

License No.	Date Accepted	Accepted By	Hearing Date
Fees Paid \$	FromTo	Issue Date	FromTo
Date Approved by ABC Board	Board Initials		
Date Denied by ABC Board	Board Initials		

MEDICAL CANNABIS  
TESTING LABORATORY LICENSE APPLICATION

SECTION I | APPLICATION TYPE

☐ New    ☐ Transfer (with sale of entity or stock)    ☐ Transfer (without sale; change location)

SECTION II | APPLICANT INFORMATION

Social Equity Applicant    ☐ Yes    ☐ No

Type of Entity    ☐ Corporation (for-profit)    ☐ Corporation (non-profit)

Business Entity Name

Business Entity Mailing AddressCitySTPostal Code

Will you be the true and actual owner of the business? If no, explain below and attach affidavit.☐ Yes    ☐ No

Do you currently hold or have you previously held a medical cannabis business license in DC?☐ Yes    ☐ No

Provide an explanation below if you checked yes to any of the above questions.

SECTION III | PRIMARY POINT OF CONTACT INFORMATION

First NameLast Name

Title

Mailing Address (If different from above)CitySTPostal Code

Phone No.Mobile No.Email

SECTION IV | PROPOSED FACILITY INFORMATION

Trade Name

Facility AddressCitySTPostal Code

No. of Floors for Licensed Facility Area		No. of Floors for Storage for Licensed Facility Area	
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SECTION IV | PROPOSED BUSINESS INFORMATION (Continued)

Will any other business be conducted on the premises?

☐ Yes☐ No

Will any portion of the premises be used for a private residence or a lodging?

☐ Yes☐ No

If yes to the above, will there be interior access from the living quarters to the licensed premises?

☐ Yes☐ No

Does any any other DC licensed cannabis business or employee of such a business, or any other individual or corporation have any financial interest directly in this business or any other business holding a DC cannabis business license?

☐ Yes☐ No

Provide an explanation below if you checked yes to any of the above questions.

Enter the name, address, and distance in feet for each of the below facility types within 1,000 feet of the proposed licensed premises.

	Name	Address	Distance
School			
School			
School			
Recreation Center			

How were the above distances measured?

Proposed Hours	Operation
<input type="checkbox"/> Sunday	Start:_____ End:_____
<input type="checkbox"/> Monday	Start:_____ End:_____
<input type="checkbox"/> Tuesday	Start:_____ End:_____
<input type="checkbox"/> Wednesday	Start:_____ End:_____
<input type="checkbox"/> Thursday	Start:_____ End:_____
<input type="checkbox"/> Friday	Start:_____ End:_____
<input type="checkbox"/> Saturday	Start:_____ End:_____

## LANDLORD AFFADAVIT

This authorization form must be completed by the owner of the property that is being leased for the proposed testing laboratory location.

First Name Last Name

Title (if applicable)

Business Name (if applicable)

Mailing Address City ST Postal Code

Phone No. Mobile No. Email

Address of the Proposed Leased Property City ST Postal Code

Are you the true owner and actual owner of the property? ☐ Yes ☐ No

Do you currently hold or have you previously held a medical cannabis business license in DC? ☐ Yes ☐ No

Do you have any direct or indirect financial interest in the medical cannabis business license? ☐ Yes ☐ No

Does another cannabis business have any direct or indirect financial interest in the property or business, including money, equipment, furniture, fixtures, or property either given, rented or loaned? ☐ Yes ☐ No

Provide an explanation below if you checked yes to any of the above questions. Attach additional sheets as needed.

### Certification

☐ I hereby certify under penalty of perjury that the information on this affidavit and any attachments are true and correct.

Signature Date

# BUSINESS INFORMATION RELEASE AUTHORIZATION

This authorization form must be completed for your business entity. The signatory must be the President or Vice President if your business entity is a for-profit or non-profit Corporation.

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

- ☐ I authorize any agent from the Alcoholic Beverage and Cannabis Administration, to obtain any information, relating to the business entity’s activities, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include all aspects of the business entity.
- ☐ I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.
- ☐ I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, hereby, authorize the ABC Board or its employees to investigate any and all of the information provided by me in this application.

Full Legal Name			
Title		FEIN	
Entity Name			
Address	City	ST	Postal Code
Signature		Date	

# PERSONAL INFORMATION RELEASE AUTHORIZATION

This authorization form must be completed by each Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), and General Partner(s).

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

- ☐ I authorize any agent from the Alcoholic Beverage and Cannabis Administration, to obtain any information, relating to my activities, from employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include, but is not limited to, my residential, personal, or criminal history record and financial and credit information.
- ☐ I further authorize release of my criminal history from criminal justice agencies for the purposes of determining my eligibility for a liquor license as either a licensee and/or investor. I understand that the information released is for official use by the Alcoholic Beverage and Cannabis Administration, and that these users may re-disclose this information as authorized by law.
- ☐ I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of the authorization that show my signature are as valid as the original release signed by me.
- ☐ I hereby certify under penalty of perjury that the foregoing information is true and correct. I further, hereby, authorize the ABC Board or its employees to investigate any and all of the information provided by me in this application.

First and Last Name	SSN No. (XXX-XX-XXXX)
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Other Names

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Officer	<input type="checkbox"/> Managing Member	<input type="checkbox"/> General Partner
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Home Address	City	ST	Postal Code
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Mobile Phone	Email
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Applicant Signature	Date
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## PERSONAL HISTORY AFFADAVIT

This affidavit must be completed by Sole Proprietor, Partner(s), Corporate Officer(s), Director(s), Managing Member(s), General Partner(s), Investor(s), or any person or any officer in an entity that has an ownership interest of 10 percent.

Application Type    ☐ New    ☐ Transfer (with sale of entity or stock)    ☐ Transfer (without sale: change location)

Entity Name \_\_\_\_\_ Trade Name \_\_\_\_\_

Licensed Premises Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Postal Code \_\_\_\_\_

Licensed Premises Phone \_\_\_\_\_ Licensed Premises Email \_\_\_\_\_

Applicant First and Last Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Postal Code \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State, Country) \_\_\_\_\_

Are you eligible to work in the U.S.?    ☐ Yes    ☐ No

Document Type    ☐ U.S. Passport    ☐ Drivers License    ☐ Naturalization Papers    ☐ Work Permit    ☐ Green Card    ☐ Visa

Credential No:		Expiration Date:	
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Have you ever:

- Applied for or received a cannabis business license in DC or any state or territory?    ☐ Yes    ☐ No
- Had any cannabis business suspended or revoked in DC or any state or territory?    ☐ Yes    ☐ No

Does any member of your immediate family hold an ABCA license (alcohol or cannabis) or have any financial interest, directly or indirectly, in any alcohol or cannabis establishment in DC?    ☐ Yes    ☐ No

If yes to any of the above, provide an explanation below.

☐ I hereby certify under penalty of perjury that the information in this application is true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# SUMMARY OF SHARES/PERCENTAGES OF INTEREST

This form must be completed by all persons that own stock or own 1 percent interest or more in the entity.

Entity Name		Trade Name		
First and Last Name	Title	Email Address	No. of Shares	% of Interest

☐ I hereby certify under penalty of perjury that the information in this application is true and correct.

First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date
First and Last Name	Signature	Date