



DATE OF EMAILING: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Notice RENEWING Medical Marijuana Dispensary Permit

Permit Name: [REDACTED]

Permit Number: [REDACTED]

Dear [REDACTED]

The Pennsylvania Department of Health, Office of Medical Marijuana (Office) is contacting you regarding your current Medical Marijuana Dispensary Permit. The Office has reviewed your Permit Renewal Application that was submitted for [REDACTED]. Based on the Office's review, your Dispensary Permit has been RENEWED through [REDACTED]. The renewal of your Dispensary Permit requires you to continue to comply with the act and all applicable laws and regulations. Please do not hesitate to contact the Office should you have any questions regarding compliance with the act and its regulations.

Sincerely,

/s/ Sunny D. Podolak

Sunny D. Podolak, MS
Assistant Director