



Town of Poland

Medical and Adult Use Marijuana Retail Store Lottery Application Form

Please pick one:

☐ Medical Marijuana Retail Store

☐ Adult Use Marijuana Retail Store

Please pick one:

☐ Village 4

☐ General Purpose 1

Name: _____

Physical Address of Property where establishment will be located:

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Business Name: _____

Please attach the following:

- Proof of Poland residency, if applicable, for the last six months. This could be by copy of a voter registration card, a motor vehicle registration, a mortgage or rent statement, or a driver's license.
- Proof of property interest, either by deed that you own or by owner's letter stating they are allowing marijuana establishments on their property
- Evidence of State Conditional Approval
- Applicable licensing fee in certified funds. (Medical Marijuana Retail Store \$500, Adult Use Retail Store \$1,500)

FOR OFFICE USE ONLY

Date Received: _____ Poland Resident: ☐ YES ☐ NO Check Number: _____

Reviewed By: _____ Date: _____ Lottery Ball # _____