OWNERSHIP & CONTROL ATTESTATIONS OF 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

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)

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

☐ I do not currently hold, nor have I submitted a pending request to acquire, any prohibited ownership or control interest in any other Maryland medical cannabis license (i.e., more than 1 grower license, 1 processor license, and/or 4 dispensary licenses in Maryland).

List any Maryland medical cannabis license(s) in which an ownership or control interest is held, if applicable:

________________________________________________________________________________________

☐ The proposed transfer would not result in me acquiring any prohibited ownership or control interest in any Maryland medical cannabis license (i.e., more than 1 grower license, 1 processor license, and/or 4 dispensary licenses in Maryland).

Contact Information

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

Acknowledgement

I understand that I must submit this form and respond to any related follow-up inquiry by the Commission for the Commission 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.

___________________________________________________

(signed)

__________

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.