

## Extension Request for Dispensary Readiness

- The Medical Marijuana Dispensary Program must receive this form **before** your 60-day readiness deadline expires for you to be eligible for an extension.
- The extension request must be for a reason outside your control, and you must provide supporting documents.
- If approved, the extension may not exceed 60 days.
- The Medical Marijuana Dispensary Program can only grant one extension. The extension starts from the day it is approved.
- You will receive a response in writing once the program has processed your request.

### Primary Person responsible for the dispensary (*primary PRD*) information — (*required*)

Name of primary person responsible for dispensary (*primary PRD*): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
/ /

Mailing address: \_\_\_\_\_ Apartment number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Reason for extension — (*required*)

Describe the reason for this extension request:

### Signature — (*required*)

\_\_\_\_\_  
Primary PRD signature

\_\_\_\_\_  
Date