

**Attachment G**

**AUTHORIZATION FOR RELEASE OF INFORMATION:  
BUSINESS ENTITY**

Business Entity Name: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

(Authorized Representative)

\_\_\_\_\_ is an *Authorized Representative*, empowered by the Business Entity to execute this form on its behalf.

\_\_\_\_\_ is an *Applicant* for a Medical Cannabis Grower License in the State of Maryland.

The Maryland Medical Cannabis Commission (“Commission”) is required by law to conduct an investigation of an applicant for a Medical Cannabis Grower License. That investigation requires the Commission to collect and evaluate information about the Business Entity. The Business Entity irrevocably gives its consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the license Application documents; (2) conduct a background investigation of the Business Entity; and (3) to have access to any and all information that the Business Entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the Business Entity.

By executing this Authorization, the Business Entity authorizes any of the following entities to release to the Commission any and all information about the Business Entity that the Commission requests: any local, State or Federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, the Business Entity expressly waives, releases, discharges and forever holds harmless and agrees to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
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