

Attachment E

AFFIDAVIT OF CERTIFICATION OF MEMBER OF THE MOST DISADVANTAGED GROUPS IN THE MEDICAL CANNABIS INDUSTRY

This form must be signed and notarized for each owner and investor for whom status as a member of one of the most disadvantaged groups in the medical cannabis industry is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR DISQUALIFICATION OF AN APPLICATION OR A PRE-APPROVAL AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear and affirm under penalty of law that I am _____ (title) of the Applicant firm _____ with a _____ percent ownership interest in the Applicant firm and that I have read and understood all the questions in this Application and that all of the foregoing information and statements submitted in this Application and its attachments/forms and supporting documents are true and correct to the best of my knowledge, and that the responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I certify that I am an owner/investor of the above-referenced Applicant firm who is a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- African American
- American Indian/Native American

I further certify that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged and that:

I completed Attachment C – Personal Net Worth Statement demonstrating my personal net worth does not exceed \$1,713,333 as defined in COMAR 10.62.01.01B(28)(b)(i);

OR

My personal net worth does not exceed \$1,713,333 and I am a disadvantaged owner of a certified Minority Business Enterprise (MBE) as defined in State Finance and Procurement Article, §14-301(d), Annotated Code of Maryland as follows:

Firm Name of the MBE Business

MBE Certification Number

I certify that I am socially and economically disadvantaged because I have been subjected to racial and cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities. I further certify that I am a member of one of the most disadvantaged groups, as identified by the Commission.

I declare under penalty of perjury that the information provided in this Application and supporting documents is true and correct.

Signature _____

Date _____

NOTARY

I hereby certify that on this _____ day of _____, 20____, before me, the subscriber, a Notary Public of the State of _____, in and for the County of _____, personally appeared _____ (*name of person(s) who make acknowledgement*) and made this affirmation in due form of law that the matters and facts set forth in the _____ (*document to which the person(s) is or are swearing*) are true.

As witness, my hand and notarial seal.

Notary Seal

Signature of Notary Public

Name of Notary Public

My Commission Expires: _____

THIS DOCUMENT HAS BEEN ARCHIVED