

REGULATED CANNABIS BUSINESS LICENSE OATH OF NO OVERLAP

Each Owner with 10% or greater financial interest must complete and sign.

License Type:

□ Retail Store

□ Co-Located Medical and Retail Store

I declare that as applicant, I have no overlapping partner(s), investor(s) or immediate family member(s) of a partner(s) or investor(s) (affiliate or affiliate entity) with another application and that no application is an affiliate or affiliate entity with another application.

Authorized Signature:	Title (owner, manager, director, etc.)	% Ownership:
Printed Name:	Business (dba):	Date:

STATE OF)
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public Signature

My Commission Expires: _____