

Phase II Application Form

Applicant Information

Local jurisdiction name: _____

Jurisdiction type (city or county): _____

Did your jurisdiction obtain funding in **Phase I** of the Retail Access Grant Program to develop and implement a local cannabis retailer licensing program?

Yes – Phase I grant agreement number: _____

Total Phase I grant award amount to date: _____

Total Phase I funds received to date: _____

No

Did your jurisdiction previously obtain funding in **Phase II** of the Retail Access Grant Program based on the number of retailer licenses issued?

Yes – Phase II grant agreement number: _____

Total Phase II grant award amount to date: _____

Total Phase II funds received to date: _____

No

Contact Information

Primary Contact:

Name: _____

Title: _____

Department: _____

Phone: _____

Email: _____

Alternate Primary Contact (optional):

Name: _____

Title: _____

Department: _____



Phone: _____

Email: _____

Person responsible for operation of the cannabis retailer permitting program:

Name: _____

Title: _____

Department: _____

Phone: _____

Email: _____

Requested Funding

An eligible local jurisdiction may apply to receive Phase II funding based on the number of retailer licenses issued, as follows:

- \$150,000 per each retailer license issued
- \$300,000 per each equity retailer license issued

A maximum of \$2 million per jurisdiction can be awarded in Phase II. Phase II funding will be awarded until the funds are exhausted or the grant term ends.

How many retailer licenses has your jurisdiction issued? _____

How many equity retailer licenses has your jurisdiction issued? _____

Total Phase II funding awarded to date (if none, enter "\$0"): _____

Total Phase II funding being requested in this application: _____

REQUIREMENT: *Attach a copy of each retailer permit you are requesting funding for in this application and complete the Attachment A: License Report (DCC-2634), listing the license type, legal business name, license number, license status, license category, date issued, expiration date, premises address, names of all owners, and equity status for each retailer license associated with this application.*

Application Checklist

Mark the boxes below to affirm that you have included all required application forms with your submission:

- Attachment A: License Report (DCC-2634)
- Attachment B: Budget (DCC-2635)
- Attach copies of all local retailer permits you are requesting funding for in this application.

