

Attachment I

BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION

_____, the undersigned *Applicant*, hereby states he/she/they have either applied for, are currently applying for, have been previously licensed, or have been previously authorized to produce or otherwise deal in the distribution of cannabis in any form, in the following States or jurisdictions:

State & Name of Agency	Type of License	License Name	License or Registration #

I/We hereby specifically grant the Maryland Medical Cannabis Commission permission to contact the above listed States or jurisdictions and their licensing agency or authority to confirm the information contained in the Application for a grower license. I/We hereby specifically grant permission to the above listed States or jurisdictions and their licensing agency or authority to release to the Maryland Medical Cannabis Commission any and all information relating to the Application, licensure or authorization to produce or otherwise deal in the distribution of cannabis in any form, including documentation of any denial, suspension, revocation or other sanction of the Application, license or authorization.

The undersigned attests that the Applicant organization will adhere to the statutory requirements listed above and that they have the authority to bind the Applicant organization to the statutory requirements.

Signature of Authorized Representative

Date

Printed Name