

Attachment J

OWNER AND INVESTOR CERTIFICATION

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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 proceeding challenging the entity's proper operation under law. If no, please explain and refer to case or news reports.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I certify that I am not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.		
<p>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.);</p> <p>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</p> <p>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.</p>	<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
<p>13. I acknowledge that by filing an Application for a license the following:</p> <p>(a) The Commission is vested with broad discretion to select the Applicants to be awarded a License; and</p> <p>(b) The Commission's decisions in selecting the Applicants shall be final.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Owner/Investor

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: _____