Primary Application Attachments

The following attachments must be submitted along with a Medical Marijuana Grower/Processor or Dispensary Permit Application. Instructions for each attachment are at the beginning of each attachment.

**Attachment 1:** Signature Page

**Attachment 2:** Excel Current and Planned Stakeholders\*

**Attachment 3:** Applicant Parents and Subsidiaries Diagram\*\*

**Attachment 4:** Parent’s Subsidiaries Diagram\*\*

**Attachment 5:** Affidavit of Independence

**Attachment 6:** Affidavit of Change of Control Transactions

**Attachment 7:** Affidavit of Significant Changes

**Attachment 8:** Release Authorization

\*Separate document provided

\*\*No template provided.

## Attachment 1: Signature Page

Instructions:

**This attachment is the signature page for your application.**

* Please review the application in its entirety
* By checking the appropriate boxes, indicate the sections that are included in your submission
* Print this attachment
* Sign the document
* Scan this sheet and save it as a file called “Attachment 1,” using the appropriate file name format

|  |  |  |
| --- | --- | --- |
| By checking “Yes,” you acknowledge that you have read the Medical Marijuana Organization Permit Application Instructions before completing an application for a medical marijuana organization permit. | [ ] Yes | [ ] No |

The applicant hereby submits this application for a Medical Marijuana Organization Permit to the Pennsylvania Department of Health, which consists of the completed application and attachments listed below:

Application:

[ ]  Completed Act 63 Primary Application

[ ]  Redacted Act 63 Primary Application

[ ]  Written statement signed by an applicant representative stating that all redactions made by the applicant constitute trade secret or confidential proprietary information as defined under the Right-to-Know Law

Other Attachments:

[ ]  Attachment 2: Excel Current and Planned Stakeholders

[ ]  Attachment 3: Applicant Parents and Subsidiaries Diagram

[ ]  Attachment 4: Parent’s Subsidiaries Diagram

[ ]  Attachment 5: Affidavit of Independence

[ ]  Attachment 6: Affidavit of Change of Control Transactions

[ ]  Attachment 7: Affidavit of Significant Changes

[ ]  Attachment 8: Release Authorization

Background Checks:

[ ]  The applicant has requested background checks, as described in the instructions.

Additional attachments:

Please list any other electronic documents submitted as part of this application:

|  |  |  |
| --- | --- | --- |
| File Name  | Name of Document | Purpose |
|  |  |  |
|  |  |  |
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**A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title in Applicant’s Business Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title in Applicant’s Business Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title in Applicant’s Business Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature.

## Attachment 5: Affidavit of Independence

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby certify that I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[title]* of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and am authorized to execute this affidavit on behalf of Applicant filing this Application for Approval of an Act 63 of 2023 permit. I further certify the following statements:

* The information disclosed in this application is accurate.
* The Applicant disclosed all information known by the applicant to aid the Bureau of Medical Marijuana (Bureau) in determining whether the Applicant qualifies as an “independent dispensary” or an “independent grower/processor” as defined in the Act 63 of 2023.
* The Applicant did not purposely unaffiliate persons to circumvent the restrictions within this Application.
* The Applicant acknowledges that the Bureau will investigate the accuracy of the information provided or otherwise available.

I hereby certify that the information contained herein is true and correct and that there are no misrepresentations, falsifications or omissions in this affidavit. I acknowledge that any false or misleading statement or intentionally omitted information is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature of Affiant and Title Date

Sworn to and subscribed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

An electronic version of this document shall be accepted as an original signature.

## Attachment 6: Affidavit of Change of Control Transactions

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby certify that I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[title]* of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and am authorized to execute this affidavit on behalf of Applicant filing this Application for Approval of an Act 63 of 2023 permit. I hereby certify and acknowledge the following statements:

* The information disclosed in this application is accurate.
* The Applicant disclosed all information known by applicant related to securities agreements involving the applicant or related persons or entities.
* The Applicant will not enter into a change of control transaction with a person for at least one year after the primary dispensary facility or grower/processor facility is deemed operational by the Bureau of Medical Marijuana (Bureau), unless the person is a diverse group (securities sale prohibition period).
* The Applicant acknowledges that the securities sale prohibition period is a blackout period, wherein the Applicant may not solicit, negotiate, or prepare an agreement to enter into a change of control transaction, and does not end until one year after operationalization.
* The Applicant is required to report to the Bureau as part of Applicant’s duty to report any change of control transaction and any change in control in the form and manner prescribed by the Bureau, including reporting to the Bureau a potential change of control transaction with a diverse group before the securities sale prohibition period ends.
* The Applicant acknowledges that entering into a change of control transaction before the securities sale prohibition period ends and with a person other than a diverse group will result in a void agreement between the parties, will be a violation of 35 P.S. § 10231.618(a)(4), and will be considered submission of falsified information in this application.
* The Applicant acknowledges that the Bureau is held harmless of liability for any losses resulting from a void agreement as a result of entering into a change of control transaction during the securities sale prohibition period and with a person other than a diverse group.

*[continued on the next page]*

I hereby certify that the information contained herein is true and correct and that there are no misrepresentations, falsifications or omissions in this affidavit. I acknowledge that any false or misleading statement or intentionally omitted information is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature of Affiant and Title Date

Sworn to and subscribed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

An electronic version of this document shall be accepted as an original signature.

## Attachment 7: Affidavit of Significant Changes

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 )

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby certify that I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[title]* of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and am authorized to execute this affidavit on behalf of Applicant filing this Application for Approval of an Act 63 of 2023 permit. I hereby certify and acknowledge the following statements:

* The applicant has accurately disclosed all significant changes since the initial permit application and latest permit renewal.
* During this application process, the applicant will notify the Bureau of Medical Marijuana in writing of any change in facts or circumstances reflected in this application once submitted to the Department, or any newly discovered or occurring fact or circumstance which would have been included in this application if known at the time this application was submitted.

I hereby certify that the information contained herein is true and correct and that there are no misrepresentations, falsifications or omissions in this affidavit. I acknowledge that any false or misleading statement or intentionally omitted information is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Signature of Affiant and Title Date

Sworn to and subscribed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

An electronic version of this document shall be accepted as an original signature.

Attachment 8: Release Authorization

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Do not write above this line – For Department of Health Only)

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s Name

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and on behalf of the undersigned applicant, have filed a permit application with the Pennsylvania Department of Health (“Department”). I certify that I am authorized by the applicant to submit this Release Authorization on its behalf and to bind the applicant to all provisions within this Release Authorization. I understand that the applicant is seeking the granting of a privilege and acknowledge that the burden of proving the applicant’s qualifications and suitability for a favorable determination is at all times the burden of the applicant.

I understand that a background investigation may be conducted by the Department pursuant to its statutory duty to investigate the character, honesty, integrity and suitability of myself and any entity with which I am associated. I further understand and agree that I am voluntarily executing this Release Authorization to expressly authorize and permit the Department to obtain any and all information it deems necessary, and accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this permit application.

The rights and powers herein are granted to facilitate the background investigation being conducted by the Department at my request and on behalf of the applicant and is not otherwise intended to create or establish a legal or fiduciary relationship between the Department, its agents and employees, and me. I hereby acknowledge that no such relationship exists.

1. I hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every Federal, state or local government entity, including but not limited to every court, law enforcement agency, criminal justice agency or probation department, without exception, both foreign and domestic, to whom this Release Authorization is presented having any knowledge, information, documents, forms, photographs, computer files, accounts, ledgers or other items about, relating to or concerning the applicant and to fully discuss with and answer any inquiry made by any duly authorized investigator of the Pennsylvania Department of Health.
2. If this Release Authorization is presented to any brokerage firm, bank, savings and loan, or other financial institution or officer of same, I hereby authorize and request any and all documents, records or correspondence pertaining to the applicant, including but not limited to past loan information, notes, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.
3. I hereby authorize an agent of the Department to obtain and review copies of any and all documents, records or correspondence pertaining to myself and the applicant, and I hereby authorize any Federal, state or municipal agency or body, law enforcement agency or criminal justice agency or department, tax agency or authority, regulatory agency, authority or body, to make full and complete disclosure of any and all information and documents including, but not limited to, documents and information otherwise privileged or not subject to public disclosure, as well as other information on file or available concerning the applicant.
4. This Release Authorization extends to the review and copy of any information protected by law or contact from disclosure, privilege or obligation.
5. I do for the applicant, as well as for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate and forever discharge the Department, its members, agents and employees, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, from any and all liabilities including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known and unknown, in law or equity, which exist now or in the future against those entities and persons other than relating to a willfully unlawful disclosure or publication of material or information acquired during my investigation.
6. I do for the applicant, as well as for myself, my heirs, administrators, successors and assigns, hereby release, remise, exonerate and forever discharge every person, firm, company, corporation, board, association or institution of any kind, and every Federal, state or local government entity, including but not limited to every court, law enforcement agency, criminal justice agency or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents or employees thereof, from any and all liabilities, including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which exist now or in the future against those entities and persons to whom this request is presented, and any agents or employees thereof, arising out of or by reason of the furnishing or inspection of documents, records or other information released in compliance with a request made pursuant to, or as a result of, having been presented with, this Release Authorization.
7. The applicant agrees to indemnify and hold harmless the Department, its officials and employees and every person, firm, company, corporation, board, association or institution of any kind, and every Federal, state or local government agency, to whom this request is presented and form and against all claims, damages, losses, and expenses including reasonable attorneys’ fees arising out of or by reason of, the acts permitted and provided for in the Release Authorization.
8. I agree that a reproduction of this request by photocopy, facsimile or other similar process shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this Release on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Signatory

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 )

COUNTY OF )

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_, before me, a Notary Public, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (known to me or satisfactorily proven) to be the person whose name is subscribed in this Release, and acknowledged that he/she executed the same for the purposes herein contained.

IN WITNESS THEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

MY COMMISSION EXPIRES:

An electronic version of this document shall be accepted as an original signature.