**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. |