Print Form

TOWN OF DOUGLAS
LICENSE APPLICATION
CANNABIS RETAIL SALES

TO THE LOCAL LICENSING AUTHORITIES:

Current Date

Having secured a license through the Cannabis Control Commission (CCC), the undersigned hereby applies for a Cannabis Retail Sales License in the Town of Douglas, in accordance with the provisions of 935 CMR 500.000.

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1. Business Information: The entity that will be issued the license and have operational control of the premises.

Entity Name:

FEIN:

DBA:

Manager:

Phone Number

Alternate Phone #

email

Mailing Address:

Days and Hours of Operation:

Products Description:

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2. Premises: Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, number of exits, and total square footage. You must also submit a floor plan.

Premises Address:

Premises Description:

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3. Application Contact: The application contact is the person whom the licensing authorities should contact regarding this application.

Name:

Phone Number

Title:

email

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief, and that I have filed all state tax returns and paid all state taxes required by law.

Signed By