Marijuana Research License Cover Page

<u>Instructions:</u> This document is a fillable PDF. Type the requested information into this document and save the file with a file name containing your license number (from the LCB) and the words "cover page"; for example

"License _111111_Cover_Page"

Email this Cover Page as an attachment, along with your other application materials to <u>curt@DynamiteAg.com</u> with the subject line "Marijuana Research License Application"

Legal Entity/Owner Name:

- 1. Name of Applicant:
- 2. Is the Applicant an individual person? Yes No

If "Yes," skip to Question 4. If "No," the individual submitting this application must fill out Question 3 below.

3.	3. Individual Submitting Application	
	Name:	
	Position of individual within applying entity:	
	Contact information for individual submitting application:	
	Address Line 1:	
	Address Line 2:	
	City:State	Zip
	Phone:	
	Email:	
4.	4. Application Marijuana Research License Number:	
5.	5. Applicant Unified Business Identified (UBI) Number:	

6.	Applicant Primary Contact Information		
	Name of Primary Contact:		
	Position of Primary Contact:		
	Address Line 1:		
	Address Line 2:		
	City:		
	Phone:		
	Email:		
7.	Physical location where the research will be conducted:		
	Name of Primary Contact:		
	Position of Primary Contact:		
	Position of Primary Contact:Address Line 1:		
	Position of Primary Contact:Address Line 1:Address Line 2:	State	Zip

8. Which of the following category or categories best describes the research project:

To test chemical potency and composition levels;

To conduct clinical investigations of marijuana-derived drug products;

To conduct research on the efficacy and safety of administering marijuana as part of medical treatment; and/or

To conduct genomic or agricultural research