apply)

Business Information

- Business Legal Name
- Business DBA (Doing Business As)
- Mailing Address
- Phone Number
- Website
- Federal Employer Identification Number (EIN)
- Dun & Bradstreet Number (DUNS)
- Does the business currently possess any type of Marijuana Special Permit in Cambridge?
 - Describe the Special Permit
- Are you applying as an MA-CCC Economic Empowerment Applicant?

Field requesting to change, continued (select all that apply)

Economic Empowerment Application Information

- MA CCC Certified Economic Empowerment Application Number
- Economic Empowerment Applicant Name
- Ownership Percentage of Economic Empowerment Applicant

Business Type

- Business Type
- Name of Business Type

For all other updates to fields in the Cannabis Business Permit not listed above, please send a comment through the Viewpoint platform and Economic Development Division staff in CDD will assist you.

New information

Please use this space to provide the new information

Explanation

Please use this space to explain why the change is being requested

Review

This Cannabis Business Permit information change request will be reviewed prior to any action taken by Economic Development Division staff in CDD. Staff may contact the applicant to request additional information.

Signature of Applicant requesting change

I recognize that this request applies only to information I have provided for the purposes of Local Approval 1 in the Cannabis Business Permit process and in no way extends to a change of information for any other materials in the Cannabis Business Permit process, including but not limited to, securing a Special Permit from the Cambridge Planning Board and a Host Community Agreement from the City Manager’s Office. I will contact the respective city departments or agencies who oversee other requirements in the Cannabis Business Permit process to ensure my information is consistent across all submitted materials.

__[full name] _____

__[date] _____

__[signature] _____

City Signatures

The information provided has been reviewed and the requested change can be performed by Economic Development Division Staff in CDD.

__[full name] _____

__[date] _____

__[signature] _____