

NATALIE M. LAPRADE

**MMCC**



MARYLAND MEDICAL  
CANNABIS COMMISSION

## **Medical Cannabis Grower License Application**

**Application Deadline: TBD**

**Application Period: TBD**

**For additional information regarding the Application process, please contact:**

**Natalie M. LaPrade Medical Cannabis Commission**

**Maryland Department of Health**

**Business Hours: M–F, 8:30 am–5:00 pm**

**All Comments are due to the MMCC on or before February 11, 2019 at 5:00 PM.**

**Comments must be submitted to [Applications.mmcc@maryland.gov](mailto:Applications.mmcc@maryland.gov).**

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## MEDICAL CANNABIS GROWER LICENSE APPLICATION

### **PREFACE – Application Checklist**

Each Applicant must complete the following:

- 1. Pay the required \$2,000 Application fee
- 2. Complete all questions in Part D of the Application.
- 3. Complete all information in the identified Pass/Fail sections (Parts A, B, and C).
- 4. Complete all Yes/No questions with the appropriate responses.
- 5. Redact all identifying information specified in the *Instructions* document.
- 6. Include all required Attachments (Attachments F, G, H, I, and J) in Part E. described in the Application.
- 7. Ensure that each required affidavit, authorization form, and consent form have the required signature(s).
- 8. Submit the Application and required attachments in the required web portal and/or PDF format(s).
- 9. Label any electronic Application documents with the correct file names.
- 10. Submit the Application on or before the submission deadline of [Month], [Day], 2019 at 5:00 PM EST.

## PART A – Applicant Identification and Facility Information

(Scoring Method: Pass/Fail)

### Section 1 – Applicant Name, Address and Contact Information

#### Business Name and Principal Address

<b>Business Name</b>		
<b>Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>	

#### Primary Contact

The Primary Contact to provide information, sign documents, and ensure actions are compliant with COMAR 10.62.

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Email:</b>	

**\*Note that the Commission will use the email listed for the Primary Contact for all correspondence involving this Application.**

### Section 2 – Facility Information

By checking “Yes,” you affirm that you possess the ability to obtain in an expeditious manner the right to use sufficient land, buildings, and other premises and equipment to properly carry on the activity described in the medical cannabis grower license Application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**PROPOSED GROWER LOCATION** (Please indicate the location where the Applicant intends to locate the proposed grower facility.)

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Municipality:</b>
<input type="checkbox"/> Owned by the Applicant <input type="checkbox"/> Leased by the Applicant <input type="checkbox"/> Option for the Applicant to Buy/Lease		

**PART B – Principal Owners, Equity Investors, and Managing Directors**

(Scoring Method: Pass/Fail)

**FOR THIS PART THE APPLICANT IS REQUIRED TO PROVIDE CONTACT INFORMATION FOR THE PRINCIPAL OWNERS, EQUITY INVESTORS, AND MANAGING DIRECTORS.**

Please list all Principal Owners, Equity Investors, and Managing Directors

Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Percentage of ownership interest:			
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman			
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	

<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>			
<b>Percentage of ownership interest:</b>					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					
<b>Name and Residential Address</b>					
<b>First:</b>		<b>Middle Initial:</b>		<b>Last:</b>	
<b>Suffix:</b>					
<b>Occupation:</b>			<b>Title in Applicant's business:</b>		
<b>Address:</b>			<b>Date of Birth:</b>		
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>			
<b>Percentage of ownership interest:</b>					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					
<b>Name and Residential Address</b>					
<b>First:</b>		<b>Middle Initial:</b>		<b>Last:</b>	
<b>Suffix:</b>					
<b>Occupation:</b>			<b>Title in Applicant's business:</b>		
<b>Address:</b>			<b>Date of Birth:</b>		
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>			
<b>Percentage of ownership interest:</b>					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					
<b>Name and Residential Address</b>					
<b>First:</b>		<b>Middle Initial:</b>		<b>Last:</b>	
<b>Suffix:</b>					
<b>Occupation:</b>			<b>Title in Applicant's business:</b>		
<b>Address:</b>			<b>Date of Birth:</b>		
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>			
<b>Percentage of ownership interest:</b>					
Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman					

**Important:** If more space is required, please submit the required information described above on any additional individual(s) in a separate document entitled "Principal Owners, Equity Investors, and Managing Directors (Cont'd)."

## PART C – Employees and Contractors

(Scoring Method: Pass/Fail)

Please provide the following information for any employees or contractors that the Applicant intends to hire or has hired prior to licensure. Each Applicant must also provide an Attestation from each potential or already hired employee or contractor who lives in an Economically Disadvantaged Area, as identified by the Commission, affirming that (1) the employee or contractor intends to work for the Applicant should the Applicant become licensed, and (2) the employee or contractor lives at the address provided in the Application. **Important:** An employee or contractor may commit to working for only one grower Applicant as part of this licensing Application process.

**Please list all Employees and Contractors**

Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:			
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in the Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in the Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		
Name and Residential Address			
First:	Middle Initial:	Last:	Suffix:
Occupation:		Title in Applicant's business:	
Address:		Date of Birth:	
City:		State:	Zip Code:
Phone:	Email:		

If more space is required, please submit the required information as described above on any additional individual(s) in a separate document entitled "Employees and Contractors (Cont'd)."

## **PART D – Application**

### **I. Operational Factors**

(Scoring: 20 points)

Section I responses may not exceed 5,000 words in total.

#### **1. Operational Plan (10 points)**

Please provide a detailed operational plan for the cultivation of medical cannabis, including summaries of policies and procedures for:

- (a) Irrigation, propagation, cultivation, and fertilization;
- (b) Harvesting, drying, and curing;
- (c) Rework or processing;
- (d) Packaging, labeling, and handling of medical cannabis, medical cannabis products, and byproducts; and
- (e) Monitoring and regulating:
  - (i) Temperature;
  - (ii) Humidity;
  - (iii) Ventilation; and
  - (iv) Lighting that affects the growth of medical cannabis plants (if necessary);
  - (v) Water quality testing.

#### **2. Medical Cannabis Varieties (2 points)**

Please provide a list of proposed medical cannabis varieties proposed to be grown that includes a description of:

- (a) The proposed cannabinoid profiles;
- (b) The medical benefits of each of the medical cannabis varieties; and
- (c) The manner in which medical cannabis strains will be selected.

Click here to enter text.

#### **3. Horticultural Controls (2 points)**

Please describe how the grower Applicant, as part of a standard operating procedure, will:

- (a) Conduct water quality testing;
- (b) Adopt and implement a nutrient management plan;
- (c) Use fertilized or hydroponic solution of a type and formulation, including the rate of application, to support healthy growth of medical cannabis; and
- (d) Use of pesticides, if any, including the type and rate at which any pesticides will be used.



Click here to enter text.

**4. Equipment (2 points)**

Please describe how the grower Applicant will maintain equipment that comes into contact with medical cannabis to prevent contamination.

Click here to enter text.

**5. Packaging and Labeling (2 points)**

Please describe how the grower Applicant will comply with all the medical cannabis shipment, packaging, and labeling requirements codified in COMAR 10.62.13.

Click here to enter text.

**6. Operational Recordkeeping (2 points)**

Please provide a summary of the operational recordkeeping plan that will be in place at the proposed grower premises. The plan should include at a minimum a system to record:

- (a) Temperature;
- (b) Humidity;
- (c) Ventilation;
- (d) Lighting that affects the growth of medical cannabis plants (if necessary);
- (e) Water quality testing;
- (f) Cleaning and equipment maintenance; and
- (g) The type and amounts of fertilizer, crop protection agents, and any growth additives used

Click here to enter text.

**II. Safety and Security Factors**

(Scoring: 20 points)

Section II responses may not exceed 5,000 words in total.

**1. Safety and Security Training (4 points)**

Please explain how the grower Applicant will train all registered grower agents on:

- (a) Detection and prevention of medical cannabis diversion;

- (b) Security procedures, including responding to a threatening event such as (1) an armed robbery, (2) an invasion of the premises, (3) a burglary, or (4) any other criminal incident; and
- (c) Safety procedures, including responding to (1) a medical emergency, (2) a fire, and (3) a chemical spill.

Click here to enter text.

**2. Security Features and Procedures (6 points)**

Please describe how the grower Applicant will secure the premises to comply with all legal requirements established in COMAR 10.62.10 to prevent unauthorized entry, theft and diversion, including:

- (a) Fencing and gates;
- (b) A security alarm system;
- (c) A motion-activated video surveillance recording system;
- (d) Adequate security lighting; and
- (e) Storage of all recordings of security video surveillance.

Click here to enter text.

**3. Premises Accessibility (2 points)**

Please describe how the grower Applicant will restrict and monitor access to any non-public area of the premises, including to:

- (a) Log any visitor in and out;
- (b) Retain with the log a photocopy of the visitor's government-issued identification;
- (c) Ensure the visitor does not touch any plant or medical cannabis; and
- (d) Maintain a log of all visitors to non-public areas for two years.

Click here to enter text.

**4. Diversion Prevention (4 points)**

Please provide a summary of (1) the procedures that the grower Applicant will implement at the proposed grower premises to prevent the unlawful diversion of medical cannabis seeds, immature medical cannabis plants, medical cannabis plants, medical cannabis, and medical cannabis products, and (2) the investigative and reporting process if evidence of theft or diversion is identified.

Click here to enter text.

**5. Transportation (4 points)**

Please describe how the grower Applicant will transport medical cannabis and medical cannabis products to licensed processors and dispensaries. For example, explain whether the grower applicant plans to maintain a transportation operation or use a third-party secure transportation company.

- (a) If the grower Applicant chooses to use its own transportation operation, please provide (1) the number and type of vehicles that will be used to transport medical cannabis and medical cannabis products, (2) the training that will be provided to any registered grower agent who will transport medical cannabis and medical cannabis products, and (3) any additional measures that the grower applicant will take to prevent diversion during transport.
- (b) If the grower Applicant will be using a third-party secure transportation company for transporting medical cannabis and medical cannabis products, please explain the steps the grower Applicant will take to ensure the third-party secure transportation company will comply with the transportation requirements established in COMAR 10.62.18.

Click here to enter text.

**III. Commercial Horticultural and Agricultural Factors**

(Scoring: 15 points)

Section III responses may not exceed 3,500 words in total.

**1. Horticultural and Agricultural Experience and Knowledge (10 points)**

Please describe any experience, knowledge and training of the grower Applicant, including any owner, officer, director, or employee, in horticultural and agricultural production.

Click here to enter text.

**2. Commercial Horticultural or Agricultural Training Standards (5 points)**

Please describe how the grower Applicant will ensure that each individual engaged in the cultivation, manufacturing, handling, and packaging of medical cannabis has the training, education, or experience necessary to perform the assigned functions.

Click here to enter text.

#### **IV. Production Control Factors**

(Scoring: 15 points)

Section IV responses may not exceed 3,500 words in total.

##### **1. Standard Operating Procedures (3 points)**

Please describe the written standard operating procedures to promote good growing and handling practices, including:

- (a) The management and disposal of any waste products, including green waste;
- (b) Requirements that all registered grower agents practice good hygiene and wear protective clothing as necessary to protect the product as well as themselves from exposure to potential contaminants; and
- (c) Requirements for receipt of material, including how the grower Applicant will inspect material for defects, contamination, and compliance with the required specifications.

Click here to enter text.

##### **2. Inventory Control (3 points)**

Please describe how the grower Applicant will:

- (a) Upon completion of the drying and curing process, weigh each batch of medical cannabis and update METRC;
- (b) At least once per month, conduct a physical inventory of the stock and compare the physical inventory of the stock with METRC; and
- (c) Ensure the grower Applicant or a registered grower agent does not distribute medical cannabis to any person if the Applicant or registered grower agent knows, or may have reason to know, that the distribution of the medical cannabis does not comply with any provision of Health-General Article, Title 13, Subtitle 33, Annotated Code of Maryland or COMAR 10.62.

Click here to enter text.

##### **3. Cultivation Activities and Process Controls (1.5 points)**

Please describe the scope of the cultivation activities (cultivation methods, products to be produced, and packaging/labeling) how the grower Applicant will:

- (a) Cultivate each plant and produce each batch of medical cannabis in conformity with the standard operating procedures; and
- (b) Record the cultivation process in accordance to the standard operating procedures to ensure (1) consistency of the batch with the variety, and (2) accuracy of the day-to-day production.

Click here to enter text.

4. **Product Complaint** (1.5 points)

Please describe how the grower Applicant will establish a standard operating procedure to receive, review, organize, store, and respond to all oral, written, electronic, or other complaints regarding medical cannabis and adverse events.

Click here to enter text.

5. **Serious Adverse Events** (3 points)

In the event of an occurrence of a serious adverse event as defined in COMAR 10.62.01.01B.(34), please describe how the grower Applicant will promptly:

- (a) Determine the batch number or lot number of the medical cannabis or medical cannabis product;
- (b) Investigate the record and circumstances of the production of the batch and lot to determine (1) if there was a deviation from the standard operating procedure, and (2) if the sample meets specification by submitting parts of the retention samples of the batch and lot to an independent testing laboratory;
- (c) Order a recall of all products derived from or included in the batch or lot;
- (d) Notify the Commission, and all patients, caregivers, and dispensaries who may have obtained medical cannabis products from such a batch or lot of the recall;
- (e) Offer and pay reimbursement for any returned medical cannabis;
- (f) Store and segregate recalled material until disposal is authorized by the Commission; and
- (g) Dispose of the recalled material according to the standard operating procedure.

Click here to enter text.

6. **Pest Monitoring and Control** (3 points)

Please describe the integrated pest management practices and techniques the grower Applicant will use to identify and manage plant pathogen and pest problems, including:

- (a) A door control system sufficient to prevent pest entry;
- (b) Regular visual inspection of plants and growing areas for the presence of pests;
- (c) The use of sticky cards in growing areas;
- (d) Identification and recording of all pests or pathogens detected and the measures taken for control; and

- (e) The manner in which any pesticide applicators and applications used will comply with federal and State pesticide requirements.

Click here to enter text.

## **V. Business and Economic Factors**

(Scoring: 15 points)

Section V responses may not exceed 5,000 words in total.

### **1. Business History (2.5 points)**

Please describe the business history and ability of the grower Applicant, including any owner, officer, director, or employee, to plan and maintain a successful and financially sustainable medical cannabis grower operation.

Click here to enter text.

### **2. Business Plan (7.5 points)**

Please provide a business plan that describes how the grower Applicant plans to operate on a long-term basis. The business plan should include:

- (a) A description of the proposed premises, including a preliminary site plan or plan for obtaining a site.
- (b) A description of the size of the grower facility (desired square footage, number of mature plants to be grown, number of employees to be hired);
- (c) The budget and resource narratives, including detailed costs for physical structures and operating expenses;
- (d) A timeline for initiating operations;
- (e) A description of the plan to ensure appropriate employee working conditions, benefits and training;
- (f) Any other information or documentation demonstrating the ability of the grower Applicant to quickly and successfully enter the market; and
- (g) A description of how the grower Applicant intends to create a long-term sustainable business model.

Click here to enter text.

**3. Capitalization (2.5 points)**

Please certify and provide adequate documentation of sources of capitalization to demonstrate to the Commission that the entity or individual(s) filing the Application has sufficient liquid assets to successfully carry out the activities described in this Application. The Commission requires evidence that an owner/investor has sources of capitalization founded on legal sources that are adequate to sustain business operations. If an Applicant is a newly formed entity, it is still required to demonstrate proof of adequate capitalization. Capitalization that is contingent upon the award of a Pre-Approval could be a documented source of capitalization

Examples of documentation of capitalization include the following: (1) Personal tax returns for the past five years; (2) Tax returns for any business in which the owner/investor holds a majority interest for the past five years; (3) An independent financial statement; (4) Credit history; (5) Lines of credit; (6) Promissory notes; (7) Deeds, appraisals, and equity in real estate; and (8) Bank statements.

Click here to enter text.

**4. Training (2.5 points)**

Please explain how the grower Applicant will train all registered grower agents on the:

- (a) Federal and state medical cannabis laws and regulations; and
- (b) Standard operating procedures of the grower Applicant.

Click here to enter text.

**VI. Diversity & Social and Economic Equity Factors**

(Scoring Method: 15 points)

Applicants seeking to qualify as Disadvantaged Equity Applicants, Members of the Most Disadvantaged Groups in the Medical Cannabis Industry, or Economically Disadvantaged Applicants have the burden of proving membership in a disadvantaged group and/or ownership interest.

Bona fide status as a member of a minority group can be established on the basis of the individual's claim that he or she is a member of such a group through a diversity attestation. However, the Commission is not required to accept this claim if it determines the claim to be invalid based on the totality of the evidence.

When seeking to prove that a specified percent of ownership interest, meaning equity interest, is held by one or more disadvantaged Applicants, the contributions of capital to

acquire an ownership interest in the business and the adequacy of its resources must be real, substantial, and continuing and must go beyond the *pro forma* ownership of the business as reflected in its ownership documents. For proof of ownership, please provide any Applicant entity formation documents or documents filed with the Maryland Secretary of State (e.g. articles of incorporation, stock issuance records, operating agreements, and partnership agreements.)

Examples of insufficient ownership interest include a promise to contribute capital or mere intent to participate in the business's activities as an employee. The disadvantaged owner/investor shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with his/her ownership interest, as demonstrated by an examination of the substance rather than the form of arrangements.

Ownership is a factual determination which will be decided on a case-by-case basis, in consideration of all facts in the record. The Commission may interview any disadvantaged owner/investor named in the Application to discuss the associated supporting documentation and gather any additional data concerning the business operation and the role of the various owners/investors. A material misstatement of fact is grounds for denial or disqualification of an Application.

The Commission will closely scrutinize Applicant businesses whose ownership changes prior to the final approval of a license to determine the reasons for the timing of the change. If the change results in a reduction in the percentage of disadvantaged ownership, Stage One Pre-Approval may be rescinded if it adversely impacts the scoring of the Application.

#### 1. **Diversity Plan** (5 points)

In accordance with COMAR 10.62.08.05I(6)(a), an Applicant shall include with its Application a Diversity Plan that promotes and ensures the involvement of diverse participants and groups in ownership, management, employment, and contracting opportunities. Diverse participants include individuals from diverse racial, ethnic, and cultural backgrounds and communities, small businesses, women, veterans, and individuals with disabilities. Diverse groups include businesses that have been certified by a third-party certifying organization as a disadvantaged business; minority-owned business; woman-owned business; service-disabled veteran-owned small business; or veteran-owned small business. The Commission will determine whether the stated goals in the Diversity Plan are reasonable and represent a good faith effort to meet the goals.



## DIVERSITY PLAN – EQUAL OPPORTUNITY AND ACCESS IN EMPLOYMENT

In narrative form, please provide a detailed written plan, including objectives, timetables, and evaluation metrics, that describes the steps the Applicant will take to ensure that the business will promote meaningful inclusion of diverse participants in ownership, management, employment, and contracting to ensure that the participants are afforded equality of opportunity. To the extent available, include the following:

1. The diversity status of each owner, investor, employee, and contractor;
2. Strategies for obtaining a diverse group of owners, investors, employees, including executive and managerial positions, and contractors;
3. Internal diversity goals adopted by the Applicant;
4. A plan for diversity-related outreach or events the Applicant will conduct to support its diversity goals in ownership, investment, management, employment, and contracting;
5. Proposed timelines and benchmarks for achieving the diversity goals outlined in the plan; and
6. Any other information that demonstrates the Applicant’s commitment to ownership, investment, management, employment, and contracting diversity.

The Diversity Plan may not exceed 2,500 words in total.

Click here to enter text.

**Important:** Please refer to the Guidance for Diversity and Socioeconomic Equity Questions for guidelines on the Diversity Plan.

<p>By checking “Yes,” the Applicant affirms that it has a Diversity Plan that establishes a goal of opportunity and access in employment and contracting by the Applicant organization. The Applicant also affirms that it will make a good faith effort to meet the diversity goals outlined in the Diversity Plan. Changes to the Diversity Plan must be approved by the Commission.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>By checking “Yes,” the Applicant agrees to report participation level and involvement of diverse participants and groups in the form and frequency required by the Commission, and to provide any other information the Commission considers appropriate regarding ownership, management, employment, and contracting opportunities by diverse participants and groups.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2. Disadvantaged Equity Applicant/Members of the Most Disadvantaged Groups in the Medical Cannabis Industry (5 Points)**

<p><b>Part I (3 points)</b></p> <p>(a) (i) Please check “yes” or “no” whether the Applicant has at least 51 percent of its ownership interest held by one or more individuals who are Disadvantaged Equity Applicants as defined in COMAR 10.62.01.01B(10)); and</p> <p>(ii) If “no”, please check whether the Applicant made good faith efforts to have at least 51 percent of its ownership interest held by individuals who qualify as Disadvantaged Equity Applicants.</p> <p>(b) Each Applicant who responds “yes” to Part I(a)(i) above shall submit documentation demonstrating that at least 51 percent of its ownership interest is held by one or more individuals who are:</p> <p>(i) Member(s) of a qualifying minority group (Attachment B) Affidavit of Certification of Disadvantaged Equity Applicant Status and a government-issued photo ID); and</p> <p>(ii) Do not exceed the personal net worth cap (Attachment C – Personal Net Worth Statement OR Proof of certification as disadvantaged owner of an MBE).</p> <p>(c) Each Applicant who responds “yes” to Part I(a)(ii) for having Made good faith efforts to have at least 51 percent of its ownership interest held by individuals who qualify as Disadvantaged Equity Applicants shall submit:</p> <p>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</p> <p>(ii) Attachment D – Good Faith Efforts Documentation form.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p><b>Part II (2 points)</b></p> <p>(a) (i) Please check “yes” or “no” whether the Applicant has at least 51 percent of its ownership interest held by one or more individuals who are members of the most disadvantaged groups in the medical cannabis industry; and</p> <p>(ii) If “no,” please check whether the Applicant has made good faith efforts to have at least 51 percent of its ownership interest held by members of the most disadvantaged groups in the medical cannabis industry.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>

<p>(b) Each Applicant who responds “yes” to Part II(a)(i) above shall submit documentation that at least 51 percent of its ownership interest is held by one or more individuals who are:</p> <ul style="list-style-type: none"> <li>(i) Members of the most disadvantaged groups in the medical cannabis industry (Attachment E – Affidavit of Certification of Membership in One of the Most Disadvantaged Groups in the Medical Cannabis Industry and government-issued photo ID); and</li> <li>(ii) Do not exceed the personal net worth cap (Attachment C – Personal Net Worth Statement OR Proof of certification as a disadvantaged owner of an MBE).</li> </ul> <p>(c) Each Applicant who responds “yes” to having made good faith efforts (Part II(a)(ii)) to have at least 51 percent of its ownership interest held by individuals who are members of the most disadvantaged groups in the medical cannabis industry shall submit:</p> <ul style="list-style-type: none"> <li>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</li> <li>(ii) Attachment D – Good Faith Efforts Documentation form.</li> </ul>		
<p><b>Part III (1 point)</b></p>		
<p>(a) (i) Please check “yes” or “no” whether the Applicant has between 25 percent and 50 percent of its ownership interest held by one or more individuals who are members of the most disadvantaged groups in the medical cannabis industry; and</p> <p>(ii) If “no,” please check whether the Applicant has made good faith efforts to have between 25 and 50 percent of its ownership interest held by members of the most disadvantaged groups in the medical cannabis industry.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>(b) Each Applicant who responds “yes” to Part III (a)(i) above shall submit documentation that at least 25 percent and not more than 50 percent of its ownership interest is held by one or more individuals who are:</p> <ul style="list-style-type: none"> <li>(i) Members of the most disadvantaged groups in the medical cannabis industry (Attachment E – Affidavit of Certification of Membership in One of the Most Disadvantaged Groups in the Medical Cannabis Industry and government-issued photo identification); and</li> <li>(ii) Do not exceed the personal net worth cap (Attachment C – Personal Net Worth Statement OR Proof of certification as a disadvantaged owner of an MBE).</li> </ul>		

<p>(c) Each Applicant who responds “yes” to having made good faith efforts (Part III(a)(ii)) to have at least 25 percent and not more than 50 percent of its ownership interest held by individuals who are members of the most disadvantaged groups in the medical cannabis industry shall submit:</p> <ul style="list-style-type: none"> <li>(i) A summary of the Applicant’s good faith efforts as described in the Good Faith Efforts guidelines under Section D of the <i>Guidance for the Diversity and Socioeconomic Equity Questions</i> document; and</li> <li>(ii) Attachment D – Good Faith Efforts Documentation form.</li> </ul>		
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**3. Economically Disadvantaged Areas (5 Points)**

<p>(a) Please check “yes” or “no” for each of the of the following criteria:</p> <ul style="list-style-type: none"> <li>(i) At least 51 percent of its ownership interest is held by one or more individuals who have lived in an economically disadvantaged area for at least 5 of the preceding 10 years;</li> <li>(ii) A majority of the current employees live in an economically disadvantaged area;</li> <li>(iii) A majority of the current contractors live in an economically disadvantaged area;</li> <li>(iv) At least 51 percent of its ownership interest is held by one or more individuals who are a member of a household that earns no more than 80 percent of the State median income;</li> <li>(v) The Applicant has significant past experiences in or business practices that promote economic development and empowerment in economically disadvantaged areas.</li> </ul> <p>(b) If the Applicant responded “yes” to three or more of the criteria set forth immediately above, please provide supporting documentation as described by the Economically Disadvantaged Applicant guidelines provided in the <i>Guidance for Diversity and Socioeconomic Equity Questions</i> document.</p> <p>Each Applicant who responded “yes” to three or more of the criteria will score points in accordance with the Scoring Methodology section for Economically Disadvantaged Applicants as described in the <i>General Instructions</i> document.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
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## **PART E – Supporting Documentation – Attachments**

Each Attachment listed below must be included in the Application as an Addenda, if applicable. An asterisk\* follows each Attachment that is required to be included in the Application. **Applicants will receive a 1-point reductions for each mandatory attachment (Attachments F through J) not provided.**

### **ATTACHMENTS CHECKLIST**

<b>Attachment</b>	<b>Name/Description of Attachment</b>	<b>Included</b>	<b>Not Included</b>
<b>Attachment A</b>	<b>Diversity Attestation</b>		
<b>Attachment B</b>	<b>Affidavit of Certification of Disadvantaged Equity Applicant Status</b>		
<b>Attachment C</b>	<b>Personal Net Worth Statement</b>		
<b>Attachment D</b>	<b>Good Faith Efforts Documentation</b>		
<b>Attachment E</b>	<b>Affidavit of Certification of Most Disadvantaged Member in the Medical Cannabis Industry</b>		
<b>Attachment F*</b>	<b>Authorization for Release of Information</b>		
<b>Attachment G*</b>	<b>Authorization for Release of Information – Business Entity</b>		
<b>Attachment H*</b>	<b>Trade Secret &amp; Financial Data Notification</b>		
<b>Attachment I*</b>	<b>Business Interest Identification &amp; Authorization</b>		
<b>Attachment J*</b>	<b>Investors, Agents, Owners &amp; Managing Director Certification</b>		

In addition to the above-described forms, the Applicant shall submit the following document to be included in the Application as an Addenda, if applicable.

1. An organizational chart of the business entity, with a preamble that summarizes the owners and investors of the business.
2. If the Applicant is a corporation or a business entity, a copy of the articles of incorporation and authorization to do business in Maryland.
3. A record of tax payments in all jurisdictions in which an Applicant has operated a business for the 5 years before filing the Application.

**PART F – Affirmation Section**

The undersigned attests that the grower Applicant will adhere to the statutory/regulatory requirements established in Health-General Article, Title 13, Subtitle 33, Annotated Code of Maryland, and the Code of Maryland Regulations, Title 10, Subtitle 62, and that the signatory has the authority to bind the grower Applicant to the statutory and regulatory requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Attachment A**

**DIVERSITY ATTESTATION**

*This form must be signed and notarized for each participant for whom status as a minority is relied upon in the Applicant's Diversity Plan.*

**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.**

State of \_\_\_\_\_, County of \_\_\_\_\_

I am an individual who intends to become \_\_\_\_\_  
(specify an owner, an investor, an employee, or a contractor) in this Applicant's grower's business if the Applicant is awarded a medical cannabis grower's license. I certify that I do not intend to become an employee, or a contractor in the medical cannabis grower business of any other medical cannabis grower Applicant involved in this Application process.

I, the Attestor named below, hereby certify that I am (check all that apply):

- African American
- American Indian/Native American
- Asian
- Hispanic
- Female
- Other (specify) \_\_\_\_\_

Signature of Attestor \_\_\_\_\_

Printed Name of Attestor \_\_\_\_\_

Title or Profession of Attestor \_\_\_\_\_

Contact Information of the Attestor (Address, email, and phone number)  
\_\_\_\_\_

**NOTARY**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above-named individuals appeared in person, and before me, either known to me or satisfactorily proved to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_ day of \_\_\_\_\_, 2019, and to which witness my hand

Notary Public

(Seal) My Commission Expires \_\_\_\_\_, 2019

\_\_\_\_\_  
Printed Name

**Attachment B**

**AFFIDAVIT OF CERTIFICATION OF  
DISADVANTAGED EQUITY APPLICANT STATUS**

*This form must be signed and notarized for each owner and investor for whom status as a  
Disadvantaged Equity Applicant 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 equity 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 a socially and economically disadvantaged individual who is 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) as defined in COMAR 10.62.01.01B(28): (Check all that apply): African American  American Indian/Native American  Asian  Hispanic  Female, regardless of race or ethnicity. I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or 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 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 (1)  my personal net worth does not exceed \$1,713,333 as defined in COMAR 10.62.01.01B(28)(b)(i) OR, (2)  I am a disadvantaged owner of a certified as a 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 declare under penalty of perjury that the information provided in this Application and supporting documents is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY CERTIFICATE**



**Attachment C**

**PERSONAL NET WORTH STATEMENT**

**Personal Net Worth Statement  
For Disadvantaged Equity Applicant Eligibility**

Natalie M. LaPrade

**Medical Cannabis Commission**

This form is used for all Applicants seeking to demonstrate a Personal Net Worth (PNW) of ≤ \$1,713,333. An Applicant seeking to demonstrate that at least 51 percent of its ownership is held by one or more Disadvantaged Equity Applicants/ Members of the Most Disadvantaged Groups in the Medical Cannabis Industry, must submit a Personal Net Worth Statement for each individual for whom qualification as a Disadvantaged Equity Applicant/Members of the Most Disadvantaged Groups in the Medical Cannabis Industry is based in part on having a PNW of ≤ \$1,713,333 as defined in COMAR 10.62.01.01B(10)(b)(i). Each person signing this form authorizes the Maryland Medical Cannabis Commission to make inquiries as necessary to verify the accuracy of the statements made. **(Note: This form is not for Applicants (1) certified as disadvantaged owner of an MBE, or (2) demonstrating Good Faith Efforts to have a specified percent of its ownership interest held by Disadvantaged Equity Applicants.)**

Name		Business Phone
Residence Address (As reported to the IRS)		Residence Phone
Business Name of Applicant Firm		
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)		
<b>ASSETS</b>	(Omit Cents)	<b>LIABILITIES</b>
Cash and Cash Equivalents	\$	Loan on Life Insurance (Complete Section 5)
Brokerage Investment Accounts	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)
Assets Held in Trust	\$	Notes, Obligations on Personal Property (Complete Section 6)
Loans to Shareholders & Other Receivables (Complete Section 4)	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Other Liabilities (Complete Section 8)
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$	Unpaid Taxes (Complete Section 8)
Other Personal Property and Assets (Complete Section 6)	\$	
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$	
Total Assets	\$	Total Liabilities
		<b>NET WORTH</b>

**Section 2. Notes Payable to Banks and Others**

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Brokerage and custodial accounts, stocks, bonds. (Full Value) (Use attachments if necessary).**

Name of Security/Brokerage Account/Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned (excluding Primary Residence and any real estate for a certified MBE). Includes Investment Properties, Personal Property Leased or Rented for Business Purposes, except for MBEs, or any Other Income Producing Property. (List each parcel separately Add additional sheets, if necessary).**

	Property A	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name(s) of all Mortgage Holder(s)			

Mortgage Acc. #  
and balance (as of  
date of form)

Equity line of  
credit balance

Amount of  
Payment Per  
Month/Year  
(Specify)

**Section 5. Life Insurance Held** (Give face amount and cash surrender value of policies,, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

**Section 6. Other Personal Property and Assets** (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this Asset Insured?	Lien/Note Amount and Terms of Payment
Automobiles and Vehicles (including recreational vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses other than MBEs or other individuals.				
Household Goods/Jewelry				
Other (List)				
Accounts and Notes Receivables				

**Section 7. Value of Other Business Investments. Other Businesses Owned (excluding Applicant firm and MBEs.**  
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

**Section 8. Other Liabilities and Unpaid Taxes** (Describe)

**Section 9. Transfer of Assets:** Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust:  Yes  No  
If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this Application is for the purpose of inducing licensing approval by the Maryland Medical Cannabis Commission. I understand that the Commission may, by means it considers appropriate, determine the accuracy and truth of the statements in the Application and this PNW statement, and I authorize the Commission to contact any entity named in the Application or this personal financial statement, including the named individuals, banking institutions, credit agencies, contractors, clients, and other licensing entities for the purpose of verifying the information supplied and determining the Applicant's eligibility. I acknowledge and agree that any misrepresentations in this Application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of license; and for initiating action under federal and/or State law concerning false statement, fraud, or other applicable offenses.

NOTARY CERTIFICATE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In collecting the information requested by this form, the Maryland Medical Cannabis Commission complies with Federal Freedom of Information and Privacy Act (5 U.S.C. 552 and 552a) provisions. The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your eligibility for a grower's license as a Disadvantaged Equity Applicant.

**Attachment D**

**GOOD FAITH EFFORTS DOCUMENTATION**

**PART 1 – IDENTIFIED DISADVANTAGED APPLICANTS/MEMBERS OF THE MOST DISADVANTAGED GROUPS IN THE MEDICAL CANNABIS INDUSTRY, AS IDENTIFIED BY THE COMMISSION, AND RECORD OF SOLICITATIONS.**

Please identify the potential owners and investors interviewed and identify those who qualify as Disadvantaged Equity Applicants or members of the most disadvantaged groups in the medical cannabis industry, as identified by the Commission, and whether any of those potential owners/investors have purchased an equity share in the entity submitting the Application.

Provide supporting documentation for each disadvantaged potential owner/investor interviewed who qualifies as a Disadvantaged Equity Applicant via minority attestations (See Attachments B and E), personal net worth attestations (**NOT** Attachment C – Personal Net Worth Statement), and evidence of being a disadvantaged owner of a certified minority business enterprise.

<b>Contact Information of Potential Owner Interviewed</b>	<b>Disadvantaged Equity Applicant Classification</b>	<b>Initial Solicitation Date &amp; Method</b>	<b>Details for Follow-up Date and Method</b>	<b>Details of Proposed Offer</b>	<b>Equity Share Purchased</b>
Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤\$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased.  <input type="checkbox"/> No, an equity share has not been purchased.
Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤\$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased.  <input type="checkbox"/> No, an equity share has not been purchased.

Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤ \$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased.  <input type="checkbox"/> No, an equity share has not been purchased.
Name, Address, Telephone Number, and Email Address:	Check all that apply: <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Woman <input type="checkbox"/> Certified MBE <input type="checkbox"/> PNW ≤ \$1,713,333	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Facsimile <input type="checkbox"/> Mail Details:	Date: Spoke with: Details:	<input type="checkbox"/> Yes, an equity share has been purchased.  <input type="checkbox"/> No, an equity share has not been purchased.

**Please attach additional sheets as needed.**

I affirm under penalties of perjury that the contents of Attachment D Good Faith Efforts Documentation are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attachment E**

**AFFIDAVIT OF CERTIFICATION OF  
MOST DISADVANTAGED MEMBERS 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 (1)  my personal net worth does not exceed \$1,713,333 as defined in COMAR 10.62.01.01B(28)(b)(i) OR (2)  I am a disadvantaged owner of a business certified as Minority Business Enterprise (MBE) as defined in State Finance and Procurement Article, § 14-301(d), Annotated Code of Maryland as follows: Firm Name of MBE Business \_\_\_\_\_ and 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 based upon the findings of a disparities study conducted by National Research Associates, Inc. (NERA) which concluded that African Americans and American Indians/Native Americans are the most disadvantaged groups in the medical cannabis industry. The study findings concluded that there is a compelling interest to implement remedial measures to assist these groups seeking to participate in the medical cannabis industry.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY CERTIFICATE**

**Attachment F**

**AUTHORIZATION FOR RELEASE OF INFORMATION:  
INVESTOR/GROWER AGENT**

Investor/Agent: Investor/Agent  
(Investor/Agent's Name)

I am an investor or a grower agent applying 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 me. I irrevocably give 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 me; and (3) to have access to any and all information that I have 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 me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me 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, I expressly waive, release, discharge and forever hold harmless and agree 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 Investor/Grower Agent

\_\_\_\_\_  
Date



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NOTARY

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

Stamp or Seal

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

**Attachment G**

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

Business Entity Name: Business Entity Name

Name of Person Completing Form: Name of Person Completing Form  
(Authorized Representative)

[Type text] is an Authorized Representative, empowered by the Business Entity to execute this form on its behalf.

[Type text] 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 Dispensary 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

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual, as an Authorized Representative of \_\_\_\_\_, appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

Stamp or Seal

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

**Attachment H**

**TRADE SECRET & FINANCIAL DATA NOTIFICATION**

\_\_\_\_\_ is an Applicant for a Medical Cannabis Grower License.  
\_\_\_\_\_ understands that the Commission is an entity of the State of Maryland and any documents or data that is submitted to the State of Maryland may be disclosed by the State pursuant to a Maryland Public Information Act (“MPIA”) Request.

While the MPIA permits certain exclusions from disclosure, [Type text] understands the State makes no guarantees or promises that such data will not be disclosed. [Type text] has reviewed the MPIA, as it is available online at <http://www.lexisnexis.com/hottopics/mdcode>.  
\_\_\_\_\_ understands that other helpful resources may be found at [www.oag.state.md.us/Opengov](http://www.oag.state.md.us/Opengov).

\_\_\_\_\_ understands that the documents or data it provides to the State of Maryland may not be confidential, or if confidential, may or may not be disclosed pursuant to a MPIA request.

“NONE”  The Applicant should check the box beside the word “NONE” if there are no materials in the Application designated as trade secret information or confidential financial data.

\_\_\_\_\_  
Signature of Person or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Attachment I**

**BUSINESS INTEREST IDENTIFICATION & AUTHORIZATION**

\_\_\_\_\_, the undersigned Applicant, hereby states as follows:

\_\_\_\_\_ has either applied for or are currently or has been previously licensed or authorized to produce or otherwise deal in the distribution of cannabis in any form, in the following States or jurisdictions:

<b>State &amp; Name of Agency</b>	<b>Type of License</b>	<b>Name of License</b>	<b>License or Registration #</b>
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]
[Type text]	[Type text]	[Type text]	[Type text]

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Attachment J**

**INVESTORS, AGENTS, OWNERS AND MANAGING DIRECTOR  
CERTIFICATION**

<p>1. I certify that any Cannabis business entity or its equivalent in which I hold or have held an interest, has not had the registration or license, suspended, revoked, placed on probationary status, or subject to any disciplinary action. If no, provide an explanation.</p> <p>[Type text]</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>2. I certify that no business or non-profit entity on whose board of directors I have served has been convicted of a crime, fined, censured or had any registration or authorization to do business revoked or suspended, or been the subject of an administrative or judicial proceedings challenging the entity's proper operation under law. If no, please explain and refer to case or news reports.</p> <p>[Type text]</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>3. Are you a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <p>[Type text]</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p> <p>[Type text]</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>5. If you have held a medical Cannabis or medical marijuana license or registration in another State, have you been disciplined (including, but not limited to restricted, suspended, or terminated) by any State? If yes, provide a brief explanation.</p> <p>[Type text]</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>6. I certify that I have not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or another State. If no, provide a brief explanation.</p> <p>[Type text]</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

7. Are you employed by the State of Maryland? If no, skip next question.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If you are employed by the State, please state the name, agency and position.  [Type text]		
9. I acknowledge that I fully understand that:  Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801, et seq.);  Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and  Any activity regarding cannabis that does not comply with Maryland law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. I certify that I have not been charged with or been convicted of a felony offense which is reflective of an absence of good moral character not including a conviction for a felony drug offense for which the sentence imposed for the conviction, including parole, probation, or mandatory supervision was satisfied more than 7 years before the Application was submitted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I certify that I have not been charged with or been convicted of a violation of §5-612 (volume drug dealer) or §5-613 (drug kingpin) of the Criminal Law Article.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I certify my acknowledgement that Application Fees are non-refundable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I acknowledge that by filing an Application for a license and receiving a date and time stamped receipt, the following: (a) The Commission is vested with broad discretion to select the Applicants to be awarded a License; and (b) The Commission's decisions in selecting the Applicants shall be final.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Owner/Managing Director

\_\_\_\_\_  
Printed Name of Owner/Managing Director

Sworn to and subscribed to me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

**END OF DOCUMENT**