



MARIJUANA PROGRAM
PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

I, _____, attest that:
(Please print full legal name)

The information provided to the Department is true and correct in this application requesting to:

- | | |
|------------------------------------------------|-------------------------------------------------------------------------------|
| Change-Dispensary Location | Change-Add Manufacturing Site |
| Change-Retail Site Location | Change-Add Prepare Edibles to Manufacturing Site (Establishment license only) |
| Change-Add On-Site Cultivation | Change-Modify Licensed Facility |
| Change-Add On-Site Manufacturing | Change-Sell/Dispense TCS/NPP Edibles |
| Change-Add Prepare Edibles to Retail Site | Dispensary Approval to Operate |
| Change-Add Cultivation Site | Establishment Approval to Operate |
| Change-Add Manufacturing to Cultivation Site | Renew Dispensary Registration Certificate |
| Change-Add Prepare Edibles to Cultivation Site | Renew Establishment License |

Principal Officer/Board Member Signature

Date Signed