

Convert Medical Marijuana Business to Adult Use Marijuana Business Application

	ONE TIME FEE	Pro-Rated Fee
\$19,100 Medical Retail Store	\$50,000 Adult Use Retail Store	<input type="checkbox"/> \$7,725 per quarter
\$5,000 Medical Testing Facility	\$10,000 Adult Use Testing Facility	<input type="checkbox"/> \$1,250 per quarter
\$6,400 Medical Large Manufacturing	\$50,000 Adult Use Large Manufacturing	<input type="checkbox"/> \$10,900 per quarter

Cultivation One Time Fees	\$10,000 Adult Use Tier 1 Cultivation	\$20,000 Adult Use Tier 2 Cultivation
\$24 Medical cultivation 1-6 plants	<input type="checkbox"/> \$2,494 per quarter	<input type="checkbox"/> \$4,994 per quarter
\$48 Medical cultivation 7-12 plants	<input type="checkbox"/> \$2,488 per quarter	<input type="checkbox"/> \$4,988 per quarter
\$72 Medical cultivation 13-18 plants	<input type="checkbox"/> \$2,482 per quarter	<input type="checkbox"/> \$4,982 per quarter
\$96 Medical cultivation 19-24 plants	<input type="checkbox"/> \$2,476 per quarter	<input type="checkbox"/> \$4,976 per quarter
\$120 Medical cultivation 25-30 plants	<input type="checkbox"/> \$2,470 per quarter	<input type="checkbox"/> \$4,970 per quarter
\$144 Medical cultivation 31-36 plants	<input type="checkbox"/> \$2,464 per quarter	<input type="checkbox"/> \$4,964 per quarter
\$168 Medical cultivation 37-42 plants	<input type="checkbox"/> \$2,458 per quarter	<input type="checkbox"/> \$4,958 per quarter
\$192 Medical cultivation 43-48 plants	<input type="checkbox"/> \$2,452 per quarter	<input type="checkbox"/> \$4,952 per quarter
\$216 Medical cultivation 49-54 plants	<input type="checkbox"/> \$2,446 per quarter	<input type="checkbox"/> \$4,946 per quarter
\$240 Medical cultivation 55-60 plants	<input type="checkbox"/> \$2,440 per quarter	<input type="checkbox"/> \$4,940 per quarter
\$1,000 Medical cultivation up to 500SF	<input type="checkbox"/> \$2,250 per quarter	<input type="checkbox"/> \$4,750 per quarter

Date Medical License Was Issued			
Medical Retail	<input style="width: 100%;" type="text"/>	Quarters Remaining:	<input style="width: 100%;" type="text"/> Fee <input style="width: 100%;" type="text"/>
Medical Large Manufacture	<input style="width: 100%;" type="text"/>	Quarters Remaining:	<input style="width: 100%;" type="text"/> Fee <input style="width: 100%;" type="text"/>
Medical Cultivation Facility	<input style="width: 100%;" type="text"/>	Quarters Remaining:	<input style="width: 100%;" type="text"/> Fee <input style="width: 100%;" type="text"/>
<p>"Quarters Remaining" Includes any partial quarters. "Fee" is calculated by multiplying the fee by "Quarters Remaining"</p>			Total: <input style="width: 100%;" type="text"/>

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Annual Renewal

\$11,500 Medical Retail Store <= 800SF	\$20,000 Adult Use Retail Store	<input type="checkbox"/> \$2,125 per quarter
\$12,700 Medical Retail Store >800SF	\$20,000 Adult Use Retail Store	<input type="checkbox"/> \$1,825 per quarter
\$3,000 Medical Testing Facility	\$5,000 Adult Use Testing Facility	<input type="checkbox"/> \$500 per quarter
\$3,900 Medical Large Manufacturing	\$25,000 Adult Use Large Manufacturing	<input type="checkbox"/> \$5,275 per quarter

Pro-Rated Fee**Cultivation Annual Fees**

\$2,500 Adult Use Tier 1 Cultivation \$5,000 Adult Use Tier 2 Cultivation

\$24 Medical cultivation 1-6 plants	<input type="checkbox"/> \$619 per quarter	<input type="checkbox"/> \$306.50 per quarter
\$48 Medical cultivation 7-12 plants	<input type="checkbox"/> \$613 per quarter	<input type="checkbox"/> \$300.50 per quarter
\$72 Medical cultivation 13-18 plants	<input type="checkbox"/> \$607 per quarter	<input type="checkbox"/> \$294.50 per quarter
\$96 Medical cultivation 19-24 plants	<input type="checkbox"/> \$6016 per quarter	<input type="checkbox"/> \$288.50 per quarter
\$120 Medical cultivation 25-30 plants	<input type="checkbox"/> \$595 per quarter	<input type="checkbox"/> \$282.50 per quarter
\$144 Medical cultivation 31-36 plants	<input type="checkbox"/> \$589 per quarter	<input type="checkbox"/> \$276.50 per quarter
\$168 Medical cultivation 37-42 plants	<input type="checkbox"/> \$583 per quarter	<input type="checkbox"/> \$270.50 per quarter
\$192 Medical cultivation 43-48 plants	<input type="checkbox"/> \$577 per quarter	<input type="checkbox"/> \$264.50 per quarter
\$216 Medical cultivation 49-54 plants	<input type="checkbox"/> \$571 per quarter	<input type="checkbox"/> \$258.50 per quarter
\$240 Medical cultivation 55-60 plants	<input type="checkbox"/> \$565 per quarter	<input type="checkbox"/> \$252.50 per quarter
\$1,000 Medical cultivation up to 500SF	<input type="checkbox"/> \$375 per quarter	<input type="checkbox"/> \$ 62.50 per quarter

Date Medical License Was Issued

Medical Retail	<input type="text"/>	Quarters Remaining:	<input type="text"/>	Fee	<input type="text"/>
Medical Large Manufacture	<input type="text"/>	Quarters Remaining:	<input type="text"/>	Fee	<input type="text"/>
Medical Small Manufacture	<input type="text"/>	Quarters Remaining:	<input type="text"/>	Fee	<input type="text"/>
Medical Cultivation Facility	<input type="text"/>	Quarters Remaining:	<input type="text"/>	Fee	<input type="text"/>

"Quarters Remaining" Includes any partial quarters.

"Fee" is calculated by multiplying the fee by "Quarters Remaining"

Total:

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Business Information	
Business Name (DBA)	<input style="width: 90%;" type="text"/> <div style="float: right; text-align: right; padding-right: 5px;">Phone: <input style="width: 100px;" type="text"/></div>
Business Address	<input style="width: 95%;" type="text"/>
Mailing Address	<input style="width: 95%;" type="text"/>
Additional Contact	<input style="width: 95%;" type="text"/>
Owner (If entity, complete Corporate Disclosure)	
Name	<input style="width: 90%;" type="text"/> <div style="float: right; text-align: right; padding-right: 5px;">Phone: <input style="width: 100px;" type="text"/></div>
Mailing Address	<input style="width: 95%;" type="text"/>
Additional Contact	<input style="width: 95%;" type="text"/>
Emergency Contact	
Name	<input style="width: 90%;" type="text"/> <div style="float: right; text-align: right; padding-right: 5px;">Phone: <input style="width: 100px;" type="text"/></div>
Mailing Address	<input style="width: 95%;" type="text"/>
Additional Contact	<input style="width: 95%;" type="text"/>
Local Authorized Agent for Service	
Name	<input style="width: 90%;" type="text"/> <div style="float: right; text-align: right; padding-right: 5px;">Phone: <input style="width: 100px;" type="text"/></div>
Mailing Address	<input style="width: 95%;" type="text"/>
Additional Contact	<input style="width: 95%;" type="text"/>

Applicant, by signing below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

Date: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 95%;" type="text"/>
Title: <input style="width: 90%;" type="text"/>	Printed Name: <input style="width: 95%;" type="text"/>

License Number <input style="width: 90%;" type="text"/>	For Office Use Only	Lottery Number: <input style="width: 90%;" type="text"/>
Date Received <input style="width: 90%;" type="text"/>		Date Issued <input style="width: 90%;" type="text"/>