



CRIMINAL HISTORY & FINANCIAL ATTESTATIONS BY PROSPECTIVE TRANSFEEE

Check the Box that Accurately Describes the Prospective Transferee

- The prospective transferee is an individual**
- The prospective transferee is a privately held entity:** All individuals holding an ownership interest must complete this form. An authorized individual must complete this form for any entity holding an ownership interest.
- The prospective transferee is a publicly held entity:** Any individual holding an ownership interest of 5% or more 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)

(print the name of the Prospective Transferee) (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 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 in order 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.**

(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.