



MARIJUANA OWNERSHIP AND FUNDING CERTIFICATION

<input type="checkbox"/> Medical Marijuana Business	<input type="checkbox"/> Retail Marijuana Establishment
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On behalf of the Applicant, I certify under the penalty of perjury on the date signed:

- The ownership described below is accurate and complete and includes **all** shareholders or other owners of the Applicant business entity, including members of business entities that share in the ownership in the Applicant business entity – including management and/or consulting companies, no matter how slight the ownership interest.
- The list of associated persons below is complete and includes **all** corporate or company officers, directors (including outside or independent directors), partners, and all persons who have the ability to exercise control over the management policies of the Applicant entity, along with accurate titles or positions.

Note: Business entities that own the Applicant business entity, in whole or in part, must provide details of their ownership structure.

On behalf of the Applicant, I further certify under the penalty of perjury that on the date signed:

- All investments and funds used to start and/or finance this Applicant’s business entity have been disclosed and accurately reported.
- These investments and funds were obtained from fully disclosed, legal and legitimate sources.
- These investments and funds are not involved in any criminal or money laundering activity, are clear and unencumbered, and are not derived from any illegal activities.

Upon signature below the applicant also understands and agrees no change of ownership or change of location will be accepted by the State Licensing Authority, Marijuana Enforcement Division until the applicant’s license(s) are approved. (Retail Only)

x _____
 Signature Title or Position Ownership %

 Typed or Printed Name Business Name MED Lic. #

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 County of _____ State of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20____ in _____, _____

 Notary Public Signature

 Printed Name of Notary Public

Notary Public, State of _____

My Commission Expires: _____

