pennsylvania
DEPARTMENT OF HEALTH

Bureau of Medical Marijuana
Request Form Cover Page

Permit Name:	Permit Number:	Submission Date:
Name of Requester:	Phone Number:	Email Address:
If this request is for a specific facility, please include the facility address below:		Permit Type: ☐ Dispensary ☐ Grower/Processor

Indicate the purpose of this request form (check one)**:**

Business Level Request	*Facility Level Request*
☐ Additional Active Ingredients or Materials	☐ Change in Affiliation
☐ Additional Dispensary Location	☐ Change of Facility Location
☐ Additional Medical Marijuana Product	☐ Closure of Facility
☐ Promotional, Advertising or Marketing Material	☐ Delivery Hours Outside of 7 a.m. – 9 p.m.
☐ Sale of Instruments or Devices	☐ Facility Alteration
☐ Packaging and Labeling Request	☐ Facility Location Waiver
☐ Strain Name Request	☐ Storage of Surveillance Footage Outside of Facility
	☐ Location Waiver

A complete request will include:

- This cover page, completed
- A completed request for approval form
- All required documentation as prescribed by the applicable request for approval form
- A table of contents listing all documents included in your request

Note that your request form will be considered incomplete until all required documentation and fees are submitted.

Submitting your Request:

All documents must be saved as a PDF file with the following file naming format: [name on permit]_[name of document]. Files should be submitted in a singular correspondence if via email to RA-DHMMRCompliance@pa.gov OR submitted to the following address on a single USB drive if via mail:

Bureau of Medical Marijuana - Request Form
Department of Health
Room 628 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

I acknowledge that a false statement made by me in this document, or any accompanying documents, is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

_____
Signature Date

_____
Name Role in MMO