**APPLICATION INFORMATION SHEET**

**Information Change Form**

**Grower / Processor / Dispensary (*check one)***

|  |  |  |
| --- | --- | --- |
| **1** | **COMPANY NAME** | Company Name |

|  |  |  |
| --- | --- | --- |
| **2** | **STREET ADDRESS** | Street Address |

|  |  |  |
| --- | --- | --- |
| **3** | **CITY, STATE, ZIP** | City, State, Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| **4** | **TELEPHONE NUMBER** | | |
| **AREA CODE:**  Area Code | **NUMBER:**  Number | **EXTENSION:**  Extension |

|  |  |  |  |
| --- | --- | --- | --- |
| **5** | **FAX NUMBER** | | |
| **AREA CODE:**  Area Code | **NUMBER:**  Number | **EXTENSION:**  Extension |

|  |  |  |  |
| --- | --- | --- | --- |
| **6** | **TOLL FREE NUMBER** | | |
| **AREA CODE:**  Area Code | **NUMBER:**  Number | **EXTENSION:**  Extension |

|  |  |
| --- | --- |
| **7** | **Contact Person for providing information, signing documents, or ensuring actions are taken per COMAR 10.62.08-.18** |
| **Name:** Name |
| **Title:**  Title |
| **Address:** Address |
| **Email Address:** Email Address |

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **TELEPHONE NUMBER AND FAX FOR CONTACT PERSON** | | |
|  | **AREA CODE:**  Area Code | **TELEPHONE NUMBER:**  Number | **EXTENSION:**  Extension |
|  | **AREA CODE:**  Area Code | **FAX NUMBER:**  Number | |

|  |  |  |
| --- | --- | --- |
| **9** | **CONTACT PERSON SIGNATURE** | |
|  | **SIGNATURE:** | **DATE:**  Click here to enter a date. |