



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

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 Prepare Edibles Manufacturing
Site (Establishment license only)

Change-Retail Site Location

Change-Modify Licensed Facility

Change-Add On-Site Cultivation

Change-Sell/Dispense TCS/NPP Edibles

Change-Add Cultivation Site

Dispensary Approval to Operate

Change-Add On-Site Manufacturing

Establishment Approval to Operate

Change-Add Manufacturing Site

Renew Dispensary Registration Certificate

Change-Add Prepare Edibles Retail Site

Renew Establishment License

Change-Add Prepare Edibles Cultivation
Site

Principal Officer/Board Member Signature

Date Signed