



Marijuana Retail Store Lottery Application

Please submit this form via email to MEP@adcogov.org.

Lottery Applications must be submitted by 5:30PM Friday, August 7, 2020

(* Denotes a Required Field)

Applicant:

Contact Name*:

Entity Name:

Trade Name:

Address*:

City, State Zip*:

Phone*:

Email*:

Mailing Address (if different than above):

Address:

City, State, Zip:

Name (Printed)*:

Signature*:

Date*:

Required Information *