



CRIMINAL HISTORY & FINANCIAL ATTESTATIONS BY PROSPECTIVE TRANSFEREE

Check the Box that Accurately Describes the Prospective Transferee

- The prospective transferee is an individual who will hold an ownership interest of 5% or more.**
- The prospective transferee is an entity:** Any individual holding an ownership interest of 5% or more in the entity must complete this form. An authorized individual must complete this form for any entity holding an ownership interest of 5% or more.

Describe Your Relationship to the Prospective Transferee (check & complete applicable statement)

I, _____, hold a _____% ownership interest in
(print your full name, or the name of the entity on behalf of which you are submitting this form)

_____ (the "Prospective Transferee").
(print the name of the Prospective Transferee)

Criminal History Attestation (check the box next to a statement to attest to the truth of that statement)

- I have never been convicted of, plead guilty to, or plead nolo contendere to any criminal felony or misdemeanor.
- I have been convicted of, plead guilty to, or plead nolo contendere to the following criminal felon(y)(ies) and/or criminal misdemeanor(s): _____.
- I have submitted the required criminal history record information through the Maryland Criminal Justice Information Services (CJIS).
- This attestation does not apply because I am submitted this form on behalf of an entity.

Financial Attestation (check the box next to a statement to attest to the truth of that statement)

- I, or the entity on behalf of which I am completing this form, do NOT have any tax obligation that is in arrears in any jurisdiction.
- I, or the entity on behalf of which I am completing this form, have a tax obligation that is in arrears in the following jurisdiction(s):

Contact Information

The Maryland Cannabis Administration may direct any follow-up inquiry relating to anything that I have attested to or reported on this form to the following email address: _____

Acknowledgment

I understand that I must submit this form and respond to any related follow-up inquiry by the Maryland Cannabis Administration in order for the Maryland Cannabis Administration to approve the pending request to transfer an ownership OR control interest in a Maryland medical cannabis license to me. **By signing below, I attest to the truthfulness of all information provided in this form.**

(signature)

(today's date)

NOTICE: PROVIDING FALSE AND MISLEADING INFORMATION OR ATTEMPTING TO FRAUDULENTLY OR DECEPTIVELY OBTAIN A LICENSE ARE GROUNDS FOR DENIAL AND/OR SEPARATE DISCIPLINARY ACTION.