

**Letter of Intent
 Medical Marijuana Dispensary**

Please complete the following information below:

| | | | |
|---|---------------------|----------------------------------|----------|
| Individual, Organization, Corporation, or Company Name | _____ | | |
| Primary Contact Name | First Name | Middle Initial | |
| | Last Name | Suffix (i.e., Jr., Sr., II, III) | |
| | Title | | |
| | _____ | | |
| Primary Contact Mailing Address [May not be a P.O. Box] | Street | Apt/Suite | |
| | City | State | Zip Code |
| | _____ | | |
| | () Phone Number | Email Address | |
| | _____ | | |

By submitting this letter of intent, I understand that:

- Failure to complete all required information will result in my letter of intent being considered non-responsive and I will not be eligible to move forward in the Medical Marijuana Program Application Process.
- This document does not require me to submit an application for the above selected type of registration.
- Only the individuals and entities that timely submit the Letter of Intent and receive a letter of acceptance from the Department of Health shall be permitted to submit an application for a dispensary registration.
- The required statement should not exceed one hundred (100) words, defining the prospective applicant’s intent to submit an application for a dispensary.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulation and Licensing Administration
Medical Marijuana Program



- Letters of Intent forms submitted to the Department of Health and letters of acceptance issued by the Department of Health are not assignable or transferable
- The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical marijuana program will not excuse any person from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.

Primary Contact Signature: _____

Print Primary Contact Name: _____

Date: _____

Submit this completed document to the address below in a manner that ensures receipt. This Letter of Intent Form must be submitted to the DC Department of Health no later than 12:00 Noon ET on Friday, April 7, 2017. Late submissions will not be accepted.

DC Medical Marijuana Program
899 North Capitol St NE, 2nd Floor
Washington, DC 20002