MEDICAL CANNABIS FACILITY APPLICANT INFORMATION SHEET

Primary Point of Contact

First Name | First Name | Suffix

Title (Enter "N/A" if not applicable)

Entity (Enter "N/A" if not applicable)

Street Address | Suite | City | State | Postal Code

Mobile Number | Email

Alternate Point of Contact

First Name | First Name | Suffix

Title (Enter "N/A" if not applicable)

Entity (Enter "N/A" if not applicable)

Street Address | Suite | City | State | Postal Code

Mobile Number | Email

Proposed Facility

Registration Type: ☐ Cultivation Center ☐ Dispensary ☐ Testing Laboratory

Trade Name

Entity or Sole Proprietor

Proposed Street Address | Suite | City | State | Postal Code

Ownership Interests

Identify all persons with an ownership interest of one (1) percent or greater, equity stake, or that holds a board position in the proposed medical cannabis facility. Use additional sheets as needed.

Please note that ABC Board approval is required prior to any changes in ownership or controlling interest in the medical cannabis facility.

Type: ☐ Sole Owner ☐ Partner ☐ Corporate Officer ☐ Board Member

First Name ____ Last Name ____ Suffix ____

Title (Enter "N/A" if not applicable) ____

Entity (Enter "N/A" if not applicable) ____

Street Address ____ Suite ____ City ____ State ____ Postal Code ____

Mobile Number ____ Email ____

Are you 21 years of age or older? ☐ Yes ☐ No Enter date of birth (MM/DD/YYYY): ________________

Are you eligible to work in the United States? ☐ Yes ☐ No

If yes, please select and include a copy of the qualifying document:

☐ Passport ☐ Naturalization Paper ☐ Work Permit ☐ Green Card ☐ Visa

__________________ Certificate Number __________________ Expiration Date

Have you ever:

- Received or been issued a medical cannabis facility registration in DC or any state or territory? ☐ Yes ☐ No
- Had any medical cannabis facility registration suspended or revoked? ☐ Yes ☐ No
- Been convicted of a felony for a crime of violence, gun offense, tax evasion, fraud, or credit card fraud within three (3) years preceding the date the application is filed? ☐ Yes ☐ No

If yes to any of the above, specify the jurisdiction(s) and provide a detailed explanation for each:

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____

____

Certification:
I hereby certify under penalty of perjury that the information in this application is true and correct.

First and Last Name ____ Signature ____

Subscribed and sworn to before me ______________________________ on this _______day of _____________, 20_____.
Notary Public Signature

____
Commission Expiration Date

Ownership Interests *(Continued)*

Identify all persons with an ownership interest of one (1) percent or greater, equity stake, or that holds a board position in the proposed medical cannabis facility. Use additional sheets as needed.

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Type: ☐ Sole Owner ☐ Partner ☐ Corporate Officer ☐ Board Member

First Name | Last Name | Suffix

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Street Address | Suite | City | State | Postal Code

Mobile Number | Email

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- Been convicted of a felony for a crime of violence, gun offense, tax evasion, fraud, or credit card fraud within three (3) years preceding the date the application is filed? ☐ Yes ☐ No

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Type: ☐ Sole Owner ☐ Partner ☐ Corporate Officer ☐ Board Member

First Name | Last Name | Suffix

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Street Address | Suite | City | State | Postal Code

Mobile Number | Email

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Ownership Interests *(Continued)*

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First Name | Last Name | Suffix

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Street Address | Suite | City | State | Postal Code

Mobile Number | Email

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Certification:
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First and Last Name | Signature

Subscribed and sworn to before me ______________________________ on this _______day of _____________, 20_____.
Notary Public Signature

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Commission Expiration Date

Summary of Shares/Percentage of Interest

This form must be completed by any person with an ownership interest of one (1) percent or greater or that holds a board position in the proposed medical cannabis facility.

Entity Name Trade Name

First Name, MI, Last Name	Title	Email	No. of Shares	Percentage of Interest

Certification: I hereby certify under penalty of perjury that the information in this application is true and correct.

First and Last Name Signature

Subscribed and sworn to before me ______________________________ on this _______day of _____________, 20____.
Notary Public Signature

Commission Expiration Date

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Notice of Application Acknowledgment

We acknowledge that as part of the review of the Application, the ABC Board may give written notice of the Application to the DC Councilmember representing the affected Ward and every Advisory Neighborhood Commission within the affected Ward. Letters of support or protest must be received by the specified deadline.

Initial	Initial	Initial	Initial	Initial

Affirmation

We affirm and certify that all the information provided in this information sheet and accompanying application is complete, true, and correct to the best of our knowledge and belief. We understand that any misrepresentation, falsification, or omission of any facts called for in this application may render the application void and subject to denial. We also understand that the making of false statements may be punishable by the imposition of a fine or may constitute the basis for a criminal offense under DC Official Code § 22-2402. We authorize ABRA to conduct any investigation it deems necessary and appropriate to ascertain the veracity of the information contained in this information sheet and accompanying application.

First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date