

MEDICAL CANNABIS BUSINESS UNLICENSED OPERATOR ATTESTATION FORM

This form must be completed by applicants applying during the open application period for unlicensed operators. The signatory must be the President or Vice President if your business entity is a for-profit or non-profit Corporation.

- I attest that my business has engaged in commercial cannabis transactions from a location in DC since December 31, 2022.

Examples include delivering, gifting, growing, manufacturing, selling, or storing cannabis.

- I have attached evidence to further demonstrate prior operation. *(Required)*

Examples include dated social media posts, website, advertisements, online customer or product reviews, business photos, or paid utility bills; financial statements; list of owners and managers; witness statements demonstrating evidence of cannabis sales.

Full Legal Name

Title

Entity Name

Address

City

ST

Postal Code

Signature

Date