



OWNERSHIP & CONTROL ATTESTATIONS OF PROSPECTIVE TRANSFeree

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

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.**

(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.