Community & Economic Development Department www.adcogov.org

Name (Printed)*:



1st Floor, Suite W2000
Brighton, CO 80601-8204
PHONE 720.523.6800
FAX 720.523.6998

Date*:

Marijuana Hospitality Business Lottery Application

Please submit this form via email to MEP@adcogov.org

Lottery Applications bust be submitted by 5:30P.M. Friday, August 7, 2020

(* Denotes a Required Field)

Please choose the <u>anticipated</u> type of business you intend to apply for*:

Marijuana Hospitality Busin	Marijuna Hospitality Business and Mobile Premises	Retail Marijuana Hospitality & Sales Business
Contact Name*:		
Entity Name:	Trade Name:	
Address*:		
City, State Zip*:		
Phone*:	Email*:	
Mailing Address (if differer Address:	t than above):	
City, State, Zip:		
Business Locations* (Use addition What are the possible locations when the possible locations where the locations where the possible locations where the locations where the possible locations where the loc	nal pages if necessary) nere your business might be located?	
Business Plan* (Use additional pa	ges if necessary)	
Please give a brief description rega	rding the type of Hospitality Business you in	ntend to run?
Community Outreach Plan* (Uso How do you plan to be involved w	e additional pages if necessary) ith or support the local community where y	our business may be located?

Signature*: