



CANNABIS CONTROL BOARD

89 Main Street Montpelier, VT 05602 | ccb.vermont.gov

From: Marvel, Nellie

Sent: Friday, September 29, 2023 3:18 PM

To: mark@cann.dev

Subject: RE: Webform submission from: Public Records Request Form

Good Afternoon,

This email is responsive to your request on September 25, 2023 for the below information:

“the contact information for all applications that have been received by the state of _____ for an Adult-Use cannabis retail dispensary license.”

We interpreted your request to be for application records received by the State of Vermont, as those would be the only records in our possession. Your requested records can be found attached to this email.

Under Vermont law, most of the information in an application for a cannabis establishment is confidential and exempt from public inspection under the Vermont Public Records Act. See [7 V.S.A. § 901\(h\)\(1\)\(A\)](#) and [7 V.S.A. § 881\(a\)\(1\)\(B\)](#). This includes anything that might reveal the identity of controlling owners or principals, or that might compromise public safety, security, trade secrets, or information relating to operating plans.

Nothing in this letter should be construed as a waiver of any privileges or protections over the records of the Cannabis Control Board. If you believe any records have been withheld in error, you may appeal this determination pursuant to [1 V.S.A. § 318](#). Please submit appeals to Brynn Hare, Executive Director of the Cannabis Control Board, at Brynn.Hare@vermont.gov.

Take Care,

Nellie

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Nellie Marvel

Outreach & Education Manager

Cannabis Control Board

802-636-7548





CANNABIS CONTROL BOARD

89 Main Street Montpelier, VT 05602 | ccb.vermont.gov

From: noreply@vermont.gov <noreply@vermont.gov>

Sent: Monday, September 25, 2023 11:53 PM

To: Gilman, Gabriel <Gabriel.Gilman@vermont.gov>; Lashua, Kimberley <Kimberley.Lashua@vermont.gov>; Marvel, Nellie <Nellie.Marvel@vermont.gov>; Fitch, Olga <Olga.Fitch@vermont.gov>

Subject: Webform submission from: Public Records Request Form

Name

Mark Ramirez

Please describe the records you are requesting and provide as much specificity as possible, including applicable date ranges.

We are requesting the contact information for all applications that have been received by the state of ____ for an Adult-Use cannabis retail dispensary license.

We would greatly appreciate receiving the following information:

Applicant's name

Company name

Email address

Phone number

Proposed property address and municipality (if provided with the application)

Thank you for your assistance regarding this public records request.

