**Pennsylvania Department of Health**

**Bureau of Medical Marijuana**

**Application for Approval of an Act 63 of 2023 Permit**

**APPLICATIONS ACCEPTED BETWEEN 5/12/2024 AND 6/12/2024**

# Section 1. General Information

## **(Scoring Method: Pass/Fail)**

The applicant is required to provide the business and contact information requested below. The Business Contact Name (the person who can be contacted about this application) should be the business contact of record with the Bureau of Medical Marijuana (Bureau) for the MMO with the existing permit.

1. **Business and Contact Information**

|  |  |  |
| --- | --- | --- |
| Permittee Name, as it appears on the permit issued by the Bureau:  TEXT HERE | | |
| Other trade names and DBA (doing business as) names:  TEXT HERE | | |
| Business Address: TEXT HERE | | |
| City: TEXT HERE | State: WW | Zip Code: 55555 |
| Phone: TEXT HERE | Fax: TEXT HERE | Email: TEXT HERE |
|  | | |
| Business Contact Name: TEXT HERE | | |
| Business Contact Address: TEXT HERE | | |
| City: TEXT HERE | State: WW | Zip Code: 55555 |
| Phone: TEXT HERE | Fax: TEXT HERE | Email: TEXT HERE |

1. **Type of Facility Being Applied For**

|  |  |
| --- | --- |
| Which type of Pennsylvania Medical Marijuana permit does the applicant currently hold? (Check the appropriate box below) | |
| A Dispensary permit  Permit ID: TEXT HERE  If the box above is checked, then this application must be accompanied by an Act 63 Grower/Processor permit application. | A Grower/Processor permit  Permit ID: TEXT HERE  If the box above is checked, then this application must be accompanied by an Act 63 Dispensary permit application. |

## Section 2. Qualifying as an Independent

## **(Scoring Method: Pass/Fail)**

1. **Entity and Key Stakeholder Relationships**

The applicant is required to provide the diagrams requested below. Please clearly articulate the relationships between the entities and between the key stakeholders. Save the diagram s as PDF file(s) and attach to this application. The diagrams must include all Pennsylvania dba’s for these entities and include all applicable entities that are not MMOs.

|  |  |  |
| --- | --- | --- |
| By checking “Yes,” the applicant affirms it has included Attachment 2 and Attachment 3 with this application. The diagrams must include all Pennsylvania dba’s for these entities.  ATTACHMENT 2: A diagram showing the relationship between the applicant, any parent companies and any subsidiaries of the applicant. NOTE – there is no template for this attachment.  ATTACHMENT 3: A diagram showing other subsidiaries of the applicant’s parent company or companies. NOTE – there is no template for this attachment. | Yes | No |

1. **Principals, Operators, Financial Backers, and Employees**

The applicant is required to provide contact information for the principals, financial backers, operators and employees. In the supplied Excel template, please complete columns A though T of BOTH tabs. On the “Current Permit Affiliations” tab, please list all principals, financial backers, operators, and employees that are currently affiliated with the applicant entity. On the “Proposed (To Be Affiliated)” tab, please list those persons that are being added to the affiliation list as part of this application. If a principal, financial backer, or operator is a business entity, please list the natural person who is or will be affiliated on behalf of that entity and provide the name of the entity in column F for each natural person.

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| By checking “Yes,” the applicant affirms that the attached Excel document lists all current and pending principals, operators, financial backers, and employees. | Yes | No |

1. **Publicly Traded Entities**

|  |  |  |
| --- | --- | --- |
| Please check “Yes” or “No” to the following. Is the applicant publicly traded? If “No,” continue to sub-section 2D. | Yes | No |
| Does the applicant have a common valuation with another person? If “No,” continue to sub-section 2D.  If “Yes,” please list those persons with a common valuation. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |
| For each person listed in the box above, is the common valuation shared with a MMO, a parent company to a MMO, a subsidiary to the parent company to an MMO, or a subsidiary with a MMO?  If “Yes,” please explain.  TEXT HERE | Yes | No |

**D. Private Entities**

|  |  |  |
| --- | --- | --- |
| Is the applicant, parent company, subsidiaries to parent company, or subsidiary to applicant privately held? If “No,” continue to sub- section 2E. | Yes | No |
| By checking “Yes,” the applicant affirms they have listed below all Principals, Operator, or Financial Backers that own at least 5% in the applicant. Please list those persons, their designation (principal, operator, or financial backer) with the MMO, and, if applicable, the name of any other Pennsylvania MMO or permit holder the person owns or is affiliated with. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |

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| By checking “Yes,” the applicant affirms they have listed below all Principals, Operator, or Financial Backers that own at least 5% in a parent company of the applicant. Please list those persons, their designation (principal, operator, or financial backer) with the parent company, and, if applicable, the name of any other Pennsylvania MMO or permit holder the person owns or is affiliated with. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |
| By checking “Yes,” the applicant affirms they have listed below all Principals, Operators, or Financial Backers that own at least 5% in a subsidiary of a parent company. Please list those persons, their designation (principal, operator, or financial backer) with the subsidiary, and, if applicable, the name of any other Pennsylvania MMO or permit holder the person owns or is affiliated with. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |
| By checking “Yes,” the applicant affirms they have listed below all Principals, Operators, or Financial Backers that own at least 5% in a subsidiary of the applicant. Please list those persons, their designation (principal, operator, or financial backer) with the subsidiary, and, if applicable, the name of any other Pennsylvania MMO or permit holder the person owns or is affiliated with. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |

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| By checking “Yes,” the applicant affirms they have listed below all Principals, Operators, or Financial Backers that own less than 5% in the applicant, but have voting rights to elect or appoint ONE OR MORE members of board of directors in the applicant. Identify and name any listed individuals or entities that are MMOs in Pennsylvania. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |
| By checking “Yes,” the applicant affirms they have listed below all Principals, Operators, or Financial Backers that own less than 5% in a parent company of the applicant, but have voting rights to elect or appoint ONE OR MORE members of board of directors in the parent company. Identify and name any listed individuals or entities that are MMOs in Pennsylvania. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |
| By checking “Yes,” the applicant affirms they have listed below all Principals, Operators, or Financial Backers that own less than 5% in a subsidiary of a parent company, but have voting rights to elect or appoint ONE OR MORE members of board of directors in a parent company subsidiary. Identify and name any listed individuals or entities that are MMOs in Pennsylvania. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |

|  |  |  |
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| By checking “Yes,” the applicant affirms they have listed below all Principals, Operators, or Financial Backers that own less than 5% in a subsidiary of the applicant, but have voting rights to elect or appoint ONE OR MORE members of board of directors in an applicant subsidiary. Identify and name any listed individuals or entities that are MMOs in Pennsylvania. If there are no applicable persons, indicate “N/A” in line 1. If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HEREOther MMO Name: TEXT HERE | Yes | No |

**E. Sharing Profit and Loss**

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| --- | --- | --- |
| Does the applicant share profits and losses with other persons? If “No,” continue to sub-section 2F.  If “Yes,” please list those persons. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE   For all entities for which profits and losses are shared, please list persons with at least 5% ownership in those entities. If more than three entries are necessary, please copy and paste more entry lines below.   1. Entity Name: TEXT HEREPerson: TEXT HERE 2. Entity Name: TEXT HEREPerson: TEXT HERE 3. Entity Name: TEXT HEREPerson: TEXT HERE   Please attach any additional documentation that explains in detail how profits and losses are shared with the listed individuals or entities. | Yes | No |

**F. Sharing Management, Equipment, Finances, or Capital**

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| --- | --- | --- |
| Has the applicant unaffiliated persons since Act 63 of 2023 was signed in December 2023?  If “Yes,” please list those persons below with their designation (Principal, Operator, Financal Banker, or Employee). If more than three entries are necessary, please copy and paste more entry lines below.   1. Name: TEXT HEREDesignation: TEXT HERE 2. Name: TEXT HEREDesignation: TEXT HERE 3. Name: TEXT HEREDesignation: TEXT HERE | Yes | No |
| Does the applicant use Standard Operating Procedures (SOPs) used by any other MMO?  If “Yes,” please list any MMOs that use your SOPs. If more than three entries are necessary, please copy and paste more entry lines below.   1. MMO Name: TEXT HERE 2. MMO Name: TEXT HERE 3. MMO Name: TEXT HERE | Yes | No |

|  |  |  |
| --- | --- | --- |
| Does the applicant share equipment, including leasing equipment, with another person?  If “Yes,” please list those persons and identify the shared equipment. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |
| Does a parent company of the applicant share equipment, including leasing equipment, with another person?  If “Yes,” please list those persons and identify the shared equipment. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |

|  |  |  |
| --- | --- | --- |
| Does a subsidiary of the parent company share equipment, including leasing equipment, with another person?  If “Yes,” please list those persons and identify the shared equipment. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |
| Does a subsidiary to the applicant share equipment, including leasing equipment, with another person?  If “Yes,” please list those persons and identify the shared equipment. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |
|  |  |  |
| Does the applicant share finances or capital with another MMO or an entity affiliated with an MMO?  If “Yes,” please list those entities and the financing or capital shared. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |
| Does a parent company of the applicant share finances or capital with another MMO or an entity affiliated with an MMO?  If “Yes,” please list those entities and the financing or capital shared. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |

|  |  |  |
| --- | --- | --- |
| Does a subsidiary of a parent company share finances or capital with another MMO or an entity affiliated with an MMO?  If “Yes,” please list those entities and the financing or capital shared. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |
| Does a subsidiary of the applicant share finances or capital with another MMO or an entity affiliated with an MMO?  If “Yes,” please list those entities and the financing or capital shared. If more than three entries are necessary, please copy and paste more entry lines below.   1. TEXT HERE 2. TEXT HERE 3. TEXT HERE | Yes | No |

**G. Affidavit**

Sign and Notarize the Affidavit of Independence, and save as a PDF file.

## Section 3. Change of Control

## **(Scoring Method: Pass/Fail)**

**A. Equity Security Agreements**

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| --- | --- | --- |
| Since the date of initial issuance of and payment of the applicant’s current permit, have there been changes in equity ownership? If “No,” continue to sub-section 3B.  If “Yes,” please provide a copy of those agreement(s) that establish the current equity ownership structure in the applicant. | Yes | No |
| Is the other party to the equity agreement an MMO, parent company to an MMO, subsidiary to an MMO parent company, or person affiliated with an MMO?  If “Yes,” please list the person, the affiliated MMO, and the equity ownership percentage in applicant MMO. If more than three entries are necessary, please copy and paste more entry lines below.  Person: TEXT HERE MMO: TEXT HERE Equity Ownership %: TEXT HERE  Person: TEXT HERE MMO: TEXT HERE Equity Ownership %: TEXT HERE  Person: TEXT HERE MMO: TEXT HERE Equity Ownership %: TEXT HERE | Yes | No |

**B. Debt Security Agreements**

|  |  |  |
| --- | --- | --- |
| Has the applicant entered into a debt security agreement (such as a loan agreement)? If “No,” continue to sub-section 3C.  If “Yes,” please provide a copy of those agreement(s) that the applicant has entered into. | Yes | No |
| Is the other party to the debt security agreement an MMO, parent company to an MMO, subsidiary to an MMO parent company, or person affiliated with an MMO?  If “Yes,” please list which person and which MMO it is affiliated with. If more than three entries are necessary, please copy and paste more entry lines below.  Person: TEXT HERE MMO: TEXT HERE  Person: TEXT HERE MMO: TEXT HERE  Person: TEXT HERE MMO: TEXT HERE | Yes | No |

**C. Hybrid Security Agreements**

|  |  |  |
| --- | --- | --- |
| Has the applicant entered into a hybrid security agreement (such as a sales leaseback agreement)? If “No,” continue to sub-section 3D.  If “Yes,” please provide a copy of those agreement(s) that the applicant has entered into. | Yes | No |
| Is the other party to the hybrid security agreement an MMO, parent company to an MMO, subsidiary to an MMO parent company, or person affiliated with an MMO?  If “Yes,” please list which person, the affiliated MMO, and the equity ownership percentage in applicant MMO. If more than three entries are necessary, please copy and paste more entry lines below.  Person: TEXT HERE MMO: TEXT HERE  Person: TEXT HERE MMO: TEXT HERE  Person: TEXT HERE MMO: TEXT HERE | Yes | No |

**D. Securities Agreements**

|  |  |  |
| --- | --- | --- |
| Has the applicant entered into a securities agreement (equity, debt, or hybrid) with a person that owns directly or indirectly 20% of the security interests of the applicant? If “No,” continue to section E.  If these transactions have occurred by a person or persons acting in concert of more than 20% securities in the applicant, please provide a copy of those agreement(s) if you have not done so earlier. | Yes | No |

**E. Affidavit**

Sign and attach the Affidavit of Change of Control Transactions.

Applicant has signed and attached the Affidavit of Change of Control Transactions. [yes no]

Section 4 – Current Permit Status

|  |  |  |
| --- | --- | --- |
| By checking “Yes,” the applicant affirms that its permit is active and in good status. The applicant acknowledges that its permit has not been surrendered, revoked, or denied renewal. | Yes | No |

## Section 5. Significant Changes

## **(Scoring Method: Pass/Fail)**

**A. Significant Changes**

Explain in the box below any significant changes (e.g. litigation, product recalls, decreased production, capital sufficiency concerns, etc.) since the initial permit or latest permit renewal. Attach additional documentation as a PDF file if you need more space or have supporting documentation.

|  |
| --- |
| TEXT HERE |

Providing significant changes in this application does not negate the duty to report requirements of 28 Pa. Code §1141a.38. During this application process, the applicant shall notify the Bureau in writing of any change in facts or circumstances reflected in this application submitted to the Bureau, or any newly discovered or occurring fact or circumstance which would have been included in this application if known at the time the application was submitted.

**B. Affidavit**

Sign and attach the Affidavit of Significant Changes. Execute the affidavit and save as a PDF file.

## Section 6. Release Authorization

## **(Scoring Method: Pass/Fail)**

Sign and attach the Release Authorization as set forth in §1211a.24 (relating to capital requirements). Execute the affidavit and save as a PDF file. **Failure to provide a release will result in the rejection of the application for approval of an Act 63 of 2023 permit.**