



Commonwealth of Pennsylvania  
Department of Health  
Office of Medical Marijuana  
625 Forster St. Harrisburg, PA 17120

## PERMIT

PERMIT #: [REDACTED]

### TO OPERATE A MEDICAL MARIJUANA DISPENSARY FACILITY

This is to certify that

[REDACTED]

has been granted this permit to operate a medical marijuana facility located at [REDACTED]

[REDACTED]. This permit shall be effective from [REDACTED] in accordance with law.

A handwritten signature in black ink that reads "Pete Blank".

Pete Blank  
Executive Deputy Secretary  
Pennsylvania Department of Health

