

**From:** [Office of the Vermont Attorney General](#)  
**To:** [AGO - Public Records Requests](#)  
**Subject:** Public Records Request Form Form submitted on Office of the Vermont Attorney General  
**Date:** Thursday, February 10, 2022 2:50:54 PM

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**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

<b>Name</b>	John
<b>Last Name</b>	Stanfill
<b>Preferred Pronoun</b>	he/him
<b>Address</b>	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Chevy Chase, Maryland 20815 United States
<b>Email</b>	<div style="background-color: black; width: 150px; height: 15px;"></div>
<b>Phone Number</b>	<div style="background-color: black; width: 100px; height: 15px;"></div>

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

Dear Vermont Cannabis Control Board,

Thank you in advance for your time and attention to this request. I am working on a research project and pursuant to the Vermont Public Records Law, §315 et seq., I am requesting an opportunity to inspect and obtain electronic copies, ideally in .csv or Excel file format, of public records that pertain to the following:

All information requested, updated and maintained by the Cannabis Control Board on licensed marijuana establishments, including retailers, cultivators, distributors, testing labs, microbusinesses, and temporary cannabis events that would be found in license application documents. This information would be inclusive of, but not limited to:

- Legal business name and trade name (DBA)
- License type
- Marijuana license number(s)
- Name of entity officials, emails and phone numbers
- Physical address of business
- Business mailing address
- Date of application
- Current state of license – active/ inactive/ etc
- Local license application
- Any and all additional information associated w/ records would be valuable as well

If you are not the custodian of this information or it exists in a different department, would you please forward this request along to the appropriate department and representative?

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**Please take note of the following disclaimer:**

1. This public records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request.
2. Do not include any sensitive information, such as medical information, financial account numbers, or Social Security numbers. The AGO will contact you if additional information is required.
3. Submission of this form does not constitute receipt of it by the AGO. Your public records request will be considered received on the next business day following its submission.

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**Agreement**

I agree that I have read the directions and disclaimers on this form and that the information that I have provided is accurate to the best of my knowledge. Clicking the Declaration below is equivalent to my electronic signature.

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**Declaration (Required)**

Declaration (Required)

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**Date Submitted**

February 10, 2022

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